2023 Michigan Medicaid Formulary

Version 274

Introduction

Meridian is pleased to provide an updated 2023 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. 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. Please have a provider go to covermymeds.com or call the Help Desk at **866-984-6462.** All prior authorizations will be reviewed within 24 hours.

Step Therapy (ST)
Drugs with an "ST" need step therapy for coverage. In some cases, you may need to try a certain drug first before Meridian covers another drug for your medical condition. This is called step therapy.

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.

Non-Formulary (NF)
These drugs require prior authorization to be covered by Meridian.

Maintenance Products (MP)
These are drugs that are used to treat long term conditions and may be filled for up to a 102 day supply.

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 TABS	1	AL(At least 18 yrs old); PA
diethylpropion hcl TB24	1	AL(At least 18 yrs old); PA
LOMAIRA TABS	1	AL(At least 18 yrs old); PA
PHENDIMETRAZINE TARTRATEER CP24	1	AL(At least 18 yrs old); PA
phendimetrazine tartrate TABS	1	AL(At least 18 yrs old); PA
phentermine hcl CAPS	1	AL(At least 18 yrs old); PA
phentermine hcl TABS	1	AL(At least 18 yrs old); PA
Anti-Obesity Agents		
IMCIVREE	CO	SP
orlistat	1	AL(At least 12 yrs old); PA
SAXENDA	1	AL(At least 12 yrs old); PA
WEGOVY	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 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 1 CSPK	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
PALFORZIA LEVEL 4 CSPK	3	AL(At least 4 yrs old - Up to 17 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU *(tobramycin)*	1	SP
HUMATIN	3	
KITABIS PAK NEBU *(tobramycin)*	NF	SP
neomycin sulfate TABS	1	
TOBI PODHALER CAPS	1	SP
TOBI NEBU *(tobramycin)*	NF	SP
tobramycin NEBU	2	SP
tobramycin NEBU	1	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	2	SP
RINVOQ	2	SP
XELJANZ XR TB24	2	SP
XELJANZ SOLN	2	SP
XELJANZ TABS	2	SP

Drug Name	Drug Tier	Requirements/ Limits
Anti-TNF-alpha - Monoclonal Antibodies		
AMJEVITA SOAJ 40 MG/0.8ML	2	AL(At least 2 yrs old); SP
AMJEVITA SOSY	2	AL(At least 2 yrs old); SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	1	SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	1	SP
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	1	SP
HUMIRA PEN PNKT	1	SP
HUMIRA PEN-PS/UV STARTER PNKT	1	SP
HUMIRA PSKT	1	SP
SIMPONI ARIA SOLN	2	SP
SIMPONI SOAJ	2	SP
SIMPONI SOSY	2	SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	2	SP
ACTEMRA SOSY	2	SP
KEVZARA SOAJ	2	
KEVZARA SOSY	2	SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL DUAL ACTION /ACETAMINOPHEN TABS *(ibuprofen-acetaminophen)*	2	
ADVIL MIGRAINE CAPS *(ibuprofen)*	NF	
ADVIL CAPS *(ibuprofen)*	NF	
ADVIL TABS *(ibuprofen)*	NF	
ALEVE ARTHRITIS TABS *(naproxen sodium)*	NF	
ALEVE CAPS *(naproxen sodium)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
ALEVE TABS *(naproxen sodium)*	NF	
ANAPROX DS TABS *(naproxen sodium)*	2	
ARTHROTEC 50 TBEC *(diclofenac w/ misoprostol)*	2	
ARTHROTEC 75 TBEC *(diclofenac w/ misoprostol)*	2	
CELEBREX 400 MG *(celecoxib)*	2	QL(1 ea daily)
CELEBREX 50 MG, 100 MG, 200 MG *(celecoxib)*	2	QL(2 ea daily)
celecoxib 400 MG	1	QL(1 ea daily)
celecoxib 50 MG, 100 MG, 200 MG	1	QL(2 ea daily)
CHILDRENS ADVIL SUSP 100 MG/5ML *(ibuprofen)*	NF	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(ibuprofen)*	NF	RX/OTC
DAYPRO *(oxaprozin)*	2	
diclofenac potassium CAPS	2	
diclofenac potassium TABS	2	
diclofenac sodium TB24	2	
diclofenac sodium TBEC	1	
diclofenac w/ misoprostol TBEC	2	
DICLOFENAC CAPS	2	
DUEXIS *(ibuprofen-famotidine)*	2	
EC-NAPROSYN TBEC *(naproxen)*	2	
etodolac CAPS	2	
etodolac TABS	2	
etodolac TB24	2	
FELDENE CAPS *(piroxicam)*	2	

Drug Name	Drug Tier	Requirements/ Limits
fenoprofen calcium CAPS 400 MG	2	
fenoprofen calcium TABS	2	
flurbiprofen TABS 100 MG	2	
ibuprofen-acetaminophen TABS	2	
ibuprofen CAPS	1	
ibuprofen CHEW	1	
ibuprofen-famotidine	2	
ibuprofen SUSP	1	RX/OTC
ibuprofen TABS	1	
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 SOLN NA 15.75 MG/SPRAY	2	QL(5 ea per fill retail)
ketorolac tromethamine TABS	1	QL(21 ea per fill retail)
LODINE TABS *(etodolac)*	2	
meclofenamate sodium CAPS	2	
mefenamic acid CAPS	2	
meloxicam CAPS	2	
meloxicam TABS	1	
MOBIC TABS *(meloxicam)*	2	
MOTRIN CHILDRENS CHEW *(ibuprofen)*	NF	
MOTRIN INFANTS DROPS SUSP *(ibuprofen)*	NF	
nabumetone	1	
NALFON CAPS *(fenoprofen calcium)*	2	

Drug Name	Drug Tier	Requirements/ Limits
NALFON TABS *(fenoprofen calcium)*	2	
NAPRELAN TB24 *(naproxen sodium)*	2	
NAPROSYN SUSP *(naproxen)*	2	
NAPROSYN TABS 500 MG *(naproxen)*	NF	
naproxen sodium CAPS	1	
naproxen sodium TABS 220 MG	1	
naproxen sodium TABS 275 MG, 550 MG	2	
naproxen sodium TB24	2	
naproxen-esomeprazole magnesium	2	
naproxen SUSP	2	
naproxen TABS	1	
naproxen TBEC	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 TABS	2	SP
OTEZLA TBPK	2	SP
Pyrimidine Synthesis Inhibitors		
ARAVA *(leflunomide)*	3	QL(1 ea daily)
leflunomide	3	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	2	SP
ORENCIA SOSY	2	SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	1	SP
ENBREL SURECLICK SOAJ	1	SP
ENBREL SOLN	1	SP
ENBREL SOLR	1	SP
ENBREL SOSY	1	SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	3	QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old)
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-aspirin-caffeine CAPS	3	QL(4 ea daily); AL(Up to 64 yrs old)
ESGIC TABS *(butalbital-acetaminophen-caffeine)*	3	QL(12.3 ea daily); AL(At least 10 yrs old - Up to 64 yrs old)
Analgesics Other		
acetaminophen CAPS 500 MG	3	
acetaminophen CHEW 80 MG	3	
acetaminophen LIQD 160 MG/5ML	3	

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	3	
acetaminophen SUPP 120 MG, 650 MG	3	
acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	3	
acetaminophen TABS 325 MG, 500 MG	3	
acetaminophen TBCR	3	
acetaminophen TBDP 160 MG	3	
FEVERALL JUNIOR STRENGTH SUPP	3	
TYLENOL 8 HOUR ARTHRITISPAIN TBCR *(acetaminophen)*	3	
TYLENOL 8 HOUR TBCR *(acetaminophen)*	3	
TYLENOL CHILDRENS PAIN +FEVER SUSP *(acetaminophen)*	3	
TYLENOL CHILDRENS SUSP *(acetaminophen)*	3	
TYLENOL EXTRA STRENGTH TABS *(acetaminophen)*	3	
TYLENOL FOR CHILDREN/ADULTS SUSP *(acetaminophen)*	3	
TYLENOL INFANTS PAIN+FEVER SUSP *(acetaminophen)*	3	
TYLENOL TABS *(acetaminophen)*	3	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	3	AL(At least 40 yrs old - Up to 79 yrs old)
aspirin CHEW	3	QL(1 ea daily); MP
ASPIRIN SUPP 300 MG	3	
aspirin TABS 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 TBEC 325 MG	3	QL(1 ea daily); AL(At least 40 yrs old - Up to 79 yrs old)
BUFFERIN *(aspirin buffered (cal carb-mag carb-mag oxide))*	3	AL(At least 40 yrs old - Up to 79 yrs old)
diflunisal TABS	2	
ECOTRIN ARTHRITIS PAIN 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)
ECOTRIN 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 30 MG	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 LIQD *(hydromorphone hcl)*	2	QL(4 ml daily)
DILAUDID TABS 8 MG *(hydromorphone hcl)*	2	QL(67 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
DILAUDID TABS 4 MG *(hydromorphone hcl)*	2	QL(135 ea per 30 days retail)
DILAUDID TABS 2 MG *(hydromorphone hcl)*	2	QL(6 ea daily)
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)
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 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)
FENTORA TABS *(fentanyl citrate)*	2	QL(4 ea daily); AL(At least 18 yrs old)
hydrocodone bitartrate CP12	2	
hydrocodone bitartrate T24A	2	
hydromorphone hcl LIQD	1	QL(4 ml daily)
HYDROMORPHONE HCL SUPP	2	
hydromorphone hcl TABS 8 MG	1	QL(67 ea per 30 days retail)
hydromorphone hcl TABS 2 MG	1	QL(6 ea daily)
hydromorphone hcl TABS 4 MG	1	QL(135 ea per 30 days retail)
hydromorphone hcl TB24	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 SOLN OR	2	
methadone hcl TABS	2	
methadone hcl TBSO	2	
METHADOSE SUGAR-FREE CONC *(methadone hcl)*	2	
METHADOSE CONC *(methadone hcl)*	2	
morphine sulfate beads	2	
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	2	
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	1	QL(8 ml daily)
morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML	1	QL(4 ml daily)
morphine sulfate SUPP	1	
morphine sulfate TABS 30 MG	1	QL(3 ea daily)
morphine sulfate TABS 15 MG	1	QL(6 ea daily)
morphine sulfate TBCR	1	
MS CONTIN TBCR *(morphine sulfate)*	2	
NUCYNTA ER TB12	2	
NUCYNTA TABS	2	
OXAYDO TABS	2	QL(3 ea daily)
oxycodone hcl CAPS	2	QL(3 ea daily)
oxycodone hcl CONC 100 MG/5ML	2	QL(3 ml daily)
oxycodone hcl SOLN	1	QL(8 ml 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)
oxycodone hcl T12A 30 MG	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
oxycodone hcl T12A 15 MG	2	QL(4 ea daily)
oxycodone hcl T12A 20 MG	2	QL(3 ea daily)
oxycodone hcl T12A 10 MG	2	QL(6 ea daily)
oxycodone hcl T12A 60 MG	2	QL(1 ea daily)
oxycodone hcl TABS 30 MG	2	QL(2 ea daily)
oxycodone hcl TABS 5 MG, 10 MG, 15 MG	1	QL(3 ea daily)
oxycodone hcl TABS 20 MG	2	QL(3 ea daily)
OXYCONTIN T12A 40 MG	2	Limit: 45 tablets per 30 days; QL(1.5 ea daily)
OXYCONTIN T12A 80 MG	2	Limit: 22 tablets per 30 days; QL(0.74 ea daily)
OXYCONTIN T12A 10 MG	2	QL(6 ea daily)
OXYCONTIN T12A 15 MG	2	QL(4 ea daily)
OXYCONTIN T12A 60 MG	2	QL(1 ea daily)
OXYCONTIN T12A 20 MG	2	QL(3 ea daily)
OXYCONTIN T12A 30 MG	2	QL(2 ea daily)
oxymorphone hcl TABS 10 MG	2	QL(3 ea daily)
oxymorphone hcl TABS 5 MG	2	QL(4 ea daily)
oxymorphone hcl TB12	2	
QDOLO SOLN *(tramadol hcl)*	2	QL(80 ml daily); AL(At least 12 yrs old)
ROXICODONE TABS 30 MG *(oxycodone hcl)*	2	QL(2 ea daily)
ROXICODONE TABS 5 MG, 15 MG *(oxycodone hcl)*	2	QL(3 ea daily)
ROXYBOND TABA 30 MG	2	QL(60 ea per 30 days retail)
ROXYBOND TABA 5 MG	2	QL(3 ea daily)
ROXYBOND TABA 15 MG	2	QL(90 ea per 30 days retail)
tramadol hcl CP24 100 MG, 200 MG, 300 MG	2	AL(At least 12 yrs old)
tramadol hcl SOLN	2	QL(80 ml daily); AL(At least 12 yrs old)
tramadol hcl TABS	1	AL(At least 12 yrs old)
tramadol hcl TB24	1	AL(At least 12 yrs old)
TRAMADOL HYDROCHLORIDE SOLN *(tramadol hcl)*	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)
Opioid Combinations		
acetaminophen w/ codeine SOLN	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 CAPS 30 MG-320.5 MG-16 MG	2	AL(At least 12 yrs old)
acetaminophen-caff-dihydrocod TABS 30 MG-325 MG-16 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	2	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	2	AL(At least 12 yrs old)
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	2	
NALOCET TABS	2	
OXYCODONE AND ACETAMINOPHEN TABS	2	
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN	2	
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	
OXYCODONE/ACETAMINOPHEN TABS	2	
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	2	
PROLATE SOLN	2	
PROLATE TABS	2	
SEGLENTIS	2	QL(4 ea daily); AL(At least 12 yrs old)
tramadol-acetaminophen	1	AL(At least 12 yrs old)
ULTRACET *(tramadol-acetaminophen)*	2	AL(At least 12 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	2	QL(2 ea daily)
BRIXADI SOSY	CO	SP
buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	2	QL(2 ea daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	CO	
buprenorphine PTWK	2	Limit: 6 patches per 28 days; QL(0.215 ea daily)
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	2	
ZUBSOLV SUBL	CO	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	
ANDROGEL PUMP GEL TD 1.62 % *(testosterone)*	2	PA
ANDROGEL GEL TD *(testosterone)*	2	
danazol CAPS	3	
FORTESTA GEL TD *(testosterone)*	2	
NATESTO GEL NA	2	
TESTIM GEL TD *(testosterone)*	2	

Drug Name	Drug Tier	Requirements/ Limits
testosterone cypionate SOLN IM	3	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	3	
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	
testosterone GEL TD 1.62 %	1	PA
testosterone SOLN	2	
VOGELXO PUMP GEL TD *(testosterone)*	2	
VOGELXO 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 LIQD	3	
alum & mag hydrox-simethicone SUSP	3	
aluminum hydroxide-mag carb SUSP 358 MG/15ML-95 MG/15ML	3	
GAVISCON SUSP *(aluminum hydroxide-mag carb)*	3	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP *(alum & mag hydrox-simethicone)*	3	
SM FOAMING ANTACID	4	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	3	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	3	
SODIUM BICARBONATE POWD	4	RX/OTC
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	3	
calcium carbonate (antacid) SUSP	3	MP
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	
TUMS CHEW *(calcium carbonate (antacid))*	3	

Drug Name	Drug Tier	Requirements/ Limits
Antacids - Magnesium Salts		
magnesium oxide TABS 420 MG	3	MP
magnesium oxide TABS 400 MG	4	
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 5 MG *(isosorbide dinitrate)*	3	MP
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	3	MP
isosorbide mononitrate TABS	3	MP
isosorbide mononitrate TB24	3	QL(2 ea daily); MP
NITRO-BID OINT	3	MP
NITRO-DUR PT24 *(nitroglycerin)*	3	QL(1 ea daily); MP
nitroglycerin PT24	3	QL(1 ea daily); MP
nitroglycerin SOLN TL 0.4 MG/SPRAY	3	ST
nitroglycerin SUBL	3	MP
NITROLINGUAL PUMPSPRAY SOLN TL *(nitroglycerin)*	3	ST
NITROSTAT SUBL *(nitroglycerin)*	3	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
hydroxyzine hcl SYRP	1	AL(Up to 12 yrs old)
hydroxyzine hcl TABS	1	
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 200 MG, 400 MG	3	MP

Drug Name	Drug Tier	Requirements/ Limits
amiodarone hcl TABS 100 MG	3	QL(1 ea daily); MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	2	SP; MP
FASENRA SOSY	2	AL(At least 12 yrs old); SP; MP
NUCALA SOAJ	2	AL(At least 6 yrs old); SP; MP
NUCALA SOSY 100 MG/ML	2	AL(At least 6 yrs old); SP; MP
NUCALA SOSY 40 MG/0.4ML	2	SP; MP
TEZSPIRE SOAJ	2	AL(At least 12 yrs old); SP
TEZSPIRE SOSY	2	AL(At least 12 yrs old); SP
Bronchodilators - Anticholinergics		
ATROVENT HFA	1	QL(0.9 gm daily); MP
INCRUSE ELLIPTA	1	QL(21 ea per 90 days retail); MP
ipratropium bromide SOLN 0.02 %	1	MP
LONHALA MAGNAIR REFILL KIT SOLN	2	MP
LONHALA MAGNAIR STARTER KIT SOLN	2	MP
SPIRIVA HANDIHALER CAPS *(tiotropium bromide monohydrate)*	1	QL(1 ea daily); MP
SPIRIVA RESPIMAT AERS	1	QL(0.16 gm daily); MP
tiotropium bromide monohydrate CAPS	2	QL(1 ea daily); MP
TUDORZA PRESSAIR	2	MP
YUPELRI	2	MP
Leukotriene Modulators		
ACCOLATE *(zafirlukast)*	2	MP
montelukast sodium CHEW 4 MG	1	AL(Up to 5 yrs old); MP
montelukast sodium CHEW 5 MG	1	AL(Up to 14 yrs old); MP
montelukast sodium PACK	2	AL(Up to 5 yrs old); MP
montelukast sodium TABS	1	MP
SINGULAIR CHEW 4 MG *(montelukast sodium)*	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
zafirlukast	2	MP
zileuton TB12	2	MP
ZYFLO TABS	2	MP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(roflumilast)*	NF	MP; PA
roflumilast	1	MP; PA
Steroid Inhalants		
ALVESCO	1	
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 220 MCG/INH	1	QL(1 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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 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	QL(4 ml daily)
FLOVENT DISKUS AEPB	2	
FLOVENT HFA 110 MCG/ACT	1	QL(0.5 gm daily); MP
FLOVENT HFA 44 MCG/ACT	1	QL(0.45 gm daily); MP
FLOVENT HFA 220 MCG/ACT	1	QL(0.9 gm daily); MP
fluticasone propionate (inhalation) AEPB	2	
fluticasone propionate hfa 220 MCG/ACT	2	QL(0.9 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)
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
PULMICORT SUSP *(budesonide (inhalation))*	2	QL(4 ml daily)
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	2	QL(0.04 ea daily); MP
AIRDUO DIGIHALER 232/14	2	QL(0.04 ea daily); MP
AIRDUO DIGIHALER 55/14	2	QL(0.04 ea daily); MP
AIRDUO RESPICLICK 113/14 AEPB *(fluticasone-salmeterol)*	2	QL(0.04 ea daily); MP
AIRDUO RESPICLICK 232/14 AEPB *(fluticasone-salmeterol)*	2	QL(0.04 ea daily); MP
AIRDUO RESPICLICK 55/14 AEPB	2	QL(0.04 ea daily); MP
albuterol sulfate AERS	2	QL(0.5 gm daily); MP
albuterol sulfate AERS	2	QL(0.6 gm daily); MP
albuterol sulfate AERS	2	QL(1.3 gm daily); MP
albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	1	MP
ALBUTEROL SULFATE NEBU	1	MP
ANORO ELLIPTA	1	QL(42 ea per 90 days retail)
arformoterol tartrate	2	MP
BEVESPI AEROSPHERE	1	QL(32.1 gm per 90 days retail); MP
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	QL(180 ea per 90 days retail); MP
BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	2	QL(2.5 ea daily); MP
BREZTRI AEROSPHERE	2	QL(17.7 gm per 90 days retail); MP
BROVANA *(arformoterol tartrate)*	2	MP
budesonide-formoterol fumarate dihydrate	2	QL(0.7 gm daily); MP

Drug Name	Drug Tier	Requirements/ Limits
COMBIVENT RESPIMAT AERS	1	QL(20 gm per 90 days retail); MP
DUAKLIR PRESSAIR	2	MP
DULERA	1	QL(0.9 gm daily); MP
fluticasone furoate-vilanterol	2	QL(2.5 ea daily); MP
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	2	QL(2.5 ea daily); MP
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	2	QL(0.04 ea daily); MP
fluticasone-salmeterol AERO	2	QL(0.5 gm daily); MP
formoterol fumarate NEBU	2	MP
ipratropium-albuterol SOLN	1	MP
levalbuterol tartrate	1	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	1	QL(12 gm per 90 days retail); 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	QL(180 ea per 90 days retail); MP
TRELEGY ELLIPTA	1	QL(84 ea per 90 days retail); MP
VENTOLIN HFA AERS *(albuterol sulfate)*	1	QL(0.55 gm daily); MP
XOPENEX HFA *(levalbuterol tartrate)*	NF	QL(1 gm daily); MP
Xanthines		
theophylline ELIX	3	
theophylline SOLN	3	MP
theophylline TB12 300 MG, 450 MG	3	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	1	QL(74 ea per 30 days retail)
ELIQUIS TABS 5 MG	1	QL(218 ea per 102 days retail); MP
ELIQUIS TABS 2.5 MG	1	QL(2 ea daily); MP
SAVAYSA	2	MP
XARELTO STARTER PACK TBPK	1	QL(51 ea per 30 days retail)
XARELTO SUSR	1	QL(20 ml daily); MP
XARELTO TABS 20 MG	1	QL(42 ea per 34 days retail); MP
XARELTO TABS 10 MG	1	QL(1 ea daily); MP
XARELTO TABS 15 MG	1	QL(102 ea per 102 days retail); MP

Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 2.5 MG	1	QL(2 ea daily); 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 10000 UNIT/4ML, 95000 UNIT/3.8ML	2	SP; MP
FRAGMIN SOSY	2	SP; MP
heparin sodium (porcine) lock flush 10 UNIT/ML	4	MP
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML	3	MP
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	2	SP; MP
LOVENOX SOSY *(enoxaparin sodium)*	2	SP; MP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	2	QL(2 ea daily); MP
PRADAXA CAPS *(dabigatran etexilate mesylate)*	1	QL(2 ea daily); MP
PRADAXA CAPS 75 MG, 150 MG	1	QL(2 ea daily); MP
PRADAXA CAPS 110 MG	1	QL(4 ea daily); MP
PRADAXA PACK	2	AL(Up to 11 yrs old); MP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Misc.		
LEVETIRACETAM/SODIUM CHLORIDE	CO	
MOTPOLY XR CP24	CO	
primidone	CO	
ZONISADE SUSP	CO	
ZTALMY	CO	SP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Antidepressant Combinations		
AUVELITY	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 XR TB24	2	MP
INVOKAMET TABS	1	MP
JANUMET XR TB24	1	MP
JANUMET TABS	1	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO XR TB24	2	MP
JENTADUETO TABS	1	MP
KAZANO *(alogliptin-metformin hcl)*	2	MP
KOMBIGLYZE XR *(saxagliptin-metformin hcl)*	2	MP
OSENI	2	MP
OSENI *(alogliptin-pioglitazone)*	2	MP
pioglitazone hcl-glimepiride	2	MP
pioglitazone hcl-metformin hcl TABS	2	MP
QTERN	2	MP
saxagliptin-metformin hcl	2	MP
SEGLUROMET	2	MP
SOLIQUA 100/33	2	QL(0.6 ml daily); MP
STEGLUJAN	2	MP
SYNJARDY XR TB24	2	MP
SYNJARDY TABS	1	MP
TRIJARDY XR	2	MP
XIGDUO XR	1	MP
XULTOPHY 100/3.6	2	QL(0.5 ml daily); MP
Biguanides		
GLUMETZA TB24 *(metformin hcl)*	2	MP
metformin hcl SOLN	2	MP
metformin hcl TABS	1	MP
metformin hcl TB24 500 MG, 750 MG	1	MP
metformin hcl TB24 500 MG, 1000 MG	2	MP
METFORMIN HYDROCHLORIDE TABS	1	MP
RIOMET SOLN *(metformin hcl)*	2	MP
Diabetic Other		

Drug Name	Drug Tier	Requirements/ Limits
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 1 MG/0.2ML	1	QL(0.4 ml per 30 days retail; 1 ml per 90 days mail)
GVOKE HYPOPEN 1-PACK SOAJ 0.5 MG/0.1ML	1	QL(0.2 ml per 30 days retail)
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 HYPOPEN 2-PACK SOAJ 0.5 MG/0.1ML	1	QL(0.2 ml per 30 days retail)
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 0.5 MG/0.1ML	2	QL(0.2 ml per 30 days retail)
PROGLYCEM *(diazoxide)*	1	MP
ZEGALOGUE SOAJ	1	
ZEGALOGUE SOSY	1	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	2	MP
JANUVIA	1	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
NESINA *(alogliptin benzoate)*	2	MP
ONGLYZA *(saxagliptin hcl)*	2	MP
saxagliptin hcl	2	MP
TRADJENTA	1	MP
Incretin Mimetic Agents		
ADLYXIN STARTER PACK PNKT	2	QL(0.22 ml daily); MP
ADLYXIN SOPN	2	QL(0.22 ml daily); MP
BYDUREON BCISE AUIJ	2	QL(0.122 ml daily); MP
BYETTA SOPN 10 MCG/0.04ML	1	QL(0.08 ml daily); MP
BYETTA SOPN 5 MCG/0.02ML	1	QL(0.04 ml daily); MP
MOUNJARO	2	QL(0.072 ml daily)
OZEMPIC SOPN	2	QL(0.11 ml daily); MP
OZEMPIC SOPN 2 MG/1.5ML	2	MP
RYBELSUS TABS	2	QL(1 ea daily); MP
TRULICITY	1	QL(0.072 ml daily); MP
VICTOZA	1	QL(0.2 ml daily); MP
Insulin		
ADMELOG SOLOSTAR SOPN	2	QL(3 ml daily); MP
ADMELOG SOLN IJ	2	QL(3 ml daily); MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	2	QL(6 ea daily); MP
APIDRA SOLOSTAR SOPN	1	QL(3 ml daily); MP
APIDRA SOLN	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 FLEXTOUCH SOPN	2	QL(3 ml daily); MP
FIASP PENFILL SOCT	2	QL(3 ml daily); MP
FIASP PUMPCART SOCT	2	QL(3 ml daily); MP
FIASP SOLN	2	QL(3 ml daily); MP
HUMALOG JUNIOR KWIKPEN SOPN	1	QL(3 ml daily); MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(3 ml daily); MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	1	QL(3 ml daily); MP
HUMALOG MIX 50/50 KWIKPEN SUPN	1	QL(3 ml daily); MP
HUMALOG MIX 50/50 SUSP	1	QL(3 ml daily); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	1	QL(3 ml daily); MP
HUMALOG MIX 75/25 SUSP	1	QL(3 ml daily); MP
HUMALOG TEMPO PEN SOPN	1	QL(3 ml daily); MP
HUMALOG SOCT	1	QL(3 ml daily); MP
HUMALOG SOLN IJ	1	QL(3 ml daily); MP
HUMULIN 70/30 KWIKPEN SUPN	1	QL(3 ml daily); MP
HUMULIN 70/30 SUSP	1	QL(3 ml daily); MP
HUMULIN N KWIKPEN SUPN	2	QL(3 ml daily); MP
HUMULIN N SUSP	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
HUMULIN R SOLN IJ	1	QL(3 ml daily); MP

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART FLEXPEN SOPN	2	QL(90 ml per fill retail); MP
INSULIN ASPART PENFILL SOCT	2	QL(3 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	2	QL(90 ml per fill retail); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1	QL(3 ml daily); MP
INSULIN ASPART SOLN IJ	2	QL(90 ml per fill retail); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	QL(3 ml daily); MP
INSULIN DEGLUDEC SOLN	2	QL(3 ml daily); MP
INSULIN GLARGINE SOLOSTAR SOPN	2	QL(3 ml daily); MP
INSULIN GLARGINE SOLN	2	QL(3 ml daily); MP
INSULIN GLARGINE-YFGN SOLN	2	QL(3 ml daily); MP
INSULIN GLARGINE-YFGN SOPN	2	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
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	QL(3 ml daily); MP
INSULIN LISPRO SOLN IJ	1	QL(3 ml daily); MP
LANTUS SOLOSTAR SOPN	1	QL(3 ml daily); MP
LANTUS 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
LEVEMIR SOLN	1	QL(3 ml daily); MP

Drug Name	Drug Tier	Requirements/ Limits
LYUMJEV KWIKPEN SOPN	2	QL(3 ml daily); MP
LYUMJEV TEMPO PEN SOPN	2	QL(3 ml daily); MP
LYUMJEV SOLN	2	QL(3 ml daily); MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	QL(3 ml daily); MP
NOVOLIN 70/30 FLEXPEN SUPN	2	QL(3 ml daily); MP
NOVOLIN 70/30 RELION SUSP	2	QL(3 ml daily); MP
NOVOLIN 70/30 SUSP	2	QL(3 ml daily); MP
NOVOLIN N FLEXPEN RELION SUPN	1	QL(3 ml daily); MP
NOVOLIN N FLEXPEN SUPN	1	QL(3 ml daily); MP
NOVOLIN N RELION SUSP	1	QL(3 ml daily); MP
NOVOLIN N SUSP	1	QL(3 ml daily); MP
NOVOLIN R FLEXPEN RELION SOPN IJ	1	QL(3 ml daily); MP
NOVOLIN R FLEXPEN SOPN IJ	1	QL(3 ml daily); MP
NOVOLIN R RELION SOLN IJ	1	QL(3 ml daily); MP
NOVOLIN R SOLN IJ	1	QL(3 ml daily); MP
NOVOLOG FLEXPEN RELION SOPN	2	QL(90 ml per fill retail); MP
NOVOLOG FLEXPEN SOPN	2	QL(90 ml per fill retail); MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	2	QL(90 ml per fill retail); MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	QL(90 ml per fill retail); MP
NOVOLOG MIX 70/30 RELION SUSP	2	QL(3 ml daily); MP
NOVOLOG MIX 70/30 SUSP	2	QL(3 ml daily); MP

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG PENFILL SOCT	1	QL(3 ml daily); MP
NOVOLOG RELION SOLN IJ	2	QL(90 ml per fill retail); MP
NOVOLOG SOLN IJ	2	QL(90 ml per fill retail); MP
REZVOGLAR KWIKPEN	2	QL(90 ml per fill retail); 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 FLEXTOUCH SOPN	2	QL(3 ml daily); MP
TRESIBA SOLN	2	QL(3 ml daily); MP
Insulin Sensitizing Agents		
ACTOS *(pioglitazone hcl)*	2	MP
pioglitazone hcl	1	MP
Meglitinide Analogues		
nateglinide	1	MP
repaglinide	1	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 TABS 5 MG, 10 MG	1	MP
glipizide TB24	1	MP
GLUCOTROL XL TB24 *(glipizide)*	2	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	1	MP
glyburide TABS	1	MP
GLYNASE *(glyburide micronized)*	2	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	3	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	3	
bismuth subsalicylate TABS	3	
PEPTO BISMOL TABS *(bismuth subsalicylate)*	3	
PEPTO-BISMOL MAX STRENGTH SUSP *(bismuth subsalicylate)*	3	
PEPTO-BISMOL TO-GO CHEW *(bismuth subsalicylate)*	3	
PEPTO-BISMOL CHEW *(bismuth subsalicylate)*	3	
PEPTO-BISMOL SUSP *(bismuth subsalicylate)*	3	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1	
diphenoxylate w/ atropine TABS	1	
IMODIUM A-D CAPS *(loperamide hcl)*	NF	RX/OTC
IMODIUM A-D SOLN *(loperamide hcl)*	3	

Drug Name	Drug Tier	Requirements/ Limits
IMODIUM A-D TABS *(loperamide hcl)*	NF	
LOMOTIL TABS *(diphenoxylate w/ atropine)*	NF	
loperamide hcl CAPS	1	RX/OTC
loperamide hcl SOLN 1 MG/7.5ML	3	
loperamide hcl SUSP	3	
loperamide hcl TABS	1	
LOPERAMIDE HYDROCHLORIDE SUSP	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); RX/OTC
naloxone hcl SOCT	3	QL(6 ml per 90 days retail)
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	3	QL(6 ml per 90 days retail)
naloxone hcl SOSY	3	QL(6 ml per 90 days retail)
NARCAN LIQD *(naloxone hcl)*	3	QL(6 ea per 90 days retail); RX/OTC
OPVEE NA	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 hcl SOLN OR 4 MG/5ML	1	QL(75 ml per fill retail)
ondansetron hcl TABS 4 MG, 8 MG	1	QL(15 ea per fill retail)
ondansetron TBDP	1	QL(15 ea 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 4 MG	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
trimethobenzamide hcl CAPS	4	
Antiemetics - Miscellaneous		
AKYNZEO	2	QL(1 ea per fill retail); SP
dronabinol CAPS	3	PA
MARINOL CAPS *(dronabinol)*	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	2	QL(3 ea per fill retail); AL(At least 12 yrs old)
aprepitant CAPS 80 MG	2	QL(2 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)

Drug Name	Drug Tier	Requirements/ Limits
aprepitant MISC	2	QL(3 ea per fill retail); AL(At least 12 yrs old)
EMEND TRIPACK CAPS *(aprepitant)*	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)
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 SUSP	1	
griseofulvin microsize TABS	2	
griseofulvin ultramicrosize	2	
nystatin TABS	1	
terbinafine hcl TABS	1	QL(84 ea per fill retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	2	
DIFLUCAN SUSR *(fluconazole)*	2	
DIFLUCAN TABS 50 MG, 100 MG, 200 MG *(fluconazole)*	2	
DIFLUCAN TABS 150 MG *(fluconazole)*	2	QL(2 ea per fill retail)
fluconazole SUSR	1	
fluconazole TABS 150 MG	1	QL(2 ea per fill retail)
fluconazole TABS 50 MG, 100 MG, 200 MG	1	
itraconazole CAPS	2	QL(84 ea per fill retail)
itraconazole SOLN	2	QL(840 ml per fill retail)
ketoconazole	1	
NOXAFIL PACK	2	
NOXAFIL SUSP *(posaconazole)*	2	
NOXAFIL TBEC *(posaconazole)*	2	
posaconazole SUSP	2	
posaconazole TBEC	2	
SPORANOX PULSEPAK CAPS *(itraconazole)*	2	QL(84 ea per fill retail)
SPORANOX CAPS *(itraconazole)*	2	QL(84 ea per fill retail)
SPORANOX SOLN *(itraconazole)*	2	QL(840 ml per fill retail)
TOLSURA CAPS	2	
VFEND SUSR *(voriconazole)*	2	
VFEND TABS *(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	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD *(diphenhydramine hcl)*	3	

Drug Name	Drug Tier	Requirements/ Limits
BENADRYL ALLERGY ULTRATABS TABS *(diphenhydramine hcl)*	3	AL(Up to 64 yrs old)
BENADRYL ALLERGY CAPS *(diphenhydramine hcl)*	3	AL(Up to 64 yrs old)
BENADRYL ALLERGY TABS *(diphenhydramine hcl)*	3	AL(Up to 64 yrs old)
carbinoxamine maleate SOLN	3	
carbinoxamine maleate TABS 4 MG	3	
clemastine fumarate TABS 1.34 MG	3	
diphenhydramine hcl CAPS	3	AL(Up to 64 yrs old)
diphenhydramine hcl ELIX 12.5 MG/5ML	3	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	3	
diphenhydramine hcl SOLN 50 MG/ML	3	AL(Up to 64 yrs old)
diphenhydramine hcl TABS 25 MG	3	AL(Up to 64 yrs old)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP *(fexofenadine hcl)*	1	
ALLEGRA ALLERGY TABS *(fexofenadine hcl)*	NF	
cetirizine hcl CAPS	2	
cetirizine hcl CHEW	2	
cetirizine hcl SOLN OR	1	QL(10 ml daily); RX/OTC
cetirizine hcl SYRP OR	1	QL(10 ml daily); RX/OTC
cetirizine hcl TABS 10 MG	1	QL(1 ea daily)
cetirizine hcl TABS 5 MG	1	
CLARINEX TABS *(desloratadine)*	2	
CLARITIN ALLERGY CHILDRENS SOLN *(loratadine)*	NF	QL(10 ml daily)
CLARITIN CHILDRENS CHEW *(loratadine)*	NF	
CLARITIN CHEW *(loratadine)*	NF	
CLARITIN SOLN *(loratadine)*	NF	QL(10 ml daily)
CLARITIN TABS *(loratadine)*	NF	QL(1 ea daily)
desloratadine TABS	2	
desloratadine TBDP 2.5 MG	2	AL(Up to 11 yrs old)
desloratadine TBDP 5 MG	2	
fexofenadine hcl SUSP	1	
fexofenadine hcl TABS 60 MG, 180 MG	1	
levocetirizine dihydrochloride SOLN	2	RX/OTC
levocetirizine dihydrochloride TABS	1	RX/OTC
loratadine CHEW	1	
loratadine SOLN	1	QL(10 ml daily)
loratadine TABS	1	QL(1 ea daily)
XYZAL ALLERGY 24HR CHILDRENS SOLN *(levocetirizine dihydrochloride)*	2	RX/OTC
XYZAL ALLERGY 24HR TABS *(levocetirizine dihydrochloride)*	NF	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		

Drug Name	Drug Tier	Requirements/ Limits
promethazine hcl SOLN 6.25 MG/5ML	3	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)
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 SYRP	3	AL(At least 2 yrs old - Up to 64 yrs old)
promethazine hcl TABS	3	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)
NEXLIZET	2	AL(At least 18 yrs old)
VYTORIN *(ezetimibe-simvastatin)*	2	QL(1 ea daily)
Antihyperlipidemics - Misc.		
icosapent ethyl	2	
LOVAZA *(omega-3-acid ethyl esters)*	2	
omega-3-acid ethyl esters	2	
VASCEPA *(icosapent ethyl)*	2	
Bile Acid Sequestrants		
cholestyramine light PACK	1	MP
cholestyramine light POWD	1	MP
cholestyramine PACK	1	MP
cholestyramine POWD	1	MP
colesevelam hcl PACK	2	MP
colesevelam hcl TABS	2	MP
COLESTID FLAVORED GRAN *(colestipol hcl)*	2	MP
COLESTID FLAVORED PACK *(colestipol hcl)*	2	MP
COLESTID GRAN *(colestipol hcl)*	2	MP
COLESTID PACK *(colestipol hcl)*	2	MP
COLESTID TABS *(colestipol hcl)*	2	MP
colestipol hcl GRAN	2	MP
colestipol hcl PACK	2	MP
colestipol hcl TABS	1	MP
QUESTRAN LIGHT POWD *(cholestyramine light)*	2	MP
QUESTRAN PACK *(cholestyramine)*	2	MP
QUESTRAN POWD *(cholestyramine)*	2	MP
WELCHOL PACK *(colesevelam hcl)*	2	MP
WELCHOL TABS *(colesevelam hcl)*	2	MP
Fibric Acid Derivatives		
ANTARA 30 MG, 90 MG *(fenofibrate micronized)*	2	
ANTARA 30 MG, 90 MG	2	
choline fenofibrate	2	
fenofibrate micronized 67 MG, 134 MG, 200 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG	2	
fenofibrate CAPS	2	
fenofibrate TABS 40 MG, 120 MG	2	
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1	
FENOFIBRATE TABS	1	
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)
ATORVALIQ SUSP	2	QL(20 ml daily)
atorvastatin calcium TABS	1	QL(1 ea daily)
CRESTOR TABS *(rosuvastatin calcium)*	2	QL(1 ea daily)
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 TABS *(atorvastatin calcium)*	2	QL(1 ea daily)
LIVALO *(pitavastatin calcium)*	2	QL(1 ea daily)
lovastatin TABS	1	QL(1 ea daily)
pitavastatin calcium	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 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
REPATHA SOSY	1	QL(2 ml per 28 days retail); SP; PA
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

Drug Name	Drug Tier	Requirements/ Limits
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
QBRELIS SOLN	2	MP
quinapril hcl	2	MP
ramipril CAPS	1	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
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 SOLN	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 TABS	1	MP
clonidine hcl TB24	1	
doxazosin mesylate	1	MP
guanfacine hcl	1	MP
methyldopa TABS	1	MP
MINIPRESS CAPS *(prazosin hcl)*	2	MP
NEXICLON XR TB24 *(clonidine hcl)*	2	
prazosin hcl CAPS	1	MP
terazosin hcl	1	MP
Antihypertensive Combinations		
ACCURETIC	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

Drug Name	Drug Tier	Requirements/ Limits
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
HYZAAR *(losartan potassium & hydrochlorothiazide)*	2	MP
irbesartan-hydrochlorothiazide	2	MP
lisinopril & hydrochlorothiazide	1	MP
losartan potassium & hydrochlorothiazide	1	MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)*	2	MP
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(amlodipine besylate-benazepril hcl)*	2	MP
metoprolol & hydrochlorothiazide TABS	2	MP
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	2	MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	2	MP
olmesartan medoxomil-hydrochlorothiazide	1	MP
quinapril-hydrochlorothiazide	2	MP
TEKTURNA HCT	2	MP
telmisartan-amlodipine	2	MP
telmisartan-hydrochlorothiazide	2	MP
TENORETIC 100 *(atenolol & chlorthalidone)*	2	MP
TENORETIC 50 *(atenolol & chlorthalidone)*	2	MP
trandolapril-verapamil hcl	2	MP
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	2	MP
valsartan-hydrochlorothiazide	1	MP
VASERETIC 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)*	2	MP
ZESTORETIC *(lisinopril & hydrochlorothiazide)*	2	MP
ZIAC *(bisoprolol & hydrochlorothiazide)*	2	MP
Direct Renin Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
aliskiren fumarate	2	MP
TEKTURNA *(aliskiren fumarate)*	2	MP
Vasodilators		
hydralazine hcl SOLN	3	MP
hydralazine hcl TABS 100 MG	3	QL(3 ea daily); MP
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)
FLAGYL CAPS *(metronidazole)*	2	
metronidazole CAPS	2	
metronidazole TABS	1	
tinidazole	1	
trimethoprim TABS	3	
XIFAXAN 200 MG	2	QL(9 ea per fill retail); AL(At least 12 yrs old)
XIFAXAN 550 MG	2	AL(At least 18 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)*	3	
BACTRIM TABS *(sulfamethoxazole-trimethoprim)*	3	
sulfamethoxazole-trimethoprim SUSP	3	
sulfamethoxazole-trimethoprim TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
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 *(vancomycin hcl)*	1	
VANCOCIN CAPS *(vancomycin hcl)*	2	
vancomycin hcl CAPS	1	
vancomycin hcl SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG, 1000 MG	3	
vancomycin hcl SOLR OR 25 MG/ML, 250 MG/5ML	2	
VANCOMYCIN HYDROCHLORIDE SOLR IV 750 MG *(vancomycin hcl)*	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)

Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO TABS	2	QL(14 ea per fill retail)
ZYVOX SUSR *(linezolid)*	2	
ZYVOX TABS *(linezolid)*	2	QL(28 ea per fill retail)
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)
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	3	
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 SYRP	3	AL(Up to 12 yrs old); MP
isoniazid TABS	3	MP
MYAMBUTOL TABS 400 MG *(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	

Drug Name	Drug Tier	Requirements/ Limits
LEUKERAN	3	
melphalan	3	
MYLERAN TABS	3	SP
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG *(temozolomide)*	3	SP
temozolomide CAPS	3	SP
Antimetabolites		
capecitabine	3	SP
mercaptopurine TABS	3	SP
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	3	SP
methotrexate sodium TABS 2.5 MG	3	
ONUREG TABS	3	SP
TABLOID	3	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	
XATMEP SOLN	3	
XELODA *(capecitabine)*	3	SP
Antineoplastic - Angiogenesis Inhibitors		
CYRAMZA	3	
Antineoplastic - Antibodies		
BLINCYTO	3	SP
YERVOY	3	
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	SP
VENCLEXTA TABS	3	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	3	SP
ERIVEDGE	3	SP
ODOMZO	3	SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	3	SP
AKEEGA	3	SP
anastrozole	3	
ARIMIDEX *(anastrozole)*	3	
AROMASIN *(exemestane)*	3	
bicalutamide	3	
CAMCEVI	3	SP
CASODEX *(bicalutamide)*	3	
EMCYT	3	SP
ERLEADA 60 MG	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 INJ	3	SP
leuprolide acetate KIT IJ 1 MG/0.2ML	3	SP
LYSODREN	3	SP
megestrol acetate SUSP	1	
megestrol acetate TABS	3	
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
XTANDI CAPS	3	SP
XTANDI TABS	3	SP
ZYTIGA *(abiraterone acetate)*	3	SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Immunomodulators		
POMALYST	3	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO 80 MG TWICE WEEKLY	3	SP
Antineoplastic Combinations		
INQOVI	3	SP
LONSURF	3	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(everolimus)*	3	SP
AFINITOR TABS *(everolimus)*	3	SP
ALUNBRIG TABS	CO	SP
ALUNBRIG TBPK	CO	SP
BORTEZOMIB SOLN	CO	SP
BORTEZOMIB SOLR IV 3.5 MG	CO	SP
BRAFTOVI 75 MG	3	SP
CALQUENCE	CO	SP
CAPRELSA	CO	SP
everolimus TABS	3	SP
everolimus TBSO	3	SP
FARYDAK	3	SP
IDHIFA	3	SP
IMBRUVICA SUSP	CO	SP
JAKAFI	3	SP
JAYPIRCA	CO	SP
KRAZATI	3	SP
LUMAKRAS 120 MG	3	SP
LYTGOBI	CO	SP
MEKINIST SOLR	CO	SP
REZLIDHIA	3	SP
RUBRACA	CO	SP
TAFINLAR TBSO	CO	SP
TALZENNA	CO	SP
TAZVERIK	3	SP
TIBSOVO	3	SP
TURALIO	CO	SP
VANFLYTA	CO	SP
ZEJULA CAPS	CO	SP
ZEJULA TABS	CO	SP
ZOLINZA	3	SP
Antineoplastics Misc.		
BESREMI	3	
bexarotene	3	SP
HYDREA *(hydroxyurea)*	3	MP
hydroxyurea	3	MP
INTRON A SOLN 6000000 UNIT/ML	3	
INTRON A SOLR	3	
MATULANE	3	SP
TARGRETIN *(bexarotene)*	3	SP
tretinoin (chemotherapy)	3	SP
Chemotherapy Rescue/Antidote/Protective Agents		
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

Drug Name	Drug Tier	Requirements/ Limits
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-entacapone	2	MP
carbidopa-levodopa TABS	1	MP
carbidopa-levodopa TBCR	1	MP
carbidopa-levodopa TBDP	2	MP
DHIVY TABS	2	MP
DUOPA SUSP	2	MP
GOCOVRI CP24	2	SP; MP
INBRIJA CAPS	2	MP
KYNMOBI TITRATION KIT KIT	2	MP
KYNMOBI FILM	2	SP; MP
MIRAPEX ER TB24 *(pramipexole dihydrochloride)*	2	MP
NEUPRO	2	QL(1 ea daily); MP
OSMOLEX ER T4PK	2	MP
OSMOLEX ER TB24 129 MG, 193 MG	2	MP
PARLODEL CAPS *(bromocriptine mesylate)*	2	MP
PARLODEL TABS *(bromocriptine mesylate)*	2	MP
pramipexole dihydrochloride TABS	1	MP
pramipexole dihydrochloride TB24	2	MP
ropinirole hydrochloride TABS	1	MP
ropinirole hydrochloride TB24	2	MP
RYTARY CPCR	2	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)*	2	MP
STALEVO 100 *(carbidopa-levodopa-entacapone)*	2	MP
STALEVO 125 *(carbidopa-levodopa-entacapone)*	2	MP
STALEVO 150 *(carbidopa-levodopa-entacapone)*	2	MP
STALEVO 200 *(carbidopa-levodopa-entacapone)*	2	MP
STALEVO 50 *(carbidopa-levodopa-entacapone)*	2	MP
STALEVO 75 *(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		
Antimanic Agents		
LITHIUM	CO	
Antipsychotics - Misc.		
CAPLYTA	CO	

Drug Name	Drug Tier	Requirements/ Limits
Benzisoxazoles		
RYKINDO SRER	CO	
UZEDY SUSY	CO	
Dibenzapines		
quetiapine fumarate TABS	CO	
Phenothiazines		
prochlorperazine	3	QL(2 ea daily)
prochlorperazine maleate TABS	3	QL(4 ea daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	CO	
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
SUNLENCA SOLN	CO	SP
SUNLENCA TBPK	CO	SP
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	3	SP
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 CAPS	1	MP
acyclovir SUSP	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 CAPS *(oseltamivir phosphate)*	2	QL(14 ea per fill retail)
TAMIFLU SUSR *(oseltamivir phosphate)*	2	QL(120 ml per fill retail)
XOFLUZA	1	
Misc. Antivirals		
LAGEVRIO	3	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/ Limits
Alpha-Beta Blockers		
carvedilol	1	MP
carvedilol phosphate	2	MP
COREG *(carvedilol)*	2	MP
COREG CR *(carvedilol phosphate)*	1	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
TOPROL XL TB24 *(metoprolol succinate)*	2	MP
Beta Blockers Non-Selective		
BETAPACE AF *(sotalol hcl (afib/afl))*	2	MP
BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)*	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 CP24	1	MP
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	1	MP
propranolol hcl TABS	1	MP
sotalol hcl (afib/afl)	1	MP
sotalol hcl TABS	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 CD CP24 *(diltiazem hcl coated beads)*	2	MP
CARDIZEM LA TB24 *(diltiazem hcl)*	2	MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)*	2	MP
CONJUPRI *(levamlodipine maleate)*	2	MP
diltiazem hcl coated beads CP24	1	MP
diltiazem hcl extended release beads	2	MP
diltiazem hcl extended release beads	1	MP
diltiazem hcl CP12	1	MP
diltiazem hcl CP24	1	MP
diltiazem hcl TABS	1	MP
diltiazem hcl TB24	2	MP
felodipine	2	MP
isradipine CAPS	2	MP

Drug Name	Drug Tier	Requirements/ Limits
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	QL(252 ea per 365 days retail)
nisoldipine	2	MP
NORLIQVA SOLN	2	AL(At least 6 yrs old)
NORVASC TABS *(amlodipine besylate)*	2	MP
PROCARDIA XL TB24 *(nifedipine)*	2	MP
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	2	MP
TIAZAC *(diltiazem hcl extended release beads)*	2	MP
verapamil hcl CP24	2	MP
verapamil hcl TABS	1	MP
verapamil hcl TBCR	1	MP
VERAPAMIL HYDROCHLORIDE ER CP24 *(verapamil hcl)*	2	MP
VERELAN PM CP24 *(verapamil hcl)*	2	MP
VERELAN CP24 *(verapamil hcl)*	2	MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	3	MP
LANOXIN TABS 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 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	2	QL(1 ea daily); MP
ENTRESTO	1	QL(2 ea daily); MP
Prostaglandin Vasodilators		
ORENITRAM TITRATION KIT MONTH 1 TEPK	2	SP
ORENITRAM TITRATION KIT MONTH 2 TEPK	2	SP
ORENITRAM TITRATION KIT MONTH 3 TEPK	2	SP
ORENITRAM TBCR	2	SP; MP
TYVASO DPI MAINTENANCE KIT POWD	2	SP; MP
TYVASO DPI TITRATION KIT POWD	2	SP; MP
TYVASO REFILL SOLN IN	1	SP; MP; PA
TYVASO STARTER SOLN IN	1	SP; MP; PA
TYVASO SOLN IN	1	SP; MP; PA
VENTAVIS	1	SP; MP; PA
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

Drug Name	Drug Tier	Requirements/ Limits
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 SUSR *(sildenafil citrate (pulmonary hypertension))*	2	SP; MP; PA
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	2	SP; MP; PA
sildenafil citrate (pulmonary hypertension) SUSR	1	SP; MP; PA
sildenafil citrate (pulmonary hypertension) TABS	1	SP; MP; PA
tadalafil (pulmonary hypertension) TABS	1	SP; MP; PA
TADLIQ SUSP	2	AL(At least 18 yrs old); SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	1	SP; MP; PA
UPTRAVI TABS	1	SP; MP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	2	SP; MP
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 CAPS	1	QL(28 ea per fill retail)
cefadroxil SUSR	1	
cefadroxil TABS	2	QL(28 ea per fill retail)
cephalexin CAPS	1	
cephalexin SUSR	1	
cephalexin TABS	1	
KEFLEX CAPS 750 MG *(cephalexin)*	2	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	2	QL(42 ea per fill retail)
cefaclor CAPS	2	QL(42 ea per fill retail)
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
cefprozil SUSR	1	
cefprozil TABS	1	QL(28 ea per fill retail)
cefuroxime axetil TABS	1	QL(42 ea per fill retail)
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	QL(28 ea per fill retail)
cefdinir SUSR	1	
cefixime CAPS	1	
cefixime SUSR	2	
cefpodoxime proxetil SUSR	2	
cefpodoxime proxetil TABS	2	QL(28 ea per fill retail)
SUPRAX CAPS *(cefixime)*	1	
SUPRAX SUSR 100 MG/5ML *(cefixime)*	2	
CHEMICALS		
Bulk Chemicals - C's		
CITRULLINE(L)	4	RX/OTC
CREATINE MONOHYDRATE	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
Solids		
CO-ENZYME Q 10	4	RX/OTC
COENZYME Q10	4	RX/OTC
UBIDECARENONE	4	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
desogestrel & ethinyl estradiol	3	
desogestrel-ethinyl estradiol (biphasic)	3	
desogestrel-ethinyl estradiol (triphasic)	3	
drospirenone-ethinyl estradiol	3	
ESTROSTEP FE *(norethindrone acetate-ethinyl estradiol-fe)*	3	
ethynodiol diacet & eth estrad	3	
GENERESS FE *(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)	3	
MINASTRIN 24 FE CHEW *(norethin acet & estrad-fe)*	3	
MIRCETTE *(desogestrel-ethinyl estradiol (biphasic))*	3	
norethin acet & estrad-fe CHEW	3	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	3	
norethindrone & eth estradiol	3	
norethindrone & ethinyl estradiol-fe	3	
norethindrone acet & eth estra	3	
norethindrone acetate-ethinyl estradiol-fe	3	
norethindrone-eth estradiol (triphasic)	3	
norgestimate-ethinyl estradiol	3	
norgestimate-ethinyl estradiol (triphasic)	3	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	3	
YASMIN 28 *(drospirenone-ethinyl estradiol)*	3	
YAZ *(drospirenone-ethinyl estradiol)*	3	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	3	QL(0.11 ea daily)
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol	3	QL(0.036 ea daily)
NUVARING *(etonogestrel-ethinyl estradiol)*	3	QL(0.036 ea daily)
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/ Limits
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	
medroxyprogesterone acetate (contraceptive) SUSP IM	3	
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	3	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
ALKINDI SPRINKLE CPSP	3	
budesonide CPEP	3	PA
budesonide TB24	2	
CORTEF TABS *(hydrocortisone)*	3	
DEPO-MEDROL SUSP	3	
DEPO-MEDROL SUSP *(methylprednisolone acetate)*	3	
DEXAMETHASONE INTENSOL CONC	3	
dexamethasone sodium phosphate SOLN IJ	3	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	3	
DEXAMETHASONE SODIUM PHOSPHATE SOSY IJ 10 MG/ML	3	

Drug Name	Drug Tier	Requirements/ Limits
dexamethasone ELIX	3	
dexamethasone SOLN	3	
dexamethasone TABS	3	
dexamethasone TBPK	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	
hydrocortisone TABS	3	
KENALOG-10 SUSP	3	
KENALOG-40 SUSP *(triamcinolone acetonide)*	3	
MEDROL DOSEPAK TBPK *(methylprednisolone)*	3	
MEDROL TABS	3	
MEDROL TABS *(methylprednisolone)*	3	
methylprednisolone acetate SUSP	3	
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	3	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	3	
methylprednisolone TABS	3	
methylprednisolone TBPK	3	
MILLIPRED TABS	3	
ORAPRED ODT TBDP *(prednisolone sodium phosphate)*	3	
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	3	
prednisolone sodium phosphate SOLN	3	
prednisolone sodium phosphate TBDP	3	

Drug Name	Drug Tier	Requirements/ Limits
prednisolone SOLN	3	
prednisolone TABS	3	
PREDNISONE INTENSOL CONC	3	
prednisone SOLN	3	
prednisone TABS	3	
prednisone TBPK	3	
RAYOS TBEC	3	
SOLU-CORTEF	3	
SOLU-MEDROL *(methylprednisolone sod succ)*	3	
SOLU-MEDROL	3	
triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	3	
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML	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	QL(184.6 ml daily)
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	4	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML	4	
dextromethorphan-phenylephrine-acetaminophen LIQD	3	
guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML	4	
guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML	4	
guaifenesin-codeine SYRP	4	
MUCINEX D TB12 *(pseudoephedrine-guaifenesin)*	NF	
promethazine & phenylephrine SYRP	4	
promethazine w/codeine SOLN	4	
promethazine w/codeine SYRP	4	
promethazine-dm SYRP	4	
promethazine-phenylephrine-codeine	4	
pseudoephedrine-guaifenesin TB12 600 MG-60 MG	4	
VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF LIQD *(dextromethorphan-doxylamine-acetaminophen)*	NF	QL(184.6 ml daily)
VICKS NYQUIL COLD & FLU LIQD *(dextromethorphan-doxylamine-acetaminophen)*	NF	QL(184.6 ml daily)
VICKS NYQUIL HBP COLD & FLU LIQD *(dextromethorphan-doxylamine-acetaminophen)*	NF	QL(184.6 ml daily)
Expectorants		
GERI-TUSSIN SYRP	4	
guaifenesin LIQD	4	

Drug Name	Drug Tier	Requirements/ Limits
guaifenesin SYRP	4	
guaifenesin TABS 200 MG	4	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) NEBU 0.9 %	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 *(clindamycin phosphate-benzoyl peroxide)*	2	
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	3	QL(45 gm per 30 days retail); AL(Up to 30 yrs old)
adapalene GEL 0.1 %	3	QL(45 gm per 30 days retail); RX/OTC
adapalene GEL 0.3 %	3	QL(45 gm per 30 days retail); AL(Up to 30 yrs old)
BENZAC AC WASH LIQD 5 % *(benzoyl peroxide)*	3	RX/OTC
BENZACLIN WITH PUMP GEL *(clindamycin phosphate-benzoyl peroxide)*	2	
BENZACLIN GEL *(clindamycin phosphate-benzoyl peroxide)*	2	
BENZAMYCIN GEL *(benzoyl peroxide-erythromycin)*	3	
benzoyl peroxide CREA 10 %	3	
benzoyl peroxide-erythromycin GEL	3	
benzoyl peroxide FOAM 10 %	3	
benzoyl peroxide GEL 5 %	3	
benzoyl peroxide GEL 10 %	3	QL(114 gm per 30 days retail)
benzoyl peroxide LIQD 5 %, 10 %	3	
clindamycin phosphate (topical) SOLN	3	
clindamycin phosphate (topical) SWAB	3	
clindamycin phosphate-benzoyl peroxide (refrigerate)	2	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %	1	
clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	2	
DIFFERIN DAILY DEEP CLEANSER LIQD *(benzoyl peroxide)*	3	RX/OTC
DIFFERIN GEL 0.1 % *(adapalene)*	3	QL(45 gm per 30 days retail); RX/OTC
DIFFERIN GEL 0.3 % *(adapalene)*	3	QL(45 gm per 30 days retail); AL(Up to 30 yrs old)
EPIDUO GEL *(adapalene-benzoyl peroxide)*	3	QL(45 gm per 30 days retail); AL(Up to 30 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
erythromycin (acne aid) SOLN	3	
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	3	QL(2 ea daily); PA
NEUAC KIT	2	
ONEXTON GEL	2	
RETIN-A CREA 0.025 %, 0.05 % *(tretinoin)*	3	QL(20 gm per 30 days retail); AL(Up to 30 yrs old)
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	3	
tretinoin CREA 0.025 %, 0.05 %	3	QL(20 gm per 30 days retail); AL(Up to 30 yrs old)
Antibiotics - Topical		
bacitracin (topical) OINT	3	
bacitracin zinc OINT	3	
CENTANY AT KIT	2	
CENTANY OINT	2	
gentamicin sulfate (topical) CREA	3	
gentamicin sulfate (topical) OINT	3	
mupirocin calcium (topical)	2	
mupirocin OINT	1	
neomycin-bacitracin-polymyxin OINT	3	
NEOSPORIN ORIGINAL OINT *(neomycin-bacitracin-polymyxin)*	3	
XEPI	2	QL(60 gm per 30 days retail)
Antifungals - Topical		
ALOE VESTA ANTIFUNGAL OINT *(miconazole nitrate (topical))*	2	

Drug Name	Drug Tier	Requirements/ Limits
ALOE VESTA CLEAR ANTIFUNGAL OINT *(miconazole nitrate (topical))*	2	
butenafine hcl	2	RX/OTC
ciclopirox olamine CREA	1	
ciclopirox olamine SUSP	2	
ciclopirox GEL	2	
ciclopirox KIT	2	
ciclopirox SHAM	2	
ciclopirox SOLN	1	
ciclopirox SOLN	2	
clotrimazole (topical) CREA	2	RX/OTC
clotrimazole (topical) CREA	1	RX/OTC
clotrimazole (topical) SOLN	1	RX/OTC
clotrimazole w/ betamethasone CREA	1	
clotrimazole w/ betamethasone LOTN	2	
econazole nitrate CREA	2	
ERTACZO	2	
EXELDERM CREA *(sulconazole nitrate)*	2	
EXTINA FOAM *(ketoconazole (topical))*	2	
JUBLIA	2	AL(At least 6 yrs old)
KERYDIN *(tavaborole)*	2	AL(At least 6 yrs old)
ketoconazole (topical) CREA	1	
ketoconazole (topical) FOAM	2	
ketoconazole (topical) SHAM 2 %	1	
KETODAN KIT	2	
LAMISIL AT JOCK ITCH CREA *(terbinafine hcl (topical))*	3	

Drug Name	Drug Tier	Requirements/ Limits
LAMISIL AT CREA *(terbinafine hcl (topical))*	3	
LOPROX	2	
LOPROX KIT	2	
LOPROX SHAMPOO SHAM *(ciclopirox)*	2	
LOPROX CREA *(ciclopirox olamine)*	2	
LOPROX SUSP *(ciclopirox olamine)*	2	
LOTRIMIN AF JOCK ITCH CREA *(clotrimazole (topical))*	2	RX/OTC
LOTRIMIN AF CREA *(clotrimazole (topical))*	2	RX/OTC
LOTRIMIN AF CREA *(clotrimazole (topical))*	NF	RX/OTC
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) CREA	1	
miconazole nitrate (topical) OINT	2	
miconazole-zinc oxide-white petrolatum	2	
naftifine hcl CREA	2	
naftifine hcl GEL	2	
NAFTIN GEL *(naftifine hcl)*	2	
NAFTIN GEL	2	
nystatin (topical) CREA	1	
nystatin (topical) OINT	1	
nystatin (topical) POWD EX	1	
nystatin-triamcinolone CREA	1	
nystatin-triamcinolone OINT	1	
oxiconazole nitrate CREA	2	
OXISTAT CREA *(oxiconazole nitrate)*	2	
OXISTAT LOTN	2	
sulconazole nitrate CREA	2	
tavaborole	2	AL(At least 6 yrs old)
terbinafine hcl (topical) CREA	3	
TINACTIN CREA *(tolnaftate)*	2	
tolnaftate CREA	1	
tolnaftate POWD EX	1	
VUSION *(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 2 %	2	
diclofenac sodium (topical) SOLN EX 1.5 %	1	
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 ARTHRITIS PAIN GEL EX *(diclofenac sodium (topical))*	2	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		

Drug Name	Drug Tier	Requirements/ Limits
CARAC CREA *(fluorouracil (topical))*	3	SP
diclofenac sodium (actinic keratoses) EX	3	
EFUDEX CREA *(fluorouracil (topical))*	3	SP
fluorouracil (topical) CREA	3	SP
Antipsoriatics		
acitretin 10 MG, 25 MG	3	QL(2 ea daily); PA
acitretin 17.5 MG	3	PA
calcipotriene CREA	3	QL(4 gm daily; 20 gm per 30 days retail); AL(At least 2 yrs old); PA
calcipotriene OINT	3	QL(4 gm daily); AL(At least 2 yrs old); PA
calcipotriene SOLN	3	QL(2 ml daily); AL(At least 2 yrs old); PA
calcitriol (topical)	3	QL(4 gm daily; 20 gm per 30 days retail); AL(At least 2 yrs old); PA
COSENTYX SENSOREADY PEN SOAJ	1	SP
COSENTYX UNOREADY SOAJ	1	SP
COSENTYX SOSY	1	SP
DOVONEX CREA *(calcipotriene)*	3	QL(4 gm daily; 20 gm per 30 days retail); AL(At least 2 yrs old); PA
ILUMYA	2	SP
SILIQ	2	SP
SKYRIZI PEN SOAJ	2	SP
SKYRIZI PSKT	2	SP
SKYRIZI SOSY	2	SP

Drug Name	Drug Tier	Requirements/ Limits
SOTYKTU	2	QL(1 ea daily); AL(At least 18 yrs old); SP
STELARA SOSY	2	SP
TALTZ SOAJ	2	SP
TALTZ SOSY	2	SP
tazarotene CREA	3	AL(Up to 20 yrs old); PA
tazarotene GEL	3	AL(Up to 20 yrs old); PA
TAZORAC CREA *(tazarotene)*	3	AL(Up to 20 yrs old); PA
TAZORAC GEL *(tazarotene)*	3	AL(Up to 20 yrs old); PA
TREMFYA SOPN	2	SP
TREMFYA SOSY	2	SP
VECTICAL *(calcitriol (topical))*	3	QL(4 gm daily; 20 gm per 30 days retail); AL(At least 2 yrs old); PA
VTAMA	2	AL(At least 18 yrs old)
ZORYVE	3	AL(At least 12 yrs old); PA
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	3	
Antivirals - Topical		
ABREVA *(docosanol)*	3	MP
acyclovir topical CREA	2	MP
acyclovir topical OINT	1	MP
DENAVIR *(penciclovir)*	1	MP
docosanol	3	MP
penciclovir	2	MP
XERESE	2	MP
ZOVIRAX CREA *(acyclovir topical)*	1	MP
ZOVIRAX OINT *(acyclovir topical)*	2	MP
Burn Products		

Drug Name	Drug Tier	Requirements/ Limits
SILVADENE *(silver sulfadiazine)*	3	
silver sulfadiazine	3	
Corticosteroids - Topical		
alclometasone dipropionate CREA	2	
alclometasone dipropionate OINT	2	
amcinonide LOTN	2	
APEXICON E CREA	2	
BESER	2	
betamethasone dipropionate (topical) CREA	1	
betamethasone dipropionate (topical) LOTN	1	
betamethasone dipropionate (topical) OINT	1	
betamethasone dipropionate augmented CREA	2	
betamethasone dipropionate augmented GEL 0.05 %	2	
betamethasone dipropionate augmented LOTN	2	
betamethasone dipropionate augmented OINT	2	
betamethasone valerate CREA	1	
betamethasone valerate FOAM	2	
betamethasone valerate LOTN	1	
betamethasone valerate OINT	1	
BRYHALI LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate emollient base 0.05 %	2	
clobetasol propionate emulsion	2	
clobetasol propionate CREA 0.05 %	1	
clobetasol propionate FOAM	2	
clobetasol propionate GEL 0.05 %	2	
clobetasol propionate LIQD	2	
clobetasol propionate LOTN	2	
clobetasol propionate OINT 0.05 %	1	
clobetasol propionate SHAM	2	
clobetasol propionate SOLN 0.05 %	1	
CLOBEX LIQD *(clobetasol propionate)*	2	
CLOBEX LOTN 0.05 % *(clobetasol propionate)*	2	
CLOBEX SHAM *(clobetasol propionate)*	2	
clocortolone pivalate	2	
CLODAN KIT	2	
CLODERM *(clocortolone pivalate)*	2	
CORDRAN CREA *(flurandrenolide)*	2	
CORDRAN LOTN *(flurandrenolide)*	2	
CORDRAN OINT	2	
CUTIVATE LOTN *(fluticasone propionate)*	2	
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	2	

Drug Name	Drug Tier	Requirements/ Limits
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	2	
desonide CREA	2	
desonide GEL	2	
desonide LOTN	2	
desonide OINT	2	
DESOWEN CREA *(desonide)*	2	
desoximetasone CREA	2	
desoximetasone GEL	2	
desoximetasone LIQD	2	
desoximetasone OINT	2	
diflorasone diacetate CREA	2	
diflorasone diacetate OINT	2	
DIPROLENE AF CREA *(betamethasone dipropionate augmented)*	2	
DIPROLENE OINT *(betamethasone dipropionate augmented)*	2	
fluocinolone acetonide CREA	2	
fluocinolone acetonide OIL	2	
fluocinolone acetonide OINT	2	
fluocinolone acetonide SOLN	2	
fluocinonide emulsified base	2	
fluocinonide CREA	2	
fluocinonide GEL	2	
fluocinonide OINT	2	
fluocinonide SOLN	2	
flurandrenolide CREA	2	
flurandrenolide LOTN	2	
flurandrenolide OINT	2	

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate CREA 0.05 %	1	
fluticasone propionate LOTN	2	
fluticasone propionate OINT	1	
halcinonide CREA	2	
halobetasol propionate CREA	1	
HALOBETASOL PROPIONATE FOAM	2	
halobetasol propionate OINT	1	
HALOG CREA *(halcinonide)*	2	
HALOG OINT	2	
HALOG SOLN	2	
HYDROCORT LOTION COMPLETEKIT	2	
hydrocortisone (topical) CREA	1	RX/OTC
hydrocortisone (topical) CREA 1 %	2	RX/OTC
hydrocortisone (topical) LOTN 2.5 %	1	
hydrocortisone (topical) OINT 1 %, 2.5 %	1	RX/OTC
hydrocortisone (topical) SOLN 1 %	2	
hydrocortisone acetate (topical) CREA 1 %	1	
hydrocortisone acetate (topical) OINT	1	
hydrocortisone butyrate hydrophilic lipo base	2	
hydrocortisone butyrate CREA	2	
hydrocortisone butyrate LOTN	2	
hydrocortisone butyrate OINT	2	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone butyrate SOLN	2	
hydrocortisone valerate CREA	2	
hydrocortisone valerate OINT	2	
IMPEKLO LOTN	2	
KENALOG AERS *(triamcinolone acetonide (topical))*	2	
LEXETTE FOAM	2	
LOCOID LIPOCREAM *(hydrocortisone butyrate hydrophilic lipo base)*	2	
LOCOID LOTN *(hydrocortisone butyrate)*	2	
LUXIQ FOAM *(betamethasone valerate)*	2	
mometasone furoate CREA	3	
mometasone furoate OINT	1	
mometasone furoate SOLN	1	
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH CREA *(hydrocortisone (topical))*	1	RX/OTC
OLUX-E *(clobetasol propionate emulsion)*	2	
OLUX FOAM *(clobetasol propionate)*	2	
PANDEL	2	
prednicarbate OINT	2	
SERNIVO EMUL	2	
SYNALAR CREAM KIT	2	
SYNALAR OINTMENT KIT	2	
SYNALAR TS	2	
SYNALAR CREA *(fluocinolone acetonide)*	2	
SYNALAR OINT *(fluocinolone acetonide)*	2	
SYNALAR SOLN *(fluocinolone acetonide)*	2	
TEMOVATE CREA *(clobetasol propionate)*	2	
TEMOVATE OINT *(clobetasol propionate)*	2	
TEXACORT SOLN 2.5 %	2	
TOPICORT CREA *(desoximetasone)*	2	
TOPICORT GEL *(desoximetasone)*	2	
TOPICORT LIQD *(desoximetasone)*	2	
TOPICORT OINT *(desoximetasone)*	2	
TOVET KIT	2	
triamcinolone acetonide (topical) AERS	2	
triamcinolone acetonide (topical) CREA	1	
triamcinolone acetonide (topical) LOTN	1	
triamcinolone acetonide (topical) OINT	1	
triamcinolone acetonide (topical) OINT 0.05 %	2	
triamcinolone acetonide-dimethicone-silicone	2	
TRIDESILON CREA 0.05 % *(desonide)*	2	
ULTRAVATE LOTN	2	
VANICREAM HC MAXIMUM STRENGTH CREA	2	
VANOS CREA *(fluocinonide)*	2	
Eczema Agents		
ADBRY	1	QL(4 ml per 28 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits
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) CREA	3	RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	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 0.1 % *(tacrolimus (topical))*	2	QL(30 gm per 30 days retail); AL(At least 16 yrs old)
PROTOPIC OINT 0.03 % *(tacrolimus (topical))*	2	QL(30 gm per 30 days retail); AL(At least 2 yrs old)
tacrolimus (topical) OINT 0.1 %	2	QL(30 gm per 30 days retail); AL(At least 16 yrs old)
tacrolimus (topical) OINT 0.03 %	2	QL(30 gm per 30 days retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Keratolytic/Antimitotic Agents		
podofilox SOLN	3	
Local Anesthetics - Topical		
lidocaine hcl CREA 3 %	3	QL(85 gm per 30 days retail); RX/OTC
lidocaine hcl GEL 2 %	3	
lidocaine hcl PRSY	3	
lidocaine OINT	3	QL(100 gm per 30 days retail)
lidocaine-prilocaine CREA	3	QL(1 gm daily)
lidocaine PTCH 4 %	3	QL(30 ea per 30 days retail)
lidocaine PTCH 5 %	3	PA
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	
DRYSOL SOLN	4	
EUCERIN ORIGINAL HEALING CREA *(skin protectants, misc.)*	NF	
HYDROCERIN CREA	4	
SENSI-CARE MOISTURIZING CREA	4	
skin protectants, misc. CREA	4	
SORBIDON HYDRATE CREA	4	

Drug Name	Drug Tier	Requirements/ Limits
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 0.75 %	3	
Scabicides & Pediculicides		
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 CREA	3	QL(2 gm daily)
permethrin LIQD EX	3	QL(59 ml per 30 days retail)
permethrin LOTN	3	
pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %	3	QL(236 ml per 30 days retail)
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	3	QL(236 ml per 30 days retail)
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	3	QL(236 ea per 30 days retail)
spinosad	3	ST
Tar Products		
coal tar extract SHAM 0.5 %	4	
DHS TAR GEL SHAM *(coal tar extract)*	NF	
DHS TAR SHAM *(coal tar extract)*	NF	
NEUTROGENA T/GEL SHAM 0.5 % *(coal tar extract)*	NF	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
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		

Drug Name	Drug Tier	Requirements/ Limits
FOLBIC	3	MP; RX/OTC
folic acid-pyridoxine-cyanocobalamin	3	MP; RX/OTC
NIVA-FOL	3	MP; RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	1	MP; PA
PERTZYE CPEP	2	MP
VIOKACE TABS	2	MP
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	1	MP; PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	3	QL(2 ea daily); MP
acetazolamide TABS	3	QL(4 ea daily); MP
Diuretic Combinations		
ALDACTAZIDE *(spironolactone & hydrochlorothiazide)*	3	QL(3 ea daily); MP
amiloride & hydrochlorothiazide	3	QL(2 ea daily); MP
MAXZIDE-25 TABS *(triamterene & hydrochlorothiazide)*	3	MP
MAXZIDE TABS *(triamterene & hydrochlorothiazide)*	3	MP
spironolactone & hydrochlorothiazide	3	QL(3 ea daily); MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	3	MP
triamterene & hydrochlorothiazide TABS	3	MP
Loop Diuretics		
FUROSCIX CTKT	3	QL(8 ea per 30 days retail); AL(At least 18 yrs old); PA
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	3	AL(Up to 12 yrs old); MP
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
LASIX TABS 40 MG *(furosemide)*	3	QL(8 ea daily); MP
LASIX TABS 20 MG *(furosemide)*	3	QL(16 ea daily); MP
LASIX TABS 80 MG *(furosemide)*	3	QL(4 ea daily); MP
SOAANZ TABS 20 MG	3	QL(4 ea daily); MP
torsemide TABS 10 MG, 20 MG	3	QL(4 ea daily); MP
torsemide TABS 5 MG, 100 MG	3	QL(2 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

Drug Name	Drug Tier	Requirements/ Limits
DIURIL SUSP	3	AL(Up to 12 yrs old); MP
hydrochlorothiazide CAPS	3	MP
hydrochlorothiazide TABS	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. - 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 150 MG *(risedronate sodium)*	2	
alendronate sodium SOLN	2	
alendronate sodium TABS 5 MG, 10 MG	1	
alendronate sodium TABS 35 MG, 70 MG	1	4 tablets per 28 days; QL(0.15 ea daily)
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
calcitonin (salmon) NA	1	SP
FORTEO SOPN *(teriparatide (recombinant))*	2	SP
FOSAMAX PLUS D	2	4 tablets per 28 days; QL(0.15 ea daily)
FOSAMAX TABS 70 MG *(alendronate sodium)*	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
risedronate sodium TABS 5 MG, 30 MG, 150 MG	2	
risedronate sodium TABS 35 MG	2	Limit: 4 tablets per 28 days; QL(0.143 ea daily)
risedronate sodium TBEC	2	Limit: 4 tablets per 28 days; QL(0.134 ea daily)
teriparatide (recombinant) SOPN	2	SP
TYMLOS	2	SP
GnRH/LHRH Antagonists		
ORILISSA 150 MG	1	QL(28 ea per 28 days retail); AL(At least 18 yrs old); PA
ORILISSA 200 MG	1	QL(56 ea per 28 days retail); AL(At least 18 yrs old); PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	1	SP; PA
GENOTROPIN CART SC	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

Drug Name	Drug Tier	Requirements/ Limits
SAIZEN IJ	2	SP
SAIZENPREP RECONSTITUTIONKIT IJ	2	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	2	SP
SKYTROFA	2	SP
ZOMACTON SOLR SC	2	SP
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	2	
raloxifene hcl	1	
Metabolic Modifiers		
calcitriol CAPS	3	QL(4 ea daily); MP
calcitriol SOLN OR	3	AL(Up to 12 yrs old); MP
cinacalcet hcl 30 MG, 60 MG	3	QL(2 ea daily); SP; PA
cinacalcet hcl 90 MG	3	QL(4 ea daily); SP; PA
doxercalciferol CAPS	4	SP
doxercalciferol SOLN	4	
HECTOROL SOLN *(doxercalciferol)*	NF	
paricalcitol CAPS	4	SP
paricalcitol SOLN	4	
PHEBURANE PLLT	CO	SP
ROCALTROL CAPS *(calcitriol)*	3	QL(4 ea daily); MP
ROCALTROL SOLN OR *(calcitriol)*	3	AL(Up to 12 yrs old); MP
SENSIPAR 90 MG *(cinacalcet hcl)*	3	QL(4 ea daily); SP; PA
SENSIPAR 30 MG, 60 MG *(cinacalcet hcl)*	3	QL(2 ea daily); SP; PA
ZEMPLAR CAPS 1 MCG, 2 MCG *(paricalcitol)*	NF	SP
ZEMPLAR SOLN *(paricalcitol)*	NF	
Mineralocorticoid Receptor Antagonists		
KERENDIA	3	QL(1 ea daily); AL(At least 18 yrs old); PA
Natriuretic Peptides		
VOXZOGO	CO	SP
Posterior Pituitary Hormones		
DDAVP TABS *(desmopressin acetate)*	3	QL(6 ea daily)
desmopressin acetate spray	3	PA
desmopressin acetate spray refrigerated	3	PA
DESMOPRESSIN ACETATE SOLN NA	3	
desmopressin acetate TABS	3	QL(6 ea daily)
STIMATE SOLN NA	3	
Prolactin Inhibitors		
cabergoline	3	
Somatostatic Agents		
octreotide acetate SOLN	3	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML *(octreotide acetate)*	3	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(estradiol & norethindrone acetate)*	3	AL(Up to 64 yrs old); MP
esterified estrogens & methyltestosterone 1.25 MG-0.625 MG	4	MP
estradiol & norethindrone acetate TABS	3	AL(Up to 64 yrs old); MP
FEMHRT *(norethindrone acetate-ethinyl estradiol)*	3	QL(1 ea daily); AL(Up to 64 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
MYFEMBREE	1	QL(28 ea per 28 days retail); AL(At least 18 yrs old)
norethindrone acetate-ethinyl estradiol 0.5 MG-2.5 MCG	3	QL(1 ea daily); AL(Up to 64 yrs old); MP
norethindrone acetate-ethinyl estradiol 1 MG-5 MCG	3	AL(Up to 64 yrs old); MP
ORIAHNN	1	QL(56 ea per 28 days retail); AL(At least 18 yrs old); PA
PREMPHASE	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 *(estradiol valerate)*	3	MP
ESTRACE TABS *(estradiol)*	3	AL(Up to 64 yrs old); MP
estradiol valerate	3	MP
estradiol PTTW	3	QL(0.29 ea daily); AL(Up to 64 yrs old); MP
estradiol PTWK	3	QL(0.143 ea daily); AL(Up to 64 yrs old); MP
estradiol TABS	3	AL(Up to 64 yrs old); 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	
ciprofloxacin hcl TABS	1	QL(42 ea per fill retail)
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	1	
CIPRO SUSR	1	
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	2	QL(42 ea per fill retail)
levofloxacin SOLN OR	1	
levofloxacin TABS 250 MG, 500 MG	1	QL(14 ea per fill retail)
levofloxacin TABS 750 MG	1	QL(28 ea per fill retail)
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 DYE FREE SUSP *(simethicone)*	3	

Drug Name	Drug Tier	Requirements/ Limits
MYLICON INFANTS GAS RELIEF SUSP *(simethicone)*	3	
simethicone CHEW	3	
simethicone LIQD OR 20 MG/0.3ML	3	
simethicone SUSP	3	
Gallstone Solubilizing Agents		
RELTONE CAPS	2	MP
URSO 250 TABS *(ursodiol)*	2	MP
URSO FORTE TABS *(ursodiol)*	2	MP
ursodiol CAPS	1	MP
URSODIOL CAPS	2	MP
ursodiol TABS	1	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	

Drug Name	Drug Tier	Requirements/ Limits
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	2	
AZULFIDINE TABS *(sulfasalazine)*	2	
balsalazide disodium CAPS	2	
CIMZIA STARTER KIT PSKT	2	SP
CIMZIA KIT	2	SP
CIMZIA PSKT	2	SP
COLAZAL CAPS *(balsalazide disodium)*	2	
DELZICOL CPDR *(mesalamine)*	2	
DIPENTUM	2	
ENTYVIO SOLR	2	SP
ENTYVIO SOPN	2	SP
LIALDA TBEC *(mesalamine)*	1	
mesalamine CP24	2	
mesalamine CPCR	2	
mesalamine CPDR	2	
mesalamine ENEM	3	
mesalamine TBEC	2	
PENTASA CPCR	2	
SFROWASA ENEM	3	
SKYRIZI SOCT 360 MG/2.4ML	2	SP; PA
SKYRIZI SOCT 180 MG/1.2ML	2	SP
STELARA 130 MG/26ML	2	SP
sulfasalazine TABS	1	
sulfasalazine TBEC	1	
Intestinal Acidifiers		
lactulose (encephalopathy)	CO	
lactulose (encephalopathy)	3	
Irritable Bowel Syndrome (IBS) Agents		

Drug Name	Drug Tier	Requirements/ Limits
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	2	
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 CHEW *(lanthanum carbonate)*	2	MP
FOSRENOL PACK	2	MP
lanthanum carbonate CHEW	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		

Drug Name	Drug Tier	Requirements/ Limits
Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	3	
Alkalinizers		
potassium citrate (alkalinizer) TBCR	3	
potassium citrate-citric acid SOLN	3	RX/OTC
sodium citrate & citric acid	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	CO	SP
PROCYSBI CPDR	CO	SP
PROCYSBI PACK	CO	SP
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	4	
Interstitial Cystitis Agents		
ELMIRON CAPS	3	PA
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	
AVODART *(dutasteride)*	2	
CARDURA XL	2	MP
dutasteride	1	
dutasteride-tamsulosin hcl	2	
ENTADFI	2	
finasteride	1	
FLOMAX *(tamsulosin hcl)*	2	

Drug Name	Drug Tier	Requirements/ Limits
JALYN *(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	1	
Gout Agents		
allopurinol	1	
ALLOPURINOL	1	
colchicine CAPS	2	
colchicine TABS	1	
COLCRYS TABS *(colchicine)*	2	
febuxostat	2	
GLOPERBA SOLN OR	2	
MITIGARE CAPS *(colchicine)*	2	
ULORIC *(febuxostat)*	2	
ZYLOPRIM 300 MG *(allopurinol)*	NF	
ZYLOPRIM 100 MG *(allopurinol)*	2	
Uricosurics		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/ Limits
Antihemophilic Products		
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	CO	SP
NUWIQ KIT	CO	SP
NUWIQ SOLR	CO	SP
REBINYN	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 0.5 MG *(anagrelide hcl)*	3	
anagrelide hcl	3	
aspirin-dipyridamole	2	MP
BRILINTA	1	MP
cilostazol	3	QL(2 ea daily); MP
clopidogrel bisulfate 75 MG	1	QL(1 ea daily); MP
clopidogrel bisulfate 300 MG	1	QL(2 ea per 30 days retail)
dipyridamole	2	MP
EFFIENT *(prasugrel hcl)*	2	AL(Up to 75 yrs old); MP
PLAVIX 75 MG *(clopidogrel bisulfate)*	2	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
prasugrel hcl	1	AL(Up to 75 yrs old); MP
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	CO	SP
PYRUKYND TABS	CO	SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
DROXIA CAPS	3	MP
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; PA
OXBRYTA TBSO	3	QL(3 ea daily); AL(At least 4 yrs old); SP; PA
SIKLOS TABS	3	AL(At least 2 yrs old); MP; 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		
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
FYLNETRA	2	QL(0.6 ml per 14 days retail); SP
GRANIX SOLN	2	SP
GRANIX SOSY	2	SP
LEUKINE SOLR IJ	2	SP
NEULASTA ONPRO KIT PSKT	2	QL(0.6 ml per 14 days retail); SP
NEULASTA SOSY	2	QL(0.6 ml per 14 days retail); SP
NEUPOGEN SOLN	1	SP
NEUPOGEN SOSY	1	SP
NIVESTYM SOLN	2	SP
NIVESTYM SOSY	2	SP
NYVEPRIA	1	QL(0.6 ml per 14 days retail); SP
PROCRIT	2	SP
PROCRIT	2	SP
RELEUKO SOLN	2	SP
RELEUKO SOSY	2	SP
RETACRIT	1	SP; PA
RETACRIT	1	SP; PA
STIMUFEND	2	QL(0.6 ml per 14 days retail); SP
UDENYCA SOAJ	2	QL(0.6 ml per 14 days retail); SP
UDENYCA SOSY	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	4	MP
FEOSOL BIFERA	4	MP
FERREX 150 FORTE PLUS	4	MP
FERREX 150 PLUS 50 MG-50 MG-50 MG-150 MG-150 MG	4	MP
FERREX 28 MISC	4	MP
FOLGARD RX TABS *(folic acid-vitamin b6-vitamin b12)*	3	MP
folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG, 25 MG-2.2 MG-1 MG, 25 MG-2.5 MG-1 MG	3	MP
FOLITAB 500	4	MP
FOLTABS 800 TABS	3	MP
HEMATRON-AF	4	MP
HEMATRON-AF *(iron-docusate-b12-folic acid-vit c-vit e-copper-biotin)*	NF	MP; RX/OTC
HEMAX	4	MP
ICAR-C *(iron-vitamin c)*	NF	MP
ICAR-C PLUS TABS *(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	4	MP; RX/OTC
iron-docusate-b12-folic acid-vit c-vit e-copper-biotin	4	MP; RX/OTC
iron-vitamin c	4	MP
iron-vitamin c-vitamin b12-folic acid TABS	3	AL(Up to 12 yrs old); MP; RX/OTC
MULTIGEN	4	MP

Drug Name	Drug Tier	Requirements/ Limits
Iron		
FEOSOL TABS *(ferrous sulfate dried)*	3	MP
FER-IN-SOL SOLN *(ferrous sulfate)*	3	AL(Up to 12 yrs old); MP
ferrous gluconate TABS 27 MG, 240 MG, 324 MG	3	MP
FERROUS GLUCONATE TABS 324 MG	3	MP
ferrous sulfate dried TABS 200 MG	3	MP
ferrous sulfate dried TBCR 45 MG	3	MP
ferrous sulfate SOLN	3	AL(Up to 12 yrs old); MP
ferrous sulfate TABS 65 MG, 325 MG	3	MP
ferrous sulfate TBCR 45 MG, 142 MG	3	MP
ferrous sulfate TBEC	3	MP
FERROUS SULFATE TBEC	3	MP
SLOW FE TBCR 142 MG *(ferrous sulfate)*	3	MP
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
SEZABY SOLR	CO	
Non-Barbiturate Hypnotics		
IGALMI FILM	CO	SP
midazolam hcl SOLN IJ 25 MG/5ML, 50 MG/10ML	3	QL(5 ml per 30 days retail)
midazolam hcl SOLN IJ 5 MG/ML, 10 MG/2ML	3	QL(4 ml per 30 days retail)
ZOLPIDEM TARTRATE CAPS	CO	
Orexin Receptor Antagonists		
QUVIVIQ	CO	
LAXATIVES - Bowel Treatment Drugs		

Drug Name	Drug Tier	Requirements/ Limits
Bulk Laxatives		
HYDROCIL INSTANT POWD *(psyllium)*	3	
METAMUCIL 4 IN 1 FIBER POWD *(psyllium)*	3	
METAMUCIL FREE & NATURAL POWD *(psyllium)*	3	
METAMUCIL ORIGINAL TEXTURE POWD *(psyllium)*	3	
METAMUCIL POWD *(psyllium)*	3	
psyllium POWD 25 %, 28.3 %, 43 %, 48.57 %, 51.7 %, 58.6 %, 95 %	3	
Laxative Combinations		
GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	3	
NULYTELY *(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	3	
sennosides-docusate sodium TABS	3	
SENOKOT S TABS *(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	
Saline Laxatives		
FLEET ENEMA ENEM *(sodium phosphates)*	3	
FLEET PEDIATRIC ENEM *(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 SUPP	3	
bisacodyl TBEC	3	
DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)*	3	
DULCOLAX SUPP *(bisacodyl)*	3	
DULCOLAX TBEC *(bisacodyl)*	3	
sennosides CAPS	3	
sennosides LIQD	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		

Drug Name	Drug Tier	Requirements/ Limits
benzocaine-docusate sodium ENEM	3	
COLACE CLEAR CAPS *(docusate sodium)*	3	
COLACE CAPS 100 MG *(docusate sodium)*	3	
docusate calcium	3	
docusate sodium CAPS	3	
docusate sodium ENEM 283 MG/5ML	3	
docusate sodium LIQD	3	
docusate sodium TABS	3	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1	QL(2 ea per fill retail)
azithromycin SUSR	1	
azithromycin TABS 250 MG	1	
azithromycin TABS 600 MG	1	QL(12 ea per fill retail)
azithromycin TABS 500 MG	1	QL(3 ea per fill retail)
ZITHROMAX TRI-PAK TABS *(azithromycin)*	2	QL(3 ea per fill retail)
ZITHROMAX Z-PAK TABS *(azithromycin)*	2	
ZITHROMAX PACK *(azithromycin)*	2	QL(2 ea per fill retail)
ZITHROMAX SUSR *(azithromycin)*	2	
ZITHROMAX TABS 500 MG *(azithromycin)*	2	QL(3 ea per fill retail)
ZITHROMAX TABS 250 MG *(azithromycin)*	2	
Clarithromycin		
clarithromycin SUSR	1	
clarithromycin TABS	1	QL(28 ea per fill retail)
clarithromycin TB24	2	

Drug Name	Drug Tier	Requirements/ Limits
Erythromycins		
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	2	
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	2	
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	2	
erythromycin base CPEP	2	
erythromycin base TABS	2	
erythromycin base TBEC	2	
erythromycin ethylsuccinate SUSR 200 MG/5ML	1	
erythromycin ethylsuccinate SUSR 400 MG/5ML	2	
erythromycin ethylsuccinate TABS	2	
erythromycin ethylsuccinate TABS	1	
erythromycin stearate TABS 250 MG	1	
Fidaxomicin		
DIFICID SUSR	1	
DIFICID TABS	1	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	3	QL(36 ea per 30 days retail)
CAYA DPRH	3	
CONDOMS	3	QL(36 ea per 30 days retail)
DUREX EXTRA SENSITIVE THIN DEVI	3	QL(36 ea per 30 days retail)
DUREX REALFEEL NON-LATEX	3	QL(36 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED/SPERMICIDE MISC	3	QL(36 ea per 30 days retail)
FANTASY LUBRICATED MISC	3	QL(36 ea per 30 days retail)
FC2 FEMALE CONDOM	3	QL(36 ea per 30 days retail)
FEMCAP DEVI	3	
KAMELEON LUBRICATED MISC	3	QL(36 ea per 30 days retail)
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 PLUS SPERMICIDE LUBRICATED MISC	3	QL(36 ea per 30 days retail)
KIMONO MICRO THIN 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)
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 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 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 LUBRICATED/SPERMICIDE MISC	3	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED 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)

Drug Name	Drug Tier	Requirements/ Limits
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 LUBRICATED MISC	3	QL(36 ea per 30 days retail)
TRUSTEX/RIA NON-LUBRICATED MISC	3	QL(36 ea per 30 days retail)
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	RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	4	RX/OTC
ACCU-CHEK AVIVA SOLN	3	
ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	4	
ACCU-CHEK FASTCLIX LANCETS	4	RX/OTC
ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 LIQD	3	

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	4	
ACCU-CHEK SAFE-T-PRO LANCETS	4	RX/OTC
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	4	RX/OTC
ACCU-CHEK SMARTVIEW CONTROL LIQD	3	
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	4	
ACCU-CHEK SOFTCLIX LANCETS	4	RX/OTC
ACCUTREND GLUCOSE CONTROL SOLN	3	
ACTI-LANCE LANCETS 28G	4	RX/OTC
ACTI-LANCE LITE SAFETY LANCETS 28G	4	RX/OTC
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	4	RX/OTC
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	4	RX/OTC
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	4	RX/OTC
ADJUSTABLE LANCING DEVICE MISC	4	
ADVANCE MICRO-DRAW CONTROL LEVEL 1-2 LIQD	3	
ADVANCE MICRO-DRAW NORMAL CONTROL LIQD	3	
ADVANCED MOBILE LANCET 30G	4	RX/OTC
ADVOCATE CONTROL SOLUTIONHIGH LIQD	3	
ADVOCATE LANCETS	4	RX/OTC
ADVOCATE LANCETS 30G	4	RX/OTC
ADVOCATE LANCING DEVICE MISC	4	

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	4	
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN	3	
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN	4	QL(1 ea per 30 days retail)
ADVOCATE SAFETY LANCETS	4	RX/OTC
ADVOCATE SAFETY LANCETS 26G	4	RX/OTC
AGAMATRIX CONTROL HIGH SOLN	3	
AGAMATRIX CONTROL NORMAL& HIGH SOLN	3	
AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	3	
AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	3	
AGAMATRIX ULTRA-THIN LANCETS 33G	4	RX/OTC
AIMSCO TWIST LANCETS 32G	4	RX/OTC
AIMSCO TWIST LANCETS 33G	4	RX/OTC
AMBI-TRAY MISC	4	RX/OTC
AQUALANCE LANCETS ULTRA THIN 30G	4	RX/OTC
ASSURE 3 CONTROL LEVEL 1/2 LIQD	3	
ASSURE 4 CONTROL LEVEL 1/2 LIQD	3	
ASSURE COMFORT LANCETS ULTRA THIN 28G	4	RX/OTC
ASSURE DOSE NORMAL/HIGH CONTROL SOLN	3	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	4	RX/OTC
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	4	RX/OTC
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	4	RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	4	RX/OTC
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	4	RX/OTC
ASSURE II CONTROL LEVEL 1/2 LIQD	3	
ASSURE II CONTROL LEVEL 1 LIQD	3	
ASSURE LANCE LANCETS	4	RX/OTC
ASSURE LANCE LANCETS 21G	4	RX/OTC
ASSURE LANCE PLUS SAFETYLANCETS 25G	4	RX/OTC
ASSURE LANCE PLUS SAFETYLANCETS 30G	4	RX/OTC
ASSURE LANCE SAFETY LANCET 28G	4	RX/OTC
ASSURE PRISM CONTROL LEVEL 1/2 SOLN	3	
ASSURE PRO CONTROL LEVEL1/2 LIQD	3	
AURORA LANCET SUPER THIN30G	4	RX/OTC
AURORA LANCET THIN 23G	4	RX/OTC
AUTO-LANCET MINI MISC	4	
AUTO-LANCET MISC	4	
AUTOLET II CLINISAFE KIT	4	
AUTOLET IMPRESSION LANCING DEVICE MISC	4	
AUTOLET LANCING DEVICE MISC	4	
AUTOLET LITE CLINISAFE KIT	4	

Drug Name	Drug Tier	Requirements/ Limits
AUTOLET LITE STARTER PACK KIT	4	
AUTOLET MINI MISC	4	
AUTOLET PLATFORMS MISC	4	
AUTOLET PLUS MISC	4	
BD MICROTAINER LANCETS	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR APIDRA MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR ASPART MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR FIASP MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LANTUS MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LISPRO MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR NOVOLOG MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR TOUJEO MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP FOR TRESIBA MISC	4	RX/OTC
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	3	
CARDIOCOM LANCING DEVICE MISC	4	
CAREONE ADVANCED LANCINGDEVICE MISC	4	
CAREONE LANCET SUPER THIN/30G	4	RX/OTC
CAREONE LANCET THIN	4	RX/OTC
CARESENS CONTROL A SOLUTION SOLN	3	
CARESENS CONTROL SOLUTION A/B SOLN	3	
CARESENS LANCETS	4	RX/OTC
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	3	
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	4	
CARETOUCH SAFETY LANCETS/26G	4	RX/OTC
CARETOUCH SAFETY LANCETS/28G	4	RX/OTC
CARETOUCH SAFETY LANCETS/30G	4	RX/OTC
CARETOUCH TWIST LANCETS 28G	4	RX/OTC
CARETOUCH TWIST LANCETS 30G	4	RX/OTC
CARETOUCH TWIST LANCETS 33G	4	RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	4	RX/OTC
CLEANLET LANCETS 28G	4	RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	4	RX/OTC
CLEVER CHEK LANCETS ULTRATHIN 30G	4	RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 21G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZLANCETS 23G	4	RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 28G	4	RX/OTC
CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	3	
COAGUCHEK LANCETS	4	RX/OTC
COMFORT ASSURED LANCETS MICRO THIN 33G	4	RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	4	RX/OTC
COMFORT LANCETS	4	RX/OTC
COMFORT TOUCH LANCETS ULTRA THIN 31G	4	RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	4	RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	4	RX/OTC
CONTOUR HIGH CONTROL LIQD	3	
COOL CONTROL SOLUTION A SOLN	3	
COOL CONTROL SOLUTION B SOLN	3	
CVS LANCETS 21G	4	RX/OTC
CVS LANCETS MICRO THIN 33G	4	RX/OTC
CVS LANCETS MICRO-THIN 33G	4	RX/OTC
CVS LANCETS ORIGINAL	4	RX/OTC
CVS LANCETS THIN 26G	4	RX/OTC
CVS LANCETS ULTRA THIN 30G	4	RX/OTC
CVS LANCETS ULTRA-THIN 30G	4	RX/OTC
CVS LANCING DEVICE MISC	4	
CVS ULTRA THIN LANCETS	4	RX/OTC
DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD	3	
DIATHRIVE LANCETS	4	RX/OTC
DIATHRIVE LANCETS ULTRA THIN 30G	4	RX/OTC
DIATHRIVE LANCING DEVICE MISC	4	
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	3	
DROPLET GENTEEL LANCING DEVICE MISC	4	
DROPLET LANCETS ULTRA THIN 30G	4	RX/OTC
DROPLET LANCING DEVICE MISC	4	
DROPLET PERSONAL LANCETS30G	4	RX/OTC
DRUG MART ADJUSTABLE LANCING DEVICE MISC	4	
DRUG MART LANCETS THIN	4	RX/OTC
DRUG MART ON-THE-GO LANCETS GENTLE 30G	4	RX/OTC
DRUG MART UNILET LANCETSSUPER THIN 30G	4	RX/OTC
DRUG MART UNILET LANCETSULTRA THIN 28G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNILET MICRO THIN LANCETS 33G	4	RX/OTC
DUO-CARE CONTROL SOLUTION LIQD	3	
EASY COMFORT LANCETS	4	RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	4	RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	4	RX/OTC
EASY COMFORT LANCETS TWIST TOP	4	RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	4	
EASY MINI LANCING DEVICE MISC	4	
EASY PLUS II CONTROL SOLUTION HIGH SOLN	3	
EASY STEP CONTROL SOLUTION HIGH SOLN	3	
EASY TALK CONTROL SOLUTION HIGH SOLN	3	
EASY TALK PLUS II CONTROLHIGH SOLN	3	
EASY TOUCH CONTROL SOLUTION/HIGH & LOW SOLN	3	
EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC	4	RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	4	RX/OTC
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	4	RX/OTC
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	4	RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	4	RX/OTC
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	4	RX/OTC
EASY TOUCH LANCETS 28G/PULL-TOP	4	RX/OTC
EASY TOUCH LANCETS 28G/TWIST	4	RX/OTC
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	4	RX/OTC
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	4	RX/OTC
EASY TOUCH LANCETS 30G/PULL-TOP	4	RX/OTC
EASY TOUCH LANCETS 30G/TWIST	4	RX/OTC
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	4	RX/OTC
EASY TOUCH LANCETS 32G/PULL-TOP	4	RX/OTC
EASY TOUCH LANCETS 32G/TWIST	4	RX/OTC
EASY TOUCH LANCETS 33G/TWIST	4	RX/OTC
EASY TOUCH LANCING DEVICE/EJECTOR MISC	4	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	4	RX/OTC
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	4	RX/OTC
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	4	RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	4	RX/OTC
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	4	RX/OTC
EASY TRAK GLUCOSE CONTROLSOLUTION HIGH SOLN	3	
EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	3	
EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION SOLN	3	
EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	3	
ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 SOLN	3	
ELEMENT COMPACT CONTROL SOLUTION LEVEL 3 SOLN	3	
ELEMENT HIGH CONTROL LIQD	3	
EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	3	
EMBRACE LANCETS ULTRA THIN 30G	4	RX/OTC
EMBRACE LANCING DEVICE WITH EJECTOR MISC	4	
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	4	RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	4	RX/OTC
EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	3	
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	3	
EQL COLOR LANCETS 21G	4	RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	4	RX/OTC
EQL SUPER THIN LANCETS 30G	4	RX/OTC
EQL THIN LANCETS 26G	4	RX/OTC
E-Z JECT LANCETS	4	RX/OTC
E-Z JECT LANCETS 21G	4	RX/OTC
E-Z JECT LANCETS COLOR	4	RX/OTC
E-Z JECT LANCETS SUPER THIN 30G	4	RX/OTC
E-Z JECT LANCETS THIN 26G	4	RX/OTC
E-ZJECT LANCETS MICRO-THIN 33G	4	RX/OTC
EZ-LETS LANCETS 21G	4	RX/OTC
EZ-LETS LANCETS 26G SUPER-SOFT	4	RX/OTC
EZ-LETS LANCETS 28G ULTRA-SOFT	4	RX/OTC
EZ-LETS LANCETS 30G	4	RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G	4	RX/OTC
FIFTY50 SAFETY SEAL LANCETS 32G	4	RX/OTC
FIFTY50 UNILET LANCETS 33G	4	RX/OTC
FINE 30	4	RX/OTC
FINGERSTIX LANCETS	4	RX/OTC
FORA CONTROL SOLUTION HIGH SOLN	3	
FORA LANCETS	4	RX/OTC
FORA LANCING DEVICE/CLEARCAP MISC	4	
FORA LANCING DEVICE MISC	4	

Drug Name	Drug Tier	Requirements/ Limits
FORACARE GDH CONTROL SOLUTION HIGH SOLN	3	
FORTISCARE CONTROL SOLUTIONS HIGH SOLN	3	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	4	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	4	RX/OTC
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	4	RX/OTC
FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	3	
FREESTYLE CONTROL SOLUTION LIQD	3	
FREESTYLE LANCETS	4	RX/OTC
FREESTYLE UNISTICK II LANCETS	4	RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	4	RX/OTC
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	
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	RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	4	RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	4	RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	4	RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	4	RX/OTC
GENTLE-LET PLATFORMS 2.4MM MISC	4	
GENTLE-LET PLATFORMS 3.0MM MISC	4	
GLOBAL INJECT EASE LANCETS 28G	4	RX/OTC
GLOBAL INJECT EASE LANCETS 30G	4	RX/OTC
GLOBAL LANCING DEVICE MISC	4	

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD	3	
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN	3	
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN	3	
GLUCOCOM HIGH CONTROL LIQD	3	
GLUCOCOM LANCETS 28G	4	RX/OTC
GLUCOCOM LANCETS 30G	4	RX/OTC
GLUCOCOM LANCETS 33G	4	RX/OTC
GLUCOSE CONTROL SOLUTION SOLN	3	
GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD	3	
GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN	3	
GNP LANCETS 21G	4	RX/OTC
GNP LANCETS THIN 26G	4	RX/OTC
GNP LANCING SYSTEM DEVICE MISC	4	
GNP STERILE LANCETS 28G	4	RX/OTC
GNP STERILE LANCETS 30G	4	RX/OTC
GNP STERILE LANCETS 33G	4	RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	4	
GOJJI STERILE LANCETS 30G	4	RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	4	RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G	4	RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	4	RX/OTC
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	4	RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G	4	RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	4	RX/OTC
GOODSENSE LANCING DEVICE MISC	4	
HAEMOLANCE	4	RX/OTC
HAEMOLANCE LOW FLOW LANCETS	4	RX/OTC
HAEMOLANCE PLUS	4	RX/OTC
HAEMOLANCE PLUS HIGH FLOW	4	RX/OTC
HAEMOLANCE PLUS LOW FLOW	4	RX/OTC
HAEMOLANCE PLUS MAX FLOW	4	RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	4	RX/OTC
HEALTH CARE LANCING DEVICE MISC	4	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	4	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	4	RX/OTC
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	4	

Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS MICRO THIN 33G	4	RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	4	RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	4	RX/OTC
HYPOLANCE AST LANCING KIT KIT	4	
HY-VEE LANCETS	4	RX/OTC
HY-VEE THIN LANCETS	4	RX/OTC
IN TOUCH GLUCOSE CONTROLSOLUTION SOLN	3	
IN TOUCH LANCING DEVICE MISC	4	
IN TOUCH STERILE LANCETS30G	4	RX/OTC
INSUL-CAP MISC	4	RX/OTC
INSUL-EZE MISC	4	RX/OTC
KINNEY LANCETS	4	RX/OTC
KINNEY THIN LANCETS	4	RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	4	
KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD	3	
KROGER HEALTHPRO TWIST LANCETS/26G	4	RX/OTC
KROGER LANCETS	4	RX/OTC
KROGER LANCETS 21G	4	RX/OTC
KROGER LANCETS MICRO THIN33G	4	RX/OTC
KROGER LANCETS SUPER THIN	4	RX/OTC
KROGER LANCETS THIN	4	RX/OTC
KROGER LANCETS THIN 26G	4	RX/OTC
KROGER LANCETS ULTRATHIN30G	4	RX/OTC
KROGER LANCING DEVICE MISC	4	
LANCET DEVICE ADJUSTABLE MISC	4	
LANCET DEVICE WITH EJECTOR MISC	4	
LANCET TRANSPORTER CASE MISC	4	
LANCETS	4	RX/OTC
LANCETS 30G	4	RX/OTC
LANCETS 30G TWIST TOP	4	RX/OTC
LANCETS 30G/TWIST TOP	4	RX/OTC
LANCETS 33G EXTRA FINE	4	RX/OTC
LANCETS 33G UNIVERSAL DESIGN	4	RX/OTC
LANCETS MICRO THIN 33G	4	RX/OTC
LANCETS SUPER THIN 28G	4	RX/OTC
LANCETS THIN	4	RX/OTC
LANCETS ULTRA THIN	4	RX/OTC
LANCETS ULTRA THIN 30G	4	RX/OTC
LANCING DEVICE MISC	4	
LANZO MISC	4	
LEADER ADVANCED LANCING DEVICE MISC	4	
LIBERTY CONTROL SOLUTION HIGH SOLN	3	
LIBERTY GLUCOSE CONTROL MID SOLN	3	
LIBERTY MEDICAL LANCETS 30G	4	RX/OTC
LIBERTY MINI LANCING DEVICE MISC	4	
LITE TOUCH LANCETS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITE TOUCH LANCING PEN MISC	4	
LITETOUCH LANCETS MICRO THIN 33G	4	RX/OTC
LIVE BETTER ADVANCED LANCING DEVICE MISC	4	
LIVE BETTER LANCET SUPERTHIN 30G	4	RX/OTC
LIVE BETTER LANCET ULTRATHIN 28G	4	RX/OTC
LONGS LANCETS STANDARD	4	RX/OTC
LONGS LANCETS THIN	4	RX/OTC
LONGS LANCETS ULTRA THIN	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	4	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	4	RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	4	RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	4	RX/OTC
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-NORMAL LIQD	3	
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	3	
MEDLANCE PLUS EXTRA LANCETS 21G	4	RX/OTC
MEDLANCE PLUS LANCETS	4	RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	4	RX/OTC
MEDLANCE PLUS LITE LANCETS 25G	4	RX/OTC
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	4	RX/OTC
MEDLANCE PLUS SUPERLITE 30G	4	RX/OTC
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	4	RX/OTC
MEDLANCE PLUS UNIVERSAL LANCETS 21G	4	RX/OTC
MEDLANCE PLUS/LITE 25G	4	RX/OTC
MEDLANCE/EXTRA	4	RX/OTC
MEDLANCE/LITE	4	RX/OTC
MEDLANCE/UNIVERSAL	4	RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	4	RX/OTC
MEIJER LANCETS	4	RX/OTC
MEIJER LANCETS THIN	4	RX/OTC
MEIJER LANCETS UNIVERSAL21G	4	RX/OTC
MEIJER LANCETS UNIVERSAL30G	4	RX/OTC
MEIJER LANCETS UNIVERSAL33G	4	RX/OTC
MEIJER SUPER THIN LANCETS	4	RX/OTC
MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	3	
MICROLET LANCETS	4	RX/OTC
MICROLET NEXT MISC	4	
MINI LANCING DEVICE MISC	4	
MM LANCING DEVICE MISC	4	

Drug Name	Drug Tier	Requirements/ Limits
MM TWIST LANCETS	4	RX/OTC
MONOLET LANCETS	4	RX/OTC
MONOLET OPD LANCETS	4	RX/OTC
MONOLETTOR SAFETY LANCETS	4	RX/OTC
MPD SAFETY LANCET 21G/1.8MM	4	RX/OTC
MPD SAFETY LANCET 28G/1.8MM	4	RX/OTC
MPD SAFETY LANCET 30G/1.8MM	4	RX/OTC
MPD SAFETY LANCETS 23G/1.8MM	4	RX/OTC
MULTI-LANCET DEVICE 2 KIT	4	
MULTI-LANCET DEVICE MISC	4	
MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN	3	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	4	RX/OTC
NEUTEK 2TEK CONTROL SOLUTIONS SOLN	3	
NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD	3	
NOVA SAFETY LANCETS 23G	4	RX/OTC
NOVA SAFETY LANCETS 28G	4	RX/OTC
NOVA SUREFLEX LANCETS	4	RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	4	
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	4	RX/OTC
ONETOUCH DELICA PLUS LANCETS FINE 30G	4	RX/OTC
ONETOUCH DELICA PLUS LANCING DEVICE MISC	4	
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	4	
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	4	
ONETOUCH SURESOFT LANCING DEVICE/18G MISC	4	
ONETOUCH SURESOFT LANCING DEVICE/21G MISC	4	
ONETOUCH SURESOFT LANCING DEVICE/28G MISC	4	
ONETOUCH ULTRA CONTROL SOLUTION LIQD	3	
ONETOUCH ULTRA CONTROL LIQD	3	
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	4	RX/OTC
ONETOUCH ULTRASOFT LANCETS	4	RX/OTC
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	3	
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	3	
PC LANCETS SUPER THIN 30G	4	RX/OTC
PERFECT LANCETS 30G	4	RX/OTC
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	4	RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS	4	RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	4	RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	4	RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	4	RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	4	RX/OTC
PHARMACY COUNTER LANCETS	4	RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	3	
PIP LANCETS/28G	4	RX/OTC
PIP LANCETS/30G	4	RX/OTC
POCKETCHEM EZ CONTROL LEVEL 1 SOLN	3	
PRECISION GLUCOSE KETONECONTROL SOLUTION 1-LOW, 1-HIGH LIQD	3	
PRECISION THINS GP LANCET	4	RX/OTC
PREFERRED PLUS LANCETS COLORED 21G	4	RX/OTC
PREFERRED PLUS LANCETS SUPER THIN 30G	4	RX/OTC
PREFERRED PLUS LANCETS THIN 26G	4	RX/OTC
PRO COMFORT LANCETS 30G	4	RX/OTC
PRO COMFORT LANCETS 31G	4	RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	4	RX/OTC
PRODIGY CONTROL SOLUTIONHIGH SOLN	3	
PRODIGY CONTROL SOLUTIONLOW SOLN	4	QL(1 ea per 30 days retail)
PRODIGY COUNT-A-DOSE MISC	4	RX/OTC
PRODIGY LANCING DEVICE MISC	4	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	4	RX/OTC
PRODIGY SAFETY LANCETS	4	RX/OTC
PRODIGY TWIST TOP LANCETS	4	RX/OTC
PSS SELECT GP LANCETS	4	RX/OTC
PSS SELECT PLATFORMS MISC	4	
PSS SELECT SAFETY LANCETS	4	RX/OTC
PURE COMFORT LANCETS 30G	4	RX/OTC
PX ADVANCED LANCING DEVICE MISC	4	
PX LANCET AUTO INJECTOR MISC	4	
PX LANCETS MICROTHIN 33G	4	RX/OTC
PX LANCETS ULTRA THIN	4	RX/OTC
PX LANCETS ULTRA THIN 28G	4	RX/OTC
QC ADVANCED LANCING DEVICE MISC	4	
QC LANCETS SUPER THIN	4	RX/OTC
QC LANCETS ULTRA THIN	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QC UNILET LANCETS 28G/ULTRA THIN	4	RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	4	RX/OTC
QUICKTEK CONTROL SOLUTION LIQD	3	
QUINTET GLUCOSE CONTROL/HIGH/NORMAL SOLN	3	
RA E-ZJECT LANCETS 28G	4	RX/OTC
RA E-ZJECT LANCETS THIN 26G	4	RX/OTC
RA E-ZJECT LANCETS THIN 28G	4	RX/OTC
RA E-ZJECT LANCETS ULTRATHIN 30G	4	RX/OTC
READYLANCE SAFETY LANCETS/21G/2.2MM	4	RX/OTC
READYLANCE SAFETY LANCETS/23G/1.8MM	4	RX/OTC
READYLANCE SAFETY LANCETS/26G/1.8MM	4	RX/OTC
READYLANCE SAFETY LANCETS/28G/1.8MM	4	RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	4	RX/OTC
REALITY LANCETS	4	RX/OTC
REALITY TRIGGER LANCETS	4	RX/OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION SOLN	3	
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	RX/OTC
RELION LANCETS THIN 26G	4	RX/OTC
RELION LANCETS ULTRA-THIN30G	4	RX/OTC
RELION LANCING DEVICE KIT	4	
RELION LANCING DEVICE MISC	4	
RELION ULTRA THIN LANCETS/30G	4	RX/OTC
RELION ULTRA THIN LANCETS30G	4	RX/OTC
RELION ULTRA THIN PLUS LANCETS 32G	4	RX/OTC
RELION ULTRA THIN PLUS LANCETS 33G	4	RX/OTC
REXALL LANCETS ULTRA THIN	4	RX/OTC
RIGHTEST GC300 HIGH CONTROL LIQD	3	
RIGHTEST GD500 LANCING DEVICE MISC	4	
RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC	4	
RIGHTEST GL300 LANCETS	4	RX/OTC
SAFE-T-LANCE LOW FLOW 25G	4	RX/OTC
SAFE-T-LANCE NORMAL FLOW21G	4	RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	4	RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	4	RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	4	RX/OTC
SAFETY LANCET 30G/PRESSURE ACTIVATED	4	RX/OTC
SAFETY LANCETS	4	RX/OTC
SAFETY LANCETS 21G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS 23G	4	RX/OTC
SAFETY LANCETS 28G	4	RX/OTC
SAFETY LANCETS/PRESSURE ACTIVATED/28G	4	RX/OTC
SAPS HEALTH CARE TWIST TOP LANCETS	4	RX/OTC
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	4	RX/OTC
SAPS HEALTH TWIST TOP LANCETS 30G	4	RX/OTC
SAPSCARE TWIST TOP LANCETS 30G	4	RX/OTC
SB LANCETS THIN	4	RX/OTC
SB LANCETS ULTRA THIN	4	RX/OTC
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	RX/OTC
SHOPKO UNILET LANCETS SUPER THIN 30G	4	RX/OTC
SHOPKO UNILET LANCETS ULTRA THIN 28G	4	RX/OTC
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	4	
SINGLE-LET	4	RX/OTC
SM MICRO THIN LANCETS 33G	4	RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	4	
SMART DIABETES VANTAGE LANCING DEVICE MISC	4	
SMART SENSE COLOR LANCETS UNIVERSAL 33G	4	RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	4	RX/OTC
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	4	RX/OTC
SMART SENSE THIN LANCETSUNIVERSAL 26G	4	RX/OTC
SMARTEST CONTROL SOLUTIONMEDIUM SOLN	3	
SMARTEST LANCETS 28G	4	RX/OTC
SOLUS V2 CONTROL HIGH SOLN	3	
SOLUS V2 LANCING DEVICE MISC	4	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	4	RX/OTC
SOLUS V2 TWIST LANCETS 30G	4	RX/OTC
STERILANCE PA MISC	4	
STERILANCE TL	4	RX/OTC
SUPER THIN LANCETS	4	RX/OTC
SUPREME II HIGH/LOW CONTROL SOLUTION LIQD	3	
SURE COMFORT LANCETS 18G	4	RX/OTC
SURE COMFORT LANCETS 21G	4	RX/OTC
SURE COMFORT LANCETS 23G	4	RX/OTC
SURE COMFORT LANCETS 28G	4	RX/OTC
SURE COMFORT LANCETS 30G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCING PEN MISC	4	
SURE-LANCE FLAT LANCETS	4	RX/OTC
SURE-LANCE LANCETS 26G	4	RX/OTC
SURE-LANCE THIN LANCETS 28G	4	RX/OTC
SURE-LANCE ULTRA THIN LANCETS	4	RX/OTC
SURELITE LANCETS	4	RX/OTC
SURE-PEN MISC	4	
SURE-TOUCH LANCETS UNIVERSAL	4	RX/OTC
TECHLITE AST LANCETS	4	RX/OTC
TECHLITE LANCETS	4	RX/OTC
TECHLITE LANCETS 30G	4	RX/OTC
TGT LANCET MICRO THIN 33G	4	RX/OTC
TGT LANCET THIN 26G	4	RX/OTC
TGT LANCET ULTRA THIN 30G	4	RX/OTC
TGT LANCING DEVICE MISC	4	
THINLETS GP LANCETS	4	RX/OTC
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	4	
TODAYS HEALTH SUPER THINLANCETS 30G	4	RX/OTC
TODAYS HEALTH ULTRA THINLANCETS 28G	4	RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	4	RX/OTC
TRAVEL LANCETS 30G	4	RX/OTC
TRAVEL LANCETS ADVANCED 28G	4	RX/OTC
TRUE COMFORT SAFETY LANCETS/30G	4	RX/OTC
TRUE COMFORT TWIST TOP LANCETS 30G	4	RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	3	
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	3	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	3	
TRUEDRAW LANCING DEVICE MISC	4	
TRUEPLUS LANCETS 26G	4	RX/OTC
TRUEPLUS LANCETS 28G	4	RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	4	RX/OTC
TRUEPLUS LANCETS 30G	4	RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	4	RX/OTC
TRUEPLUS LANCETS 33G	4	RX/OTC
TRUEPLUS LANCETS 33G MICRO THIN	4	RX/OTC
TRUEPLUS SAFETY LANCETS 28G	4	RX/OTC
TWIST TOP LANCETS 30G	4	RX/OTC
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	4	
ULTILET CLASSIC LANCETS	4	RX/OTC
ULTILET LANCETS	4	RX/OTC
ULTILET LANCETS 33G	4	RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	4	RX/OTC
ULTILET SAFETY LANCETS 23G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA THIN LANCETS 31G	4	RX/OTC
ULTRA-CARE LANCETS 30G	4	RX/OTC
ULTRA-THIN II AUTO LANCET	4	RX/OTC
ULTRA-THIN II LANCETS 28G	4	RX/OTC
ULTRA-THIN II LANCETS 30G	4	RX/OTC
UNILET COMFORTOUCH LANCET	4	RX/OTC
UNILET EXCELITE	4	RX/OTC
UNILET EXCELITE II	4	RX/OTC
UNILET G.P. LANCET	4	RX/OTC
UNILET G.P. SUPERLITE LANCET	4	RX/OTC
UNILET GP 28 ULTRA THIN	4	RX/OTC
UNILET LANCET	4	RX/OTC
UNILET LANCETS MICRO-THIN33G	4	RX/OTC
UNILET LANCETS SUPER-THIN30G	4	RX/OTC
UNILET LANCETS ULTRA-THIN 28G	4	RX/OTC
UNILET SUPERLITE LANCET	4	RX/OTC
UNISTIK 1 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 2 MISC	4	
UNISTIK 3 COMFORT MISC	4	
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC	4	
UNISTIK 3 EXTRA MISC	4	
UNISTIK 3 GENTLE	4	RX/OTC
UNISTIK 3 NEONATAL MISC	4	
UNISTIK 3 NORMAL MISC	4	
UNISTIK 3 MISC	4	
UNISTIK CZT COMFORT MISC	4	
UNISTIK CZT NORMAL MISC	4	
UNISTIK NORMAL MISC	4	
UNISTIK PRO SAFETY LANCET 21G	4	RX/OTC
UNISTIK PRO SAFETY LANCET 25G	4	RX/OTC
UNISTIK PRO SAFETY LANCET 28G	4	RX/OTC
UNISTIK SAFETY LANCETS 28G	4	RX/OTC
UNISTIK SAFETY LANCETS 30G	4	RX/OTC
UNISTIK TOUCH SAFETY LANCETS 21G	4	RX/OTC
UNISTIK TOUCH SAFETY LANCETS 23G	4	RX/OTC
UNISTIK TOUCH SAFETY LANCETS 28G	4	RX/OTC
UNISTIK TOUCH SAFETY LANCETS 30G	4	RX/OTC
UNISTRIP CONTROL SOLUTIONHIGH SOLN	3	
UNIVERSAL 1 LANCETS THIN26G	4	RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	4	RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VALUE PLUS LANCETS STANDARD 21G	4	RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	4	RX/OTC
VALUE PLUS LANCETS THIN 26G	4	RX/OTC
VALUE PLUS LANCING DEVICE MISC	4	
VALUMARK LANCET SUPER THIN 30G	4	RX/OTC
VALUMARK LANCET ULTRA THIN 28G	4	RX/OTC
VERASENS GLUCOSE CONTROLLEVEL 1 LIQD	3	
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	4	RX/OTC
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	4	RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	4	RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	4	RX/OTC
VIDA MIA AUTOLET LANCINGDEVICE MISC	4	
VIDA MIA UNILET LANCETS SUPER THIN 30G	4	RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	4	RX/OTC
VIVAGUARD INO CONTROL SOLUTION LIQD	3	
VIVAGUARD LANCETS	4	RX/OTC
VIVAGUARD LANCING DEVICE MISC	4	
VIVAGUARD SAFETY LANCETS/28G	4	RX/OTC
VIVI CAP1 MISC	4	RX/OTC
VIVI CAP MISC	4	RX/OTC
WALGREENS ADVANCED TRAVELLANCETS 28G	4	RX/OTC
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	4	RX/OTC
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	4	RX/OTC
WALGREENS LANCETS	4	RX/OTC
WALGREENS THIN LANCETS	4	RX/OTC
WALGREENS ULTRA THIN LANCETS	4	RX/OTC
ZEVRX TWIST TOP LANCETS 30G	4	RX/OTC
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	4	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	4	RX/OTC
ALCOHOL PADS	4	RX/OTC
ALCOHOL PREP PAD	4	RX/OTC
ALCOHOL PREP PADS	4	RX/OTC
ALCOHOL PREPS	4	RX/OTC
ALCOHOL SWABS	4	RX/OTC
ALCOHOL SWABSTICKS	4	RX/OTC
BD SWABS SINGLE USE	4	RX/OTC
BD SWABS SINGLE USE BUTTERFLY	4	RX/OTC
CARETOUCH ALCOHOL PREP PADS	4	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	4	RX/OTC
CVS ALCOHOL PREP PADS	4	RX/OTC
CVS PREP PADS	4	RX/OTC
DROPSAFE ALCOHOL PREP PADS	4	RX/OTC
EASY COMFORT ALCOHOL PADS	4	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	4	RX/OTC
EQL ALCOHOL SWABS	4	RX/OTC
FIFTY50 ALCOHOL PREP PADS	4	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	4	RX/OTC
GNP ALCOHOL SWABS	4	RX/OTC
H-E-B INCONTROL ALCOHOL PADS	4	RX/OTC
HM STERILE ALCOHOL PREP PADS	4	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	4	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	4	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	4	RX/OTC
PRO COMFORT ALCOHOL PADS	4	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	4	RX/OTC
QC ALCOHOL SWABS	4	RX/OTC
RA ALCOHOL SWABS	4	RX/OTC
REALITY SWABS	4	RX/OTC
RELION ALCOHOL SWABS	4	RX/OTC
SAPS CARE ALCOHOL PREP PADS	4	RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	4	RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	4	RX/OTC
SB ALCOHOL PREP PADS	4	RX/OTC
SM ALCOHOL PREP PADS	4	RX/OTC
SURE COMFORT ALCOHOL PREP PADS	4	RX/OTC
SURE-PREP ALCOHOL PREP PADS	4	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	4	RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS	4	RX/OTC
ULTICARE ALCOHOL SWABS	4	RX/OTC
ULTILET ALCOHOL SWABS	4	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	4	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	4	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	4	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	4	RX/OTC
ZEVRX STERILE ALCOHOL PREP PADS	4	RX/OTC
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	

Drug Name	Drug Tier	Requirements/ Limits
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/31G X5MM	4	RX/OTC
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	RX/OTC
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	RX/OTC
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
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
AQ INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC
AQ INSULIN SYRINGE/1ML/31G X 5/16"	4	RX/OTC
AQINJECT PEN NEEDLE/31G X 3/16"	4	RX/OTC
AQINJECT PEN NEEDLE/32G X 5/32"	4	RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	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 INSULIN SAFETY PEN NEEDLE/31GX4MM	4	
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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/32GX4MM	4	RX/OTC
AUM PEN NEEDLE/32GX5MM	4	RX/OTC
AUM PEN NEEDLE/32GX6MM	4	
AUM PEN NEEDLE/33GX4MM	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

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	4	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	4	RX/OTC
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	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	4	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	4	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	4	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	4	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	4	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	4	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	4	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	4	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	4	RX/OTC
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/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
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

Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	4	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
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	RX/OTC
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"	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	RX/OTC
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	RX/OTC
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	RX/OTC
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	4	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	4	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	4	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	4	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
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	RX/OTC
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	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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	

Drug Name	Drug Tier	Requirements/ Limits
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
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	4	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
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 PRO SAFETY PEN NEEDLES 30G X 8MM	4	
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	4	
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	4	RX/OTC
COMFORT EZ SHORT/31G X 8MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	4	RX/OTC
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	RX/OTC
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	RX/OTC
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
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	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	4	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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	

Drug Name	Drug Tier	Requirements/ Limits
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	4	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	4	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	4	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	4	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	4	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	4	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	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	RX/OTC
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	RX/OTC
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	RX/OTC
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	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	4	RX/OTC
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	RX/OTC
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
EQL INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	4	RX/OTC
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	RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	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	RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
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	RX/OTC
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	RX/OTC
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	RX/OTC
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	RX/OTC
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	RX/OTC
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	4	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	4	RX/OTC
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	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC

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	RX/OTC
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	RX/OTC
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	RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
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	
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G 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
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
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	RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
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	RX/OTC
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	RX/OTC
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
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	4	RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	4	RX/OTC
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	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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"	4	RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	4	RX/OTC
INSULIN SYRINGES 0.3ML/31G X 1/4"	4	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	4	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	4	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	4	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	4	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	4	RX/OTC
INSULIN SYRINGES/U-100/1ML/27GX/1/2"	4	RX/OTC
INSULIN SYRINGES/U-100/1ML/28GX1/2"	4	RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	4	RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	4	RX/OTC
INSULIN SYRINGES/U-100/1ML/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	
INSUPEN ULTRAFIN 31GX6MM	4	RX/OTC
INSUPEN ULTRAFIN 31GX8MM	4	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	4	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	4	RX/OTC
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	RX/OTC
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
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	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	4	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
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	RX/OTC
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	RX/OTC
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	

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES 31G X 6MM	4	RX/OTC
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	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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"	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	RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	4	RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	4	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	4	RX/OTC
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	RX/OTC
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	RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	4	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	4	RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT	4	RX/OTC
PEN NEEDLES	4	
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 31GX5MM	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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
PREVENT SAFETY PEN NEEDLES 31GX5/16"	4	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	4	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	4	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	4	RX/OTC
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	RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	4	RX/OTC
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
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	4	RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	4	RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	4	RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC
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
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	RX/OTC
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	RX/OTC
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	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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/32GX4MM	4	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	4	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	4	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	4	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM	4	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM	4	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM	4	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/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	RX/OTC

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	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	4	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	4	RX/OTC
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	RX/OTC
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	RX/OTC
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)	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	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	4	RX/OTC
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 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	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	4	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	4	RX/OTC
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/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

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	4	RX/OTC
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	RX/OTC
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	RX/OTC
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	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	4	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	4	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
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
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	RX/OTC
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	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	4	RX/OTC
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	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4"	4	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X1/4"	4	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	4	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	4	RX/OTC
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
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	4	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	4	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	4	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	4	RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	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	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	4	RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	4	RX/OTC
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	RX/OTC
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
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	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	4	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	4	RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	4	RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	4	RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	4	RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	4	
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	4	RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	4	RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	4	RX/OTC
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	4	RX/OTC
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	4	RX/OTC
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	4	RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	4	RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	4	RX/OTC
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	4	RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	4	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	4	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	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	RX/OTC
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16"	4	RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2"	4	RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
KN95 MEDICAL PROTECTIVE FACE 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
N95 FACE MASK	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
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

Drug Name	Drug Tier	Requirements/ Limits
ADULT DISPOSABLE MOUTHPIECE MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
ADULT MASK LARGE 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
AEROBIKA DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER 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; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER MV MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	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
AEROCHAMBER PLUS FLOW-VU MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
AEROECLIPSE EZ TWIST TUBING 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; QL(4 ea per 365 days retail); 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
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

Drug Name	Drug Tier	Requirements/ Limits
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; QL(4 ea per 365 days retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); 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; QL(4 ea per 365 days retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); 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
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

Drug Name	Drug Tier	Requirements/ Limits
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; QL(4 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	3	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
CO MONITOR DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); 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/MASK-LARGE MISC	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
EASIVENT/MASK-MEDIUM MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EASIVENT MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); 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

Drug Name	Drug Tier	Requirements/ Limits
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
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 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
FLEXICHAMBER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); 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
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
INSPIREASE DRUG DELIVERYSYSTEM MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); 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

Drug Name	Drug Tier	Requirements/ Limits
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
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; QL(4 ea per 365 days retail); RX/OTC
MICROCHAMBER MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); 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; QL(4 ea per 365 days retail); 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 COMPRESSOR AIR FILTERS 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

Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); 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	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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; QL(4 ea per 365 days retail); 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; QL(4 ea per 365 days retail); 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; QL(4 ea per 365 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
PROCARE SPACER CHAMBER W/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
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	3	4 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea per 365 days retail); 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; QL(4 ea per 365 days retail); 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; QL(4 ea per 365 days retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
SIDESTREAM ADULT FACE MASK 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 PEDIATRIC FACEMASK 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

Drug Name	Drug Tier	Requirements/ Limits
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
STRIVE DUAL ZONE PEAK FLOW METER	3	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/CHILDS/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/TODDLER/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; QL(4 ea per 365 days retail); RX/OTC
WINDMILL TRAINER MISC	3	4 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG 140 MG/ML	1	QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA
AIMOVIG 70 MG/ML	1	QL(0.067 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 SOAJ	1	QL(0.034 ml daily); AL(At least 18 yrs old); MP; PA
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

Drug Name	Drug Tier	Requirements/ Limits
NURTEC	1	QL(0.6 ea daily); AL(At least 18 yrs old); MP; PA
UBRELVY	2	QL(16 ea per 30 days retail); AL(At least 18 yrs old)
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 5 MG/ACT, 20 MG/ACT *(sumatriptan)*	1	QL(6 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)
IMITREX SOLN 6 MG/0.5ML *(sumatriptan succinate)*	2	QL(2 ml per fill retail)
IMITREX TABS *(sumatriptan succinate)*	2	QL(18 ea per fill retail)
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	2	QL(18 ea per fill retail)
MAXALT TABS 10 MG *(rizatriptan benzoate)*	2	QL(18 ea per fill retail)
naratriptan hcl	2	QL(9 ea per fill retail)
RELPAX *(eletriptan hydrobromide)*	2	QL(12 ea per fill retail)
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 SOAJ	1	QL(4 ml per fill retail)
sumatriptan succinate SOCT	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 SOLN	2	
zolmitriptan TABS	2	QL(12 ea per fill retail)
ZOMIG SOLN *(zolmitriptan)*	2	
ZOMIG SOLN	2	
ZOMIG TABS 2.5 MG, 5 MG *(zolmitriptan)*	2	QL(12 ea per fill retail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600+D HIGH POTENCY TABS	3	MP
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	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CARBONATE POWD XX	4	RX/OTC
calcium carbonate TABS 500 MG, 600 MG, 1250 MG, 1500 MG	3	
calcium carbonate-vitamin d w/ minerals TABS	4	MP
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT	3	MP
calcium citrate TABS 200 MG	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	
calcium TABS	3	
CALTRATE 600+D3 TABS *(calcium carbonate-cholecalciferol)*	3	MP
CALTRATE BONE HEALTH TABS *(calcium carbonate-cholecalciferol)*	3	MP
CITRACAL + D3 MAXIMUM TABS *(calcium citrate-vitamin d)*	3	MP
oyster shell	3	MP
OYSTER SHELL CALCIUM/D TABS	3	MP
Electrolyte Mixtures		
BIOLYTE SOLN	3	MP
CERALYTE 70 SOLN	3	MP
CERASPORT EX1 SOLN	3	MP
CERASPORT SOLN	3	MP
ENFAMIL ENFALYTE SOLN	3	MP
EQUALYTE SOLN *(oral electrolytes)*	3	MP
HYDRALYTE FREEZER POPS SOLN	3	MP
HYDRALYTE SOLN	3	MP
KINDERLYTE PREMAX SOLN	3	MP
KINDERLYTE SOLN	3	MP
oral electrolytes SOLN	3	MP
PEDIALYTE ADVANCED CARE SOLN *(oral electrolytes)*	3	MP
PEDIALYTE FREEZER POPS SOLN *(oral electrolytes)*	3	MP
PEDIALYTE SINGLES SOLN *(oral electrolytes)*	3	MP
PEDIALYTE SOLN *(oral electrolytes)*	3	MP
TRUELYTE SOLN	3	MP
Fluoride		
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	3	AL(Up to 16 yrs old)
sodium fluoride SOLN 0.5 MG/ML	3	AL(Up to 16 yrs old); RX/OTC
Magnesium		
BEELITH	3	MP
magnesium chloride SOLN	3	MP
magnesium oxide (mg supplement) TABS 400 MG, 500 MG	3	MP
MAGNESIUM OXIDE TABS	3	
magnesium sulfate IV	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 *(magnesium sulfate in dextrose)*	3	MP
magnesium sulfate in dextrose	3	MP
MAGOX 400 TABS *(magnesium oxide (mg supplement))*	3	MP
NU-MAG	3	MP
SLOW-MAG	3	MP
SLOWMAG MG MUSCLE/HEART	3	MP
Mineral Combinations		
ADVANCED CALCIUM/VITAMIND/MAGNESIUM TABS	4	MP
BONE DENSITY BUILDER TABS	4	MP
CAL MAG ZINC +D3 TABS	4	MP
CALCIUM 600+D3 PLUS MINERALS TABS	4	MP
CALCIUM/MAGNESIUM/ZINC/D3 TABS	4	MP
CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS	4	MP
CALCIUM/MAGNESIUM/ZINC TABS 200 UNIT-333 MG-133 MG-5 MG	4	MP
CAL-MAG-ZINC-D3 TABS	4	MP
CAL-MAG-ZINC-D TABS	4	MP
CITRACAL MAXIMUM PLUS TABS	4	MP
CITRACAL PLUS TABS	4	MP
CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS	4	MP
CVS CALCIUM CITRATE+D3 TABS	4	MP
FEM-CAL CITRATE TABS	4	MP
MULTI MEGA MINERALS TABS	4	MP
multiple minerals w/ vitamins TABS	4	MP
MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS	4	MP
PROSTEON TABS	4	MP
THERACAL D2000 TABS	4	MP
THERACAL D4000 TABS	4	MP
THERACAL RAPID REPLETION TABS	4	MP
Phosphate		
GLYCOPHOS	3	MP
K-PHOS TABS *(potassium phosphate monobasic)*	3	
potassium phosphate monobasic TABS	3	
potassium phosphates 236 MG/ML-224 MG/ML	3	MP
POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML *(potassium phosphates)*	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 microencapsulated crystals er 10 MEQ, 20 MEQ	3	MP
potassium chloride CPCR	3	MP
potassium chloride TBCR	3	
Sodium		

Drug Name	Drug Tier	Requirements/ Limits
sodium chloride SOLN IV 0.9 %	4	MP
Zinc		
zinc sulfate CAPS	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
Immunomodulators		
lenalidomide	3	SP
REVLIMID	3	SP
THALOMID	3	PA
Immunosuppressive Agents		
azathioprine TABS	3	SP
CELLCEPT CAPS *(mycophenolate mofetil)*	3	SP
CELLCEPT SUSR *(mycophenolate mofetil)*	3	SP
CELLCEPT TABS *(mycophenolate mofetil)*	3	SP
cyclosporine modified (for microemulsion) CAPS	3	SP
cyclosporine modified (for microemulsion) SOLN	3	SP
cyclosporine CAPS	3	SP
ENSPRYNG	3	AL(At least 18 yrs old); SP; PA
IMURAN TABS *(azathioprine)*	3	SP
mycophenolate mofetil CAPS	3	SP
mycophenolate mofetil SUSR	3	SP
mycophenolate mofetil TABS	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
PROGRAF CAPS *(tacrolimus)*	3	SP
RAPAMUNE TABS *(sirolimus)*	3	SP
SANDIMMUNE CAPS *(cyclosporine)*	3	SP
sirolimus TABS	3	SP
tacrolimus CAPS	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	

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 PLUS CREA *(sodium fluoride (dental))*	3	
PREVIDENT FLUORIDE GEL *(sodium fluoride (dental))*	3	
sodium fluoride (dental) CREA	3	
sodium fluoride (dental) GEL	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 vitamins INJ	3	MP
b-complex vitamins TABS	3	MP
B-COMPLEX INJ	3	MP
VITAMIN B COMPLEX/HYDROXOCOBALAMIN INJ	3	MP
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	3	MP; RX/OTC
b-complex w/ c & folic acid TABS	3	MP; RX/OTC
b-complex w/ folic acid TABS	3	MP
b-complex w/biotin & folic acid TABS	3	MP
DIALYVITE 3000	3	MP
DIALYVITE 5000	3	MP
DIALYVITE 800 PLUS D WAFR	3	MP
DIALYVITE 800/ZINC	3	MP
DIALYVITE 800/ZINC 15	3	MP
DIALYVITE/ZINC	3	MP
NEPHPLEX RX	3	MP
SM B-COMPLEX/VITAMIN C TABS	3	MP; RX/OTC
VITAL-D RX	3	MP
Multiple Vitamins w/ Calcium		
multiple vitamins w/ calcium TABS	3	
ONE-A-DAY WOMENS FORMULA TABS *(multiple vitamins w/ calcium)*	3	
SM ONE DAILY ESSENTIAL TABS	3	
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron TABS	3	MP
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	3	MP
Multiple Vitamins w/ Minerals		
ABC COMPLETE SENIOR 50+ TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR MEN'S50+ TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	3	MP; RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	3	MP; RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	3	MP; RX/OTC
ACTIVNUTRIENTS CAPS	3	MP; RX/OTC
ADEK GUMMIES PLUS ZN CHEW	3	MP
ADULT ONE DAILY GUMMIES CHEW	3	MP

Drug Name	Drug Tier	Requirements/ Limits
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	3	MP; RX/OTC
AIRBORNE KIDS CHEW	3	MP
AIRBORNE+GOOD REST CHEW	3	MP
AIRBORNE+PROBIOTIC CHEW	3	MP
AIRBORNE CHEW	3	MP
ALGAE BASED CALCIUM TABS	3	MP; RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	3	MP; RX/OTC
ALIVE ENERGY 50+ TABS	3	MP; RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	3	MP; RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW	3	MP
ALIVE MENS 50+ TABS	3	MP; RX/OTC
ALIVE MENS ENERGY TABS	3	MP; RX/OTC
ALIVE MULTI-VITAMIN CHEW	3	MP
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	3	MP; RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	MP; RX/OTC
ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	3	MP
ALIVE WOMENS 50+ CHEW	3	MP
ALIVE WOMENS 50+ TABS	3	MP; RX/OTC
ALIVE WOMENS ENERGY TABS	3	MP; RX/OTC
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	3	MP
ANTIOXIDANT FORMULA TABS	3	MP; RX/OTC
APETIBEX CAPS	3	MP; RX/OTC
APPE-CURB CAPS	3	MP; RX/OTC
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	3	MP; RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS	3	MP; RX/OTC
BACMIN TABS	3	MP; RX/OTC
BARIATRIC FUSION CHEW	3	MP
BARIATRIC MULTIVITAMINS/IRON CAPS	3	MP; RX/OTC
BASIC AM TABS	3	MP; RX/OTC
BASIC PM TABS	3	MP; RX/OTC
BIO-35 GLUTEN-FREE CAPS	3	MP; RX/OTC
BIO-35 IRON FREE CAPS	3	MP; RX/OTC
BIOCAL CAPS	3	MP; RX/OTC
BONEUP 3 PER DAY CAPS	3	MP; RX/OTC
BONEUP VEGETARIAN TABS	3	MP; RX/OTC
BONEUP CAPS	3	MP; RX/OTC
CAL-DAY 1000 TABS	3	MP; RX/OTC
CELEBRATE MULTI-COMPLETE18 CAPS	3	MP; RX/OTC
CELEBRATE MULTI-COMPLETE18 CHEW	3	MP
CELEBRATE MULTI-COMPLETE36 CAPS	3	MP; RX/OTC
CELEBRATE MULTI-COMPLETE36 CHEW	3	MP
CELEBRATE MULTI-COMPLETE45 CAPS	3	MP; RX/OTC
CELEBRATE MULTI-COMPLETE45 CHEW	3	MP
CELEBRATE MULTI-COMPLETE60 CAPS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CELEBRATE MULTI-COMPLETE60 CHEW	3	MP
CENTRAVITES 50 PLUS TABS	3	MP; RX/OTC
CENTRAVITES ADULTS TABS	3	MP; RX/OTC
CENTRUM ADULT MULTIGUMMIES CHEW	3	MP
CENTRUM ADULTS TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM CARDIO TABS	3	MP; RX/OTC
CENTRUM FLAVOR BURST ADULT CHEW	3	MP
CENTRUM FLAVOR BURST CHEW	3	MP
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	3	MP
CENTRUM FRESH/FRUITY ADULTS CHEW	3	MP
CENTRUM MEN TABS	3	MP; RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	3	MP; RX/OTC
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	3	MP
CENTRUM SILVER 50+MEN TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM SILVER 50+WOMEN TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM SILVER ADULT 50+ TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM SILVER ADULTS 50+ TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	3	MP; RX/OTC
CENTRUM SILVER CHEW	3	MP
CENTRUM SILVER TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM SPECIALIST HEART TABS	3	MP; RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	3	MP; RX/OTC
CENTRUM SPECIALIST VISION TABS	3	MP; RX/OTC
CENTRUM ULTRA WOMENS TABS	3	MP; RX/OTC
CENTRUM VITAMINTS CHEW	3	MP
CENTRUM WOMEN TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	3	MP; RX/OTC
CERTAVITE SENIOR TABS	3	MP; RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	3	MP; RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	3	MP; RX/OTC
CHOICEFUL MULTIVITAMIN CHEW	3	MP
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	3	MP
CVS ADULT 50+ EYE HEALTH CAPS	3	MP; RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	3	MP
CVS EYE HEALTH ADULT 50+ CAPS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS ONE DAILY MENS 50+ ADVANCED TABS	3	MP; RX/OTC
CVS ONE DAILY WOMENS 50+ADVANCED TABS	3	MP; RX/OTC
CVS SPECTRAVITE ADULT 50+ CHEW	3	MP
CVS SPECTRAVITE ADULT 50+ TABS	3	MP; RX/OTC
CVS SPECTRAVITE ADULTS TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	3	MP; RX/OTC
CVS SPECTRAVITE WOMEN CHEW	3	MP
CVS VISION HEALTH CAPS	3	MP; RX/OTC
DAYAVITE TABS	3	MP; RX/OTC
DECUBI-VITE CAPS	3	MP; RX/OTC
DEKAS BARIATRIC CHEW	3	MP
DEKAS PLUS OCEAN CAPS	3	MP; RX/OTC
DEKAS PLUS CAPS	3	MP; RX/OTC
DEKAS PLUS CHEW	3	MP
DERMACINRX MULTITAM TABS	3	MP; RX/OTC
DERMACINRX RIBOTIN-E TABS	3	MP; RX/OTC
DERMACINRX ZINTREXYL-C TABS	3	MP; RX/OTC
DERMAVITE TABS	3	MP; RX/OTC
DEXATRAN CAPS	3	MP; RX/OTC
DIALYVITE SUPREME D TABS	3	MP; RX/OTC
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	3	MP
EMERGEN-C VITAMIN C CHEW	3	MP
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	3	MP; RX/OTC
EQ MULTIVITAMINS ADULT GUMMY CHEW	3	MP
EQ ONE DAILY MENS 50+ TABS	3	MP; RX/OTC
EQ ONE DAILY MENS HEALTH TABS	3	MP; RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	3	MP; RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	3	MP; RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	3	MP; RX/OTC
EQL CENTURY MENS TABS	3	MP; RX/OTC
EQL CENTURY WOMENS TABS	3	MP; RX/OTC
EQL ONE DAILY ADULT GUMMIES CHEW	3	MP
EQL ONE DAILY MENS TABS	3	MP; RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	MP; RX/OTC
EYE HEALTH/LUTEIN TABS	3	MP; RX/OTC
EYE HEALTH CAPS	3	MP; RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS	3	MP; RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	3	MP; RX/OTC
EYE MULTIVITAMIN CAPS	3	MP; RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	3	MP; RX/OTC
FOLAGENT DHA CAPS	3	MP; RX/OTC
FOLAMAX TABS	3	MP; RX/OTC
FOLAMED DHA CAPS	3	MP; RX/OTC
FOLIFLEX TABS	3	MP; RX/OTC
FOLIKA-MG TABS	3	MP; RX/OTC
FOLITIN-Z TABS	3	MP; RX/OTC
FOSFREE TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
FREEDAVITE TABS	3	MP; RX/OTC
GENADEK STEP 1 CAPS	3	MP; RX/OTC
GENADEK STEP 2 CAPS	3	MP; RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	3	MP; RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS	3	MP; RX/OTC
HAIR/SKIN/NAILS CAPS	3	MP; RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	3	MP; RX/OTC
HEALTHY EYES SUPERVISION2 CAPS	3	MP; RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	3	MP; RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	3	MP; RX/OTC
HM COMPLETE MEN TABS	3	MP; RX/OTC
HM HAIR/SKIN/NAILS TABS	3	MP; RX/OTC
HYLAZINC TABS	3	MP; RX/OTC
ICAPS AREDS FORMULA TABS	3	MP; RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	3	MP; RX/OTC
IMMUNE SUPPORT CHEW	3	MP
KEYFOLIC TABS	3	MP; RX/OTC
KEYLOSA TABS	3	MP; RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	3	MP; RX/OTC
LIVER DETOX TABS	3	MP; RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	3	MP; RX/OTC
MEGA MULTI FOR MEN TABS	3	MP; RX/OTC
MEGA MULTI FOR WOMEN TABS	3	MP; RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	3	MP; RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	3	MP; RX/OTC
MENS 50+ ADVANCED CAPS	3	MP; RX/OTC
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	3	MP; RX/OTC
MENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS	3	MP; RX/OTC
MENS MULTIVITAMIN CHEW	3	MP
MENS MULTIVITAMIN TABS	3	MP; RX/OTC
MOOD FOOD ES CAPS	3	MP; RX/OTC
MOOD FOOD CAPS	3	MP; RX/OTC
MULTI-BETIC DIABETES SUPPORT TABS	3	MP; RX/OTC
MULTI-BETIC DIABETES TABS	3	MP; RX/OTC
multiple vitamins w/ minerals CAPS	3	MP; RX/OTC
multiple vitamins w/ minerals CHEW	3	MP

Drug Name	Drug Tier	Requirements/ Limits
multiple vitamins w/ minerals TABS	3	MP; RX/OTC
MULTIVITAMIN ADULTS TABS	3	MP; RX/OTC
MULTIVITAMIN MEN TABS	3	MP; RX/OTC
MULTI-VITAMIN MONOCAPS TABS	3	MP; RX/OTC
MULTIVITAMIN WOMEN TABS	3	MP; RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS	3	MP; RX/OTC
MULTIVITAMIN TABS	3	MP; RX/OTC
MVW COMPLETE FORMULATION CAPS	3	MP; RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS	3	MP; RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS	3	MP; RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS	3	MP; RX/OTC
MVW HI-D ADEK GUMMIES CHEW	3	MP
MVW MODULATOR FORMULATION MINIS CAPS	3	MP; RX/OTC
MVW MODULATOR FORMULATION CAPS	3	MP; RX/OTC
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	3	MP; RX/OTC
NATRUL-VITES TABS	3	MP; RX/OTC
NEOVITE TABS	3	MP; RX/OTC
NICADAN ZX TABS	3	MP; RX/OTC
NICADAN TABS	3	MP; RX/OTC
NICAZEL FORTE TABS	3	MP; RX/OTC
NICAZEL TABS	3	MP; RX/OTC
NO IRON MULTIPLE VITAMIN/MINERALS TABS	3	MP; RX/OTC
NUTRICAP TABS	3	MP; RX/OTC
OCULAR VITAMINS TABS	3	MP; RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	3	MP; RX/OTC
OCUVITE ADULT 50+ CAPS	3	MP; RX/OTC
OCUVITE ADULT FORMULA CAPS	3	MP; RX/OTC
OCUVITE LUTEIN CAPS	3	MP; RX/OTC
ONCOVITE TABS	3	MP; RX/OTC
ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	3	MP
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	3	MP
ONE A DAY MENS VITACRAVES CHEW	3	MP
ONE A DAY WOMENS 50+ ADVANCED CHEW	3	MP
ONE DAILY MENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS	3	MP; RX/OTC
ONE DAILY WOMENS TABS	3	MP; RX/OTC
ONE DIALY MULTIVITAMIN WOMENS TABS	3	MP; RX/OTC
ONE-A-DAY ENERGY TABS	3	MP; RX/OTC
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	3	MP
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	3	MP
ONE-A-DAY MENOPAUSE FORMULA TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	MP; RX/OTC
ONE-A-DAY MENS 50+ TABS	3	MP; RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	3	MP; RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	3	MP; RX/OTC
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	3	MP
ONE-A-DAY MENS TABS	3	MP; RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	3	MP; RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	3	MP; RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW	3	MP
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	3	MP
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	3	MP
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	3	MP
ONE-A-DAY VITACRAVES CHEW	3	MP
ONE-A-DAY WEIGHT SMART ADVANCED TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
ONE-A-DAY WOMENS 50+ TABS	3	MP; RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
ONE-A-DAY WOMENS PETITES TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	3	MP
ONE-A-DAY WOMENS TABS	3	MP; RX/OTC
ONE-DAILY MULTI CAPS CAPS	3	MP; RX/OTC
ONEVITE TABS	3	MP; RX/OTC
OPTIFAST POST BARIATRIC CHEW	3	MP
OPTIMUM AIRVITES CHEW	3	MP
OPTISOURCE POST BARIATRIC SURGERY CHEW	3	MP
OPTIVITE P.M.T. TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
OPURITY/BYPASS OPTIMIZED CHEW	3	MP
OPURITY TABS	3	MP; RX/OTC
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	3	MP; RX/OTC
PARVLEX TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PHYTOMULTI TABS	3	MP; RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	3	MP; RX/OTC
PRESERVISION AREDS 2 CAPS	3	MP; RX/OTC
PRESERVISION AREDS 2 CHEW	3	MP
PRESERVISION AREDS CAPS	3	MP; RX/OTC
PRESERVISION AREDS TABS	3	MP; RX/OTC
PRESERVISION/LUTEIN CAPS	3	MP; RX/OTC
PRO-CAL TABS	3	MP; RX/OTC
PROCERV HP TABS	3	MP; RX/OTC
PROFOLA TABS	3	MP; RX/OTC
PRORENAL+D/OMEGA-3 CAPS	3	MP; RX/OTC
PRORENAL+D TABS	3	MP; RX/OTC
PROTECT CARDIO AF CAPS	3	MP; RX/OTC
PROTECT PLUS SO CAPS	3	MP; RX/OTC
PROTEGRA CAPS	3	MP; RX/OTC
PROVIT TABS	3	MP; RX/OTC
QC MULTI-VITE TABS	3	MP; RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	3	MP; RX/OTC
QUIN B STRONG TABS	3	MP; RX/OTC
QUINTABS-M TABS	3	MP; RX/OTC
RA CENTRAL-VITE TABS	3	MP; RX/OTC
RAYAVIT TABS	3	MP; RX/OTC
REMEDIENT CAPS	3	MP; RX/OTC
RENAPLEX-D TABS	3	MP; RX/OTC
SENTRY SENIOR/LUTEIN TABS	3	MP; RX/OTC
SENTRY TABS	3	MP; RX/OTC
SIDEROL TABS	3	MP; RX/OTC
SM ONE DAILY MENS TABS	3	MP; RX/OTC
SM ONE DAILY WOMENS TABS	3	MP; RX/OTC
SOLO TABS	3	MP; RX/OTC
SPECTRAVITE TABS	3	MP; RX/OTC
STROVITE FORTE TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
STROVITE ONE TABS	3	MP; RX/OTC
SUPER ANTIOXIDANT CAPS	3	MP; RX/OTC
SUPPORT-500 CAPS	3	MP; RX/OTC
SYSTANE ICAPS AREDS2 CHEW	3	MP
SYSTANE ICAPS AREDS2 TABS	3	MP; RX/OTC
THERA M PLUS TABS	3	MP; RX/OTC
THERABETIC MULTI-VITAMIN TABS	3	MP; RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	3	MP; RX/OTC
THERAGRAN-M ADVANCED TABS	3	MP; RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	3	MP; RX/OTC
THERAGRAN-M PREMIER TABS	3	MP; RX/OTC
THERAGRAN-M TABS	3	MP; RX/OTC
THERAMILL FORTE CAPS	3	MP; RX/OTC
THERA-M TABS	3	MP; RX/OTC
THERANATAL LACTATION ONE CAPS	3	MP; RX/OTC
THERA-TABS M TABS	3	MP; RX/OTC
THEREMS-M TABS	3	MP; RX/OTC
THRIVITE 19 TABS	3	MP; RX/OTC
T-VITES TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	3	MP; RX/OTC
ULTRA BONEUP TABS	3	MP; RX/OTC
VENEXA FE TABS	3	MP; RX/OTC
VENEXA TABS	3	MP; RX/OTC
VENTRIXYL FE TABS	3	MP; RX/OTC
VENTRIXYL TABS	3	MP; RX/OTC
VISION HEALTH CAPS	3	MP; RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	3	MP; RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	3	MP; RX/OTC
VITABEX PLUS CAPS	3	MP; RX/OTC
VITABEX CAPS	3	MP; RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW	3	MP
VITAMIN D3 COMPLETE TABS	3	MP; RX/OTC
VITAROCA PLUS TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
VITASANA TABS	3	MP; RX/OTC
VITATRUM TABS	3	MP; RX/OTC
VITEYES CLASSIC ADVANCED CAPS	3	MP; RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS	3	MP; RX/OTC
VITEYES CLASSIC MULTIIVITAMIN TABS	3	MP; RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	3	MP; RX/OTC
VITEYES CLASSIC/OMEGA-3 CAPS	3	MP; RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	3	MP; RX/OTC
VITEYES CLASSIC CAPS	3	MP; RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	3	MP; RX/OTC
VITRAMYN TABS	3	MP; RX/OTC
VITRANOL FE TABS	3	MP; RX/OTC
VITRANOL TABS	3	MP; RX/OTC
VITREXATE FE TABS	3	MP; RX/OTC
VITREXATE TABS	3	MP; RX/OTC
VITREXYL/IRON TABS	3	MP; RX/OTC
VITREXYL TABS	3	MP; RX/OTC
VITRUM 50+ ADULT-MULTI IRON FREE TABS	3	MP; RX/OTC
VITRUM 50+ SENIOR MULTI TABS	3	MP; RX/OTC
WAL-BORN VITAMIN C CHEW	3	MP
WELLFOLA TABS	3	MP; RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	3	MP; RX/OTC
WOMENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
WOMENS MULTI GUMMIES CHEW	3	MP
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	3	MP; RX/OTC
WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW	3	MP
YELETS TEENAGE FORMULA TABS	3	MP; RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	3	MP
YUMVS MULTI ZERO CHEW	3	MP
YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	3	MP
ZYVANA CAPS	3	MP; RX/OTC
Multivitamins		
AMLADEX TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DAILY MULTIPLE VITAMINS TABS	3	MP; RX/OTC
ESTROFACTORS TABS	3	MP; RX/OTC
FOLCYTEINE TABS	3	MP; RX/OTC
GENICIN VITA-Q TABS	3	MP; RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	3	MP; RX/OTC
MULTI VITAMIN/D-3 TABS	3	MP; RX/OTC
MULTI VITAMIN TABS	3	MP; RX/OTC
multiple vitamin TABS	3	MP; RX/OTC
MULTIVITAMIN ADULT TABS	3	MP; RX/OTC
NEOMULTIVITE TABS	3	MP; RX/OTC
OMNICAP TABS	3	MP; RX/OTC
ONE DAILY ESSENTIAL TABS	3	MP; RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	3	MP; RX/OTC
ONE-A-DAY ESSENTIAL TABS *(multiple vitamin)*	3	MP; RX/OTC
ONE-A-DAY MENS TABS *(multiple vitamin)*	3	MP; RX/OTC
QUINTABS TABS	3	MP; RX/OTC
THERA TABS	3	MP; RX/OTC
THEREMS MULTIVITAMIN TABS	3	MP; RX/OTC
TM-DAILY VITE TABS	3	MP; RX/OTC
VITAZYME TABS	3	MP; RX/OTC
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron SOLN	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC
Ped Multiple Vitamins w/ Minerals		
MVW COMPLETE FORMULATIONPEDIATRIC SOLN	3	MP
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN	3	QL(2 ml daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1 MG-15 UNIT	3	AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-1 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT-400 UNIT-15 UNIT-1 MG	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
MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.25 MG-600 MCG-4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG	3	QL(1 ea daily); AL(Up to 12 yrs old); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG-230 MCG	3	AL(Up to 12 yrs old); MP; RX/OTC
pediatric multivitamins w/fl CHEW	3	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 multivitamins w/fl SOLN	3	QL(2 ml 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 400 UNIT-15 UNIT-1 MG-200 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-600 MCG-4.5 MCG-1 MG-200 MCG	3	AL(Up to 12 yrs old); MP; RX/OTC
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-1 MG-15 UNIT-1 MG-108 MCG	3	AL(Up to 12 yrs old); MP; RX/OTC
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.25 MG-15 UNIT-1 MG-108 MCG, 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.5 MG-15 UNIT-1 MG-108 MCG	3	QL(1 ea daily); 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
Pediatric Vitamins		
TRI-VI-SOL A/C/D	3	MP
VITAMIN A/C/D INFANT	3	MP
VITAMIN A/C/D INFANT/TODDLER	3	MP
Prenatal Vitamins		
CLASSIC PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
COMPLETENATE CHEW	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
CO-NATAL FA TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
EQL PRENATAL FORMULA TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
GNP PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
KP PRENATAL MULTIVITAMINS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
MASONATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
M-NATAL PLUS TABS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-1200 MCG-150 MCG-18.4 MG	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	3	RX/OTC
NEONATAL PLUS TABS	3	RX/OTC
NESTABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
NIVA-PLUS TABS	3	RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	3	RX/OTC
PNV TABS 29-1 TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PRENATABS FA TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PRENATAL 19 CHEW	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL 19 TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PRENATAL AND IRON TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL FORTE TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL MULTIVITAMIN TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL PLUS IRON TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	3	RX/OTC
PRENATAL PLUS TABS	3	RX/OTC
prenatal vit w/ ferrous fumarate-folic acid CHEW	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PRENATAL VITAMIN & MINERAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL VITAMIN/IRON TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL VITAMINS PLUS LOW IRON TABS	3	RX/OTC
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 100 MG-2.6 MG-0.8 MG-400 UNIT-4 MCG-1.7 MG-18 MG-1.84 MG-25 MG-27 MG-11 UNIT-200 MG-4000 UNIT, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	3	RX/OTC
PRENATVITE RX TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PREPLUS TABS	3	RX/OTC
PRETAB TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PX PRENATAL MULTIVITAMINS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
QC PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
RA PRENATAL FORMULA/FOLICACID TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
RA PRENATAL TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
SE-NATAL 19 CHEW	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
SE-NATAL 19 TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
SM PRENATAL VITAMINS TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
THERANATAL CORE NUTRITION TABS	3	RX/OTC
THRIVITE RX TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
TRICARE TABS	3	RX/OTC
TRINATAL RX 1 TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
VINATE ONE TABS	3	QL(1 ea daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
VITATHELY/GINGER TABS	3	RX/OTC
WESTAB PLUS TABS	3	RX/OTC
Vitamins w/ Lipotropics		
ACTIFLOVIT EAR HEALTH TABS	3	MP
LIPOTRIAD TABS *(vitamins w/ lipotropics)*	3	MP
vitamins w/ lipotropics TABS	3	MP

Drug Name	Drug Tier	Requirements/ Limits
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(cyclobenzaprine hcl)*	2	
baclofen SOLN OR 5 MG/5ML	1	PA
baclofen SUSP	2	
baclofen TABS	1	
chlorzoxazone TABS	2	
cyclobenzaprine hcl CP24	2	
cyclobenzaprine hcl TABS 7.5 MG	2	
cyclobenzaprine hcl TABS	1	
FLEQSUVY SUSP *(baclofen)*	2	
LYVISPAH PACK	2	
metaxalone	2	
methocarbamol TABS	1	
orphenadrine citrate TB12	1	
OZOBAX SOLN OR *(baclofen)*	NF	PA
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 25 MG, 50 MG *(dantrolene sodium)*	2	
dantrolene sodium CAPS	2	
Muscle Relaxant Combinations		
NORGESIC FORTE *(orphenadrine w/ aspirin & caff)*	2	
orphenadrine w/ aspirin & caff	2	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	2	
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	2	
RYALTRIS	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 CHILDRENS SUSP *(fluticasone propionate (nasal))*	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF SUSP *(fluticasone propionate (nasal))*	2	RX/OTC
FLONASE ALLERGY RELIEF SUSP *(fluticasone propionate (nasal))*	NF	RX/OTC
flunisolide (nasal) 0.025 %	2	
fluticasone propionate (nasal) SUSP	1	RX/OTC
fluticasone propionate (nasal) SUSP	2	RX/OTC
mometasone furoate (nasal) SUSP	2	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO *(triamcinolone acetonide (nasal))*	2	QL(16.9 ml per 30 days retail)
NASACORT ALLERGY 24HR AERO *(triamcinolone acetonide (nasal))*	2	QL(16.9 ml per 30 days retail)
NASONEX 24HR SUSP	2	RX/OTC
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
RELYVRIO	3	QL(60 ea per 30 days retail); AL(At least 18 yrs old); SP; PA
RILUTEK TABS *(riluzole)*	3	
riluzole TABS	3	
TIGLUTIK SUSP	3	AL(At least 18 yrs old); PA
Friedrich's Ataxia Agents		
SKYCLARYS	CO	SP
Rett Syndrome Agents		
DAYBUE	CO	SP
NUTRIENTS		
Misc. Nutritional Substances		
omega-3 fatty acids CAPS	3	
omega-3 fatty acids CPDR	3	
Proteins		
L-ORNITHINE POWD	4	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear solution	3	
BION TEARS	3	
carboxymethylcellulose sodium (ophth) GEL	3	
carboxymethylcellulose sodium (ophth) SOLN 0.5 %	3	
dextran 70-hypromellose 0.3 %-0.1 %	3	
GENTEAL TEARS MODERATE PF *(dextran 70-hypromellose)*	3	
GENTEAL TEARS MODERATEPF *(dextran 70-hypromellose)*	3	
GENTEAL TEARS SEVERE DAY/NIGHT GEL *(polyethylene glycol-propylene glycol (ophth))*	3	
polyethylene glycol-propylene glycol (ophth) GEL	3	

Drug Name	Drug Tier	Requirements/ Limits
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	3	
polyvinyl alcohol 1.4 %	3	
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML	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 GEL GEL *(polyethylene glycol-propylene glycol (ophth))*	3	
SYSTANE ULTRA SOLN *(polyethylene glycol-propylene glycol (ophth))*	3	
SYSTANE ULTRA SOLN *(polyethylene glycol-propylene glycol (ophth))*	NF	
SYSTANE SOLN *(polyethylene glycol-propylene glycol (ophth))*	3	
THERATEARS GEL *(carboxymethylcellulose sodium (ophth))*	3	
white petrolatum-mineral oil	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 *(brimonidine tartrate-timolol maleate)*	1	
COSOPT *(dorzolamide hcl-timolol maleate)*	2	
COSOPT PF *(dorzolamide hcl-timolol maleate)*	2	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
dorzolamide hcl-timolol maleate	1	
dorzolamide hcl-timolol maleate	2	
ISTALOL SOLN *(timolol maleate (ophth))*	2	
levobunolol hcl 0.5 %	2	
timolol maleate (ophth) SOLG	1	
timolol maleate (ophth) SOLN	1	
timolol maleate (ophth) SOLN	2	
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	2	
TIMOPTIC 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 (ophthalmic) OINT	3	
atropine sulfate (ophthalmic) SOLN	3	
ATROPINE SULFATE SOLN 1 %	3	
CYCLOGYL	3	

Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL *(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 1 %, 2 % *(pilocarpine hcl)*	3	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	3	
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(brimonidine tartrate)*	2	
apraclonidine hcl	1	
brimonidine tartrate 0.1 %, 0.15 %	2	
brimonidine tartrate 0.2 %	1	
IOPIDINE	2	
SIMBRINZA	1	
Ophthalmic Anti-infectives		
AZASITE	2	
BACIGUENT	3	
bacitracin (ophthalmic)	3	
bacitracin-polymyxin b (ophth)	3	
BESIVANCE	2	
BLEPH-10 SOLN *(sulfacetamide sodium (ophth))*	3	
CILOXAN OINT	2	
CILOXAN SOLN *(ciprofloxacin hcl (ophth))*	2	
ciprofloxacin hcl (ophth) SOLN	1	
ERYTHROMYCIN	1	
erythromycin (ophth)	1	
gatifloxacin (ophth)	2	
gentamicin sulfate (ophth) OINT	3	
gentamicin sulfate (ophth) SOLN	3	
KLARITY-A	2	
levofloxacin (ophth) 0.5 %	2	
MOXEZA SOLN OP *(moxifloxacin hcl (ophth))*	2	
moxifloxacin hcl (ophth) SOLN OP	2	
neomycin-bacitracin zn-polymyxin	3	
neomycin-polymyxin-gramicidin	3	
OCUFLOX *(ofloxacin (ophth))*	2	
ofloxacin (ophth)	1	
polymyxin b-trimethoprim	3	
POLYTRIM *(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 0.3 %-0.025 %	3	

Drug Name	Drug Tier	Requirements/ Limits
NAPHCON-A *(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 MULTIDOSE EMUL	1	QL(5.5 ml per 30 days retail)
RESTASIS EMUL *(cyclosporine (ophth))*	1	QL(60 ea 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	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	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)
MAXITROL OINT *(neomycin-polymy-dexameth)*	3	
MAXITROL SUSP *(neomycin-polymy-dexameth)*	3	
neomycin-polymy-dexameth OINT	3	
neomycin-polymy-dexameth SUSP	3	
PRED FORTE *(prednisolone acetate (ophth))*	3	
prednisolone acetate (ophth)	3	
PREDNISOLONE ACETATE P-F	3	
PREDNISOLONE SODIUM PHOSPHATE	3	
sulfacetamide sod-prednisolone SOLN	3	
TOBRADEX SUSP *(tobramycin-dexamethasone)*	3	
tobramycin-dexamethasone SUSP	3	
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	2	
ACULAR LS *(ketorolac tromethamine (ophth))*	2	
ACUVAIL	2	

Drug Name	Drug Tier	Requirements/ Limits
ALOCRIL	2	
ALOMIDE	2	
azelastine hcl (ophth)	1	
AZOPT *(brinzolamide)*	1	
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) 0.5 %	1	
ketorolac tromethamine (ophth) 0.4 %	2	
ketotifen fumarate (ophth) 0.035 %	1	QL(10 ml per 30 days retail)
LASTACAFT	2	RX/OTC
MURO 128 OINT *(sodium chloride hypertonic)*	NF	
MURO 128 OINT *(sodium chloride hypertonic)*	3	
MURO 128 SOLN *(sodium chloride hypertonic)*	NF	
MURO 128 SOLN *(sodium chloride hypertonic)*	3	
NEVANAC	2	
olopatadine hcl	1	RX/OTC
PATADAY *(olopatadine hcl)*	2	RX/OTC
PATADAY EXTRA STRENGTH	2	
PROLENSA	2	
sodium chloride hypertonic OINT	3	
sodium chloride hypertonic SOLN	3	
TRUSOPT *(dorzolamide hcl)*	2	
ZADITOR 0.035 % *(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 0.01 %	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	2	
CIPRODEX *(ciprofloxacin-dexamethasone)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin-dexamethasone	1	
ciprofloxacin-fluocinolone acetonide	2	
neomycin-polymyxin-hc (otic) SOLN	3	
neomycin-polymyxin-hc (otic) SUSP	3	
OTOVEL	2	
Otic Steroids		
hydrocortisone w/acetic acid	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		
BEYFORTUS	3	SP; MP; PA
SYNAGIS SOLN	3	SP; MP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	3	MP
amoxicillin CHEW 125 MG, 250 MG	3	MP
amoxicillin SUSR	3	MP
amoxicillin TABS	3	MP
ampicillin CAPS 500 MG	3	
Natural Penicillins		
penicillin v potassium SOLR	3	MP
penicillin v potassium TABS	3	MP
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	3	
amoxicillin & pot clavulanate SUSR	3	
amoxicillin & pot clavulanate TABS	3	
AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)*	3	
AUGMENTIN TABS 125 MG-500 MG *(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-SF SYRP	4	RX/OTC
FLAVOR SWEET SYRP	4	RX/OTC
FREEDOM PEG TROCHE BASE POWD	4	RX/OTC
GRAPE SYRUP SYRP	4	RX/OTC
MX-SOL BLEND SF SUSP	4	RX/OTC
MX-SOL BLEND SUSP	4	RX/OTC
MX-SOL SF SYRP	4	RX/OTC
MX-SOL SUSPEND SUSP	4	RX/OTC
MX-SOL SYRP	4	RX/OTC
ORA-BLEND SF SUSP	4	RX/OTC
ORA-BLEND SUSP	4	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	4	RX/OTC
ORAL MIX SF SUSP	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 SF SYRP 10 %-9 %	4	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	4	RX/OTC
PCCA CUSTOM TROCHE BASE POWD	4	RX/OTC
PCCA POLYGLYCOL TROCHE POWD	4	RX/OTC
PCCA SWEET-SF SYRP	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 83 %	4	RX/OTC
SYRSPEND SF LIQD	4	RX/OTC
SYRUP VEHICLE SF SYRP	4	RX/OTC
SYRUP VEHICLE SYRP	4	RX/OTC
TECHNA 10 SF TROCHE BASE POWD	4	RX/OTC
TECHNA 20 TROCHE BASE POWD	4	RX/OTC
TROCHE BASE NS POWD	4	RX/OTC
TROCHE BASE 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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
PENSOMAL CREAM	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
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
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		

Drug Name	Drug Tier	Requirements/ Limits
Agents for Chemical Dependency		
LUCEMYRA	1	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	3	QL(18 ml daily); AL(At least 7 yrs old); SP
XYWAV	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 TABS 23 MG	2	
donepezil hydrochloride TBDP	1	
EXELON *(rivastigmine)*	1	
galantamine hydrobromide CP24	2	
galantamine hydrobromide SOLN	2	
galantamine hydrobromide TABS	1	
memantine hcl CP24	2	
memantine hcl SOLN	1	
memantine hcl TABS	1	
NAMENDA TITRATION PAK TABS *(memantine hcl)*	2	
NAMENDA XR CP24 *(memantine hcl)*	2	
NAMENDA TABS *(memantine hcl)*	2	
NAMZARIC C4PK	2	
NAMZARIC CP24	2	
RAZADYNE ER CP24 *(galantamine hydrobromide)*	2	
rivastigmine	2	
rivastigmine tartrate CAPS	1	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	1	QL(2 ea daily)
SAVELLA TABS	1	QL(2 ea daily)
Movement Disorder Drug Therapy		
AUSTEDO XR TB24	3	AL(At least 18 yrs old); SP; PA
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 *(teriflunomide)*	2	SP
AVONEX PEN AJKT	1	SP
AVONEX PSKT	1	QL(4 ml per fill retail); SP
BAFIERTAM	2	QL(4 ea daily); SP
BETASERON KIT	1	SP
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	2	SP
COPAXONE SOSY 20 MG/ML *(glatiramer acetate)*	1	SP

Drug Name	Drug Tier	Requirements/ Limits
dalfampridine	3	QL(2 ea daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA
dimethyl fumarate CDPK	1	SP
dimethyl fumarate CPDR	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 STARTER PACK TBPK	2	
MAYZENT TABS	2	
PLEGRIDY STARTER PACK SOPN	2	SP
PLEGRIDY STARTER PACK SOSY SC	2	SP
PLEGRIDY SOPN	2	SP
PLEGRIDY SOSY IM	2	SP
PONVORY 14-DAY STARTER PACK TBPK	2	AL(At least 18 yrs old - Up to 55 yrs old)
PONVORY TABS	2	AL(At least 18 yrs old - Up to 55 yrs old)
REBIF REBIDOSE TITRATIONPACK SOAJ	2	SP
REBIF REBIDOSE SOAJ	2	SP
REBIF TITRATION PACK SOSY	2	SP
REBIF SOSY 22 MCG/0.5ML	2	SP
REBIF SOSY 44 MCG/0.5ML	2	QL(7.5 ml per 30 days retail); SP
TASCENSO ODT 0.5 MG	2	AL(At least 10 yrs old - Up to 18 yrs old); SP
TASCENSO ODT 0.25 MG	2	AL(At least 10 yrs old - Up to 17 yrs old); SP
TECFIDERA STARTER PACK CDPK *(dimethyl fumarate)*	2	SP
TECFIDERA CPDR *(dimethyl fumarate)*	2	SP
teriflunomide	2	SP
VUMERITY	2	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	2	SP
ZEPOSIA STARTER KIT CPPK	2	SP
ZEPOSIA CAPS	2	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
GRALISE TABS 450 MG, 750 MG, 900 MG	2	
GRALISE TABS 300 MG, 600 MG	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)
NICODERM CQ PT24 TD *(nicotine)*	3	QL(1 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
nicotine MISC XX	3	QL(1 ea daily)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	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		
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
KALYDECO PACK	CO	SP
ORKAMBI PACK	CO	SP
PULMOZYME	3	SP; PA
TRIKAFTA THPK	CO	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
doxycycline (monohydrate) CAPS 50 MG, 100 MG	3	
doxycycline (monohydrate) SUSR	3	
doxycycline (monohydrate) TABS 50 MG, 100 MG	3	
doxycycline hyclate CAPS	3	
doxycycline hyclate TABS 100 MG	3	
minocycline hcl CAPS	3	
VIBRAMYCIN CAPS *(doxycycline hyclate)*	3	
VIBRAMYCIN SUSR *(doxycycline (monohydrate))*	3	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	3	MP
propylthiouracil	3	MP
Thyroid Hormones		
ADTHYZA TABS	3	
ARMOUR THYROID TABS	3	MP
CYTOMEL TABS *(liothyronine sodium)*	3	MP
ERMEZA SOLN OR	3	

Drug Name	Drug Tier	Requirements/ Limits
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	3	
levothyroxine sodium SOLR IV	3	
LEVOTHYROXINE SODIUM SOLR IV *(levothyroxine sodium)*	3	
levothyroxine sodium TABS	3	MP
liothyronine sodium SOLN	3	
liothyronine sodium TABS	3	MP
NIVA THYROID TABS	3	MP
NP THYROID 120 TABS	3	MP
NP THYROID 15 TABS	3	MP
NP THYROID 30 TABS	3	MP
NP THYROID 60 TABS	3	MP
NP THYROID 90 TABS	3	MP
SYNTHROID TABS *(levothyroxine sodium)*	3	MP
THYQUIDITY SOLN OR	3	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	3	MP
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG *(levothyroxine sodium)*	3	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	3	
TIROSINT-SOL SOLN OR 13 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML	3	
TRIOSTAT SOLN *(liothyronine sodium)*	3	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	4	AL(At least 10 yrs old - Up to 64 yrs old)
BOOSTRIX SUSP	4	AL(At least 10 yrs old)
BOOSTRIX SUSY	4	
DAPTACEL	4	AL(Up to 6 yrs old)
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	4	AL(Up to 6 yrs old)
INFANRIX	4	AL(Up to 7 yrs old)
KINRIX SUSY	4	
PEDIARIX SUSY	4	
PENTACEL	4	4 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 4 yrs old)
QUADRACEL SUSP	4	AL(At least 4 yrs old - Up to 6 yrs old)
QUADRACEL SUSY	4	
TDVAX SUSP	4	AL(At least 7 yrs old)
TENIVAC INJ	4	AL(At least 7 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	4	AL(At least 7 yrs old)
VAXELIS SUSP	4	
VAXELIS SUSY	4	

Drug Name	Drug Tier	Requirements/ Limits
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 CAPS	3	AL(Up to 64 yrs old)
dicyclomine hcl SOLN OR	3	AL(Up to 64 yrs old)
dicyclomine hcl TABS	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 SOLN OR 0.125 MG/ML	3	AL(Up to 64 yrs old)
hyoscyamine sulfate SUBL 0.125 MG	3	AL(Up to 64 yrs old)
hyoscyamine sulfate TABS 0.125 MG	3	AL(Up to 64 yrs old)
hyoscyamine sulfate TB12 0.375 MG	3	AL(Up to 64 yrs old)
hyoscyamine sulfate TBDP 0.125 MG	3	AL(Up to 64 yrs old)
LEVBID TB12 *(hyoscyamine sulfate)*	3	AL(Up to 64 yrs old)
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	3	AL(Up to 64 yrs old)
LEVSIN TABS *(hyoscyamine sulfate)*	3	AL(Up to 64 yrs old)
ROBINUL FORTE TABS *(glycopyrrolate)*	3	
ROBINUL TABS *(glycopyrrolate)*	3	
H-2 Antagonists		
cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	3	
cimetidine TABS	3	RX/OTC
famotidine SUSR	3	AL(Up to 6 yrs old)
famotidine TABS	3	
PEPCID AC MAXIMUM STRENGTH TABS *(famotidine)*	3	RX/OTC
PEPCID AC TABS *(famotidine)*	3	
PEPCID TABS *(famotidine)*	3	RX/OTC
TAGAMET HB 200 TABS *(cimetidine)*	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		
ACIPHEX SPRINKLE CPSP	2	
ACIPHEX SPRINKLE CPSP	2	
ACIPHEX TBEC *(rabeprazole sodium)*	2	
DEXILANT *(dexlansoprazole)*	2	
dexlansoprazole	2	
esomeprazole magnesium CPDR 40 MG	2	
esomeprazole magnesium CPDR 20 MG	2	QL(2 ea daily); RX/OTC
esomeprazole magnesium PACK	2	QL(2 ea daily)
esomeprazole magnesium TBEC	2	
lansoprazole CPDR 30 MG	2	
lansoprazole CPDR 15 MG	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
lansoprazole TBDD	2	RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR *(esomeprazole magnesium)*	2	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR *(esomeprazole magnesium)*	2	QL(2 ea daily); RX/OTC
NEXIUM 24HR TBEC *(esomeprazole magnesium)*	2	
NEXIUM CPDR 20 MG *(esomeprazole magnesium)*	2	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG *(esomeprazole magnesium)*	2	
NEXIUM PACK	1	QL(2 ea daily)
NEXIUM PACK *(esomeprazole magnesium)*	1	QL(2 ea daily)
omeprazole magnesium CPDR	2	QL(2 ea daily)
omeprazole magnesium TBEC	2	
omeprazole CPDR 20 MG	1	
omeprazole CPDR 10 MG, 40 MG	1	QL(2 ea daily)
omeprazole TBDD	2	
omeprazole TBEC	2	QL(2 ea daily)
pantoprazole sodium PACK	2	QL(2 ea daily)
pantoprazole sodium TBEC	1	QL(2 ea daily)
PREVACID 24HR CPDR *(lansoprazole)*	2	QL(1 ea daily); RX/OTC
PREVACID SOLUTAB TBDD *(lansoprazole)*	2	RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	2	
PRILOSEC OTC TBEC *(omeprazole magnesium)*	2	
PRILOSEC PACK	2	
PROTONIX PACK *(pantoprazole sodium)*	1	QL(2 ea daily)
PROTONIX TBEC *(pantoprazole sodium)*	NF	QL(2 ea daily)
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	2	
rabeprazole sodium TBEC	2	
Ulcer Drugs - Prostaglandins		
CYTOTEC *(misoprostol)*	3	QL(4 ea daily)
misoprostol	3	QL(4 ea daily)
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	2	QL(224 ea per fill retail)
bismuth subcitrate potassium-metronidazole-tetracycline	2	
KONVOMEP SUSR	2	
OMECLAMOX-PAK	2	
omeprazole-sodium bicarbonate CAPS	2	RX/OTC
omeprazole-sodium bicarbonate PACK	2	
PYLERA *(bismuth subcitrate potassium-metronidazole-tetracycline)*	1	
TALICIA	2	
ZEGERID CAPS *(omeprazole-sodium bicarbonate)*	2	RX/OTC
ZEGERID PACK *(omeprazole-sodium bicarbonate)*	2	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	2	

Drug Name	Drug Tier	Requirements/ Limits
DETROL LA CP24 *(tolterodine tartrate)*	2	
DETROL TABS *(tolterodine tartrate)*	2	
DITROPAN XL TB24 5 MG, 10 MG *(oxybutynin chloride)*	2	
fesoterodine fumarate 8 MG	2	MP; PA
fesoterodine fumarate 4 MG	2	MP
GELNIQUE GEL 10 %	2	
oxybutynin chloride SOLN	1	
oxybutynin chloride TABS	1	
oxybutynin chloride TB24	1	
OXYTROL FOR WOMEN PTTW	3	RX/OTC
OXYTROL PTTW	2	RX/OTC
solifenacin succinate TABS	1	
tolterodine tartrate CP24	2	
tolterodine tartrate TABS	2	
TOVIAZ 8 MG *(fesoterodine fumarate)*	1	MP; PA
TOVIAZ 4 MG *(fesoterodine fumarate)*	1	MP
trospium chloride CP24	2	
trospium chloride TABS	2	
VESICARE LS SUSP	2	
VESICARE TABS *(solifenacin succinate)*	2	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	2	
MYRBETRIQ SRER	2	
MYRBETRIQ TB24	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)
BIOTHRAX	4	
HIBERIX SOLR IJ	4	4 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 4 yrs old)
MENACTRA	4	
MENQUADFI	4	
MENVEO SOLN	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
PREVNAR 20	4	
TRUMENBA	4	AL(At least 10 yrs old - Up to 25 yrs old)
TYPHIM VI SOLN	4	
TYPHIM VI SOSY	4	
VAXCHORA	4	

Drug Name	Drug Tier	Requirements/ Limits
VAXNEUVANCE	4	
VIVOTIF	4	
Viral Vaccines		
ABRYSVO	4	
ACAM2000	4	
AFLURIA QUADRIVALENT 2021-2022 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2021-2022 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.25 ml per fill retail)
AFLURIA QUADRIVALENT 2021-2022 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)
AFLURIA QUADRIVALENT 2022-2023 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)
AFLURIA QUADRIVALENT 2023-2024 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail)
AREXVY	4	
COMIRNATY 2023-24 SUSP	4	AL(At least 12 yrs old)
COMIRNATY 2023-24 SUSY	4	
COMIRNATY SUSP	4	AL(At least 12 yrs old)
DENGVAXIA	4	
ENGERIX-B SUSP 20 MCG/ML	4	3 rtl MAX fill; 999 rtl day(s) supply
ENGERIX-B SUSY	4	3 rtl MAX fill; 999 rtl day(s) supply
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 2023-2024	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 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)
FLUARIX QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 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)
FLUBLOK QUADRIVALENT 2023-2024	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)

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	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 2023-2024 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 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)
FLULAVAL QUADRIVALENT 2023-2024 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 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 HIGH-DOSE PF 2023-2024	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUZONE QUADRIVALENT 2021-2022 SUSP	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 2022-2023 SUSP	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 2023-2024 SUSP	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUZONE QUADRIVALENT 2023-2024 SUSY	4	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 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)
IMOVAX RABIES (H.D.C.V.) SUSR	4	
IPOL INACTIVATED IPV	4	3 rtl MAX fill; 999 rtl day(s) supply
IXIARO	4	
JANSSEN COVID-19 VACCINE	4	AL(At least 18 yrs old)
JYNNEOS	4	
M-M-R II SOLR	4	

Drug Name	Drug Tier	Requirements/ Limits
MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	4	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	4	
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y	4	
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	4	
MODERNA COVID-19 VACCINE6-11Y SUSP	4	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	4	
MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML	4	
MODERNA COVID-19 VACCINE SUSP 100 MCG/0.5ML	4	AL(At least 18 yrs old)
NOVAVAX COVID-19 VACCINE	4	
NOVAVAX COVID-19 VACCINE/2023-24	4	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	4	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	4	AL(At least 5 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	4	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	4	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	4	AL(At least 12 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	4	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	4	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	4	
PFIZER-BIONTECH COVID-19VACCINE SUSP	4	AL(At least 12 yrs old)
PREHEVBRIO	4	
PRIORIX SUSR	4	
PROQUAD SUSR	4	
RABAVERT	4	
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 SUSP	4	
ROTARIX SUSR	4	2 rtl MAX fill; 999 rtl day(s) supply
ROTATEQ SOLN	4	3 rtl MAX fill; 999 rtl day(s) supply
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	4	
SHINGRIX	4	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	4	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	4	

Drug Name	Drug Tier	Requirements/ Limits
SPIKEVAX COVID-19 VACCINE SUSP	4	AL(At least 18 yrs old)
STAMARIL SUSR	4	
TWINRIX SUSY	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)
YF-VAX INJ	4	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA *(clindamycin phosphate vaginal)*	2	
CLEOCIN SUPP	1	
clindamycin phosphate vaginal CREA	1	
CLINDESSE	1	
clotrimazole vaginal CREA	3	
metronidazole vaginal	1	
miconazole nitrate vaginal CREA 2 %	3	
miconazole nitrate vaginal KIT	3	
miconazole nitrate vaginal SUPP 100 MG	3	
MONISTAT 3 COMBINATION PACK KIT *(miconazole nitrate vaginal)*	3	
MONISTAT 7 COMBINATION PACK KIT	3	
MONISTAT 7 SIMPLY CURE CREA *(miconazole nitrate vaginal)*	3	
NUVESSA	1	
terconazole vaginal CREA	3	

Drug Name	Drug Tier	Requirements/ Limits
VANDAZOLE	2	
XACIATO GEL	2	AL(At least 12 yrs old)
Vaginal Contraceptive - pH Modulators		
PHEXXI	3	QL(180 gm per 30 days retail)
Vaginal Estrogens		
ESTRACE CREA *(estradiol vaginal)*	3	QL(1.42 gm daily); MP
estradiol vaginal CREA	3	QL(1.42 gm daily); MP
estradiol vaginal TABS	3	MP
VAGIFEM TABS *(estradiol vaginal)*	3	MP
Vaginal Progestins		
CRINONE GEL	2	MP
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	2	QL(4 ea per fill retail)
epinephrine (anaphylaxis) SOAJ	1	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		

Drug Name	Drug Tier	Requirements/ Limits
cholecalciferol CAPS 1.25 MG, 1.25 MG, 25 MCG, 50 MCG, 125 MCG, 1000 UNIT, 2000 UNIT, 5000 UNIT, 50000 UNIT	3	MP
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	3	MP
cholecalciferol TABS	3	
DRISDOL CAPS *(ergocalciferol)*	3	MP
D-VI-SOL LIQD OR *(cholecalciferol)*	3	MP
ergocalciferol CAPS	3	MP
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 CAPS 200 UNIT, 268 MG, 400 UNIT, 450 MG, 1000 UNIT	3	
VITAMIN E CAPS 200 UNIT	3	
vitamin e SOLN	3	MP
Water Soluble Vitamins		
biotin TABS 5 MG, 5000 MCG	3	MP
NIACIN TR TBCR	1	
niacinamide TABS 500 MG	3	MP
niacinamide TABS 100 MG	1	
niacinamide TBCR	1	
niacin CPCR 250 MG, 500 MG	1	
niacin TABS	1	
niacin TBCR	1	
pyridoxine hcl TABS 100 MG	4	MP
pyridoxine hcl TABS 25 MG	4	QL(2 ea daily); MP
pyridoxine hcl TABS 50 MG	4	QL(4 ea daily); MP
SLO-NIACIN TBCR *(niacin)*	NF	
thiamine mononitrate TABS	4	QL(1 ea daily); MP

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