# 2022 Michigan Medicaid Formulary

**Version 266**

**Introduction**

Meridian is pleased to provide an updated 2022 Medicaid Formulary as a reference and informational tool for providers, pharmacists, and patients. The purpose of the Meridian formulary is to help providers choose clinically fit and cost-effective products for their patients. This document has facts about the drugs we cover in this plan.

**Pharmacy and Therapeutics (P&T) Committee**

Meridian uses the State of Michigan criteria for the formulary items to determine coverage. For items not on the list or formulary Meridian would depend on our internal P&T Committee made up of providers, pharmacists, and healthcare professionals. The clinical information within the formulary was derived from medical literature and is reviewed and approved by the P&T Committee.

**Notice**

The information contained in this formulary is provided by Meridian, solely for the convenience of medical providers. This formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. Meridian assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

**Preface**

The Meridian formulary is organized in sections. Each section includes therapeutic groups named by either drug class or disease state. Brand and common names are included as a reference to help in product recognition. Brand name drugs are capitalized (e.g., CONCERTA) and generic drugs are listed in lower-case italics (e.g., methylphenidate HCL).

Meridian will not cover prescription drugs that are prescribed for experimental, investigational, or non-FDA approved indications, dosages, or routes of administration.

**Formulary Components**

The Meridian formulary contains covered medications without authorization, medications that must meet step therapy protocol, medications that need prior authorization, specialty medications, and medications that have quantity limits. Members will not be charged a co-pay when Meridian covers a medication.

**Generic Substitution**

Meridian is a mandatory generic plan. Michigan Department of Health and Human Services (MDHHS) has mandated that some brand medications are to be covered over the generic medication. Generic medication will be dispensed when available.

**Covered Medications without Authorization**

Meridian covers many medications without requiring authorization. These medications include many prescriptions and over-the-counter medications (with a valid prescription).

**Non-Covered Benefits**

The following categories are not covered benefits: medications used for cosmetic purposes, to promote fertility, for sexual dysfunction, for experimental or investigational purposes, or medications that are not licensed for use in the United States.

## Tier Descriptions

| Tier Number | Tier Name | Tier Description |
|---|---|---|
| 1 | PDL Preferred | MDHHS preferred drug list (PDL) mandated coverage. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations. |
| 2 | PDL Non-Preferred | MDHHS PDL mandated coverage. Prior authorization required. In some cases will need the trial and failure of preferred agent(s). Some products may have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations. |
| 3 | Non-PDL | MDHHS mandated Non-PDL coverage. Prior authorization required. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations. |
| 4 | Supplemental | Additional products that Meridian covers for the benefit of its members. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations. |

**Prior Authorization**

Drugs indicated with "PA" require prior authorization for coverage. Details of PA criteria are listed next to the drug name. Please call the Help Desk at **866-984-6462** or fax a completed prior authorization form to **877-355-8070**. All prior authorizations will be reviewed within 24 hours.

**Step Therapy (ST)**

Drugs with an "ST" need step therapy for coverage. The required step is listed next to the drug name.

**Specialty Medications (SP)**

All specialty medications noted as “SP” are to be filled at contracted, in-network specialty pharmacies.

**Quantity Limits (QL)**

Drugs with a "QL" have a set quantity limit imposed. These limits are based on FDA-recommended dosing guidelines. The quantity limit is listed next to the drug name. All medications have a maximum of 30 days per prescription.

**Fill Limit (FL)**
Drugs indicated with an "FL" have a set fill limit imposed. The fill limit is listed next to the drug name. These medications are limited to a number of fills in a set amount of time.

**Day Supply Limit (DS)**
Drugs indicated with a "DS" have a set day supply limit imposed. The day supply limit is listed next to the drug name. These medications are limited to a certain day supply in a set amount of time.

**Gender Restriction (GR)**
Drugs indicated with a "GR" have a set gender restriction imposed. The gender restriction is listed next to the drug name. These medications are limited to either males or females.

**Age Limit (AL)**
Drugs indicated with an "AL" have a set age limit imposed. The age limit is listed next to the drug name. These medications are limited to a specific age range.

**Benefit Exception**
The process for requesting non-formulary medication(s) requires covermymeds submission or faxing a completed Formulary Exception form indicating the request for an exception to the formulary. This request must include pertinent clinical documentation showing trial and failure of all formulary agents. It should also contain information showing the medication is the standard of care for the indication provided (peer- reviewed journal articles may be required). Please call the Help Desk at **866-984-6462**, fax completed Formulary Exception forms to **877-355-8070** or follow the covermymeds prior authorization process.

**Pharmacy Benefit Management**
Meridian utilizes CVS Caremark to manage each member's pharmacy benefit. CVS Caremark provides Meridian with a pharmacy network, pharmacy claims management services, and claims adjudication. This formulary is up to date through the date of publication. Please notify Meridian of any mistakes in the formulary. A copy of this formulary can be mailed upon request. The Help Desk can be contacted at **866-984-6462.**

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders | | |
| Amphetamines | | |
| DYANAVEL XR CHER | CO | |
| XELSTRYM | CO | |
| Analeptics | | |
| *caffeine citrate soln or* | 3 | AL(Up to 1 yrs old); MP |
| Anorexiants Non-Amphetamine | | |
| ADIPEX-P CAPS *(phentermine hcl)* | NF | AL(At least 18 yrs old); PA |
| ADIPEX-P TABS *(phentermine hcl)* | NF | AL(At least 18 yrs old); PA |
| *benzphetamine hcl 50 mg* | 1 | AL(At least 18 yrs old); PA |
| *diethylpropion hcl tb24* | 1 | AL(At least 18 yrs old); PA |
| *diethylpropion hcl tabs* | 1 | AL(At least 18 yrs old); PA |
| LOMAIRA TABS | 1 | AL(At least 18 yrs old); PA |
| *phendimetrazine tartrate tabs* | 1 | AL(At least 18 yrs old); PA |
| PHENDIMETRAZINE TARTRATEER CP24 | 1 | AL(At least 18 yrs old); PA |
| *phentermine hcl tabs* | 1 | AL(At least 18 yrs old); PA |
| *phentermine hcl caps* | 1 | AL(At least 18 yrs old); PA |
| Anti-Obesity Agents | | |
| CONTRAVE 8 MG-90 MG | 1 | AL(At least 18 yrs old); PA |
| IMCIVREE | CO | SP |
| *orlistat* | 1 | AL(At least 12 yrs old); PA |
| SAXENDA | 1 | AL(At least 12 yrs old); PA |
| WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML | 1 | AL(At least 18 yrs old); PA |
| WEGOVY .25 MG/0.5ML, .5 MG/0.5ML, 1 MG/0.5ML | 1 | AL(At least 12 yrs old); PA |
| XENICAL *(orlistat)* | 1 | AL(At least 12 yrs old); PA |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | |
| *clonidine hcl (adhd) tb12* | CO | |
| KAPVAY TB12 *(clonidine hcl (adhd))* | CO | |
| Stimulants - Misc. | | |
| METHYLPHENIDATE HYDROCHLORIDE ER TBCR | CO | |
| RELEXXII TBCR | CO | |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| Allergenic Extracts | | |
| PALFORZIA INITIAL DOSE ESCALATION CSPK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| PALFORZIA LEVEL 1 CSPK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| PALFORZIA LEVEL 10 CSPK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| PALFORZIA LEVEL 11 (MAINTENANCE) PACK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| PALFORZIA LEVEL 11 (TITRATION) PACK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| PALFORZIA LEVEL 2 CSPK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| PALFORZIA LEVEL 3 CSPK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PALFORZIA LEVEL 4 CSPK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| PALFORZIA LEVEL 5 CSPK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| PALFORZIA LEVEL 6 CSPK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| PALFORZIA LEVEL 7 CSPK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| PALFORZIA LEVEL 8 CSPK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| PALFORZIA LEVEL 9 CSPK | 3 | AL(At least 4 yrs old - Up to 17 yrs old); SP; PA |
| ALTERNATIVE MEDICINES | | |
| Alternative Medicine - M's | | |
| *melatonin liqd 1 mg/ml* | 3 | |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| BETHKIS NEBU *(tobramycin)* | 1 | SP |
| HUMATIN *(paromomycin sulfate)* | 3 | |
| KITABIS PAK NEBU *(tobramycin)* | 1 | SP |
| *neomycin sulfate tabs* | 1 | |
| *paromomycin sulfate* | 3 | |
| TOBI NEBU *(tobramycin)* | 2 | |
| TOBI PODHALER CAPS | 1 | SP |
| *tobramycin nebu* | 2 | SP |
| *tobramycin nebu* | 2 | SP |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Antirheumatic - Enzyme Inhibitors | | |
| OLUMIANT | 2 | SP |
| RINVOQ | 2 | SP |
| XELJANZ TABS | 2 | SP |
| XELJANZ SOLN | 2 | SP |
| XELJANZ XR TB24 | 2 | SP |
| Anti-TNF-alpha - Monoclonal Antibodies | | |
| HUMIRA PSKT | 1 | SP |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT | 1 | SP |
| HUMIRA PEN PNKT | 1 | SP |
| HUMIRA PEN-CD/UC/HS STARTER PNKT | 1 | SP |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT | 1 | SP |
| HUMIRA PEN-PS/UV STARTER PNKT | 1 | SP |
| SIMPONI SOAJ | 2 | SP |
| SIMPONI SOSY | 2 | SP |
| SIMPONI ARIA SOLN | 2 | SP |
| Interleukin-6 Receptor Inhibitors | | |
| ACTEMRA SOSY | 2 | SP |
| ACTEMRA ACTPEN SOAJ | 2 | SP |
| KEVZARA SOSY | 2 | SP |
| KEVZARA SOAJ | 2 | |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| ADVIL TABS *(ibuprofen)* | NF | |
| ADVIL CAPS *(ibuprofen)* | NF | |
| ADVIL MIGRAINE CAPS *(ibuprofen)* | NF | |
| ALEVE TABS *(naproxen sodium)* | NF | |
| ALEVE CAPS *(naproxen sodium)* | NF | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ALEVE ARTHRITIS TABS *(naproxen sodium)* | NF | |
| ANAPROX DS TABS *(naproxen sodium)* | 2 | |
| ARTHROTEC 50 TBEC 50 MG-200 MCG *(diclofenac w/ misoprostol)* | 2 | |
| ARTHROTEC 75 TBEC 75 MG-200 MCG *(diclofenac w/ misoprostol)* | 2 | |
| CELEBREX *(celecoxib)* | 2 | QL(2 ea daily); ST; MP |
| *celecoxib* | 1 | QL(2 ea daily); ST; MP |
| CHILDRENS ADVIL SUSP *(ibuprofen)* | NF | RX/OTC |
| CHILDRENS MOTRIN SUSP *(ibuprofen)* | NF | RX/OTC |
| DAYPRO *(oxaprozin)* | 2 | |
| DICLOFENAC CAPS | 2 | |
| *diclofenac potassium caps* | 2 | |
| *diclofenac potassium tabs* | 2 | |
| *diclofenac sodium tb24* | 2 | |
| *diclofenac sodium tbec* | 1 | |
| *diclofenac w/ misoprostol tbec* | 2 | |
| DUEXIS 26.6 MG-800 MG *(ibuprofen-famotidine)* | 2 | |
| EC-NAPROSYN TBEC *(naproxen)* | 2 | |
| *etodolac caps* | 2 | |
| *etodolac tb24* | 2 | |
| *etodolac tabs* | 2 | |
| FELDENE CAPS *(piroxicam)* | 2 | |
| *fenoprofen calcium tabs* | 2 | |
| *fenoprofen calcium caps 400 mg* | 2 | |
| *flurbiprofen tabs 100 mg* | 2 | |
| *ibuprofen susp* | 1 | RX/OTC |
| *ibuprofen caps* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ibuprofen tabs* | 1 | |
| *ibuprofen chew* | 1 | |
| *ibuprofen-famotidine 26.6 mg-800 mg* | 2 | |
| INDOCIN SUPP | 2 | |
| INDOCIN SUSP | 2 | |
| *indomethacin caps 25 mg, 50 mg* | 1 | |
| *indomethacin cpcr* | 2 | |
| INFANTS ADVIL SUSP *(ibuprofen)* | NF | |
| *ketoprofen caps 50 mg, 75 mg* | 2 | |
| *ketoprofen cp24* | 2 | |
| *ketorolac tromethamine tabs* | 1 | QL(21 ea per fill retail) |
| KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY | 2 | QL(5 ea per fill retail) |
| LODINE TABS *(etodolac)* | 2 | |
| *meclofenamate sodium caps* | 2 | |
| *mefenamic acid caps* | 2 | |
| *meloxicam tabs* | 1 | |
| *meloxicam caps* | 2 | |
| MOBIC TABS *(meloxicam)* | 2 | |
| MOTRIN CHILDRENS CHEW *(ibuprofen)* | NF | |
| MOTRIN INFANTS DROPS SUSP *(ibuprofen)* | NF | |
| *nabumetone* | 1 | |
| NALFON CAPS *(fenoprofen calcium)* | 2 | |
| NALFON TABS *(fenoprofen calcium)* | 2 | |
| NAPRELAN TB24 *(naproxen sodium)* | 2 | |
| NAPROSYN TABS 500 MG *(naproxen)* | NF | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NAPROSYN SUSP *(naproxen)* | 2 | |
| *naproxen tbec* | 2 | |
| *naproxen susp* | 2 | |
| *naproxen tabs* | 1 | |
| *naproxen sodium tabs 275 mg, 550 mg* | 2 | |
| *naproxen sodium caps* | 1 | |
| *naproxen sodium tb24* | 2 | |
| *naproxen sodium tabs 220 mg* | 1 | |
| *naproxen-esomeprazole magnesium* | 2 | |
| *oxaprozin* | 2 | |
| *piroxicam caps* | 2 | |
| RELAFEN DS | 2 | |
| SPRIX SOLN NA | 2 | QL(5 ea per fill retail) |
| *sulindac tabs* | 1 | |
| *tolmetin sodium caps* | 2 | |
| *tolmetin sodium tabs 600 mg* | 2 | |
| VIMOVO *(naproxen-esomeprazole magnesium)* | 2 | |
| VIVLODEX CAPS *(meloxicam)* | 2 | |
| ZIPSOR CAPS *(diclofenac potassium)* | 2 | |
| ZORVOLEX CAPS | 2 | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TBPK | 2 | SP |
| OTEZLA TABS | 2 | SP |
| Pyrimidine Synthesis Inhibitors | | |
| ARAVA *(leflunomide)* | 3 | QL(1 ea daily) |
| *leflunomide* | 3 | QL(1 ea daily) |
| Selective Costimulation Modulators | | |
| ORENCIA SOSY | 2 | SP |
| ORENCIA CLICKJECT SOAJ | 2 | SP |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL SOLR | 1 | SP |
| ENBREL SOSY | 1 | SP |
| ENBREL SOLN | 1 | SP |
| ENBREL MINI SOCT | 1 | SP |
| ENBREL SURECLICK SOAJ | 1 | SP |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Analgesic Combinations | | |
| *butalbital-acetaminophen tabs 50 mg-325 mg* | 3 | QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old) |
| *butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg* | 3 | QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old) |
| *butalbital-aspirin-caffeine caps 40 mg-50 mg-325 mg* | 3 | QL(4 ea daily); AL(Up to 64 yrs old) |
| ESGIC TABS 325 MG-40 MG-50 MG *(butalbital-acetaminophen-caffeine)* | 3 | QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old) |
| Analgesics Other | | |
| *acetaminophen tbcr* | 3 | |
| *acetaminophen chew 80 mg* | 3 | |
| *acetaminophen caps 500 mg* | 3 | |
| *acetaminophen tbdp 160 mg* | 3 | |
| *acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *acetaminophen supp* | 3 | |
| *acetaminophen liqd 160 mg/5ml* | 3 | |
| *acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml* | 3 | |
| *acetaminophen tabs 325 mg, 500 mg* | 3 | |
| FEVERALL JUNIOR STRENGTH SUPP | 3 | |
| TYLENOL TABS *(acetaminophen)* | 3 | |
| TYLENOL 8 HOUR TBCR *(acetaminophen)* | 3 | |
| TYLENOL 8 HOUR ARTHRITISPAIN TBCR *(acetaminophen)* | 3 | |
| TYLENOL CHILDRENS SUSP *(acetaminophen)* | 3 | |
| TYLENOL CHILDRENS PAIN +FEVER SUSP *(acetaminophen)* | 3 | |
| TYLENOL EXTRA STRENGTH TABS *(acetaminophen)* | 3 | |
| TYLENOL FOR CHILDREN/ADULTS SUSP *(acetaminophen)* | 3 | |
| TYLENOL INFANTS PAIN+FEVER SUSP *(acetaminophen)* | 3 | |
| Salicylates | | |
| *aspirin chew* | 3 | QL(1 ea daily); MP |
| *aspirin tabs 325 mg* | 3 | QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old) |
| *aspirin tbec 325 mg* | 3 | QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old) |
| *aspirin tbec 81 mg* | 3 | QL(1 ea daily); MP |
| ASPIRIN SUPP 300 MG, 600 MG | 3 | |
| *aspirin buffered (cal carb-mag carb-mag oxide)* | 3 | AL(At least 40 yrs old - Up to 79 yrs old) |
| BUFFERIN 34 MG-63 MG-158 MG-325 MG *(aspirin buffered (cal carb-mag carb-mag oxide))* | 3 | AL(At least 40 yrs old - Up to 79 yrs old) |
| *diflunisal tabs* | 2 | |
| ECOTRIN TBEC *(aspirin)* | 3 | QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old) |
| ECOTRIN REGULAR STRENGTH TBEC *(aspirin)* | 3 | QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old) |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Opioid Agonists | | |
| ACTIQ LPOP *(fentanyl citrate)* | 2 | QL(4 ea daily); AL(At least 18 yrs old) |
| *codeine sulfate tabs* | 1 | QL(6 ea daily); AL(At least 12 yrs old) |
| CODEINE SULFATE TABS | 1 | QL(6 ea daily); AL(At least 12 yrs old) |
| CONZIP CP24 *(tramadol hcl)* | 2 | AL(At least 12 yrs old) |
| DILAUDID TABS 8 MG *(hydromorphone hcl)* | 2 | QL(2.8 ea daily) |
| DILAUDID TABS 4 MG *(hydromorphone hcl)* | 2 | QL(5.5 ea daily) |
| DILAUDID TABS 2 MG *(hydromorphone hcl)* | 2 | QL(6 ea daily) |
| DILAUDID LIQD *(hydromorphone hcl)* | 2 | QL(4 ml daily) |
| DURAGESIC PT72 *(fentanyl)* | 2 | QL(10 ea per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fentanyl pt72 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr, 100 mcg/hr* | 2 | QL(10 ea per fill retail) |
| *fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr* | 1 | QL(10 ea per fill retail) |
| *fentanyl citrate lpop* | 2 | QL(4 ea daily); AL(At least 18 yrs old) |
| *fentanyl citrate tabs* | 2 | QL(4 ea daily); AL(At least 18 yrs old) |
| FENTORA TABS *(fentanyl citrate)* | 2 | QL(4 ea daily); AL(At least 18 yrs old) |
| *hydrocodone bitartrate t24a* | 2 | |
| *hydrocodone bitartrate cp12* | 2 | |
| *hydromorphone hcl tb24* | 2 | |
| *hydromorphone hcl tabs 4 mg* | 1 | QL(5.5 ea daily) |
| *hydromorphone hcl tabs 8 mg* | 1 | QL(2.8 ea daily) |
| *hydromorphone hcl tabs 2 mg* | 1 | QL(6 ea daily) |
| *hydromorphone hcl liqd* | 1 | QL(4 ml daily) |
| HYDROMORPHONE HCL SUPP | 2 | |
| HYSINGLA ER T24A | 2 | |
| *levorphanol tartrate tabs* | 2 | |
| *meperidine hcl soln or 50 mg/5ml* | 2 | QL(8 ml daily) |
| *meperidine hcl tabs 50 mg* | 2 | QL(4 ea daily) |
| *methadone hcl conc* | 2 | |
| *methadone hcl tabs* | 2 | |
| *methadone hcl tbso* | 2 | |
| *methadone hcl soln or* | 2 | |
| METHADOSE CONC *(methadone hcl)* | 2 | |
| METHADOSE SUGAR-FREE CONC *(methadone hcl)* | 2 | |
| *morphine sulfate soln or 10 mg/5ml, 20 mg/5ml* | 1 | QL(8 ml daily) |
| *morphine sulfate tabs 30 mg* | 1 | QL(3 ea daily) |
| *morphine sulfate tbcr* | 1 | |
| *morphine sulfate soln or 10 mg/0.5ml, 20 mg/ml, 100 mg/5ml* | 1 | QL(4 ea daily) |
| *morphine sulfate supp* | 1 | |
| *morphine sulfate tabs 15 mg* | 1 | QL(6 ea daily) |
| *morphine sulfate cp24* | 2 | |
| *morphine sulfate beads* | 2 | |
| MS CONTIN TBCR *(morphine sulfate)* | 2 | |
| NUCYNTA TABS | 2 | |
| NUCYNTA ER TB12 | 2 | |
| OXAYDO TABS | 2 | QL(3 ea daily) |
| *oxycodone hcl tabs 5 mg, 10 mg, 15 mg* | 1 | QL(3 ea daily) |
| *oxycodone hcl caps* | 2 | QL(3 ea daily) |
| *oxycodone hcl t12a 60 mg* | 2 | QL(1 ea daily) |
| *oxycodone hcl tabs 30 mg* | 2 | QL(2 ea daily) |
| *oxycodone hcl soln* | 1 | QL(8 ml daily) |
| *oxycodone hcl t12a 10 mg* | 2 | QL(6 ea daily) |
| *oxycodone hcl conc 100 mg/5ml* | 2 | QL(3 ml daily) |
| *oxycodone hcl t12a 20 mg* | 2 | QL(3 ea daily) |
| *oxycodone hcl tabs 5 mg, 7.5 mg, 15 mg, 20 mg* | 2 | QL(3 ea daily) |
| *oxycodone hcl t12a 30 mg* | 2 | QL(2 ea daily) |
| *oxycodone hcl t12a 80 mg* | 2 | Limit: 22 tablets per 30 days; QL(0.74 ea daily) |
| *oxycodone hcl t12a 40 mg* | 2 | Limit: 45 tablets per 30 days; QL(1.5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *oxycodone hcl t12a 15 mg* | 2 | QL(4 ea daily) |
| OXYCONTIN T12A 80 MG | 2 | Limit: 22 tablets per 30 days; QL(0.74 ea daily) |
| OXYCONTIN T12A 20 MG | 2 | QL(3 ea daily) |
| OXYCONTIN T12A 10 MG | 2 | QL(6 ea daily) |
| OXYCONTIN T12A 40 MG | 2 | Limit: 45 tablets per 30 days; QL(1.5 ea daily) |
| OXYCONTIN T12A 30 MG | 2 | QL(2 ea daily) |
| OXYCONTIN T12A 15 MG | 2 | QL(4 ea daily) |
| OXYCONTIN T12A 60 MG | 2 | QL(1 ea daily) |
| *oxymorphone hcl tabs 10 mg* | 2 | QL(3 ea daily) |
| *oxymorphone hcl tb12* | 2 | |
| *oxymorphone hcl tabs 5 mg* | 2 | QL(4 ea daily) |
| QDOLO SOLN | 2 | QL(80 ml daily); AL(At least 12 yrs old) |
| ROXICODONE TABS 30 MG *(oxycodone hcl)* | 2 | QL(2 ea daily) |
| ROXICODONE TABS *(oxycodone hcl)* | 2 | QL(3 ea daily) |
| ROXYBOND TABA 5 MG | 2 | QL(3 ea daily) |
| *tramadol hcl tabs* | 1 | AL(At least 12 yrs old) |
| *tramadol hcl soln* | 2 | QL(80 ml daily); AL(At least 12 yrs old) |
| *tramadol hcl cp24 100 mg, 200 mg, 300 mg* | 2 | AL(At least 12 yrs old) |
| *tramadol hcl tb24* | 1 | AL(At least 12 yrs old) |
| TRAMADOL HYDROCHLORIDE SOLN | 2 | QL(80 ml daily); AL(At least 12 yrs old) |
| ULTRAM TABS *(tramadol hcl)* | 2 | AL(At least 12 yrs old) |
| XTAMPZA ER 9 MG, 13.5 MG, 18 MG, 27 MG | 2 | QL(2 ea daily) |
| XTAMPZA ER 36 MG | 2 | QL(1.5 ea daily) |
| ZOHYDRO ER CP12 *(hydrocodone bitartrate)* | 2 | |
| Opioid Combinations | | |
| *acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml* | 1 | AL(At least 12 yrs old) |
| *acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 60 mg-300 mg* | 1 | AL(At least 12 yrs old) |
| *acetaminophen-caff-dihydrocod tabs 16 mg-30 mg-325 mg* | 2 | AL(At least 12 yrs old) |
| *acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg* | 2 | AL(At least 12 yrs old) |
| APADAZ | 2 | |
| BENZHYDROCODONE/ACETAMINOPHEN | 2 | |
| *butalbital-acetaminophen-caffeine w/ codeine* | 2 | AL(At least 12 yrs old) |
| *butalbital-aspirin-caffeine w/cod 30 mg-40 mg-50 mg-325 mg* | 2 | AL(At least 12 yrs old) |
| FIORICET/CODEINE *(butalbital-acetaminophen-caffeine w/ codeine)* | 2 | AL(At least 12 yrs old) |
| *hydrocodone-acetaminophen tabs 10 mg-300 mg, 10 mg-325 mg, 300 mg-5 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-300 mg, 5 mg-325 mg, 7.5 mg-300 mg, 7.5 mg-325 mg* | 1 | |
| *hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *hydrocodone-ibuprofen 10 mg-200 mg, 5 mg-200 mg, 7.5 mg-200 mg* | 2 | |
| LORTAB ELIX 10 MG/15ML-300 MG/15ML | 2 | |
| NALOCET TABS 2.5 MG-300 MG | 2 | |
| OXYCODONE AND ACETAMINOPHEN TABS 7.5 MG-300 MG | 2 | |
| OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN 10 MG/5ML-300 MG/5ML | 2 | |
| *oxycodone w/ acetaminophen tabs 10 mg-325 mg, 2.5 mg-325 mg, 325 mg-10 mg, 325 mg-2.5 mg, 325 mg-5 mg, 325 mg-7.5 mg, 5 mg-325 mg, 7.5 mg-325 mg* | 1 | |
| OXYCODONE/ACETAMINOPHEN TABS | 2 | |
| *oxycodone-aspirin 4.835 mg-325 mg* | 2 | |
| PERCOCET TABS *(oxycodone w/ acetaminophen)* | 2 | |
| PROLATE SOLN 10 MG/5ML-300 MG/5ML | 2 | |
| PROLATE TABS | 2 | |
| SEGLENTIS 44 MG-56 MG | 2 | QL(4 ea daily); AL(At least 12 yrs old) |
| *tramadol-acetaminophen 37.5 mg-325 mg* | 1 | AL(At least 12 yrs old) |
| ULTRACET 37.5 MG-325 MG *(tramadol-acetaminophen)* | 2 | AL(At least 12 yrs old) |
| Opioid Partial Agonists | | |
| BELBUCA FILM | 2 | QL(2 ea daily) |
| *buprenorphine ptwk* | 2 | Limit: 6 patches per 28 days; QL(0.215 ea daily) |
| *buprenorphine hcl film* | 2 | QL(2 ea daily) |
| *buprenorphine hcl-naloxone hcl dihydrate subl* | CO | |
| *butorphanol tartrate na 10 mg/ml* | 2 | QL(15 ml per 30 days retail) |
| BUTRANS PTWK *(buprenorphine)* | 1 | Limit: 6 patches per 28 days; QL(0.215 ea daily) |
| *pentazocine w/ naloxone hcl 0.5 mg-50 mg* | 2 | |
| ZUBSOLV SUBL | CO | |
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Androgens | | |
| ANDRODERM PT24 2 MG/24HR, 4 MG/24HR | 2 | |
| ANDROGEL GEL TD *(testosterone)* | 2 | |
| ANDROGEL PUMP GEL TD 1.62 % *(testosterone)* | 2 | PA |
| *danazol caps* | 3 | |
| DEPO-TESTOSTERONE SOLN IM *(testosterone cypionate)* | 3 | |
| FORTESTA GEL TD *(testosterone)* | 2 | |
| NATESTO GEL NA | 2 | |
| TESTIM GEL TD *(testosterone)* | 2 | |
| *testosterone soln* | 2 | |
| *testosterone gel td 1.62 %* | 1 | PA |
| *testosterone gel td 1 %, 10 mg/act, 20.25 mg/1.25gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 50 mg/5gm* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *testosterone cypionate soln im* | 3 | |
| TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML | 3 | |
| VOGELXO GEL TD *(testosterone)* | 2 | |
| VOGELXO PUMP GEL TD *(testosterone)* | 2 | |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Rectal Steroids | | |
| ANUSOL-HC EX *(hydrocortisone (rectal))* | 3 | |
| *hydrocortisone (rectal) ex 1 %* | 2 | |
| *hydrocortisone (rectal) ex 2.5 %* | 3 | |
| PROCTOCORT EX *(hydrocortisone (rectal))* | 2 | |
| ANTACIDS | | |
| Antacid Combinations | | |
| *alum & mag hydrox-simethicone susp* | 3 | |
| *alum & mag hydrox-simethicone liqd* | 3 | |
| *aluminum hydroxide-mag carb susp 95 mg/15ml-358 mg/15ml, 95 mg/15ml-358 mg/15ml-358 mg/15ml-95 mg/15ml* | 3 | |
| GAVISCON SUSP 95 MG/15ML-358 MG/15ML-358 MG/15ML-95 MG/15ML *(aluminum hydroxide-mag carb)* | 3 | |
| HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP 40 MG/5ML-400 MG/5ML-400 MG/5ML *(alum & mag hydrox-simethicone)* | 3 | |
| SM FOAMING ANTACID 20 MG-80 MG | 4 | |
| Antacids - Aluminum Salts | | |
| ALUMINUM HYDROXIDE SUSP 320 MG/5ML | 3 | |
| Antacids - Bicarbonate | | |
| *sodium bicarbonate (antacid) tabs 325 mg, 650 mg* | 3 | |
| Antacids - Calcium Salts | | |
| *calcium carbonate (antacid) susp* | 3 | MP |
| *calcium carbonate (antacid) chew 500 mg, 750 mg, 1000 mg* | 3 | |
| TUMS CHEW *(calcium carbonate (antacid))* | 3 | |
| TUMS CHEWY BITES CHEW *(calcium carbonate (antacid))* | 3 | |
| TUMS E-X 750 CHEW *(calcium carbonate (antacid))* | 3 | |
| TUMS EXTRA STRENGTH 750 CHEW *(calcium carbonate (antacid))* | 3 | |
| TUMS LASTING EFFECTS CHEW *(calcium carbonate (antacid))* | 3 | |
| TUMS SMOOTHIES CHEW *(calcium carbonate (antacid))* | 3 | |
| TUMS ULTRA 1000 CHEW *(calcium carbonate (antacid))* | 3 | |
| Antacids - Magnesium Salts | | |
| *magnesium oxide tabs 400 mg, 420 mg* | 3 | |
| *magnesium oxide tabs 400 mg* | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| *albendazole* | 4 | |
| ALBENZA *(albendazole)* | NF | |
| BENZNIDAZOLE | 3 | PA |
| *ivermectin* | 3 | QL(10 ea per 30 days retail) |
| STROMECTOL *(ivermectin)* | 3 | QL(10 ea per 30 days retail) |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| ASPRUZYO SPRINKLE PACK | 3 | QL(2 ea daily); AL(At least 18 yrs old); PA |
| RANEXA TB12 *(ranolazine)* | 3 | QL(2 ea daily); MP; PA |
| *ranolazine tb12* | 3 | QL(2 ea daily); MP; PA |
| Nitrates | | |
| ISORDIL TITRADOSE TABS *(isosorbide dinitrate)* | 3 | MP |
| *isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg, 30 mg* | 3 | MP |
| *isosorbide mononitrate tb24* | 3 | QL(2 ea daily); MP |
| *isosorbide mononitrate tabs* | 3 | MP |
| NITRO-BID OINT | 3 | MP |
| NITRO-DUR PT24 *(nitroglycerin)* | 3 | QL(1 ea daily); MP |
| *nitroglycerin subl* | 3 | MP |
| *nitroglycerin soln tl .4 mg/spray* | 3 | ST |
| *nitroglycerin pt24* | 3 | QL(1 ea daily); MP |
| NITROLINGUAL PUMPSPRAY SOLN TL *(nitroglycerin)* | 3 | ST |
| NITROSTAT SUBL *(nitroglycerin)* | 3 | MP |
| ANTIANXIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| *hydroxyzine hcl tabs* | 1 | |
| *hydroxyzine hcl syrp* | 1 | AL(Up to 12 yrs old) |
| *hydroxyzine pamoate caps* | 1 | |
| VISTARIL CAPS *(hydroxyzine pamoate)* | 2 | |
| Benzodiazepines | | |
| LOREEV XR CS24 | CO | |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| *disopyramide phosphate caps* | 3 | AL(Up to 64 yrs old); MP |
| NORPACE CAPS *(disopyramide phosphate)* | 3 | AL(Up to 64 yrs old); MP |
| *quinidine sulfate tabs* | 3 | MP |
| Antiarrhythmics Type I-B | | |
| *mexiletine hcl* | 3 | MP |
| Antiarrhythmics Type I-C | | |
| *flecainide acetate* | 3 | MP |
| *propafenone hcl tabs* | 3 | MP |
| Antiarrhythmics Type III | | |
| *amiodarone hcl tabs 100 mg* | 3 | QL(1 ea daily); MP |
| *amiodarone hcl tabs 200 mg, 400 mg* | 3 | MP |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Antiasthmatic - Monoclonal Antibodies | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FASENRA SOSY | 2 | AL(At least 12 yrs old); SP; MP |
| FASENRA PEN SOAJ | 2 | SP; MP |
| NUCALA SOAJ | 2 | AL(At least 6 yrs old); SP; MP |
| NUCALA SOLR | 2 | AL(At least 6 yrs old); SP |
| NUCALA SOSY 100 MG/ML | 2 | AL(At least 6 yrs old); SP; MP |
| NUCALA SOSY 40 MG/0.4ML | 2 | SP; MP |
| XOLAIR SOLR | 2 | AL(At least 6 yrs old); SP; PA |
| Bronchodilators - Anticholinergics | | |
| ATROVENT HFA | 1 | QL(0.9 gm daily); MP |
| INCRUSE ELLIPTA | 1 | MP |
| *ipratropium bromide soln .02 %* | 1 | MP |
| LONHALA MAGNAIR REFILL KIT SOLN | 2 | MP |
| LONHALA MAGNAIR STARTER KIT SOLN | 2 | MP |
| SPIRIVA HANDIHALER CAPS | 1 | QL(1 ea daily); MP |
| SPIRIVA RESPIMAT AERS | 1 | QL(0.16 gm daily); MP |
| TUDORZA PRESSAIR | 2 | MP |
| YUPELRI | 2 | MP |
| Leukotriene Modulators | | |
| ACCOLATE *(zafirlukast)* | 2 | MP |
| *montelukast sodium chew 5 mg* | 1 | AL(Up to 14 yrs old); MP |
| *montelukast sodium tabs* | 1 | MP |
| *montelukast sodium chew 4 mg* | 1 | AL(Up to 5 yrs old); MP |
| *montelukast sodium pack* | 2 | AL(Up to 5 yrs old); MP |
| SINGULAIR CHEW 5 MG *(montelukast sodium)* | 2 | AL(Up to 14 yrs old); MP |
| SINGULAIR PACK *(montelukast sodium)* | 2 | AL(Up to 5 yrs old); MP |
| SINGULAIR TABS *(montelukast sodium)* | 2 | MP |
| SINGULAIR CHEW 4 MG *(montelukast sodium)* | 2 | AL(Up to 5 yrs old); MP |
| *zafirlukast* | 2 | MP |
| *zileuton tb12* | 2 | MP |
| ZYFLO TABS | 2 | MP |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| DALIRESP *(roflumilast)* | 2 | MP; PA |
| *roflumilast* | 2 | MP; PA |
| Steroid Inhalants | | |
| ALVESCO | 2 | |
| ARMONAIR DIGIHALER | 2 | |
| ARNUITY ELLIPTA | 2 | |
| ASMANEX HFA AERO | 2 | QL(0.55 gm daily); MP |
| ASMANEX TWISTHALER 120 METERED DOSES AEPB | 1 | QL(1 ea per 30 days retail) |
| ASMANEX TWISTHALER 14 METERED DOSES AEPB | 1 | QL(1 ea per 30 days retail) |
| ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH | 1 | QL(1 ea per 30 days retail); AL(Up to 11 yrs old) |
| ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH | 1 | QL(1 ea per 30 days retail) |
| ASMANEX TWISTHALER 60 METERED DOSES AEPB | 1 | QL(1 ea per 30 days retail) |
| ASMANEX TWISTHALER 7 METERED DOSES AEPB | 1 | QL(1 ea per 30 days retail); AL(Up to 11 yrs old) |
| *budesonide (inhalation) susp* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FLOVENT DISKUS AEPB | 2 | |
| FLOVENT HFA 110 MCG/ACT | 1 | QL(0.5 gm daily); MP |
| FLOVENT HFA 220 MCG/ACT | 1 | QL(0.9 gm daily); MP |
| FLOVENT HFA 44 MCG/ACT | 1 | QL(0.45 gm daily); MP |
| FLUTICASONE PROPIONATE HFA 44 MCG/ACT | 2 | QL(0.45 gm daily); MP |
| FLUTICASONE PROPIONATE HFA 110 MCG/ACT | 2 | QL(0.5 gm daily); MP |
| FLUTICASONE PROPIONATE HFA 220 MCG/ACT | 2 | QL(0.9 gm daily); MP |
| PULMICORT SUSP *(budesonide (inhalation))* | 2 | |
| PULMICORT FLEXHALER AEPB 180 MCG/ACT | 2 | QL(0.07 ea daily); MP |
| PULMICORT FLEXHALER AEPB 90 MCG/ACT | 2 | QL(0.04 ea daily); MP |
| QVAR REDIHALER | 2 | |
| Sympathomimetics | | |
| ADVAIR DISKUS AEPB *(fluticasone-salmeterol)* | 1 | QL(2.5 ea daily); MP |
| ADVAIR HFA AERO | 1 | QL(0.5 gm daily); MP |
| AIRDUO DIGIHALER 113/14 14 MCG/ACT-113 MCG/ACT | 2 | QL(0.04 ea daily); MP |
| AIRDUO DIGIHALER 232/14 14 MCG/ACT-232 MCG/ACT | 2 | QL(0.04 ea daily); MP |
| AIRDUO DIGIHALER 55/14 14 MCG/ACT-55 MCG/ACT | 2 | QL(0.04 ea daily); MP |
| AIRDUO RESPICLICK 113/14 AEPB 14 MCG/ACT-113 MCG/ACT *(fluticasone-salmeterol)* | 2 | QL(0.04 ea daily); MP |
| AIRDUO RESPICLICK 232/14 AEPB 14 MCG/ACT-232 MCG/ACT *(fluticasone-salmeterol)* | 2 | QL(0.04 ea daily); MP |
| AIRDUO RESPICLICK 55/14 AEPB 55 MCG/ACT-14 MCG/ACT | 2 | QL(0.04 ea daily); MP |
| *albuterol sulfate aers* | 2 | QL(1.3 gm daily); MP |
| *albuterol sulfate aers* | 2 | QL(0.5 gm daily); MP |
| *albuterol sulfate nebu .083 %, .5 %, .63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml* | 1 | MP |
| *albuterol sulfate aers* | 2 | QL(0.6 gm daily); MP |
| ALBUTEROL SULFATE NEBU | 1 | MP |
| ANORO ELLIPTA 25 MCG/INH-62.5 MCG/INH | 1 | MP |
| *arformoterol tartrate* | 2 | MP |
| BEVESPI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT | 1 | MP |
| BREO ELLIPTA | 2 | QL(2.5 ea daily); MP |
| BREZTRI AEROSPHERE 160 MCG/ACT-4.8 MCG/ACT-9 MCG/ACT | 2 | MP |
| BROVANA *(arformoterol tartrate)* | 2 | MP |
| *budesonide-formoterol fumarate dihydrate* | 2 | QL(0.7 gm daily); MP |
| COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT | 1 | MP |
| DUAKLIR PRESSAIR 12 MCG/ACT-400 MCG/ACT | 2 | MP |
| DULERA | 1 | QL(0.9 gm daily); MP |
| FLUTICASONE FUROATE/VILANTEROL ELLIPTA | 2 | QL(2.5 ea daily); MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act* | 2 | QL(2.5 ea daily); MP |
| *fluticasone-salmeterol aepb 14 mcg/act-113 mcg/act, 14 mcg/act-232 mcg/act, 14 mcg/act-55 mcg/act, 55 mcg/act-14 mcg/act* | 2 | QL(0.04 ea daily); MP |
| *formoterol fumarate nebu* | 2 | MP |
| *ipratropium-albuterol soln 0.5 mg/3ml-2.5 mg/3ml* | 1 | MP |
| *levalbuterol hcl* | 2 | MP |
| *levalbuterol tartrate* | 2 | QL(1 gm daily); MP |
| PERFOROMIST NEBU *(formoterol fumarate)* | 2 | MP |
| PROAIR DIGIHALER | 2 | QL(0.04 ea daily); MP |
| PROAIR HFA AERS *(albuterol sulfate)* | 1 | QL(0.6 gm daily); MP |
| PROAIR RESPICLICK AEPB | 2 | QL(0.04 ea daily); MP |
| PROVENTIL HFA AERS *(albuterol sulfate)* | 1 | QL(0.5 gm daily); MP |
| SEREVENT DISKUS | 1 | QL(2.5 ea daily); MP |
| STIOLTO RESPIMAT 2.5 MCG/ACT-2.5 MCG/ACT | 1 | MP |
| STRIVERDI RESPIMAT | 2 | MP |
| SYMBICORT *(budesonide-formoterol fumarate dihydrate)* | 1 | QL(0.7 gm daily); MP |
| *terbutaline sulfate tabs* | 3 | MP |
| TRELEGY ELLIPTA | 1 | MP |
| UTIBRON NEOHALER 15.6 MCG-27.5 MCG | 2 | MP |
| VENTOLIN HFA AERS *(albuterol sulfate)* | 1 | QL(0.55 gm daily); MP |
| XOPENEX *(levalbuterol hcl)* | 2 | MP |
| XOPENEX CONCENTRATE *(levalbuterol hcl)* | 2 | MP |
| XOPENEX HFA *(levalbuterol tartrate)* | 2 | QL(1 gm daily); MP |
| Xanthines | | |
| *theophylline tb12 300 mg, 450 mg* | 3 | MP |
| *theophylline soln* | 3 | MP |
| *theophylline tb24* | 3 | MP |
| *theophylline elix* | 3 | |
| ANTICOAGULANTS - Blood Thinners | | |
| Coumarin Anticoagulants | | |
| *warfarin sodium tabs* | 1 | MP |
| Direct Factor Xa Inhibitors | | |
| ELIQUIS TABS | 1 | MP |
| ELIQUIS STARTER PACK TBPK | 1 | MP |
| SAVAYSA | 2 | MP |
| XARELTO TABS | 1 | MP |
| XARELTO SUSR | 1 | MP |
| XARELTO STARTER PACK TBPK | 1 | MP |
| Heparins And Heparinoid-Like Agents | | |
| ARIXTRA *(fondaparinux sodium)* | 2 | SP; MP |
| *enoxaparin sodium soln ij 300 mg/3ml* | 1 | SP; MP |
| *enoxaparin sodium sosy* | 1 | SP; MP |
| *fondaparinux sodium* | 2 | SP; MP |
| FRAGMIN SOLN 95000 UNIT/3.8ML | 2 | SP; MP |
| FRAGMIN SOSY | 2 | SP; MP |
| *heparin sodium (porcine) soln ij 5000 unit/ml, 10000 unit/ml* | 3 | MP |
| *heparin sodium (porcine) lock flush 10 unit/ml* | 4 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LOVENOX SOSY *(enoxaparin sodium)* | 2 | SP; MP |
| LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)* | 2 | SP; MP |
| Thrombin Inhibitors | | |
| *dabigatran etexilate mesylate* | 2 | MP |
| PRADAXA *(dabigatran etexilate mesylate)* | 1 | MP |
| PRADAXA | 1 | MP |
| ANTICONVULSANTS - Drugs to Treat Seizures | | |
| Anticonvulsants - Misc. | | |
| LEVETIRACETAM/SODIUM CHLORIDE 250 MG/50ML-410 MG/50ML | CO | |
| ZONISADE SUSP | CO | |
| ZTALMY | CO | SP |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | |
| Antidepressant Combinations | | |
| AUVELITY 45 MG-105 MG | CO | |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | |
| CITALOPRAM HYDROBROMIDE CAPS | CO | |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | |
| VENLAFAXINE BESYLATE ER | CO | |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |
| *acarbose* | 1 | MP |
| *miglitol* | 1 | MP |
| PRECOSE *(acarbose)* | 2 | MP |
| Antidiabetic - Amylin Analogs | | |
| SYMLINPEN 120 SOPN | 1 | MP |
| SYMLINPEN 60 SOPN | 1 | MP |
| Antidiabetic Combinations | | |
| ACTOPLUS MET TABS *(pioglitazone hcl-metformin hcl)* | 2 | MP |
| *alogliptin-metformin hcl* | 2 | MP |
| *alogliptin-pioglitazone* | 2 | MP |
| DUETACT *(pioglitazone hcl-glimepiride)* | 2 | MP |
| *glipizide-metformin hcl* | 2 | MP |
| *glyburide-metformin* | 1 | MP |
| GLYXAMBI | 2 | MP |
| INVOKAMET TABS | 1 | MP |
| INVOKAMET XR TB24 | 2 | MP |
| JANUMET TABS | 1 | QL(2 ea daily); MP |
| JANUMET XR TB24 | 1 | MP |
| JENTADUETO TABS | 1 | MP |
| JENTADUETO XR TB24 | 2 | MP |
| KAZANO *(alogliptin-metformin hcl)* | 2 | MP |
| KOMBIGLYZE XR | 2 | MP |
| OSENI *(alogliptin-pioglitazone)* | 2 | MP |
| OSENI 12.5 MG-15 MG | 2 | MP |
| *pioglitazone hcl-glimepiride* | 2 | MP |
| *pioglitazone hcl-metformin hcl tabs* | 2 | MP |
| QTERN | 2 | MP |
| SEGLUROMET | 2 | MP |
| SOLIQUA 100/33 33 MCG/ML-100 UNIT/ML | 2 | MP |
| STEGLUJAN | 2 | MP |
| SYNJARDY TABS | 1 | MP |
| SYNJARDY XR TB24 | 2 | MP |
| TRIJARDY XR | 2 | MP |
| XIGDUO XR | 1 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| XULTOPHY 100/3.6 100 UNIT/ML-3.6 MG/ML | 2 | MP |
| Biguanides | | |
| FORTAMET TB24 *(metformin hcl)* | 2 | MP |
| GLUMETZA TB24 *(metformin hcl)* | 2 | MP |
| *metformin hcl tb24 500 mg, 750 mg* | 1 | MP |
| *metformin hcl tb24 500 mg, 1000 mg* | 2 | MP |
| *metformin hcl soln* | 2 | MP |
| *metformin hcl tabs* | 1 | MP |
| RIOMET SOLN *(metformin hcl)* | 2 | MP |
| Diabetic Other | | |
| BAQSIMI ONE PACK POWD | 1 | QL(0.067 ea daily); MP |
| BAQSIMI TWO PACK POWD | 1 | QL(0.067 ea daily); MP |
| *diazoxide* | 2 | MP |
| GLUCAGEN HYPOKIT | 1 | MP |
| *glucagon (rdna)* | 1 | MP |
| GLUCAGON EMERGENCY KIT *(glucagon (rdna))* | NF | MP |
| GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR | 2 | MP |
| GVOKE HYPOPEN 1-PACK SOAJ .5 MG/0.1ML | 1 | QL(0.2 ml per 30 days retail; 0 ml per 90 days mail) |
| GVOKE HYPOPEN 1-PACK SOAJ 1 MG/0.2ML | 1 | QL(0.4 ml per 30 days retail; 1 ml per 90 days mail) |
| GVOKE HYPOPEN 2-PACK SOAJ .5 MG/0.1ML | 1 | QL(0.2 ml per 30 days retail; 0 ml per 90 days mail) |
| GVOKE HYPOPEN 2-PACK SOAJ 1 MG/0.2ML | 1 | QL(0.4 ml per 30 days retail; 1 ml per 90 days mail) |
| GVOKE KIT SOLN | 2 | QL(0.4 ml per 30 days retail) |
| GVOKE PFS SOSY 1 MG/0.2ML | 2 | QL(0.4 ml per 30 days retail; 1 ml per 90 days mail) |
| GVOKE PFS SOSY .5 MG/0.1ML | 2 | QL(0.2 ml per 30 days retail; 0 ml per 90 days mail) |
| PROGLYCEM *(diazoxide)* | 1 | MP |
| ZEGALOGUE SOAJ | 2 | MP |
| ZEGALOGUE SOSY | 2 | MP |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| *alogliptin benzoate* | 2 | MP |
| JANUVIA | 1 | QL(2 ea daily); MP |
| NESINA *(alogliptin benzoate)* | 2 | MP |
| ONGLYZA | 2 | MP |
| TRADJENTA | 1 | MP |
| Incretin Mimetic Agents | | |
| ADLYXIN SOPN | 2 | MP |
| ADLYXIN STARTER PACK PNKT | 2 | MP |
| BYDUREON BCISE AUIJ | 2 | MP |
| BYDUREON PEN PEN | 1 | MP |
| BYETTA SOPN | 1 | MP |
| MOUNJARO | 2 | |
| OZEMPIC SOPN | 2 | MP |
| RYBELSUS TABS | 2 | MP |
| TRULICITY | 1 | MP |
| VICTOZA | 1 | MP |
| Insulin | | |
| ADMELOG SOLN IJ | 2 | QL(3 ml daily); MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ADMELOG SOLOSTAR SOPN | 2 | QL(3 ml daily); MP |
| AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT | 2 | QL(6 ea daily); MP |
| APIDRA SOLN | 1 | QL(3 ml daily); MP |
| APIDRA SOLOSTAR SOPN | 1 | QL(3 ml daily); MP |
| BASAGLAR KWIKPEN SOPN | 2 | QL(3 ml daily); MP |
| BASAGLAR TEMPO PEN SOPN | 2 | QL(3 ml daily); MP |
| FIASP SOLN 100 UNIT/ML | 2 | QL(3 ml daily); MP |
| FIASP FLEXTOUCH SOPN 100 UNIT/ML | 2 | QL(3 ml daily); MP |
| FIASP PENFILL SOCT 20.8 MG/ML-100 UNIT/ML | 2 | QL(3 ml daily); MP |
| HUMALOG SOLN IJ | 1 | QL(3 ml daily); MP |
| HUMALOG SOCT | 1 | QL(3 ml daily); MP |
| HUMALOG JUNIOR KWIKPEN SOPN | 1 | QL(3 ml daily); MP |
| HUMALOG KWIKPEN SOPN | 2 | QL(3 ml daily); MP |
| HUMALOG KWIKPEN SOPN 100 UNIT/ML | 1 | QL(3 ml daily); MP |
| HUMALOG MIX 50/50 SUSP 50 UNIT/ML-50 UNIT/ML | 1 | QL(3 ml daily); MP |
| HUMALOG MIX 50/50 KWIKPEN SUPN 50 UNIT/ML-50 UNIT/ML | 1 | QL(3 ml daily); MP |
| HUMALOG MIX 75/25 SUSP 25 UNIT/ML-75 UNIT/ML | 1 | QL(3 ml daily); MP |
| HUMALOG MIX 75/25 KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML | 1 | QL(3 ml daily); MP |
| HUMALOG TEMPO PEN SOPN | 1 | QL(3 ml daily); MP |
| HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML | 1 | QL(3 ml daily); MP |
| HUMULIN 70/30 KWIKPEN SUPN 30 UNIT/ML-70 UNIT/ML | 1 | QL(3 ml daily); MP |
| HUMULIN N SUSP | 1 | QL(3 ml daily); MP |
| HUMULIN N KWIKPEN SUPN | 2 | QL(3 ml daily); MP |
| HUMULIN R SOLN IJ | 1 | QL(3 ml daily); MP |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | 1 | QL(3 ml daily); MP |
| HUMULIN R U-500 KWIKPEN SOPN SC | 1 | QL(3 ml daily); MP |
| INSULIN ASPART SOLN IJ | 2 | QL(3 ml daily); MP |
| INSULIN ASPART FLEXPEN SOPN | 2 | QL(3 ml daily); MP |
| INSULIN ASPART PENFILL SOCT | 2 | QL(3 ml daily); MP |
| INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 30 %-70 % | 1 | QL(3 ml daily) |
| INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML | 2 | QL(3 ml daily); MP |
| INSULIN DEGLUDEC SOLN | 2 | QL(3 ml daily); MP |
| INSULIN DEGLUDEC FLEXTOUCH SOPN | 2 | QL(3 ml daily); MP |
| INSULIN GLARGINE SOPN | 2 | QL(3 ml daily); MP |
| INSULIN GLARGINE SOLN | 2 | QL(3 ml daily); MP |
| INSULIN GLARGINE SOLOSTAR SOPN | 2 | QL(3 ml daily); MP |
| INSULIN LISPRO SOLN IJ | 1 | QL(3 ml daily); MP |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN | 1 | QL(3 ml daily); MP |
| INSULIN LISPRO KWIKPEN SOPN | 1 | QL(3 ml daily); MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML | 2 | QL(3 ml daily); MP |
| LANTUS SOLN | 1 | QL(3 ml daily); MP |
| LANTUS SOLOSTAR SOPN | 1 | QL(3 ml daily); MP |
| LEVEMIR SOLN | 1 | QL(3 ml daily); MP |
| LEVEMIR FLEXPEN SOPN | 1 | QL(3 ml daily); MP |
| LEVEMIR FLEXTOUCH SOPN | 1 | QL(3 ml daily); MP |
| LYUMJEV SOLN | 2 | QL(3 ml daily); MP |
| LYUMJEV KWIKPEN SOPN | 2 | QL(3 ml daily); MP |
| LYUMJEV TEMPO PEN SOPN | 2 | QL(3 ml daily); MP |
| NOVOLIN 70/30 SUSP 30 UNIT/ML-70 UNIT/ML | 2 | QL(3 ml daily); MP |
| NOVOLIN 70/30 FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML | 2 | QL(3 ml daily); MP |
| NOVOLIN 70/30 FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML | 2 | QL(3 ml daily); MP |
| NOVOLIN 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML | 2 | QL(3 ml daily); MP |
| NOVOLIN N SUSP | 1 | QL(3 ml daily); MP |
| NOVOLIN N FLEXPEN SUPN | 1 | QL(3 ml daily); MP |
| NOVOLIN N FLEXPEN RELION SUPN | 1 | QL(3 ml daily); MP |
| NOVOLIN N RELION SUSP | 1 | QL(3 ml daily); MP |
| NOVOLIN R SOLN IJ | 1 | QL(3 ml daily); MP |
| NOVOLIN R FLEXPEN SOPN IJ | 1 | QL(3 ml daily); MP |
| NOVOLIN R FLEXPEN RELION SOPN IJ | 1 | QL(3 ml daily); MP |
| NOVOLIN R RELION SOLN IJ | 1 | QL(3 ml daily); MP |
| NOVOLOG SOLN IJ | 1 | QL(3 ml daily); MP |
| NOVOLOG FLEXPEN SOPN | 1 | QL(3 ml daily); MP |
| NOVOLOG FLEXPEN RELION SOPN | 1 | QL(3 ml daily); MP |
| NOVOLOG MIX 70/30 SUSP 30 UNIT/ML-70 UNIT/ML | 2 | QL(3 ml daily); MP |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML | 1 | QL(3 ml daily); MP |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML | 1 | QL(3 ml daily); MP |
| NOVOLOG MIX 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML | 2 | QL(3 ml daily); MP |
| NOVOLOG PENFILL SOCT | 1 | QL(3 ml daily); MP |
| NOVOLOG RELION SOLN IJ | 1 | QL(3 ml daily); MP |
| SEMGLEE SOLN | 2 | QL(3 ml daily); MP |
| SEMGLEE SOPN | 2 | QL(3 ml daily); MP |
| TOUJEO MAX SOLOSTAR SOPN | 2 | QL(3 ml daily); MP |
| TOUJEO SOLOSTAR SOPN | 2 | QL(3 ml daily); MP |
| TRESIBA SOLN | 2 | QL(3 ml daily); MP |
| TRESIBA FLEXTOUCH SOPN | 2 | QL(3 ml daily); MP |
| Insulin Sensitizing Agents | | |
| ACTOS *(pioglitazone hcl)* | 2 | MP |
| AVANDIA 2 MG, 4 MG | 2 | MP |
| *pioglitazone hcl* | 1 | MP |
| Meglitinide Analogues | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *nateglinide* | 1 | MP |
| *repaglinide* | 1 | MP |
| STARLIX 120 MG *(nateglinide)* | 2 | MP |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| FARXIGA | 1 | MP |
| INVOKANA | 1 | MP |
| JARDIANCE | 1 | MP |
| STEGLATRO | 2 | MP |
| Sulfonylureas | | |
| AMARYL *(glimepiride)* | 2 | MP |
| *glimepiride* | 1 | MP |
| *glipizide tb24* | 1 | MP |
| *glipizide tabs* | 1 | MP |
| GLUCOTROL TABS 10 MG *(glipizide)* | 2 | MP |
| GLUCOTROL XL TB24 *(glipizide)* | 2 | MP |
| *glyburide tabs* | 1 | MP |
| *glyburide micronized 1.5 mg, 3 mg, 6 mg* | 1 | MP |
| GLYNASE *(glyburide micronized)* | 2 | MP |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antidiarrheal/Probiotic Agents - Misc. | | |
| *bismuth subsalicylate susp* | 3 | |
| *bismuth subsalicylate tabs* | 3 | |
| *bismuth subsalicylate chew 262 mg* | 3 | |
| PEPTO BISMOL TABS *(bismuth subsalicylate)* | 3 | |
| PEPTO-BISMOL CHEW *(bismuth subsalicylate)* | 3 | |
| PEPTO-BISMOL SUSP *(bismuth subsalicylate)* | 3 | |
| PEPTO-BISMOL MAX STRENGTH SUSP *(bismuth subsalicylate)* | 3 | |
| PEPTO-BISMOL TO-GO CHEW *(bismuth subsalicylate)* | 3 | |
| Antiperistaltic Agents | | |
| *diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg* | 1 | |
| *diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml* | 1 | |
| IMODIUM A-D TABS *(loperamide hcl)* | NF | |
| IMODIUM A-D LIQD *(loperamide hcl)* | 3 | |
| IMODIUM A-D CAPS *(loperamide hcl)* | NF | RX/OTC |
| LOMOTIL TABS 0.025 MG-2.5 MG *(diphenoxylate w/ atropine)* | NF | |
| *loperamide hcl tabs* | 1 | |
| *loperamide hcl susp* | 3 | |
| *loperamide hcl liqd* | 3 | |
| *loperamide hcl caps* | 1 | RX/OTC |
| *loperamide hcl soln* | 3 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| CHEMET | 3 | |
| Opioid Antagonists | | |
| KLOXXADO LIQD | 3 | QL(6 ea per 90 days retail) |
| *naloxone hcl liqd* | 3 | QL(6 ea per 90 days retail) |
| *naloxone hcl soln .4 mg/ml, 4 mg/10ml* | 3 | QL(6 ml per 90 days retail) |
| *naloxone hcl soct* | 3 | QL(6 ml per 90 days retail) |
| *naloxone hcl sosy* | 3 | QL(6 ml per 90 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NARCAN LIQD *(naloxone hcl)* | 3 | QL(6 ea per 90 days retail) |
| ZIMHI SOSY | 3 | QL(3 ml per 90 days retail) |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| *granisetron hcl tabs* | 1 | QL(15 ea per fill retail) |
| *ondansetron tbdp* | 1 | QL(15 ea per fill retail) |
| *ondansetron hcl tabs 4 mg, 8 mg* | 1 | QL(15 ea per fill retail) |
| *ondansetron hcl soln or 4 mg/5ml* | 1 | QL(75 ml per fill retail) |
| SANCUSO PTCH | 2 | Limit: 6 patches per 30 days; QL(0.2 ea daily); SP |
| ZOFRAN TABS 4 MG *(ondansetron hcl)* | 2 | QL(15 ea per fill retail) |
| ZUPLENZ FILM | 2 | |
| Antiemetics - Anticholinergic | | |
| ANTIVERT CHEW *(meclizine hcl)* | 3 | RX/OTC |
| *dimenhydrinate tabs* | 3 | |
| DRAMAMINE TABS *(dimenhydrinate)* | 3 | |
| *meclizine hcl chew* | 3 | RX/OTC |
| *meclizine hcl tabs 12.5 mg, 25 mg* | 3 | RX/OTC |
| TIGAN CAPS *(trimethobenzamide hcl)* | NF | |
| *trimethobenzamide hcl caps* | 4 | |
| Antiemetics - Miscellaneous | | |
| AKYNZEO 0.5 MG-300 MG | 2 | QL(1 ea per fill retail); SP |
| *dronabinol caps* | 3 | PA |
| MARINOL CAPS *(dronabinol)* | 3 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | |
| *aprepitant caps 80 mg* | 2 | QL(2 ea per fill retail); AL(At least 12 yrs old) |
| *aprepitant misc* | 2 | QL(3 ea per fill retail); AL(At least 12 yrs old) |
| *aprepitant caps 40 mg, 125 mg* | 2 | QL(1 ea per fill retail); AL(At least 12 yrs old) |
| *aprepitant caps* | 2 | QL(3 ea per fill retail); AL(At least 12 yrs old) |
| EMEND CAPS 80 MG *(aprepitant)* | 1 | QL(2 ea per fill retail); AL(At least 12 yrs old) |
| EMEND SUSR | 2 | AL(At least 12 yrs old) |
| EMEND TRIPACK CAPS *(aprepitant)* | 2 | QL(3 ea per fill retail); AL(At least 12 yrs old) |
| VARUBI TBPK | 2 | QL(2 ea per 7 days retail) |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| Antifungal - Glucan Synthesis Inhibitors | | |
| BREXAFEMME | 2 | QL(4 ea per fill retail) |
| Antifungals | | |
| ANCOBON *(flucytosine)* | 2 | |
| *flucytosine* | 2 | |
| *griseofulvin microsize tabs* | 2 | |
| *griseofulvin microsize susp* | 1 | |
| *griseofulvin ultramicrosize* | 2 | |
| *nystatin tabs* | 1 | |
| *terbinafine hcl tabs* | 1 | QL(84 ea per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Imidazole-Related Antifungals | | |
| CRESEMBA CAPS | 2 | |
| DIFLUCAN TABS 150 MG *(fluconazole)* | 2 | QL(2 ea per fill retail) |
| DIFLUCAN SUSR *(fluconazole)* | 2 | |
| DIFLUCAN TABS 50 MG, 100 MG, 200 MG *(fluconazole)* | 2 | |
| *fluconazole tabs 150 mg* | 1 | QL(2 ea per fill retail) |
| *fluconazole tabs 50 mg, 100 mg, 200 mg* | 1 | |
| *fluconazole susr* | 1 | |
| *itraconazole soln* | 2 | QL(840 ml per fill retail) |
| *itraconazole caps* | 2 | QL(84 ea per fill retail) |
| *ketoconazole* | 1 | |
| NOXAFIL TBEC *(posaconazole)* | 2 | |
| NOXAFIL SUSP | 2 | |
| NOXAFIL PACK | 2 | |
| *posaconazole tbec* | 2 | |
| SPORANOX CAPS *(itraconazole)* | 2 | QL(84 ea per fill retail) |
| SPORANOX SOLN *(itraconazole)* | 2 | QL(840 ml per fill retail) |
| SPORANOX PULSEPAK CAPS *(itraconazole)* | 2 | QL(84 ea per fill retail) |
| TOLSURA CAPS | 2 | |
| VFEND TABS *(voriconazole)* | 2 | |
| VFEND SUSR *(voriconazole)* | 2 | |
| VIVJOA | 2 | QL(18 ea per fill retail) |
| *voriconazole susr* | 2 | |
| *voriconazole tabs* | 2 | |
| ANTIHISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Alkylamines | | |
| *chlorpheniramine maleate tabs* | 3 | |
| CHLOR-TRIMETON TABS *(chlorpheniramine maleate)* | 3 | |
| Antihistamines - Ethanolamines | | |
| BENADRYL ALLERGY CAPS *(diphenhydramine hcl)* | 3 | AL(Up to 64 yrs old) |
| BENADRYL ALLERGY TABS *(diphenhydramine hcl)* | 3 | AL(Up to 64 yrs old) |
| BENADRYL ALLERGY CHILDRENS LIQD *(diphenhydramine hcl)* | 3 | |
| BENADRYL ALLERGY ULTRATABS TABS *(diphenhydramine hcl)* | 3 | AL(Up to 64 yrs old) |
| *carbinoxamine maleate tabs 4 mg* | 3 | |
| *carbinoxamine maleate soln* | 3 | |
| *clemastine fumarate tabs 1.34 mg* | 3 | |
| *diphenhydramine hcl tabs 25 mg* | 3 | AL(Up to 64 yrs old) |
| *diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml* | 3 | |
| *diphenhydramine hcl caps* | 3 | AL(Up to 64 yrs old) |
| *diphenhydramine hcl elix 12.5 mg/5ml* | 3 | |
| *diphenhydramine hcl soln 50 mg/ml* | 3 | AL(Up to 64 yrs old) |
| Antihistamines - Non-Sedating | | |
| ALLEGRA ALLERGY TABS *(fexofenadine hcl)* | NF | |
| ALLEGRA ALLERGY CHILDRENS SUSP *(fexofenadine hcl)* | 1 | |
| *cetirizine hcl soln or* | 1 | QL(10 ml daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cetirizine hcl tabs 10 mg* | 1 | QL(1 ea daily) |
| *cetirizine hcl syrp or* | 1 | QL(10 ml daily); RX/OTC |
| *cetirizine hcl chew* | 2 | |
| *cetirizine hcl tabs 5 mg* | 1 | |
| *cetirizine hcl caps* | 2 | |
| CLARINEX TABS *(desloratadine)* | 2 | |
| CLARITIN TABS *(loratadine)* | NF | QL(1 ea daily) |
| CLARITIN CHEW *(loratadine)* | NF | |
| CLARITIN SYRP *(loratadine)* | NF | QL(10 ml daily) |
| CLARITIN ALLERGY CHILDRENS SYRP *(loratadine)* | NF | QL(10 ml daily) |
| CLARITIN CHILDRENS CHEW *(loratadine)* | NF | |
| CLARITIN REDITABS TBDP *(loratadine)* | NF | |
| *desloratadine tbdp 5 mg* | 2 | |
| *desloratadine tbdp 2.5 mg* | 2 | AL(Up to 11 yrs old) |
| *desloratadine tabs* | 2 | |
| *fexofenadine hcl susp* | 1 | |
| *fexofenadine hcl tabs 60 mg, 180 mg* | 1 | |
| *levocetirizine dihydrochloride tabs* | 1 | RX/OTC |
| *levocetirizine dihydrochloride soln* | 2 | RX/OTC |
| *loratadine syrp* | 1 | QL(10 ml daily) |
| *loratadine chew* | 1 | |
| *loratadine tabs* | 1 | QL(1 ea daily) |
| *loratadine tbdp* | 1 | |
| *loratadine soln* | 1 | QL(10 ml daily) |
| XYZAL ALLERGY 24HR TABS *(levocetirizine dihydrochloride)* | NF | RX/OTC |
| XYZAL ALLERGY 24HR CHILDRENS SOLN *(levocetirizine dihydrochloride)* | 2 | RX/OTC |
| ZYRTEC ALLERGY CAPS *(cetirizine hcl)* | 2 | |
| ZYRTEC ALLERGY TABS *(cetirizine hcl)* | NF | QL(1 ea daily) |
| ZYRTEC CHILDRENS ALLERGY SOLN OR *(cetirizine hcl)* | 2 | QL(10 ml daily); RX/OTC |
| Antihistamines - Phenothiazines | | |
| *promethazine hcl tabs* | 3 | AL(At least 2 yrs old - Up to 64 yrs old) |
| *promethazine hcl soln 6.25 mg/5ml* | 3 | AL(At least 2 yrs old - Up to 64 yrs old) |
| *promethazine hcl syrp* | 3 | AL(At least 2 yrs old - Up to 64 yrs old) |
| *promethazine hcl supp 12.5 mg, 25 mg* | 3 | QL(4 ea daily); AL(At least 2 yrs old - Up to 64 yrs old) |
| *promethazine hcl supp 50 mg* | 3 | QL(2 ea daily); AL(At least 2 yrs old - Up to 64 yrs old) |
| Antihistamines - Piperidines | | |
| *cyproheptadine hcl syrp* | 3 | AL(Up to 64 yrs old) |
| *cyproheptadine hcl tabs* | 3 | AL(Up to 64 yrs old) |
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors | | |
| NEXLETOL | 2 | AL(At least 18 yrs old) |
| Antihyperlipidemics - Combinations | | |
| *ezetimibe-simvastatin* | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NEXLIZET 10 MG-180 MG | 2 | AL(At least 18 yrs old) |
| VYTORIN *(ezetimibe-simvastatin)* | 2 | QL(1 ea daily) |
| Antihyperlipidemics - Misc. | | |
| *icosapent ethyl* | 2 | |
| LOVAZA 1 GM-375 MG-465 MG *(omega-3-acid ethyl esters)* | 2 | |
| *omega-3-acid ethyl esters 1 gm-375 mg-465 mg* | 2 | |
| VASCEPA *(icosapent ethyl)* | 2 | |
| Bile Acid Sequestrants | | |
| *cholestyramine powd* | 1 | MP |
| *cholestyramine pack* | 1 | MP |
| *cholestyramine light pack* | 1 | MP |
| *cholestyramine light powd* | 1 | MP |
| *colesevelam hcl tabs* | 2 | MP |
| *colesevelam hcl pack* | 2 | MP |
| COLESTID GRAN *(colestipol hcl)* | 2 | MP |
| COLESTID TABS *(colestipol hcl)* | 2 | MP |
| COLESTID PACK *(colestipol hcl)* | 2 | MP |
| COLESTID FLAVORED GRAN *(colestipol hcl)* | 2 | MP |
| COLESTID FLAVORED PACK *(colestipol hcl)* | 2 | MP |
| *colestipol hcl pack* | 2 | MP |
| *colestipol hcl gran* | 2 | MP |
| *colestipol hcl tabs* | 1 | MP |
| QUESTRAN PACK *(cholestyramine)* | 2 | MP |
| QUESTRAN POWD *(cholestyramine)* | 2 | MP |
| QUESTRAN LIGHT POWD *(cholestyramine light)* | 2 | MP |
| WELCHOL PACK *(colesevelam hcl)* | 2 | MP |
| WELCHOL TABS *(colesevelam hcl)* | 2 | MP |
| Fibric Acid Derivatives | | |
| ANTARA *(fenofibrate micronized)* | 2 | |
| *choline fenofibrate* | 2 | |
| *fenofibrate tabs 40 mg, 48 mg, 120 mg, 145 mg* | 2 | |
| *fenofibrate caps* | 2 | |
| *fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg* | 1 | |
| FENOFIBRATE TABS | 1 | |
| *fenofibrate micronized 30 mg, 43 mg, 90 mg, 130 mg* | 2 | |
| *fenofibrate micronized 67 mg, 134 mg, 200 mg* | 1 | |
| *fenofibric acid* | 2 | |
| FENOFIBRIC ACID | 2 | |
| FENOGLIDE TABS *(fenofibrate)* | 2 | |
| FIBRICOR *(fenofibric acid)* | 2 | |
| *gemfibrozil tabs* | 1 | |
| LIPOFEN CAPS *(fenofibrate)* | 2 | |
| LOPID TABS *(gemfibrozil)* | 2 | |
| TRICOR TABS *(fenofibrate)* | 2 | |
| TRILIPIX *(choline fenofibrate)* | 2 | |
| HMG CoA Reductase Inhibitors | | |
| ALTOPREV TB24 20 MG, 40 MG, 60 MG | 2 | QL(1 ea daily) |
| *atorvastatin calcium* | 1 | QL(1 ea daily) |
| CRESTOR TABS *(rosuvastatin calcium)* | 2 | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EZALLOR SPRINKLE CPSP | 2 | QL(1 ea daily) |
| *fluvastatin sodium caps* | 2 | QL(1 ea daily) |
| *fluvastatin sodium tb24* | 2 | QL(1 ea daily) |
| LESCOL XL TB24 *(fluvastatin sodium)* | 2 | QL(1 ea daily) |
| LIPITOR *(atorvastatin calcium)* | 2 | QL(1 ea daily) |
| LIVALO | 2 | QL(1 ea daily) |
| *lovastatin tabs* | 1 | QL(1 ea daily) |
| PRAVACHOL 20 MG, 40 MG *(pravastatin sodium)* | 2 | QL(1 ea daily) |
| *pravastatin sodium* | 1 | QL(1 ea daily) |
| *rosuvastatin calcium tabs* | 1 | QL(1 ea daily) |
| *simvastatin tabs* | 1 | QL(1 ea daily) |
| ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG *(simvastatin)* | 2 | QL(1 ea daily) |
| ZYPITAMAG 2 MG, 4 MG | 2 | QL(1 ea daily) |
| Intestinal Cholesterol Absorption Inhibitors | | |
| *ezetimibe* | 1 | |
| ZETIA *(ezetimibe)* | 2 | |
| Nicotinic Acid Derivatives | | |
| *niacin (antihyperlipidemic) tbcr* | 2 | |
| NIASPAN TBCR *(niacin (antihyperlipidemic))* | 2 | |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors | | |
| PRALUENT SOAJ | 1 | QL(2 ml per 28 days retail); SP; PA |
| REPATHA SOSY | 1 | QL(2 ml per 28 days retail); SP; PA |
| REPATHA PUSHTRONEX SYSTEM SOCT | 1 | QL(7 ml per 28 days retail); SP; PA |
| REPATHA SURECLICK SOAJ | 1 | QL(2 ml per 28 days retail); SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |
| ACCUPRIL *(quinapril hcl)* | 2 | MP |
| ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(ramipril)* | 2 | MP |
| *benazepril hcl* | 1 | MP |
| *captopril* | 2 | MP |
| *enalapril maleate soln* | 2 | MP |
| *enalapril maleate tabs* | 1 | MP |
| EPANED SOLN *(enalapril maleate)* | 2 | MP |
| *fosinopril sodium* | 2 | MP |
| *lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg* | 1 | MP |
| LOTENSIN 10 MG, 20 MG, 40 MG *(benazepril hcl)* | 2 | MP |
| *moexipril hcl* | 2 | MP |
| *perindopril erbumine* | 2 | MP |
| PRINIVIL TABS *(lisinopril)* | 2 | MP |
| QBRELIS SOLN | 2 | MP |
| *quinapril hcl* | 2 | MP |
| *ramipril caps* | 2 | MP |
| *trandolapril* | 2 | MP |
| VASOTEC TABS *(enalapril maleate)* | 2 | MP |
| ZESTRIL TABS *(lisinopril)* | 2 | MP |
| Angiotensin II Receptor Antagonists | | |
| ATACAND *(candesartan cilexetil)* | 2 | MP |
| AVAPRO *(irbesartan)* | 2 | MP |
| BENICAR *(olmesartan medoxomil)* | 2 | MP |
| *candesartan cilexetil* | 2 | MP |
| COZAAR *(losartan potassium)* | 2 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DIOVAN TABS *(valsartan)* | 2 | MP |
| EDARBI | 2 | MP |
| *irbesartan* | 2 | MP |
| *losartan potassium* | 1 | MP |
| MICARDIS *(telmisartan)* | 2 | MP |
| *olmesartan medoxomil* | 1 | MP |
| *telmisartan* | 2 | MP |
| *valsartan tabs* | 1 | MP |
| Antiadrenergic Antihypertensives | | |
| CARDURA *(doxazosin mesylate)* | 2 | MP |
| CATAPRES-TTS-1 *(clonidine)* | 1 | Limit: 4 patches per 28 days; QL(0.143 ea daily); MP |
| CATAPRES-TTS-2 *(clonidine)* | 1 | Limit: 4 patches per 28 days; QL(0.143 ea daily); MP |
| CATAPRES-TTS-3 *(clonidine)* | 1 | Limit: 4 patches per 28 days; QL(0.143 ea daily); MP |
| *clonidine* | 1 | Limit: 4 patches per 28 days; QL(0.143 ea daily); MP |
| *clonidine hcl tb24* | 1 | |
| *clonidine hcl tabs* | 1 | MP |
| *doxazosin mesylate* | 1 | MP |
| *guanfacine hcl* | 1 | MP |
| *methyldopa tabs* | 1 | MP |
| MINIPRESS CAPS *(prazosin hcl)* | 2 | MP |
| NEXICLON XR TB24 .17 MG *(clonidine hcl)* | 2 | |
| *prazosin hcl caps* | 1 | MP |
| *terazosin hcl* | 1 | MP |
| Antihypertensive Combinations | | |
| ACCURETIC 10 MG-12.5 MG | 2 | MP |
| ACCURETIC *(quinapril-hydrochlorothiazide)* | 2 | MP |
| *amlodipine besylate-benazepril hcl* | 1 | MP |
| *amlodipine besylate-olmesartan medoxomil* | 1 | MP |
| *amlodipine besylate-valsartan* | 1 | MP |
| *amlodipine-valsartan-hydrochlorothiazide* | 1 | MP |
| ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)* | 2 | MP |
| *atenolol & chlorthalidone* | 1 | MP |
| AVALIDE *(irbesartan-hydrochlorothiazide)* | 2 | MP |
| AZOR *(amlodipine besylate-olmesartan medoxomil)* | 2 | MP |
| *benazepril & hydrochlorothiazide* | 1 | MP |
| BENICAR HCT *(olmesartan medoxomil-hydrochlorothiazide)* | 2 | MP |
| *bisoprolol & hydrochlorothiazide* | 1 | MP |
| *candesartan cilexetil-hydrochlorothiazide* | 2 | MP |
| *captopril & hydrochlorothiazide* | 2 | MP |
| DIOVAN HCT *(valsartan-hydrochlorothiazide)* | 2 | MP |
| EDARBYCLOR | 2 | MP |
| *enalapril maleate & hydrochlorothiazide* | 1 | MP |
| EXFORGE *(amlodipine besylate-valsartan)* | 2 | MP |
| EXFORGE HCT *(amlodipine-valsartan-hydrochlorothiazide)* | 2 | MP |
| *fosinopril sodium & hydrochlorothiazide* | 2 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HYZAAR *(losartan potassium & hydrochlorothiazide)* | 2 | MP |
| *irbesartan-hydrochlorothiazide* | 2 | MP |
| *lisinopril & hydrochlorothiazide* | 1 | MP |
| *losartan potassium & hydrochlorothiazide* | 1 | MP |
| LOTENSIN HCT 10 MG-12.5 MG, 12.5 MG-20 MG, 20 MG-25 MG *(benazepril & hydrochlorothiazide)* | 2 | MP |
| LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG *(amlodipine besylate-benazepril hcl)* | 2 | MP |
| *methyldopa & hydrochlorothiazide* | 2 | MP |
| *metoprolol & hydrochlorothiazide tabs* | 2 | MP |
| MICARDIS HCT *(telmisartan-hydrochlorothiazide)* | 2 | MP |
| *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | 2 | MP |
| *olmesartan medoxomil-hydrochlorothiazide* | 1 | MP |
| *propranolol & hydrochlorothiazide* | 2 | MP |
| *quinapril-hydrochlorothiazide* | 2 | MP |
| TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG *(trandolapril-verapamil hcl)* | 2 | MP |
| TEKTURNA HCT | 2 | MP |
| *telmisartan-amlodipine* | 2 | MP |
| *telmisartan-hydrochlorothiazide* | 2 | MP |
| TENORETIC 100 25 MG-100 MG *(atenolol & chlorthalidone)* | 2 | MP |
| TENORETIC 50 25 MG-50 MG *(atenolol & chlorthalidone)* | 2 | MP |
| *trandolapril-verapamil hcl 2 mg-180 mg, 2 mg-240 mg, 4 mg-240 mg* | 2 | MP |
| TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)* | 2 | MP |
| TWYNSTA *(telmisartan-amlodipine)* | 2 | MP |
| *valsartan-hydrochlorothiazide* | 1 | MP |
| VASERETIC 10 MG-25 MG *(enalapril maleate & hydrochlorothiazide)* | 2 | MP |
| ZESTORETIC *(lisinopril & hydrochlorothiazide)* | 2 | MP |
| ZIAC *(bisoprolol & hydrochlorothiazide)* | 2 | MP |
| Direct Renin Inhibitors | | |
| *aliskiren fumarate* | 2 | MP |
| TEKTURNA *(aliskiren fumarate)* | 2 | MP |
| Vasodilators | | |
| *hydralazine hcl tabs 100 mg* | 3 | QL(3 ea daily); MP |
| *hydralazine hcl soln* | 3 | |
| *hydralazine hcl tabs 10 mg, 25 mg, 50 mg* | 3 | QL(4 ea daily); MP |
| *minoxidil 2.5 mg, 10 mg* | 3 | MP |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| AEMCOLO | 2 | QL(12 ea per fill retail); AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FLAGYL CAPS *(metronidazole)* | 2 | |
| FLAGYL TABS 500 MG *(metronidazole)* | 2 | |
| *metronidazole caps* | 2 | |
| *metronidazole tabs* | 1 | |
| *tinidazole* | 1 | |
| *trimethoprim tabs* | 3 | |
| TRIMETHOPRIM TABS | 3 | |
| XIFAXAN 550 MG | 2 | AL(At least 18 yrs old) |
| XIFAXAN 200 MG | 2 | QL(9 ea per fill retail); AL(At least 12 yrs old) |
| Anti-infective Misc. - Combinations | | |
| BACTRIM TABS 80 MG-400 MG *(sulfamethoxazole-trimethoprim)* | 3 | |
| BACTRIM DS TABS 160 MG-800 MG *(sulfamethoxazole-trimethoprim)* | 3 | |
| *sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml* | 3 | |
| *sulfamethoxazole-trimethoprim tabs* | 3 | |
| Antiprotozoal Agents | | |
| ALINIA TABS *(nitazoxanide)* | 2 | QL(6 ea per 30 days retail) |
| *atovaquone* | 3 | |
| MEPRON *(atovaquone)* | 3 | |
| *nitazoxanide tabs* | 2 | QL(6 ea per 30 days retail) |
| Glycopeptides | | |
| FIRVANQ SOLR OR | 1 | |
| VANCOCIN CAPS *(vancomycin hcl)* | 2 | |
| *vancomycin hcl solr iv 1 gm, 5 gm, 10 gm, 500 mg, 750 mg, 1000 mg* | 3 | |
| *vancomycin hcl caps* | 1 | |
| VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML | 2 | |
| VANCOMYCIN HYDROCHLORIDE SOLR IV | 3 | |
| Leprostatics | | |
| *dapsone* | 3 | |
| Lincosamides | | |
| CLEOCIN *(clindamycin hcl)* | 3 | |
| CLEOCIN PEDIATRIC GRANULES *(clindamycin palmitate hydrochloride)* | 3 | AL(Up to 12 yrs old) |
| *clindamycin hcl* | 3 | |
| *clindamycin palmitate hydrochloride* | 3 | AL(Up to 12 yrs old) |
| Monobactams | | |
| CAYSTON | 1 | SP |
| Oxazolidinones | | |
| *linezolid susr* | 2 | |
| *linezolid tabs* | 1 | QL(28 ea per fill retail) |
| SIVEXTRO TABS | 2 | QL(14 ea per fill retail) |
| ZYVOX TABS *(linezolid)* | 2 | QL(28 ea per fill retail) |
| ZYVOX SUSR *(linezolid)* | 2 | |
| Urinary Anti-infectives | | |
| HIPREX *(methenamine hippurate)* | 3 | |
| MACROBID *(nitrofurantoin monohyd macro)* | 3 | QL(20 ea per 10 days retail); AL(Up to 64 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MACRODANTIN 50 MG, 100 MG *(nitrofurantoin macrocrystal)* | 3 | QL(2 ea daily); AL(Up to 64 yrs old) |
| *methenamine hippurate* | 3 | |
| *methenamine mandelate* | 3 | |
| *nitrofurantoin macrocrystal 50 mg, 100 mg* | 3 | QL(2 ea daily); AL(Up to 64 yrs old) |
| *nitrofurantoin monohyd macro* | 3 | QL(20 ea per 10 days retail); AL(Up to 64 yrs old) |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarials | | |
| *chloroquine phosphate tabs* | 3 | MP |
| DARAPRIM *(pyrimethamine)* | 3 | MP; PA |
| *hydroxychloroquine sulfate 200 mg* | 3 | MP |
| KRINTAFEL | 3 | 1 rtl MAX fill; 365 rtl day(s) supply; 1 mail MAX fill; AL(At least 16 yrs old); MP; PA |
| *mefloquine hcl* | 3 | MP; PA |
| PLAQUENIL *(hydroxychloroquine sulfate)* | 3 | MP |
| *primaquine phosphate tabs* | 3 | MP |
| PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)* | 3 | MP |
| *pyrimethamine* | 3 | MP; PA |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| MESTINON TABS *(pyridostigmine bromide)* | 3 | |
| *pyridostigmine bromide tabs 60 mg* | 3 | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| *cycloserine* | 3 | MP |
| *ethambutol hcl tabs* | 3 | MP |
| *isoniazid tabs* | 3 | MP |
| *isoniazid syrp* | 3 | AL(Up to 12 yrs old); MP |
| MYAMBUTOL TABS *(ethambutol hcl)* | 3 | MP |
| MYCOBUTIN *(rifabutin)* | 3 | MP |
| PRETOMANID | 3 | MP; PA |
| PRIFTIN | 3 | QL(0.86 ea daily); MP |
| *pyrazinamide* | 3 | MP |
| *rifabutin* | 3 | MP |
| *rifampin caps* | 3 | MP |
| SIRTURO | 3 | PA |
| TRECATOR | 3 | MP |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| ALKERAN *(melphalan)* | 3 | |
| *cyclophosphamide caps* | 3 | |
| CYCLOPHOSPHAMIDE TABS | 3 | |
| LEUKERAN | 3 | |
| *melphalan* | 3 | |
| MYLERAN TABS | 3 | SP |
| *oxaliplatin soln 50 mg/10ml, 100 mg/20ml* | 3 | SP |
| *oxaliplatin solr* | 3 | SP |
| TEMODAR CAPS *(temozolomide)* | 3 | SP |
| *temozolomide caps* | 3 | SP |
| Antimetabolites | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ALIMTA SOLR *(pemetrexed disodium)* | 3 | SP |
| ARRANON *(nelarabine)* | 3 | SP |
| *azacitidine susr* | 3 | SP |
| *capecitabine* | 3 | SP |
| *cladribine 10 mg/10ml* | 3 | SP |
| *clofarabine* | 3 | SP |
| CLOLAR *(clofarabine)* | 3 | SP |
| *cytarabine soln* | 3 | SP |
| DACOGEN *(decitabine)* | 3 | SP |
| *decitabine* | 3 | SP |
| *floxuridine* | 3 | SP |
| *fludarabine phosphate soln* | 3 | SP |
| *fludarabine phosphate solr* | 3 | SP |
| *fluorouracil* | 3 | SP |
| FOLOTYN | 3 | SP |
| *gemcitabine hcl solr* | 3 | SP |
| *gemcitabine hcl soln* | 3 | SP |
| GEMCITABINE HYDROCHLORIDE SOLN *(gemcitabine hcl)* | 3 | SP |
| *mercaptopurine tabs* | 3 | SP |
| *methotrexate sodium tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg* | 3 | |
| *methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml* | 3 | SP |
| *methotrexate sodium solr* | 3 | SP |
| *nelarabine* | 3 | SP |
| ONUREG TABS | 3 | SP |
| *pemetrexed disodium solr 100 mg, 500 mg* | 3 | SP |
| *pralatrexate* | 3 | SP |
| PURIXAN SUSP | 3 | SP |
| TABLOID | 3 | |
| TREXALL TABS | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VIDAZA SUSR *(azacitidine)* | 3 | SP |
| XATMEP SOLN | 3 | |
| XELODA *(capecitabine)* | 3 | SP |
| Antineoplastic - Angiogenesis Inhibitors | | |
| CYRAMZA | 3 | |
| Antineoplastic - Antibodies | | |
| ARZERRA | 3 | SP |
| GAZYVA | 3 | SP |
| KEYTRUDA | 3 | SP |
| OPDIVO 40 MG/4ML, 100 MG/10ML | 3 | SP |
| RIABNI | 3 | SP |
| RITUXAN 100 MG/10ML | 3 | SP |
| RITUXAN 500 MG/50ML | 3 | SP |
| YERVOY | 3 | |
| Antineoplastic - BCL-2 Inhibitors | | |
| VENCLEXTA TABS | 3 | SP |
| VENCLEXTA STARTING PACK TBPK | 3 | SP |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| DAURISMO | 3 | SP |
| ERIVEDGE | 3 | SP |
| ODOMZO | 3 | SP |
| Antineoplastic - Hormonal and Related Agents | | |
| *abiraterone acetate 250 mg* | 3 | SP |
| *abiraterone acetate* | 3 | SP |
| *anastrozole* | 3 | |
| ARIMIDEX *(anastrozole)* | 3 | |
| AROMASIN *(exemestane)* | 3 | |
| *bicalutamide* | 3 | |
| CAMCEVI | 3 | SP |
| CASODEX *(bicalutamide)* | 3 | |
| ELIGARD KIT SC 7.5 MG | 3 | SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EMCYT | 3 | SP |
| ERLEADA | 3 | SP |
| EULEXIN | 3 | |
| *exemestane* | 3 | |
| FARESTON *(toremifene citrate)* | 3 | SP |
| FEMARA *(letrozole)* | 3 | |
| *flutamide* | 3 | |
| *hydroxyprogesterone caproate (antineoplastic)* | 1 | SP |
| *letrozole* | 3 | |
| *leuprolide acetate kit ij 1 mg/0.2ml* | 3 | SP |
| LEUPROLIDE ACETATE INJ | 3 | SP |
| LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG | 3 | SP |
| LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG | 3 | SP |
| LUPRON DEPOT (4-MONTH) IM | 3 | SP |
| LUPRON DEPOT (6-MONTH) IM | 3 | SP |
| LYSODREN | 3 | SP |
| *megestrol acetate tabs* | 3 | |
| *megestrol acetate susp* | 1 | |
| NILANDRON *(nilutamide)* | 3 | SP |
| *nilutamide* | 3 | SP |
| NUBEQA | 3 | SP |
| ORGOVYX | 3 | SP |
| ORSERDU | 3 | SP |
| SOLTAMOX SOLN | 3 | |
| *tamoxifen citrate tabs* | 3 | |
| *toremifene citrate* | 3 | SP |
| TRELSTAR MIXJECT | 3 | SP |
| VANTAS | 3 | SP |
| XTANDI TABS | 3 | SP |
| XTANDI CAPS | 3 | SP |
| YONSA | 3 | SP |
| ZYTIGA *(abiraterone acetate)* | 3 | SP |
| ZYTIGA 250 MG *(abiraterone acetate)* | 3 | SP |
| Antineoplastic - Immunomodulators | | |
| POMALYST | 3 | SP |
| Antineoplastic - XPO1 Inhibitors | | |
| XPOVIO | 3 | SP |
| XPOVIO 100 MG ONCE WEEKLY | 3 | SP |
| XPOVIO 60 MG ONCE WEEKLY | 3 | SP |
| XPOVIO 60 MG TWICE WEEKLY | 3 | SP |
| XPOVIO 80 MG ONCE WEEKLY | 3 | SP |
| XPOVIO 80 MG TWICE WEEKLY | 3 | SP |
| Antineoplastic Combinations | | |
| INQOVI 35 MG-100 MG | 3 | SP |
| KISQALI FEMARA 200 DOSE 200 MG-2.5 MG | 3 | SP |
| KISQALI FEMARA 400 DOSE 2.5 MG-200 MG | 3 | SP |
| KISQALI FEMARA 600 DOSE 2.5 MG-200 MG | 3 | SP |
| LONSURF | 3 | SP |
| Antineoplastic Enzyme Inhibitors | | |
| AFINITOR TABS *(everolimus)* | 3 | SP |
| AFINITOR DISPERZ TBSO *(everolimus)* | 3 | SP |
| ALUNBRIG TBPK | CO | SP |
| ALUNBRIG TABS | CO | SP |
| BORTEZOMIB SOLN | CO | SP |
| BORTEZOMIB SOLR IV 3.5 MG | CO | SP |
| BRAFTOVI 75 MG | 3 | SP |
| CALQUENCE | CO | SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CAPRELSA | CO | SP |
| *everolimus tbso* | 3 | SP |
| *everolimus tabs* | 3 | SP |
| FARYDAK | 3 | SP |
| IDHIFA | 3 | SP |
| IMBRUVICA SUSP | CO | SP |
| JAKAFI | 3 | SP |
| JAYPIRCA | CO | SP |
| KRAZATI | 3 | SP |
| LUMAKRAS | 3 | SP |
| LYTGOBI | CO | SP |
| REZLIDHIA | 3 | SP |
| RUBRACA | CO | SP |
| TALZENNA | CO | SP |
| TAZVERIK | 3 | SP |
| TIBSOVO | 3 | SP |
| TURALIO | CO | SP |
| ZEJULA | CO | SP |
| ZOLINZA | 3 | SP |
| Antineoplastics Misc. | | |
| BESREMI | 3 | |
| *bexarotene* | 3 | SP |
| HYDREA *(hydroxyurea)* | 3 | MP |
| *hydroxyurea* | 3 | MP |
| INTRON A SOLR | 3 | |
| INTRON A SOLN | 3 | |
| MATULANE | 3 | SP |
| NIPENT | 3 | SP |
| TARGRETIN *(bexarotene)* | 3 | SP |
| *tretinoin (chemotherapy)* | 3 | SP |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| COSELA | CO | SP |
| *leucovorin calcium tabs* | 3 | |
| MESNEX TABS | 3 | SP |
| Mitotic Inhibitors | | |
| *etoposide caps* | 3 | SP |
| Topoisomerase I Inhibitors | | |
| HYCAMTIN CAPS | 3 | SP |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjunctive Therapy | | |
| *carbidopa* | 2 | MP |
| LODOSYN *(carbidopa)* | 2 | MP |
| NOURIANZ | 2 | MP |
| Antiparkinson COMT Inhibitors | | |
| COMTAN *(entacapone)* | 2 | MP |
| *entacapone* | 2 | MP |
| ONGENTYS | 2 | MP |
| TASMAR *(tolcapone)* | 2 | MP |
| *tolcapone* | 2 | MP |
| Antiparkinson Dopaminergics | | |
| *amantadine hcl caps* | 1 | MP |
| *amantadine hcl soln* | 1 | MP |
| *amantadine hcl tabs* | 2 | MP |
| *bromocriptine mesylate caps* | 2 | MP |
| *bromocriptine mesylate tabs 2.5 mg* | 2 | MP |
| *carbidopa-levodopa tabs* | 1 | MP |
| *carbidopa-levodopa tbcr* | 1 | MP |
| *carbidopa-levodopa tbdp* | 2 | MP |
| *carbidopa-levodopa-entacapone* | 2 | MP |
| DHIVY TABS 25 MG-100 MG | 2 | MP |
| DUOPA SUSP 4.63 MG/ML-20 MG/ML | 2 | MP |
| GOCOVRI CP24 | 2 | SP; MP |
| INBRIJA CAPS | 2 | MP |
| KYNMOBI FILM | 2 | SP; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KYNMOBI TITRATION KIT KIT | 2 | MP |
| MIRAPEX TABS .125 MG, .5 MG, .75 MG, 1 MG *(pramipexole dihydrochloride)* | NF | MP |
| MIRAPEX ER TB24 *(pramipexole dihydrochloride)* | 2 | MP |
| NEUPRO | 2 | QL(1 ea daily); MP |
| OSMOLEX ER TB24 | 2 | MP |
| OSMOLEX ER T4PK | 2 | MP |
| PARLODEL TABS *(bromocriptine mesylate)* | 2 | MP |
| PARLODEL CAPS *(bromocriptine mesylate)* | 2 | MP |
| *pramipexole dihydrochloride tb24* | 2 | MP |
| *pramipexole dihydrochloride tabs* | 1 | MP |
| *ropinirole hydrochloride tb24* | 2 | MP |
| *ropinirole hydrochloride tabs* | 1 | MP |
| RYTARY CPCR | 2 | MP |
| SINEMET TABS 10 MG-100 MG, 25 MG-100 MG *(carbidopa-levodopa)* | 2 | MP |
| STALEVO 100 25 MG-100 MG-200 MG *(carbidopa-levodopa-entacapone)* | 2 | MP |
| STALEVO 125 31.25 MG-125 MG-200 MG *(carbidopa-levodopa-entacapone)* | 2 | MP |
| STALEVO 150 37.5 MG-150 MG-200 MG *(carbidopa-levodopa-entacapone)* | 2 | MP |
| STALEVO 200 50 MG-200 MG-200 MG *(carbidopa-levodopa-entacapone)* | 2 | MP |
| STALEVO 50 12.5 MG-50 MG-200 MG *(carbidopa-levodopa-entacapone)* | 2 | MP |
| STALEVO 75 18.75 MG-75 MG-200 MG *(carbidopa-levodopa-entacapone)* | 2 | MP |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| AZILECT *(rasagiline mesylate)* | 2 | AL(At least 18 yrs old); MP; PA |
| *rasagiline mesylate* | 1 | AL(At least 18 yrs old); MP; PA |
| *selegiline hcl caps* | 2 | MP |
| *selegiline hcl tabs* | 2 | MP |
| XADAGO | 2 | MP |
| ZELAPAR TBDP | 2 | MP |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antipsychotics - Misc. | | |
| CAPLYTA | CO | |
| Dibenzapines | | |
| *quetiapine fumarate tabs* | CO | |
| Phenothiazines | | |
| *prochlorperazine* | 3 | QL(2 ea daily) |
| *prochlorperazine maleate tabs* | 3 | QL(4 ea daily) |
| Quinolinone Derivatives | | |
| ABILIFY MYCITE | CO | |
| ABILIFY MYCITE MAINTENANCE KIT | CO | SP |
| ABILIFY MYCITE STARTER KIT | CO | SP |
| ANTIVIRALS - Drugs to Treat Viral Infections | | |
| Antiretrovirals | | |
| DESCOVY | CO | SP |
| PREZISTA SUSP | CO | SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SUNLENCA TBPK | CO | SP |
| SUNLENCA SOLN | CO | SP |
| Antiviral Combinations | | |
| PAXLOVID 100 MG-150 MG | 3 | |
| CMV Agents | | |
| LIVTENCITY | 3 | SP; PA |
| VALCYTE TABS *(valganciclovir hcl)* | 3 | QL(2 ea daily) |
| *valganciclovir hcl tabs* | 3 | QL(2 ea daily) |
| Hepatitis Agents | | |
| *adefovir dipivoxil* | 3 | QL(1 ea daily); SP; MP |
| BARACLUDE TABS *(entecavir)* | 3 | QL(1 ea daily); SP; MP |
| *entecavir tabs* | 3 | QL(1 ea daily); SP; MP |
| EPIVIR HBV TABS *(lamivudine (hbv))* | 3 | QL(1 ea daily); SP; MP |
| HEPSERA *(adefovir dipivoxil)* | 3 | QL(1 ea daily); SP; MP |
| *lamivudine (hbv) tabs* | 3 | QL(1 ea daily); SP; MP |
| VEMLIDY | 3 | QL(1 ea daily); AL(At least 12 yrs old); SP; MP; PA |
| Herpes Agents | | |
| *acyclovir susp* | 1 | MP |
| *acyclovir caps* | 1 | MP |
| *acyclovir tabs or* | 1 | MP |
| *famciclovir* | 1 | MP |
| SITAVIG TABS BU | 2 | MP |
| *valacyclovir hcl* | 1 | MP |
| VALTREX *(valacyclovir hcl)* | 2 | MP |
| ZOVIRAX SUSP *(acyclovir)* | 2 | MP |
| Influenza Agents | | |
| *oseltamivir phosphate caps* | 1 | QL(14 ea per fill retail) |
| *oseltamivir phosphate susr* | 1 | QL(120 ml per fill retail) |
| RELENZA DISKHALER | 1 | |
| *rimantadine hydrochloride tabs* | 1 | |
| TAMIFLU SUSR *(oseltamivir phosphate)* | 2 | QL(120 ml per fill retail) |
| TAMIFLU CAPS *(oseltamivir phosphate)* | 2 | QL(14 ea per fill retail) |
| XOFLUZA | 1 | |
| Misc. Antivirals | | |
| LAGEVRIO | 3 | |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Alpha-Beta Blockers | | |
| *carvedilol* | 1 | MP |
| *carvedilol phosphate* | 2 | MP |
| COREG *(carvedilol)* | 2 | MP |
| COREG CR *(carvedilol phosphate)* | 2 | MP |
| *labetalol hcl tabs* | 1 | MP |
| Beta Blockers Cardio-Selective | | |
| *acebutolol hcl caps* | 2 | MP |
| *atenolol tabs* | 1 | MP |
| *betaxolol hcl* | 2 | MP |
| *bisoprolol fumarate* | 2 | MP |
| BYSTOLIC *(nebivolol hcl)* | 1 | MP |
| KAPSPARGO SPRINKLE CS24 | 2 | MP |
| LOPRESSOR TABS *(metoprolol tartrate)* | 2 | MP |
| *metoprolol succinate tb24* | 1 | MP |
| *metoprolol tartrate tabs* | 1 | MP |
| *nebivolol hcl* | 2 | MP |
| TENORMIN TABS *(atenolol)* | 2 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TOPROL XL TB24 *(metoprolol succinate)* | 2 | MP |
| Beta Blockers Non-Selective | | |
| BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)* | 2 | MP |
| BETAPACE AF *(sotalol hcl (afib/afl))* | 2 | MP |
| CORGARD TABS 20 MG, 40 MG, 80 MG *(nadolol)* | 2 | MP |
| HEMANGEOL SOLN OR | 2 | SP; MP |
| INDERAL LA CP24 *(propranolol hcl)* | 2 | MP |
| INDERAL XL | 2 | MP |
| INNOPRAN XL | 2 | MP |
| *nadolol tabs 20 mg, 40 mg, 80 mg* | 2 | MP |
| *pindolol tabs* | 2 | MP |
| *propranolol hcl tabs* | 1 | MP |
| *propranolol hcl soln or 20 mg/5ml, 40 mg/5ml* | 1 | MP |
| *propranolol hcl cp24* | 1 | MP |
| *sotalol hcl tabs* | 1 | MP |
| *sotalol hcl (afib/afl)* | 1 | MP |
| SOTYLIZE SOLN OR | 2 | MP |
| *timolol maleate tabs* | 2 | MP |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |
| *amlodipine besylate tabs* | 1 | MP |
| CALAN SR TBCR *(verapamil hcl)* | 2 | MP |
| CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)* | 2 | MP |
| CARDIZEM CD CP24 *(diltiazem hcl coated beads)* | 2 | MP |
| CARDIZEM LA TB24 | 2 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CARDIZEM LA TB24 *(diltiazem hcl coated beads)* | 2 | MP |
| CONJUPRI | 2 | MP |
| CONJUPRI | 2 | MP |
| *diltiazem hcl tabs* | 1 | MP |
| *diltiazem hcl cp24* | 1 | MP |
| *diltiazem hcl cp12* | 1 | MP |
| *diltiazem hcl coated beads cp24* | 1 | MP |
| *diltiazem hcl coated beads tb24* | 2 | MP |
| *diltiazem hcl extended release beads* | 1 | MP |
| *diltiazem hcl extended release beads* | 2 | MP |
| *felodipine* | 2 | MP |
| *isradipine caps* | 2 | MP |
| KATERZIA | 2 | AL(At least 6 yrs old); MP |
| *levamlodipine maleate* | 2 | MP |
| *nicardipine hcl caps* | 2 | MP |
| *nifedipine caps* | 1 | MP |
| *nifedipine tb24* | 1 | MP |
| *nimodipine caps* | 3 | MP |
| *nisoldipine* | 2 | MP |
| NORLIQVA SOLN | 2 | AL(At least 6 yrs old); MP |
| NORVASC TABS *(amlodipine besylate)* | 2 | MP |
| PROCARDIA CAPS *(nifedipine)* | 2 | MP |
| PROCARDIA XL TB24 *(nifedipine)* | 2 | MP |
| SULAR *(nisoldipine)* | 2 | MP |
| TIAZAC *(diltiazem hcl extended release beads)* | 2 | MP |
| *verapamil hcl cp24* | 2 | MP |
| *verapamil hcl tbcr* | 1 | MP |
| *verapamil hcl tabs* | 1 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VERELAN CP24 *(verapamil hcl)* | 2 | MP |
| VERELAN PM CP24 *(verapamil hcl)* | 2 | MP |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| *digoxin tabs .125 mg, .25 mg, 125 mcg, 250 mcg* | 3 | MP |
| LANOXIN TABS .125 MG, .25 MG, 125 MCG, 250 MCG *(digoxin)* | 3 | MP |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiac Myosin Inhibitors | | |
| CAMZYOS | 3 | QL(1 ea daily); AL(At least 18 yrs old); SP; PA |
| Cardiovascular Agents Misc. - Combinations | | |
| *amlodipine besylate-atorvastatin calcium* | 2 | QL(1 ea daily); MP |
| CADUET *(amlodipine besylate-atorvastatin calcium)* | 2 | QL(1 ea daily); MP |
| ENTRESTO | 1 | QL(2 ea daily); MP |
| Prostaglandin Vasodilators | | |
| ORENITRAM | 2 | SP; MP |
| TYVASO SOLN IN | 1 | SP; MP; PA |
| TYVASO DPI MAINTENANCE KIT POWD | 1 | SP; MP; PA |
| TYVASO DPI TITRATION KIT POWD | 1 | SP; MP; PA |
| TYVASO REFILL SOLN IN | 1 | SP; MP; PA |
| TYVASO STARTER SOLN IN | 1 | SP; MP; PA |
| VENTAVIS | 1 | SP; MP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |
| *ambrisentan* | 1 | SP; MP; PA |
| *bosentan tabs* | 2 | SP; MP; PA |
| LETAIRIS *(ambrisentan)* | 2 | SP; MP; PA |
| OPSUMIT | 1 | SP; MP; PA |
| TRACLEER TABS *(bosentan)* | 1 | SP; MP; PA |
| TRACLEER TBSO | 2 | SP; MP |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | |
| ADCIRCA TABS *(tadalafil (pulmonary hypertension))* | 2 | SP; MP; PA |
| REVATIO TABS *(sildenafil citrate (pulmonary hypertension))* | 2 | SP; MP; PA |
| REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))* | 1 | SP; MP; PA |
| *sildenafil citrate (pulmonary hypertension) tabs* | 1 | SP; MP; PA |
| *sildenafil citrate (pulmonary hypertension) susr* | 2 | SP; MP; PA |
| *tadalafil (pulmonary hypertension) tabs* | 1 | SP; MP; PA |
| Pulmonary Hypertension - Prostacyclin Receptor Agonist | | |
| UPTRAVI TABS | 1 | SP; MP; PA |
| UPTRAVI TITRATION PACK TBPK | 1 | SP; MP; PA |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator | | |
| ADEMPAS | 2 | SP; MP |
| Transthyretin Stabilizers | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VYNDAMAX | 3 | QL(1 ea daily); AL(At least 18 yrs old); SP; PA |
| VYNDAQEL | 3 | QL(4 ea daily); AL(At least 18 yrs old); SP; PA |
| Vasoactive Soluble Guanylate Cyclase Stimulator (sGC) | | |
| VERQUVO | 3 | AL(At least 18 yrs old); MP; PA |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporins - 1st Generation | | |
| *cefadroxil susr* | 1 | |
| *cefadroxil caps* | 1 | QL(28 ea per fill retail) |
| *cefadroxil tabs* | 2 | QL(28 ea per fill retail) |
| *cephalexin susr* | 1 | |
| *cephalexin tabs* | 1 | |
| *cephalexin caps* | 1 | |
| KEFLEX CAPS 750 MG *(cephalexin)* | 2 | |
| Cephalosporins - 2nd Generation | | |
| *cefaclor caps* | 2 | QL(42 ea per fill retail) |
| *cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml* | 2 | |
| CEFACLOR SUSR | 2 | |
| CEFACLOR ER TB12 | 2 | QL(42 ea per fill retail) |
| *cefprozil tabs* | 1 | QL(28 ea per fill retail) |
| *cefprozil susr* | 1 | |
| *cefuroxime axetil tabs* | 1 | QL(42 ea per fill retail) |
| Cephalosporins - 3rd Generation | | |
| *cefdinir susr* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cefdinir caps* | 1 | QL(28 ea per fill retail) |
| *cefixime caps* | 1 | |
| *cefixime susr* | 2 | |
| *cefpodoxime proxetil tabs* | 2 | QL(28 ea per fill retail) |
| *cefpodoxime proxetil susr* | 2 | |
| SUPRAX SUSR | 2 | |
| SUPRAX CHEW | 2 | |
| SUPRAX SUSR *(cefixime)* | 2 | |
| SUPRAX CAPS *(cefixime)* | 1 | |
| CHEMICALS | | |
| Bulk Chemicals - C's | | |
| CITRULLINE(L) | 4 | RX/OTC |
| CREATINE MONOHYDRATE | 4 | RX/OTC |
| L-CITRULLINE | 4 | RX/OTC |
| Bulk Chemicals - O's | | |
| L-ORNITHINE HYDROCHLORIDE | 4 | RX/OTC |
| ORNITHINE HYDROCHLORIDE | 4 | RX/OTC |
| Bulk Chemicals - S's | | |
| NICE PURE BAKING SODA | 4 | RX/OTC |
| SODIUM BICARBONATE 0 | 4 | RX/OTC |
| Solids | | |
| CO-ENZYME Q 10 | 4 | RX/OTC |
| COENZYME Q10 | 4 | RX/OTC |
| COENZYME Q-10 | 4 | RX/OTC |
| UBIDECARENONE | 4 | RX/OTC |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| *desogestrel & ethinyl estradiol* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *desogestrel-ethinyl estradiol (biphasic)* | 3 | |
| *desogestrel-ethinyl estradiol (triphasic)* | 3 | |
| *drospirenone-ethinyl estradiol* | 3 | |
| ESTROSTEP FE 1 MG-75 MG *(norethindrone acetate-ethinyl estradiol-fe)* | 3 | |
| *ethynodiol diacet & eth estrad* | 3 | |
| GENERESS FE 0.8 MG-25 MCG-75 MG *(norethindrone & ethinyl estradiol-fe)* | 3 | |
| *levonorgestrel & eth estradiol tabs* | 3 | |
| *levonorgestrel-eth estradiol (triphasic)* | 3 | |
| *levonorgestrel-ethinyl estradiol (91-day) 0.03 mg-0.15 mg* | 3 | |
| *levonorgestrel-ethinyl estradiol (continuous) 20 mcg-90 mcg* | 3 | |
| MINASTRIN 24 FE CHEW 1 MG-20 MCG-75 MG *(norethin acet & estrad-fe)* | 3 | |
| MIRCETTE 0 *(desogestrel-ethinyl estradiol (biphasic))* | 3 | |
| *norethin acet & estrad-fe tabs* | 3 | |
| *norethin acet & estrad-fe chew 1 mg-20 mcg-75 mg* | 3 | |
| *norethindrone & eth estradiol* | 3 | |
| *norethindrone & ethinyl estradiol-fe* | 3 | |
| *norethindrone acet & eth estra* | 3 | |
| *norethindrone acetate-ethinyl estradiol-fe 1 mg-75 mg* | 3 | |
| *norethindrone-eth estradiol (triphasic) 0* | 3 | |
| *norgestimate-ethinyl estradiol 35 mcg-0.25 mg* | 3 | |
| *norgestimate-ethinyl estradiol (triphasic) 0* | 3 | |
| *norgestrel & ethinyl estradiol 0.3 mg-30 mcg* | 3 | |
| YASMIN 28 0.03 MG-3 MG *(drospirenone-ethinyl estradiol)* | 3 | |
| YAZ 0.02 MG-3 MG *(drospirenone-ethinyl estradiol)* | 3 | |
| Combination Contraceptives - Transdermal | | |
| *norelgestromin-ethinyl estradiol 35 mcg/24hr-150 mcg/24hr* | 3 | QL(0.11 ea daily) |
| Combination Contraceptives - Vaginal | | |
| *etonogestrel-ethinyl estradiol 0.12 mg/24hr-0.015 mg/24hr* | 3 | QL(0.036 ea daily) |
| NUVARING 0.015 MG/24HR-0.12 MG/24HR *(etonogestrel-ethinyl estradiol)* | 3 | QL(0.036 ea daily) |
| Emergency Contraceptives | | |
| ELLA | 3 | |
| *levonorgestrel (emergency oc) 1.5 mg* | 3 | |
| PLAN B ONE-STEP *(levonorgestrel (emergency oc))* | 3 | |
| Progestin Contraceptives - Injectable | | |
| DEPO-PROVERA CONTRACEPTIVE SUSP IM *(medroxyprogesterone acetate (contraceptive))* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *medroxyprogesterone acetate (contraceptive) susp im* | 3 | |
| Progestin Contraceptives - Oral | | |
| *norethindrone (contraceptive)* | 3 | |
| ORTHO MICRONOR *(norethindrone (contraceptive))* | 3 | |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| ALKINDI SPRINKLE CPSP | 3 | |
| *budesonide tb24* | 2 | |
| *budesonide cpep* | 3 | PA |
| CORTEF TABS *(hydrocortisone)* | 3 | |
| DEPO-MEDROL SUSP | 3 | |
| DEPO-MEDROL SUSP *(methylprednisolone acetate)* | 3 | |
| *dexamethasone tbpk* | 3 | |
| *dexamethasone tabs* | 3 | |
| *dexamethasone elix* | 3 | |
| *dexamethasone soln* | 3 | |
| DEXAMETHASONE INTENSOL CONC | 3 | |
| *dexamethasone sodium phosphate soln ij* | 3 | |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ | 3 | |
| EMFLAZA SUSP | 3 | AL(At least 2 yrs old); SP |
| EMFLAZA TABS | 3 | AL(At least 2 yrs old); SP |
| ENTOCORT EC CPEP *(budesonide)* | 3 | PA |
| HEMADY TABS | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *hydrocortisone tabs* | 3 | |
| KENALOG-10 SUSP | 3 | |
| KENALOG-40 SUSP *(triamcinolone acetonide)* | 3 | |
| MEDROL TABS *(methylprednisolone)* | 3 | |
| MEDROL TABS | 3 | |
| MEDROL DOSEPAK TBPK *(methylprednisolone)* | 3 | |
| *methylprednisolone tabs* | 3 | |
| *methylprednisolone tbpk* | 3 | |
| *methylprednisolone acetate susp* | 3 | |
| METHYLPREDNISOLONE ACETATE SUSP | 3 | |
| *methylprednisolone sod succ* | 3 | |
| MILLIPRED TABS | 3 | |
| ORAPRED ODT TBDP *(prednisolone sodium phosphate)* | 3 | |
| PEDIAPRED SOLN *(prednisolone sodium phosphate)* | 3 | |
| *prednisolone soln* | 3 | |
| *prednisolone sodium phosphate soln* | 3 | |
| *prednisolone sodium phosphate tbdp* | 3 | |
| *prednisone soln* | 3 | |
| *prednisone tabs* | 3 | |
| *prednisone tbpk* | 3 | |
| PREDNISONE INTENSOL CONC | 3 | |
| RAYOS TBEC | 3 | |
| SOLU-CORTEF | 3 | |
| SOLU-MEDROL | 3 | |
| SOLU-MEDROL *(methylprednisolone sod succ)* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *triamcinolone acetonide susp* | 3 | |
| TRIAMCINOLONE ACETONIDE SUSP | 3 | |
| UCERIS TB24 *(budesonide)* | 2 | |
| Mineralocorticoids | | |
| *fludrocortisone acetate tabs* | 3 | MP |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Cough/Cold/Allergy Combinations | | |
| *dextromethorphan-doxylamine-acetaminophen liqd* | 4 | |
| *dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml, 15 mg/7.5ml-150 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 200 mg/10ml-20 mg/10ml* | 4 | |
| *dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml, 10 mg/5ml-100 mg/5ml* | 4 | |
| *dextromethorphan-phenylephrine-acetaminophen liqd 5 mg/15ml-10 mg/15ml-325 mg/15ml* | 3 | |
| *guaifenesin-codeine soln* | 4 | |
| *guaifenesin-codeine syrp 10 mg/5ml-100 mg/5ml* | 4 | |
| *guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml* | 4 | |
| MUCINEX D TB12 60 MG-600 MG *(pseudoephedrine-guaifenesin)* | NF | |
| *promethazine & phenylephrine syrp 5 mg/5ml-6.25 mg/5ml* | 4 | |
| *promethazine w/codeine syrp 10 mg/5ml-6.25 mg/5ml* | 4 | |
| *promethazine w/codeine soln 6.25 mg/5ml-10 mg/5ml* | 4 | |
| *promethazine-dm syrp 6.25 mg/5ml-15 mg/5ml* | 4 | |
| *promethazine-phenylephrine-codeine 5 mg/5ml-6.25 mg/5ml-10 mg/5ml* | 4 | |
| *pseudoephedrine-guaifenesin tb12 60 mg-600 mg, 600 mg-60 mg* | 4 | |
| VICKS NYQUIL COLD & FLU LIQD 6.25 MG/15ML-15 MG/15ML-325 MG/15ML *(dextromethorphan-doxylamine-acetaminophen)* | NF | |
| VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF LIQD 6.25 MG/15ML-15 MG/15ML-325 MG/15ML *(dextromethorphan-doxylamine-acetaminophen)* | NF | |
| VICKS NYQUIL HBP COLD & FLU LIQD 6.25 MG/15ML-15 MG/15ML-325 MG/15ML *(dextromethorphan-doxylamine-acetaminophen)* | NF | |
| Expectorants | | |
| *guaifenesin syrp* | 4 | |
| *guaifenesin tabs 200 mg* | 4 | |
| *guaifenesin liqd* | 4 | |
| Misc. Respiratory Inhalants | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HYPERSAL NEBU *(sodium chloride (inhalant))* | 3 | |
| HYPERSAL NEBU | 3 | |
| NEBUSAL NEBU | 3 | |
| *sodium chloride (inhalant) nebu* | 3 | |
| Mucolytics | | |
| *acetylcysteine soln* | 3 | |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| ABSORICA 10 MG, 20 MG, 30 MG, 40 MG *(isotretinoin)* | NF | |
| ABSORICA 10 MG, 20 MG, 30 MG, 40 MG *(isotretinoin)* | 3 | QL(2 ea daily); PA |
| ACANYA GEL 1.2 %-2.5 % *(clindamycin phosphate-benzoyl peroxide)* | 2 | |
| *adapalene gel .1 %* | 3 | QL(45 gm per 30 days retail); RX/OTC |
| BENZAC AC WASH LIQD 5 %, 10 % *(benzoyl peroxide)* | 3 | RX/OTC |
| BENZACLIN GEL 1 %-5 % *(clindamycin phosphate-benzoyl peroxide)* | 2 | |
| BENZACLIN WITH PUMP GEL 1 %-5 % *(clindamycin phosphate-benzoyl peroxide)* | 2 | |
| BENZAMYCIN GEL 3 %-5 % *(benzoyl peroxide-erythromycin)* | 3 | |
| *benzoyl peroxide gel 10 %* | 3 | QL(114 gm per 30 days retail) |
| *benzoyl peroxide liqd 5 %, 10 %* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *benzoyl peroxide crea 10 %* | 3 | |
| *benzoyl peroxide gel 5 %* | 3 | |
| *benzoyl peroxide-erythromycin gel 3 %-5 %* | 3 | |
| *clindamycin phosphate (topical) swab* | 3 | |
| *clindamycin phosphate (topical) soln* | 3 | |
| *clindamycin phosphate-benzoyl peroxide gel* | 1 | |
| *clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %* | 2 | |
| *clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %* | 1 | |
| DIFFERIN GEL .1 % *(adapalene)* | 3 | QL(45 gm per 30 days retail); RX/OTC |
| DIFFERIN DAILY DEEP CLEANSER LIQD *(benzoyl peroxide)* | 3 | RX/OTC |
| *erythromycin (acne aid) soln* | 3 | |
| *isotretinoin 10 mg, 20 mg, 30 mg, 40 mg* | 3 | QL(2 ea daily); PA |
| NEUAC KIT 1.2 %-5 % | 2 | |
| ONEXTON GEL 1.2 %-3.75 % | 2 | |
| RA DAYLOGIC ACNE FOAMINGWASH MAXIMUM STRENGTH FOAM | 3 | |
| RETIN-A CREA .025 % *(tretinoin)* | 3 | QL(20 gm per 30 days retail); AL(Up to 30 yrs old); ST |
| *sulfacetamide sodium w/ sulfur liqd 5 %-10 %* | 3 | |
| *tretinoin crea .025 %* | 3 | QL(20 gm per 30 days retail); AL(Up to 30 yrs old); ST |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Antibiotics - Topical | | |
| *bacitracin (topical) oint* | 3 | |
| *bacitracin zinc oint* | 3 | |
| CENTANY OINT | 2 | |
| CENTANY AT KIT | 2 | |
| *gentamicin sulfate (topical) crea* | 3 | |
| *gentamicin sulfate (topical) oint* | 3 | |
| *mupirocin oint* | 1 | |
| *mupirocin calcium (topical)* | 2 | |
| *neomycin-bacitracin-polymyxin oint 3.5 mg/gm-400 unit/gm-5000 unit/gm* | 3 | |
| NEOSPORIN ORIGINAL OINT 3.5 MG/GM-400 UNIT/GM-5000 UNIT/GM *(neomycin-bacitracin-polymyxin)* | 3 | |
| XEPI | 2 | QL(60 gm per 30 days retail) |
| Antifungals - Topical | | |
| ALOE VESTA ANTIFUNGAL OINT *(miconazole nitrate (topical))* | 2 | |
| ALOE VESTA CLEAR ANTIFUNGAL OINT *(miconazole nitrate (topical))* | 2 | |
| *butenafine hcl* | 2 | RX/OTC |
| *ciclopirox sham* | 2 | |
| *ciclopirox gel* | 2 | |
| *ciclopirox soln* | 1 | |
| *ciclopirox kit 8 %* | 2 | |
| *ciclopirox soln* | 2 | |
| *ciclopirox olamine crea* | 1 | |
| *ciclopirox olamine susp* | 2 | |
| *clotrimazole (topical) soln* | 1 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *clotrimazole (topical) crea* | 1 | RX/OTC |
| *clotrimazole w/ betamethasone crea 0.05 %-1 %* | 1 | |
| *clotrimazole w/ betamethasone lotn 0.05 %-1 %* | 2 | |
| *econazole nitrate crea* | 2 | |
| ERTACZO | 2 | |
| EXELDERM SOLN *(sulconazole nitrate)* | 2 | |
| EXELDERM CREA *(sulconazole nitrate)* | 2 | |
| EXTINA FOAM *(ketoconazole (topical))* | 2 | |
| JUBLIA | 2 | |
| KERYDIN *(tavaborole)* | 2 | |
| *ketoconazole (topical) sham 2 %* | 1 | |
| *ketoconazole (topical) foam* | 2 | |
| *ketoconazole (topical) crea* | 1 | |
| KETODAN KIT 2 % | 2 | |
| LAMISIL AT CREA *(terbinafine hcl (topical))* | 3 | |
| LAMISIL AT JOCK ITCH CREA *(terbinafine hcl (topical))* | 3 | |
| LOPROX SUSP *(ciclopirox olamine)* | 2 | |
| LOPROX CREA *(ciclopirox olamine)* | 2 | |
| LOPROX 0.77 % | 2 | |
| LOPROX KIT | 2 | |
| LOPROX SHAMPOO SHAM *(ciclopirox)* | 2 | |
| LOTRIMIN AF CREA *(clotrimazole (topical))* | 2 | RX/OTC |
| LOTRIMIN AF JOCK ITCH CREA *(clotrimazole (topical))* | 2 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LOTRIMIN ULTRA *(butenafine hcl)* | 2 | RX/OTC |
| *luliconazole* | 2 | |
| LUZU *(luliconazole)* | 2 | |
| MENTAX | 2 | RX/OTC |
| MICATIN CREA *(miconazole nitrate (topical))* | NF | |
| *miconazole nitrate (topical) oint* | 2 | |
| *miconazole nitrate (topical) crea* | 1 | |
| *miconazole-zinc oxide-white petrolatum 0.25 %-15 %-81.35 %* | 2 | |
| *naftifine hcl gel* | 2 | |
| *naftifine hcl crea* | 2 | |
| NAFTIN GEL | 2 | |
| *nystatin (topical) crea* | 1 | |
| *nystatin (topical) powd ex* | 1 | |
| *nystatin (topical) oint* | 1 | |
| *nystatin-triamcinolone oint 0.1 %-100000 unit/gm* | 1 | |
| *nystatin-triamcinolone crea 1 mg/gm-100000 unit/gm* | 1 | |
| *oxiconazole nitrate crea* | 2 | |
| OXISTAT CREA *(oxiconazole nitrate)* | 2 | |
| OXISTAT LOTN | 2 | |
| *sulconazole nitrate crea* | 2 | |
| *sulconazole nitrate soln* | 2 | |
| *tavaborole* | 2 | |
| *terbinafine hcl (topical) crea* | 3 | |
| TINACTIN CREA *(tolnaftate)* | 2 | |
| *tolnaftate crea* | 1 | |
| *tolnaftate powd ex* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VUSION 0.25 %-15 %-81.35 % *(miconazole-zinc oxide-white petrolatum)* | 2 | |
| Anti-inflammatory Agents - Topical | | |
| *diclofenac epolamine ptch ex* | 2 | QL(2 ea daily) |
| *diclofenac sodium (topical) gel ex* | 1 | RX/OTC |
| *diclofenac sodium (topical) soln ex 1.5 %* | 1 | |
| *diclofenac sodium (topical) soln ex 2 %* | 2 | |
| FLECTOR PTCH EX *(diclofenac epolamine)* | 2 | QL(2 ea daily) |
| LICART PT24 | 2 | Limit: 15 patches per 30 days; QL(0.5 ea daily) |
| PENNSAID SOLN EX | 2 | |
| VOLTAREN GEL EX *(diclofenac sodium (topical))* | 2 | RX/OTC |
| Antineoplastic or Premalignant Lesion Agents - Topical | | |
| *bexarotene (topical)* | 3 | SP |
| CARAC CREA *(fluorouracil (topical))* | 3 | SP |
| *diclofenac sodium (actinic keratoses) ex* | 3 | |
| EFUDEX CREA *(fluorouracil (topical))* | 3 | SP |
| *fluorouracil (topical) soln* | 3 | SP |
| *fluorouracil (topical) crea* | 3 | SP |
| TARGRETIN *(bexarotene (topical))* | 3 | SP |
| VALCHLOR | 3 | SP |
| Antipsoriatics | | |
| *acitretin 17.5 mg* | 3 | PA |
| *acitretin 10 mg, 25 mg* | 3 | QL(2 ea daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *calcipotriene oint* | 3 | QL(4 gm daily); PA |
| *calcipotriene soln* | 3 | PA |
| COSENTYX SOSY | 1 | SP |
| COSENTYX SENSOREADY PEN SOAJ | 1 | SP |
| ILUMYA | 2 | SP |
| SILIQ | 2 | SP |
| SKYRIZI PSKT | 2 | SP |
| SKYRIZI SOSY | 2 | SP |
| SKYRIZI PEN SOAJ | 2 | SP |
| SORIATANE 10 MG, 25 MG *(acitretin)* | 3 | QL(2 ea daily); PA |
| STELARA SOSY | 2 | SP |
| TALTZ SOAJ | 2 | SP |
| TALTZ SOSY | 2 | SP |
| TREMFYA SOPN | 2 | SP |
| TREMFYA SOSY | 2 | SP |
| Antiseborrheic Products | | |
| *selenium sulfide lotn 2.5 %* | 3 | |
| Antivirals - Topical | | |
| ABREVA *(docosanol)* | 3 | MP |
| *acyclovir topical oint* | 1 | MP |
| *acyclovir topical crea* | 2 | MP |
| DENAVIR *(penciclovir)* | 1 | MP |
| *docosanol* | 3 | MP |
| *penciclovir* | 2 | MP |
| XERESE 5 %-1 % | 2 | MP |
| ZOVIRAX OINT *(acyclovir topical)* | 2 | MP |
| ZOVIRAX CREA *(acyclovir topical)* | 1 | MP |
| Burn Products | | |
| SILVADENE *(silver sulfadiazine)* | 3 | |
| *silver sulfadiazine* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Corticosteroids - Topical | | |
| *alclometasone dipropionate oint* | 2 | |
| *alclometasone dipropionate crea* | 2 | |
| *amcinonide lotn* | 2 | |
| *amcinonide crea* | 2 | |
| APEXICON E CREA | 2 | |
| BESER 0.05 % | 2 | |
| *betamethasone dipropionate (topical) lotn* | 1 | |
| *betamethasone dipropionate (topical) oint* | 1 | |
| *betamethasone dipropionate (topical) crea* | 1 | |
| *betamethasone dipropionate augmented oint* | 2 | |
| *betamethasone dipropionate augmented crea* | 2 | |
| *betamethasone dipropionate augmented gel .05 %* | 2 | |
| *betamethasone dipropionate augmented lotn* | 2 | |
| *betamethasone valerate oint* | 1 | |
| *betamethasone valerate crea* | 1 | |
| *betamethasone valerate lotn* | 1 | |
| *betamethasone valerate foam* | 2 | |
| BRYHALI LOTN | 2 | |
| CAPEX SHAM | 2 | |
| *clobetasol propionate soln .05 %* | 1 | |
| *clobetasol propionate sham* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *clobetasol propionate liqd* | 2 | |
| *clobetasol propionate gel .05 %* | 2 | |
| *clobetasol propionate crea .05 %* | 1 | |
| *clobetasol propionate lotn* | 2 | |
| *clobetasol propionate oint .05 %* | 1 | |
| *clobetasol propionate foam* | 2 | |
| *clobetasol propionate emollient base .05 %* | 2 | |
| *clobetasol propionate emulsion* | 2 | |
| CLOBEX SHAM *(clobetasol propionate)* | 2 | |
| CLOBEX LIQD *(clobetasol propionate)* | 2 | |
| CLOBEX LOTN *(clobetasol propionate)* | 2 | |
| *clocortolone pivalate* | 2 | |
| CLODAN KIT | 2 | |
| CLODERM *(clocortolone pivalate)* | 2 | |
| CORDRAN CREA *(flurandrenolide)* | 2 | |
| CORDRAN OINT | 2 | |
| CORDRAN LOTN *(flurandrenolide)* | 2 | |
| CUTIVATE LOTN *(fluticasone propionate)* | 2 | |
| DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)* | 2 | |
| DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)* | 2 | |
| DESONATE GEL *(desonide)* | 2 | |
| *desonide lotn* | 2 | |
| *desonide gel* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *desonide oint* | 2 | |
| *desonide crea* | 2 | |
| DESOWEN CREA *(desonide)* | 2 | |
| *desoximetasone crea* | 2 | |
| *desoximetasone gel* | 2 | |
| *desoximetasone oint* | 2 | |
| *desoximetasone liqd* | 2 | |
| *diflorasone diacetate oint* | 2 | |
| *diflorasone diacetate crea* | 2 | |
| DIPROLENE OINT *(betamethasone dipropionate augmented)* | 2 | |
| DIPROLENE AF CREA *(betamethasone dipropionate augmented)* | 2 | |
| *fluocinolone acetonide oint* | 2 | |
| *fluocinolone acetonide oil* | 2 | |
| *fluocinolone acetonide crea* | 2 | |
| *fluocinolone acetonide soln* | 2 | |
| *fluocinonide oint* | 2 | |
| *fluocinonide gel* | 2 | |
| *fluocinonide crea* | 2 | |
| *fluocinonide soln* | 2 | |
| *fluocinonide emulsified base* | 2 | |
| *flurandrenolide lotn* | 2 | |
| *flurandrenolide crea* | 2 | |
| *flurandrenolide oint* | 2 | |
| *fluticasone propionate lotn* | 2 | |
| *fluticasone propionate crea .05 %* | 1 | |
| *fluticasone propionate oint* | 1 | |
| *halcinonide crea* | 2 | |
| *halobetasol propionate oint* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *halobetasol propionate crea* | 1 | |
| HALOBETASOL PROPIONATE FOAM | 2 | |
| HALOG CREA *(halcinonide)* | 2 | |
| HALOG OINT | 2 | |
| *hydrocortisone (topical) soln* | 2 | |
| *hydrocortisone (topical) lotn 2.5 %* | 1 | |
| *hydrocortisone (topical) crea* | 1 | RX/OTC |
| *hydrocortisone (topical) oint 1 %, 2.5 %* | 1 | RX/OTC |
| *hydrocortisone (topical) crea 1 %* | 2 | RX/OTC |
| *hydrocortisone acetate (topical) oint* | 1 | |
| *hydrocortisone acetate (topical) crea 1 %* | 1 | |
| *hydrocortisone butyrate oint* | 2 | |
| *hydrocortisone butyrate soln* | 2 | |
| *hydrocortisone butyrate crea* | 2 | |
| *hydrocortisone butyrate lotn* | 2 | |
| *hydrocortisone butyrate hydrophilic lipo base* | 2 | |
| *hydrocortisone valerate crea* | 2 | |
| *hydrocortisone valerate oint* | 2 | |
| IMPEKLO LOTN | 2 | |
| KENALOG AERS *(triamcinolone acetonide (topical))* | 2 | |
| LEXETTE FOAM | 2 | |
| LOCOID LOTN *(hydrocortisone butyrate)* | 2 | |
| LOCOID LIPOCREAM *(hydrocortisone butyrate hydrophilic lipo base)* | 2 | |
| LUXIQ FOAM *(betamethasone valerate)* | 2 | |
| *mometasone furoate soln* | 1 | |
| *mometasone furoate crea* | 1 | |
| *mometasone furoate oint* | 1 | |
| MONISTAT SOOTHING CARE ITCH RELIEF CREA *(hydrocortisone (topical))* | 1 | RX/OTC |
| OLUX FOAM *(clobetasol propionate)* | 2 | |
| OLUX-E *(clobetasol propionate emulsion)* | 2 | |
| PANDEL | 2 | |
| *prednicarbate crea* | 2 | |
| *prednicarbate oint* | 2 | |
| SERNIVO EMUL | 2 | |
| SYNALAR CREA *(fluocinolone acetonide)* | 2 | |
| SYNALAR SOLN *(fluocinolone acetonide)* | 2 | |
| SYNALAR OINT *(fluocinolone acetonide)* | 2 | |
| SYNALAR CREAM KIT | 2 | |
| SYNALAR OINTMENT KIT | 2 | |
| SYNALAR TS | 2 | |
| TEMOVATE CREA *(clobetasol propionate)* | 2 | |
| TEMOVATE OINT *(clobetasol propionate)* | 2 | |
| TEXACORT SOLN | 2 | |
| TOPICORT OINT *(desoximetasone)* | 2 | |
| TOPICORT LIQD *(desoximetasone)* | 2 | |
| TOPICORT GEL *(desoximetasone)* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TOPICORT CREA *(desoximetasone)* | 2 | |
| TOVET KIT 0.05 % | 2 | |
| *triamcinolone acetonide (topical) oint .05 %* | 2 | |
| *triamcinolone acetonide (topical) aers* | 2 | |
| *triamcinolone acetonide (topical) oint* | 1 | |
| *triamcinolone acetonide (topical) lotn* | 1 | |
| *triamcinolone acetonide (topical) crea* | 1 | |
| *triamcinolone acetonide-dimethicone-silicone 0.1 %-5 %* | 2 | |
| TRIDESILON CREA .05 % *(desonide)* | 2 | |
| ULTRAVATE LOTN | 2 | |
| VANICREAM HC MAXIMUM STRENGTH CREA | 2 | |
| VANOS CREA *(fluocinonide)* | 2 | |
| Eczema Agents | | |
| ADBRY | 2 | SP |
| CIBINQO | 2 | AL(At least 12 yrs old); SP |
| DUPIXENT SOPN | 1 | AL(At least 2 yrs old); SP; PA |
| DUPIXENT SOSY | 1 | SP; PA |
| OPZELURA | 2 | QL(240 gm per 30 days retail); AL(At least 12 yrs old); SP |
| Emollients | | |
| *lactic acid (ammonium lactate) lotn 12 %* | 3 | RX/OTC |
| *lactic acid (ammonium lactate) crea* | 3 | RX/OTC |
| Immunomodulating Agents - Topical | | |
| ALDARA *(imiquimod)* | 3 | |
| *imiquimod 5 %* | 3 | |
| Immunosuppressive Agents - Topical | | |
| ELIDEL *(pimecrolimus)* | 1 | QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA |
| HYFTOR | 3 | AL(At least 6 yrs old); PA |
| *pimecrolimus* | 2 | QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA |
| PROTOPIC OINT .03 % *(tacrolimus (topical))* | 2 | QL(30 gm per 30 days retail); AL(At least 2 yrs old) |
| PROTOPIC OINT .1 % *(tacrolimus (topical))* | 2 | QL(30 gm per 30 days retail); AL(At least 16 yrs old) |
| *tacrolimus (topical) oint .03 %* | 2 | QL(30 gm per 30 days retail); AL(At least 2 yrs old) |
| *tacrolimus (topical) oint .1 %* | 2 | QL(30 gm per 30 days retail); AL(At least 16 yrs old) |
| Keratolytic/Antimitotic Agents | | |
| *podofilox soln* | 3 | |
| Local Anesthetics - Topical | | |
| *lidocaine ptch 4 %* | 3 | QL(30 ea per 30 days retail) |
| *lidocaine oint* | 3 | QL(100 gm per 30 days retail) |
| *lidocaine ptch 5 %* | 3 | PA |
| *lidocaine hcl gel 2 %* | 3 | |
| *lidocaine hcl prsy* | 3 | |
| *lidocaine hcl crea 3 %* | 3 | QL(85 gm per 30 days retail); RX/OTC |
| *lidocaine-prilocaine crea 2.5 %-2.5 %* | 3 | QL(1 gm daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LIDOCARE ARM/NECK/LEG PTCH *(lidocaine)* | 3 | QL(30 ea per 30 days retail) |
| LIDOCARE BACK/SHOULDER PTCH *(lidocaine)* | 3 | QL(30 ea per 30 days retail) |
| LIDODERM PTCH *(lidocaine)* | 3 | PA |
| LIDOREAL-30 | 3 | QL(1 ea daily) |
| LIDOZO | 3 | QL(1 ea daily) |
| Misc. Topical | | |
| BASIS FACIAL MOISTURIZER CREA | 4 | |
| BASIS OVERNIGHT CREA | 4 | |
| CARRINGTON MOISTURE BARRIER CREA | 4 | |
| CARRINGTON MOISTURE BARRIER/ZINC CREA 10 %-78 % | 4 | |
| DRYSOL SOLN | 4 | |
| EUCERIN ORIGINAL HEALING CREA *(skin protectants, misc.)* | NF | |
| HYDROCERIN CREA | 4 | |
| REMEDY PHYTOPLEX HYDRAGUARD CREA | 4 | |
| SENSI-CARE MOISTURIZING CREA | 4 | |
| *skin protectants, misc. crea* | 4 | |
| SORBIDON HYDRATE CREA | 4 | |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| EUCRISA | 1 | QL(100 gm per 30 days retail); PA |
| Rosacea Agents | | |
| METROCREAM CREA *(metronidazole (topical))* | 3 | |
| *metronidazole (topical) crea* | 3 | |
| *metronidazole (topical) gel .75 %* | 3 | |
| Scabicides & Pediculicides | | |
| ELIMITE CREA *(permethrin)* | 3 | QL(2 gm daily) |
| *lindane sham* | 3 | QL(2 ml daily) |
| *malathion* | 3 | 1 rtl MAX fill; 30 rtl day(s) supply; QL(1.97 ml daily); ST |
| NATROBA *(spinosad)* | 3 | ST |
| NIX CREME RINSE LIQD EX *(permethrin)* | 3 | QL(59 ml per 30 days retail) |
| OVIDE *(malathion)* | 3 | 1 rtl MAX fill; 30 rtl day(s) supply; QL(1.97 ml daily); ST |
| *permethrin liqd ex* | 3 | QL(59 ml per 30 days retail) |
| *permethrin crea* | 3 | QL(2 gm daily) |
| *permethrin lotn* | 3 | |
| *pyrethrins-piperonyl butoxide liqd 0.33 %-4 %* | 3 | QL(236 ml per 30 days retail) |
| *pyrethrins-piperonyl butoxide sham* | 3 | QL(236 ml per 30 days retail) |
| RID LIQD 0.33 %-4 % *(pyrethrins-piperonyl butoxide)* | 3 | QL(236 ml per 30 days retail) |
| RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 % | 3 | QL(236 ea per 30 days retail) |
| *spinosad* | 3 | ST |
| Tar Products | | |
| *coal tar extract sham .5 %* | 4 | |
| DHS TAR SHAM *(coal tar extract)* | NF | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DHS TAR GEL SHAM *(coal tar extract)* | NF | |
| NEUTROGENA T/GEL SHAM .5 % *(coal tar extract)* | NF | |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Tests | | |
| ADVOCATE REDI-CODE STRP | 4 | QL(250 ea per 30 days retail); RX/OTC |
| BINAXNOW COVID-19 AG CARD HOME TEST KIT | 4 | QL(1 ea daily) |
| CELLTRION DIATRUST COVID-19 AG HOME TEST KIT | 4 | QL(1 ea daily) |
| CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT | 4 | QL(1 ea daily) |
| CUE COVID-19 TEST CARTRIDGE CART | 4 | QL(1 ea daily) |
| ELLUME COVID-19 HOME TEST KIT | 4 | QL(1 ea daily) |
| FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT | 4 | QL(1 ea daily) |
| GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT | 4 | QL(1 ea daily) |
| GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT | 4 | QL(1 ea daily) |
| IHEALTH COVID-19 ANTIGENRAPID TEST KIT | 4 | QL(1 ea daily) |
| INTELISWAB COVID-19 RAPID TEST KIT | 4 | QL(1 ea daily) |
| QUICKVUE AT-HOME COVID-19 TEST KIT | 4 | QL(1 ea daily) |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS | | |
| Dietary Management Products | | |
| *folic acid-pyridoxine-cyanocobalamin 2 mg-2.5 mg-25 mg* | 3 | MP; RX/OTC |
| NIVA-FOL 2 MG-2.5 MG-25 MG | 3 | MP; RX/OTC |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | |
| Digestive Enzymes | | |
| CREON CPEP | 1 | MP; PA |
| PANCREAZE CPEP | 2 | MP |
| PERTZYE CPEP | 2 | MP |
| VIOKACE TABS | 2 | MP |
| ZENPEP CPEP | 1 | MP; PA |
| DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | | |
| Carbonic Anhydrase Inhibitors | | |
| *acetazolamide tabs* | 3 | QL(4 ea daily); MP |
| *acetazolamide cp12* | 3 | QL(2 ea daily); MP |
| Diuretic Combinations | | |
| ALDACTAZIDE 25 MG-25 MG *(spironolactone & hydrochlorothiazide)* | 3 | QL(3 ea daily); MP |
| *amiloride & hydrochlorothiazide 5 mg-50 mg* | 3 | QL(2 ea daily); MP |
| MAXZIDE TABS 50 MG-75 MG *(triamterene & hydrochlorothiazide)* | 3 | MP |
| MAXZIDE-25 TABS 25 MG-37.5 MG *(triamterene & hydrochlorothiazide)* | 3 | MP |
| *spironolactone & hydrochlorothiazide 25 mg-25 mg* | 3 | QL(3 ea daily); MP |
| *triamterene & hydrochlorothiazide caps 25 mg-37.5 mg* | 3 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *triamterene & hydrochlorothiazide tabs* | 3 | MP |
| Loop Diuretics | | |
| *furosemide tabs 20 mg* | 3 | QL(16 ea daily); MP |
| *furosemide tabs 80 mg* | 3 | QL(4 ea daily); MP |
| *furosemide tabs 40 mg* | 3 | QL(8 ea daily); MP |
| *furosemide soln or 10 mg/ml, 40 mg/5ml* | 3 | AL(Up to 12 yrs old); MP |
| LASIX TABS 20 MG *(furosemide)* | 3 | QL(16 ea daily); MP |
| LASIX TABS 40 MG *(furosemide)* | 3 | QL(8 ea daily); MP |
| LASIX TABS 80 MG *(furosemide)* | 3 | QL(4 ea daily); MP |
| SOAANZ TABS 10 MG, 20 MG | 3 | QL(4 ea daily); MP |
| *torsemide tabs 5 mg, 100 mg* | 3 | QL(2 ea daily); MP |
| *torsemide tabs 10 mg, 20 mg* | 3 | QL(4 ea daily); MP |
| Potassium Sparing Diuretics | | |
| ALDACTONE TABS *(spironolactone)* | 3 | QL(4 ea daily); MP |
| *amiloride hcl tabs* | 3 | QL(1 ea daily); MP |
| *spironolactone tabs* | 3 | QL(4 ea daily); MP |
| Thiazides and Thiazide-Like Diuretics | | |
| *chlorthalidone 25 mg, 50 mg* | 3 | QL(4 ea daily); MP |
| DIURIL SUSP | 3 | AL(Up to 12 yrs old); MP |
| *hydrochlorothiazide tabs* | 3 | MP |
| *hydrochlorothiazide caps* | 3 | MP |
| *indapamide tabs 1.25 mg, 2.5 mg* | 3 | QL(1 ea daily); MP |
| *metolazone* | 3 | QL(2 ea daily); MP |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| - Drugs to Treat Bone Disease and Regulate Hormones | | |
| Bone Density Regulators | | |
| ACTONEL TABS 35 MG *(risedronate sodium)* | 2 | Limit: 4 tablets per 28 days; QL(0.143 ea daily) |
| ACTONEL TABS 5 MG, 30 MG, 150 MG *(risedronate sodium)* | 2 | |
| *alendronate sodium soln* | 2 | |
| *alendronate sodium tabs 35 mg, 70 mg* | 1 | 4 tablets per 28 days; QL(0.15 ea daily) |
| *alendronate sodium tabs 5 mg, 10 mg* | 1 | |
| ATELVIA TBEC *(risedronate sodium)* | 2 | Limit: 4 tablets per 28 days; QL(0.134 ea daily) |
| BINOSTO TBEF | 2 | |
| BONIVA TABS *(ibandronate sodium)* | 2 | Limit: 1 tablet per 28 days; QL(0.04 ea daily); SP |
| BONIVA SOLN *(ibandronate sodium)* | 2 | SP |
| *calcitonin (salmon) na* | 1 | SP |
| *calcitonin (salmon) ij* | 2 | SP |
| FORTEO SOPN | 2 | SP |
| FOSAMAX TABS 70 MG *(alendronate sodium)* | 2 | 4 tablets per 28 days; QL(0.15 ea daily) |
| FOSAMAX PLUS D | 2 | 4 tablets per 28 days; QL(0.15 ea daily) |
| *ibandronate sodium soln* | 2 | SP |
| *ibandronate sodium tabs* | 2 | Limit: 1 tablet per 28 days; QL(0.04 ea daily); SP |
| MIACALCIN IJ *(calcitonin (salmon))* | 2 | SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *risedronate sodium tabs 5 mg, 30 mg, 150 mg* | 2 | |
| *risedronate sodium tbec* | 2 | Limit: 4 tablets per 28 days; QL(0.134 ea daily) |
| *risedronate sodium tabs 35 mg* | 2 | Limit: 4 tablets per 28 days; QL(0.143 ea daily) |
| TERIPARATIDE SOPN | 2 | SP |
| TYMLOS | 2 | SP |
| GnRH/LHRH Antagonists | | |
| ORILISSA | 1 | AL(At least 18 yrs old); PA |
| Growth Hormones | | |
| GENOTROPIN CART SC | 1 | SP; PA |
| GENOTROPIN MINIQUICK PRSY | 1 | SP; PA |
| HUMATROPE CART IJ | 2 | SP |
| NORDITROPIN FLEXPRO SOPN | 1 | SP; PA |
| NUTROPIN AQ NUSPIN 10 SOPN | 2 | SP |
| NUTROPIN AQ NUSPIN 20 SOPN | 2 | SP |
| NUTROPIN AQ NUSPIN 5 SOPN | 2 | SP |
| OMNITROPE SOCT | 2 | SP |
| OMNITROPE SOLR SC | 2 | SP |
| SAIZEN IJ | 2 | SP |
| SAIZENPREP RECONSTITUTIONKIT IJ | 2 | SP |
| SEROSTIM SC | 2 | SP |
| SKYTROFA | 2 | SP |
| ZOMACTON SOLR SC | 2 | SP |
| ZORBTIVE SC | 2 | SP |
| Hormone Receptor Modulators | | |
| EVISTA *(raloxifene hcl)* | 2 | |
| *raloxifene hcl* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Insulin-Like Growth Factors (Somatomedins) | | |
| INCRELEX | 3 | SP; PA |
| Metabolic Modifiers | | |
| *calcitriol soln or* | 3 | AL(Up to 12 yrs old); MP |
| *calcitriol caps* | 3 | QL(4 ea daily); MP |
| *cinacalcet hcl 90 mg* | 3 | QL(4 ea daily); SP; PA |
| *cinacalcet hcl 30 mg, 60 mg* | 3 | QL(2 ea daily); SP; PA |
| *doxercalciferol caps* | 4 | SP |
| *doxercalciferol soln* | 4 | |
| HECTOROL SOLN | 4 | |
| HECTOROL SOLN *(doxercalciferol)* | NF | |
| *paricalcitol soln* | 4 | |
| *paricalcitol caps* | 4 | SP |
| PHEBURANE PLLT | CO | |
| ROCALTROL SOLN OR *(calcitriol)* | 3 | AL(Up to 12 yrs old); MP |
| ROCALTROL CAPS *(calcitriol)* | 3 | QL(4 ea daily); MP |
| SENSIPAR 30 MG, 60 MG *(cinacalcet hcl)* | 3 | QL(2 ea daily); SP; PA |
| SENSIPAR 90 MG *(cinacalcet hcl)* | 3 | QL(4 ea daily); SP; PA |
| STRENSIQ | CO | SP; MP |
| ZEMPLAR SOLN *(paricalcitol)* | NF | |
| ZEMPLAR CAPS 1 MCG, 2 MCG *(paricalcitol)* | NF | SP |
| Mineralocorticoid Receptor Antagonists | | |
| KERENDIA | 3 | QL(1 ea daily); AL(At least 18 yrs old); PA |
| Natriuretic Peptides | | |
| VOXZOGO | CO | SP |
| Posterior Pituitary Hormones | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DDAVP TABS *(desmopressin acetate)* | 3 | QL(6 ea daily) |
| *desmopressin acetate tabs* | 3 | QL(6 ea daily) |
| DESMOPRESSIN ACETATE SOLN NA | 3 | |
| *desmopressin acetate spray* | 3 | PA |
| *desmopressin acetate spray refrigerated* | 3 | PA |
| STIMATE SOLN NA | 3 | |
| Prolactin Inhibitors | | |
| *cabergoline* | 3 | |
| Somatostatic Agents | | |
| *octreotide acetate soln* | 3 | SP; PA |
| SANDOSTATIN SOLN *(octreotide acetate)* | 3 | SP; PA |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |
| ACTIVELLA TABS *(estradiol & norethindrone acetate)* | 3 | AL(Up to 64 yrs old); MP |
| *esterified estrogens & methyltestosterone* | 4 | MP |
| *estradiol & norethindrone acetate tabs* | 3 | AL(Up to 64 yrs old); MP |
| FEMHRT 0.5 MG-2.5 MCG *(norethindrone acetate-ethinyl estradiol)* | 3 | QL(1 ea daily); AL(Up to 64 yrs old); MP |
| MYFEMBREE 0.5 MG-1 MG-40 MG | 1 | AL(At least 18 yrs old) |
| *norethindrone acetate-ethinyl estradiol* | 3 | QL(1 ea daily); AL(Up to 64 yrs old); MP |
| ORIAHNN 0.5 MG-1 MG-300 MG | 1 | AL(At least 18 yrs old); PA |
| PREMPHASE 0.625 MG-5 MG | 3 | QL(1 ea daily); AL(Up to 64 yrs old); MP |
| PREMPRO | 3 | QL(1 ea daily); AL(Up to 64 yrs old); MP |
| Estrogens | | |
| ALORA PTTW | 3 | QL(0.29 ea daily); AL(Up to 64 yrs old); MP |
| CLIMARA PTWK *(estradiol)* | 3 | QL(0.143 ea daily); AL(Up to 64 yrs old); MP |
| DELESTROGEN | 3 | MP |
| DELESTROGEN *(estradiol valerate)* | 3 | MP |
| ESTRACE TABS *(estradiol)* | 3 | AL(Up to 64 yrs old); MP |
| *estradiol ptwk* | 3 | QL(0.143 ea daily); AL(Up to 64 yrs old); MP |
| *estradiol pttw* | 3 | QL(0.29 ea daily); AL(Up to 64 yrs old); MP |
| *estradiol tabs* | 3 | AL(Up to 64 yrs old); MP |
| *estradiol valerate* | 3 | MP |
| MENEST | 3 | AL(Up to 64 yrs old) |
| MINIVELLE PTTW *(estradiol)* | 3 | QL(0.29 ea daily); AL(Up to 64 yrs old); MP |
| PREMARIN TABS | 3 | QL(1 ea daily); AL(Up to 64 yrs old); MP |
| VIVELLE-DOT PTTW *(estradiol)* | 3 | QL(0.29 ea daily); AL(Up to 64 yrs old); MP |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| BAXDELA TABS | 2 | |
| CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)* | 2 | QL(42 ea per fill retail) |
| CIPRO SUSR | 1 | |
| *ciprofloxacin hcl tabs* | 1 | QL(42 ea per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *levofloxacin tabs 750 mg* | 1 | QL(28 ea per fill retail) |
| *levofloxacin tabs 250 mg, 500 mg* | 1 | QL(14 ea per fill retail) |
| *levofloxacin soln or* | 1 | |
| *moxifloxacin hcl tabs* | 2 | QL(14 ea per fill retail) |
| *ofloxacin 300 mg, 400 mg* | 2 | |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| 5-HT4 Receptor Agonists | | |
| MOTEGRITY | 2 | |
| Agents for Chronic Idiopathic Constipation (CIC) | | |
| TRULANCE | 2 | |
| Antiflatulents | | |
| GAS-X EXTRA STRENGTH CHEW *(simethicone)* | 3 | |
| MYLICON INFANTS GAS RELIEF SUSP *(simethicone)* | 3 | |
| MYLICON INFANTS GAS RELIEF DYE FREE SUSP *(simethicone)* | 3 | |
| *simethicone chew* | 3 | |
| *simethicone susp* | 3 | |
| *simethicone liqd or 20 mg/0.3ml* | 3 | |
| Gallstone Solubilizing Agents | | |
| RELTONE CAPS | 2 | MP |
| URSO 250 TABS *(ursodiol)* | 2 | MP |
| URSO FORTE TABS *(ursodiol)* | 2 | MP |
| *ursodiol tabs* | 1 | MP |
| *ursodiol caps* | 1 | MP |
| URSODIOL CAPS | 2 | MP |
| Gastrointestinal Antiallergy Agents | | |
| *cromolyn sodium (mastocytosis)* | 3 | |
| GASTROCROM *(cromolyn sodium (mastocytosis))* | 3 | |
| Gastrointestinal Chloride Channel Activators | | |
| AMITIZA *(lubiprostone)* | 1 | |
| *lubiprostone* | 2 | |
| Gastrointestinal Stimulants | | |
| *metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml* | 3 | |
| *metoclopramide hcl tabs* | 3 | |
| REGLAN TABS *(metoclopramide hcl)* | 3 | |
| Inflammatory Bowel Agents | | |
| APRISO CP24 *(mesalamine)* | 1 | |
| ASACOL HD TBEC *(mesalamine)* | 2 | |
| AZULFIDINE TABS *(sulfasalazine)* | 2 | |
| AZULFIDINE EN-TABS TBEC *(sulfasalazine)* | 2 | |
| *balsalazide disodium caps* | 2 | |
| CIMZIA PSKT | 2 | SP |
| CIMZIA KIT | 2 | SP |
| CIMZIA STARTER KIT PSKT | 2 | SP |
| COLAZAL CAPS *(balsalazide disodium)* | 2 | |
| DELZICOL CPDR *(mesalamine)* | 2 | |
| DIPENTUM | 2 | |
| ENTYVIO | 2 | SP |
| LIALDA TBEC *(mesalamine)* | 1 | |
| *mesalamine cpdr* | 2 | |
| *mesalamine cp24* | 2 | |
| *mesalamine enem* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *mesalamine cpcr* | 2 | |
| *mesalamine tbec* | 2 | |
| PENTASA CPCR | 2 | |
| PENTASA CPCR *(mesalamine)* | 2 | |
| SFROWASA ENEM | 3 | |
| SKYRIZI SOCT 360 MG/2.4ML | 2 | SP; PA |
| STELARA 130 MG/26ML | 2 | SP |
| *sulfasalazine tabs* | 1 | |
| *sulfasalazine tbec* | 1 | |
| Irritable Bowel Syndrome (IBS) Agents | | |
| *alosetron hcl* | 2 | |
| IBSRELA | 2 | QL(2 ea daily); AL(At least 18 yrs old) |
| LINZESS | 1 | |
| LOTRONEX *(alosetron hcl)* | 2 | |
| VIBERZI | 2 | QL(2 ea daily) |
| ZELNORM 6 MG | 2 | |
| Peripheral Opioid Receptor Antagonists | | |
| MOVANTIK | 1 | |
| RELISTOR SOLN | 2 | |
| RELISTOR TABS | 2 | |
| SYMPROIC | 2 | |
| Phosphate Binder Agents | | |
| AURYXIA | 2 | MP |
| *calcium acetate (phosphate binder) caps* | 1 | MP; PA |
| *calcium acetate (phosphate binder) tabs* | 1 | MP; PA; RX/OTC |
| FOSRENOL PACK | 2 | MP |
| FOSRENOL CHEW *(lanthanum carbonate)* | 2 | MP |
| *lanthanum carbonate chew* | 2 | MP |
| PHOSLYRA SOLN | 2 | MP |
| RENAGEL *(sevelamer hcl)* | 2 | MP |
| RENVELA PACK *(sevelamer carbonate)* | 2 | MP |
| RENVELA TABS *(sevelamer carbonate)* | 2 | MP; PA |
| *sevelamer carbonate pack* | 2 | MP |
| *sevelamer carbonate tabs* | 1 | MP; PA |
| *sevelamer hcl* | 2 | MP |
| VELPHORO | 2 | MP |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Acidifiers | | |
| K-PHOS NO 2 305 MG-700 MG | 3 | |
| Alkalinizers | | |
| *potassium citrate (alkalinizer) tbcr* | 3 | |
| *potassium citrate-citric acid soln 334 mg/5ml-1100 mg/5ml* | 3 | RX/OTC |
| *sodium citrate & citric acid 334 mg/5ml-500 mg/5ml* | 3 | RX/OTC |
| UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))* | 3 | |
| UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))* | 3 | |
| UROCIT-K 5 TBCR *(potassium citrate (alkalinizer))* | 3 | |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 4 | SP; PA |
| Genitourinary Irrigants | | |
| *sodium chloride (gu irrigant) .9 %* | 4 | |
| Interstitial Cystitis Agents | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ELMIRON CAPS | 3 | PA |
| Prostatic Hypertrophy Agents | | |
| *alfuzosin hcl* | 1 | |
| AVODART *(dutasteride)* | 2 | |
| CARDURA XL | 2 | MP |
| *dutasteride* | 1 | |
| *dutasteride-tamsulosin hcl 0.4 mg-0.5 mg* | 2 | |
| *finasteride* | 1 | |
| FLOMAX *(tamsulosin hcl)* | 2 | |
| JALYN 0.4 MG-0.5 MG *(dutasteride-tamsulosin hcl)* | 2 | |
| PROSCAR *(finasteride)* | 2 | |
| RAPAFLO *(silodosin)* | 2 | |
| *silodosin* | 2 | |
| *tamsulosin hcl* | 1 | |
| UROXATRAL *(alfuzosin hcl)* | NF | |
| Urinary Analgesics | | |
| *phenazopyridine hcl tabs 100 mg, 100 mg, 200 mg* | 3 | |
| PYRIDIUM TABS *(phenazopyridine hcl)* | 3 | |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| *colchicine w/ probenecid 0.5 mg-500 mg* | 1 | |
| Gout Agents | | |
| *allopurinol* | 1 | |
| ALLOPURINOL | 1 | |
| *colchicine tabs* | 1 | |
| *colchicine caps* | 2 | |
| COLCRYS TABS *(colchicine)* | 2 | |
| *febuxostat* | 2 | |
| GLOPERBA SOLN OR | 2 | |
| MITIGARE CAPS *(colchicine)* | 2 | |
| ULORIC *(febuxostat)* | 2 | |
| ZYLOPRIM *(allopurinol)* | 2 | |
| Uricosurics | | |
| *probenecid* | 1 | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Antihemophilic Products | | |
| NUWIQ KIT | CO | SP |
| NUWIQ SOLR | CO | SP |
| Complement Inhibitors | | |
| EMPAVELI | CO | SP |
| ENJAYMO | CO | SP |
| SOLIRIS | CO | SP |
| TAVNEOS | CO | SP |
| ULTOMIRIS | CO | SP |
| Hematorheologic Agents | | |
| *pentoxifylline* | 3 | MP |
| Plasma Kallikrein Inhibitors | | |
| TAKHZYRO SOSY | CO | SP |
| Plasma Proteins | | |
| RYPLAZIM | CO | |
| Platelet Aggregation Inhibitors | | |
| AGRYLIN *(anagrelide hcl)* | 3 | |
| *anagrelide hcl* | 3 | |
| *aspirin-dipyridamole 25 mg-200 mg* | 2 | MP |
| BRILINTA | 1 | MP |
| *cilostazol* | 3 | QL(2 ea daily); MP |
| *clopidogrel bisulfate 300 mg* | 1 | QL(2 ea per 30 days retail) |
| *clopidogrel bisulfate 75 mg* | 1 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dipyridamole* | 2 | MP |
| EFFIENT *(prasugrel hcl)* | 2 | AL(Up to 75 yrs old); MP |
| PLAVIX 75 MG *(clopidogrel bisulfate)* | 2 | MP |
| *prasugrel hcl* | 1 | AL(Up to 75 yrs old); MP |
| ZONTIVITY | 2 | |
| Pyruvate Kinase Activators | | |
| PYRUKYND TABS | CO | SP |
| PYRUKYND TAPER PACK TBPK | CO | SP |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Sickle Cell Disease | | |
| DROXIA CAPS | 3 | |
| ENDARI | 3 | AL(At least 5 yrs old); PA |
| OXBRYTA TABS 500 MG | 3 | QL(3 ea daily); AL(At least 12 yrs old); SP; PA |
| OXBRYTA TABS 300 MG | 3 | QL(3 ea daily); AL(At least 4 yrs old); SP |
| OXBRYTA TBSO | 3 | QL(3 ea daily); AL(At least 4 yrs old); SP; PA |
| SIKLOS TABS | 3 | PA |
| Cobalamins | | |
| *cyanocobalamin soln ij* | 3 | MP |
| Folic Acid/Folates | | |
| *folic acid tabs 1 mg, 800 mcg* | 3 | MP; RX/OTC |
| *folic acid tabs 400 mcg* | 3 | QL(1 ea daily); MP |
| Hematopoietic Growth Factors | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML | 1 | SP; PA |
| ARANESP ALBUMIN FREE SOSY | 1 | SP; PA |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 1 | SP; PA |
| FULPHILA | 2 | QL(0.6 ml per 14 days retail); SP |
| GRANIX SOSY | 2 | SP |
| GRANIX SOLN | 2 | SP |
| LEUKINE SOLR IJ | 2 | SP |
| NEULASTA SOSY | 2 | QL(0.6 ml per 14 days retail); SP |
| NEULASTA ONPRO KIT PSKT | 2 | QL(0.6 ml per 14 days retail); SP |
| NEUPOGEN SOSY | 1 | SP |
| NEUPOGEN SOLN | 1 | SP |
| NIVESTYM SOSY | 2 | SP |
| NIVESTYM SOLN | 2 | SP |
| NYVEPRIA | 1 | QL(0.6 ml per 14 days retail); SP |
| PROCRIT | 2 | SP |
| PROCRIT | 2 | SP |
| RELEUKO SOSY | 2 | |
| RELEUKO SOLN | 2 | |
| RETACRIT | 1 | SP; PA |
| RETACRIT | 1 | SP; PA |
| UDENYCA | 2 | QL(0.6 ml per 14 days retail); SP |
| ZARXIO | 2 | QL(45 ml per 30 days retail); SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZIEXTENZO | 2 | QL(0.6 ml per 14 days retail); SP |
| Hematopoietic Mixtures | | |
| BIFERA 6 MG-22 MG | 4 | MP |
| FEOSOL BIFERA 6 MG-22 MG | 4 | MP |
| FERREX 150 FORTE 1 MG-25 MCG-150 MG-150 MG-1 MG-25 MCG | 4 | MP |
| FERREX 150 FORTE PLUS 0.8 MG-0.8 MG-1 MG-1 MG-25 MCG-25 MCG-50 MG-50 MG-50 MG-50 MG-60 MG-60 MG-100 MG-100 MG | 4 | MP |
| FERREX 150 PLUS 50 MG-50 MG-150 MG-150 MG-50 MG-50 MG | 4 | MP |
| FERREX 28 MISC 0.8 MG-1 MG-10 MCG-60 MG-60 MG-0.8 MG-1 MG-10 MCG-70 MG-70 MG-81 MG-81 MG-140 MG-140 MG-150 MG-150 MG | 4 | MP |
| FOLGARD RX TABS 1 MG-2.2 MG-25 MG *(folic acid-vitamin b6-vitamin b12)* | NF | |
| *folic acid-vitamin b6-vitamin b12 tabs 1 mg-2.2 mg-25 mg, 1 mg-2.5 mg-25 mg, 10 mg-115 mcg-800 mcg* | 3 | |
| FOLITAB 500 0.8 MG-500 MG-525 MG | 4 | MP |
| HEMATRON-AF 1 MG-3 MG-30 UNIT-50 MG-60 MCG-150 MCG-150 MG-500 MG *(iron-docusate-b12-folic acid-vit c-vit e-copper-biotin)* | NF | MP; RX/OTC |
| HEMAX 1 MG-3 MG-13.5 MG-60 MCG-150 MCG-150 MG-500 MG | 4 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ICAR-C 100 MG-250 MG *(iron-vitamin c)* | NF | MP |
| ICAR-C PLUS TABS 1 MG-25 MCG-100 MG-250 MG *(iron-vitamin c-vitamin b12-folic acid)* | 3 | AL(Up to 12 yrs old); MP; RX/OTC |
| *iron polysaccharide complex-vit b12-folic acid caps 1 mg-25 mcg-150 mg* | 4 | MP |
| *iron-docusate-b12-folic acid-vit c-vit e-copper-biotin 1 mg-3 mg-30 unit-50 mg-60 mcg-150 mcg-150 mg-500 mg* | 4 | MP; RX/OTC |
| *iron-vitamin c 100 mg-250 mg* | 4 | MP |
| *iron-vitamin c-vitamin b12-folic acid tabs 1 mg-25 mcg-100 mg-250 mg* | 3 | AL(Up to 12 yrs old); MP; RX/OTC |
| MULTIGEN 2 MG-10 MCG-50 MG-70 MG-75 MG-150 MG | 4 | MP |
| NEPHRON FA 1 MG-1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-40 MG-75 MG-200 MG-300 MCG | 3 | |
| Iron | | |
| FEOSOL TABS *(ferrous sulfate dried)* | 3 | MP |
| FER-IN-SOL SOLN *(ferrous sulfate)* | NF | |
| *ferrous gluconate tabs 27 mg, 240 mg, 324 mg* | 3 | MP |
| FERROUS GLUCONATE TABS 27 MG, 240 MG, 324 MG | 3 | MP |
| *ferrous sulfate tbcr 45 mg, 142 mg* | 3 | MP |
| *ferrous sulfate soln* | 3 | |
| *ferrous sulfate tbec* | 3 | MP |
| *ferrous sulfate tabs 65 mg, 325 mg* | 3 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ferrous sulfate syrp* | 3 | AL(Up to 12 yrs old); MP |
| *ferrous sulfate elix* | 3 | AL(Up to 12 yrs old); MP |
| FERROUS SULFATE SOLN 300 MG/6.8ML | 3 | AL(Up to 12 yrs old); MP |
| FERROUS SULFATE TBEC | 3 | MP |
| FERROUS SULFATE LIQD | 3 | AL(Up to 12 yrs old); MP |
| *ferrous sulfate dried tbcr 45 mg* | 3 | MP |
| *ferrous sulfate dried tabs 200 mg* | 3 | MP |
| SLOW FE TBCR *(ferrous sulfate)* | 3 | MP |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Barbiturate Hypnotics | | |
| SEZABY SOLR | CO | |
| Non-Barbiturate Hypnotics | | |
| IGALMI FILM | CO | |
| *midazolam hcl soln ij 5 mg/ml, 10 mg/2ml* | 3 | QL(4 ml per 30 days retail) |
| *midazolam hcl soln ij 25 mg/5ml, 50 mg/10ml* | 3 | QL(5 ml per 30 days retail) |
| Orexin Receptor Antagonists | | |
| QUVIVIQ | CO | |
| LAXATIVES - Bowel Treatment Drugs | | |
| Bulk Laxatives | | |
| HYDROCIL INSTANT POWD *(psyllium)* | 3 | |
| METAMUCIL POWD *(psyllium)* | 3 | |
| METAMUCIL MULTIHEALTH FIBER POWD | 3 | |
| METAMUCIL ORIGINAL TEXTURE POWD *(psyllium)* | 3 | |
| *psyllium powd 28.3 %, 48.57 %, 58.6 %, 63 %, 68 %, 95 %* | 3 | |
| Laxative Combinations | | |
| GOLYTELY SOLR 2.97 GM-5.86 GM-6.74 GM-22.74 GM-236 GM *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)* | 3 | |
| NULYTELY 1.48 GM-5.72 GM-11.2 GM-420 GM *(peg 3350-potassium chloride-sod bicarbonate-sod chloride)* | 3 | |
| NULYTELY/FLAVOR PACKS 1.48 GM-5.72 GM-11.2 GM-420 GM *(peg 3350-potassium chloride-sod bicarbonate-sod chloride)* | 3 | |
| *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr* | 3 | |
| *peg 3350-potassium chloride-sod bicarbonate-sod chloride 1.48 gm-5.72 gm-11.2 gm-420 gm* | 3 | |
| *sennosides-docusate sodium tabs 8.6 mg-50 mg* | 3 | |
| SENOKOT S TABS 50 MG-8.6 MG *(sennosides-docusate sodium)* | 3 | |
| Laxatives - Miscellaneous | | |
| *lactulose soln* | 3 | |
| MIRALAX POWD *(polyethylene glycol 3350)* | 3 | |
| *polyethylene glycol 3350 powd* | 3 | |
| Lubricant Laxatives | | |
| FLEET OIL ENEM *(mineral oil)* | 3 | |
| *mineral oil enem* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Saline Laxatives | | |
| FLEET ENEMA ENEM 7 GM/197ML-19 GM/197ML *(sodium phosphates)* | 3 | |
| FLEET PEDIATRIC ENEM 3.5 GM/59ML-9.5 GM/59ML *(sodium phosphates)* | 3 | |
| *magnesium citrate* | 3 | |
| *magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml* | 3 | |
| *magnesium oxide (laxative)* | 3 | MP |
| PHILLIPS *(magnesium oxide (laxative))* | 3 | MP |
| *sodium phosphates enem* | 3 | |
| Stimulant Laxatives | | |
| *bisacodyl tbec* | 3 | |
| *bisacodyl supp* | 3 | |
| DULCOLAX TBEC *(bisacodyl)* | 3 | |
| DULCOLAX SUPP *(bisacodyl)* | 3 | |
| DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)* | 3 | |
| *sennosides liqd* | 3 | |
| *sennosides caps* | 3 | |
| *sennosides syrp 8.8 mg/5ml* | 3 | |
| *sennosides tabs 8.6 mg, 15 mg, 17.2 mg, 25 mg* | 3 | |
| SENOKOT TABS *(sennosides)* | 3 | |
| Surfactant Laxatives | | |
| COLACE CAPS *(docusate sodium)* | 3 | |
| COLACE CLEAR CAPS *(docusate sodium)* | 3 | |
| *docusate calcium* | 3 | |
| *docusate sodium caps* | 3 | |
| *docusate sodium liqd* | 3 | |
| *docusate sodium enem 283 mg/5ml* | 3 | |
| *docusate sodium tabs* | 3 | |
| ENEMEEZ PLUS ENEM 20 MG-283 MG | 3 | |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| *azithromycin tabs 600 mg* | 1 | QL(12 ea per fill retail) |
| *azithromycin tabs 500 mg* | 1 | QL(3 ea per fill retail) |
| *azithromycin pack* | 1 | QL(2 ea per fill retail) |
| *azithromycin tabs 250 mg* | 1 | |
| *azithromycin susr* | 1 | |
| ZITHROMAX PACK *(azithromycin)* | 2 | QL(2 ea per fill retail) |
| ZITHROMAX TABS 500 MG *(azithromycin)* | 2 | QL(3 ea per fill retail) |
| ZITHROMAX TABS 250 MG *(azithromycin)* | 2 | |
| ZITHROMAX SUSR *(azithromycin)* | 2 | |
| ZITHROMAX TRI-PAK TABS *(azithromycin)* | 2 | QL(3 ea per fill retail) |
| ZITHROMAX Z-PAK TABS *(azithromycin)* | 2 | |
| Clarithromycin | | |
| *clarithromycin tb24* | 2 | |
| *clarithromycin tabs* | 1 | QL(28 ea per fill retail) |
| *clarithromycin susr* | 1 | |
| Erythromycins | | |
| E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ERYPED 200 SUSR *(erythromycin ethylsuccinate)* | 2 | |
| ERYPED 400 SUSR *(erythromycin ethylsuccinate)* | 2 | |
| *erythromycin base tabs* | 2 | |
| *erythromycin base cpep* | 2 | |
| *erythromycin base tbec* | 2 | |
| *erythromycin ethylsuccinate tabs* | 2 | |
| *erythromycin ethylsuccinate tabs* | 1 | |
| *erythromycin ethylsuccinate susr 200 mg/5ml* | 1 | |
| *erythromycin ethylsuccinate susr* | 2 | |
| *erythromycin stearate tabs 250 mg* | 1 | |
| Fidaxomicin | | |
| DIFICID TABS | 2 | |
| DIFICID SUSR | 2 | |
| MEDICAL DEVICES AND SUPPLIES | | |
| Contraceptives | | |
| AIMSCO LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| CAYA DPRH | 3 | |
| DUREX EXTRA SENSITIVE DEVI | 3 | QL(36 ea per 30 days retail) |
| FANTASY LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| FANTASY LUBRICATED/SPERMICIDE MISC | 3 | QL(36 ea per 30 days retail) |
| FC2 FEMALE CONDOM | 3 | QL(36 ea per 30 days retail) |
| FEMCAP DEVI 0 | 3 | |
| KAMELEON LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KIMONO COLORS DEVI | 3 | QL(36 ea per 30 days retail) |
| KIMONO LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| KIMONO MICRO THIN MISC | 3 | QL(36 ea per 30 days retail) |
| KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| KIMONO PLUS SPERMICIDE LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| KIMONO PLUS SPERMICIDE/LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| KIMONO PS LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| KIMONO SENSATION LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| KIMONO SPECIAL DEVI | 3 | QL(36 ea per 30 days retail) |
| K-Y ME & YOU EXTRA LUBRICATED DEVI | 3 | QL(36 ea per 30 days retail) |
| K-Y ME & YOU INTENSE DEVI | 3 | QL(36 ea per 30 days retail) |
| MAXX LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| MAXX PLUS SPERMICIDE LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| PREMIUM CONDOMS LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| REALITY LATEX CONDOMS/LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| REALITY LATEX/ULTRA TEXTURED DEVI | 3 | QL(36 ea per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| REALITY LATEX/ULTRA THIN DEVI | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX COLOR CONDOMS + LUBE MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED EXTRALARGE MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED EXTRASTRENGTH MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED/RIBBED/STUDDED MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED/SPERMICIDE MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX NON-LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX/RIA LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX/RIA LUBRICATED SPERMICIDE MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC | 3 | QL(36 ea per 30 days retail) |
| TRUSTEX/RIA NON-LUBRICATED MISC | 3 | QL(36 ea per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | 3 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 65 | 3 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 70 | 3 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 75 | 3 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 80 | 3 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 85 | 3 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 90 | 3 | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 95 | 3 | |
| Diabetic Supplies | | |
| 1ST TIER UNILET COMFORTOUCH LANCETS 28G | 4 | |
| 1ST TIER UNILET COMFORTOUCH LANCETS 30G | 4 | |
| ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT | 4 | |
| ACCU-CHEK FASTCLIX LANCETS | 4 | |
| ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT | 4 | |
| ACCU-CHEK SAFE-T-PRO LANCETS | 4 | |
| ACCU-CHEK SAFE-T-PRO PLUSLANCETS | 4 | |
| ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT | 4 | |
| ACCU-CHEK SOFTCLIX LANCETS | 4 | |
| ACTI-LANCE LANCETS 28G | 4 | |
| ACTI-LANCE LITE SAFETY LANCETS 28G | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ACTI-LANCE SPECIAL SAFETY LANCETS 17G | 4 | |
| ACTI-LANCE SPECIAL SAFETYLANCETS 17G | 4 | |
| ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G | 4 | |
| ADJUSTABLE LANCING DEVICE MISC | 4 | |
| ADVANCED MOBILE LANCET 30G | 4 | |
| ADVOCATE LANCETS | 4 | |
| ADVOCATE LANCETS 30G | 4 | |
| ADVOCATE LANCING DEVICE MISC | 4 | |
| ADVOCATE RAPID-SAFE LANCING DEVICE MISC | 4 | |
| ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN | 4 | QL(1 ea per 30 days retail) |
| ADVOCATE SAFETY LANCETS | 4 | |
| ADVOCATE SAFETY LANCETS 26G | 4 | |
| AGAMATRIX ULTRA-THIN LANCETS 33G | 4 | |
| AIMSCO TWIST LANCETS 32G | 4 | |
| AIMSCO TWIST LANCETS 33G | 4 | |
| AMBI-TRAY MISC | 4 | |
| AQUALANCE LANCETS ULTRA THIN 30G | 4 | |
| ASSURE COMFORT LANCETS ULTRA THIN 28G | 4 | |
| ASSURE HAEMOLANCE PLUS HIGH FLOW 18G | 4 | |
| ASSURE HAEMOLANCE PLUS LOW FLOW 25G | 4 | |
| ASSURE HAEMOLANCE PLUS MICRO FLOW 28G | 4 | |
| ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G | 4 | |
| ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE | 4 | |
| ASSURE LANCE LANCETS | 4 | |
| ASSURE LANCE LANCETS 21G | 4 | |
| ASSURE LANCE PLUS SAFETYLANCETS 25G | 4 | |
| ASSURE LANCE PLUS SAFETYLANCETS 30G | 4 | |
| ASSURE LANCE SAFETY LANCET 28G | 4 | |
| AURORA LANCET SUPER THIN30G | 4 | |
| AURORA LANCET THIN 23G | 4 | |
| AUTO-LANCET MISC | 4 | |
| AUTO-LANCET MINI MISC | 4 | |
| AUTOLET II CLINISAFE KIT | 4 | |
| AUTOLET IMPRESSION LANCING DEVICE MISC | 4 | |
| AUTOLET LANCING DEVICE MISC | 4 | |
| AUTOLET LITE CLINISAFE KIT | 4 | |
| AUTOLET LITE STARTER PACK KIT | 4 | |
| AUTOLET MINI MISC | 4 | |
| AUTOLET PLATFORMS MISC | 4 | |
| AUTOLET PLUS MISC | 4 | |
| BD LANCET ULTRAFINE 30G | 4 | |
| BD LANCET ULTRAFINE 33G | 4 | |
| BD MICROTAINER LANCETS | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CARDIOCOM LANCING DEVICE MISC | 4 | |
| CAREONE ADVANCED LANCINGDEVICE MISC | 4 | |
| CAREONE LANCET SUPER THIN/30G | 4 | |
| CAREONE LANCET THIN | 4 | |
| CARESENS LANCETS | 4 | |
| CARETOUCH LANCING DEVICEWITH EJECTOR MISC | 4 | |
| CARETOUCH SAFETY LANCETS/26G | 4 | |
| CARETOUCH SAFETY LANCETS/28G | 4 | |
| CARETOUCH SAFETY LANCETS/30G | 4 | |
| CARETOUCH TWIST LANCETS 28G | 4 | |
| CARETOUCH TWIST LANCETS 30G | 4 | |
| CARETOUCH TWIST LANCETS 33G | 4 | |
| CARETOUCH TWIST LANCETS MULTI COLOR/30G | 4 | |
| CLEANLET LANCETS 28G | 4 | |
| CLEVER CHEK LANCETS ULTRATHIN | 4 | |
| CLEVER CHEK LANCETS ULTRATHIN 30G | 4 | |
| CLEVER CHOICE COMFORT EZLANCETS 21G | 4 | |
| CLEVER CHOICE COMFORT EZLANCETS 23G | 4 | |
| CLEVER CHOICE COMFORT EZLANCETS 28G | 4 | |
| COAGUCHEK LANCETS | 4 | |
| COMFORT ASSURED LANCETS MICRO THIN 33G | 4 | |
| COMFORT ASSURED LANCETS SUPER THIN 28G | 4 | |
| COMFORT LANCETS | 4 | |
| COMFORT TOUCH LANCETS ULTRA THIN 31G | 4 | |
| COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G | 4 | |
| COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G | 4 | |
| CVS LANCETS 21G | 4 | |
| CVS LANCETS MICRO THIN 33G | 4 | |
| CVS LANCETS MICRO-THIN 33G | 4 | |
| CVS LANCETS ORIGINAL | 4 | |
| CVS LANCETS THIN 26G | 4 | |
| CVS LANCETS ULTRA THIN 30G | 4 | |
| CVS LANCETS ULTRA-THIN 30G | 4 | |
| CVS LANCING DEVICE MISC | 4 | |
| CVS ULTRA THIN LANCETS | 4 | |
| DIATHRIVE LANCETS | 4 | |
| DIATHRIVE LANCETS ULTRA THIN 30G | 4 | |
| DIATHRIVE LANCING DEVICE MISC | 4 | |
| DROPLET GENTEEL LANCING DEVICE MISC | 4 | |
| DROPLET LANCETS ULTRA THIN 30G | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DROPLET LANCING DEVICE MISC | 4 | |
| DROPLET PERSONAL LANCETS30G | 4 | |
| DRUG MART ADJUSTABLE LANCING DEVICE MISC | 4 | |
| DRUG MART LANCETS THIN | 4 | |
| DRUG MART ON-THE-GO LANCETS GENTLE 30G | 4 | |
| DRUG MART UNILET LANCETSSUPER THIN 30G | 4 | |
| DRUG MART UNILET LANCETSULTRA THIN 28G | 4 | |
| DRUG MART UNILET MICRO THIN LANCETS 33G | 4 | |
| EASY COMFORT LANCETS | 4 | |
| EASY COMFORT LANCETS 30G/PULL TOP | 4 | |
| EASY COMFORT LANCETS 30G/THIN TOP | 4 | |
| EASY COMFORT LANCETS TWIST TOP | 4 | |
| EASY MINI EJECT LANCING DEVICE MISC | 4 | |
| EASY MINI LANCING DEVICE MISC | 4 | |
| EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC | 4 | |
| EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED | 4 | |
| EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED | 4 | |
| EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED | 4 | |
| EASY TOUCH LANCETS 26G/PULL-TOP | 4 | |
| EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED | 4 | |
| EASY TOUCH LANCETS 28G/PULL-TOP | 4 | |
| EASY TOUCH LANCETS 28G/TWIST | 4 | |
| EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED | 4 | |
| EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED | 4 | |
| EASY TOUCH LANCETS 30G/PULL-TOP | 4 | |
| EASY TOUCH LANCETS 30G/TWIST | 4 | |
| EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED | 4 | |
| EASY TOUCH LANCETS 32G/PULL-TOP | 4 | |
| EASY TOUCH LANCETS 32G/TWIST | 4 | |
| EASY TOUCH LANCETS 33G/TWIST | 4 | |
| EASY TOUCH LANCING DEVICE/EJECTOR MISC | 4 | |
| EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED | 4 | |
| EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED | 4 | |
| EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED | 4 | |
| EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED | 4 | |
| EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED | 4 | |
| EMBRACE LANCETS ULTRA THIN 30G | 4 | |
| EMBRACE LANCING DEVICE WITH EJECTOR MISC | 4 | |
| EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G | 4 | |
| EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G | 4 | |
| EQL COLOR LANCETS 21G | 4 | |
| EQL COLOR LANCETS MICRO THIN 33G | 4 | |
| EQL SUPER THIN LANCETS 30G | 4 | |
| EQL THIN LANCETS 26G | 4 | |
| E-Z JECT LANCETS | 4 | |
| E-Z JECT LANCETS 21G | 4 | |
| E-Z JECT LANCETS COLOR | 4 | |
| E-Z JECT LANCETS SUPER THIN 30G | 4 | |
| E-Z JECT LANCETS THIN 26G | 4 | |
| E-ZJECT LANCETS MICRO-THIN 33G | 4 | |
| EZ-LETS LANCETS 21G | 4 | |
| EZ-LETS LANCETS 26G SUPER-SOFT | 4 | |
| EZ-LETS LANCETS 28G ULTRA-SOFT | 4 | |
| EZ-LETS LANCETS 30G | 4 | |
| FIFTY50 SAFETY SEAL LANCETS 30G | 4 | |
| FIFTY50 SAFETY SEAL LANCETS 32G | 4 | |
| FIFTY50 UNILET LANCETS 33G | 4 | |
| FINE 30 | 4 | |
| FINGERSTIX LANCETS | 4 | |
| FORA LANCETS | 4 | |
| FORA LANCING DEVICE MISC | 4 | |
| FORA LANCING DEVICE/CLEARCAP MISC | 4 | |
| FREDS PHARMACY AUTOLET LANCING DEVICE MISC | 4 | |
| FREDS PHARMACY UNILET LANCETS SUPER THIN 30G | 4 | |
| FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G | 4 | |
| FREESTYLE LANCETS | 4 | |
| FREESTYLE UNISTICK II LANCETS | 4 | |
| GENTEEL BUTTERFLY TOUCH LANCETS | 4 | |
| GENTEEL CONTACT TIPS/BLUE MISC | 4 | |
| GENTEEL CONTACT TIPS/CLEAR MISC | 4 | |
| GENTEEL CONTACT TIPS/GREEN MISC | 4 | |
| GENTEEL CONTACT TIPS/ORANGE MISC | 4 | |
| GENTEEL CONTACT TIPS/RAINBOW MISC | 4 | |
| GENTEEL CONTACT TIPS/VIOLET MISC | 4 | |
| GENTEEL CONTACT TIPS/YELLOW MISC | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GENTEEL LANCING KIT/BUTTERFLY BLUE KIT | 4 | |
| GENTEEL NOZZLES MISC | 4 | |
| GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC | 4 | |
| GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC | 4 | |
| GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC | 4 | |
| GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC | 4 | |
| GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC | 4 | |
| GENTLE-LET GP LANCETS | 4 | |
| GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT | 4 | |
| GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT | 4 | |
| GENTLE-LET LANCETS SAFETY STYLE/FINE POINT | 4 | |
| GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT | 4 | |
| GENTLE-LET PLATFORMS 2.4MM MISC | 4 | |
| GENTLE-LET PLATFORMS 3.0MM MISC | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GLOBAL INJECT EASE LANCETS 28G | 4 | |
| GLOBAL INJECT EASE LANCETS 30G | 4 | |
| GLOBAL LANCING DEVICE MISC | 4 | |
| GLUCOCOM LANCETS 28G | 4 | |
| GLUCOCOM LANCETS 30G | 4 | |
| GLUCOCOM LANCETS 33G | 4 | |
| GNP LANCETS 21G | 4 | |
| GNP LANCETS THIN | 4 | |
| GNP LANCETS THIN 26G | 4 | |
| GNP LANCING SYSTEM DEVICE MISC | 4 | |
| GNP STERILE LANCETS 28G | 4 | |
| GNP STERILE LANCETS 30G | 4 | |
| GNP STERILE LANCETS 33G | 4 | |
| GOJJI LANCING DEVICE/CLEAR CAP MISC | 4 | |
| GOJJI STERILE LANCETS 30G | 4 | |
| GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL | 4 | |
| GOODSENSE LANCETS MICRO-THIN 33G | 4 | |
| GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL | 4 | |
| GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL | 4 | |
| GOODSENSE LANCETS ULTRA-THIN 30G | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL | 4 | |
| GOODSENSE LANCING DEVICE MISC | 4 | |
| HAEMOLANCE | 4 | |
| HAEMOLANCE LOW FLOW LANCETS | 4 | |
| HAEMOLANCE PLUS | 4 | |
| HAEMOLANCE PLUS HIGH FLOW | 4 | |
| HAEMOLANCE PLUS LOW FLOW | 4 | |
| HAEMOLANCE PLUS MAX FLOW | 4 | |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 4 | |
| HEALTH CARE LANCING DEVICE MISC | 4 | |
| HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC | 4 | |
| HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G | 4 | |
| H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC | 4 | |
| H-E-B INCONTROL LANCETS MICRO THIN 33G | 4 | |
| H-E-B INCONTROL LANCETS SUPER THIN 30G | 4 | |
| H-E-B INCONTROL LANCETS ULTRA THIN 28G | 4 | |
| HYPOLANCE AST LANCING KIT KIT | 4 | |
| HY-VEE LANCETS | 4 | |
| HY-VEE THIN LANCETS | 4 | |
| IN TOUCH LANCING DEVICE MISC | 4 | |
| IN TOUCH STERILE LANCETS30G | 4 | |
| INSUL-CAP MISC | 4 | |
| INSUL-EZE MISC | 4 | |
| KINNEY LANCETS | 4 | |
| KINNEY THIN LANCETS | 4 | |
| KROGER AUTOLET LANCING DEVICE MISC | 4 | |
| KROGER HEALTHPRO TWIST LANCETS/26G | 4 | |
| KROGER LANCETS | 4 | |
| KROGER LANCETS 21G | 4 | |
| KROGER LANCETS MICRO THIN33G | 4 | |
| KROGER LANCETS SUPER THIN | 4 | |
| KROGER LANCETS THIN | 4 | |
| KROGER LANCETS THIN 26G | 4 | |
| KROGER LANCETS ULTRATHIN30G | 4 | |
| KROGER LANCING DEVICE MISC | 4 | |
| LANCET DEVICE ADJUSTABLE MISC | 4 | |
| LANCET DEVICE WITH EJECTOR MISC | 4 | |
| LANCET TRANSPORTER CASE MISC | 4 | |
| LANCETS | 4 | |
| LANCETS 30G | 4 | |
| LANCETS 30G TWIST TOP | 4 | |
| LANCETS 30G/TWIST TOP | 4 | |
| LANCETS 33G EXTRA FINE | 4 | |
| LANCETS 33G UNIVERSAL DESIGN | 4 | |
| LANCETS MICRO THIN 33G | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LANCETS SUPER THIN 28G | 4 | |
| LANCETS THIN | 4 | |
| LANCETS ULTRA THIN | 4 | |
| LANCETS ULTRA THIN 30G | 4 | |
| LANCING DEVICE MISC | 4 | |
| LANZO MISC | 4 | |
| LEADER ADVANCED LANCING DEVICE MISC | 4 | |
| LIBERTY MEDICAL LANCETS 30G | 4 | |
| LIBERTY MINI LANCING DEVICE MISC | 4 | |
| LIFESCAN UNISTIK 2 DEEP PENETRATION | 4 | |
| LIFESCAN UNISTIK II LANCETS | 4 | |
| LITE TOUCH LANCETS | 4 | |
| LITE TOUCH LANCING PEN MISC | 4 | |
| LITETOUCH LANCETS MICRO THIN 33G | 4 | |
| LIVE BETTER ADVANCED LANCING DEVICE MISC | 4 | |
| LIVE BETTER LANCET SUPERTHIN 30G | 4 | |
| LIVE BETTER LANCET ULTRATHIN 28G | 4 | |
| LONGS LANCETS STANDARD | 4 | |
| LONGS LANCETS THIN | 4 | |
| LONGS LANCETS ULTRA THIN | 4 | |
| MEDICHOICE PRE-SET SAFETY LANCET DUAL USE | 4 | |
| MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW | 4 | |
| MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW | 4 | |
| MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW | 4 | |
| MEDICHOICE SAFETY LANCETEXTRA | 4 | |
| MEDICHOICE SAFETY LANCETNORMAL | 4 | |
| MEDISENSE THIN LANCETS | 4 | |
| MEDLANCE PLUS EXTRA LANCETS 21G | 4 | |
| MEDLANCE PLUS LANCETS | 4 | |
| MEDLANCE PLUS LANCETS LITE 25G | 4 | |
| MEDLANCE PLUS LITE LANCETS 25G | 4 | |
| MEDLANCE PLUS SPECIAL LANCETS 0.8MM | 4 | |
| MEDLANCE PLUS SUPERLITE 30G | 4 | |
| MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX | 4 | |
| MEDLANCE PLUS UNIVERSAL LANCETS 21G | 4 | |
| MEDLANCE PLUS/LITE 25G | 4 | |
| MEDLANCE/EXTRA | 4 | |
| MEDLANCE/LITE | 4 | |
| MEDLANCE/UNIVERSAL | 4 | |
| MEIJER COLOR LANCETS UNIVERSAL 33G | 4 | |
| MEIJER LANCETS | 4 | |
| MEIJER LANCETS THIN | 4 | |
| MEIJER LANCETS UNIVERSAL21G | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MEIJER LANCETS UNIVERSAL30G | 4 | |
| MEIJER LANCETS UNIVERSAL33G | 4 | |
| MEIJER SUPER THIN LANCETS | 4 | |
| MICROLET LANCETS | 4 | |
| MICROLET NEXT MISC | 4 | |
| MINI LANCING DEVICE MISC | 4 | |
| MM LANCING DEVICE MISC | 4 | |
| MM TWIST LANCETS | 4 | |
| MONOLET LANCETS | 4 | |
| MONOLET OPD LANCETS | 4 | |
| MONOLETTOR SAFETY LANCETS | 4 | |
| MPD SAFETY LANCET 21G/1.8MM | 4 | |
| MPD SAFETY LANCET 28G/1.8MM | 4 | |
| MPD SAFETY LANCET 30G/1.8MM | 4 | |
| MPD SAFETY LANCETS 23G/1.8MM | 4 | |
| MULTI-LANCET DEVICE MISC | 4 | |
| MULTI-LANCET DEVICE 2 KIT | 4 | |
| MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G | 4 | |
| NOVA SAFETY LANCETS 23G | 4 | |
| NOVA SAFETY LANCETS 28G | 4 | |
| NOVA SUREFLEX LANCETS | 4 | |
| NOVA SUREFLEX LANCING DEVICE MISC | 4 | |
| ONETOUCH CLUB LANCETS FINE POINT | 4 | |
| ONETOUCH DELICA LANCETS EXTRA FINE 33G | 4 | |
| ONETOUCH DELICA LANCETS FINE 30G | 4 | |
| ONETOUCH DELICA LANCING DEVICE MISC | 4 | |
| ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G | 4 | |
| ONETOUCH DELICA PLUS LANCETS FINE 30G | 4 | |
| ONETOUCH DELICA PLUS LANCING DEVICE MISC | 4 | |
| ONETOUCH DELICA SAFETY LANCING DEVICE MISC | 4 | |
| ONETOUCH FINEPOINT LANCETS | 4 | |
| ONETOUCH SURESOFT LANCING DEVICE/18G MISC | 4 | |
| ONETOUCH SURESOFT LANCING DEVICE/21G MISC | 4 | |
| ONETOUCH SURESOFT LANCING DEVICE/28G MISC | 4 | |
| ONETOUCH ULTRASOFT LANCETS | 4 | |
| PC LANCETS SUPER THIN 30G | 4 | |
| PENLET II AUTOMATIC BLOODSAMPLER KIT | 4 | |
| PENLET II REPLACEMENT CAPS MISC | 4 | |
| PENLET II REPLACEMENT CAPS-DEEP MISC | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PENLET II REPLACEMENT CAPS-REGULAR MISC | 4 | |
| PERFECT LANCETS 30G | 4 | |
| PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G | 4 | |
| PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN | 4 | |
| PHARMACIST CHOICE ULTRA THIN LANCETS | 4 | |
| PHARMACIST CHOICE ULTRA THIN LANCETS 28G | 4 | |
| PHARMACIST CHOICE ULTRA THIN LANCETS 30G | 4 | |
| PHARMACIST CHOICE ULTRA THIN LANCETS 31G | 4 | |
| PHARMACIST CHOICE ULTRA THIN LANCETS 33G | 4 | |
| PHARMACY COUNTER LANCETS | 4 | |
| PIP LANCETS/28G | 4 | |
| PIP LANCETS/30G | 4 | |
| PRECISION THINS GP LANCET | 4 | |
| PREFERRED PLUS LANCETS COLORED 21G | 4 | |
| PREFERRED PLUS LANCETS SUPER THIN 30G | 4 | |
| PREFERRED PLUS LANCETS THIN 26G | 4 | |
| PRESSURE ACTIVATED SAFETYLANCET 21G | 4 | |
| PRO COMFORT LANCETS 30G | 4 | |
| PRO COMFORT LANCETS 31G | 4 | |
| PRODIGY CONTROL SOLUTIONLOW SOLN | 4 | QL(1 ea per 30 days retail) |
| PRODIGY COUNT-A-DOSE MISC | 4 | |
| PRODIGY LANCING DEVICE MISC | 4 | |
| PRODIGY PRESSURE ACTIVATED SAFETY LANCETS | 4 | |
| PRODIGY SAFETY LANCETS | 4 | |
| PRODIGY TWIST TOP LANCETS | 4 | |
| PSS SELECT GP LANCETS | 4 | |
| PSS SELECT PLATFORMS MISC | 4 | |
| PSS SELECT SAFETY LANCETS | 4 | |
| PURE COMFORT LANCETS 30G | 4 | |
| PUSH BUTTON SAFETY LANCETS 21G | 4 | |
| PUSH BUTTON SAFETY LANCETS 28G | 4 | |
| PX ADVANCED LANCING DEVICE MISC | 4 | |
| PX LANCET AUTO INJECTOR MISC | 4 | |
| PX LANCETS MICROTHIN 33G | 4 | |
| PX LANCETS ULTRA THIN | 4 | |
| PX LANCETS ULTRA THIN 28G | 4 | |
| QC ADVANCED LANCING DEVICE MISC | 4 | |
| QC LANCETS SUPER THIN | 4 | |
| QC LANCETS ULTRA THIN | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| QC UNILET LANCETS 28G/ULTRA THIN | 4 | |
| QC UNILET LANCETS 33G/MICRO THIN | 4 | |
| RA E-ZJECT LANCETS 28G | 4 | |
| RA E-ZJECT LANCETS THIN 26G | 4 | |
| RA E-ZJECT LANCETS THIN 28G | 4 | |
| RA E-ZJECT LANCETS ULTRATHIN 30G | 4 | |
| READYLANCE SAFETY LANCETS/21G/2.2MM | 4 | |
| READYLANCE SAFETY LANCETS/23G/1.8MM | 4 | |
| READYLANCE SAFETY LANCETS/26G/1.8MM | 4 | |
| READYLANCE SAFETY LANCETS/28G/1.8MM | 4 | |
| READYLANCE SAFETY LANCETS/30G/1.6MM | 4 | |
| REALITY LANCETS | 4 | |
| REALITY TRIGGER LANCETS | 4 | |
| RELION 2-IN-1 LANCET DEVICES 30G MISC | 4 | |
| RELION 2-IN-1 LANCING DEVICE 25G MISC | 4 | |
| RELION 2-IN-1 LANCING DEVICE 30G MISC | 4 | |
| RELION LANCETS MICRO-THIN33G | 4 | |
| RELION LANCETS THIN 26G | 4 | |
| RELION LANCETS ULTRA-THIN30G | 4 | |
| RELION LANCING DEVICE MISC | 4 | |
| RELION LANCING DEVICE KIT | 4 | |
| RELION ULTRA THIN LANCETS/30G | 4 | |
| RELION ULTRA THIN LANCETS30G | 4 | |
| RELION ULTRA THIN PLUS LANCETS 32G | 4 | |
| RELION ULTRA THIN PLUS LANCETS 33G | 4 | |
| REXALL LANCETS ULTRA THIN | 4 | |
| RIGHTEST GD500 LANCING DEVICE MISC | 4 | |
| RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC | 4 | |
| RIGHTEST GL300 LANCETS | 4 | |
| SAFE-T-LANCE LOW FLOW 25G | 4 | |
| SAFE-T-LANCE NORMAL FLOW21G | 4 | |
| SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW | 4 | |
| SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW | 4 | |
| SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW | 4 | |
| SAFETY LANCET 21G/PRESSURE ACTIVATED | 4 | |
| SAFETY LANCET 23G/PRESSURE ACTIVATED | 4 | |
| SAFETY LANCET 28G/PRESSURE ACTIVATED | 4 | |
| SAFETY LANCET 30G/PRESSURE ACTIVATED | 4 | |
| SAFETY LANCETS | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SAFETY LANCETS 21G | 4 | |
| SAFETY LANCETS 28G | 4 | |
| SAPS HEALTH CARE TWIST TOP LANCETS | 4 | |
| SAPS HEALTH PLUS TWIST TOP LANCETS 30G | 4 | |
| SAPS HEALTH TWIST TOP LANCETS 30G | 4 | |
| SAPSCARE TWIST TOP LANCETS 30G | 4 | |
| SB LANCETS THIN | 4 | |
| SB LANCETS ULTRA THIN | 4 | |
| SELECT-LITE DEVICE/LANCETS KIT | 4 | |
| SELECT-LITE LANCING DEVICE MISC | 4 | |
| SHOPKO AUTOLET LANCING DEVICE MISC | 4 | |
| SHOPKO ON-THE-GO COMFORTLANCETS 30G | 4 | |
| SHOPKO UNILET LANCETS SUPER THIN 30G | 4 | |
| SHOPKO UNILET LANCETS ULTRA THIN 28G | 4 | |
| SIDE BUTTON SAFETY LANCET21G | 4 | |
| SIMPLE DIAGNOSTICS LANCING DEVICE MISC | 4 | |
| SINGLE-LET | 4 | |
| SM MICRO THIN LANCETS 33G | 4 | |
| SM TRUEDRAW LANCING DEVICE MISC | 4 | |
| SMART DIABETES VANTAGE LANCING DEVICE MISC | 4 | |
| SMART SENSE COLOR LANCETS UNIVERSAL 33G | 4 | |
| SMART SENSE STANDARD LANCETS UNIVERSAL 21G | 4 | |
| SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G | 4 | |
| SMART SENSE THIN LANCETSUNIVERSAL 26G | 4 | |
| SMARTEST LANCETS 28G | 4 | |
| SOLUS V2 LANCING DEVICE MISC | 4 | |
| SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G | 4 | |
| SOLUS V2 TWIST LANCETS 30G | 4 | |
| STERILANCE PA MISC | 4 | |
| STERILANCE TL | 4 | |
| SUPER THIN LANCETS | 4 | |
| SURE COMFORT LANCETS 18G | 4 | |
| SURE COMFORT LANCETS 21G | 4 | |
| SURE COMFORT LANCETS 23G | 4 | |
| SURE COMFORT LANCETS 28G | 4 | |
| SURE COMFORT LANCETS 30G | 4 | |
| SURE COMFORT LANCING PEN MISC | 4 | |
| SURE-LANCE FLAT LANCETS | 4 | |
| SURE-LANCE LANCETS 26G | 4 | |
| SURE-LANCE THIN LANCETS 28G | 4 | |
| SURE-LANCE ULTRA THIN LANCETS | 4 | |
| SURELITE LANCETS | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SURE-PEN MISC | 4 | |
| SURE-TOUCH LANCETS UNIVERSAL | 4 | |
| TECHLITE AST LANCETS | 4 | |
| TECHLITE LANCETS | 4 | |
| TECHLITE LANCETS 30G | 4 | |
| TGT LANCET MICRO THIN 33G | 4 | |
| TGT LANCET THIN 26G | 4 | |
| TGT LANCET ULTRA THIN 30G | 4 | |
| TGT LANCING DEVICE MISC | 4 | |
| THINLETS GP LANCETS | 4 | |
| TODAYS HEALTH ADVANCED LANCING DEVICE MISC | 4 | |
| TODAYS HEALTH SUPER THINLANCETS 30G | 4 | |
| TODAYS HEALTH ULTRA THINLANCETS 28G | 4 | |
| TOPCARE LANCETS MICRO-THIN 33G | 4 | |
| TRAVEL LANCETS 30G | 4 | |
| TRAVEL LANCETS ADVANCED 28G | 4 | |
| TRUE COMFORT SAFETY LANCETS/30G | 4 | |
| TRUE COMFORT TWIST TOP LANCETS 30G | 4 | |
| TRUEDRAW LANCING DEVICE MISC | 4 | |
| TRUEPLUS LANCETS 26G | 4 | |
| TRUEPLUS LANCETS 28G | 4 | |
| TRUEPLUS LANCETS 28G SUPER THIN | 4 | |
| TRUEPLUS LANCETS 30G | 4 | |
| TRUEPLUS LANCETS 30G ULTRA THIN | 4 | |
| TRUEPLUS LANCETS 33G | 4 | |
| TRUEPLUS LANCETS 33G MICRO THIN | 4 | |
| TRUEPLUS SAFETY LANCETS 28G | 4 | |
| ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC | 4 | |
| ULTILET CLASSIC LANCETS | 4 | |
| ULTILET LANCETS | 4 | |
| ULTILET LANCETS 33G | 4 | |
| ULTILET SAFETY LANCETS 21G X 2.2MM | 4 | |
| ULTILET SAFETY LANCETS 23G | 4 | |
| ULTRA THIN LANCETS 31G | 4 | |
| ULTRA-CARE LANCETS 30G | 4 | |
| ULTRA-THIN II AUTO LANCET | 4 | |
| ULTRA-THIN II LANCETS 28G | 4 | |
| ULTRA-THIN II LANCETS 30G | 4 | |
| UNILET COMFORTOUCH LANCET | 4 | |
| UNILET EXCELITE | 4 | |
| UNILET EXCELITE II | 4 | |
| UNILET G.P. LANCET | 4 | |
| UNILET G.P. SUPERLITE LANCET | 4 | |
| UNILET GP 28 ULTRA THIN | 4 | |
| UNILET LANCET | 4 | |
| UNILET LANCETS MICRO-THIN33G | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UNILET LANCETS SUPER-THIN30G | 4 | |
| UNILET LANCETS ULTRA-THIN 28G | 4 | |
| UNILET SUPERLITE LANCET | 4 | |
| UNISTIK 1 MISC | 4 | |
| UNISTIK 2 MISC | 4 | |
| UNISTIK 2 COMFORT MISC | 4 | |
| UNISTIK 2 EXTRA MISC | 4 | |
| UNISTIK 2 NEONATAL MISC | 4 | |
| UNISTIK 2 NORMAL MISC | 4 | |
| UNISTIK 2 SUPER MISC | 4 | |
| UNISTIK 3 MISC | 4 | |
| UNISTIK 3 COMFORT MISC | 4 | |
| UNISTIK 3 EXTRA MISC | 4 | |
| UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC | 4 | |
| UNISTIK 3 GENTLE | 4 | |
| UNISTIK 3 NEONATAL MISC | 4 | |
| UNISTIK 3 NORMAL MISC | 4 | |
| UNISTIK CZT COMFORT MISC | 4 | |
| UNISTIK CZT NORMAL MISC | 4 | |
| UNISTIK NORMAL MISC | 4 | |
| UNISTIK PRO SAFETY LANCET 21G | 4 | |
| UNISTIK PRO SAFETY LANCET 25G | 4 | |
| UNISTIK PRO SAFETY LANCET 28G | 4 | |
| UNISTIK SAFETY LANCETS 28G | 4 | |
| UNISTIK SAFETY LANCETS 30G | 4 | |
| UNISTIK TOUCH SAFETY LANCETS 21G | 4 | |
| UNISTIK TOUCH SAFETY LANCETS 23G | 4 | |
| UNISTIK TOUCH SAFETY LANCETS 28G | 4 | |
| UNISTIK TOUCH SAFETY LANCETS 30G | 4 | |
| UNIVERSAL 1 LANCETS THIN26G | 4 | |
| UNIVERSAL 1 LANCETS ULTRA THIN 30G | 4 | |
| UNIVERSAL 1 LANCETS/33G/MICRO-THIN | 4 | |
| VALUE PLUS LANCETS STANDARD 21G | 4 | |
| VALUE PLUS LANCETS SUPERTHIN 30G | 4 | |
| VALUE PLUS LANCETS THIN 26G | 4 | |
| VALUE PLUS LANCING DEVICE MISC | 4 | |
| VALUMARK LANCET SUPER THIN 30G | 4 | |
| VALUMARK LANCET ULTRA THIN 28G | 4 | |
| VIDA MIA AUTOLET LANCINGDEVICE MISC | 4 | |
| VIDA MIA UNILET LANCETS SUPER THIN 30G | 4 | |
| VIDA MIA UNILET LANCETS ULTRA THIN 28G | 4 | |
| VIVAGUARD LANCETS | 4 | |
| VIVAGUARD LANCING DEVICE MISC | 4 | |
| VIVAGUARD SAFETY LANCETS/28G | 4 | |
| VIVI CAP MISC | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VIVI CAP1 MISC | 4 | |
| WALGREENS ADVANCED TRAVELLANCETS 28G | 4 | |
| WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G | 4 | |
| WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G | 4 | |
| WALGREENS LANCETS | 4 | |
| WALGREENS THIN LANCETS | 4 | |
| WALGREENS ULTRA THIN LANCETS | 4 | |
| ZEVRX TWIST TOP LANCETS 30G | 4 | |
| Parenteral Therapy Supplies | | |
| 1ST TIER UNIFINE PENTIPS/MINI/31GX5MM | 4 | RX/OTC |
| 1ST TIER UNIFINE PENTIPS29GX12MM | 4 | RX/OTC |
| 1ST TIER UNIFINE PENTIPS31GX6MM | 4 | RX/OTC |
| 1ST TIER UNIFINE PENTIPS31GX8MM | 4 | RX/OTC |
| 1ST TIER UNIFINE PENTIPS32GX4MM | 4 | RX/OTC |
| 1ST TIER UNIFINE PENTIPS32GX6MM | 4 | |
| 1ST TIER UNIFINE PENTIPS33GX4MM | 4 | |
| 1ST TIER UNIFINE PENTIPSPLUS 31GX8MM | 4 | RX/OTC |
| 1ST TIER UNIFINE PENTIPSPLUS 32GX4MM | 4 | RX/OTC |
| 1ST TIER UNIFINE PENTIPSPLUS 33GX4MM | 4 | |
| 1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM | 4 | RX/OTC |
| 1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM | 4 | RX/OTC |
| ABOUTTIME PEN NEEDLE 32GX 5/32" | 4 | RX/OTC |
| ABOUTTIME PEN NEEDLES 30GX 5/16" | 4 | |
| ABOUTTIME PEN NEEDLES 31G X 3/16" | 4 | RX/OTC |
| ABOUTTIME PEN NEEDLES 31G X 5/16" | 4 | RX/OTC |
| ADVOCATE INSULIN PEN NEEDLES | 4 | |
| ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM | 4 | |
| ADVOCATE INSULIN PEN NEEDLES 31GX5MM | 4 | RX/OTC |
| ADVOCATE INSULIN PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" | 4 | RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" | 4 | RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" | 4 | |
| ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" | 4 | RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" | 4 | RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" | 4 | RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" | 4 | RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" | 4 | RX/OTC |
| ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64" | 4 | |
| ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" | 4 | |
| ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" | 4 | RX/OTC |
| AUM MINI INSULIN PEN NEEDLE/32GX4MM | 4 | RX/OTC |
| AUM MINI INSULIN PEN NEEDLE/32GX5MM | 4 | RX/OTC |
| AUM MINI INSULIN PEN NEEDLE/32GX6MM | 4 | |
| AUM MINI INSULIN PEN NEEDLE/32GX8MM | 4 | |
| AUM MINI INSULIN PEN NEEDLE/33GX4MM | 4 | |
| AUM PEN NEEDLE/33GX4MM 0 | 4 | |
| AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC | 4 | RX/OTC |
| AUM SAFETY PEN NEEDLE/31G X 4MM | 4 | |
| AUM SAFETY PEN NEEDLE/31G X 5MM | 4 | RX/OTC |
| AURORA PEN NEEDLES 29GX12MM | 4 | RX/OTC |
| AURORA PEN NEEDLES 31G X6MM | 4 | RX/OTC |
| AURORA PEN NEEDLES 31G X8MM | 4 | RX/OTC |
| AURORA UNIFINE PENTIPS/32GX5/32" | 4 | RX/OTC |
| AURORA UNIFINE PENTIPS/MINI/31GX3/16" | 4 | RX/OTC |
| BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" | 4 | RX/OTC |
| BD INSULIN SYRINGE LUER-LOK/U-100/1ML | 4 | RX/OTC |
| BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" | 4 | RX/OTC |
| BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" | 4 | |
| BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" | 4 | RX/OTC |
| BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" | 4 | |
| BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" | 4 | RX/OTC |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" | 4 | RX/OTC |
| BD INSULIN SYRINGE SLIP TIP/U-100/1ML | 4 | RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" | 4 | |
| B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" | 4 | |
| B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" | 4 | RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" | 4 | |
| B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" | 4 | |
| BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM | 4 | |
| BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" | 4 | |
| BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM | 4 | |
| BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" | 4 | |
| B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" | 4 | |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM | 4 | |
| BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" | 4 | |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM | 4 | |
| BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM | 4 | |
| BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" | 4 | RX/OTC |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM | 4 | RX/OTC |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM | 4 | RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" | 4 | RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| BD INSULIN SYRINGE/0.3ML/29G X 12.7MM | 4 | RX/OTC |
| BD INSULIN SYRINGE/0.5ML/29G X 12.7MM | 4 | RX/OTC |
| BD INSULIN SYRINGE/1ML/27G X 12.7MM | 4 | RX/OTC |
| BD INSULIN SYRINGE/1ML/29G X 12.7MM | 4 | RX/OTC |
| BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" | 4 | |
| BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" | 4 | |
| BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" | 4 | |
| BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" | 4 | RX/OTC |
| BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM | 4 | |
| BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM | 4 | RX/OTC |
| BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" | 4 | RX/OTC |
| BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM | 4 | RX/OTC |
| BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM | 4 | |
| BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM | 4 | RX/OTC |
| BD SAFETYGLIDE 1ML 27GX5/8" | 4 | |
| BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" | 4 | RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" | 4 | RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" | 4 | |
| BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" | 4 | |
| BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" | 4 | RX/OTC |
| BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM | 4 | RX/OTC |
| BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM | 4 | |
| BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM | 4 | RX/OTC |
| BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64" | 4 | RX/OTC |
| BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64" | 4 | |
| CAREFINE PEN NEEDLE 32GX4MM | 4 | RX/OTC |
| CAREFINE PEN NEEDLES 29GX1/2" | 4 | RX/OTC |
| CAREFINE PEN NEEDLES 30GX5/16" | 4 | |
| CAREFINE PEN NEEDLES 31GX6MM | 4 | RX/OTC |
| CAREFINE PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| CAREFINE PEN NEEDLES 32GX5MM | 4 | RX/OTC |
| CAREFINE PEN NEEDLES 32GX6MM | 4 | |
| CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" | 4 | |
| CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" | 4 | |
| CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" | 4 | |
| CAREONE INSULIN SYRINGES/1ML/30G X 1/2" | 4 | RX/OTC |
| CAREONE INSULIN SYRINGES/1ML/31GX5/16" | 4 | RX/OTC |
| CAREONE UNIFINE PENTIPS 29GX12MM | 4 | RX/OTC |
| CAREONE UNIFINE PENTIPS 31GX5MM | 4 | RX/OTC |
| CAREONE UNIFINE PENTIPS 31GX6MM | 4 | RX/OTC |
| CAREONE UNIFINE PENTIPS 31GX8MM | 4 | RX/OTC |
| CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM | 4 | RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM | 4 | RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM | 4 | RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM | 4 | RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM | 4 | RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" | 4 | |
| CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" | 4 | |
| CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" | 4 | RX/OTC |
| CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" | 4 | RX/OTC |
| CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" | 4 | RX/OTC |
| CARETOUCH PEN NEEDLE 29GX1/2" | 4 | RX/OTC |
| CARETOUCH PEN NEEDLE 33GX5/32" | 4 | |
| CARETOUCH PEN NEEDLES 31G X 6 MM | 4 | RX/OTC |
| CARETOUCH PEN NEEDLES 31GX 5MM | 4 | RX/OTC |
| CARETOUCH PEN NEEDLES 31GX 8MM | 4 | RX/OTC |
| CARETOUCH PEN NEEDLES 32GX 4MM | 4 | RX/OTC |
| CARETOUCH PEN NEEDLES 32GX 5MM | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM | 4 | |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" | 4 | |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" | 4 | |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" | 4 | |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" | 4 | |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM | 4 | RX/OTC |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM | 4 | |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM | 4 | |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM | 4 | |
| CLICKFINE PEN NEEDLE 32GX5/32" | 4 | RX/OTC |
| CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" | 4 | RX/OTC |
| CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" | 4 | RX/OTC |
| CLICKFINE PEN NEEDLES 31G X 1/4" | 4 | RX/OTC |
| CLICKFINE PEN NEEDLES 31G X 3/16" | 4 | RX/OTC |
| CLICKFINE PEN NEEDLES 31G X 5/16" | 4 | RX/OTC |
| CLICKFINE PEN NEEDLES 31G X 8MM | 4 | RX/OTC |
| CLICKFINE PEN NEEDLES 32G X 5/32" | 4 | RX/OTC |
| CLICKFINE PEN NEEDLES/31GX1/4" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" | 4 | RX/OTC |
| COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" | 4 | |
| COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 4 | |
| COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| COMFORT EZ MICRO/32G X 4MM | 4 | RX/OTC |
| COMFORT EZ SHORT/31G X 8MM | 4 | RX/OTC |
| COMFORT EZ/31G X 5MM | 4 | RX/OTC |
| COMFORT EZ/31G X 6MM | 4 | RX/OTC |
| COMFORT TOUCH PEN NEEDLES/31G X 4MM | 4 | |
| COMFORT TOUCH PEN NEEDLES/31G X 5MM | 4 | RX/OTC |
| COMFORT TOUCH PEN NEEDLES/31G X 6 MM | 4 | RX/OTC |
| COMFORT TOUCH PEN NEEDLES/31G X 8 MM | 4 | RX/OTC |
| COMFORT TOUCH PEN NEEDLES/32G X 4MM | 4 | RX/OTC |
| COMFORT TOUCH PEN NEEDLES/32G X 5MM | 4 | RX/OTC |
| COMFORT TOUCH PEN NEEDLES/32G X 6MM | 4 | |
| COMFORT TOUCH PEN NEEDLES/32G X 8MM | 4 | |
| COMFORT TOUCH PEN NEEDLES/33G X 5/32" | 4 | |
| DIATHRIVE PEN NEEDLE/31 G X 6MM | 4 | RX/OTC |
| DIATHRIVE PEN NEEDLE/31 GX 8MM | 4 | RX/OTC |
| DIATHRIVE PEN NEEDLE/31GX 5MM | 4 | RX/OTC |
| DIATHRIVE PEN NEEDLE/32GX 4MM | 4 | RX/OTC |
| DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" | 4 | RX/OTC |
| DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" | 4 | RX/OTC |
| DROPLET INSULIN SYRINGE 1ML/29G X 1/2" | 4 | RX/OTC |
| DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" | 4 | |
| DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2" | 4 | |
| DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64" | 4 | RX/OTC |
| DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2" | 4 | |
| DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64" | 4 | |
| DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" | 4 | |
| DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" | 4 | RX/OTC |
| DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" | 4 | RX/OTC |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |
| EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" | 4 | RX/OTC |
| EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 4 | |
| EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" | 4 | RX/OTC |
| EASY COMFORT PEN NEEDLES31GX1/4" | 4 | RX/OTC |
| EASY COMFORT PEN NEEDLES31GX3/16" | 4 | RX/OTC |
| EASY COMFORT PEN NEEDLES31GX5/16" | 4 | RX/OTC |
| EASY COMFORT PEN NEEDLES32GX5/32" | 4 | RX/OTC |
| EASY COMFORT PEN NEEDLES33G X 4MM | 4 | |
| EASY GLIDE PEN NEEDLES 33G X 5/32" | 4 | |
| EASY TOUCH 32GX5MM | 4 | RX/OTC |
| EASY TOUCH 32GX6MM | 4 | |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" | 4 | RX/OTC |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" | 4 | RX/OTC |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" | 4 | RX/OTC |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" | 4 | |
| EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" | 4 | |
| EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 4 | |
| EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 4 | |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8" | 4 | |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" | 4 | RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| EASY TOUCH PEN NEEDLE 30G X 5/16" | 4 | |
| EASY TOUCH PEN NEEDLES 29GX1/2" | 4 | RX/OTC |
| EASY TOUCH PEN NEEDLES 31GX1/4" | 4 | RX/OTC |
| EASY TOUCH PEN NEEDLES 31GX5/16" | 4 | RX/OTC |
| EASY TOUCH PEN NEEDLES 32GX1/4" | 4 | |
| EASY TOUCH PEN NEEDLES 32GX3/16" | 4 | RX/OTC |
| EASY TOUCH PEN NEEDLES 32GX5/32" | 4 | RX/OTC |
| EASY TOUCH PEN NEEDLES/31G X 3/16" | 4 | RX/OTC |
| EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" | 4 | |
| EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" | 4 | RX/OTC |
| EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" | 4 | RX/OTC |
| EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" | 4 | RX/OTC |
| EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" | 4 | RX/OTC |
| EMBRACE PEN NEEDLES/29G X 12MM | 4 | RX/OTC |
| EMBRACE PEN NEEDLES/30G X 8MM | 4 | |
| EMBRACE PEN NEEDLES/31G X 5MM | 4 | RX/OTC |
| EMBRACE PEN NEEDLES/31G X 6MM | 4 | RX/OTC |
| EMBRACE PEN NEEDLES/31G X 8MM | 4 | RX/OTC |
| EMBRACE PEN NEEDLES/32G X 4MM | 4 | RX/OTC |
| EQL INSULIN SYRINGE/0.3ML/29G X 1/2" | 4 | RX/OTC |
| EQL INSULIN SYRINGE/0.3ML/30G X 5/16" | 4 | RX/OTC |
| EQL INSULIN SYRINGE/0.3ML/31G X 5/16" | 4 | |
| EQL INSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| EQL INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| EQL INSULIN SYRINGE/0.5ML/31G X 5/16" | 4 | |
| EQL INSULIN SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| EQL INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EQL INSULIN SYRINGE/1ML/31G X 5/16" | 4 | RX/OTC |
| EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM | 4 | |
| EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM | 4 | RX/OTC |
| EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM | 4 | RX/OTC |
| EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM | 4 | RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" | 4 | RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" | 4 | RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" | 4 | RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" | 4 | RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |
| FIFTY50 PEN NEEDLES 31G X3/16" (5MM) | 4 | RX/OTC |
| FIFTY50 PEN NEEDLES 31G X5/16" (8MM) | 4 | RX/OTC |
| FIFTY50 PEN NEEDLES 31GX5MM | 4 | RX/OTC |
| FIFTY50 PEN NEEDLES/31GX8MM | 4 | RX/OTC |
| FIFTY50 PEN NEEDLES/32GX4MM | 4 | RX/OTC |
| FIFTY50 PEN NEEDLES/32GX6MM | 4 | |
| FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" | 4 | |
| FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" | 4 | |
| FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" | 4 | RX/OTC |
| FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM | 4 | RX/OTC |
| FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM | 4 | RX/OTC |
| FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM | 4 | RX/OTC |
| FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 4 | |
| FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" | 4 | RX/OTC |
| GLOBAL EASE INJECT PEN NEEDLES 29GX12MM | 4 | RX/OTC |
| GLOBAL EASE INJECT PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| GLOBAL EASE INJECT PEN NEEDLES 32GX4MM | 4 | RX/OTC |
| GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM | 4 | RX/OTC |
| GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" | 4 | RX/OTC |
| GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" | 4 | |
| GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM | 4 | RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" | 4 | RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" | 4 | |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" | 4 | RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 4 | |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 4 | |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" | 4 | RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" | 4 | RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 4 | RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" | 4 | |
| GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" | 4 | RX/OTC |
| GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" | 4 | |
| GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 4 | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GNP INSULIN SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| GNP INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |
| GNP INSULIN SYRINGE/1ML/31G X 5/16" | 4 | RX/OTC |
| GNP INSULIN SYRINGES/0.3ML/30GX5/16" | 4 | RX/OTC |
| GNP INSULIN SYRINGES/1/2ML/29GX1/2" | 4 | RX/OTC |
| GNP INSULIN SYRINGES/1ML/28GX1/2" | 4 | RX/OTC |
| GNP INSULIN SYRINGES/1ML/29GX1/2" | 4 | RX/OTC |
| GNP INSULIN SYRINGES/1ML/30GX5/16" | 4 | RX/OTC |
| GNP INSULIN SYRINGES/3ML/31GX5/16" | 4 | |
| GNP ULTICARE PEN NEEDLES/31GX5/16" | 4 | RX/OTC |
| GNP ULTICARE PEN NEEDLES/32GX 5/32" | 4 | RX/OTC |
| GNP ULTICARE PEN NEEDLES/32GX1/4" | 4 | |
| GNP ULTICARE PEN NEEDLES31G X 5MM | 4 | RX/OTC |
| GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM | 4 | RX/OTC |
| GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM | 4 | RX/OTC |
| GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM | 4 | RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" | 4 | RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT | 4 | RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" | 4 | RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" | 4 | RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" | 4 | RX/OTC |
| GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" | 4 | RX/OTC |
| GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" | 4 | RX/OTC |
| GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" | 4 | |
| GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" | 4 | RX/OTC |
| HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 4 | |
| HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 4 | RX/OTC |
| HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" | 4 | RX/OTC |
| HEALTHWISE MINI PEN NEEDLES 31GX6MM | 4 | RX/OTC |
| HEALTHWISE PEN NEEDLES 29GX12MM | 4 | RX/OTC |
| HEALTHWISE SHORT PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" | 4 | RX/OTC |
| HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" | 4 | RX/OTC |
| HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM | 4 | RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM | 4 | RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM | 4 | RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM | 4 | RX/OTC |
| H-E-B IN CONTROL PEN NEEDLE 31GX3/16" | 4 | RX/OTC |
| H-E-B IN CONTROL PEN NEEDLES 31GX5MM | 4 | RX/OTC |
| H-E-B IN CONTROL PEN NEEDLES 31GX6MM | 4 | RX/OTC |
| H-E-B IN CONTROL PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM | 4 | RX/OTC |
| H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" | 4 | RX/OTC |
| H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16" | 4 | RX/OTC |
| H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16" | 4 | RX/OTC |
| H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM | 4 | RX/OTC |
| H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM | 4 | RX/OTC |
| H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32" | 4 | RX/OTC |
| H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32" | 4 | |
| H-E-B INCONTROL PEN NEEDLES 29GX12MM | 4 | RX/OTC |
| HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" | 4 | RX/OTC |
| HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16") | 4 | RX/OTC |
| HM ULTICARE SHORT PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM | 4 | RX/OTC |
| INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM | 4 | RX/OTC |
| INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM | 4 | RX/OTC |
| INSULIN SYRINGE/0.3ML/30G X 5/16" | 4 | RX/OTC |
| INSULIN SYRINGE/0.3ML/31G X 5/16" | 4 | |
| INSULIN SYRINGE/0.5ML/27G X 1/2" | 4 | RX/OTC |
| INSULIN SYRINGE/0.5ML/28G X 1/2" | 4 | RX/OTC |
| INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| INSULIN SYRINGE/0.5ML/31G X 5/16" | 4 | |
| INSULIN SYRINGE/1ML/28G X 1/2" | 4 | RX/OTC |
| INSULIN SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" | 4 | RX/OTC |
| INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" | 4 | |
| INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" | 4 | RX/OTC |
| INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" | 4 | RX/OTC |
| INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" | 4 | |
| INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" | 4 | RX/OTC |
| INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" | 4 | RX/OTC |
| INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" | 4 | RX/OTC |
| INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" | 4 | RX/OTC |
| INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| INSULIN SYRINGE/U-100/1ML/30G X 5/16" 0 | 4 | RX/OTC |
| INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| INSULIN SYRINGES 0 | 4 | RX/OTC |
| INSULIN SYRINGES 0.3ML/31G X 1/4" | 4 | |
| INSULIN SYRINGES/0.5ML/27GX1/2" | 4 | RX/OTC |
| INSULIN SYRINGES/0.5ML/28GX1/2" | 4 | RX/OTC |
| INSULIN SYRINGES/0.5ML/29GX1/2" | 4 | RX/OTC |
| INSULIN SYRINGES/0.5ML/30GX5/16" | 4 | RX/OTC |
| INSULIN SYRINGES/0.5ML/31GX 5/16" | 4 | |
| INSULIN SYRINGES/0.5ML/31GX5/16" | 4 | |
| INSULIN SYRINGES/1ML/27GX/1/2" | 4 | RX/OTC |
| INSULIN SYRINGES/1ML/27GX1/2" | 4 | RX/OTC |
| INSULIN SYRINGES/1ML/28GX1/2" | 4 | RX/OTC |
| INSULIN SYRINGES/1ML/29GX1/2" | 4 | RX/OTC |
| INSULIN SYRINGES/1ML/30GX1/2" | 4 | RX/OTC |
| INSULIN SYRINGES/1ML/31GX5/16" | 4 | RX/OTC |
| INSUPEN 29G X 12MM | 4 | RX/OTC |
| INSUPEN 31G X 5MM | 4 | RX/OTC |
| INSUPEN 31G X 8MM | 4 | RX/OTC |
| INSUPEN 32G X 4MM | 4 | RX/OTC |
| INSUPEN 33GX4MM | 4 | |
| INSUPEN PEN NEEDLES 32G X4MM | 4 | RX/OTC |
| INSUPEN SENSITIVE 32GX6MM | 4 | |
| INSUPEN SENSITIVE 32GX8MM | 4 | |
| INSUPEN ULTRAFIN 30GX8MM | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| INSUPEN ULTRAFIN 31GX6MM | 4 | RX/OTC |
| INSUPEN ULTRAFIN 31GX8MM | 4 | RX/OTC |
| KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" | 4 | |
| KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" | 4 | |
| KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" | 4 | RX/OTC |
| KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G | 4 | |
| KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G | 4 | |
| KMART VALU PLUS INSULIN SYRINGE/1ML/29G | 4 | RX/OTC |
| KMART VALU PLUS INSULIN SYRINGE/1ML/30G | 4 | RX/OTC |
| KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" | 4 | RX/OTC |
| KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" | 4 | RX/OTC |
| KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" | 4 | |
| KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" | 4 | |
| LEADER INSULIN SYRINGE/1ML/28G X 1/2" | 4 | RX/OTC |
| LEADER INSULIN SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| LEADER INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |
| LEADER INSULIN SYRINGE/1ML/31G X 5/16" | 4 | RX/OTC |
| LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" | 4 | RX/OTC |
| LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" | 4 | RX/OTC |
| LEADER UNIFINE PENTIPS/MINI/31GX3/16" | 4 | RX/OTC |
| LEADER UNIFINE PENTIPS/NANO/32GX5/32" | 4 | RX/OTC |
| LEADER UNIFINE PENTIPS/PLUS/32GX5/32" | 4 | RX/OTC |
| LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" | 4 | |
| LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 4 | |
| LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 4 | RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| LITETOUCH PEN NEEDLES 29GX12.7MM | 4 | |
| LITETOUCH PEN NEEDLES 31G X 6MM | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT | 4 | RX/OTC |
| LITETOUCH PEN NEEDLES 31GX8MM SHORT | 4 | RX/OTC |
| LITETOUCH PEN NEEDLES/31G X 3/16" | 4 | RX/OTC |
| LITETOUCH PEN NEEDLES/31G X 5MM/MINI | 4 | RX/OTC |
| LITETOUCH PEN NEEDLES/31G X 8MM/SHORT | 4 | RX/OTC |
| LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" | 4 | |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" | 4 | RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" | 4 | RX/OTC |
| MARATHON MEDICAL PENTIPS29GX12MM | 4 | RX/OTC |
| MARATHON MEDICAL PENTIPS31GX5MM | 4 | RX/OTC |
| MARATHON MEDICAL PENTIPS31GX8MM | 4 | RX/OTC |
| MARATHON MEDICAL PENTIPS32GX4MM | 4 | RX/OTC |
| MAXICOMFORT II PEN NEEDLES/31G X 1/4" | 4 | RX/OTC |
| MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" | 4 | RX/OTC |
| MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" | 4 | RX/OTC |
| MAXICOMFORT INSULIN SYRINGES 27G X 1/2" 0 | 4 | RX/OTC |
| MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" | 4 | RX/OTC |
| MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| MEDICINE SHOPPE PEN NEEDLES 29G X 12MM | 4 | RX/OTC |
| MEDICINE SHOPPE PEN NEEDLES 31G X 6MM | 4 | RX/OTC |
| MEDICINE SHOPPE PEN NEEDLES 31G X 8MM | 4 | RX/OTC |
| MEIJER PEN NEEDLES 29G X12MM | 4 | RX/OTC |
| MEIJER PEN NEEDLES 31G X6MM | 4 | RX/OTC |
| MEIJER PEN NEEDLES 31G X8MM | 4 | RX/OTC |
| MICRODOT PEN NEEDLE/31G X 6 MM | 4 | RX/OTC |
| MICRODOT PEN NEEDLE/32G X 4 MM | 4 | RX/OTC |
| MICRODOT PEN NEEDLE/33G X 4 MM | 4 | |
| MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" | 4 | RX/OTC |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PEN NEEDLES/31G X 6MM | 4 | RX/OTC |
| PEN NEEDLES/32G X 5/32" | 4 | RX/OTC |
| PENTIPS 29G X 12MM | 4 | RX/OTC |
| PENTIPS 29GX12MM | 4 | RX/OTC |
| PENTIPS 31G X 5MM | 4 | RX/OTC |
| PENTIPS 31G X 8MM | 4 | RX/OTC |
| PENTIPS 31GX5MM | 4 | RX/OTC |
| PENTIPS 31GX6MM | 4 | RX/OTC |
| PENTIPS 31GX8MM | 4 | RX/OTC |
| PENTIPS 32G X 4MM | 4 | RX/OTC |
| PENTIPS 32GX4MM | 4 | RX/OTC |
| PENTIPS 32GX6MM | 4 | |
| PIP PEN NEEDLES 31G X 5MM | 4 | RX/OTC |
| PIP PEN NEEDLES 32G X 4MM | 4 | RX/OTC |
| PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" | 4 | RX/OTC |
| PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" | 4 | RX/OTC |
| PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" | 4 | RX/OTC |
| PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" | 4 | RX/OTC |
| PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" | 4 | RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" | 4 | RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" | 4 | RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 4 | RX/OTC |
| PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM | 4 | RX/OTC |
| PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT | 4 | RX/OTC |
| PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT | 4 | RX/OTC |
| PREFERRED PLUS UNIFINE PENTIPS 32GX4MM | 4 | RX/OTC |
| PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM | 4 | RX/OTC |
| PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4" | 4 | RX/OTC |
| PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16" | 4 | RX/OTC |
| PREVENT SAFETY PEN NEEDLES 31GX1/4" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PREVENT SAFETY PEN NEEDLES 31GX5/16" | 4 | RX/OTC |
| PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" | 4 | |
| PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" | 4 | RX/OTC |
| PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" | 4 | |
| PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" | 4 | RX/OTC |
| PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" | 4 | RX/OTC |
| PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" | 4 | RX/OTC |
| PRO COMFORT PEN NEEDLES/31G X 8MM | 4 | RX/OTC |
| PRO COMFORT PEN NEEDLES/32G X 4MM | 4 | RX/OTC |
| PRO COMFORT PEN NEEDLES/32G X 5MM | 4 | RX/OTC |
| PRO COMFORT PEN NEEDLES/32G X 6MM | 4 | |
| PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16" | 4 | |
| PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" | 4 | |
| PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" | 4 | RX/OTC |
| PURE COMFORT PEN NEEDLE 32G X6MM | 4 | |
| PURE COMFORT PEN NEEDLE 32G X8MM | 4 | |
| PURE COMFORT PEN NEEDLE/32G X 5MM | 4 | RX/OTC |
| PURE COMFORT PEN NEEDLE/32G X4MM | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PX EXTRA SHORT PEN NEEDLES 31GX6MM | 4 | RX/OTC |
| PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 4 | |
| PX MINI PEN NEEDLES 31GX5MM | 4 | RX/OTC |
| PX PEN NEEDLE 29GX12MM | 4 | RX/OTC |
| PX PEN NEEDLE 31GX8MM | 4 | RX/OTC |
| PX SHORTLENGTH PEN NEEDLES/31GX8MM | 4 | RX/OTC |
| QC PEN NEEDLES 29G X 12MM | 4 | RX/OTC |
| QC PEN NEEDLES 31G X 6MM | 4 | RX/OTC |
| QC PEN NEEDLES 31G X 8MM | 4 | RX/OTC |
| QC UNIFINE PENTIPS 32GX4MM | 4 | RX/OTC |
| RA INSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| RA INSULIN SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" | 4 | RX/OTC |
| RA PEN NEEDLES 31G X 5MM3/16" | 4 | RX/OTC |
| RA PEN NEEDLES 31G X 8MM5/16" | 4 | RX/OTC |
| RAYA SURE PEN NEEDLE 29GX 12MM | 4 | RX/OTC |
| RAYA SURE PEN NEEDLE 31GX 4MM | 4 | |
| RAYA SURE PEN NEEDLE 31GX 5MM | 4 | RX/OTC |
| RAYA SURE PEN NEEDLE 31GX 6MM | 4 | RX/OTC |
| RAYA SURE PEN NEEDLE 31GX 8MM | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" | 4 | RX/OTC |
| REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" | 4 | RX/OTC |
| REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| RELION INSULIN SYRINGE 0.5ML/31G X 15/64" | 4 | |
| RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" | 4 | RX/OTC |
| RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 4 | |
| RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| RELION MINI PEN NEEDLES 31GX6MM | 4 | RX/OTC |
| RELION PEN NEEDLES 29GX12MM | 4 | RX/OTC |
| RELION PEN NEEDLES 31G X6MM | 4 | RX/OTC |
| RELION PEN NEEDLES 31G X8MM | 4 | RX/OTC |
| RELION PEN NEEDLES 31GX5/16" | 4 | RX/OTC |
| RELION PEN NEEDLES 31GX6MM | 4 | RX/OTC |
| RELION PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| RELION PEN NEEDLES 32G X4MM | 4 | RX/OTC |
| RELION PEN NEEDLES 32G X5/32" | 4 | RX/OTC |
| RELION PEN NEEDLES 32GX4MM | 4 | RX/OTC |
| RELION PEN NEEDLES/31G X1/4" | 4 | RX/OTC |
| RELION SHORT PEN NEEDLES31GX8MM | 4 | RX/OTC |
| SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" | 4 | RX/OTC |
| SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" | 4 | RX/OTC |
| SAFETY INSULIN SYRINGES 1ML/29GX1/2" | 4 | RX/OTC |
| SAFETY INSULIN SYRINGES 1ML/30GX1/2" | 4 | RX/OTC |
| SAFETY PEN NEEDLES/30G X5/16" | 4 | |
| SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 4 | RX/OTC |
| SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" | 4 | RX/OTC |
| SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" | 4 | RX/OTC |
| SECURESAFE SAFETY PEN NEEDLES/30G X 5/16" | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM | 4 | RX/OTC |
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5M M | 4 | RX/OTC |
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM | 4 | RX/OTC |
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM | 4 | RX/OTC |
| SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMO VR/32GX4MM | 4 | RX/OTC |
| SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM | 4 | RX/OTC |
| SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29 GX12MM | 4 | RX/OTC |
| SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM | 4 | RX/OTC |
| SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4" | 4 | RX/OTC |
| SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32" | 4 | RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" | 4 | RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 | 4 | |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4" | 4 | |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" | 4 | RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 4 | |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 | 4 | |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" | 4 | RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" | 4 | RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 4 | RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SURE COMFORT PEN NEEDLES30GX5/16" SHORT | 4 | |
| SURE COMFORT PEN NEEDLES31GX3/16" (5MM) | 4 | RX/OTC |
| SURE COMFORT PEN NEEDLES31GX5/16" (8MM) | 4 | RX/OTC |
| SURE COMFORT PEN NEEDLES32GX5/32" | 4 | RX/OTC |
| SURE COMFORT PEN NEEDLES32GX5/32" (4MM) 0 | 4 | RX/OTC |
| SURE COMFORT PEN NEEDLES32GX6MM | 4 | |
| SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM | 4 | |
| SURE-FINE PEN NEEDLES 31GX3/16" 5MM | 4 | RX/OTC |
| SURE-FINE PEN NEEDLES 31GX5/16" 8MM | 4 | RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" | 4 | RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" | 4 | RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 4 | |
| SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" | 4 | RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 4 | RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2" | 4 | RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2" | 4 | |
| TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64" | 4 | RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" | 4 | |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" | 4 | |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" | 4 | |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" | 4 | RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" | 4 | RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" | 4 | RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" | 4 | RX/OTC |
| TECHLITE PEN NEEDLES 29GX 10MM | 4 | |
| TECHLITE PEN NEEDLES 29GX 12 MM | 4 | RX/OTC |
| TECHLITE PEN NEEDLES 31GX 5MM | 4 | RX/OTC |
| TECHLITE PEN NEEDLES/31GX 5MM | 4 | RX/OTC |
| TECHLITE PEN NEEDLES/31GX 6 MM | 4 | RX/OTC |
| TECHLITE PEN NEEDLES/31GX 8MM | 4 | RX/OTC |
| TECHLITE PEN NEEDLES/32GX 4MM | 4 | RX/OTC |
| TECHLITE PEN NEEDLES/32GX 6MM | 4 | |
| TECHLITE PEN NEEDLES/32GX 8MM | 4 | |
| TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" | 4 | RX/OTC |
| TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" | 4 | RX/OTC |
| TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" | 4 | RX/OTC |
| TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" | 4 | RX/OTC |
| TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" | 4 | RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" | 4 | RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" | 4 | |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" | 4 | |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" | 4 | RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" | 4 | RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" | 4 | RX/OTC |
| TRUE COMFORT PEN NEEDLES31G X 5MM | 4 | RX/OTC |
| TRUE COMFORT PEN NEEDLES31G X 6MM | 4 | RX/OTC |
| TRUE COMFORT PEN NEEDLES32G X 4MM | 4 | RX/OTC |
| TRUE COMFORT PRO INSULINSYRINGE/0.5ML/ 30G X 5/16" | 4 | RX/OTC |
| TRUE COMFORT PRO INSULINSYRINGE/0.5ML/ 31G X 5/16" | 4 | |
| TRUE COMFORT PRO INSULINSYRINGE/1ML/3 0G X 5/16" | 4 | RX/OTC |
| TRUE COMFORT PRO INSULINSYRINGE/1ML/3 1G X 5/16" | 4 | RX/OTC |
| TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" | 4 | |
| TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" | 4 | RX/OTC |
| TRUE COMFORT PRO PEN NEEDLES 31G X 5MM | 4 | RX/OTC |
| TRUE COMFORT PRO PEN NEEDLES 31G X 6MM | 4 | RX/OTC |
| TRUE COMFORT PRO PEN NEEDLES 31G X 8MM | 4 | RX/OTC |
| TRUE COMFORT PRO PEN NEEDLES 32G X 4MM | 4 | RX/OTC |
| TRUE COMFORT PRO PEN NEEDLES 32G X 5MM | 4 | RX/OTC |
| TRUE COMFORT PRO PEN NEEDLES 32G X 6MM | 4 | |
| TRUE COMFORT PRO PEN NEEDLES 33G X 4MM | 4 | |
| TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM | 4 | RX/OTC |
| TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM | 4 | RX/OTC |
| TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM | 4 | RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM | 4 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM | 4 | RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM | 4 | RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM | 4 | RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" | 4 | RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" | 4 | RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 4 | |
| TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" | 4 | RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 4 | RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| TRUEPLUS PEN NEEDLES 29GX12MM | 4 | RX/OTC |
| TRUEPLUS PEN NEEDLES 31GX5MM | 4 | RX/OTC |
| TRUEPLUS PEN NEEDLES 31GX6MM | 4 | RX/OTC |
| TRUEPLUS PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| TRUEPLUS PEN NEEDLES 32GX4MM | 4 | RX/OTC |
| ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" | 4 | |
| ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" | 4 | |
| ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/0.3ML/ 30G X 5/16" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/0.3ML/ 31G X 5/16" | 4 | |
| ULTICARE INSULIN SYRINGE/SHORT/0.5ML/ 30G X 5/16" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/0.5ML/ 31G X 5/16" | 4 | |
| ULTICARE INSULIN SYRINGE/SHORT/1ML/30 G X 5/16" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/1ML/31 G X 5/16" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 4 | |
| ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 4 | |
| ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" | 4 | |
| ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" | 4 | |
| ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| ULTICARE MICRO PEN NEEDLES 31G X 8MM | 4 | RX/OTC |
| ULTICARE MICRO PEN NEEDLES 32G X 4MM | 4 | RX/OTC |
| ULTICARE MICRO PEN NEEDLES/31G X 1/4" | 4 | RX/OTC |
| ULTICARE MICRO PEN NEEDLES/31G X 5/16" | 4 | RX/OTC |
| ULTICARE MICRO PEN NEEDLES/32G X 4MM | 4 | RX/OTC |
| ULTICARE MICRO PEN NEEDLES/32G X 5/32" | 4 | RX/OTC |
| ULTICARE MINI PEN NEEDLES 31GX6MM | 4 | RX/OTC |
| ULTICARE MINI PEN NEEDLES ULTI-FINE IV | 4 | RX/OTC |
| ULTICARE MINI PEN NEEDLES/31G X 6MM | 4 | RX/OTC |
| ULTICARE MINI PEN NEEDLES/32G X 1/4" | 4 | |
| ULTICARE MINI PEN NEEDLES31GX6MM | 4 | RX/OTC |
| ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE | 4 | |
| ULTICARE PEN NEEDLES 31GX 5MM/MINI | 4 | RX/OTC |
| ULTICARE PEN NEEDLES/29GX 12.7MM | 4 | |
| ULTICARE SHORT PEN NEEDLES 31GX8MM | 4 | RX/OTC |
| ULTICARE SHORT PEN NEEDLES ULTI-FINE IV | 4 | RX/OTC |
| ULTICARE SHORT PEN NEEDLES/31G X 8MM | 4 | RX/OTC |
| ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16" | 4 | |
| ULTICARE TUBERCULIN SAFETSYRINGES/1ML/27G X 5/8" | 4 | |
| ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" | 4 | |
| ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4" | 4 | |
| ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C | 4 | |
| ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C | 4 | |
| ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON | 4 | RX/OTC |
| ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C | 4 | |
| ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS | 4 | |
| ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C | 4 | |
| ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI | 4 | RX/OTC |
| ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER | 4 | |
| ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM | 4 | RX/OTC |
| ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN | 4 | RX/OTC |
| ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32" | 4 | RX/OTC |
| ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA | 4 | RX/OTC |
| ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN | 4 | RX/OTC |
| ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI | 4 | RX/OTC |
| ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN | 4 | RX/OTC |
| ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN | 4 | |
| ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA | 4 | RX/OTC |
| ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN | 4 | RX/OTC |
| ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN | 4 | |
| ULTILET INSULIN SYRINGE 31X6MM 0 | 4 | RX/OTC |
| ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM | 4 | RX/OTC |
| ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM | 4 | |
| ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM | 4 | RX/OTC |
| ULTILET INSULIN SYRINGE/1ML/30G X 8MM | 4 | RX/OTC |
| ULTILET INSULIN SYRINGE/1ML/31G X 8MM | 4 | RX/OTC |
| ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM | 4 | |
| ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" | 4 | RX/OTC |
| ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" | 4 | |
| ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ULTILET INSULIN SYRINGE/SHORT/0.5ML/ 31G X 5/16" | 4 | |
| ULTILET INSULIN SYRINGE/SHORT/1ML/30 G X 5/16" | 4 | RX/OTC |
| ULTILET INSULIN SYRINGE/SHORT/1ML/31 G X 5/16" | 4 | RX/OTC |
| ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 4 | |
| ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM | 4 | |
| ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" | 4 | RX/OTC |
| ULTILET PEN NEEDLE 29GX12.7MM | 4 | |
| ULTILET PEN NEEDLE 31GX5MM | 4 | RX/OTC |
| ULTILET PEN NEEDLE 31GX8MM | 4 | RX/OTC |
| ULTILET PEN NEEDLE 32GX4MM | 4 | RX/OTC |
| ULTILET PEN NEEDLE 32GX4MM/SHORT | 4 | RX/OTC |
| ULTILET SHORT PEN NEEDLES 31GX5/16" | 4 | RX/OTC |
| ULTILET SHORT PEN NEEDLES31GX3/16" | 4 | RX/OTC |
| ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| ULTRA FLO INSULIN PEN NEEDLE 31GX5MM | 4 | RX/OTC |
| ULTRA FLO INSULIN PEN NEEDLE 32GX4MM | 4 | RX/OTC |
| ULTRA FLO INSULIN PEN NEEDLE 33GX4MM | 4 | |
| ULTRA FLO INSULIN PEN NEEDLES | 4 | RX/OTC |
| ULTRA FLO INSULIN PEN NEELE 31GX8MM | 4 | RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" | 4 | RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" | 4 | |
| ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" | 4 | RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" | 4 | |
| ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" | 4 | RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2" | 4 | |
| ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16" | 4 | RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16" | 4 | |
| ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" | 4 | |
| ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" | 4 | RX/OTC |
| ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" | 4 | |
| ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" | 4 | RX/OTC |
| ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" | 4 | RX/OTC |
| ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" | 4 | RX/OTC |
| ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ULTRA THIN PEN NEEDLES 32G X 4MM | 4 | RX/OTC |
| ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 4 | RX/OTC |
| ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 4 | |
| ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 4 | |
| ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 4 | RX/OTC |
| ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 4 | |
| ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" | 4 | RX/OTC |
| ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 4 | RX/OTC |
| ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 4 | RX/OTC |
| ULTRACARE PEN NEEDLES/31G X 1/4" | 4 | RX/OTC |
| ULTRACARE PEN NEEDLES/31G X 3/16" | 4 | RX/OTC |
| ULTRACARE PEN NEEDLES/31G X 5/16" | 4 | RX/OTC |
| ULTRACARE PEN NEEDLES/32G X 1/14" | 4 | |
| ULTRACARE PEN NEEDLES/32G X 3/16" | 4 | RX/OTC |
| ULTRACARE PEN NEEDLES/32G X 5/32" | 4 | RX/OTC |
| ULTRACARE PEN NEEDLES/33G X 5/32" | 4 | |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" | 4 | RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" | 4 | |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" | 4 | RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" | 4 | |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" | 4 | RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" | 4 | RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" | 4 | RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" | 4 | RX/OTC |
| ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16" | 4 | RX/OTC |
| ULTRA-THIN II PEN NEEDLES 29GX1/2" | 4 | |
| ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" | 4 | RX/OTC |
| UNIFINE PEN NEEDLE/32G X4MM | 4 | RX/OTC |
| UNIFINE PENTIPS 29GX12MM | 4 | RX/OTC |
| UNIFINE PENTIPS 31G X 3/16" | 4 | RX/OTC |
| UNIFINE PENTIPS 31GX5MM | 4 | RX/OTC |
| UNIFINE PENTIPS 31GX6MM | 4 | RX/OTC |
| UNIFINE PENTIPS 31GX8MM | 4 | RX/OTC |
| UNIFINE PENTIPS 32GX4MM | 4 | RX/OTC |
| UNIFINE PENTIPS 32GX6MM | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UNIFINE PENTIPS 33GX4MM | 4 | |
| UNIFINE PENTIPS PLUS 29GX12MM | 4 | RX/OTC |
| UNIFINE PENTIPS PLUS 31GX5MM | 4 | RX/OTC |
| UNIFINE PENTIPS PLUS 31GX6MM | 4 | RX/OTC |
| UNIFINE PENTIPS PLUS 31GX8MM | 4 | RX/OTC |
| UNIFINE PENTIPS PLUS 32GX4MM | 4 | RX/OTC |
| UNIFINE PENTIPS PLUS 33GX 5/32" | 4 | |
| UNIFINE PENTIPS PLUS 33GX4MM | 4 | |
| UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM | 4 | RX/OTC |
| UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" | 4 | |
| UNIFINE ULTRA PEN NEEDLE/31GX5MM | 4 | RX/OTC |
| UNIFINE ULTRA PEN NEEDLE/31GX6MM | 4 | RX/OTC |
| UNIFINE ULTRA PEN NEEDLE/31GX8MM | 4 | RX/OTC |
| UNIFINE ULTRA PEN NEEDLE/32GX4MM | 4 | RX/OTC |
| VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 4 | RX/OTC |
| VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" | 4 | RX/OTC |
| VALUMARK PEN NEEDLES 29GX12MM | 4 | RX/OTC |
| VALUMARK PEN NEEDLES 31GX 6MM | 4 | RX/OTC |
| VALUMARK PEN NEEDLES 31GX 8MM | 4 | RX/OTC |
| VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" | 4 | |
| VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" | 4 | RX/OTC |
| VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |
| VIDA MIA UNIFINE PENTIPS32GX4MM | 4 | RX/OTC |
| VIDA MIA UNIFINE PENTIPSMINI 31GX6MM | 4 | RX/OTC |
| VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM | 4 | RX/OTC |
| VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM | 4 | RX/OTC |
| VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" | 4 | RX/OTC |
| WEGMANS UNIFINE PENTIPS PLUS 32GX4MM | 4 | RX/OTC |
| WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM | 4 | RX/OTC |
| WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM | 4 | RX/OTC |
| WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM | 4 | RX/OTC |
| ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2" | 4 | |
| ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16" | 4 | RX/OTC |
| ZEVRX INSULIN SYRINGE/1ML/30G X 1/2" | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZEVRX INSULIN SYRINGE/1ML/30G X 5/16" | 4 | RX/OTC |
| ZEVRX PEN NEEDLES 31G X 5MM | 4 | RX/OTC |
| ZEVRX PEN NEEDLES 31G X 6MM | 4 | RX/OTC |
| ZEVRX PEN NEEDLES 31G X 8MM | 4 | RX/OTC |
| ZEVRX PEN NEEDLES 32G X 4MM | 4 | RX/OTC |
| Respiratory Aids | | |
| ACTEEV PROTECT FACE MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| BREATHE COMFORT PROTECTIVE SHIELD | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CLEVER CHOICE DISPOSABLEFACE MASK/MEDICAL GRADE | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CLEVER CHOICE DISPOSABLEMASK/NON-MEDICAL | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CLEVER CHOICE FACE MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CPR MICROSHIELD | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CVS MEDICAL FACE MASKS/EAR LOOP | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CVS PROCEDURAL MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| DISPOSABLE FACE MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| DISPOSABLE FACE MASK 3-PLY | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EAR-LOOP MASK SMALL | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EASY FLOW KN 95 MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FACE MASK EARLOOP-STYLE | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FACE MASK RESPIRATOR N-100 PARTICULATE W/EXHALATION VALVE | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FACE MASK RESPIRATOR R-95 PARTICULATE | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FACE MASK SURGICAL/DISPOSABLE | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FACE MASK/3 PLY/EAR LOOP | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FACE MASKS 3 LAYER NON-MEDICAL | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| J & J GERM FILTER MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| KN95 DISPOSABLE MASK FORCIVIL USE | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KN95 MEDICAL PROTECTIVE FACE MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| LIGHT SHIELD | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| LIGHT SHIELD DELUXE SLEEP MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| MASK PEDIATRIC SIZE 1" | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| MAXI-MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| N95 FACE MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| N95 MASKS | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| N95 PARTICULATE RESPIRATOR FACE MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| NEXCARE ALL PURPOSE MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| NEXCARE EARLOOP MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PEDIATRIC MEDIUM MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PEDIATRIC SMALL MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SAFE-SENSE EARLOOP FACE MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SHIELD-SECURE FULL FACE SHIELD | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SIESTA MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SURGICAL DISPOSABLE FACEMASK 3-PLY | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SURGICAL FACE MASK/NIOSHN95 | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| Respiratory Therapy Supplies | | |
| ACE AEROSOL CLOUD ENHANCER MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| ACTIVITY POUCH MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| ADAPTER PED DISPOSABLE MOUTHPIECE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| ADULT AEROSOL MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| ADULT DISPOSABLE MOUTHPIECE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| ADULT MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ADULT MASK LARGE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROBIKA DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| AEROCHAMBER MINI AEROSOLCHAMBER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER MV MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER PLUS FLOW VU MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER PLUS FLOW-VU MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER PLUS FLOW-VU/MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROCHAMBER/FLOWSIGNAL MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROTRACH PLUS MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AIRS PEDIATRIC AEROSOL MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| AIRZONE PEAK FLOW METER | 3 | QL(4 ea per 365 days retail); RX/OTC |
| ALL FLOW 1000 PFT FILTER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| ALL FLOW 2000 PFT FILTER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ALL FLOW 3000 PFT FILTER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| ALL FLOW 4000 PFT FILTER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| ALL FLOW 5000 PFT FILTER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| ALL FLOW 6000 PFT FILTER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| ALL FLOW 7000 PFT FILTER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| ASSESS PEAK FLOW METER FULL RANGE | 3 | QL(4 ea per 365 days retail); RX/OTC |
| ASSESS PEAK FLOW METER LOW RANGE | 3 | QL(4 ea per 365 days retail); RX/OTC |
| BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| BREATHE EASE NEBULIZER MASK/CHILD MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| BREATHE EASE NEBULIZER MASK/INFANT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| BREATHE EASE PEAK FLOW METER | 3 | QL(4 ea per 365 days retail); RX/OTC |
| BREATHE EASE/LARGE MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| BREATHE EASE/MEDIUM MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| BREATHE EASE/SMALL MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| BREATHERITE VALVED MDI CHAMBER/RIGID DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CARETOUCH 2 CPAP HOSE HANGER MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CARETOUCH CPAP & BIPAP HOSE/6FT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CARETOUCH CPAP MASK WIPES MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CARETOUCH CPAP TUBE CLEANING BRUSH MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CARETOUCH UNIVERSAL CPAPFILTERS MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| CLEVER CHOICE PEAK FLOW METER | 3 | QL(4 ea per 365 days retail); RX/OTC |
| CO MONITOR DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| CO MONITOR REPLACEMENT TPIECES MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| COMPACT SPACE CHAMBER/ANTI-STATIC DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| DISPOSABLE MOUTHPIECE FULL RANGE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| DISPOSABLE MOUTHPIECE/LOW RANGE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| DISPOSABLE PAPER MOUTHPIECE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EASIVENT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EASIVENT/MASK-LARGE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EASIVENT/MASK-MEDIUM MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASIVENT/MASK-SMALL MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EASY FLOW 300 MM HOSE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EASY FLOW 400 MM HOSE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EASY FLOW AIR NOZZLE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EASY FLOW BLACK/BLUE DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| EASY FLOW BLACK/ORANGE DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| EASY FLOW BLACK/RED DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| EASY FLOW BLACK/WHITE DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| EASY FLOW BLACK/YELLOW DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| EASY FLOW HEPA FILTER MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EASY FLOW WHITE/BLUE DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| EASY FLOW WHITE/GREEN DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| EASY FLOW WHITE/PINK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| EASY FLOW WHITE/WHITE DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| EASY FLOW WHITE/YELLOW DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| EBASE CONTROLLER KIT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EXPIRATORY MOUTHPIECE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FILTER AIR PP MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FLEXICHAMBER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FLEXICHAMBER ADULT MASK/SMALL | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FLEXICHAMBER CHILD MASK/LARGE | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FLEXICHAMBER CHILD MASK/SMALL | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FLYP HYPERSONIQ CARTRIDGE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| FULL KIT NEBULIZER SET MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| INNOSPIRE REPLACEMENT FILTER MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| INSPIRACHAMBER/LARGE DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| INSPIREASE DRUG DELIVERYSYSTEM MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| LITETOUCH MASK LARGE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| LITETOUCH MASK MEDIUM MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| LITETOUCH MASK SMALL MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| LUNG PERFORMANCE PEAK FLOW METER | 3 | QL(4 ea per 365 days retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MASK VORTEX/CHILD/FROG | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| MASK VORTEX/TODDLER/LADYBUG | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| MICROCHAMBER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| MICROLIFE DIGITAL PEAK FLOW METER | 3 | QL(4 ea per 365 days retail); RX/OTC |
| MICROSPACER MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE | 3 | QL(4 ea per 365 days retail); RX/OTC |
| MINI WRIGHT PEAK FLOW METER | 3 | QL(4 ea per 365 days retail); RX/OTC |
| MINI WRIGHT PEAK FLOW METER STANDARD RANGE | 3 | QL(4 ea per 365 days retail); RX/OTC |
| MINIELITE FILTER REPLACEMENTS MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| NEBULIZER AIR TUBE/PLUGS MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| NEBULIZER CUP/TUBING DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| NEBULIZER MASK ADULT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| NEBULIZER MASK CHILD MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| NOSE CLIP MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| OMBRA TABLE TOP COMPRESSOR DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| ONE FLOW FVC MONITORING SPIROMETER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| ONE FLOW TESTER TUBE MOUTHPIECE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| OPTICHAMBER DIAMOND DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| OPTICHAMBER DIAMOND MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| OPTICHAMBER DIAMOND/SMALLFACE MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PANDA MASK LARGE | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PANDA MASK MEDIUM | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PANDA MASK SMALL | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PARI ALTERA NEBULIZER HANDSET MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PARI BABY CONVERSION KITSIZE 1 MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PARI BABY CONVERSION KITSIZE 2 MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PARI BABY CONVERSION KITSIZE 3 MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PARI ERAPID NEBULIZER HANDSET MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PARI EXPIRATORY FILTER VALVE SET DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PARI MANUAL INTERRUPTER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| PARI MASK SET MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PARI SMARTMASK BABY/ELBOW MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PARI SOFT PLASTIC ADULT MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PARI SOFT PLASTIC PEDIATRIC MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PARI TREK S COMBO PACK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| PARI VORTEX ADULT MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PEAK A-I-R FLOW METER | 3 | QL(4 ea per 365 days retail); RX/OTC |
| PEAK AIR PEAK FLOW METERADULT/PEDIATRIC | 3 | QL(4 ea per 365 days retail); RX/OTC |
| PEDIATRIC DISPOSABLE MOUTPIECE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PEDIATRIC MOUTHPIECE/DISPOSABLE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PEDIATRIC PANDA MASK | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PERSONAL BEST FULL RANGE | 3 | QL(4 ea per 365 days retail); RX/OTC |
| PFLEX MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PIKO 1 ELECTRONIC | 3 | QL(4 ea per 365 days retail); RX/OTC |
| PILLOW MASK/ADULT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PILLOW MASK/CHILD MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PILLOW MASK/PEDIATRIC MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| POCKET CHAMBER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| POCKET PEAK FLOW METER | 3 | QL(4 ea per 365 days retail); RX/OTC |
| POCKET SPACER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| POCKETPEAK PEAK FLOW METER LOW RANGE | 3 | QL(4 ea per 365 days retail); RX/OTC |
| POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM | 3 | QL(4 ea per 365 days retail); RX/OTC |
| PRO COMFORT INHALER SPACER CHAMBER ADULT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PRO COMFORT INHALER SPACER CHAMBER CHILD MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PROCARE SPACER CHAMBER W/ADULT MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PROCARE SPACER CHAMBER W/CHILD MASK DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PRONEB ULTRA FILTER SET MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PURE COMFORT 3-BALL BREATH EXERCISER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| PURE COMFORT PEAK FLOW METER ADULT | 3 | QL(4 ea per 365 days retail); RX/OTC |
| PURE COMFORT PEAK FLOW METER CHILD | 3 | QL(4 ea per 365 days retail); RX/OTC |
| QUAKE DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| REPLACEMENT AIR FILTER MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| REPLACEMENT FILTERS MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| RITEFLO DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SAMI THE SEAL REPLACEMENTFILTERS MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SIDESTREAM ADULT FACE MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SIDESTREAM PEDIATRIC FACEMASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SIDESTREAM PLUS ADULT FACE MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SOOTHENEB NBL 100 CHILD MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SOOTHENEB NBL 100 MEDICATION CUP MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SOOTHENEB NBL 100 MESH CAP MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SOOTHENEB NBL100 ADULT MASK MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| SPIRO PD DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| THRESHOLD IMT MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| THRESHOLD PEP DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| TRUZONE PEAK FLOW METER | 3 | QL(4 ea per 365 days retail); RX/OTC |
| TUBING/WING TIP MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| VORTEX HOLDING CHAMBER/MASK/TODDL ER/LADY BUG DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC |
| VORTEX VALVED HOLDING CHAMBER DEVI | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| WINDMILL TRAINER MISC | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | |
| AIMOVIG 70 MG/ML | 1 | QL(0.067 ml daily); AL(At least 18 yrs old); MP; PA |
| AIMOVIG 140 MG/ML | 1 | QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA |
| AJOVY SOAJ | 2 | QL(0.05 ml daily); AL(At least 18 yrs old); MP |
| AJOVY SOSY | 2 | QL(0.05 ml daily); AL(At least 18 yrs old); MP |
| EMGALITY SOSY 100 MG/ML | 1 | QL(0.1 ml daily); AL(At least 18 yrs old); MP; PA |
| EMGALITY SOSY 120 MG/ML | 1 | QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA |
| EMGALITY SOAJ | 1 | QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA |
| NURTEC | 1 | Limit 54 tablets per 90 days; QL(0.6 ea daily); AL(At least 18 yrs old); PA |
| QULIPTA | 2 | QL(1 ea daily); AL(At least 18 yrs old); MP |
| UBRELVY | 2 | QL(16 ea per 30 days retail); AL(At least 18 yrs old) |
| Migraine Combinations | | |
| *sumatriptan-naproxen sodium 85 mg-500 mg* | 2 | |
| TREXIMET 85 MG-500 MG *(sumatriptan-naproxen sodium)* | 2 | |
| Migraine Products - NSAIDs | | |
| ELYXYB | 2 | QL(0.47 ml daily); AL(At least 18 yrs old) |
| Serotonin Agonists | | |
| *almotriptan malate* | 2 | QL(9 ea per fill retail) |
| AMERGE *(naratriptan hcl)* | 2 | QL(9 ea per fill retail) |
| *eletriptan hydrobromide* | 2 | QL(12 ea per fill retail) |
| FROVA *(frovatriptan succinate)* | 2 | QL(18 ea per fill retail) |
| *frovatriptan succinate* | 2 | QL(18 ea per fill retail) |
| IMITREX SOLN 6 MG/0.5ML *(sumatriptan succinate)* | 2 | QL(2 ml per fill retail) |
| IMITREX 5 MG/ACT, 20 MG/ACT *(sumatriptan)* | 1 | QL(6 ea per fill retail) |
| IMITREX TABS *(sumatriptan succinate)* | 2 | QL(18 ea per fill retail) |
| IMITREX STATDOSE REFILL SOCT *(sumatriptan succinate)* | 2 | QL(4 ml per fill retail) |
| IMITREX STATDOSE SYSTEM SOAJ *(sumatriptan succinate)* | 2 | QL(4 ml per fill retail) |
| MAXALT TABS 10 MG *(rizatriptan benzoate)* | 2 | QL(18 ea per fill retail) |
| MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)* | 2 | QL(18 ea per fill retail) |
| *naratriptan hcl* | 2 | QL(9 ea per fill retail) |
| ONZETRA XSAIL EXHP | 2 | |
| RELPAX *(eletriptan hydrobromide)* | 2 | QL(12 ea per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| REYVOW | 2 | QL(8 ea per 30 days retail); AL(At least 18 yrs old) |
| *rizatriptan benzoate tabs* | 1 | QL(18 ea per fill retail) |
| *rizatriptan benzoate tbdp* | 1 | QL(18 ea per fill retail) |
| *sumatriptan* | 2 | QL(6 ea per fill retail) |
| *sumatriptan succinate soct* | 1 | QL(4 ml per fill retail) |
| *sumatriptan succinate soaj* | 1 | QL(4 ml per fill retail) |
| *sumatriptan succinate soln 6 mg/0.5ml* | 1 | QL(2 ml per fill retail) |
| *sumatriptan succinate tabs* | 1 | QL(18 ea per fill retail) |
| TOSYMRA | 2 | QL(6 ea per fill retail) |
| ZEMBRACE SYMTOUCH SOAJ | 2 | |
| *zolmitriptan tabs* | 2 | QL(12 ea per fill retail) |
| *zolmitriptan soln* | 2 | |
| ZOMIG TABS 2.5 MG, 5 MG *(zolmitriptan)* | 2 | QL(12 ea per fill retail) |
| ZOMIG SOLN *(zolmitriptan)* | 2 | |
| MINERALS & ELECTROLYTES | | |
| Calcium | | |
| *calcium tabs 600 mg* | 3 | |
| CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG | 3 | MP |
| *calcium carbonate tabs 500 mg, 600 mg, 1250 mg, 1500 mg* | 3 | |
| CALCIUM CARBONATE POWD XX | 4 | RX/OTC |
| CALCIUM CARBONATE EXTRA LIGHT POWD XX | 4 | RX/OTC |
| CALCIUM CARBONATE HEAVY POWD XX | 4 | RX/OTC |
| CALCIUM CARBONATE LIGHT POWD XX | 4 | RX/OTC |
| *calcium carbonate-cholecalciferol tabs* | 3 | |
| *calcium carbonate-vitamin d tabs 125 unit-250 mg, 200 unit-500 mg, 200 unit-600 mg, 250 mg-125 unit, 400 unit-600 mg* | 3 | MP |
| *calcium carbonate-vitamin d w/ minerals tabs 1 mg-1.8 mg-7.5 mg-50 mg-250 mcg-400 unit-600 mg* | 4 | MP |
| *calcium citrate tabs* | 3 | MP |
| *calcium citrate-vitamin d tabs 200 unit-315 mg, 250 unit-315 mg, 5 mcg-315 mg, 6.25 mcg-315 mg* | 3 | MP |
| CALCIUM PHOSPHATE DIBASIC | 4 | |
| CALCIUM PHOSPHATE DIBASICDIHYDRATE | 4 | |
| CALTRATE 600+D3 TABS 600 MG-800 UNIT *(calcium carbonate-cholecalciferol)* | 3 | MP |
| CITRACAL + D3 MAXIMUM TABS 250 UNIT-315 MG *(calcium citrate-vitamin d)* | 3 | MP |
| *oyster shell* | 3 | MP |
| OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG | 3 | MP |
| OYSTER SHELL CALCIUM/VITAIN D3 TABS 5 MCG-500 MG | 3 | |
| Electrolyte Mixtures | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BIOLYTE SOLN 1 MCG/437ML-1.1 GM/437ML-3 MG/437ML-5 MG/437ML-8 GM/473ML-16 MG/437ML-400 MG/437ML-500 MCG/437ML-700 MG/437ML | 3 | MP |
| CERASPORT SOLN 4 MEQ/L-6 MEQ/L-18 MEQ/L-20 MEQ/L | 3 | MP |
| CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-30 MEQ/L-35 MEQ/L | 3 | MP |
| ENFAMIL ENFALYTE SOLN 2.5 MEQ/100ML-3.3 MEQ/100ML-4.5 MEQ/100ML-5 MEQ/100ML | 3 | MP |
| EQUALYTE SOLN 67.6 MEQ/L-20 MEQ/L-25 GM/L-30.1 MEQ/L-78.2 MEQ/L *(oral electrolytes)* | 3 | MP |
| HYDRALYTE SOLN 107.5 MG/250ML-132.5 MG/250ML-140 MG/250ML | 3 | MP |
| HYDRALYTE FREEZER POPS SOLN 16 GM/L-20 MEQ/L-45 MEQ/L-55 MEQ/L-90 MEQ/L | 3 | MP |
| KINDERLYTE SOLN 8.6 MG/L-840 MG/L-1270 MG/L-1590 MG/L | 3 | MP |
| KINDERLYTE PREMAX SOLN 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML | 3 | MP |
| *oral electrolytes soln 7.8 mg/l-20 gm/l-20 meq/l-40 meq/l-50 meq/l* | 3 | MP |
| PEDIALYTE SOLN 2.8 MG/355ML-130 MG/355ML-240 MG/355ML-250 MG/355ML *(oral electrolytes)* | 3 | MP |
| PEDIALYTE ADVANCED CARE SOLN 2.8 MG/360ML-20 MEQ/L-50 MEQ/L-60 MEQ/L *(oral electrolytes)* | 3 | MP |
| PEDIALYTE FREEZER POPS SOLN 20 MEQ/L-25 GM/L-30 MEQ/L-35 MEQ/L-45 MEQ/L *(oral electrolytes)* | 3 | MP |
| PEDIALYTE SINGLES SOLN 1.6 MG/200ML-4 MEQ/200ML-5.6 GM/200ML-7 MEQ/200ML-9 MEQ/200ML *(oral electrolytes)* | 3 | MP |
| Fluoride | | |
| *sodium fluoride chew .25 mg, .5 mg, 1 mg, 2.2 mg* | 3 | AL(Up to 16 yrs old) |
| *sodium fluoride soln .5 mg/ml* | 3 | AL(Up to 16 yrs old); RX/OTC |
| Magnesium | | |
| BEELITH 20 MG-362 MG | 3 | MP |
| *magnesium chloride soln* | 3 | MP |
| MAGNESIUM OXIDE TABS | 3 | |
| *magnesium oxide (mg supplement) tabs 400 mg, 420 mg, 500 mg* | 3 | |
| *magnesium sulfate ij 50 %* | 3 | MP |
| MAGNESIUM SULFATE IJ 50 % | 3 | MP |
| MAGNESIUM SULFATE IV *(magnesium sulfate)* | 3 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MAGNESIUM SULFATE IN D5W 1 GM/100ML-5 % *(magnesium sulfate in dextrose)* | 3 | MP |
| *magnesium sulfate in dextrose 5 %-1 gm/100ml* | 3 | MP |
| MAGOX 400 TABS *(magnesium oxide (mg supplement))* | NF | |
| NU-MAG 119 MG-71.5 MG | 3 | MP |
| SLOW-MAG 71.5 MG-119 MG | 3 | MP |
| SLOWMAG MG MUSCLE/HEART 71.5 MG-119 MG | 3 | MP |
| Mineral Combinations | | |
| ADVANCED CALCIUM/VITAMIND/MAGNESIUM TABS 3.75 MG-100 UNIT-125 MG-250 MG | 4 | MP |
| BONE DENSITY BUILDER TABS 0.5 MG-27 MG-27.5 MG-375 MG-1000 UNIT | 4 | MP |
| CAL MAG ZINC +D3 TABS 5 MG-133.333 MG-133.333 UNIT-333.333 MG | 4 | MP |
| CALCIUM 600+D3 PLUS MINERALS TABS 1 MG-1.8 MG-5 MCG-7.5 MG-40 MG-250 MCG-600 MG | 4 | MP |
| CALCIUM/MAGNESIUM/ZINC TABS | 4 | MP |
| CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS 33.333 MG-133.333 MG-200 UNIT-8.333 MG | 4 | MP |
| CAL-MAG-ZINC-D TABS 5 MG-66.667 UNIT-133.333 MG-333.333 MG | 4 | MP |
| CAL-MAG-ZINC-D3 TABS 5 MG-133.33 MG-200 UNIT-333.33 MG | 4 | MP |
| CITRACAL MAXIMUM PLUS TABS 2.75 MG-0.225 MG-0.575 MG-2.5 MG-12.5 MCG-325 MG | 4 | MP |
| CITRACAL PLUS TABS 0.5 MG-0.5 MG-5 MG-5 MG-40 MG-125 UNIT-250 MG | 4 | MP |
| CVS CALCIUM CITRATE+D3 TABS 0.225 MG-0.575 MG-2.75 MG-12.5 MCG-325 MG | 4 | MP |
| CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS 0.5 MG-0.5 MG-5 MG-5 MG-10 MCG-40 MG-250 MG | 4 | MP |
| FEM-CAL CITRATE TABS 0.4 MG-0.8 MG-2 MG-80 MG-80 UNIT-200 MG | 4 | MP |
| MULTI MEGA MINERALS TABS 47.5 MG-1.5 MG-9 MG-45 MG-5 MG-11.25 MG-50 MCG-50 MG-75 MCG-200 UNIT-250 MG-500 MG | 4 | MP |
| *multiple minerals w/ vitamins tabs 0.5 mg-0.5 mg-3.75 mg-40 mg-125 unit-250 mg* | 4 | MP |
| MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS 3.333 MG-26.667 MCG-30 MG-83.333 MG-133.333 MG-133.333 UNIT-333.333 MG | 4 | MP |
| PROSTEON TABS 0.75 MG-25 MCG-25 MG-50 MG-250 MG-500 UNIT | 4 | MP |
| THERACAL D2000 TABS 0.75 MG-25 MCG-25 MG-50 MG-250 MG-500 UNIT | 4 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| THERACAL D4000 TABS 0.75 MG-25 MCG-25 MG-50 MG-250 MG-1000 UNIT | 4 | MP |
| THERACAL RAPID REPLETION TABS 0.75 MG-25 MCG-25 MG-50 MG-250 MG-500 UNIT | 4 | MP |
| Phosphate | | |
| GLYCOPHOS | 3 | MP |
| K-PHOS TABS *(potassium phosphate monobasic)* | 3 | |
| PHOS-NAK POWDER CONCENTRATE PACK 160 MG-250 MG-280 MG *(potassium & sodium phosphates)* | NF | |
| PHOS-NAK POWDER CONCENTRATE PACK 160 MG-250 MG-280 MG *(potassium & sodium phosphates)* | 1 | |
| *potassium & sodium phosphates pack 160 mg-250 mg-280 mg* | 1 | |
| *potassium phosphate monobasic tabs* | 3 | |
| *potassium phosphates 224 mg/ml-236 mg/ml, 236 mg/ml-224 mg/ml* | 3 | MP |
| POTASSIUM PHOSPHATES 224 MG/ML-236 MG/ML, 236 MG/ML-224 MG/ML | 3 | MP |
| *sodium phosphates (sodium phosphate dibasic & monobasic) 142 mg/ml-276 mg/ml, 710 mg/5ml-1380 mg/5ml* | 3 | |
| Potassium | | |
| K-TAB TBCR *(potassium chloride)* | 3 | |
| *potassium bicarbonate tbef* | 3 | MP |
| *potassium chloride cpcr* | 3 | MP |
| *potassium chloride tbcr* | 3 | |
| *potassium chloride microencapsulated crystals er 10 meq, 20 meq* | 3 | MP |
| Sodium | | |
| *sodium chloride soln iv .9 %* | 4 | MP |
| Zinc | | |
| *zinc sulfate caps* | 4 | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Immunomodulators | | |
| *lenalidomide* | 3 | SP |
| REVLIMID | 3 | SP |
| REZUROCK | 3 | SP |
| THALOMID | 3 | PA |
| Immunosuppressive Agents | | |
| ASTAGRAF XL CP24 | 3 | SP |
| *azathioprine tabs 75 mg, 100 mg* | 3 | SP |
| *azathioprine tabs 50 mg* | 3 | SP |
| CELLCEPT TABS *(mycophenolate mofetil)* | 3 | SP |
| CELLCEPT SUSR *(mycophenolate mofetil)* | 3 | SP |
| CELLCEPT CAPS *(mycophenolate mofetil)* | 3 | SP |
| CELLCEPT INTRAVENOUS *(mycophenolate mofetil hcl)* | 3 | SP |
| *cyclosporine caps* | 3 | SP |
| *cyclosporine soln iv 50 mg/ml* | 3 | SP |
| *cyclosporine modified (for microemulsion) caps* | 3 | SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cyclosporine modified (for microemulsion) soln* | 3 | SP |
| ENSPRYNG | 3 | AL(At least 18 yrs old); SP; PA |
| ENVARSUS XR TB24 | 3 | SP |
| *everolimus (immunosuppressant)* | 3 | SP |
| IMURAN TABS *(azathioprine)* | 3 | SP |
| LUPKYNIS | 3 | |
| *mycophenolate mofetil tabs* | 3 | SP |
| *mycophenolate mofetil susr* | 3 | SP |
| *mycophenolate mofetil caps* | 3 | SP |
| *mycophenolate mofetil hcl* | 3 | SP |
| *mycophenolate sodium* | 3 | SP |
| MYFORTIC *(mycophenolate sodium)* | 3 | SP |
| NEORAL CAPS *(cyclosporine modified (for microemulsion))* | 3 | SP |
| NEORAL SOLN *(cyclosporine modified (for microemulsion))* | 3 | SP |
| NULOJIX | 3 | SP |
| PROGRAF CAPS *(tacrolimus)* | 3 | SP |
| PROGRAF PACK | 3 | SP |
| PROGRAF SOLN | 3 | SP |
| RAPAMUNE TABS *(sirolimus)* | 3 | SP |
| RAPAMUNE SOLN *(sirolimus)* | 3 | SP |
| SANDIMMUNE CAPS *(cyclosporine)* | 3 | SP |
| SANDIMMUNE SOLN OR | 3 | SP |
| SANDIMMUNE SOLN IV 50 MG/ML *(cyclosporine)* | 3 | SP |
| *sirolimus soln* | 3 | SP |
| *sirolimus tabs* | 3 | SP |
| *tacrolimus caps* | 3 | SP |
| ZORTRESS *(everolimus (immunosuppressant))* | 3 | SP |
| PIK3CA-Related Overgrowth Spectrum (PROS) Agents | | |
| VIJOICE | CO | SP |
| Potassium Removing Agents | | |
| *sodium polystyrene sulfonate powd* | 3 | MP |
| *sodium polystyrene sulfonate susp or 15 gm/60ml* | 3 | MP |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |
| *lidocaine hcl (mouth-throat) 2 %* | 3 | |
| Anti-infectives - Throat | | |
| *clotrimazole* | 1 | |
| *nystatin (mouth-throat)* | 1 | |
| ORAVIG | 2 | |
| Antiseptics - Mouth/Throat | | |
| *chlorhexidine gluconate (mouth-throat)* | 3 | |
| PERIDEX *(chlorhexidine gluconate (mouth-throat))* | 3 | |
| Dental Products | | |
| PREVIDENT 5000 DRY MOUTH GEL *(sodium fluoride (dental))* | 3 | |
| PREVIDENT 5000 PLUS CREA *(sodium fluoride (dental))* | 3 | |
| PREVIDENT FLUORIDE GEL *(sodium fluoride (dental))* | 3 | |
| *sodium fluoride (dental) gel* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sodium fluoride (dental) crea* | 3 | |
| Steroids - Mouth/Throat/Dental | | |
| *triamcinolone acetonide (mouth)* | 3 | QL(5 gm per 30 days retail) |
| Throat Products - Misc. | | |
| *pilocarpine hcl (oral)* | 3 | |
| SALAGEN *(pilocarpine hcl (oral))* | 3 | |
| MULTIVITAMINS | | |
| B-Complex Vitamins | | |
| B-COMPLEX INJ 2 MG/ML-2 MG/ML-2 MG/ML-100 MG/ML-100 MG/ML | 3 | MP |
| *b-complex vitamins inj 2 mg/ml-2 mg/ml-2 mg/ml-100 mg/ml-100 mg/ml* | 3 | MP |
| *b-complex vitamins tabs 4 mg-5 mg-7 mg-10 mg-25 mcg* | 3 | MP |
| VITAMIN B COMPLEX/HYDROXOCOBALAMIN INJ 1 MG/ML-2 MG/ML-2 MG/ML-2 MG/ML-100 MG/ML-100 MG/ML | 3 | MP |
| B-Complex w/ C | | |
| *b complex w/ c tabs 5 mg-5.5 mg-20 mg-25 mg-25 mg-60 mg-100 mcg-400 mcg-1000 mcg* | 3 | MP |
| *b-complex w/ c & calcium 5 mg-10 mg-10.2 mg-15 mg-50 mg-150 mg-300 mg* | 3 | MP |
| B-Complex w/ Folic Acid | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *b-complex w/ c & folic acid caps 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg* | 3 | RX/OTC |
| *b-complex w/ c & folic acid tabs* | 3 | MP; RX/OTC |
| *b-complex w/ folic acid tabs 1.5 mg-1.7 mg-2 mg-6 mcg-20 mg-400 mcg* | 3 | MP |
| *b-complex w/biotin & folic acid tabs 50 mg-0.05 mg-50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-86 mg-300 mcg-400 mcg* | 3 | MP |
| DIALYVITE 3000 3 MG-1 MG-1.5 MG-1.7 MG-10 MG-15 MG-20 MG-25 MG-30 UNIT-70 MCG-100 MG-300 MCG | 3 | MP |
| DIALYVITE 5000 1.5 MG-1.7 MG-2 MG-5 MG-10 MG-20 MG-25 MG-30 UNIT-50 MG-70 MCG-100 MG-300 MCG | 3 | MP |
| DIALYVITE 800 PLUS D WAFR 1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-60 MG-300 MCG-800 MCG-2000 UNIT | 3 | MP |
| DIALYVITE 800/ZINC 1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-50 MG-60 MG-300 MCG-800 MCG | 3 | MP |
| DIALYVITE 800/ZINC 15 1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-15 MG-20 MG-60 MG-300 MCG-800 MCG | 3 | MP |
| DIALYVITE/ZINC 1 MG-1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-50 MG-100 MG-300 MCG | 3 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FULL SPECTRUM B/VITAMIN C TABS 1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-60 MG-300 MCG-800 MCG | 3 | MP |
| NEPHPLEX RX 1 MG-1.5 MG-1.7 MG-6 MG-10 MG-10 MG-12.5 MG-20 MG-60 MG-300 MCG | 3 | MP |
| NEPHRO-VITE TABS 1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-60 MG-300 MCG-800 MCG *(b-complex w/ c & folic acid)* | 3 | MP |
| NEPHRO-VITE RX TABS 1 MG-1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-60 MG-300 MCG *(b-complex w/ c & folic acid)* | 3 | MP; RX/OTC |
| SM B-COMPLEX/VITAMIN C TABS 5 MG-5 MG-5 MG-15 MCG-25 MG-37.5 MCG-50 MG-150 MG-200 MCG | 3 | MP; RX/OTC |
| VITAL-D RX 1 MG-1.5 MG-1.7 MG-6 MG-10 MG-10 MG-12.5 MG-20 MG-60 MG-300 MCG-1750 UNIT | 3 | MP |
| WEST-VITE W/FOLIC ACID TABS 1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-60 MG-300 MCG-800 MCG | 3 | MP |
| Multiple Vitamins w/ Calcium | | |
| *multiple vitamins w/ calcium tabs 0.25 mcg-0.25 mg-0.25 mg-0.5 mg-0.75 mg-13.63 mg-15 mg-75 unit-125 mg-250 mg* | 3 | |
| ONE-A-DAY WOMENS FORMULA TABS 5 MG-1.5 MG-1.7 MG-2 MG-2 MG-2 MG-6 MCG-10 MG-15 MG-18 MG-20 MCG-25 MCG-30 MCG-30 UNIT-50 MG-60 MG-120 MCG-400 MCG-450 MG-800 UNIT-2500 UNIT *(multiple vitamins w/ calcium)* | 3 | |
| SM ONE DAILY ESSENTIAL TABS 6 MCG-1.5 MG-1.7 MG-2 MG-10 MG-20 MG-30 UNIT-45 MG-60 MG-400 MCG-400 UNIT-3000 UNIT | 3 | |
| Multiple Vitamins w/ Iron | | |
| *multiple vitamins w/ iron tabs 1.5 mg-1.7 mg-2 mg-6 mcg-10 mcg-10 mg-13.5 mg-18 mg-20 mg-25 mg-60 mg-400 mcg-900 mcg* | 3 | MP |
| TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-18 MG-20 MG-60 MG-400 MCG-1500 MCG | 3 | MP |
| Multiple Vitamins w/ Minerals | | |
| ABC COMPLETE SENIOR 50+ TABS 0.5 MG-1.5 MG-1.7 MG-2.3 MG-3 MG-10 MG-11 MG-19 MCG-20 MG-20 MG-22.5 MG-25 MCG-25 MCG-30 MCG-30 MCG-45 MCG-50 MCG-50 MG-60 MG-72 MG-80 MG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-750 MCG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ABC COMPLETE SENIOR MEN'S50+ TABS 0.5 MG-1.5 MG-1.7 MG-4 MG-6 MG-10 MG-15 MG-20 MG-20 MG-21 MCG-25 MCG-27 MG-30 MCG-50 MCG-60 MCG-60 MCG-72 MG-75 MG-80 MG-100 MCG-120 MG-150 MCG-210 MG-300 MCG-300 MCG-600 MCG-1050 MCG | 3 | MP; RX/OTC |
| ABC COMPLETE SENIOR WOMENS 50+ TABS 2 MG-0.5 MG-1.1 MG-1.1 MG-2.3 MG-5 MCG-5 MG-5 MG-8 MG-10 MCG-14 MG-15 MG-15.75 MG-20 MCG-20 MG-22 MCG-30 MCG-50 MCG-50 MCG-50 MCG-52 MCG-72 MG-80 MG-100 MG-100 MG-150 MCG-300 MCG-300 MG-400 MCG-1050 MCG | 3 | MP; RX/OTC |
| ACTIVNUTRIENTS CAPS 0.125 MG-1.25 MCG-3 MG-3.25 MG-5 MG-5 MG-5 MG-9 MG-9 MG-12.5 MCG-16 MG-24.75 MG-25 MCG-25 MCG-25 MG-25 MG-33.5 MG-50 MG-62.5 MG-125 MCG-125 MCG-170 MCG-187.5 MCG-250 MCG-560 MCG | 3 | RX/OTC |
| ACTIVNUTRIENTS W/O IRON CAPS 0.125 MG-0.25 MG-1.25 MCG-3.25 MG-3.25 MG-5 MG-5 MG-5 MG-9 MG-9 MG-12.5 MCG-16 MG-24.75 MG-25 MCG-25 MCG-25 MG-25 MG-33.5 MG-50 MG-62.5 MG-100 MCG-125 MCG-125 MCG-187.5 MCG-250 MCG-560 MCG | 3 | RX/OTC |
| ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS 0.5 MG-1 MG-1 MG-1 MG-1 MG-2.5 MG-2.5 MG-2.5 MG-5 MG-7.5 MG-10 MG-15 MG-25 MCG-35 MCG-50 MCG-50 UNIT-62.5 MG-75 MCG-75 MG-125 MG-150 MCG-200 MCG-200 UNIT-250 MCG-250 MG-2500 UNIT | 3 | MP; RX/OTC |
| ALGAE BASED CALCIUM TABS 1 MG-2.333 MG-6.666 MCG-8.666 MCG-28.333 MCG-31 MCG-32 MG-50 MG-333.333 MG | 3 | MP; RX/OTC |
| ALIVE DIABETIC MULTIVITAMIN TABS 0.5 MG-2.5 MG-7.5 MG-10 MCG-10 MG-15 MCG-20 MCG-20 MG-25 MCG-25 MG-25 MG-40 MG-40 MG-50 MG-75 MCG-100 MCG-100 MCG-120 MCG-125 MG-210 MG-1500 MCG | 3 | MP; RX/OTC |
| ALIVE ENERGY 50+ TABS 2 MG-6 MG-2 MG-4.5 MG-5.1 MG-10 MG-15 MG-25 MCG-30 MCG-40 MG-50 MG-50 UNIT-60 MG-70 MCG-72 MG-75 MCG-80 MG-150 MCG-150 MCG-225 MG-250 MCG-300 MCG-300 MCG-400 MCG-800 UNIT-900 MCG-2500 UNIT | 3 | MP; RX/OTC |
| ALIVE EVERYDAY IMMUNE HEALTH CAPS 5.5 MG-20 MCG-20 MG-90 MG-150 MG-900 MCG | 3 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ALIVE MENS ENERGY TABS 5 MG-2 MG-2 MG-4.5 MG-5.1 MG-6 MG-15 MG-18 MCG-30 MG-40 MCG-40 MG-45 UNIT-50 MG-60 MCG-72 MG-75 MCG-80 MG-90 MG-100 MCG-100 MG-120 MCG-140 MCG-150 MCG-150 MCG-200 MG-400 MCG-600 MCG-700 MCG-800 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS 1 MG-2 MG-5 MG-5 MG-10 MG-10 MG-15 MG-18 MG-25 MG-25 MG-40 MG-40 MG-50 MG-75 MCG-100 MCG-100 MCG-100 MG-100 UNIT-120 MG-150 MCG-200 MG-250 MCG-325 MCG-500 MCG-800 MCG-1000 UNIT-7500 UNIT | 3 | MP; RX/OTC |
| ALIVE ULTRA POTENCY WOMENS 50+ TABS 11 MG-0.9 MG-10 MG-1 MG-5 MG-5.8 MG-20 MG-20 MG-20 MG-20 MG-33 MCG-40 MG-45 MCG-90 MCG-105 MG-130 MG-150 MCG-150 MCG-11 MG-50 MCG-50 MG-180 MG-200 MCG-800 MCG-1350 MCG | 3 | MP; RX/OTC |
| ALIVE WOMENS 50+ TABS 2 MG-4 MG-4.5 MG-5 MG-5.1 MG-6 MG-15 MG-20 MG-22.5 MG-30 UNIT-50 MG-70 MCG-75 MCG-90 MG-100 MCG-150 MCG-180 MCG-300 MCG-300 MCG-400 MCG-500 MG-1000 UNIT-3500 UNIT-900 MCG-60 MCG-150 MCG | 3 | MP; RX/OTC |
| ALIVE WOMENS ENERGY TABS 0.9 MG-2.3 MG-2.4 MG-2.6 MG-4.25 MG-7.5 MG-11 MG-12 MCG-15 MG-16 MG-18 MG-30 MCG-45 MCG-50 MCG-50 MG-55 MCG-90 MG-100 MCG-120 MCG-150 MCG-150 MCG-240 MCG-260 MG-900 MCG | 3 | MP; RX/OTC |
| ANTIOXIDANT FORMULA TABS 17 MCG-53 MG-61 MG-167 MG-2492 MCG | 3 | MP; RX/OTC |
| APPE-CURB CAPS 9.375 MG-15 MCG-18.75 MG-93.75 MG-125 MG-187.5 MG-250 MG | 3 | RX/OTC |
| AQUADEKS CHEW 0.75 MG-0.85 MG-0.95 MG-5 MG-5 MG-5 MG-5 MG-6 MCG-6 MG-15 MG-35 MG-37.5 MCG-50 MCG-50 UNIT-100 MCG-350 MCG-400 UNIT-9083.5 UNIT | 3 | MP |
| AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS 50 MG-10 MG-15 MG-40 MG-50 MG-50 MG-50 MG-100 MG | 3 | MP; RX/OTC |
| AZO HORMONAL HEALTH HAPPY CYCLE TABS 40 MG-50 MG-50 MG-50 MG-100 MG-125 MG | 3 | MP; RX/OTC |
| BACMIN TABS 0.1 MG-1 MG-3 MG-5 MG-20 MG-20 MG-22.5 MG-25 MG-25 MG-27 MG-30 UNIT-50 MCG-50 MCG-50 MG-50 MG-100 MG-150 MCG-500 MG-5000 UNIT | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BARIATRIC MULTIVITAMINS/IRON CAPS 2 MG-2 MG-12 MG-12 MG-15 MG-20 MG-20 MG-40 MG-45 MG-60 UNIT-75 MCG-100 MCG-100 MCG-120 MCG-130 MG-150 MCG-200 MG-600 MCG-800 MCG-1000 MCG-3000 UNIT-10000 UNIT | 3 | RX/OTC |
| BASIC AM TABS 1 MG-1 MG-1 MG-1.3 MG-2 MCG-2 MG-5 MG-15 MG-20 MG-25 MG-25 MG-25 MG-30 MCG-35.5 MCG-50 MG-60 MCG-60 MG-75 MCG-400 MCG | 3 | MP; RX/OTC |
| BASIC PM TABS 0.5 MG-1 MG-1 MG-2 MCG-5 MG-30 MG-35.5 MCG-50 MG-50 MG-75 MCG-75 MCG-100 MG-100 MG-200 MCG-500 MCG-500 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| BIO-35 GLUTEN-FREE CAPS 5 MCG-1 MG-1 MG-3 MG-5 MG-5 MG-5 MG-5 MG-6 MG-7 MG-10 UNIT-12.5 MG-15 MG-17.5 MG-25 MG-32.5 MG-32.5 MG-33.334 MCG-33.334 MCG-33.334 MG-33.5 MG-37.834 MG-45 MG-50 MCG-50 MG-50 MG-50 UNIT-66.667 MG-100 MG-113 MG-133.334 MCG-1000 UNIT | 3 | RX/OTC |
| BIO-35 IRON FREE CAPS 1 MG-1 MG-5 MCG-5 MG-5 MG-5 MG-5 MG-6 MG-7 MG-10 UNIT-12.5 MG-15 MG-15 MG-17.5 MG-20 MG-25 MG-32.5 MG-32.5 MG-33.334 MCG-33.334 MCG-33.334 MG-33.5 MG-37.834 MG-45 MG-50 MCG-50 MG-50 MG-50 MG-50 MG-50 UNIT-66.667 MG-113 MG-133.334 MCG-1000 UNIT | 3 | RX/OTC |
| BIOCAL CAPS 40 MCG-45 MG-100 UNIT-500 MG-800 MCG | 3 | RX/OTC |
| CAL-DAY 1000 TABS 0.75 MG-0.85 MG-1 MG-3 MCG-5 MG-9 MG-10 MG-15 UNIT-30 MG-150 MCG-200 MCG-200 UNIT-500 MG-2500 UNIT | 3 | MP; RX/OTC |
| CELEBRATE MULTI-COMPLETE18 CAPS 0.666 MG-1.133 MG-1.333 MG-2 MG-5 MG-10 UNIT-13.333 MCG-13.333 MG-25 MCG-30 MG-0.666 MG-6 MG-6.666 MG-33.333 MG-46.666 MCG-50 MCG-66.666 MCG-166.666 MCG-200 MCG-266.666 MCG-1000 UNIT-1666.666 UNIT | 3 | RX/OTC |
| CELEBRATE MULTI-COMPLETE36 CAPS 0.666 MG-1 MG-1.333 MG-4 MG-4 MG-6.666 MG-10 MG-12 MG-13.333 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-166.666 MCG-200 MCG-200 MCG-1000 UNIT-3333.333 UNIT | 3 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CELEBRATE MULTI-COMPLETE45 CAPS 4 MG-0.666 MG-1 MG-1.33 MG-4 MG-6.666 MG-10 MG-13.333 MG-15 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-200 MCG-266.666 MCG-333.333 MCG-1000 UNIT-3333.333 UNIT | 3 | RX/OTC |
| CELEBRATE MULTI-COMPLETE60 CAPS 0.666 MG-1 MG-1.333 MG-4 MG-4 MG-6.666 MG-10 MG-13.333 MG-20 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-200 MCG-266.666 MCG-333.333 MCG-1000 UNIT-3333.333 UNIT | 3 | RX/OTC |
| CENTRAVITES 50 PLUS TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MCG-10 MG-11 MG-19 MCG-20 MG-20 MG-25 MCG-30 MCG-30 MCG-45 MCG-50 MCG-50 MG-50 UNIT-60 MG-80 MG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-1000 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| CENTRAVITES ADULTS TABS 1.8 MG-0.5 MG-1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-20 MG-20 MG-25 MCG-30 MCG-30 UNIT-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-80 MG-150 MCG-200 MG-400 MCG-1000 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| CENTRUM ADULTS TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-6 MCG-10 MG-11 MG-13.5 MG-18 MG-20 MG-20 MG-25 MCG-25 MCG-30 MCG-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-80 MG-150 MCG-200 MG-400 MCG-1050 MCG *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| CENTRUM CARDIO TABS 0.35 MG-0.75 MG-0.85 MG-1 MG-1 MG-2.5 MCG-2.5 MG-3 MG-3.75 MG-5 MCG-5 MCG-5 MG-10 MCG-10 MG-12.5 MCG-15 MCG-15 UNIT-16 MCG-20 MG-29 MG-30 MG-32 MG-37.5 MCG-40 MG-54 MG-60 MCG-75 MCG-100 MCG-200 MCG-200 UNIT-400 MG-1750 UNIT | 3 | MP; RX/OTC |
| CENTRUM MEN TABS 0.9 MG-1.2 MG-1.3 MG-2 MG-2.3 MG-6 MCG-8 MG-11 MG-15 MG-16 MG-20 MG-20.3 MG-25 MCG-35 MCG-40 MCG-50 MCG-60 MCG-72 MG-80 MG-90 MG-100 MCG-100 MG-150 MCG-200 MCG-210 MG-600 MCG-1050 MCG | 3 | MP; RX/OTC |
| CENTRUM MINIS WOMEN 50+ TABS 0.25 MG-0.55 MG-0.55 MG-1.15 MG-2.5 MG-2.5 MG-4 MG-7 MG-7.5 MG-7.9 MG-10 MG-11 MCG-12.5 MCG-15 MCG-25 MCG-25 MCG-25 MCG-26 MG-36 MG-40 MG-50 MG-50 MG-75 MCG-150 MCG-150 MG-200 MCG-525 MCG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CENTRUM SILVER TABS 0.5 MG-2.3 MG-1.5 MG-1.7 MG-2 MG-3 MG-5 MCG-10 MCG-10 MG-11 MG-20 MG-20 MG-25 MCG-30 MCG-30 MCG-45 MCG-45 MCG-50 MG-50 UNIT-55 MCG-60 MG-72 MG-80 MG-150 MCG-150 MCG-220 MG-400 MCG-500 UNIT-2500 UNIT *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| CENTRUM SILVER 50+MEN TABS 0.5 MG-1.5 MG-1.7 MG-4 MG-6 MG-10 MG-15 MG-20 MG-20 MG-21 MCG-27 MG-30 MCG-50 MCG-60 MCG-60 MCG-72 MG-75 MG-80 MG-100 MCG-120 MG-150 MCG-210 MG-300 MCG-300 MCG-600 MCG-1000 UNIT-1050 MCG *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| CENTRUM SILVER 50+WOMEN TABS 0.5 MG-1.1 MG-1.1 MG-2.3 MG-5 MG-5 MG-8 MG-14 MG-15 MG-15.8 MG-20 MG-22 MCG-25 MCG-30 MCG-50 MCG-50 MCG-50 MCG-52 MCG-72 MG-80 MG-100 MG-100 MG-150 MCG-300 MCG-300 MG-400 MCG-1050 MCG *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| CENTRUM SILVER ADULT 50+ TABS 10 MG-0.5 MG-2.3 MG-3 MG-1.5 MG-1.7 MG-11 MG-19 MCG-20 MG-20 MG-22.5 MG-25 MCG-25 MCG-30 MCG-30 MCG-45 MCG-50 MCG-50 MG-60 MG-72 MG-80 MG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-750 MCG *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| CENTRUM SILVER ADULTS 50+ TABS 0.5 MG-1.5 MG-1.7 MG-2.3 MG-3 MG-10 MG-11 MG-19 MCG-20 MG-20 MG-22.5 MG-25 MCG-25 MCG-30 MCG-30 MCG-45 MCG-50 MCG-50 MG-60 MG-72 MG-80 MG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-750 MCG *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| CENTRUM SILVER ULTRA WOMENS TABS 2 MG-0.5 MG-1.1 MG-1.1 MG-2.3 MG-5 MCG-5 MG-5 MG-8 MG-10 MCG-14 MG-15 MG-20 MG-30 MCG-35 UNIT-50 MCG-50 MCG-50 MCG-50 MCG-50 MG-55 MCG-72 MG-80 MG-100 MG-150 MCG-150 MCG-300 MCG-400 MCG-500 MG-800 UNIT-3500 UNIT | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CENTRUM SPECIALIST HEART TABS 0.35 MG-0.75 MG-0.85 MG-1 MG-1 MG-2.5 MCG-2.5 MG-3 MG-3.75 MG-5 MCG-5 MCG-5 MG-10 MCG-10 MG-12.5 MCG-15 MCG-15 UNIT-16 MCG-20 MG-29 MG-30 MG-32 MG-37.5 MCG-40 MG-54 MG-60 MCG-75 MCG-100 MCG-200 MCG-200 UNIT-400 MG-1750 UNIT | 3 | MP; RX/OTC |
| CENTRUM SPECIALIST IMMUNE SUPPORT TABS 2 MG-0.5 MG-1.2 MG-1.3 MG-2.3 MG-6 MCG-8 MG-15 MG-15 MG-16 MG-20 MG-35 MCG-40 MCG-45 UNIT-50 MCG-60 MCG-70 MCG-72 MG-80 MG-100 MG-120 MG-150 MCG-150 MCG-200 MCG-210 MG-300 MCG-600 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| CENTRUM SPECIALIST VISION TABS 0.85 MG-1.15 MG-1.5 MG-5 MG-10 MG-12.5 MCG-12.5 MCG-15 MCG-0.25 MG-2.5 MG-0.75 MG-1 MG-7.5 MG-17.5 MCG-22.5 MCG-25 MG-27.5 MCG-30 UNIT-36 MG-40 MG-45 MG-50 MG-75 MCG-100 MCG-100 MG-200 UNIT-1750 UNIT | 3 | MP; RX/OTC |
| CENTRUM ULTRA WOMENS TABS 0.9 MG-2 MG-1.1 MG-1.1 MG-1.8 MG-2 MG-5 MCG-6 MCG-8 MG-10 MCG-10 MCG-14 MG-15 MG-18 MG-20 MG-25 MCG-35 UNIT-40 MCG-50 MCG-50 MCG-55 MCG-72 MG-75 MG-80 MG-100 MG-150 MCG-150 MCG-400 MCG-500 MG-800 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| CENTRUM WOMEN TABS 0.5 MG-1.1 MG-1.1 MG-1.8 MG-2 MG-6 MCG-8 MG-14 MG-15 MG-15.8 MG-18 MCG-18 MG-20 MG-25 MCG-32 MCG-40 MCG-50 MCG-50 MCG-72 MG-75 MG-80 MG-100 MG-150 MCG-200 MG-400 MCG-1050 MCG *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| CERTAVITE SENIOR TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MCG-10 MG-11 MG-12.5 MCG-20 MG-20 MG-22.75 MG-25 MCG-30 MCG-30 MCG-45 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-80 MG-150 MCG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-750 MCG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS 0.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MG-20 MG-20 MG-25 MCG-30 MCG-30 MCG-45 MCG-1.5 MG-10 MCG-11 MG-45 MCG-50 MG-50 UNIT-55 MCG-60 MG-72 MG-80 MG-150 MCG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-500 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| CERTAVITE/ANTIOXIDANTS TABS 1.5 MG-1.7 MG-2 MG-2 MG-5 MCG-10 MCG-10 MCG-10 MCG-0.5 MG-2.3 MG-6 MCG-10 MG-11 MG-13.5 MG-18 MG-20 MG-20 MG-25 MCG-30 MCG-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-1050 MCG | 3 | MP; RX/OTC |
| CHOICEFUL MULTIVITAMIN CAPS 1 MG-1.5 MG-1.9 MG-5 MCG-8 MG-15 MG-18 MG-30 MG-80 MCG-170 UNIT-180 MCG-700 MCG-1000 UNIT-14000 UNIT | 3 | RX/OTC |
| CVS ADULT 50+ EYE HEALTH CAPS 1 MG-1 MG-5 MG-9 MG-30 UNIT-90 MG-150 MG-160 MG | 3 | RX/OTC |
| CVS EYE HEALTH ADULT 50+ CAPS 1 MG-1 MG-5 MG-9 MG-30 UNIT-90 MG-150 MG-160 MG-250 MG | 3 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CVS ONE DAILY MENS 50+ ADVANCED TABS 2.2 MG-3.4 MG-4.2 MG-4.5 MG-6 MG-15 MG-20 MCG-20 MG-24 MG-25 MCG-25.5 UNIT-30 MCG-90 MCG-110 MG-117 MCG-120 MG-120 MG-150 MCG-180 MCG-370 MCG-400 MCG-700 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| CVS ONE DAILY WOMENS 50+ADVANCED TABS 2.2 MG-3.4 MG-4.2 MG-4.5 MG-6 MG-13.5 MG-15 MG-20 MCG-20 MG-24 MG-25 MCG-25 MCG-27 MCG-30 MCG-50 MG-90 MCG-120 MG-150 MCG-180 MCG-400 MCG-500 MG-1050 MCG | 3 | MP; RX/OTC |
| CVS SPECTRAVITE ADULT 50+ TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MCG-10 MG-11 MG-19 MCG-20 MG-20 MG-22.5 MG-25 MCG-25 MCG-30 MCG-30 MCG-45 MCG-50 MCG-50 MG-60 MG-72 MG-80 MG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-750 MCG | 3 | MP; RX/OTC |
| CVS SPECTRAVITE ADULTS TABS 1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-10 MCG-10 MCG-11 MG-13.5 MG-18 MG-0.5 MG-6 MCG-10 MG-20 MG-20 MG-25 MCG-25 MCG-30 MCG-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-80 MG-150 MCG-200 MG-400 MCG-1050 MCG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CVS SPECTRAVITE ULTRA MEN50+ TABS 0.7 MG-1.5 MG-1.7 MG-2 MG-4 MG-5 MCG-6 MG-10 MCG-10 MG-15 MG-20 MG-20 MG-30 MCG-50 MCG-50 MG-60 MCG-60 MCG-60 UNIT-72 MG-80 MG-100 MCG-100 MCG-120 MG-150 MCG-150 MCG-250 MG-300 MCG-300 MCG-600 MCG-600 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| CVS SPECTRAVITE ULTRA MENS HEALTH TABS 0.9 MG-1.2 MG-1.3 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-8 MG-10 MCG-10 MCG-11 MG-15 MG-16 MG-20 MG-35 MCG-40 MCG-45 UNIT-50 MCG-60 MCG-72 MG-80 MG-90 MG-100 MCG-100 MG-150 MCG-150 MCG-200 MCG-210 MG-600 MCG-600 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS 0.7 MG-1.5 MG-1.7 MG-2 MG-4 MG-5 MCG-6 MG-10 MCG-10 MG-15 MG-20 MG-20 MG-30 MCG-50 MCG-50 MG-60 MCG-60 MCG-60 UNIT-72 MG-80 MG-100 MCG-100 MCG-120 MG-150 MCG-150 MCG-250 MG-300 MCG-300 MCG-600 MCG-600 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| CVS SPECTRAVITE ULTRA WOMEN TABS 1.8 MG-0.9 MG-1.1 MG-1.1 MG-2 MG-2 MG-5 MCG-6 MCG-8 MG-10 MCG-10 MCG-14 MG-15 MG-18 MG-20 MG-25 MCG-35 UNIT-40 MCG-50 MCG-50 MCG-55 MCG-72 MG-75 MG-80 MG-100 MG-150 MCG-150 MCG-400 MCG-500 MG-800 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS 1.8 MG-0.9 MG-1.1 MG-1.1 MG-2 MG-2 MG-5 MCG-6 MCG-8 MG-10 MCG-10 MCG-14 MG-15 MG-18 MG-20 MG-25 MCG-35 UNIT-40 MCG-50 MCG-50 MCG-55 MCG-72 MG-75 MG-80 MG-100 MG-150 MCG-150 MCG-400 MCG-500 MG-800 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS 0.5 MG-1.1 MG-1.1 MG-2 MG-2.3 MG-5 MCG-5 MG-5 MG-8 MG-10 MCG-14 MG-15 MG-20 MG-30 MCG-35 UNIT-50 MCG-50 MCG-50 MCG-50 MCG-50 MG-55 MCG-72 MG-80 MG-100 MG-150 MCG-150 MCG-300 MCG-400 MCG-500 MG-800 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| CVS VISION HEALTH CAPS 1 MG-1 MG-5 MG-10 MG-200 UNIT-250 MG | 3 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DAYAVITE TABS 1 MG-1 MG-2.5 MG-7.5 MG-10 MG-15 MG-15 MG-17.5 MG-20 MG-20.1 MG-25 MCG-35 MCG-37.5 MCG-50 MCG-75 MCG-75 MG-75 MG-100 MCG-200 MG-750 MCG | 3 | MP; RX/OTC |
| DECUBI-VITE CAPS 3 MG-3 MG-3.4 MG-9 MCG-10 MG-15 MCG-30 MG-30 UNIT-50 MG-200 UNIT-400 MCG-500 MG-2500 UNIT | 3 | RX/OTC |
| DEKAS PLUS CHEW 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-70 MG-75 MCG-100 MCG-100 UNIT-200 MCG-1000 MCG-2000 UNIT-18167 UNIT | 3 | |
| DEKAS PLUS CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MG-100 MCG-150 UNIT-200 MCG-1000 MCG-3000 UNIT-18167 UNIT | 3 | RX/OTC |
| DEKAS PLUS OCEAN CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MCG-75 MG-100 MCG-101 MG-200 MCG-1000 MCG-5450 MCG | 3 | RX/OTC |
| DERMACINRX MULTITAM TABS 2.3 MG-3 MG-3.4 MG-8 MCG-20 MCG-20 MG-20 MG-25 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |
| DERMACINRX RIBOTIN-E TABS 0.75 MG-1 MG-3.25 MG-3.35 MG-6 MG-9 MG-13 MCG-13.75 MCG-15 MG-15 MG-22.5 MG-24.5 MG-25 MCG-25 MCG-25 MCG-30 MCG-37.5 MCG-37.5 MG-45 MG-75 MG-100 MCG-250 MG-500 MCG-1500 MCG | 3 | MP; RX/OTC |
| DERMACINRX ZINTREXYL-C TABS 3.35 MG-0.75 MG-1 MG-3.25 MG-6 MG-9 MG-13 MCG-13.75 MCG-15 MG-15 MG-22.5 MG-24.5 MG-25 MCG-25 MCG-25 MCG-30 MCG-37.5 MCG-37.5 MG-45 MG-75 MG-100 MCG-250 MG-500 MCG-1500 MCG | 3 | MP; RX/OTC |
| DERMAVITE TABS 2 MG-5 MG-5 MG-8.5 MG-10 MG-20 MG-45 MG-50 MCG-60 UNIT-120 MG-200 MCG-270 MG-400 MCG-600 MCG-3500 UNIT | 3 | MP; RX/OTC |
| DIALYVITE SUPREME D TABS 1 MG-1.5 MG-1.7 MG-3 MG-10 MG-15 MG-20 MG-25 MG-30 UNIT-70 MCG-100 MG-300 MCG-2000 UNIT | 3 | MP; RX/OTC |
| EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG-25 MCG-30 MCG-30 UNIT-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-400 UNIT-3500 UNIT | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EQ ONE DAILY MENS 50+ TABS 4.5 MG-2.2 MG-3.4 MG-4.2 MG-6 MG-15 MG-20 MCG-20 MG-24 MG-25 MCG-25.5 UNIT-30 MCG-90 MCG-110 MG-117 MCG-120 MG-120 MG-150 MCG-180 MCG-370 MCG-400 MCG-700 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| EQ ONE DAILY MENS HEALTH TABS 1.2 MG-1.7 MG-2 MG-2 MG-3 MG-5 MG-15 MG-16 MG-18 MCG-20 MCG-22.5 UNIT-30 MCG-60 MG-110 MCG-120 MCG-120 MG-210 MG-300 MCG-400 MCG-700 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| EQ ONE DAILY WOMENS 50+ TABS 2.2 MG-3.4 MG-4.2 MG-4.5 MG-6 MG-15 MG-20 MCG-20 MG-24 MG-25 MCG-27 MCG-30 MCG-30 UNIT-50 MG-90 MCG-120 MG-150 MCG-180 MCG-400 MCG-500 MG-1000 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| EQL CENTURY MATURE ADULTS50+ TABS 0.5 MG-1.5 MG-1.7 MG-2.3 MG-3 MG-5 MCG-10 MCG-10 MG-11 MG-15 MG-20 MG-20 MG-25 MCG-30 MCG-30 MCG-45 MCG-45 MCG-50 MG-50 UNIT-55 MCG-60 MG-72 MG-80 MG-150 MCG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-500 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| EQL CENTURY MENS TABS 0.9 MG-2.3 MG-5 MCG-1.2 MG-1.3 MG-2 MG-6 MCG-8 MG-10 MCG-10 MCG-11 MG-15 MG-15 MG-16 MG-20 MG-35 MCG-40 MCG-45 UNIT-50 MCG-60 MCG-72 MG-80 MG-90 MG-100 MCG-100 MG-150 MCG-150 MCG-200 MCG-210 MG-600 MCG-600 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| EQL CENTURY WOMENS TABS 1.8 MG-0.9 MG-1.1 MG-1.1 MG-2 MG-5 MCG-6 MCG-8 MG-10 MCG-10 MCG-14 MG-15 MG-15 MG-18 MG-20 MG-25 MCG-35 UNIT-40 MCG-50 MCG-50 MCG-55 MCG-72 MG-75 MG-80 MG-100 MG-150 MCG-150 MCG-400 MCG-500 MG-800 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| EQL ONE DAILY MENS TABS 1.2 MG-1.7 MG-2 MG-2 MG-3 MG-5 MG-15 MG-16 MG-18 MCG-20 MCG-30 MCG-45 UNIT-90 MG-99 MG-105 MCG-120 MCG-120 MG-210 MG-400 MCG-400 UNIT-600 MCG-3500 UNIT | 3 | MP; RX/OTC |
| ESTROVEN MENOPAUSE SUPPLEMENT TABS 2 MG-2 MG-6 MCG-10 MG-13.5 MG-20 MG-40 MG-70 MCG-100 MG-100 MG-400 MCG | 3 | MP; RX/OTC |
| EYE HEALTH CAPS 1 MG-1 MG-5 MG-10 MG-200 UNIT-250 MG | 3 | RX/OTC |
| EYE HEALTH/LUTEIN TABS 2 MG-2 MG-27 MG-40 MG-55 MCG-200 MG-300 MCG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EYE MULTIVITAMIN CAPS 1 MG-2 MG-5 MG-40 MG-90 MG-250 MG | 3 | RX/OTC |
| EYE MULTIVITAMIN/LUTEIN TABS 2 MG-2 MG-27 MG-40 MG-55 MCG-200 MG-300 MCG | 3 | MP; RX/OTC |
| EYE MULTIVITAMIN/LUTEIN CAPS 2 MG-5 MG-34.8 MG-90 MG-226 MG | 3 | RX/OTC |
| EYE MULTIVITAMIN/SODIUM TABS 0.4 MG-3 MG-17.4 MG-45.5 MG-113 MG-2148 MCG | 3 | MP; RX/OTC |
| FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS 0.5 MG-100 MG-150 MG-400 UNIT | 3 | MP; RX/OTC |
| FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS 0.5 MG-25 MG-100 MG-400 UNIT-60 MCG | 3 | MP; RX/OTC |
| FOLAGENT DHA CAPS 1.7 MG-2 MG-2 MG-2.5 MG-8 MCG-10 MCG-10 MG-15 MG-20 MG-20.1 MG-28 MG-35 MG-50 MG-60 MG-150 MCG-200 MG-200 MG-300 MCG-1000 MCG-1200 MCG | 3 | RX/OTC |
| FOLAMAX TABS 0.013 MG-0.15 MG-0.28 MG-1.67 MG-4.5 MG-10 MCG-20 MG-25 MG-26 MG-60 MG-80 MG-300 MCG | 3 | MP; RX/OTC |
| FOLAMED DHA CAPS 2.5 MG-1.7 MG-2 MG-2 MG-8 MCG-10 MCG-10 MG-15 MG-20 MG-20.1 MG-28 MG-35 MG-50 MG-60 MG-150 MCG-200 MG-200 MG-300 MCG-1000 MCG-1200 MCG | 3 | RX/OTC |
| FOLIFLEX TABS 0.75 MG-1 MG-3.25 MG-3.35 MG-6 MG-9 MG-13 MCG-13.75 MCG-15 MG-15 MG-22.5 MG-25 MCG-25 MCG-25 MCG-30 MCG-37.5 MCG-37.5 MG-45 MG-75 MG-100 MCG-250 MG-500 MCG-1500 MCG | 3 | MP; RX/OTC |
| FOLIKA-CI TABS 1.4 MG-2.5 MG-12.5 MCG-13 MG-125 MG-150 MCG-200 MG-1000 MCG-1000 MCG | 3 | MP; RX/OTC |
| FOLIKA-MG TABS 4.5 MG-10 MCG-13 MCG-20 MG-25 MG-26 MG-60 MG-80 MG-150 MCG-280 MCG-300 MCG-1670 MCG | 3 | MP; RX/OTC |
| FOLITIN-Z TABS 0.75 MG-1 MG-3.25 MG-3.35 MG-6 MG-9 MG-13 MCG-13.75 MCG-15 MG-15 MG-22.5 MG-24.5 MG-25 MCG-25 MCG-25 MCG-30 MCG-37.5 MCG-37.5 MG-45 MG-75 MG-100 MCG-250 MG-500 MCG-1500 MCG | 3 | MP; RX/OTC |
| FOSFREE TABS 1 MG-2 MG-2 MG-3 MG-5 MG-10 MG-14.5 MG-50 MG-200 UNIT-300 MG-1500 UNIT *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| FREEDAVITE TABS 0.1 MG-0.625 MG-1.5 MG-1.5 MG-1.7 MG-1.8 MG-2 MG-6 MCG-8 MG-10 MG-20 MG-30 MCG-30 UNIT-35 MCG-60 MG-75 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GENADEK STEP 1 CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MCG-75 MG-100 MCG-100.5 MG-200 MCG-1000 MCG-5450 MCG | 3 | RX/OTC |
| GENADEK STEP 2 CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MG-100 MCG-100.5 MG-125 MCG-200 MCG-1000 MCG-5450 MCG | 3 | RX/OTC |
| GERI-FREEDA SENIOR FORMULA TABS 1 MG-7.5 MG-10 MG-10 MG-15 MCG-0.5 MG-10 MG-10 MG-15 MCG-15 MG-15 MG-15 MG-15 MG-15 UNIT-25 MG-25 MG-35 MCG-50 MG-50 MG-60 MCG-150 MCG-150 MG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| HAIR SKIN & NAILS ADVANCED FORMULA TABS 5 MG-0.6 MG-1.2 MCG-3.3 MG-3.5 MG-0.6 MG-5 MG-5 MG-6.5 MG-7.2 MG-7.5 MG-10 MG-10 MG-10 MG-10 MG-10 MG-15 MG-20 MG-25 MCG-25 MCG-25 MCG-25 MG-25 MG-50 MG-50 MG-58 MG-125 MG-150 MCG-750 MCG | 3 | MP; RX/OTC |
| HEALTHY EYES SUPERVISION2 CAPS 1 MG-1 MG-5 MG-10 MG-90 MG-250 MG | 3 | RX/OTC |
| HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS 3 MG-2 MG-2 MG-2 MG-3.4 MG-5 MCG-6 MG-7.5 MG-7.5 MG-9 MG-10 MCG-10 MCG-10 MCG-10 MG-12 MCG-15 MG-20 MG-27 MG-28 MCG-30 MCG-31 MG-40 MG-50 MCG-70 MCG-75 MCG-90 MG-100 MG-150 MCG-150 MCG-400 MCG-1500 MCG | 3 | MP; RX/OTC |
| HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS 1 MG-1.5 MG-1.7 MG-2 MG-2 MG-5 MG-6 MCG-10 MCG-10 MG-13.5 MG-15 MG-18 MG-20 MG-45 MG-60 MG-60 MG-150 MCG-400 MCG-1500 MCG | 3 | MP; RX/OTC |
| HM COMPLETE MEN TABS 0.9 MG-1.2 MG-1.3 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-8 MG-10 MCG-10 MCG-11 MG-15 MG-16 MG-20 MG-35 MCG-40 MCG-45 UNIT-50 MCG-60 MCG-72 MG-80 MG-90 MG-100 MCG-100 MG-150 MCG-200 MCG-210 MG-600 MCG-1000 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| HM HAIR/SKIN/NAILS TABS 0.667 MG-0.667 MG-1 MG-1.667 MG-1.667 MG-2.25 MG-2.5 MG-2.667 MCG-3.333 MG-3.333 MG-5 MG-8.333 MCG-8.333 MG-10 MG-12.667 MG-16.667 MG-16.667 MG-20 MG-60 MG-66.667 MCG-124 MG-500 MCG-1666.667 MCG | 3 | MP; RX/OTC |
| HYLAZINC TABS 1 MG-1.5 MG-1.7 MG-6 MCG-10 MG-20 MG-50 MG-100 MG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ICAPS AREDS FORMULA TABS 3.4 MG-0.4 MG-3 MG-3 MG-5 MG-7.5 MG-10 MCG-10 MG-15 MCG-15 MG-17.4 MG-27 MG-30 MG-30 UNIT-31 MG-33 MG-100 MG-100 UNIT-113 MG-150 MCG-400 UNIT-5000 UNIT-7160 UNIT | 3 | MP; RX/OTC |
| K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS 0.25 MG-3.75 MG-0.25 MG-1.25 MG-2.25 MG-7.5 MG-7.5 MG-7.5 MG-7.5 MG-7.5 MG-7.5 MG-12.5 MCG-12.5 MG-18.75 MCG-18.75 MG-25 MCG-25 MCG-25 MG-25 MG-30 MG-37.5 MCG-37.5 MG-50 MG-50 MG-50 MG-50 UNIT-100 MCG-125 MCG-125 MG-125 UNIT-150 MG-250 MG-2500 UNIT | 3 | MP; RX/OTC |
| LIVER DETOX TABS 25 MG-25 MG-25 MG-25 MG-25 MG-61 MG-75 MG-75 MG-100 MCG-100 MG-125 MCG-150 MG-150 MG-200 MG-400 MCG | 3 | MP; RX/OTC |
| LUTEIN PLUS/ZEAXANTHIN TABS 1 MG-1 MG-5 MG-15 MG-20 MG-60 MG-750 MCG | 3 | MP; RX/OTC |
| MEGA MULTI FOR MEN TABS 1 MG-2.5 MCG-2.5 MG-2.5 MG-5 MCG-5 MG-5 MG-5 MG-5 MG-12.5 MG-12.5 MG-15 MCG-15 MG-15 MG-15 MG-15 MG-15 MG-15 MG-25 MCG-25 MG-25 MG-25 MG-25 MG-33.5 MG-35 MG-35 MG-35 MG-37.5 MCG-50 MCG-50 MG-75 MCG-105 MG-125 MCG-150 MG-175 MCG-200 MCG-250 MCG-1500 MCG | 3 | MP; RX/OTC |
| MEGA MULTI FOR WOMEN TABS 1 MCG-1 MG-1 MG-1 MG-2.5 MG-2.5 MG-5 MG-5 MG-7.5 MG-10 MCG-12.5 MG-12.5 MG-13.5 MG-25 MCG-25 MG-37.5 MCG-40 MCG-40 MCG-40 MG-40 MG-40 MG-40 MG-40 MG-50 MCG-50 MCG-50 UNIT-100 MG-100 MG-135 MCG-200 MCG-200 UNIT-250 MCG-255 MG-5000 UNIT | 3 | MP; RX/OTC |
| MEGAVITE FRUITS & VEGGIES TABS 2 MG-2 MG-2 MG-4.5 MG-5 MG-5 MG-5 MG-5 MG-5.1 MG-15 MG-15 UNIT-18 MCG-18 MG-20 MG-30 MG-100 MG-120 MG-150 MCG-180 MG-300 MCG-800 MCG-1200 UNIT-15000 UNIT | 3 | MP; RX/OTC |
| MEGAVITE GOLDEN YEARS 55+ TABS 5 MG-2 MG-2 MG-4.5 MG-5 MG-5 MG-5 MG-5.1 MG-6 MG-10 MG-15 UNIT-18 MCG-20 MG-50 MG-50 MG-50 MG-50 MG-100 MG-100 MG-150 MCG-180 MG-300 MCG-800 MCG-1200 UNIT-15000 UNIT | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MENS 50+ ADVANCED CAPS 2 MG-2 MG-3.4 MG-4 MG-4 MG-4.5 MG-5 MCG-6 MG-6 MG-9.5 MG-10 MCG-10 MCG-10 MG-16 MG-20 MCG-20 MG-20 MG-21 MG-22.5 MG-25 MCG-30 MCG-33 UNIT-72 MG-90 MCG-100 MCG-105 MCG-150 MCG-150 MCG-180 MCG-234 MCG-300 MCG-400 MCG-552 MCG-1000 UNIT-2500 UNIT | 3 | RX/OTC |
| MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS 0.5 MG-1 MG-1 MG-2.5 MG-1 MG-1 MG-1.5 MG-2.5 MG-2.5 MG-5 MG-10 MG-12.5 MG-15 MG-20 MG-25 MCG-25 MCG-25 MG-25 MG-30 UNIT-40 MG-60 MCG-62.5 MG-100 MCG-125 MG-125 MG-150 MCG-200 UNIT-300 MCG-2500 UNIT | 3 | MP; RX/OTC |
| MENS 50+ MULTIVITAMIN TABS 2.2 MG-3.4 MG-4.2 MG-4.5 MG-6 MG-13.5 MG-15 MG-17.5 MCG-20 MCG-20 MG-24 MG-25 MCG-30 MCG-90 MCG-110 MG-117 MCG-120 MG-120 MG-150 MCG-180 MCG-370 MCG-400 MCG-1050 MCG | 3 | MP; RX/OTC |
| MENS MULTI VITAMIN & MINERAL FORMULA TABS 0.5 MG-1 MG-1 MG-1 MG-1 MG-1.5 MG-7.5 MG-12.5 MCG-12.5 MG-12.5 MG-12.5 MG-12.5 MG-12.5 MG-15 MG-20 MG-25 MCG-25 MG-25 MG-30 UNIT-35 MCG-40 MCG-60 MCG-62.5 MG-75 MCG-125 MG-125 MG-150 MCG-200 MCG-200 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| MENS MULTIVITAMIN TABS 2 MG-1.35 MG-1.7 MG-2 MG-3 MG-15 MG-16 MG-18 MCG-18 MG-20 MCG-22.5 UNIT-75 MCG-110 MCG-120 MCG-140 MG-210 MG-300 MCG-400 MCG-700 UNIT-3500 UNIT-60 MG | 3 | MP; RX/OTC |
| MOOD FOOD ES CAPS 10 MG-25 MCG-1.5 MG-2.5 MG-15 MCG-35 MG-50 MG-50 MG-50 MG-150 MG-255 MCG | 3 | RX/OTC |
| MULTI-BETIC DIABETES TABS 0.5 MG-1 MG-1.5 MG-1.5 MG-1.7 MG-2.5 MG-2.5 MG-7.5 MG-10 MG-20 MG-35 MCG-50 MCG-50 MG-50 MG-50 UNIT-100 MCG-100 MCG-100 MG-125 MG-150 MCG-200 MCG-200 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| MULTI-BETIC DIABETES SUPPORT TABS 0.5 MG-1 MG-1.5 MG-1.5 MG-1.7 MG-2.5 MG-2.5 MG-5 MCG-7.5 MG-10 MG-20 MG-33.5 MG-35 MCG-50 MCG-50 MG-50 MG-100 MCG-100 MCG-100 MG-125 MG-150 MCG-200 MCG-900 MCG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *multiple vitamins w/ minerals caps 6 mg-13.5 mg-15 mg-60 mg* | 3 | RX/OTC |
| *multiple vitamins w/ minerals tabs 0.5 mg-1.1 mg-1.1 mg-2.3 mg-5 mg-5 mg-8 mg-14 mg-15 mg-15.8 mg-20 mg-22 mcg-25 mcg-30 mcg-50 mcg-50 mcg-50 mcg-52 mcg-72 mg-80 mg-100 mg-100 mg-150 mcg-300 mcg-300 mg-400 mcg-1050 mcg* | 3 | MP; RX/OTC |
| MULTIVITAMIN TABS | 3 | MP; RX/OTC |
| MULTIVITAMIN MEN TABS 0.9 MG-1.2 MG-1.3 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-8 MG-10 MCG-10 MCG-11 MG-15 MG-16 MG-20 MG-35 MCG-40 MCG-45 UNIT-50 MCG-60 MCG-72 MG-80 MG-90 MG-100 MCG-100 MG-150 MCG-150 MCG-200 MCG-210 MG-600 MCG-600 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| MULTI-VITAMIN MONOCAPS TABS 0.1 MG-1 MG-3.75 MG-10 MG-10 MG-14 MG-15 MCG-15 MCG-15 MG-15 MG-15 MG-15 MG-15 UNIT-30 MG-35 MCG-40 MG-50 MG-120 MG-150 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| MULTIVITAMIN WOMEN TABS 0.5 MG-1.1 MG-1.1 MG-1.8 MG-2 MG-2 MG-6 MCG-8 MG-10 MCG-10 MCG-14 MG-15 MG-15.7 MG-18 MCG-18 MG-20 MG-25 MCG-32 MCG-40 MCG-50 MCG-50 MCG-72 MG-75 MG-80 MG-100 MG-150 MCG-200 MG-400 MCG-1050 MCG | 3 | MP; RX/OTC |
| MULTIVITAMIN/ZINC STRESSFORMULA TABS 3 MG-5 MG-10 MG-12 MCG-13.5 MG-15 MG-20 MG-23.9 MG-45 MCG-100 MG-400 MCG-500 MG | 3 | MP; RX/OTC |
| MVW COMPLETE FORMULATION CAPS 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-800 MCG-1500 UNIT-16000 UNIT | 3 | RX/OTC |
| MVW COMPLETE FORMULATIOND3000 CAPS 6 MCG-1.5 MG-1.7 MG-1.9 MG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-800 MCG-3000 UNIT-16000 UNIT | 3 | RX/OTC |
| MVW COMPLETE FORMULATIOND500 CAPS 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-800 MCG-5000 UNIT-16000 UNIT | 3 | RX/OTC |
| MVW COMPLETE FORMULATIONMINIS CAPS 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-1000 MCG-1500 UNIT-16000 UNIT | 3 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NAT-RUL THERAVITE-M/HIGHPOTENCY TABS 2 MG-2 MG-2 MG-3 MG-3.4 MG-5 MCG-6 MG-7.5 MG-7.5 MG-9 MG-10 MCG-10 MCG-10 MG-12 MCG-15 MG-20 MG-28 MCG-30 MCG-31 MG-40 MG-50 MCG-60 UNIT-70 MCG-75 MCG-90 MG-100 MG-150 MCG-150 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| NATRUL-VITES TABS 0.1 MG-0.25 MG-1 MCG-2.2 MG-5 MG-6.15 MG-7.2 MG-12.5 MG-12.5 UNIT-15 MG-15 MG-15 MG-25 MG-25 MG-25 MG-35 MG-50 MCG-50 MG-50 MG-50 MG-50 MG-50 MG-67 MG-150 MG-162 MG-400 UNIT-10000 UNIT | 3 | MP; RX/OTC |
| NEOVITE TABS 1 MG-1.5 MG-1.7 MG-10 MCG-10 MG-12.5 MG-20 MG-100 MG-125 MG-200 MCG-300 MCG-1000 MCG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |
| NICADAN TABS 2 MG-5 MG-10 MG-20 MG-50 MG-100 MG-500 MCG-800 MG | 3 | MP; RX/OTC |
| NICADAN ZX TABS 10 MG-1 MG-2 MG-5 MG-50 MG-250 MCG-400 MG | 3 | MP; RX/OTC |
| NICAZEL TABS 1.5 MG-5 MG-5 MG-10 MG-500 MCG-600 MG | 3 | MP; RX/OTC |
| NICAZEL FORTE TABS 2 MG-8 MG-12 MG-500 MCG | 3 | MP; RX/OTC |
| NO IRON MULTIPLE VITAMIN/MINERALS TABS 0.37 MG-0.5 MG-1 MCG-1 MG-1.5 MG-2.5 MG-2.5 MG-2.5 MG-5 MG-15 MG-15 UNIT-60 MG-75 MCG-80 MG-100 MG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| NUTRICAP TABS 1 MG-2 MG-2 MG-5 MG-10 MG-10 MG-15 MG-17 MG-18 MG-18 MG-20 MG-25 MCG-25 MCG-25 MCG-25 MCG-33.5 MCG-50 MG-80 MCG-150 MCG-150 MG-200 UNIT-400 UNIT-6000 UNIT | 3 | MP; RX/OTC |
| OCULAR VITAMINS TABS 0.4 MG-0.5 MG-17.4 MG-100 UNIT-113 MG-7160 UNIT | 3 | MP; RX/OTC |
| OCUVEL CAPS | 3 | RX/OTC |
| OCUVITE ADULT 50+ CAPS 1 MG-1 MG-5 MG-9 MG-30 UNIT-90 MG-150 MG-160 MG-250 MG | 3 | RX/OTC |
| OCUVITE ADULT FORMULA CAPS 1 MG-2 MG-9 MG-15 UNIT-100 MG-100 MG | 3 | RX/OTC |
| OCUVITE LUTEIN CAPS 2 MG-5 MG-15 MG-30 UNIT-60 MG | 3 | RX/OTC |
| ONCOVITE TABS 0.1 MG-0.368 MG-0.425 MG-1.5 MCG-2.5 MG-5 MG-22.5 MG-25 MG-100 UNIT-100 UNIT-500 MG-8000 UNIT-10000 UNIT | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ONE DAILY MENS 50+ MULTIVITAMIN TABS 2.2 MG-3.4 MG-4.2 MG-4.5 MG-6 MG-11.4 MG-15 MG-17.5 MCG-20 MCG-20 MG-24 MG-25 MCG-30 MCG-90 MCG-110 MG-117 MCG-120 MG-120 MG-150 MCG-180 MCG-370 MCG-400 MCG-940 MCG | 3 | MP; RX/OTC |
| ONE DAILY MENS FORMULA W/O IRON TABS 2 MG-2.25 MG-2.55 MG-3 MG-3.5 MG-9 MCG-10 MG-15 MG-20 MG-30 MCG-34 MG-37.5 MG-45 UNIT-75 MCG-87.5 MCG-90 MG-100 MG-100 MG-130 MG-150 MCG-150 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| ONE DAILY WOMENS TABS 1.5 MG-1.7 MG-2 MG-2 MG-2 MG-6 MCG-10 MG-15 MG-18 MG-20 MCG-20 MG-22.5 UNIT-25 MCG-60 MG-120 MCG-150 MCG-300 MCG-400 MCG-500 MG-1000 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| ONE DIALY MULTIVITAMIN WOMENS TABS 0.9 MG-1.2 MG-1.3 MG-1.7 MG-1.8 MG-5 MG-6 MCG-7.5 MG-8 MG-16 MG-18 MG-25 MCG-25 MCG-25 MCG-27.5 MCG-75 MG-150 MCG-380 MG-400 MCG-700 MCG-1000 MCG | 3 | MP; RX/OTC |
| ONE-A-DAY ENERGY TABS 2 MG-2 MG-3 MG-3.4 MG-4 MG-5 MCG-5 MG-9 MG-10 MCG-10 MG-12 MCG-15 MG-22.5 UNIT-25 MCG-25 MCG-40 MG-40 MG-45 MCG-60 MG-89.8 MG-99 MG-100 MCG-150 MCG-250 MG-300 MCG-400 MCG-400 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| ONE-A-DAY MENOPAUSE FORMULA TABS 1 MG-2 MG-3 MG-3.4 MG-8 MG-12 MCG-15 MG-15 MG-20 MCG-20 MG-33 UNIT-37.5 MCG-50 MG-60 MG-60 MG-120 MCG-150 MCG-300 MCG-300 MG-400 MCG-800 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| ONE-A-DAY MENS TABS 0.9 MG-1.07 MG-1.43 MG-2.17 MG-2.3 MG-6.24 MCG-11 MG-15 MG-15.5 MG-17.6 MG-25 MCG-30 MCG-35 MCG-43 MCG-55 MCG-99 MG-120 MG-150 MCG-210 MG-240 MCG-300 MCG-900 MCG | 3 | MP; RX/OTC |
| ONE-A-DAY MENS 50+ TABS 2.2 MG-3.4 MG-4.2 MG-4.5 MG-6 MG-11.4 MG-20 MCG-20 MG-24 MG-25 MCG-90 MCG-110 MG-117 MCG-120 MG-15 MG-17.5 MCG-30 MCG-120 MG-150 MCG-180 MCG-370 MCG-400 MCG-940 MCG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ONE-A-DAY MENS 50+ ADVANTAGE TABS 2.2 MG-3.4 MG-4.2 MG-4.5 MG-6 MG-15 MG-20 MCG-20 MG-24 MG-25 MCG-25.5 UNIT-30 MCG-90 MCG-110 MG-117 MCG-120 MG-120 MG-150 MCG-180 MCG-370 MCG-400 MCG-700 UNIT | 3 | MP; RX/OTC |
| ONE-A-DAY MENS HEALTH FORMULA TABS 1.2 MG-1.7 MG-2 MG-2 MG-3 MG-5 MG-15 MG-16 MG-18 MCG-20 MCG-22.5 UNIT-30 MCG-60 MG-110 MCG-120 MCG-120 MG-210 MG-300 MCG-400 MCG-700 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| ONE-A-DAY MENS PRO EDGE TABS 3 MG-3.4 MG-12 MCG-2 MG-2 MG-4 MG-15 MG-15 MG-20 MCG-25 MG-33 UNIT-70 MCG-80 MG-120 MCG-200 MG-200 MG-300 MCG-400 MCG-800 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| ONE-A-DAY PROACTIVE 65+ TABS 0.5 MG-0.75 MG-0.85 MG-1 MG-1 MG-5 MG-7.5 MG-10 MG-12 MCG-15 MCG-25 MCG-27.5 MCG-45 MG-50 MG-75 MCG-200 MCG-250 MG-600 UNIT-1250 UNIT | 3 | MP; RX/OTC |
| ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS 2 MG-2 MG-3.75 MG-4.25 MG-5 MG-9 MG-10 MG-15 MCG-15 MG-20 MCG-25 MCG-30 MG-30 UNIT-100 MG-120 MCG-120 MG-200 MG-300 MCG-400 MCG-400 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| ONE-A-DAY WEIGHT SMART ADVANCED TABS 2.1 MG-1.9 MG-2 MG-2 MG-2.5 MG-7.5 MCG-12.5 MG-15 MG-18 MG-25 MG-30 UNIT-50 MG-60 MG-70 MCG-80 MCG-200 MCG-200 MG-400 MCG-400 UNIT-2500 UNIT *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| ONE-A-DAY WOMENS TABS 1.35 MG-1.95 MG-2.4 MG-3.4 MG-7.5 MG-8 MG-9.6 MCG-15 MG-18 MG-24 MG-25 MCG-41 MCG-42 MG-45 MCG-90 MG-130 MG-150 MCG-400 MCG-700 MCG | 3 | MP; RX/OTC |
| ONE-A-DAY WOMENS 50+ TABS 2.2 MG-3.4 MG-3.6 MG-4.2 MG-6 MG-13.5 MG-15 MG-20 MCG-20 MG-24 MG-25 MCG-25 MCG-27 MCG-30 MCG-50 MG-90 MCG-120 MG-150 MCG-180 MCG-300 MG-400 MCG-940 MCG | 3 | MP; RX/OTC |
| ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 2.2 MG-3.4 MG-4.2 MG-4.5 MG-6 MG-15 MG-20 MCG-20 MG-24 MG-25 MCG-27 MCG-30 MCG-30 UNIT-50 MG-90 MCG-120 MG-150 MCG-180 MCG-400 MCG-500 MG-1000 UNIT-3500 UNIT *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS 4.5 MG-2.2 MG-3.4 MG-4.2 MG-6 MG-15 MG-20 MCG-20 MG-24 MG-25 MCG-27 MCG-30 MCG-30 UNIT-50 MG-90 MCG-120 MG-150 MCG-180 MCG-300 MG-400 MCG-1000 UNIT-3500 UNIT *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS 2 MG-2 MG-2.4 MG-2.7 MG-3.2 MG-5 MG-9.5 MCG-10 MG-15 MG-18 MG-20 MCG-25 MCG-30 MCG-30 UNIT-50 MG-60 MG-120 MCG-300 MG-400 MCG-800 UNIT-2500 UNIT *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| ONE-A-DAY WOMENS PETITES TABS 0.75 MG-0.85 MG-1 MG-1 MG-1 MG-2.5 MG-3 MCG-5 MG-7.5 MG-9 MG-10 MCG-11.25 UNIT-12.5 MCG-15 MCG-25 MG-30 MG-60 MCG-200 MCG-250 MG-500 UNIT-1250 UNIT *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS 1.5 MG-1.7 MG-2 MG-2 MG-5 MG-5 MG-6 MCG-6 MG-7.5 MG-18 MG-20 MCG-30 UNIT-50 MG-90 MG-120 MCG-300 MCG-300 MG-400 MCG-1000 UNIT-2500 UNIT *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| ONE-DAILY MULTI CAPS CAPS 1 MG-2 MG-10 MCG-10 MG-10 MG-15 MG-5 MG-5 MG-10 MG-15 MG-15 MG-25 MG-25 MG-40 MG-50 MG-75 MCG-100 MCG-100 MCG-100 MCG-100 MCG-150 MCG-150 MG-500 MCG-500 MCG-800 MCG-3000 MCG | 3 | RX/OTC |
| ONEVITE TABS 1 MG-1.5 MG-1.7 MG-10 MCG-10 MG-12.5 MG-20 MG-100 MG-125 MG-200 MCG-300 MCG-1000 MCG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |
| OPTIVITE P.M.T. TABS 1.67 MG-2.5 MG-4 MG-4.17 MG-4.17 MG-4.17 MG-4.17 MG-4.17 MG-4.17 MG-4.17 MG-8 MG-10 MCG-10 MCG-12.5 MCG-15.5 MG-16.67 MCG-16.67 MCG-16.67 MG-16.67 UNIT-16.67 UNIT-20.83 MG-33.33 MCG-41.67 MG-41.67 MG-50 MG-52.17 MG-250 MG-2083.33 UNIT *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| OPURITY TABS 1 MG-1.5 MG-1.7 MG-2 MG-2 MG-6 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG-30 MCG-30 UNIT-35 MCG-50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-800 UNIT-3500 UNIT | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS 0.5 MG-0.75 MG-1.25 MG-1.25 MG-1.75 MG-5 MG-5 MG-5 MG-5 MG-5 MG-6.25 MG-12.5 MCG-12.5 MCG-12.5 MG-25 MCG-30 MG-32 MG-75 MG-86.25 MCG-200 MCG-200 MG-200 UNIT | 3 | MP; RX/OTC |
| PARVLEX TABS 0.2 MG-1 MG-10 MG-10 MG-20 MG-20 MG-20 MG-29 MG-50 MCG-60 MG-400 MCG | 3 | MP; RX/OTC |
| PHYTOMULTI TABS 3 MG-0.25 MG-0.5 MG-1 MG-3 MG-5 MG-7.5 MG-7.5 MG-12.5 MG-12.5 MG-12.5 MG-12.5 MG-20 MG-25 MCG-25 MG-37.5 MG-50 MCG-50 UNIT-60 MCG-60 MG-75 MCG-100 MCG-100 MCG-250 MCG-400 MCG-500 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| PRESERVISION AREDS CAPS 0.8 MG-34.8 MG-200 UNIT-226 MG-14320 UNIT | 3 | RX/OTC |
| PRESERVISION AREDS TABS 0.4 MG-17.4 MG-100 UNIT-113 MG-7160 UNIT | 3 | MP; RX/OTC |
| PRESERVISION AREDS 2 CAPS 1 MG-1 MG-5 MG-40 MG-90 MG-250 MG | 3 | RX/OTC |
| PRESERVISION AREDS 2 + MULTI VITAMIN CAPS 0.75 MG-0.85 MG-1 MG-1 MG-1 MG-5 MG-5 MG-9.5 MCG-10 MG-12.5 MCG-15 MCG-15 MCG-22.5 MCG-25 MCG-40 MG-50 MG-75 MCG-200 UNIT-200 UNIT-250 MG-300 UNIT | 3 | RX/OTC |
| PRESERVISION/LUTEIN CAPS 0.8 MG-5 MG-34.8 MG-200 UNIT-226 MG | 3 | RX/OTC |
| PRO-CAL TABS 7.5 MG-40 MG-100 UNIT-145 MG-187.5 MG | 3 | MP; RX/OTC |
| PROCERV HP TABS 1 MG-1 MG-3 MG-5 MCG-5 MG-5 MG-5 MG-7.5 MG-9 MG-12.5 MG-15 MCG-25 MCG-35 MCG-37.5 MCG-50 MCG-50 MCG-50 MG-50 MG-50 MG-50 UNIT-75 MCG-100 MG-100 MG-125 MCG-200 MG-300 MCG-1000 UNIT-3000 UNIT | 3 | MP; RX/OTC |
| PROFOLA TABS 1.67 MG-0.013 MG-0.15 MG-0.28 MG-4.5 MG-10 MCG-20 MG-25 MG-26 MG-60 MG-80 MG-300 MCG | 3 | MP; RX/OTC |
| PRORENAL+D TABS 0.9 MG-1.5 MG-2 MG-2.4 MCG-5 MG-8 MG-8 MG-8 MG-10 MG-20 MG-30 MCG-55 MCG-60 MG-800 MCG-1000 UNIT | 3 | MP; RX/OTC |
| PRORENAL+D/OMEGA-3 CAPS 0.75 MG-1 MG-4 MG-4 MG-5 MG-5 UNIT-10 MG-15 MCG-0.45 MG-1.2 MG-2.5 MG-21.5 MCG-30 MG-110 MG-165 MG-400 MCG-500 MG-500 UNIT | 3 | RX/OTC |
| PROTECT CARDIO AF CAPS 25 MG-25 MG-25 MG-25 MG-25 MG-30 MG-32 UNIT-50 MCG-50 MCG-50 MCG-50 MG-50 MG-60 MG-75 MCG-90 MG-100 MG-120 UNIT-174 MG-200 UNIT-250 MG-340 MG-500 MCG-1100 MCG | 3 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PROTECT PLUS SO CAPS 5 MCG-0.5 MG-0.5 MG-2.5 MG-15 MG-15 MG-15 MG-15 MG-20 MG-25 MCG-25 MCG-25 MCG-25 MG-25 MG-25 MG-25 MG-25 MG-25 MG-25 MG-50 MCG-50 MCG-50 MG-100 MCG-100 MG-144 MG-150 MCG-250 MG-500 MCG-2875 MCG | 3 | RX/OTC |
| PROTEGRA CAPS 1 MG-1.5 MG-15 MCG-50 MG-60 UNIT-250 MG-5000 UNIT-7.5 MG | 3 | RX/OTC |
| PROVIT TABS 10 MG-20 MG-5 MG-6 MCG-6 MG-29 MG-100 MG-100 UNIT-400 MG-400 UNIT-1000 MCG-2700 UNIT | 3 | MP; RX/OTC |
| QC MULTI-VITE TABS 2 MG-0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG-25 MCG-30 MCG-30 UNIT-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-400 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| QC OCUHEALTH VISION SUPPORT 2 CAPS 1 MG-1 MG-5 MG-10 MG-90 MG-250 MG | 3 | RX/OTC |
| QUIN B STRONG TABS 25 MG-15 MG-25 MCG-25 MCG-25 MG-25 MG-25 MG-100 MG-400 MCG-500 MG | 3 | MP; RX/OTC |
| RA CENTRAL-VITE TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG-25 MCG-30 MCG-30 UNIT-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-80 MG-150 MCG-200 MG-400 MCG-1000 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| RAYAVIT TABS 1.4 MG-1 MG-1 MG-1.4 MG-1 MG-1 MG-2 MG-2 MG-15 MCG-15 MG-15 MG-20 MG-20 MG-25 MG-25 MG-25 MG-25 MG-27 MG-27 MG-50 MG-50 MG-60 MCG-60 MCG-120 MG-120 MG-250 MCG-250 MCG-290 MCG-290 MCG-350 MCG-350 MCG-600 UNIT-750 MCG-2500 UNIT | 3 | MP; RX/OTC |
| REMEDIENT CAPS 1 MG-3.6 MG-6 MCG-8 MG-8.5 MG-20 MCG-28 MG-40 MG-60.3 MG-200 MG | 3 | RX/OTC |
| RENAPLEX-D TABS 1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-15 MG-20 MG-35 UNIT-60 MG-70 MCG-300 MCG-800 MCG-2000 UNIT | 3 | MP; RX/OTC |
| REQ 49+ TABS 0.5 MG-0.5 MG-0.7 MG-0.8 MG-1 MG-1 MG-1.5 MG-1.5 MG-2 MG-2.5 MCG-2.5 MG-5 MG-10 MG-15 MCG-20 MCG-25 MG-30 MCG-30 MCG-40 MCG-50 MCG-50 MCG-100 MG-100 UNIT-150 MCG-190 MG-200 MCG-200 UNIT-750 UNIT | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SENTRY TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-20 MG-25 MCG-30 MCG-30 UNIT-35 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-75 MCG-80 MG-150 MCG-200 MG-400 MCG-400 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| SENTRY SENIOR/LUTEIN TABS 1.5 MG-1.7 MG-2 MG-2 MG-2 MG-3 MG-5 MCG-10 MCG-10 MCG-10 MG-15 MG-20 MCG-20 MG-25 MCG-30 MCG-45 UNIT-48 MG-60 MG-75 MCG-100 MG-150 MCG-150 MCG-150 MCG-152 MG-200 MG-250 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| SIDEROL TABS 3 MG-8 MG-15 MG-15 MG-20 MG-25 MG-50 MG-60 MCG-100 MG-150 MG-250 MG-400 MCG | 3 | MP; RX/OTC |
| SM ONE DAILY MENS TABS 2 MG-1.2 MG-1.7 MG-2 MG-3 MG-5 MG-15 MG-16 MG-18 MCG-20 MCG-22.5 UNIT-30 MCG-60 MG-110 MCG-120 MCG-120 MG-210 MG-300 MCG-400 MCG-700 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| SM ONE DAILY WOMENS TABS 1.5 MG-1.7 MG-2 MG-2 MG-2 MG-5 MG-6 MCG-10 MG-15 MG-18 MG-20 MCG-22.5 UNIT-25 MCG-30 MCG-50 MG-60 MG-120 MCG-400 MCG-500 MG-1000 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| SOLO TABS 0.9 MG-2 MG-5 MG-5 MG-5 MG-10 MCG-10 MG-15 MG-20 MG-30 MCG-30 MCG-30 UNIT-70 MCG-75 MCG-80 MCG-100 MCG-100 MG-100 MG-100 MG-100 MG-150 MCG-250 MCG-400 MCG-2000 UNIT-3000 UNIT | 3 | MP; RX/OTC |
| SPECTRAVITE TABS 0.5 MG-1.1 MG-1.1 MG-1.8 MG-2 MG-2 MG-5 MCG-6 MCG-8 MG-10 MCG-10 MCG-14 MG-15 MG-18 MCG-18 MG-20 MG-32 MCG-35 UNIT-40 MCG-50 MCG-50 MCG-72 MG-75 MG-80 MG-100 MG-150 MCG-200 MG-400 MCG-1000 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| STROVITE FORTE TABS 0.1 MG-0.15 MG-0.8 MG-3 MG-10 MG-15 MG-20 MG-20 MG-25 MCG-25 MG-25 MG-50 MCG-50 MCG-50 MG-60 UNIT-100 MG-500 MG-1000 UNIT-3000 UNIT *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| STROVITE ONE TABS 1 MG-1.5 MG-1.5 MG-5 MG-5 MG-15 MG-15 MG-20 MG-25 MG-25 MG-25 MG-50 MCG-50 MCG-50 MG-100 MCG-100 MCG-100 UNIT-300 MG-1000 UNIT-3000 UNIT | 3 | MP; RX/OTC |
| SUPER ANTIOXIDANT CAPS 5 MG-10 MG-2 MG-3 MG-6.67 MG-10 MG-10 MG-25 MCG-30 UNIT-166.67 MG-333.33 MG-333.33 UNIT-1000 MCG-1000 MCG-1000 MCG-1000 MCG | 3 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SYSTANE ICAPS AREDS2 TABS 1 MG-1 MG-1 MG-5 MG-12.5 MG-94.3 MG-200 UNIT-250 MG | 3 | MP; RX/OTC |
| THERA M PLUS TABS 2 MG-2 MG-3 MG-3.4 MG-5 MCG-6 MG-6 MG-7 MG-9 MG-10 MCG-10 MCG-10 MG-12 MCG-15 MG-20 MG-23 MG-28 MCG-30 MCG-30 MG-50 MCG-60 UNIT-70 MCG-75 MCG-90 MG-100 MG-150 MCG-150 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| THERABETIC MULTI-VITAMIN TABS 1 MG-2.5 MG-2.5 MG-2.5 MG-5 MG-7.5 MG-10 MG-12.5 MG-25 MCG-25 MCG-25 MG-25 MG-25 MG-25 MG-25 MG-25 MG-25 MG-37.5 MG-50 MCG-62.5 MG-65 MG-75 MCG-100 MCG-100 UNIT-125 MG-125 MG-300 MCG-400 MCG-400 UNIT-1875 UNIT | 3 | MP; RX/OTC |
| THERAGRAN-M TABS 2 MG-2 MG-2 MG-3 MG-3.4 MG-5 MCG-6 MG-7.5 MG-7.5 MG-9 MG-10 MCG-10 MCG-10 MG-12 MCG-15 MG-20 MG-28 MCG-30 MCG-31 MG-40 MG-50 MCG-60 UNIT-70 MCG-75 MCG-90 MG-100 MG-150 MCG-150 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| THERAGRAN-M ADVANCED TABS 2 MG-2 MG-2 MG-3 MG-3.4 MG-5 MCG-6 MG-7.5 MG-7.5 MG-9 MG-10 MCG-10 MCG-10 MG-12 MCG-15 MG-20 MG-28 MCG-30 MCG-31 MG-40 MG-50 MCG-60 UNIT-70 MCG-75 MCG-90 MG-100 MG-150 MCG-150 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| THERAGRAN-M ADVANCED 50 PLUS TABS 1.5 MG-1.7 MG-2 MG-2 MG-2 MG-3 MG-10 MCG-10 MCG-10 MG-15 MG-20 MCG-20 MG-25 MCG-30 MCG-45 UNIT-48 MG-60 MG-72 MG-75 MCG-80 MG-100 MG-150 MCG-150 MCG-150 MCG-200 MG-250 MCG-300 MCG-400 MCG-400 UNIT-3500 UNIT | 3 | MP; RX/OTC |
| THERAGRAN-M PREMIER TABS 2 MG-2 MG-3.5 MG-4 MG-4 MG-4 MG-9 MCG-10 MCG-10 MCG-10 MG-15 MG-18 MG-25 MCG-25 MG-30 MCG-60 UNIT-72 MG-80 MCG-80 MG-100 MG-109 MG-120 MCG-120 MG-150 MCG-150 MCG-165 MG-200 MCG-250 MCG-250 MCG-375 MCG-400 MCG-1000 UNIT-3500 UNIT | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| THERAGRAN-M PREMIER 50 PLUS TABS 2 MG-2 MG-3 MG-3 MG-3.5 MG-6 MG-10 MCG-10 MCG-15 MG-17 MG-25 MCG-25 MG-27 MG-30 MCG-35 MCG-50 MG-72 MG-75 MCG-80 MG-100 MG-120 MG-150 MCG-150 MCG-150 MCG-200 MCG-200 MG-250 MCG-250 MCG-375 MCG-400 MCG-890 MCG | 3 | MP; RX/OTC |
| THERAMILL FORTE CAPS 4 MG-0.25 MG-2 MG-4 MG-2.5 MG-3 MCG-8 MCG-8 MG-12.5 MG-12.5 MG-12.5 MG-16.5 MCG-16.5 MG-17 MG-17 MG-17 MG-17 MG-33 MCG-33 MCG-33 MCG-33 UNIT-34 MG-50 MCG-67 MCG-67 MG-67 MG-67 UNIT-167 MG-3500 UNIT | 3 | RX/OTC |
| THERANATAL LACTATION ONE CAPS 1.7 MG-2 MG-2.5 MG-8 MCG-9 MG-30 MG-30 UNIT-60 MG-220 MCG-300 MCG-300 MG-400 MCG-6400 UNIT | 3 | RX/OTC |
| THERA-TABS M TABS 1.5 MG-1.7 MG-2 MG-2 MG-2 MG-6 MCG-10 MCG-10 MG-15 MCG-15 MCG-15 MG-19 MG-20 MG-20 UNIT-30 MCG-60 MG-60 MG-60 MG-150 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| THEREMS-M TABS 2 MG-2 MG-2 MG-3.4 MG-5 MCG-6 MG-7.5 MG-7.5 MG-9 MG-10 MCG-10 MG-12 MCG-20 MG-28 MCG-30 MCG-31 MG-40 MG-50 MCG-60 UNIT-3 MG-10 MCG-15 MG-70 MCG-75 MCG-90 MG-100 MG-150 MCG-150 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| THRIVITE 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT | 3 | MP; RX/OTC |
| T-VITES TABS 0.5 MG-3.75 MG-25 MG-25 MG-25 MG-25 MG-30 MCG-30 MCG-35 MG-100 MG-100 MG-150 MG-400 MCG-400 UNIT | 3 | MP; RX/OTC |
| UDAMIN SP TABS | 3 | MP; RX/OTC |
| UNICOMPLEX-M TABS 1 MG-1.5 MG-1.7 MG-2 MG-2 MG-5 MG-6 MCG-10 MG-15 MG-18 MG-20 MG-30 UNIT-45 MG-60 MG-60 MG-150 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| VENEXA TABS 2.3 MG-3 MG-3.4 MG-8 MCG-20 MCG-20 MG-20 MG-25 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |
| VENEXA FE TABS 2.3 MG-3 MG-3.4 MG-8 MCG-20 MCG-20 MG-20 MG-25 MG-27 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VENTRIXYL TABS 2.3 MG-8 MCG-20 MCG-20 MG-3 MG-3.4 MG-20 MG-25 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |
| VENTRIXYL FE TABS 2.3 MG-3 MG-3.4 MG-8 MCG-20 MCG-20 MG-20 MG-25 MG-27 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |
| VISION HEALTH CAPS 40 MG-1 MG-2 MG-5 MG-90 MG-250 MG | 3 | RX/OTC |
| VISTA ADVANCED AREDS2 FORMULA CAPS 1 MG-1 MG-5 MG-12.5 MG-25 MG-27.5 MCG-137.5 MG-250 MG | 3 | RX/OTC |
| VISTA ADVANCED DRY EYE FORMULA CAPS 12.5 MCG-1 MG-3 MG-5 MG-12.5 MG-25 MG-25 MG-37.5 MG-133 MG-250 MG-333 MG-667 MG | 3 | RX/OTC |
| VITABEX CAPS 2 MG-3 MG-3 MG-6 MG-12 MCG-15 UNIT-25 MCG-25 MCG-25 MG-25 MG-50 MG-50 MG-250 MG-500 UNIT-800 MCG-2500 UNIT | 3 | RX/OTC |
| VITABEX PLUS CAPS 3 MG-3 MG-5 MG-6 MCG-10 MCG-10 MG-10 UNIT-25 MG-120 MG-10 MG-25 MCG-25 MG-500 MCG-1000 UNIT | 3 | RX/OTC |
| VITAMIN D3 COMPLETE TABS 2 MG-2 MG-2 MG-4.5 MG-5 MG-5 MG-5 MG-5.1 MG-15 MG-15 UNIT-18 MCG-18 MG-20 MG-30 MG-100 MG-120 MG-150 MCG-180 MG-300 MCG-800 MCG-1200 UNIT-15000 UNIT | 3 | MP; RX/OTC |
| VITAROCA PLUS TABS 0.1 MG-0.15 MG-0.8 MG-3 MG-5 MG-20 MG-20 MG-22.5 MG-25 MG-25 MG-27 MG-30 UNIT-50 MCG-50 MG-100 MG-500 MG-5000 UNIT *(multiple vitamins w/ minerals)* | 3 | MP; RX/OTC |
| VITASANA TABS 1 MCG-1 MG-1 MG-1 MG-1.2 MG-1.7 MG-2 MG-9 MG-10 MG-15 MG-15 UNIT-40 MG-60 MG-80 MG-100 MG-200 MCG-200 UNIT-2000 UNIT | 3 | MP; RX/OTC |
| VITATRUM TABS 0.9 MG-1.5 MG-1.7 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-10 MCG-10 MCG-10 MG-11 MG-18 MG-20 MG-25 MCG-30 MCG-30 UNIT-35 MCG-45 MCG-55 MCG-72 MG-80 MG-90 MG-100 MG-109 MG-150 MCG-150 MCG-200 MG-250 MCG-300 MCG-400 UNIT-500 MCG-3500 UNIT | 3 | MP; RX/OTC |
| VITEYES CLASSIC CAPS 0.6 MG-1 MG-5 MG-12.5 MG-89 MG-250 MG | 3 | RX/OTC |
| VITEYES CLASSIC ADVANCED CAPS 0.6 MG-1.75 MG-5 MG-12.5 MG-20 MG-25 MG-25 MG-100 MCG-134.5 MG-250 MG | 3 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VITEYES CLASSIC MACULAR SUPPORT CAPS 0.6 MG-1 MG-5 MG-12.5 MG-89 MG-250 MG | 3 | RX/OTC |
| VITEYES CLASSIC MULTIIVITAMIN TABS 1.7 MG-2 MG-3 MG-5 MCG-10 MCG-10 MG-14 MG-20 MG-25 MCG-30 MCG-48 MCG-72 MG-75 MCG-80 MG-100 MG-150 MCG-150 MCG-150 MCG-200 MG-300 MCG-400 MCG-400 UNIT-20 MCG-1.5 MG-10 MCG | 3 | MP; RX/OTC |
| VITEYES CLASSIC MULTIVITAMIN TABS 1.5 MG-1.7 MG-2 MG-3 MG-5 MCG-10 MCG-10 MCG-10 MCG-10 MG-14 MG-20 MCG-20 MG-25 MCG-30 MCG-48 MG-72 MG-75 MCG-80 MG-100 MG-150 MCG-150 MCG-150 MCG-200 MG-300 MCG-400 MCG-750 MCG | 3 | MP; RX/OTC |
| VITEYES CLASSIC/OMEGA-3 CAPS 8.333 MG-0.4 MG-0.667 MG-3.333 MG-89.333 MG-116.667 MG-166.667 MG-216.667 MG-360 MG | 3 | RX/OTC |
| VITEYES CLASSIC+OMEGA-3 CAPS 0.4 MG-0.667 MG-3.333 MG-8.333 MG-89.333 MG-116.667 MG-166.667 MG-216.667 MG-360 MG | 3 | RX/OTC |
| VITEYES OPTIC NERVE SUPPORT TABS 10 MG-17 UNIT-33 MG-33 MG-33 MG-40 MG-67 MG-67 MG-100 MG-167 MG-167 MG-250 MG-267 MCG-333 MCG | 3 | MP; RX/OTC |
| VITRAMYN TABS 2.3 MG-3 MG-3.4 MG-8 MCG-20 MCG-20 MG-20 MG-25 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |
| VITRANOL TABS 2.3 MG-3 MG-3.4 MG-8 MCG-20 MCG-20 MG-20 MG-25 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |
| VITRANOL FE TABS 2.3 MG-3 MG-3.4 MG-8 MCG-20 MCG-20 MG-20 MG-25 MG-27 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |
| VITREXATE TABS 2.3 MG-3 MG-3.4 MG-8 MCG-20 MCG-20 MG-20 MG-25 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |
| VITREXATE FE TABS 2.3 MG-3 MG-3.4 MG-8 MCG-20 MCG-20 MG-20 MG-25 MG-27 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1500 MCG | 3 | MP; RX/OTC |
| VITREXYL TABS 3.4 MG-0.9 MG-2.3 MG-3 MG-8 MCG-20 MCG-20 MG-20 MG-25 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1720 MCG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VITREXYL/IRON TABS 0.9 MG-2.3 MG-3 MG-3.4 MG-8 MCG-20 MCG-20 MG-20 MG-25 MG-27 MG-30 MG-35 MCG-45 MCG-55 MCG-120 MG-200 MG-200 MG-1000 MCG-1720 MCG | 3 | MP; RX/OTC |
| VITRUM 50+ ADULT-MULTI IRON FREE TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-5 MCG-10 MCG-10 MG-11 MG-12.5 MCG-20 MG-20 MG-20 MG-25 MCG-30 MCG-30 MCG-45 MCG-45 MCG-50 MG-55 MCG-60 MG-72 MG-80 MG-150 MCG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-600 MCG | 3 | MP; RX/OTC |
| VITRUM 50+ SENIOR MULTI TABS 0.9 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MCG-10 MG-11 MG-20 MG-25 MCG-30 MCG-30 MCG-45 MCG-45 MCG-50 MG-50 UNIT-55 MCG-72 MG-80 MG-90 MG-110 MG-150 MCG-150 MCG-220 MG-250 MCG-300 MCG-500 MCG-500 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS 0.5 MG-1 MG-1 MG-1 MG-1 MG-2.5 MG-2.5 MG-2.5 MG-7.5 MG-12.5 MG-12.5 MG-15 MG-20 MG-25 MCG-25 MCG-25 MG-25 MG-35 MCG-50 UNIT-60 MCG-62.5 MG-125 MG-125 MG-150 MCG-200 UNIT-300 MCG-2500 UNIT | 3 | MP; RX/OTC |
| WOMENS 50+ MULTIVITAMIN TABS 2.2 MG-3.4 MG-4.2 MG-4.5 MG-6 MG-10 MG-13.5 MG-20 MCG-20 MG-24 MG-25 MCG-25 MCG-27 MCG-30 MCG-50 MG-90 MCG-120 MG-150 MCG-180 MCG-400 MCG-500 MG-1050 MCG | 3 | MP; RX/OTC |
| WOMENS MULTI VITAMIN & MINERAL FORMULA TABS 1 MG-1 MG-1 MG-1 MG-1.5 MG-2.5 MG-2.5 MG-2.5 MG-7.5 MG-12.5 MCG-12.5 MG-12.5 MG-15 MG-20 MG-25 MCG-25 MG-25 MG-35 MCG-40 MCG-50 UNIT-60 MCG-62.5 MG-75 MCG-125 MG-125 MG-150 MCG-200 MCG-200 UNIT-2500 UNIT | 3 | MP; RX/OTC |
| YELETS TEENAGE FORMULA TABS 1 MG-7.5 MG-10 MCG-10 MG-10 MG-10 MG-10 MG-10 MG-17.5 MCG-18 MG-20 MG-25 MG-30 MCG-30 UNIT-60 MG-100 MG-150 MCG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| ZYVANA CAPS 6 MG-11.5 MG-20.5 MCG-48.5 MCG-263.5 MG | 3 | RX/OTC |
| Multivitamins | | |
| AMLADEX TABS 1 MG-1 MG-5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG | 3 | MP; RX/OTC |
| DAILY MULTIPLE VITAMINS TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-20 MG-21 MG-60 MG-400 MCG-900 MCG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DEKAS ESSENTIAL CAPS 150 UNIT-1000 MCG-2000 UNIT-2000 UNIT | 3 | |
| DEKAS ESSENTIAL LIQD 70 UNIT/ML-2000 MCG/ML-2000 UNIT/ML-2000 UNIT/ML | 3 | |
| ESTROFACTORS TABS 0.67 MG-10 MCG-13 MCG-16.7 MG-30 MG-33 MG-66.7 MG-66.7 MG-66.7 UNIT-66.7 UNIT-70 MG-266 MCG-833 UNIT | 3 | MP; RX/OTC |
| GENICIN VITA-Q TABS 5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG-1000 MCG-1000 MCG | 3 | MP; RX/OTC |
| HIGH POTENCY MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG-10 MG-13.6 MG-20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG | 3 | MP; RX/OTC |
| MULTI VITAMIN TABS 2 MG-6 MCG-10 MG-20 MG-45 MG-60 MG-400 MCG-400 UNIT-3000 UNIT-1.5 MG-1.7 MG-30 UNIT | 3 | MP; RX/OTC |
| MULTI VITAMIN/D-3 TABS 1.5 MG-1.9 MG-2 MG-6 MCG-20 MG-30 UNIT-40 MG-50 MG-60 MG-400 MCG-400 UNIT-3000 UNIT | 3 | MP; RX/OTC |
| *multiple vitamin tabs 1 mg-1 mg-1.5 mg-1.7 mg-3 mcg-10 mcg-20 mg-50 mg-60 mg-1200 mcg* | 3 | MP; RX/OTC |
| MULTIVITAMIN ADULT TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG | 3 | MP; RX/OTC |
| NEOMULTIVITE TABS 2 MG-1.5 MG-1.7 MG-2 MCG-5 MCG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG | 3 | MP; RX/OTC |
| OMNICAP TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MG-20 MG-30 UNIT-60 MG-400 MCG-400 UNIT-3000 UNIT | 3 | MP; RX/OTC |
| ONE DAILY ESSENTIAL TABS 1.5 MG-1.7 MG-2 MG-3.3 MG-6 MCG-10 MG-20 MCG-20 MG-45 MG-60 MG-500 MCG-900 MCG | 3 | MP; RX/OTC |
| ONE-A-DAY ESSENTIAL TABS 0.4 MG-1.5 MG-1.7 MG-2 MG-6 MCG-10 MG-20 MG-30 UNIT-60 MG-400 UNIT-5000 UNIT *(multiple vitamin)* | 3 | MP; RX/OTC |
| ONE-A-DAY MENS TABS 0.4 MG-2.25 MG-2.55 MG-3 MG-9 MCG-10 MG-20 MG-45 UNIT-400 UNIT-5000 UNIT-200 MG *(multiple vitamin)* | 3 | MP; RX/OTC |
| QUINTABS TABS 30 MCG-30 MCG-30 MG-30 MG-30 MG-30 MG-50 UNIT-100 MG-300 MG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| THERA TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MG-20 MG-30 MCG-30 UNIT-45 MG-90 MG-400 MCG-400 UNIT-5000 UNIT | 3 | MP; RX/OTC |
| THEREMS MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG-10 MG-13.6 MG-20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG | 3 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZE-PLUS CAPS 50 MCG-75 MG-400 UNIT-500 UNIT *(multiple vitamin)* | NF | |
| Ped Multi Vitamins w/Fl & FE | | |
| *ped multivitamins w/fl & iron soln 0.25 mg/ml-0.4 mg/ml-0.5 mg/ml-0.6 mg/ml-5 unit/ml-8 mg/ml-10 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml* | 3 | QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC |
| Ped Multiple Vitamins w/ Minerals | | |
| AQUADEKS LIQD 0.6 MG/ML-0.6 MG/ML-0.6 MG/ML-2 MG/ML-3 MG/ML-3 MG/ML-5 MG/ML-6 MG/ML-10 MCG/ML-15 MCG/ML-15 MG/ML-45 MG/ML-50 UNIT/ML-400 MCG/ML-400 UNIT/ML-5751 UNIT/ML | 3 | MP |
| DEKAS PLUS LIQD 0.6 MG/ML-0.6 MG/ML-0.6 MG/ML-2 MG/ML-3 MG/ML-5 MG/ML-6 MG/ML-10 MCG/ML-15 MCG/ML-45 MG/ML-50 UNIT/ML-500 MCG/ML-750 UNIT/ML-5751 UNIT/ML | 3 | |
| FLINTSTONES GUMMIES CHEW 0.35 MG-0.4 MG-1.25 MG-1.5 MCG-2.5 UNIT-20 MG-22.5 MCG-35 MCG-300 UNIT-800 UNIT *(pediatric multiple vitamin w/ minerals & c)* | NF | |
| FLINTSTONES GUMMIES COMPLETE CHEW 0.5 MG-1.25 MG-1.5 MCG-2.5 MG-9 UNIT-15 MCG-15 MG-37.5 MCG-100 MCG-300 UNIT-1000 UNIT *(pediatric multiple vitamin w/ minerals & c)* | NF | |
| FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW 0.5 MG-2.5 MCG-2.5 MG-10 MCG-20 MCG-37.5 MCG-62.5 MG-100 MCG-100 UNIT-1000 UNIT-1.25 MG-10 UNIT *(pediatric multiple vitamin w/ minerals & c)* | NF | |
| FLINTSTONES SOUR GUMMIES CHEW 0.5 MG-1.25 MG-1.5 MCG-2.5 MG-9 UNIT-15 MCG-15 MG-19 MG-37.5 MCG-100 MCG-200 UNIT-1000 UNIT *(pediatric multiple vitamin w/ minerals & c)* | NF | |
| MVW COMPLETE FORMULATION CHEW 6 MCG-1.5 MG-1.7 MG-1.9 MG-10 MG-12 MG-15 MG-100 MCG-100 MG-200 MCG-200 UNIT-1000 MCG-1500 UNIT-16000 UNIT | 3 | |
| MVW COMPLETE FORMULATIONPEDIATRIC SOLN 0.5 MG/0.5ML-0.6 MG/0.5ML-0.6 MG/0.5ML-3 MG/0.5ML-4 MCG/0.5ML-5 MG/0.5ML-6 MG/0.5ML-15 MCG/0.5ML-45 MG/0.5ML-50 UNIT/0.5ML-500 MCG/0.5ML-750 UNIT/0.5ML-4627 UNIT/0.5ML | 3 | |
| NANOVM 1-3 YEARS POWD 0.34 MG-0.5 MG-0.5 MG-0.5 MG-0.9 MCG-1.2 MG-2 MG-3 MG-6 MG-7 MG-8 MCG-9 UNIT-11 MCG-15 MG-17 MCG-20 MCG-30 MCG-65 MG-90 MCG-150 MCG-460 MG-575 MG-600 UNIT-700 MG-1000 UNIT | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NANOVM 4-8 YEARS POWD 0.6 MG-0.6 MG-0.6 MG-1.2 MCG-1.5 MG-3 MG-5 MG-8 MG-10 MG-10 UNIT-12 MCG-15 MCG-22 MCG-25 MG-30 MCG-55 MCG-90 MCG-110 MG-200 MCG-440 MCG-500 MG-600 UNIT-775 MG-1000 MG-1332 UNIT | 3 | |
| NANOVM 9-18 YEARS POWD 0.7 MG-0.9 MG-0.9 MG-1 MG-1.8 MCG-1.9 MG-4 MG-8 MG-8 MG-11 UNIT-12 MG-20 MCG-25 MCG-34 MCG-40 MCG-45 MG-60 MCG-120 MCG-240 MG-300 MCG-600 UNIT-979 MG-1300 MG-1583 MG-2000 UNIT | 3 | |
| NANOVM T/F POWD 0.45 MG-0.5 MG-0.5 MG-0.6 MG-0.8 MG-1.2 MCG-2.5 MG-4.5 MG-5.5 MG-7 MG-10.2 UNIT-12 MCG-12.5 MCG-21.5 MCG-27.5 MCG-32.5 MG-37.5 MCG-75 MCG-175 MG-200 MCG-300 UNIT-499 MG-650 MG-1167 UNIT-1170 MG | 3 | |
| ONE-A-DAY SCOOBY-DOO GUMMIES CHEW 2.5 MG-0.5 MG-1.25 MG-2.5 MCG-10 MCG-10 UNIT-15 MCG-15 MG-20 MCG-37.5 MCG-100 MCG-100 UNIT-1000 UNIT *(pediatric multiple vitamin w/ minerals & c)* | NF | |
| ONE-A-DAY/JOLLY RANCHER CHEW 0.5 MG-1.25 MG-2.5 MCG-2.5 MG-10 MCG-10 UNIT-15 MCG-15 MG-20 MCG-37.5 MCG-100 MCG-100 UNIT-1000 UNIT *(pediatric multiple vitamin w/ minerals & c)* | NF | |
| *pediatric multiple vitamin w/ minerals & c chew* | 3 | |
| Ped MV w/ Fluoride | | |
| FLORIVA PLUS SOLN 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-2 MG/ML-5 UNIT/ML-29.7 MCG/ML-1150 UNIT/ML-400 UNIT/ML-32 MG/ML | 3 | QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC |
| MULTIVITAMIN + FLUORIDE CHEW | 3 | AL(Up to 12 yrs old); MP; RX/OTC |
| MULTIVITAMIN + FLUORIDE CHEW | 3 | QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC |
| MULTIVITAMIN WITH FLUORIDE CHEW | 3 | AL(Up to 12 yrs old); MP; RX/OTC |
| MULTIVITAMIN WITH FLUORIDE CHEW | 3 | QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC |
| MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT | 3 | QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC |
| MULTI-VIT-FLOR CHEW | 3 | AL(Up to 12 yrs old); MP; RX/OTC |
| MULTI-VIT-FLOR CHEW | 3 | QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *pediatric multivitamins w/fl soln* | 3 | QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC |
| *pediatric multivitamins w/fl chew* | 3 | QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC |
| *pediatric vitamins acd w/ fluoride soln* | 3 | QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC |
| POLY-VI-FLOR CHEW | 3 | QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC |
| POLY-VI-FLOR CHEW | 3 | AL(Up to 12 yrs old); MP; RX/OTC |
| QUFLORA PEDIATRIC SOLN | 3 | QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC |
| QUFLORA PEDIATRIC CHEW | 3 | AL(Up to 12 yrs old); MP; RX/OTC |
| QUFLORA PEDIATRIC CHEW | 3 | QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC |
| Pediatric Vitamins | | |
| TRI-VI-SOL A/C/D 10 MCG/ML-50 MG/ML-250 MCG/ML | 3 | MP |
| VITAMIN A/C/D INFANT 10 MCG/ML-50 MG/ML-250 MCG/ML | 3 | MP |
| VITAMIN A/C/D INFANT/TODDLER 10 MCG/ML-50 MG/ML-250 MCG/ML | 3 | MP |
| Prenatal Vitamins | | |
| CLASSIC PRENATAL TABS 1.7 MG-2 MG-4 MG-8 MCG-20 MG-28 MG-30 UNIT-60 MG-100 MG-150 MCG-200 MG-400 UNIT-800 MCG-8000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| COMPLETENATE CHEW 1 MG-2 MG-3 MG-10 MG-11 UNIT-12 MCG-20 MG-29 MG-120 MG-400 UNIT-1000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| CO-NATAL FA TABS 1 MG-3 MG-3 MG-3 MG-8 MCG-15 MG-20 MG-29 MG-30 UNIT-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| EQL PRENATAL FORMULA TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| GNP PRENATAL TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| GOODSENSE PRENATAL VITAMINS TABS 8 MCG-20 MG-1.7 MG-1.8 MG-2.6 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| KP PRENATAL MULTIVITAMINS TABS 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MASONATAL TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-10 MCG-13.5 MG-20 MG-25 MG-28 MG-120 MG-244 MG-600 MCG-800 MCG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| M-NATAL PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| NEONATAL COMPLETE TABS | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| NEONATAL PLUS TABS 0.2 MG-1 MG-1.84 MG-2 MG-2 MG-3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| NESTABS 3 MG-3 MG-10 MCG-10 MG-30 UNIT-32 MG-50 MG-55 MG-65 MG-100 MCG-120 MG-155 MG-450 UNIT-1000 MCG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| NIVA-PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| ONE VITE WOMENS PRENATALVITAMIN PLUS TABS 0.2 MG-1 MG-1.84 MG-2 MG-2 MG-3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| PNV TABS 29-1 1 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-15 MG-20 MG-29 MG-30 MCG-30 UNIT-100 MG-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| PRENATABS FA TABS 1 MG-3 MG-3 MG-3 MG-8 MCG-3 MG-3 MG-3 MG-8 MCG-10 MCG-13.5 MG-15 MG-15 MG-20 MG-20 MG-29 MG-29 MG-30 UNIT-120 MG-120 MG-150 MCG-150 MCG-200 MG-200 MG-400 UNIT-1000 MCG-1200 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| PRENATAL TABS 0.8 MG-1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-200 MG-400 UNIT-4000 UNIT, 0.8 MG-2 MG-2 MG-3 MG-4 MG-8 MCG-10 MG-15 MG-20 MG-27 MG-30 UNIT-100 MG-100 MG-150 MCG-200 MG-400 UNIT-8000 UNIT, 1 MG-1.7 MG-2 MG-4 MG-7.5 MG-20 MG-30 UNIT-45 MG-60 MG-100 MG-100 MG-150 MCG-400 UNIT-800 MCG-8000 UNIT, 2 MG-0.2 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-4.6 MG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-263 MG-800 MCG-1200 MCG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC |
| PRENATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| PRENATAL AND IRON TABS 1 MG-1.7 MG-2 MG-4 MG-7.5 MG-20 MG-30 UNIT-45 MG-60 MG-100 MG-100 MG-150 MCG-400 UNIT-800 MCG-8000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC |
| PRENATAL FORTE TABS 0.8 MG-2 MG-2 MG-3 MG-4 MG-8 MCG-10 MG-15 MG-20 MG-27 MG-30 UNIT-100 MG-100 MG-150 MCG-200 MG-400 UNIT-8000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC |
| PRENATAL MULTIVITAMIN TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| PRENATAL PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT-25 MG-22 MG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| PRENATAL PLUS IRON 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-29 MG-120 MG-200 MG-400 UNIT-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| PRENATAL PLUS VITAMIN ANDMINERAL TABS 1.84 MG-3 MG-9.9 MG-10 MCG-10 MG-20 MG-1 MG-2 MG-12 MCG-25 MG-27 MG-120 MG-200 MG-1200 MCG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| *prenatal vit w/ iron carbonyl-folic acid* | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| PRENATAL VITAMIN & MINERAL TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| PRENATAL VITAMIN/IRON TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| PRENATAL VITAMINS TABS | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| PRENATAL VITAMINS PLUS LOW IRON TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 MG-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| PRENATRIX TABS 1.3 MG-2.6 MG-3 MG-3.4 MG-10 MCG-20 MCG-20 MG-25 MG-27 MG-30 MG-45 MCG-50 MCG-50 MG-55 MG-70 MCG-120 MG-150 MCG-200 MG-200 MG-1000 MCG-1720 MCG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| PRENATRYL TABS 2.6 MG-3 MG-3.4 MG-10 MCG-20 MCG-20 MG-25 MG-27 MG-30 MG-45 MCG-50 MCG-50 MG-55 MG-70 MCG-120 MG-150 MCG-200 MG-200 MG-1000 MCG-1500 MCG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PRENATVITE RX TABS 2 MG-0.2 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-4.6 MG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-263 MG-800 MCG-1200 MCG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC |
| PREPLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| PRETAB TABS 1 MG-3 MG-3 MG-8 MCG-15 MG-20 MG-29 MG-30 UNIT-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| PX PRENATAL MULTIVITAMINS TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| QC PRENATAL TABS 120 MG-200 MG-400 UNIT-1.7 MG-2.6 MG-8 MCG-20 MG-28 MG-1.8 MG-25 MG-30 UNIT-800 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| RA PRENATAL TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| RA PRENATAL FORMULA/FOLICACID TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| SE-NATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| SE-NATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| SM PRENATAL VITAMINS TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| THERANATAL CORE NUTRITION TABS 1 MG-1.5 MG-1.7 MG-2 MG-6 MG-12 MCG-12 MG-15 MG-20 MG-27 MG-30 MCG-30 MCG-30 UNIT-50 MCG-50 MG-50 MG-70 MCG-100 MG-140 MG-220 MCG-2000 UNIT-3000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| THRIVITE RX 3 MG-1 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-15 MG-20 MG-29 MG-30 MCG-30 UNIT-100 MG-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| TRICARE TABS 1 MG-1.6 MG-1.6 MG-2 MG-3.1 MG-10 MCG-10 MG-12 MCG-20 MG-27 MG-30 UNIT-100 MG-200 MG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| TRINATAL RX 1 TABS 1 MG-1.5 MG-1.6 MG-2.5 MCG-3 MG-4 MG-7 MG-15 UNIT-17 MG-25 MG-30 MCG-60 MG-80 MG-100 MG-200 MG-400 UNIT-400 UNIT-3600 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VINATE ONE TABS 0.03 MG-1 MG-1.5 MG-1.6 MG-2.5 MCG-3 MG-4 MG-7 MG-15 UNIT-17 MG-25 MG-60 MG-80 MG-100 MG-200 MG-400 UNIT-4000 UNIT | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP |
| VITATHELY/GINGER TABS 1.9 MG-2.6 MCG-15 MCG-20 MG-27 MG-44 MG-85 MG-330 MCG-1000 MCG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| WESTAB PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-9.9 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG | 3 | QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC |
| Vitamins w/ Lipotropics | | |
| ACTIFLOVIT EAR HEALTH TABS 0.333 MG-0.333 MG-1 MG-1.666 MCG-1.666 MG-3.333 MG-29 MG-100 MG-111.333 MG-111.333 MG-200 MG | 3 | MP |
| LIPOTRIAD TABS 1.5 MG-1.5 MG-1.7 MG-2 MG-2 MG-6 MCG-10 MG-20 MG-30 MG-40 MCG-60 UNIT-120 MG-400 MCG-10000 UNIT *(vitamins w/ lipotropics)* | 3 | MP |
| *vitamins w/ lipotropics tabs 0.335 mg-0.335 mg-1 mg-1.67 mcg-1.67 mg-3.34 mg-29 mg-100 mg* | 3 | MP |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| Central Muscle Relaxants | | |
| AMRIX CP24 *(cyclobenzaprine hcl)* | 2 | |
| *baclofen tabs* | 1 | |
| *baclofen soln or 5 mg/5ml* | 1 | PA |
| *chlorzoxazone tabs* | 2 | |
| *cyclobenzaprine hcl tabs* | 1 | |
| *cyclobenzaprine hcl cp24* | 2 | |
| *cyclobenzaprine hcl tabs 7.5 mg* | 2 | |
| FLEQSUVY SUSP | 2 | |
| LYVISPAH PACK | 2 | |
| *metaxalone* | 2 | |
| *methocarbamol tabs* | 1 | |
| *orphenadrine citrate tb12* | 1 | |
| OZOBAX SOLN OR *(baclofen)* | NF | PA |
| ROBAXIN-750 TABS *(methocarbamol)* | 2 | |
| SKELAXIN *(metaxalone)* | 2 | |
| *tizanidine hcl caps* | 2 | |
| *tizanidine hcl tabs* | 1 | |
| ZANAFLEX CAPS *(tizanidine hcl)* | 2 | |
| ZANAFLEX TABS 4 MG *(tizanidine hcl)* | 2 | |
| Direct Muscle Relaxants | | |
| DANTRIUM CAPS *(dantrolene sodium)* | 2 | |
| *dantrolene sodium caps* | 2 | |
| Muscle Relaxant Combinations | | |
| NORGESIC FORTE 50 MG-60 MG-770 MG *(orphenadrine w/ aspirin & caff)* | 2 | |
| *orphenadrine w/ aspirin & caff 50 mg-60 mg-770 mg* | 2 | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Agent Combinations | | |
| *azelastine hcl-fluticasone propionate susp 137 mcg/act-50 mcg/act* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DYMISTA SUSP 50 MCG/ACT-137 MCG/ACT *(azelastine hcl-fluticasone propionate)* | 2 | |
| Nasal Agents - Misc. | | |
| LITTLE REMEDIES SALINE SPRAY/DROPS SOLN | 3 | |
| OCEAN NASAL SPRAY SOLN *(saline)* | 3 | |
| *saline soln* | 3 | |
| Nasal Antiallergy | | |
| *azelastine hcl* | 1 | RX/OTC |
| *cromolyn sodium (nasal) 5.2 mg/act* | 3 | |
| NASALCROM *(cromolyn sodium (nasal))* | 3 | |
| *olopatadine hcl (nasal)* | 2 | |
| PATANASE *(olopatadine hcl (nasal))* | 2 | |
| Nasal Anticholinergics | | |
| *ipratropium bromide (nasal)* | 1 | |
| Nasal Steroids | | |
| BECONASE AQ | 2 | |
| *budesonide (nasal)* | 2 | |
| FLONASE ALLERGY RELIEF SUSP *(fluticasone propionate (nasal))* | 2 | RX/OTC |
| FLONASE ALLERGY RELIEF CHILDRENS SUSP *(fluticasone propionate (nasal))* | 2 | RX/OTC |
| *flunisolide (nasal) .025 %* | 2 | |
| *fluticasone propionate (nasal) susp* | 1 | RX/OTC |
| *fluticasone propionate (nasal) susp* | 2 | RX/OTC |
| *mometasone furoate (nasal) susp* | 2 | |
| NASACORT ALLERGY 24HR AERO *(triamcinolone acetonide (nasal))* | 2 | QL(16.9 ml per 30 days retail) |
| NASACORT ALLERGY 24HR CHILDRENS AERO *(triamcinolone acetonide (nasal))* | 2 | QL(16.9 ml per 30 days retail) |
| NASONEX SUSP *(mometasone furoate (nasal))* | 2 | |
| OMNARIS SUSP | 2 | |
| QNASL | 2 | |
| QNASL CHILDRENS | 2 | |
| *triamcinolone acetonide (nasal) aero* | 2 | QL(16.9 ml per 30 days retail) |
| XHANCE EXHU | 2 | |
| ZETONNA AERS | 2 | |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| EXSERVAN FILM | 3 | AL(At least 18 yrs old); PA |
| RILUTEK TABS *(riluzole)* | 3 | |
| *riluzole tabs* | 3 | |
| TIGLUTIK SUSP | 3 | AL(At least 18 yrs old); PA |
| Spinal Muscular Atrophy Agents (SMA) | | |
| EVRYSDI | CO | SP; MP |
| SPINRAZA | CO | SP; MP |
| NUTRIENTS | | |
| Misc. Nutritional Substances | | |
| *omega-3 fatty acids cpdr* | 3 | |
| *omega-3 fatty acids caps* | 3 | |
| Proteins | | |
| L-ORNITHINE POWD | 4 | |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Artificial Tears and Lubricants | | |
| *artificial tear solution 4.5 %-1 %* | 3 | |
| *carboxymethylcellulose sodium (ophth) gel* | 3 | |
| *carboxymethylcellulose sodium (ophth) soln .5 %* | 3 | |
| *dextran 70-hypromellose 0.1 %-0.3 %* | 3 | |
| GENTEAL TEARS MODERATE PF 0.1 %-0.3 % *(dextran 70-hypromellose)* | 3 | |
| GENTEAL TEARS MODERATEPF 0.1 %-0.3 % *(dextran 70-hypromellose)* | 3 | |
| GENTEAL TEARS SEVERE DAY/NIGHT GEL 0.3 %-0.4 % *(polyethylene glycol-propylene glycol (ophth))* | 3 | |
| *polyethylene glycol-propylene glycol (ophth) soln 0.3 %-0.4 %* | 3 | |
| *polyethylene glycol-propylene glycol (ophth) gel 0.3 %-0.4 %* | 3 | |
| *polyvinyl alcohol 1.4 %* | 3 | |
| *polyvinyl alcohol-povidone (ophth)* | 3 | |
| REFRESH LIQUIGEL GEL *(carboxymethylcellulose sodium (ophth))* | 3 | |
| REFRESH PLUS SOLN *(carboxymethylcellulose sodium (ophth))* | NF | |
| REFRESH PLUS SOLN *(carboxymethylcellulose sodium (ophth))* | 3 | |
| REFRESH TEARS SOLN *(carboxymethylcellulose sodium (ophth))* | 3 | |
| SYSTANE SOLN 0.3 %-0.4 % *(polyethylene glycol-propylene glycol (ophth))* | 3 | |
| SYSTANE GEL GEL 0.3 %-0.4 % *(polyethylene glycol-propylene glycol (ophth))* | 3 | |
| SYSTANE ULTRA SOLN 0.3 %-0.4 % *(polyethylene glycol-propylene glycol (ophth))* | 3 | |
| THERATEARS GEL *(carboxymethylcellulose sodium (ophth))* | 3 | |
| *white petrolatum-mineral oil 42.5 %-57.3 %* | 3 | |
| Beta-blockers - Ophthalmic | | |
| *betaxolol hcl (ophth) soln* | 2 | |
| BETIMOL | 2 | |
| BETOPTIC-S SUSP | 1 | |
| *brimonidine tartrate-timolol maleate* | 2 | |
| *carteolol hcl (ophth)* | 1 | |
| COMBIGAN 0.2 %-0.5 % *(brimonidine tartrate-timolol maleate)* | 1 | |
| COSOPT 6.8 MG/ML-22.3 MG/ML *(dorzolamide hcl-timolol maleate)* | 2 | |
| COSOPT PF *(dorzolamide hcl-timolol maleate)* | 2 | |
| DORZOLAMIDE HCL/TIMOLOL MALEATE 0.5 %-2 % | 2 | |
| *dorzolamide hcl-timolol maleate* | 2 | |
| *dorzolamide hcl-timolol maleate* | 1 | |
| ISTALOL SOLN *(timolol maleate (ophth))* | 2 | |
| *levobunolol hcl .5 %* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *timolol maleate (ophth) solg* | 1 | |
| *timolol maleate (ophth) soln* | 1 | |
| *timolol maleate (ophth) soln* | 2 | |
| TIMOPTIC SOLN *(timolol maleate (ophth))* | 2 | |
| TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))* | 2 | |
| TIMOPTIC-XE SOLG *(timolol maleate (ophth))* | 2 | |
| Cholinergic Agonists | | |
| TYRVAYA | 2 | QL(8.4 ml per 30 days retail) |
| Cycloplegic Mydriatics | | |
| ATROPINE SULFATE SOLN 1 % | 3 | |
| *atropine sulfate (ophthalmic) soln* | 3 | |
| *atropine sulfate (ophthalmic) oint* | 3 | |
| CYCLOGYL 1 %, 2 % *(cyclopentolate hcl)* | 3 | |
| *cyclopentolate hcl 1 %, 2 %* | 3 | |
| ISOPTO ATROPINE SOLN | 3 | |
| MYDRIACYL SOLN *(tropicamide)* | 3 | |
| *phenylephrine hcl (mydriatic) soln 2.5 %* | 3 | |
| *tropicamide soln* | 3 | |
| Miotics | | |
| ISOPTO CARPINE SOLN *(pilocarpine hcl)* | 3 | |
| PHOSPHOLINE IODIDE | 3 | |
| *pilocarpine hcl soln 1 %, 2 %, 4 %* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Ophthalmic Adrenergic Agents | | |
| ALPHAGAN P | 2 | |
| ALPHAGAN P *(brimonidine tartrate)* | 2 | |
| *apraclonidine hcl* | 1 | |
| *brimonidine tartrate* | 2 | |
| *brimonidine tartrate .2 %* | 1 | |
| IOPIDINE | 2 | |
| SIMBRINZA 0.2 %-1 % | 1 | |
| Ophthalmic Anti-infectives | | |
| AZASITE | 2 | |
| BACIGUENT | 3 | |
| *bacitracin (ophthalmic)* | 3 | |
| *bacitracin-polymyxin b (ophth) 500 unit/gm-10000 unit/gm* | 3 | |
| BESIVANCE | 2 | |
| BLEPH-10 SOLN *(sulfacetamide sodium (ophth))* | 3 | |
| CILOXAN SOLN *(ciprofloxacin hcl (ophth))* | 2 | |
| CILOXAN OINT | 2 | |
| *ciprofloxacin hcl (ophth) soln* | 1 | |
| *erythromycin (ophth)* | 1 | |
| *gatifloxacin (ophth)* | 2 | |
| *gentamicin sulfate (ophth) soln* | 3 | |
| *gentamicin sulfate (ophth) oint* | 3 | |
| KLARITY-A | 2 | |
| *levofloxacin (ophth) .5 %* | 2 | |
| MOXEZA SOLN OP *(moxifloxacin hcl (ophth))* | 2 | |
| *moxifloxacin hcl (ophth) soln op* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *neomycin-bacitracin zn-polymyxin 3.5 mg/gm-400 unit/gm-10000 unit/gm* | 3 | |
| *neomycin-polymyxin-gramicidin 0.025 mg/ml-1.75 mg/ml-10000 unit/ml* | 3 | |
| OCUFLOX *(ofloxacin (ophth))* | 2 | |
| *ofloxacin (ophth)* | 1 | |
| *polymyxin b-trimethoprim 0.1 %-10000 unit/ml* | 3 | |
| POLYTRIM 0.1 %-10000 UNIT/ML *(polymyxin b-trimethoprim)* | 3 | |
| *sulfacetamide sodium (ophth) oint* | 3 | |
| *sulfacetamide sodium (ophth) soln* | 3 | |
| *tobramycin (ophth) soln* | 3 | |
| TOBREX SOLN *(tobramycin (ophth))* | 3 | |
| *trifluridine* | 4 | |
| VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))* | 1 | |
| ZYMAXID *(gatifloxacin (ophth))* | 2 | |
| Ophthalmic Decongestants | | |
| *naphazoline w/ pheniramine 0.025 %-0.3 %* | 3 | |
| NAPHCON-A 0.025 %-0.3 % *(naphazoline w/ pheniramine)* | 3 | |
| Ophthalmic Immunomodulators | | |
| CEQUA SOLN | 2 | QL(60 ea per 30 days retail) |
| *cyclosporine (ophth) emul* | 2 | QL(60 ea per 30 days retail) |
| CYCLOSPORINE IN KLARITY EMUL | 2 | QL(4 ml daily); AL(At least 4 yrs old) |
| RESTASIS EMUL *(cyclosporine (ophth))* | 1 | QL(60 ea per 30 days retail) |
| RESTASIS MULTIDOSE EMUL | 1 | QL(5.5 ml per 30 days retail) |
| VERKAZIA EMUL | 2 | QL(4 ea daily); AL(At least 4 yrs old) |
| Ophthalmic Integrin Antagonists | | |
| XIIDRA | 1 | QL(60 ea per 30 days retail) |
| Ophthalmic Kinase Inhibitors | | |
| RHOPRESSA | 1 | |
| ROCKLATAN 0.005 %-0.02 % | 1 | |
| Ophthalmic Local Anesthetics | | |
| ALCAINE *(proparacaine hcl)* | 3 | |
| *proparacaine hcl* | 3 | |
| Ophthalmic Nerve Growth Factors | | |
| OXERVATE | 3 | 4 rtl MAX fill; 365 rtl day(s) supply; 56 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(28 ml per 28 days retail); AL(At least 2 yrs old); SP; PA |
| Ophthalmic Steroids | | |
| ALREX SUSP | 2 | |
| *bacitracin-poly-neomycin-hc 1 %-3.5 mg/gm-400 unit/gm-10000 unit/gm* | 3 | |
| *dexamethasone sodium phosphate (ophth)* | 3 | |
| EYSUVIS SUSP | 2 | QL(8.3 ml per 14 days retail) |
| *fluorometholone (ophth) susp* | 3 | QL(15 ml per 30 days retail) |
| FML LIQUIFILM SUSP *(fluorometholone (ophth))* | 3 | QL(15 ml per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MAXITROL SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML *(neomycin-polymy-dexameth)* | 3 | |
| MAXITROL OINT 0.1 %-3.5 MG/GM-10000 UNIT/GM *(neomycin-polymy-dexameth)* | 3 | |
| *neomycin-polymy-dexameth susp 0.1 %-3.5 mg/ml-10000 unit/ml* | 3 | |
| *neomycin-polymy-dexameth oint 0.1 %-3.5 mg/gm-10000 unit/gm* | 3 | |
| PRED FORTE *(prednisolone acetate (ophth))* | 3 | |
| *prednisolone acetate (ophth)* | 3 | |
| PREDNISOLONE ACETATE P-F | 3 | |
| PREDNISOLONE SODIUM PHOSPHATE | 3 | |
| *sulfacetamide sod-prednisolone soln 0.23 %-10 %* | 3 | |
| TOBRADEX SUSP 0.1 %-0.3 % *(tobramycin-dexamethasone)* | 3 | |
| *tobramycin-dexamethasone susp 0.1 %-0.3 %* | 3 | |
| Ophthalmics - Misc. | | |
| ACULAR *(ketorolac tromethamine (ophth))* | 2 | |
| ACULAR LS *(ketorolac tromethamine (ophth))* | 2 | |
| ACUVAIL | 2 | |
| ALOCRIL | 2 | |
| ALOMIDE | 2 | |
| *azelastine hcl (ophth)* | 1 | |
| AZOPT *(brinzolamide)* | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *bepotastine besilate* | 2 | |
| BEPREVE *(bepotastine besilate)* | 2 | |
| *brinzolamide* | 2 | |
| *bromfenac sodium (ophth)* | 2 | |
| BROMSITE | 2 | |
| *cromolyn sodium (ophth)* | 1 | |
| *diclofenac sodium (ophth)* | 1 | |
| *dorzolamide hcl* | 1 | |
| DORZOLAMIDE HCL | 2 | |
| *epinastine hcl (ophth)* | 2 | |
| *flurbiprofen sodium* | 1 | |
| ILEVRO | 2 | |
| *ketorolac tromethamine (ophth) .5 %* | 1 | |
| *ketorolac tromethamine (ophth)* | 2 | |
| *ketotifen fumarate (ophth) .025 %* | 1 | QL(10 ml per 30 days retail) |
| LASTACAFT | 2 | RX/OTC |
| MURO 128 SOLN *(sodium chloride hypertonic)* | NF | |
| MURO 128 SOLN *(sodium chloride hypertonic)* | 3 | |
| MURO 128 OINT *(sodium chloride hypertonic)* | 3 | |
| MURO 128 OINT *(sodium chloride hypertonic)* | NF | |
| NEVANAC | 2 | |
| *olopatadine hcl* | 1 | RX/OTC |
| PATADAY *(olopatadine hcl)* | 2 | RX/OTC |
| PATADAY EXTRA STRENGTH | 2 | |
| PROLENSA | 2 | |
| *sodium chloride hypertonic oint* | 3 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sodium chloride hypertonic soln* | 3 | |
| TRUSOPT *(dorzolamide hcl)* | 2 | |
| ZADITOR *(ketotifen fumarate (ophth))* | NF | QL(10 ml per 30 days retail) |
| ZERVIATE | 2 | |
| Prostaglandins - Ophthalmic | | |
| *bimatoprost soln* | 2 | |
| *latanoprost soln* | 1 | |
| LATANOPROST SOLN | 2 | |
| LUMIGAN SOLN | 2 | |
| *tafluprost* | 2 | |
| TRAVATAN Z *(travoprost)* | 2 | |
| *travoprost* | 2 | |
| VYZULTA | 2 | |
| XALATAN SOLN *(latanoprost)* | 2 | |
| XELPROS EMUL | 2 | |
| ZIOPTAN *(tafluprost)* | 2 | |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| *acetic acid (otic)* | 3 | |
| Otic Anti-infectives | | |
| CETRAXAL *(ciprofloxacin hcl (otic))* | 2 | |
| *ciprofloxacin hcl (otic)* | 2 | |
| *ofloxacin (otic)* | 1 | |
| Otic Combinations | | |
| CIPRO HC 0.2 %-1 % | 2 | |
| CIPRODEX 0.1 %-0.3 % *(ciprofloxacin-dexamethasone)* | 1 | |
| *ciprofloxacin-dexamethasone 0.1 %-0.3 %* | 2 | |
| *ciprofloxacin-fluocinolone acetonide 0.025 %-0.3 %* | 2 | |
| *neomycin-polymyxin-hc (otic) susp 1 %-3.5 mg/ml-10000 unit/ml* | 3 | |
| *neomycin-polymyxin-hc (otic) soln 1 %-3.5 mg/ml-10000 unit/ml* | 3 | |
| OTOVEL 0.025 %-0.3 % | 2 | |
| Otic Steroids | | |
| *hydrocortisone w/acetic acid 1 %-2 %* | 3 | |
| OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding | | |
| Oxytocics | | |
| *methylergonovine maleate tabs* | 3 | QL(28 ea per 180 days retail); AL(At least 12 yrs old) |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Monoclonal Antibodies | | |
| SYNAGIS SOLN | 3 | SP; MP; PA |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| *amoxicillin tabs* | 3 | MP |
| *amoxicillin susr* | 3 | MP |
| *amoxicillin caps* | 3 | MP |
| *amoxicillin chew 125 mg, 250 mg* | 3 | MP |
| *ampicillin caps 500 mg* | 3 | |
| Natural Penicillins | | |
| *penicillin v potassium tabs* | 3 | MP |
| *penicillin v potassium solr* | 3 | MP |
| Penicillin Combinations | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *amoxicillin & pot clavulanate susr* | 3 | |
| *amoxicillin & pot clavulanate chew* | 3 | |
| *amoxicillin & pot clavulanate tabs* | 3 | |
| AUGMENTIN SUSR *(amoxicillin & pot clavulanate)* | 3 | |
| AUGMENTIN TABS *(amoxicillin & pot clavulanate)* | 3 | |
| AUGMENTIN ES-600 SUSR 42.9 MG/5ML-600 MG/5ML *(amoxicillin & pot clavulanate)* | 3 | |
| Penicillinase-Resistant Penicillins | | |
| *dicloxacillin sodium* | 3 | |
| PHARMACEUTICAL ADJUVANTS | | |
| Liquid Vehicles | | |
| FLAVOR BLEND SUSP | 4 | RX/OTC |
| FLAVOR PLUS LIQD | 4 | RX/OTC |
| FLAVOR SWEET SYRP | 4 | RX/OTC |
| FLAVOR SWEET-SF SYRP | 4 | RX/OTC |
| FREEDOM PEG TROCHE BASE POWD | 4 | RX/OTC |
| GRAPE SYRUP SYRP | 4 | RX/OTC |
| MX-SOL SYRP | 4 | RX/OTC |
| MX-SOL BLEND SUSP | 4 | RX/OTC |
| MX-SOL BLEND SF SUSP | 4 | RX/OTC |
| MX-SOL SF SYRP | 4 | RX/OTC |
| MX-SOL SUSPEND SUSP | 4 | RX/OTC |
| ORA-BLEND SUSP | 4 | RX/OTC |
| ORA-BLEND SF SUSP | 4 | RX/OTC |
| ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP | 4 | RX/OTC |
| ORAL MIX SF SUSP | 4 | RX/OTC |
| ORAL SUSPEND LIQD | 4 | RX/OTC |
| ORAL SYRUP FLAVORED VEHICLE SYRP | 4 | RX/OTC |
| ORAL SYRUP SF SYRP | 4 | RX/OTC |
| ORAPENN SD ANHYDROUS SWEETENED LIQD | 4 | RX/OTC |
| ORAPENN SD ANHYDROUS UNSWEETENED LIQD | 4 | RX/OTC |
| ORA-PLUS LIQD | 4 | RX/OTC |
| ORA-SWEET SYRP | 4 | RX/OTC |
| ORA-SWEET SF SYRP | 4 | RX/OTC |
| PCCA CUSTOM TROCHE BASE POWD | 4 | RX/OTC |
| PCCA POLYGLYCOL TROCHE POWD | 4 | RX/OTC |
| PCCA SWEET-SF SYRP 70 % | 4 | RX/OTC |
| PCCA SYRUP VEHICLE SYRP | 4 | RX/OTC |
| PCCA-PLUS SUSP | 4 | RX/OTC |
| SOSWEET SYRP | 4 | RX/OTC |
| SUSPENDIT ANHYDROUS SUSP | 4 | RX/OTC |
| SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP | 4 | RX/OTC |
| SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP | 4 | RX/OTC |
| SUSPENSION VEHICLE SUSP | 4 | RX/OTC |
| SYRPALTA SYRP | 4 | RX/OTC |
| SYRSPEND SF LIQD | 4 | RX/OTC |
| SYRUP VEHICLE SYRP | 4 | RX/OTC |
| SYRUP VEHICLE SF SYRP | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TECHNA 10 SF TROCHE BASE POWD | 4 | RX/OTC |
| TECHNA 20 TROCHE BASE POWD | 4 | RX/OTC |
| TROCHE BASE POWD | 4 | RX/OTC |
| TROCHE BASE NS POWD | 4 | RX/OTC |
| UNISPEND ANHYDROUS SWEETENED SUSP | 4 | RX/OTC |
| UNISPEND ANHYDROUS UNSWEETENED SUSP | 4 | RX/OTC |
| VERSAFREE SYRP | 4 | RX/OTC |
| VERSAPLUS SYRP | 4 | RX/OTC |
| Pharmaceutical Excipients | | |
| SODIUM BENZOATE | 4 | RX/OTC |
| Semi Solid Vehicles | | |
| 1ST BASE | 4 | RX/OTC |
| ALPAWASH | 4 | RX/OTC |
| ALTADERM CREAM BASE | 4 | RX/OTC |
| ANHYDROUS BASE OINT | 4 | |
| ARBEM H-COSMETIC | 4 | RX/OTC |
| ARBEM LIPOPEN | 4 | RX/OTC |
| ATREVIS HYDROGEL | 4 | RX/OTC |
| AUXIPRO VANISHING CREAM | 4 | RX/OTC |
| AZ CREAM | 4 | RX/OTC |
| BABY SKIN PROTECTANT | 3 | RX/OTC |
| BASE PCCA CLARIFYING | 4 | RX/OTC |
| BASE W301 | 4 | RX/OTC |
| BRAVURA ALL-IN-ONE | 4 | RX/OTC |
| CHRYSADERM DAY | 4 | RX/OTC |
| CHRYSADERM NIGHT | 4 | RX/OTC |
| CLEODERM | 4 | RX/OTC |
| CREAM BASE | 4 | RX/OTC |
| CREAM CONCENTRATE | 4 | RX/OTC |
| CUTIS PLUS | 4 | RX/OTC |
| DAILY MOISTURIZER | 3 | RX/OTC |
| DURABASE | 4 | RX/OTC |
| DURABASE ADVANCED | 4 | RX/OTC |
| EMOLIVAN | 4 | RX/OTC |
| EMOLLIENT CREAM | 4 | RX/OTC |
| EMOLLIENT CREAM BASE | 4 | RX/OTC |
| FAGRON LS PLUS | 4 | RX/OTC |
| FAGRON NATURAL CREAM | 4 | RX/OTC |
| FAGRON SUPREME CREAM | 4 | RX/OTC |
| FATTIBASE | 4 | RX/OTC |
| FITALITE | 4 | RX/OTC |
| FREEDOM ADAPTADERM | 4 | RX/OTC |
| FREEDOM DERMA SERUM | 4 | RX/OTC |
| FREEDOM DERMA-D | 4 | RX/OTC |
| FREEDOM DERMA-N | 4 | RX/OTC |
| HYDROUS EMULSIFIED BASE | 4 | RX/OTC |
| LIP BALM BASE | 4 | RX/OTC |
| LIPO CREAM BASE | 4 | RX/OTC |
| LIPOCREAM BASE | 4 | RX/OTC |
| LIPOPEN ABSORPTION ENHANCING BASE | 4 | RX/OTC |
| LIPOPEN ULTRA BASE | 4 | RX/OTC |
| LIPOSOMAL HEAVY | 4 | RX/OTC |
| LIPOSOMAL REGULAR | 4 | RX/OTC |
| MEDIDERM | 4 | RX/OTC |
| MICRODERM BASE | 4 | RX/OTC |
| MICROSOME BASE | 4 | RX/OTC |
| MULTIBASE | 4 | RX/OTC |
| MULTI-PHASIC PENETRATINGCOMPOUND BASE | 4 | RX/OTC |
| NOURILITE | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NOURIVAN ANTIOX CREAM BASE | 4 | RX/OTC |
| OMNIBASE | 4 | RX/OTC |
| PCCA ALADERM BASE | 4 | RX/OTC |
| PCCA ANHYDROUS BASE OINT | 4 | |
| PCCA ANHYDROUS LIPODERM BASE | 4 | RX/OTC |
| PCCA BASE 7542 | 4 | RX/OTC |
| PCCA BIOPEPTIDE BASE | 4 | RX/OTC |
| PCCA CANNIDEX 2.0 CUSTOMBASE | 4 | RX/OTC |
| PCCA CANNIDEX CUSTOM BASE | 4 | RX/OTC |
| PCCA COSMETIC HRT BASE | 4 | RX/OTC |
| PCCA EMOLLIENT CREAM BASE | 4 | RX/OTC |
| PCCA HYDRABASE SB CUSTOMBASE | 4 | RX/OTC |
| PCCA LIPODERM BASE | 4 | RX/OTC |
| PCCA LIPODERM CUSTOM BASE | 4 | RX/OTC |
| PCCA MVC BASE | 4 | RX/OTC |
| PCCA NATACREAM | 4 | RX/OTC |
| PCCA POLYPEG BASE | 4 | RX/OTC |
| PCCA PRACASIL TM-PLUS BASE | 4 | RX/OTC |
| PCCA VANISHING CREAM LIGHT | 4 | RX/OTC |
| PCCA VANISHING CREAM/LOTION BASE | 4 | RX/OTC |
| PCCA VANPEN BASE | 4 | RX/OTC |
| PCCA WAV CUSTOM BASE | 4 | RX/OTC |
| PEG | 4 | RX/OTC |
| PEG OINTMENT BASE | 4 | RX/OTC |
| PENCREAM | 4 | RX/OTC |
| PENDERM | 4 | RX/OTC |
| PENSOMAL CREAM | 4 | RX/OTC |
| PERFORMAX SALT SUPPORTIVEBASE | 4 | RX/OTC |
| PETROLATUM | 3 | RX/OTC |
| PETROLEUM JELLY | 3 | RX/OTC |
| PETROLEUM JELLYBABY | 3 | RX/OTC |
| PFCB | 4 | RX/OTC |
| PHARMABASE ANTIOXIDANT | 4 | RX/OTC |
| PHARMABASE COSMETIC | 4 | RX/OTC |
| PHARMABASE COSMETIC NATURAL | 4 | RX/OTC |
| PHARMABASE HEAVY | 4 | RX/OTC |
| PHARMABASE LIGHT | 4 | RX/OTC |
| PHARMABASE VAGINAL MOISTURIZING | 4 | RX/OTC |
| PHYTOBASE | 4 | RX/OTC |
| POLYETHYLENE GLYCOL BLEND | 4 | RX/OTC |
| P-SILOXAN DS | 4 | RX/OTC |
| RA PETROLEUM JELLY | 3 | RX/OTC |
| SA3 DERM | 4 | RX/OTC |
| SALT DURABLE CREAM | 4 | RX/OTC |
| SALT STABLE LS ADVANCED | 4 | RX/OTC |
| SALTSTABLE LO | 4 | RX/OTC |
| SANARE ADVANCED SCAR THERAPY | 4 | RX/OTC |
| SANARE SCAR THERAPY | 4 | RX/OTC |
| SCAR CARE CREAM | 4 | RX/OTC |
| SILPROTEX PLUS | 4 | RX/OTC |
| SKIN PROTECTANT PETROLATUM | 3 | RX/OTC |
| SKYY DERM | 4 | RX/OTC |
| TERODERM | 4 | RX/OTC |
| TERODERM-PLUS | 4 | RX/OTC |
| U-BASE | 4 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VANIBASE | 4 | RX/OTC |
| VANISHING CREAM | 4 | RX/OTC |
| VANISHING CREAM BOTANICALBASE | 4 | RX/OTC |
| VANISH-PEN | 4 | RX/OTC |
| VERSAPRO | 4 | RX/OTC |
| VERSATILE CREAM BASE | 4 | RX/OTC |
| VERSATILE RICH CREAM BASE | 4 | RX/OTC |
| VERSIGEL | 4 | RX/OTC |
| VP DERMABASE | 4 | RX/OTC |
| WOUND CARE CREAM | 4 | RX/OTC |
| XCEL 100 | 4 | RX/OTC |
| XEMATOP BASE | 4 | RX/OTC |
| YELLOW PETROLATUM | 3 | RX/OTC |
| ZOE SCRIPTS IDEALBASE | 4 | RX/OTC |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Progestins | | |
| AYGESTIN TABS *(norethindrone acetate)* | 2 | MP |
| *hydroxyprogesterone caproate oil* | 1 | SP; PA |
| MAKENA OIL *(hydroxyprogesterone caproate)* | NF | SP; PA |
| MAKENA SOAJ | 2 | SP |
| *medroxyprogesterone acetate 2.5 mg, 5 mg, 10 mg* | 1 | MP |
| *megestrol acetate (appetite)* | 2 | |
| *norethindrone acetate tabs* | 1 | MP |
| *progesterone caps* | 1 | MP |
| *progesterone oil* | 2 | MP |
| PROMETRIUM CAPS *(progesterone)* | 2 | MP |
| PROVERA *(medroxyprogesterone acetate)* | 2 | MP |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| LUCEMYRA | 1 | |
| Anti-Cataplectic Agents | | |
| SODIUM OXYBATE | 3 | QL(18 ml daily); AL(At least 7 yrs old); SP |
| XYWAV 40 MG/ML-96 MG/ML-130 MG/ML-234 MG/ML | 3 | QL(18 ml daily); AL(At least 7 yrs old); SP; PA |
| Antidementia Agents | | |
| ADLARITY PTWK | 3 | PA |
| ARICEPT TABS *(donepezil hydrochloride)* | 2 | |
| *donepezil hydrochloride tabs 5 mg, 10 mg* | 1 | |
| *donepezil hydrochloride tbdp* | 1 | |
| *donepezil hydrochloride tabs* | 2 | |
| EXELON *(rivastigmine)* | 1 | |
| *galantamine hydrobromide cp24* | 2 | |
| *galantamine hydrobromide tabs* | 1 | |
| *galantamine hydrobromide soln* | 2 | |
| *memantine hcl tabs* | 1 | |
| *memantine hcl soln* | 1 | |
| *memantine hcl cp24* | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NAMENDA TABS *(memantine hcl)* | 2 | |
| NAMENDA TITRATION PAK TABS *(memantine hcl)* | 2 | |
| NAMENDA XR CP24 *(memantine hcl)* | 2 | |
| NAMENDA XR TITRATION PACK CP24 | 2 | |
| NAMZARIC C4PK 10 MG | 2 | |
| NAMZARIC CP24 | 2 | |
| RAZADYNE ER CP24 *(galantamine hydrobromide)* | 2 | |
| *rivastigmine* | 2 | |
| *rivastigmine tartrate caps* | 1 | |
| Fibromyalgia Agents | | |
| SAVELLA TABS | 1 | QL(2 ea daily) |
| SAVELLA TITRATION PACK MISC | 1 | QL(2 ea daily) |
| Movement Disorder Drug Therapy | | |
| AUSTEDO TABS | 3 | AL(At least 18 yrs old); SP; PA |
| INGREZZA CAPS | 3 | AL(At least 18 yrs old); SP; PA |
| INGREZZA CPPK | 3 | AL(At least 18 yrs old); SP; PA |
| Multiple Sclerosis Agents | | |
| AMPYRA *(dalfampridine)* | 3 | QL(2 ea daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA |
| AUBAGIO | 2 | SP |
| AVONEX PSKT | 1 | QL(4 ml per fill retail); SP |
| AVONEX PEN AJKT | 1 | SP |
| BAFIERTAM | 2 | QL(4 ea daily); SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BETASERON KIT | 1 | SP |
| COPAXONE SOSY *(glatiramer acetate)* | 2 | SP |
| COPAXONE SOSY 20 MG/ML *(glatiramer acetate)* | 1 | SP |
| *dalfampridine* | 3 | QL(2 ea daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA |
| *dimethyl fumarate cpdr* | 1 | SP |
| *dimethyl fumarate misc* | 1 | SP |
| EXTAVIA KIT | 2 | SP |
| *fingolimod hcl* | 2 | SP; MP |
| GILENYA | 1 | SP; MP |
| *glatiramer acetate sosy* | 2 | SP |
| KESIMPTA | 2 | SP |
| MAVENCLAD | 2 | |
| MAYZENT TABS | 2 | MP |
| MAYZENT STARTER PACK TBPK | 2 | MP |
| PLEGRIDY SOSY IM | 2 | SP |
| PLEGRIDY SOPN | 2 | SP |
| PLEGRIDY STARTER PACK SOPN | 2 | SP |
| PLEGRIDY STARTER PACK SOSY SC | 2 | SP |
| PONVORY TABS | 2 | AL(At least 18 yrs old - Up to 55 yrs old) |
| PONVORY 14-DAY STARTER PACK TBPK | 2 | AL(At least 18 yrs old - Up to 55 yrs old) |
| REBIF SOSY 22 MCG/0.5ML | 2 | SP |
| REBIF SOSY 44 MCG/0.5ML | 2 | QL(7.5 ml per 30 days retail); SP |
| REBIF REBIDOSE SOAJ | 2 | SP |
| REBIF REBIDOSE TITRATIONPACK SOAJ | 2 | SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| REBIF TITRATION PACK SOSY | 2 | SP |
| TECFIDERA CPDR *(dimethyl fumarate)* | 2 | SP |
| TECFIDERA STARTER PACK MISC *(dimethyl fumarate)* | 2 | SP |
| VUMERITY | 2 | SP |
| ZEPOSIA CAPS | 2 | |
| ZEPOSIA 7-DAY STARTER PACK CPPK | 2 | |
| ZEPOSIA STARTER KIT CPPK | 2 | |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents | | |
| GRALISE TABS | 2 | QL(3 ea daily) |
| Restless Leg Syndrome (RLS) Agents | | |
| HORIZANT | 2 | QL(2 ea daily) |
| Smoking Deterrents | | |
| APO-VARENICLINE TABS | 3 | 6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily; 60 ea per fill retail) |
| *bupropion hcl (smoking deterrent)* | 3 | QL(2 ea daily) |
| CHANTIX TABS *(varenicline tartrate)* | 3 | 6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily; 60 ea per fill retail) |
| CHANTIX CONTINUING MONTHPAK TABS *(varenicline tartrate)* | 3 | 6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily; 60 ea per fill retail) |
| CHANTIX STARTING MONTH PAK TBPK *(varenicline tartrate)* | 3 | 6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily) |
| NICODERM CQ PT24 *(nicotine)* | 3 | QL(1 ea daily) |
| NICORETTE GUM 4 MG *(nicotine polacrilex)* | 3 | QL(24 ea daily) |
| NICORETTE GUM 2 MG *(nicotine polacrilex)* | 3 | QL(30 ea daily) |
| NICORETTE LOZG *(nicotine polacrilex)* | 3 | QL(20 ea daily) |
| NICORETTE MINI LOZG *(nicotine polacrilex)* | 3 | QL(20 ea daily) |
| NICORETTE STARTER KIT GUM 2 MG *(nicotine polacrilex)* | 3 | QL(30 ea daily) |
| NICORETTE STARTER KIT GUM 4 MG *(nicotine polacrilex)* | 3 | QL(24 ea daily) |
| *nicotine pt24 7 mg/24hr, 14 mg/24hr, 21 mg/24hr* | 3 | QL(1 ea daily) |
| *nicotine polacrilex gum 4 mg* | 3 | QL(24 ea daily) |
| *nicotine polacrilex gum 2 mg* | 3 | QL(30 ea daily) |
| *nicotine polacrilex lozg* | 3 | QL(20 ea daily) |
| NICOTINE TRANSDERMAL SYSTEM KIT | 3 | QL(1 ea daily) |
| NICOTROL INHALER INHA | 3 | QL(168 ea per 30 days retail) |
| NICOTROL NS SOLN | 3 | QL(40 ml per 30 days retail) |
| *varenicline tartrate tabs* | 3 | 6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily; 60 ea per fill retail) |
| *varenicline tartrate tbpk* | 3 | 6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily) |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Alpha-Proteinase Inhibitor (Human) | | |
| ARALAST NP SOLR 500 MG, 1000 MG | CO | SP |
| GLASSIA SOLN | CO | SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PROLASTIN-C SOLR | CO | SP |
| ZEMAIRA SOLR | CO | SP |
| Cystic Fibrosis Agents | | |
| BRONCHITOL | 3 | QL(20 ea daily); AL(At least 18 yrs old); PA |
| BRONCHITOL TOLERANCE TEST | 3 | QL(20 ea daily); AL(At least 18 yrs old); PA |
| ORKAMBI PACK | CO | SP |
| PULMOZYME | 3 | SP; PA |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Tetracyclines | | |
| *doxycycline (monohydrate) caps 50 mg, 100 mg* | 3 | |
| *doxycycline (monohydrate) tabs 50 mg, 100 mg* | 3 | |
| *doxycycline (monohydrate) susr* | 3 | |
| *doxycycline hyclate caps* | 3 | |
| *doxycycline hyclate tabs 100 mg* | 3 | |
| *minocycline hcl caps* | 3 | |
| VIBRAMYCIN SUSR *(doxycycline (monohydrate))* | 3 | |
| VIBRAMYCIN CAPS *(doxycycline hyclate)* | 3 | |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| *methimazole tabs* | 3 | MP |
| *propylthiouracil* | 3 | MP |
| Thyroid Hormones | | |
| ARMOUR THYROID TABS | 3 | AL(Up to 64 yrs old); MP |
| CYTOMEL TABS *(liothyronine sodium)* | 3 | MP |
| *levothyroxine sodium tabs* | 3 | MP |
| *liothyronine sodium tabs* | 3 | MP |
| SYNTHROID TABS *(levothyroxine sodium)* | 3 | MP |
| *thyroid tabs 15 mg, 30 mg, 60 mg, 90 mg, 120 mg, 180 mg, 240 mg, 300 mg* | 3 | AL(Up to 64 yrs old); MP |
| TOXOIDS | | |
| Toxoid Combinations | | |
| ADACEL SUSP 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML | 4 | AL(At least 10 yrs old - Up to 64 yrs old) |
| BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML | 4 | |
| BOOSTRIX SUSP 2.5 LF/0.5ML-5 LF/0.5ML-18.5 MCG/0.5ML | 4 | AL(At least 10 yrs old) |
| DAPTACEL 5 LF/0.5ML-15 LF/0.5ML-23 MCG/0.5ML | 4 | AL(Up to 6 yrs old) |
| DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML | 4 | AL(Up to 6 yrs old) |
| INFANRIX 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML | 4 | AL(Up to 7 yrs old) |
| KINRIX SUSY 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML | 4 | |
| KINRIX SUSP 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML | 4 | AL(At least 4 yrs old - Up to 6 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PEDIARIX SUSY 10 LFU/0.5ML-10 MCG/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML | 4 | |
| PENTACEL 48 MCG/0.5ML-5 LFU/0.5ML-15 LFU/0.5ML | 4 | 4 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 4 yrs old) |
| QUADRACEL SUSP 5 LFU/0.5ML-15 LFU/0.5ML-48 MCG/0.5ML | 4 | AL(At least 4 yrs old - Up to 6 yrs old) |
| QUADRACEL SUSY 5 LFU/0.5ML-15 LFU/0.5ML-48 MCG/0.5ML | 4 | |
| TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML | 4 | AL(At least 7 yrs old) |
| TENIVAC INJ 2 LFU-5 LFU | 4 | AL(At least 7 yrs old) |
| TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML | 4 | AL(At least 7 yrs old) |
| VAXELIS SUSY | 4 | |
| VAXELIS SUSP | 4 | |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| ANASPAZ TBDP *(hyoscyamine sulfate)* | 3 | AL(Up to 64 yrs old) |
| CUVPOSA SOLN OR *(glycopyrrolate)* | 3 | AL(Up to 12 yrs old) |
| *dicyclomine hcl tabs* | 3 | AL(Up to 64 yrs old) |
| *dicyclomine hcl caps* | 3 | AL(Up to 64 yrs old) |
| *dicyclomine hcl soln or* | 3 | AL(Up to 64 yrs old) |
| *glycopyrrolate soln or 1 mg/5ml* | 3 | AL(Up to 12 yrs old) |
| *glycopyrrolate tabs 1 mg, 2 mg* | 3 | |
| *hyoscyamine sulfate elix* | 3 | AL(Up to 64 yrs old) |
| *hyoscyamine sulfate tbdp .125 mg* | 3 | AL(Up to 64 yrs old) |
| *hyoscyamine sulfate subl .125 mg* | 3 | AL(Up to 64 yrs old) |
| *hyoscyamine sulfate tabs .125 mg* | 3 | AL(Up to 64 yrs old) |
| *hyoscyamine sulfate tb12 .375 mg* | 3 | AL(Up to 64 yrs old) |
| *hyoscyamine sulfate soln or .125 mg/ml* | 3 | AL(Up to 64 yrs old) |
| LEVBID TB12 *(hyoscyamine sulfate)* | 3 | AL(Up to 64 yrs old) |
| LEVSIN TABS *(hyoscyamine sulfate)* | 3 | AL(Up to 64 yrs old) |
| LEVSIN/SL SUBL *(hyoscyamine sulfate)* | 3 | AL(Up to 64 yrs old) |
| ROBINUL TABS *(glycopyrrolate)* | 3 | |
| ROBINUL FORTE TABS *(glycopyrrolate)* | 3 | |
| H-2 Antagonists | | |
| *cimetidine tabs* | 3 | RX/OTC |
| *cimetidine hcl or 300 mg/5ml, 400 mg/6.67ml* | 3 | |
| *famotidine susr* | 3 | AL(Up to 6 yrs old) |
| *famotidine tabs* | 3 | RX/OTC |
| PEPCID TABS *(famotidine)* | 3 | RX/OTC |
| PEPCID AC TABS *(famotidine)* | 3 | |
| PEPCID AC MAXIMUM STRENGTH TABS *(famotidine)* | 3 | RX/OTC |
| TAGAMET HB TABS *(cimetidine)* | 3 | RX/OTC |
| Misc. Anti-Ulcer | | |
| CARAFATE TABS *(sucralfate)* | 3 | QL(4 ea daily) |
| *sucralfate tabs* | 3 | QL(4 ea daily) |
| Proton Pump Inhibitors | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ACIPHEX TBEC *(rabeprazole sodium)* | 2 | |
| ACIPHEX SPRINKLE CPSP | 2 | |
| ACIPHEX SPRINKLE CPSP | 2 | |
| DEXILANT *(dexlansoprazole)* | 2 | |
| *dexlansoprazole* | 2 | |
| *esomeprazole magnesium pack* | 2 | |
| *esomeprazole magnesium cpdr 40 mg* | 2 | |
| *esomeprazole magnesium cpdr 20 mg* | 2 | QL(2 ea daily); RX/OTC |
| *lansoprazole cpdr 30 mg* | 2 | |
| *lansoprazole tbdd* | 2 | RX/OTC |
| *lansoprazole cpdr 15 mg* | 2 | QL(1 ea daily); RX/OTC |
| NEXIUM CPDR 20 MG *(esomeprazole magnesium)* | 2 | QL(2 ea daily); RX/OTC |
| NEXIUM PACK *(esomeprazole magnesium)* | 1 | |
| NEXIUM CPDR 40 MG *(esomeprazole magnesium)* | 2 | |
| NEXIUM PACK | 1 | |
| NEXIUM 24HR CPDR *(esomeprazole magnesium)* | 2 | QL(2 ea daily); RX/OTC |
| NEXIUM 24HR CLEAR MINIS CPDR *(esomeprazole magnesium)* | 2 | QL(2 ea daily); RX/OTC |
| *omeprazole tbec* | 2 | QL(2 ea daily) |
| *omeprazole tbdd* | 2 | |
| *omeprazole cpdr* | 1 | RX/OTC |
| *omeprazole magnesium tbec* | 2 | |
| *omeprazole magnesium cpdr* | 2 | QL(2 ea daily) |
| *pantoprazole sodium pack* | 2 | |
| *pantoprazole sodium tbec* | 1 | |
| PREVACID CPDR 15 MG *(lansoprazole)* | 2 | QL(1 ea daily); RX/OTC |
| PREVACID CPDR 30 MG *(lansoprazole)* | 2 | |
| PREVACID 24HR CPDR *(lansoprazole)* | 2 | QL(1 ea daily); RX/OTC |
| PREVACID SOLUTAB TBDD *(lansoprazole)* | 2 | RX/OTC |
| PRILOSEC PACK | 2 | |
| PRILOSEC OTC TBEC *(omeprazole magnesium)* | 2 | |
| PROTONIX TBEC *(pantoprazole sodium)* | NF | |
| PROTONIX PACK *(pantoprazole sodium)* | 1 | |
| *rabeprazole sodium tbec* | 2 | |
| RABEPRAZOLE SODIUM DR SPRINKLE CPSP | 2 | |
| Ulcer Drugs - Prostaglandins | | |
| CYTOTEC *(misoprostol)* | 3 | QL(4 ea daily) |
| *misoprostol* | 3 | QL(4 ea daily) |
| Ulcer Therapy Combinations | | |
| *amoxicillin-clarithromycin w/ lansoprazole 30 mg-500 mg-500 mg* | 2 | QL(224 ea per fill retail) |
| OMECLAMOX-PAK 20 MG-500 MG-500 MG | 2 | |
| *omeprazole-sodium bicarbonate caps* | 2 | |
| *omeprazole-sodium bicarbonate pack* | 2 | |
| PYLERA 140 MG-125 MG-125 MG | 1 | |
| TALICIA 10 MG-12.5 MG-250 MG | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZEGERID PACK *(omeprazole-sodium bicarbonate)* | 2 | |
| ZEGERID CAPS *(omeprazole-sodium bicarbonate)* | 2 | RX/OTC |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| *darifenacin hydrobromide* | 2 | |
| DETROL TABS *(tolterodine tartrate)* | 2 | |
| DETROL LA CP24 *(tolterodine tartrate)* | 2 | |
| DITROPAN XL TB24 5 MG, 10 MG *(oxybutynin chloride)* | 2 | |
| ENABLEX *(darifenacin hydrobromide)* | 2 | |
| *fesoterodine fumarate* | 2 | MP |
| GELNIQUE GEL 10 % | 2 | |
| *oxybutynin chloride syrp* | 1 | |
| *oxybutynin chloride tb24* | 1 | |
| *oxybutynin chloride tabs* | 1 | |
| OXYTROL PTTW | 2 | RX/OTC |
| OXYTROL FOR WOMEN PTTW | 3 | RX/OTC |
| *solifenacin succinate tabs* | 1 | |
| *tolterodine tartrate tabs* | 2 | |
| *tolterodine tartrate cp24* | 2 | |
| TOVIAZ *(fesoterodine fumarate)* | 1 | MP |
| *trospium chloride cp24* | 2 | |
| *trospium chloride tabs* | 2 | |
| VESICARE TABS *(solifenacin succinate)* | 2 | |
| VESICARE LS SUSP | 2 | |
| Urinary Antispasmodics - Beta-3 Adrenergic Agonists | | |
| GEMTESA | 2 | |
| MYRBETRIQ TB24 | 2 | |
| MYRBETRIQ SRER | 2 | |
| Urinary Antispasmodics - Cholinergic Agonists | | |
| *bethanechol chloride* | 3 | QL(4 ea daily) |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| *flavoxate hcl* | 2 | |
| VACCINES | | |
| Bacterial Vaccines | | |
| ACTHIB SOLR IM | 4 | 4 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 5 yrs old) |
| BEXSERO | 4 | AL(At least 10 yrs old - Up to 25 yrs old) |
| HIBERIX SOLR IJ | 4 | 4 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 4 yrs old) |
| MENACTRA | 4 | |
| MENQUADFI | 4 | |
| MENVEO SOLR | 4 | 2 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 55 yrs old) |
| PEDVAX HIB SUSP | 4 | 3 rtl MAX fill; 999 rtl day(s) supply |
| PNEUMOVAX 23 | 4 | 2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old) |
| PNEUMOVAX 23/1 DOSE | 4 | 2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old) |
| PREVNAR 13 | 4 | 1 rtl MAX fill; 999 rtl day(s) supply |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PREVNAR 20 | 4 | |
| TRUMENBA | 4 | AL(At least 10 yrs old - Up to 25 yrs old) |
| VAXNEUVANCE | 4 | |
| Viral Vaccines | | |
| AFLURIA QUADRIVALENT 2020-2021 SUSY 0 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.25 ml per fill retail) |
| AFLURIA QUADRIVALENT 2020-2021 SUSP | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| AFLURIA QUADRIVALENT 2020-2021 SUSY 0 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| AFLURIA QUADRIVALENT 2021-2022 SUSY 0 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.25 ml per fill retail) |
| AFLURIA QUADRIVALENT 2021-2022 SUSY 0 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| AFLURIA QUADRIVALENT 2021-2022 SUSP | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| AFLURIA QUADRIVALENT 2022-2023 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| AFLURIA QUADRIVALENT 2022-2023 SUSP | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| ASTRAZENECA COVID-19 VACCINE | 4 | |
| COMIRNATY | 4 | AL(At least 12 yrs old) |
| ENGERIX-B SUSY | 4 | 3 rtl MAX fill; 999 rtl day(s) supply |
| ENGERIX-B SUSP | 4 | 3 rtl MAX fill; 999 rtl day(s) supply |
| FLUAD 2020-2021 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUAD QUADRIVALENT 2021-2022 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUAD QUADRIVALENT 2022-2023 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUARIX QUADRIVALENT 2020-2021 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| FLUARIX QUADRIVALENT 2021-2022 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| FLUARIX QUADRIVALENT 2022-2023 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| FLUBLOK QUADRIVALENT 2020-2021 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUBLOK QUADRIVALENT 2021-2022 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUBLOK QUADRIVALENT 2022-2023 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUCELVAX QUADRIVALENT 2020-2021 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FLUCELVAX QUADRIVALENT 2020-2021 SUSP | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUCELVAX QUADRIVALENT 2021-2022 SUSP | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUCELVAX QUADRIVALENT 2021-2022 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUCELVAX QUADRIVALENT 2022-2023 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUCELVAX QUADRIVALENT 2022-2023 SUSP | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLULAVAL QUADRIVALENT 2020-2021 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| FLULAVAL QUADRIVALENT 2021-2022 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| FLULAVAL QUADRIVALENT 2022-2023 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| FLUMIST QUADRIVALENT | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea per fill retail) |
| FLUZONE HIGH-DOSE PF 2020-2021 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUZONE HIGH-DOSE PF 2021-2022 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUZONE HIGH-DOSE PF 2022-2023 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUZONE QUADRIVALENT 2020-2021 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| FLUZONE QUADRIVALENT 2020-2021 SUSP 0 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUZONE QUADRIVALENT 2021-2022 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| FLUZONE QUADRIVALENT 2021-2022 SUSP 0 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| FLUZONE QUADRIVALENT 2022-2023 SUSY | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail) |
| FLUZONE QUADRIVALENT 2022-2023 SUSP 0 | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail) |
| GARDASIL 9 SUSP | 4 | 3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 9 yrs old - Up to 26 yrs old) |
| GARDASIL 9 SUSY | 4 | 3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 9 yrs old - Up to 26 yrs old) |
| HAVRIX | 3 | 2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 1 yrs old) |
| HEPLISAV-B SOSY | 4 | AL(At least 18 yrs old) |
| IPOL INACTIVATED IPV | 4 | 3 rtl MAX fill; 999 rtl day(s) supply |
| JANSSEN COVID-19 VACCINE | 4 | AL(At least 18 yrs old) |
| M-M-R II SOLR | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MODERNA COVID-19 VACCINE 100 MCG/0.5ML | 4 | AL(At least 18 yrs old) |
| NOVAVAX COVID-19 VACCINE | 4 | |
| PFIZER-BIONTECH COVID-19VACCINE | 4 | AL(At least 12 yrs old) |
| PFIZER-BIONTECH COVID-19VACCINE/5-11Y | 4 | AL(At least 5 yrs old) |
| PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU | 4 | AL(At least 12 yrs old) |
| RECOMBIVAX HB SUSP | 4 | 3 rtl MAX fill; 999 rtl day(s) supply |
| RECOMBIVAX HB SUSY | 4 | 3 rtl MAX fill; 999 rtl day(s) supply |
| ROTARIX SUSR | 4 | 2 rtl MAX fill; 999 rtl day(s) supply |
| ROTATEQ SOLN | 4 | 3 rtl MAX fill; 999 rtl day(s) supply |
| SHINGRIX | 4 | 2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old) |
| SPIKEVAX COVID-19 VACCINE | 4 | AL(At least 18 yrs old) |
| TWINRIX SUSY 20 MCG/ML-720 ELU/ML | 4 | AL(At least 18 yrs old) |
| VAQTA | 3 | 2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 1 yrs old) |
| VARIVAX INJ | 4 | 2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 1 yrs old) |
| VAGINAL AND RELATED PRODUCTS | | |
| Vaginal Anti-infectives | | |
| CLEOCIN SUPP | 1 | |
| CLEOCIN CREA *(clindamycin phosphate vaginal)* | 2 | |
| *clindamycin phosphate vaginal crea* | 1 | |
| CLINDESSE | 2 | |
| *clotrimazole vaginal crea* | 3 | |
| GYNE-LOTRIMIN CREA *(clotrimazole vaginal)* | 3 | |
| GYNE-LOTRIMIN 3 CREA *(clotrimazole vaginal)* | 3 | |
| *metronidazole vaginal* | 1 | |
| *miconazole nitrate vaginal kit 0* | 3 | |
| *miconazole nitrate vaginal crea 2 %* | 3 | |
| *miconazole nitrate vaginal supp 100 mg* | 3 | |
| MONISTAT 3 COMBINATION PACK KIT 0 *(miconazole nitrate vaginal)* | 3 | |
| MONISTAT 7 COMBINATION PACK KIT 0 | 3 | |
| MONISTAT 7 SIMPLY CURE CREA *(miconazole nitrate vaginal)* | 3 | |
| NUVESSA | 1 | |
| *terconazole vaginal crea* | 3 | |
| VANDAZOLE | 2 | |
| Vaginal Estrogens | | |
| ESTRACE CREA *(estradiol vaginal)* | 3 | QL(1.42 gm daily); MP |
| *estradiol vaginal tabs* | 3 | MP |
| *estradiol vaginal crea* | 3 | QL(1.42 gm daily); MP |
| VAGIFEM TABS *(estradiol vaginal)* | 3 | MP |
| Vaginal Progestins | | |
| CRINONE GEL | 2 | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |
| AUVI-Q SOAJ | 2 | QL(4 ea per fill retail) |
| *epinephrine (anaphylaxis) soaj* | 2 | QL(4 ea per fill retail) |
| EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))* | 1 | QL(4 ea per fill retail) |
| EPIPEN-JR 2-PAK SOAJ *(epinephrine (anaphylaxis))* | 1 | QL(4 ea per fill retail) |
| SYMJEPI SOSY | 2 | |
| Vasopressors | | |
| *midodrine hcl* | 3 | QL(3 ea daily) |
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| *cholecalciferol liqd or 400 unit/ml* | 3 | |
| *cholecalciferol caps 1.25 mg, 1.25 mg, 25 mcg, 50 mcg, 125 mcg, 1000 unit, 5000 unit, 50000 unit* | 3 | MP |
| *cholecalciferol tabs* | 3 | |
| DRISDOL CAPS *(ergocalciferol)* | 3 | MP |
| D-VI-SOL LIQD OR *(cholecalciferol)* | NF | |
| *ergocalciferol caps* | 3 | MP |
| *ergocalciferol soln or 8000 unit/ml* | 3 | |
| MEPHYTON TABS *(phytonadione)* | 3 | 3 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(3 ea per 30 days retail) |
| *phytonadione tabs 5 mg* | 3 | 3 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(3 ea per 30 days retail) |
| *vitamin a caps 3000 mcg, 10000 unit* | 4 | |
| *vitamin e soln* | 3 | MP |
| *vitamin e caps 200 unit, 268 mg, 400 unit, 450 mg, 1000 unit* | 3 | |
| Water Soluble Vitamins | | |
| *biotin tabs 5 mg, 5000 mcg* | 3 | MP |
| *niacin cpcr 250 mg, 500 mg* | 1 | |
| *niacin tabs* | 1 | |
| *niacin tbcr* | 1 | |
| NIACIN TR TBCR | 1 | |
| *niacinamide tabs 500 mg* | 3 | MP |
| *niacinamide tbcr* | 1 | |
| *niacinamide tabs 100 mg* | 1 | |
| *pyridoxine hcl tabs 25 mg* | 4 | QL(2 ea daily); MP |
| *pyridoxine hcl tabs 50 mg* | 4 | QL(4 ea daily); MP |
| *pyridoxine hcl tabs 100 mg* | 4 | MP |
| SLO-NIACIN TBCR *(niacin)* | NF | |
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