envolve Pharmacy Solutions

silversummit healthplan

Preferred Drug List

The SilverSummit Healthplan Formulary includes a list of drugs covered by your prescription benefit. The formulary is updated often and may change. To get the most up-to-date information, you may view the latest formulary on our website at silversummithealthplan.com or call us at 1-844-366-2880 (TTY/TDD: 1-844-804-6086).

Preferred Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find
2. In the Find box type the name of the medication you want to locate
3. Click the Next button until you find the medication(s) you are looking for

SilverSummit Healthplan Pharmacy Program

SilverSummit Healthplan, Inc. (SilverSummit) is committed to providing appropriate, high quality, and cost effective drug therapy to all SilverSummit members. SilverSummit works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. SilverSummit covers prescription medications and certain over- the-counter (OTC) medications when ordered by a physician/clinician. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities. This section provides an overview of the SilverSummit pharmacy program. For more detailed information, please visit our website at www.silversummithealthplan.com.

Plan Preferred Drug List and Prior Authorization List

The SilverSummit Preferred Drug List (PDL) describes the circumstances under which contracted pharmacy providers will be reimbursed for medications dispensed to members covered under the program. All drugs covered under the Nevada Medicaid program are available for SilverSummit members. The PDL includes all drugs available without PA and those agents that have the restrictions of Step Therapy (ST). The PA list includes those drugs that require PA for coverage. The PDL applies to drugs you receive at retail pharmacies. The PDL is continually evaluated by the SilverSummit Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the SilverSummit Medical Director, SilverSummit Pharmacy Director, and several Nevada primary care physicians, pharmacists, and specialists. The PDL does not:

- Require or prohibit the prescribing or dispensing of any medication
- Substitute for the independent professional judgment of the physician/clinician or pharmacist, or
- Relieve the physician/clinician or pharmacist of any obligation to the patient or others

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With the exceptions of biopharmaceuticals and specialty drugs, SilverSummit works with Envolve Pharmacy Solutions to process all pharmacy claims for prescribed drugs. Some drugs on the SilverSummit PDL and PA list require a PA and Envolve Pharmacy Solutions is responsible for administering this process. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager.

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the SilverSummit Healthplan/Envolve Pharmacy Solutions form: Medication Prior Authorization Request Form.
2. Fax to Envolve Pharmacy Solutions at 1-866-399-0929.
3. Once approved, Envolve Pharmacy Solutions notifies the prescriber by fax.
4. If the clinical information provided does not explain the medical necessity for the requested PA medication, Envolve Pharmacy Solutions will deny the request and offer PDL alternatives to the prescriber by fax.
5. For urgent or after-hours requests, a pharmacy can provide up to a 96-hour emergency supply of medication by calling 1-844-214-2606.

Prior Authorization Process

The SilverSummit PDL includes a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from the SilverSummit PDL for their patients who are members of SilverSummit. Some drugs will require PA and are listed on the PA list. In addition, all name brand drugs not listed on either the PDL or PA list will require prior authorization. If a request for authorization is needed the information should be submitted by your physician/clinician to Envolve Pharmacy Solutions on the SilverSummit Healthplan/Envolve Pharmacy Solutions form: Medication Prior Authorization Request Form. This form should be faxed to Envolve Pharmacy Solutions at 1-866-399-0929. This document is located on the SilverSummit website at www.silversummithealthplan.com.

SilverSummit will cover the medication if it is determined that:

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

All reviews are performed by a licensed clinical pharmacist using the criteria established by the SilverSummit P&T Committee. Once approved, Envolve Pharmacy Solutions notifies the physician/clinician by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, SilverSummit will notify you and your physician/clinician of alternatives and provide information, regarding the appeal process.

The P&T committee has reviewed and approved, with input from its members and in consideration of medical evidence, the list of drugs requiring prior authorization. This PDL attempts to provide appropriate and cost-effective drug therapy to all members covered under the SilverSummit pharmacy program. If a patient requires a brand name medication that does not appear on the PDL, the physician/clinician can make a PA request for the brand name medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions.

Clinicians are requested to utilize the PDL when prescribing medication for those patients covered by the SilverSummit pharmacy program. If a pharmacist receives a prescription for a drug that requires a PA, the pharmacist should attempt to contact the clinician to request a change to a product included on the PDL.

Phone Numbers for SilverSummit Healthplan Member Services

The phone and fax lines listed in the Prior Authorization Process section are dedicated to clinicians requesting PA medication items only. Members cannot be assisted if they call the PA toll-free number. SilverSummit Member Services may be reached at 1-844-366-2880 (TTY 1-844-804-6086).

Transition Period

SilverSummit members new to managed care will be able to receive their prescription drugs with no new PA requirements for first 68 days they are enrolled in our plan. This will allow you and your doctor time to consider other medications that do not require PA and to learn the proper steps for obtaining a PA. SilverSummit's PDL and PA List identify the drugs that will require PA once you have been a managed care member for 68 days. If you are not sure when you will need to have your medications prior authorized or you have other questions about continuing to get your medications, call member services at 1-844-366-2880 (TTY 1-844-804-6086).

96-Hour Emergency Supply Policy

State and federal law requires that a pharmacy dispense a 96-hour (4-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 96-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 96-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the Envolve Pharmacy Solutions Pharmacy Help Desk at 1-844-214-2606 for a prescription override to submit the 96-hour medication supply for payment.

Step Therapy

Some medications listed on the SilverSummit PDL may require specific medications to be used before you can receive the step therapy medication. If SilverSummit has a record that the required medication was tried first the ST medications are automatically covered. If SilverSummit does not have a record that the required medication was tried, you or your physician/clinician may be required to provide additional information. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

Dispensing Limits, Quantity Limits, and Age Limits

Drugs may be dispensed up to a maximum 34 day supply for each new or refill non-controlled substance. A total of 80 percent (80%) of the days supplied must have elapsed before the prescription can be refilled. Dispensing outside the quantity limit (QL) or age limits (AL) requires PA. SilverSummit may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications on the SilverSummit PDL may have AL. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling, for safety concerns and quality standards of care. The AL aligns with current FDA alerts for the appropriate use of pharmaceuticals.

Medical Necessity Requests

If you require a medication that does not appear on the PDL, you or your physician/clinician can make a medical necessity request for the medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions. SilverSummit requires:

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

All reviews are performed by a licensed clinical pharmacist using the criteria established by the SilverSummit P&T Committee. If the clinical information provided does not meet the coverage criteria for the requested medication, SilverSummit will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

Appropriate Use and Safety Edits

Your health and safety is a priority for SilverSummit. One of the ways we address your safety is through Point-of-Sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

DUR (Drug Utilization Review) Programs

SilverSummit will monitor ongoing prescribing of medications for clinical appropriateness. SilverSummit reviews prescribing retrospectively to review for both safety and efficacy. SilverSummit will work with Envolve Pharmacy Solutions to review for such things as disease management, fraud and abuse (i.e. Coordinated Services Program), and prescriber profiling. Prescriber or member outreach may occur based on prescribing/dispensing patterns. SilverSummit will continue to monitor for issues going forward and take action as needed.

Mandatory Generic Substitution

When generic drugs are available, the brand name drug will not be covered without SilverSummit PA. Generic drugs have the same active ingredient and work the same as brand name drugs. If you or your physician/clinician feels a brand name drug is medically necessary, the physician/clinician can ask for PA.

We will cover the brand name drug according to our clinical guidelines if there is a medical reason you need the particular brand name drug. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

Over-The-Counter Medications

The pharmacy program covers a large selection of OTC medications. All covered OTC medications appear in the PDL. All OTC medications must be written on a valid prescription by a licensed physician/clinician in order to be reimbursed.

Filling a Prescription

You can have prescriptions filled at a SilverSummit network pharmacy. If you decide to have a prescription filled at a network pharmacy you can locate a pharmacy near you by contacting a SilverSummit Member Services Representative. At the pharmacy, you will need to provide the pharmacist with your prescription and your SilverSummit ID card.

Please visit the SilverSummit website at www.silversummithealthplan.com to access the SilverSummit PDL, SilverSummit PA lists, important forms, and provider/member information 24 hours a day, seven days a week.

Maintenance Medications

SilverSummit Healthplan offers a up to 100 day supply of maintenance medications. These drugs are used to treat long-term conditions or illnesses. Please contact a SilverSummit Member Service Representative if you have any questions.

SilverSummit Healthplan Pharmacy Program - Additional Information

Working with Our Pharmacy Benefit Managers

SilverSummit works with two Pharmacy Benefit Managers (PBMs). Acaria Health is the preferred provider of biopharmaceuticals and injectables for SilverSummit. Envolve Pharmacy Solutions administers all other prescribed drugs. Certain drugs require PA to be approved for payment by SilverSummit. These include:

- Some SilverSummit drugs listed on the PA list
- Most injectables including Procrit, Neulasta and Neupogen.

AcariaHealth – Biopharmaceuticals and Injectables

AcariaHealth is the provider of biopharmaceuticals and injectables for SilverSummit. Most injectables require PA to be approved for payment. Our Medical Director oversees the clinical review. SilverSummit provides a number of biopharmaceutical products through the Biopharmaceutical Program. Most biopharmaceuticals and injectables require a PA to be approved for payment by SilverSummit; however, PA requirements are programmed specific to the drug as indicated in the list provided in the Biopharmaceutical Program document located on the SilverSummit website at www.silversummithealthplan.com. Follow these guidelines for the most efficient processing of your authorization requests.

Providers can request that AcariaHealth deliver the specialty drug to the office/member. If you want AcariaHealth to deliver the specialty drug to the office/member:

1. Fax the AcariaHealth PA form to 1-855-217-0926 for PA.
2. If approved, AcariaHealth will contact the provider or member for delivery confirmation.

Pharmacy and Therapeutics Committee

The SilverSummit Pharmacy and Therapeutics (P&T) Committee continually evaluates the therapeutic classes included in the PDL. The Committee is composed of the SilverSummit Medical Director, SilverSummit Pharmacy Director, and several community based primary care physicians and specialists. The primary purpose of the Committee is to assist in developing and monitoring the SilverSummit PDL and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T Committee schedules meetings at least quarterly and coordinates reviews with a national P&T Committee which meets at least 4 times a year. Changes to the SilverSummit PDL are done in conjunction with the approval of the State of Nevada. SilverSummit will meet with the State quarterly to review any proposed changes and update the PDL and PA lists accordingly based on the results of both the SilverSummit P&T Committee and the requirements from the State of Nevada. SilverSummit will follow all State policies regarding member notification when changes are made to the PA list.

Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by SilverSummit. Experimental drugs and investigational drugs are not eligible for coverage.

Benefit Exclusions

The following drug categories are not part of the SilverSummit PDL and are not covered by the 96-hour emergency supply policy:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Bulk powders, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established.

Newly Approved Products

We review new drugs for safety and effectiveness for the first 12 months before adding them to the SilverSummit PDL. During this period, access to these medications will be considered through the PA review process. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

Medical Benefits

The following drugs and medical services are a part of the SilverSummit medical benefit and are not available at the retail pharmacy:

1. Botox is a medical benefit that is covered for non-cosmetic purposes only- it requires a PA from SilverSummit.
2. Blood and blood products.
3. Those specialty injectable drugs available as a medical benefit. Most injectables require PA from SilverSummit.

Prescribers who request medical prior authorizations at Envolve Pharmacy Solutions will be redirected to contact SilverSummit Healthplan as applicable.

DME/Home Health Benefits

The following medical services are a part of the SilverSummit medical benefit and are not available at the retail pharmacy:

1. Enteral products
2. Nebulizers
3. Medical supplies

Injectable Drugs

Injections that are self-administered by the member and/or a family member and appear on the PDL are covered by the SilverSummit pharmacy program. Insulin vials, Glucagon Kit, Epinephrine, Imitrex, and Depo-Provera IM are covered by SilverSummit and do not require a PA.. All other injectables require PA.

We help keep you informed

The SilverSummit Pharmacy Director, a registered pharmacist, compiles current pharmacological policy and information about important seasonal topics such as Respiratory Syncytial Virus (RSV) and influenza. The information is consistent with published guidelines and is mailed to network providers as a service. The most current SilverSummit PDL and PA List can be downloaded from our website at www.silversummithealthplan.com.

Contacts for Pharmacy Appeals/Grievances

Members: In the event that a member disagrees with the decision regarding coverage of a medication, the member may file an appeal with SilverSummit by calling SilverSummit Member Services at 1-844-366-2880 (TTY 1-844-804-6086).

Physicians / Clinicians: In the event that a clinician disagrees with the decision regarding coverage of a medication, the clinician may request an appeal by submitting additional information to SilverSummit in writing to the Appeals Department at the following address:

SilverSummit Healthplan
Appeal Department
2500 North Buffalo Drive
Las Vegas, NV 89128
Fax: 1-855-742-0125

A decision will be rendered and the clinician will be notified with a mailed response. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of a member by calling SilverSummit Healthplan at 1-844-366-2880 ext. 24084 (TTY 1-844-804-6086). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

Abbreviations

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

AL:	Age Limit
PA:	Prior Authorization
QL:	Quantity Limit
ST:	Step Therapy

Drug Tier Definitions

F:	Formulary	These drugs are covered on the drug list
NF:	Non-Formulary	These drugs are not covered on the drug list

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (*Use Amphetamine-Dextroamphetamine*)	NF	QL(2 ea daily); AL
ADDERALL XR CP24 (*Use Amphetamine-Dextroamphetamine*)	NF	QL(1 ea daily); AL
amphetamine-dextroamphetamine cp24 6.25mg-6.25mg-6.25mg-6.25mg, 1.25mg-1.25mg-1.25mg-1.25mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 7.5mg-7.5mg-7.5mg-7.5mg, 5mg-5mg-5mg-5mg	F	QL(1 ea daily); AL
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 2.5mg-2.5mg-2.5mg-2.5mg, 1.875mg-1.875mg-1.875mg-1.875mg, 1.25mg-1.25mg-1.25mg-1.25mg, 7.5mg-7.5mg-7.5mg-7.5mg, 3.125mg-3.125mg-3.125mg-3.125mg	F	QL(2 ea daily); AL
DEXEDRINE CP24 15 MG, 10 MG (*Use Dextroamphetamine Sulfate*)	NF	QL(2 ea daily); AL
DEXEDRINE CP24 5 MG (*Use Dextroamphetamine Sulfate*)	NF	QL(1 ea daily); AL
dextroamphetamine sulfate cp24 15 mg, 10 mg	F	QL(2 ea daily); AL
dextroamphetamine sulfate cp24 5 mg	F	QL(1 ea daily); AL
dextroamphetamine sulfate tabs 5 mg, 10 mg	F	QL(3 ea daily); AL
VYVANSE CAPS	F	PA; QL(1 ea daily)
Analeptics		
caffeine citrate soln	F	QL(45 ml per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
guanfacine hcl (adhd) tb24	F	QL(1 ea daily); MO
INTUNIV TB24 (*Use Guanfacine HCl (ADHD)*)	NF	QL(1 ea daily); MO
Stimulants - Misc.		
armodafinil tabs	F	PA
CONCERTA TBCR 36 MG (*Use Methylphenidate HCl*)	NF	QL(2 ea daily); AL
CONCERTA TBCR 54 MG, 27 MG, 18 MG (*Use Methylphenidate HCl*)	NF	QL(1 ea daily); AL
dexmethylphenidate hcl tabs	F	QL(2 ea daily)
FOCALIN TABS (*Use Dexmethylphenidate HCl*)	NF	QL(2 ea daily)
METADATE CD CPCR (*Use Methylphenidate HCl*)	NF	QL(1 ea daily); AL
methylphenidate hcl cpcr 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	F	QL(1 ea daily); AL
METHYLPHENIDATE HCL ER TBCR	F	QL(1 ea daily); AL
methylphenidate hcl tabs 20 mg, 10 mg, 5 mg	F	QL(3 ea daily); AL
methylphenidate hcl tbcr 10 mg, 36 mg	F	QL(2 ea daily); AL
methylphenidate hcl tbcr 54 mg, 18 mg, 20 mg, 27 mg	F	QL(1 ea daily); AL
NUVIGIL TABS (*Use Armodafinil*)	NF	PA
RITALIN TABS (*Use Methylphenidate HCl*)	NF	QL(3 ea daily); AL
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	F	QL(1 ea daily); AL
ORALAIR ADULT SAMPLE KIT SUBL	F	QL(1 ea daily); AL
ORALAIR ADULT STARTER PACK SUBL	F	QL(1 ea daily); AL

Drug Name	Drug Tier	Requirements/ Limits
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	F	QL(3 ea daily); AL
ORALAIR SUBL	F	QL(1 ea daily); AL
RAGWITEK SUBL	F	QL(1 ea daily); AL
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
melatonin tabs	F	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU	F	PA; QL(1 ml daily)
KITABIS PAK NEBU	F	PA; QL(1 ml daily)
neomycin sulfate tabs	F	
TOBI NEBU (*Use Tobramycin*)	NF	PA; QL(1 ml daily)
TOBI PODHALER CAPS	F	PA; QL(2 ea daily)
tobramycin nebu	F	PA; QL(1 ml daily)
TOBRAMYCIN NEBU	F	PA; QL(1 ml daily)
tobramycin sulfate soln 10 mg/ml, 1.2 gm/30ml, 80 mg/2ml, 40 mg/ml	F	
TOBRAMYCIN SULFATE SOLN 10 MG/ML, 40 MG/ML	F	
tobramycin sulfate solr 1.2 gm	F	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	F	PA
HUMIRA PEN PNKT	F	PA
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	F	PA
HUMIRA PEN-PSORIASIS STARTER PNKT	F	PA
HUMIRA PSKT	F	PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ	F	
RASUVO SOAJ	F	
RHEUMATREX TABS	F	
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	F	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (*Use Ibuprofen*)	NF	
ALEVE ARTHRITIS TABS (*Use Naproxen Sodium*)	NF	QL(2 ea daily)
ALEVE TABS (*Use Naproxen Sodium*)	NF	QL(2 ea daily)
ANAPROX DS TABS (*Use Naproxen Sodium*)	NF	
CELEBREX CAPS 100 MG, 200 MG, 50 MG (*Use Celecoxib*)	NF	PA; QL(1 ea daily)
CELEBREX CAPS 400 MG (*Use Celecoxib*)	NF	PA; QL(2 ea daily)
celecoxib caps 400 mg	F	PA; QL(2 ea daily)
celecoxib caps 50 mg, 100 mg, 200 mg	F	PA; QL(1 ea daily)
CHILDRENS ADVIL SUSP (*Use Ibuprofen*)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (*Use Ibuprofen*)	NF	RX/OTC
DAYPRO TABS (*Use Oxaprozin*)	NF	
diclofenac potassium tabs	F	
diclofenac sodium tb24	F	
diclofenac sodium tbec	F	

Drug Name	Drug Tier	Requirements/ Limits
EC-NAPROSYN TBEC (*Use Naproxen*)	NF	QL(2 ea daily)
etodolac caps	F	
etodolac tabs	F	
etodolac tb24	F	
FELDENE CAPS (*Use Piroxicam*)	NF	
flurbiprofen tabs	F	
ibuprofen chew 100 mg	F	
ibuprofen susp 100 mg/5ml	F	RX/OTC
ibuprofen susp 40 mg/ml, 50 mg/1.25ml	F	
ibuprofen tabs 600 mg, 200 mg, 400 mg, 800 mg	F	
indomethacin caps	F	
indomethacin cpcr	F	
INFANTS ADVIL SUSP (*Use Ibuprofen*)	NF	
ketoprofen caps	F	
KETOPROFEN ER CP24	F	
ketorolac tromethamine tabs	F	QL(20 ea per 30 days retail); AL
LODINE TABS (*Use Etodolac*)	NF	
meloxicam tabs	F	
MOBIC TABS (*Use Meloxicam*)	NF	
MOTRIN INFANTS DROPS SUSP (*Use Ibuprofen*)	NF	
nabumetone tabs	F	
NAPROSYN SUSP (*Use Naproxen*)	NF	
NAPROSYN TABS (*Use Naproxen*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
naproxen sodium tabs 220 mg	F	QL(2 ea daily)
naproxen sodium tabs 275 mg, 550 mg	F	
NAPROXEN SUSP 125 MG/5ML	F	
naproxen susp 125 mg/5ml	F	
naproxen tabs 375 mg, 500 mg, 250 mg	F	
naproxen tbec 500 mg, 375 mg	F	QL(2 ea daily)
oxaprozin tabs	F	
piroxicam caps	F	
sulindac tabs	F	
TOLMETIN SODIUM CAPS 400 MG	F	
tolmetin sodium caps 400 mg	F	
TOLMETIN SODIUM TABS 200 MG, 600 MG	F	
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	F	PA
ENBREL SOSY	F	PA
ENBREL SURECLICK SOAJ	F	PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs	F	
butalbital-acetaminophen-caffeine caps	F	QL(4 ea daily)
butalbital-acetaminophen-caffeine tabs	F	QL(4 ea daily)
butalbital-aspirin-caffeine caps	F	QL(4 ea daily)
ESGIC TABS (*Use Butalbital-Acetaminophen-Caffeine*)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FIORINAL CAPS (*Use Butalbital-Aspirin-Caffeine*)	NF	QL(4 ea daily)
TENCON TABS	F	
Analgesics Other		
acetaminophen caps or 500 mg	F	
acetaminophen chew or 160 mg, 80 mg	F	
acetaminophen liqd or 160 mg/5ml	F	
acetaminophen soln or 650 mg/20.3ml, 160 mg/5ml, 325 mg/10.15ml	F	
acetaminophen supp re 650 mg, 120 mg, 325 mg	F	QL(12 ea per fill retail)
acetaminophen susp or 160 mg/5ml, 80 mg/2.5ml, 80 mg/0.8ml	F	
acetaminophen tabs or 500 mg, 325 mg	F	
FEVERALL INFANTS SUPP	F	
INFANTS SILAPAP SOLN	F	QL(30 ml per fill retail)
TYLENOL CHILDRENS SUSP (*Use Acetaminophen*)	NF	
TYLENOL EXTRA STRENGTH TABS (*Use Acetaminophen*)	NF	
TYLENOL INFANTS PAIN+FEVER SUSP (*Use Acetaminophen*)	NF	
TYLENOL INFANTS SUSP (*Use Acetaminophen*)	NF	
TYLENOL TABS (*Use Acetaminophen*)	NF	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide) tabs	F	
aspirin chew or 81 mg	F	
ASPIRIN SUPP RE 120 MG, 200 MG	F	QL(12 ea per fill retail)
aspirin supp re 300 mg, 600 mg	F	QL(12 ea per fill retail)
aspirin tabs or 325 mg	F	
aspirin tbec or 325 mg, 324 mg, 81 mg	F	
BUFFERIN TABS (*Use Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide*))	NF	
choline & mag salicylate liqd	F	
diflunisal tabs	F	
DISALCID TABS (*Use Salsalate*)	NF	
ECOTRIN REGULAR STRENGTH TBEC (*Use Aspirin*)	NF	
salsalate tabs	F	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
codeine sulfate tabs 15 mg, 60 mg, 30 mg	F	QL(2 ea daily)
CODEINE SULFATE TABS 60 MG, 15 MG, 30 MG (*Use Codeine Sulfate*)	NF	QL(2 ea daily)
DEMEROL TABS (*Use Meperidine HCl*)	NF	QL(6 ea daily)
DILAUDID TABS (*Use Hydromorphone HCl*)	NF	QL(8 ea daily)
DOLOPHINE TABS 10 MG (*Use Methadone HCl*)	NF	PA; QL(10 ea daily)
DOLOPHINE TABS 5 MG (*Use Methadone HCl*)	NF	PA; QL(4 ea daily)
DURAGESIC PT72 (*Use Fentanyl*)	NF	Limit 10 patches per month;QL(0.34 ea daily)
EMBEDA CPCR	F	
fentanyl pt72	F	Limit 10 patches per month;QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HYDROMORPHONE HCL SUPP RE 3 MG	F	QL(12 ea per fill retail)
hydromorphone hcl tabs or 8 mg, 4 mg, 2 mg	F	QL(8 ea daily)
HYSINGLA ER T24A	F	
MEPERIDINE HCL SOLN 50 MG/5ML	F	QL(500 ml per fill retail)
meperidine hcl tabs 50 mg, 100 mg	F	QL(6 ea daily)
methadone hcl tabs 10 mg	F	PA; QL(10 ea daily)
methadone hcl tabs 5 mg	F	PA; QL(4 ea daily)
morphine sulfate soln or 100 mg/5ml, 20 mg/ml	F	QL(240 ml per fill retail)
morphine sulfate soln or 20 mg/5ml, 10 mg/5ml	F	QL(16.67 ml daily)
MORPHINE SULFATE SUPP RE 20 MG, 30 MG, 10 MG, 5 MG	F	QL(24 ea per fill retail)
MORPHINE SULFATE TABS OR 30 MG, 15 MG	F	QL(6 ea daily)
morphine sulfate tbcr or 60 mg, 30 mg, 15 mg, 100 mg, 200 mg	F	QL(3 ea daily)
MS CONTIN TBCR (*Use Morphine Sulfate*)	NF	QL(3 ea daily)
oxycodone hcl caps 5 mg	F	QL(6 ea daily)
oxycodone hcl conc 100 mg/5ml	F	QL(6 ml daily)
oxycodone hcl soln 5 mg/5ml	F	
oxycodone hcl tabs 20 mg, 5 mg, 15 mg, 10 mg, 30 mg	F	QL(6 ea daily)
ROXICODONE TABS (*Use Oxycodone HCl*)	NF	QL(6 ea daily)
tramadol hcl tabs	F	QL(8 ea daily)
ULTRAM TABS (*Use Tramadol HCl*)	NF	QL(8 ea daily)
Opioid Combinations		
acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml	F	QL(30 ml daily)
acetaminophen w/ codeine tabs 300mg-30mg, 300mg-15mg, 300mg-60mg	F	QL(6 ea daily)
butalbital-acetaminophen-caffeine w/ codeine caps	F	QL(4 ea daily)
butalbital-aspirin-caffeine w/cod caps	F	QL(4 ea daily)
FIORINAL/CODEINE #3 CAPS (*Use Butalbital-Aspirin-Caffeine w/Cod*)	NF	QL(4 ea daily)
HYCET SOLN (*Use Hydrocodone-Acetaminophen*)	NF	QL(180 ml daily)
hydrocodone-acetaminophen soln 7.5mg/15ml-325mg/15ml, 5mg/10ml-217mg/10ml, 2.5mg/5ml-108mg/5ml	F	QL(180 ml daily)
hydrocodone-acetaminophen tabs 10mg-325mg	F	QL(6 ea daily)
hydrocodone-acetaminophen tabs 5mg-325mg	F	QL(12 ea daily)
hydrocodone-acetaminophen tabs 7.5mg-325mg	F	QL(8 ea daily)
NORCO TABS 10MG-325MG (*Use Hydrocodone-Acetaminophen*)	NF	QL(6 ea daily)
NORCO TABS 5MG-325MG (*Use Hydrocodone-Acetaminophen*)	NF	QL(12 ea daily)
NORCO TABS 7.5MG-325MG (*Use Hydrocodone-Acetaminophen*)	NF	QL(8 ea daily)
oxycodone w/ acetaminophen tabs	F	QL(6 ea daily)
oxycodone-aspirin tabs	F	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	F	QL(30 ml daily)
PERCOCET TABS (*Use Oxycodone w/ Acetaminophen*)	NF	QL(6 ea daily)
tramadol-acetaminophen tabs	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TYLENOL/CODEINE #3 TABS (*Use Acetaminophen w/ Codeine*)	NF	QL(6 ea daily)
TYLENOL/CODEINE #4 TABS (*Use Acetaminophen w/ Codeine*)	NF	QL(6 ea daily)
ULTRACET TABS (*Use Tramadol-Acetaminophen*)	NF	QL(4 ea daily)
Opioid Partial Agonists		
buprenorphine hcl subl	F	PA
buprenorphine hcl-naloxone hcl dihydrate subl	F	PA
SUBOXONE FILM 2MG-0.5MG, 4MG-1MG	F	PA; QL(1 ea daily)
SUBOXONE FILM 8MG-2MG, 12MG-3MG	F	PA; QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24	F	QL(1 ea daily)
ANDROXY TABS	F	
DEPO-TESTOSTERONE SOLN (*Use Testosterone Cypionate*)	NF	Limit 4ml per month;QL(0.13 4 ml daily)
METHITEST TABS	F	
testosterone cypionate soln	F	Limit 4ml per month;QL(0.13 4 ml daily)
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (*Use Hydrocortisone (Intrarectal)*)	NF	QL(420 ml per fill retail)
hydrocortisone (intrarectal) enem	F	QL(420 ml per fill retail)
Rectal Combinations		
phenylephrine-shark liver oil-cocoa butter supp	F	QL(12 ea per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum oint	F	QL(30 gm per fill retail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) foam	F	QL(15 gm per fill retail)
PROCTOFOAM FOAM (*Use Pramoxine HCl (Rectal)*)	NF	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC CREA (*Use Hydrocortisone (Rectal)*)	NF	QL(30 gm per fill retail)
hydrocortisone (rectal) crea	F	QL(30 gm per fill retail)
ANTACIDS - Ulcer and Stomach Acid Drugs		
Antacid Combinations		
alum & mag hydrox-simethicone chew 200mg-25mg-200mg	F	
alum & mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml	F	QL(24 ml daily)
alum & mag hydrox-simethicone liqd 400mg/5ml-40mg/5ml-400mg/5ml	F	
alum & mag hydrox-simethicone susp 200mg/5ml-200mg/5ml-20mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml, 200mg/5ml-20mg/5ml-200mg/5ml	F	QL(24 ml daily)
alum & mag hydrox-simethicone susp 400mg/5ml-40mg/5ml-400mg/5ml, 400mg/5ml-400mg/5ml-40mg/5ml-40mg/5ml-400mg/5ml-400mg/5ml	F	
GELUSIL CHEW 200MG-25MG-200MG (*Use Alum & Mag Hydrox-Simethicone*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (*Use Alum & Mag Hydrox-Simethicone*)	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP	F	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs	F	Limit 496 per month;QL(16.5 4 ea daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) chew	F	
TUMS CHEW (*Use Calcium Carbonate (Antacid)*)	NF	
TUMS CHEWY BITES CHEW (*Use Calcium Carbonate (Antacid)*)	NF	
TUMS E-X 750 CHEW (*Use Calcium Carbonate (Antacid)*)	NF	
TUMS KIDS CHEW (*Use Calcium Carbonate (Antacid)*)	NF	
TUMS LASTING EFFECTS CHEW (*Use Calcium Carbonate (Antacid)*)	NF	
TUMS SMOOTHIES CHEW (*Use Calcium Carbonate (Antacid)*)	NF	
TUMS ULTRA 1000 CHEW (*Use Calcium Carbonate (Antacid)*)	NF	
Antacids - Magnesium Salts		
magnesium oxide tabs	F	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS (*Use Metronidazole*)	NF	
metronidazole tabs	F	
trimethoprim tabs	F	
VANCOCIN HCL CAPS 125 MG (*Use Vancomycin HCl*)	NF	QL(4 ea daily)
VANCOCIN HCL CAPS 250 MG (*Use Vancomycin HCl*)	NF	QL(8 ea daily)
vancomycin hcl caps or 125 mg	F	QL(4 ea daily)
vancomycin hcl caps or 250 mg	F	QL(8 ea daily)
vancomycin hcl solr iv 1000 mg	F	QL(14 ea per fill retail)
vancomycin hcl solr iv 500 mg	F	Limit 14 per month;QL(0.46 7 ea daily)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (*Use Sulfamethoxazole-Trimethoprim*)	NF	
BACTRIM TABS (*Use Sulfamethoxazole-Trimethoprim*)	NF	
sulfamethoxazole-trimethoprim susp	F	
sulfamethoxazole-trimethoprim tabs	F	
Leprostatics		
dapsone tabs	F	
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (*Use Clindamycin HCl*)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (*Use Clindamycin Palmitate Hydrochloride*)	NF	Limit 1 package per claim;QL(100 ml per fill retail)
clindamycin hcl caps	F	
clindamycin palmitate hydrochloride solr	F	Limit 1 package per claim;QL(100 ml per fill retail)
Oxazolidinones		

Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO TABS	F	PA; QL(6 ea per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS (*Use Isosorbide Dinitrate*)	NF	
ISOSORBIDE DINITRATE ER TBCR	F	
isosorbide dinitrate tabs	F	
isosorbide mononitrate tabs 10 mg, 20 mg	F	QL(2 ea daily)
isosorbide mononitrate tb24 120 mg, 60 mg, 30 mg	F	QL(1 ea daily)
NITRO-BID OINT	F	
NITRO-DUR PT24 (*Use Nitroglycerin*)	NF	
nitroglycerin cpcr	F	
nitroglycerin pt24	F	
nitroglycerin subl	F	
NITROSTAT SUBL (*Use Nitroglycerin*)	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl tabs	F	QL(3 ea daily)
droperidol soln	F	
HYDROXYZINE HCL SOLN IM 25 MG/ML	F	
hydroxyzine hcl soln im 50 mg/ml	F	
hydroxyzine hcl syrp or 10 mg/5ml	F	
hydroxyzine hcl tabs or 10 mg, 50 mg, 25 mg	F	
HYDROXYZINE PAMOATE CAPS 100 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
hydroxyzine pamoate caps 25 mg, 50 mg	F	
meprobamate tabs	F	
VISTARIL CAPS (*Use Hydroxyzine Pamoate*)	NF	
Benzodiazepines		
alprazolam tabs	F	QL(4 ea daily)
ATIVAN SOLN IJ 4 MG/ML, 2 MG/ML (*Use Lorazepam*)	NF	
ATIVAN TABS OR 1 MG (*Use Lorazepam*)	NF	QL(4 ea daily)
ATIVAN TABS OR 2 MG, 0.5 MG (*Use Lorazepam*)	NF	QL(3 ea daily)
chlordiazepoxide hcl caps	F	QL(4 ea daily)
clorazepate dipotassium tabs	F	QL(3 ea daily)
DIAZEPAM SOLN IJ 5 MG/ML	F	
DIAZEPAM SOLN OR 1 MG/ML	F	QL(500 ml per fill retail)
diazepam tabs or 10 mg, 5 mg, 2 mg	F	QL(4 ea daily)
lorazepam conc or 2 mg/ml	F	
lorazepam soln ij 4 mg/ml, 20 mg/10ml, 2 mg/ml	F	
lorazepam tabs or 1 mg	F	QL(4 ea daily)
lorazepam tabs or 2 mg, 0.5 mg	F	QL(3 ea daily)
oxazepam caps	F	QL(4 ea daily)
TRANXENE T TABS (*Use Clorazepate Dipotassium*)	NF	QL(3 ea daily)
VALIUM TABS (*Use Diazepam*)	NF	QL(4 ea daily)
XANAX TABS (*Use Alprazolam*)	NF	QL(4 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		

Drug Name	Drug Tier	Requirements/ Limits
disopyramide phosphate caps	F	
NORPACE CAPS (*Use Disopyramide Phosphate*)	NF	
NORPACE CR CP12	F	
quinidine gluconate tbcr	F	
QUINIDINE SULFATE ER TBCR	F	
quinidine sulfate tabs 300 mg	F	
QUINIDINE SULFATE TABS 300 MG, 200 MG	F	
Antiarrhythmics Type I-B		
mexiletine hcl caps	F	
Antiarrhythmics Type I-C		
flecainide acetate tabs	F	
propafenone hcl tabs	F	
RYTHMOL TABS (*Use Propafenone HCl*)	NF	
Antiarrhythmics Type III		
amiodarone hcl tabs	F	
CORDARONE TABS (*Use Amiodarone HCl*)	NF	
dofetilide caps	F	
TIKOSYN CAPS (*Use Dofetilide*)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
CROMOLYN SODIUM NEBU	F	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	F	Limit 1 package per month;QL(0.87 gm daily)
INCRUSE ELLIPTA AEPB	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ipratropium bromide soln	F	Limit 1 package per month;QL(12.5 ml daily)
TUDORZA PRESSAIR AEPB	F	Limit 1 package per month;QL(0.03 4 ea daily)
Leukotriene Modulators		
montelukast sodium chew	F	QL(1 ea daily)
montelukast sodium pack	F	QL(1 ea daily)
montelukast sodium tabs	F	QL(1 ea daily)
SINGULAIR CHEW (*Use Montelukast Sodium*)	NF	QL(1 ea daily)
SINGULAIR PACK (*Use Montelukast Sodium*)	NF	QL(1 ea daily)
SINGULAIR TABS (*Use Montelukast Sodium*)	NF	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	F	PA
Steroid Inhalants		
AEROSPAN AERS	F	Limit 1 package per month;QL(0.3 gm daily)
budesonide (inhalation) susp	F	QL(4 ml daily); AL
FLOVENT DISKUS AEPB	F	QL(2 ea daily)
FLOVENT HFA AERO 220 MCG/ACT, 110 MCG/ACT	F	Limit 1 package per month;QL(0.4 gm daily)
FLOVENT HFA AERO 44 MCG/ACT	F	Limit 1 package per month;QL(0.36 7 gm daily)
PULMICORT FLEXHALER AEPB	F	Limit 1 package per month;QL(0.04 ea daily)
PULMICORT SUSP (*Use Budesonide (Inhalation)*)	NF	QL(4 ml daily); AL

Drug Name	Drug Tier	Requirements/ Limits
Sympathomimetics		
albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml	F	QL(12.5 ml daily)
albuterol sulfate nebu in 0.5 %	F	QL(2 ml daily)
albuterol sulfate syrp or 2 mg/5ml	F	
albuterol sulfate tabs or 4 mg, 2 mg	F	
albuterol sulfate tb12 or 4 mg, 8 mg	F	
ANORO ELLIPTA AEPB	F	PA
COMBIVENT RESPIMAT AERS	F	Limit 1 package per month;QL(0.13 4 gm daily)
DULERA AERO	F	Limit 1 package per month;QL(0.43 4 gm daily)
ipratropium-albuterol soln	F	QL(12 ml daily)
METAPROTERENOL SULFATE SYRP 10 MG/5ML	F	QL(30 ml daily)
METAPROTERENOL SULFATE TABS 20 MG, 10 MG	F	
SEREVENT DISKUS AEPB	F	QL(2 ea daily)
STIOLTO RESPIMAT AERS	F	PA
SYMBICORT AERO	F	Limit 1 package per month;QL(0.36 7 gm daily)
terbutaline sulfate tabs	F	
VENTOLIN HFA AERS	F	Limit 2 packages per month;QL(1.2 gm daily,18 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
VENTOLIN HFA AERS	F	Limit 2 packages per month;QL(0.54 gm daily,8 gm per fill retail)
VOSPIRE ER TB12 (*Use Albuterol Sulfate*)	NF	
Xanthines		
ELIXOPHYLLIN ELIX	F	
THEO-24 CP24	F	
theophylline soln 80 mg/15ml	F	QL(475 ml per fill retail)
theophylline tb12 450 mg, 200 mg, 300 mg, 100 mg	F	
theophylline tb24 600 mg, 400 mg	F	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (*Use Warfarin Sodium*)	NF	
warfarin sodium tabs	F	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	F	QL(4 ea daily)
XARELTO TABS 10 MG	F	QL(1 ea daily,35 ea per 180 days retail)
XARELTO TABS 15 MG	F	QL(2 ea daily)
XARELTO TABS 20 MG	F	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
enoxaparin sodium soln ij 300 mg/3ml	F	QL(42 ml per 7 days retail)
enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml	F	QL(12 ml per 7 days retail)
enoxaparin sodium soln sc 150 mg/ml, 100 mg/ml	F	QL(14 ml per 7 days retail)
enoxaparin sodium soln sc 30 mg/0.3ml	F	QL(5 ml per 7 days retail)
enoxaparin sodium soln sc 40 mg/0.4ml	F	QL(6 ml per 7 days retail)

Drug Name	Drug Tier	Requirements/ Limits
enoxaparin sodium soln sc 60 mg/0.6ml	F	QL(9 ml per 7 days retail)
heparin sodium (porcine) soln	F	
LOVENOX SOLN IJ 300 MG/3ML (*Use Enoxaparin Sodium*)	NF	QL(42 ml per 7 days retail)
LOVENOX SOLN SC 150 MG/ML, 100 MG/ML (*Use Enoxaparin Sodium*)	NF	QL(14 ml per 7 days retail)
LOVENOX SOLN SC 30 MG/0.3ML (*Use Enoxaparin Sodium*)	NF	QL(5 ml per 7 days retail)
LOVENOX SOLN SC 40 MG/0.4ML (*Use Enoxaparin Sodium*)	NF	QL(6 ml per 7 days retail)
LOVENOX SOLN SC 60 MG/0.6ML (*Use Enoxaparin Sodium*)	NF	QL(9 ml per 7 days retail)
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (*Use Enoxaparin Sodium*)	NF	QL(12 ml per 7 days retail)
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clonazepam tabs	F	QL(4 ea daily)
DIASTAT ACUDIAL GEL	F	QL(1 ea per fill retail); AL
DIASTAT PEDIATRIC GEL	F	QL(1 ea per fill retail); AL
DIAZEPAM GEL RE 10 MG, 20 MG, 2.5 MG	F	QL(1 ea per fill retail); AL
KLONOPIN TABS (*Use Clonazepam*)	NF	QL(4 ea daily)
Anticonvulsants - Misc.		
APTIOM TABS	F	
BANZEL SUSP	F	
BANZEL TABS	F	
carbamazepine chew	F	
carbamazepine cp12	F	
carbamazepine susp	F	
carbamazepine tabs	F	
carbamazepine tb12	F	
CARBATROL CP12 (*Use Carbamazepine*)	NF	
gabapentin caps 300 mg, 400 mg, 100 mg	F	QL(4 ea daily)
gabapentin soln 250 mg/5ml, 300 mg/6ml	F	
gabapentin tabs 600 mg, 800 mg	F	QL(4 ea daily)
KEPPRA SOLN IV 500 MG/5ML (*Use Levetiracetam*)	NF	
KEPPRA SOLN OR 100 MG/ML (*Use Levetiracetam*)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (*Use Levetiracetam*)	NF	
KEPPRA TABS OR 500 MG, 250 MG, 750 MG (*Use Levetiracetam*)	NF	QL(4 ea daily)
KEPPRA XR TB24 (*Use Levetiracetam*)	NF	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (*Use Lamotrigine*)	NF	
LAMICTAL TABS (*Use Lamotrigine*)	NF	
lamotrigine chew	F	
lamotrigine tabs	F	
levetiracetam soln iv 500 mg/5ml	F	
levetiracetam soln or 100 mg/ml, 500 mg/5ml	F	QL(30 ml daily)
levetiracetam tabs or 1000 mg	F	
levetiracetam tabs or 250 mg, 750 mg, 500 mg	F	QL(4 ea daily)
levetiracetam tb24 or 750 mg, 500 mg	F	

Drug Name	Drug Tier	Requirements/ Limits
MYSOLINE TABS (*Use Primidone*)	NF	
NEURONTIN CAPS 300 MG, 400 MG, 100 MG (*Use Gabapentin*)	NF	QL(4 ea daily)
NEURONTIN SOLN 250 MG/5ML (*Use Gabapentin*)	NF	
NEURONTIN TABS 800 MG, 600 MG (*Use Gabapentin*)	NF	QL(4 ea daily)
oxcarbazepine susp	F	
oxcarbazepine tabs	F	
POTIGA TABS	F	
primidone tabs	F	
TEGRETOL SUSP (*Use Carbamazepine*)	NF	
TEGRETOL TABS (*Use Carbamazepine*)	NF	
TEGRETOL-XR TB12 (*Use Carbamazepine*)	NF	
TOPAMAX SPRINKLE CPSP 15 MG (*Use Topiramate*)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (*Use Topiramate*)	NF	QL(8 ea daily)
TOPAMAX TABS (*Use Topiramate*)	NF	QL(3 ea daily)
topiramate cpsp 15 mg	F	QL(6 ea daily)
topiramate cpsp 25 mg	F	QL(8 ea daily)
topiramate tabs 100 mg, 25 mg, 200 mg, 50 mg	F	QL(3 ea daily)
TRILEPTAL SUSP (*Use Oxcarbazepine*)	NF	
TRILEPTAL TABS (*Use Oxcarbazepine*)	NF	
VIMPAT SOLN	F	
VIMPAT TABS	F	
ZONEGRAN CAPS (*Use Zonisamide*)	NF	
zonisamide caps	F	
Carbamates		
felbamate susp	F	
felbamate tabs	F	
FELBATOL SUSP (*Use Felbamate*)	NF	
FELBATOL TABS (*Use Felbamate*)	NF	
GABA Modulators		
GABITRIL TABS 12 MG, 16 MG	F	
GABITRIL TABS 2 MG, 4 MG (*Use Tiagabine HCl*)	NF	
tiagabine hcl tabs	F	
Hydantoins		
DILANTIN CAPS 100 MG (*Use Phenytoin Sodium Extended*)	NF	
DILANTIN CAPS 30 MG	F	
DILANTIN INFATABS CHEW (*Use Phenytoin*)	NF	
DILANTIN-125 SUSP (*Use Phenytoin*)	NF	
PEGANONE TABS	F	
phenytoin chew	F	
phenytoin sodium extended caps	F	
phenytoin susp	F	
Succinimides		
CELONTIN CAPS	F	
ethosuximide caps	F	
ethosuximide soln	F	
ZARONTIN CAPS (*Use Ethosuximide*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ZARONTIN SOLN (*Use Ethosuximide*)	NF	
Valproic Acid		
DEPACON SOLN (*Use Valproate Sodium*)	NF	
DEPAKENE CAPS (*Use Valproic Acid*)	NF	
DEPAKENE SOLN (*Use Valproate Sodium*)	NF	
DEPAKOTE ER TB24 (*Use Divalproex Sodium*)	NF	
DEPAKOTE SPRINKLES CSDR (*Use Divalproex Sodium*)	NF	
DEPAKOTE TBEC (*Use Divalproex Sodium*)	NF	
divalproex sodium csdr	F	
divalproex sodium tb24	F	
divalproex sodium tbec	F	
valproate sodium soln	F	
valproic acid caps	F	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs	F	QL(1 ea daily)
mirtazapine tbdp	F	QL(1 ea daily)
REMERON SOLTAB TBDP (*Use Mirtazapine*)	NF	QL(1 ea daily)
REMERON TABS (*Use Mirtazapine*)	NF	QL(1 ea daily)
Antidepressants - Misc.		
APLENZIN TB24	F	
bupropion hcl tabs 100 mg, 75 mg	F	QL(3 ea daily)
bupropion hcl tb12 150 mg, 100 mg, 200 mg	F	QL(2 ea daily)
bupropion hcl tb24 300 mg, 150 mg	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FORFIVO XL TB24	F	
MAPROTILINE HCL TABS	F	
WELLBUTRIN SR TB12 (*Use Bupropion HCl*)	NF	QL(2 ea daily)
WELLBUTRIN TABS (*Use Bupropion HCl*)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 (*Use Bupropion HCl*)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	F	
MARPLAN TABS	F	
NARDIL TABS (*Use Phenelzine Sulfate*)	NF	
PARNATE TABS (*Use Tranylcypromine Sulfate*)	NF	
phenelzine sulfate tabs	F	
tranylcypromine sulfate tabs	F	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG, 20 MG (*Use Citalopram Hydrobromide*)	NF	QL(1.5 ea daily)
CELEXA TABS 40 MG (*Use Citalopram Hydrobromide*)	NF	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	F	QL(8 ml daily)
citalopram hydrobromide tabs 10 mg, 20 mg	F	QL(1.5 ea daily)
citalopram hydrobromide tabs 40 mg	F	QL(1 ea daily)
escitalopram oxalate soln 5 mg/5ml	F	
escitalopram oxalate tabs 5 mg, 10 mg, 20 mg	F	QL(1 ea daily)
FLUOXETINE DR CPDR	F	
fluoxetine hcl caps 10 mg, 20 mg	F	QL(4 ea daily)
fluoxetine hcl caps 40 mg	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
fluoxetine hcl soln 20 mg/5ml	F	QL(4 ml daily); AL
fluoxetine hcl tabs 10 mg	F	QL(1 ea daily); AL
fluoxetine hcl tabs 20 mg	F	
FLUOXETINE HCL TABS 60 MG	F	
fluvoxamine maleate cp24 150 mg, 100 mg	F	
fluvoxamine maleate tabs 100 mg	F	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	F	QL(2 ea daily)
LEXAPRO SOLN 5 MG/5ML (*Use Escitalopram Oxalate*)	NF	
LEXAPRO TABS 20 MG, 5 MG, 10 MG (*Use Escitalopram Oxalate*)	NF	QL(1 ea daily)
paroxetine hcl tabs 20 mg, 10 mg, 30 mg, 40 mg	F	QL(2 ea daily)
paroxetine hcl tb24 37.5 mg, 25 mg, 12.5 mg	F	
PAXIL CR TB24 (*Use Paroxetine HCl*)	NF	
PAXIL SUSP 10 MG/5ML	F	QL(40 ml daily)
PAXIL TABS 30 MG, 10 MG, 20 MG, 40 MG (*Use Paroxetine HCl*)	NF	QL(2 ea daily)
PEXEVA TABS	F	
PROZAC CAPS 10 MG, 20 MG (*Use Fluoxetine HCl*)	NF	QL(4 ea daily)
PROZAC CAPS 40 MG (*Use Fluoxetine HCl*)	NF	QL(2 ea daily)
sertraline hcl conc 20 mg/ml	F	QL(10 ml daily)
sertraline hcl tabs 100 mg	F	QL(2 ea daily)
sertraline hcl tabs 50 mg, 25 mg	F	QL(1.5 ea daily)
ZOLOFT CONC 20 MG/ML (*Use Sertraline HCl*)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (*Use Sertraline HCl*)	NF	QL(2 ea daily)
ZOLOFT TABS 50 MG, 25 MG (*Use Sertraline HCl*)	NF	QL(1.5 ea daily)
Serotonin Modulators		
BRINTELLIX TABS	F	PA
NEFAZODONE HCL TABS 100 MG, 200 MG, 150 MG	F	
nefazodone hcl tabs 50 mg, 250 mg	F	
OLEPTRO TB24	F	
trazodone hcl tabs or 150 mg, 100 mg, 50 mg	F	
trazodone hcl tabs or 300 mg	F	QL(2 ea daily)
TRINTELLIX TABS	F	PA
VIIBRYD KIT	F	PA; QL(30 ea per 365 days retail)
VIIBRYD STARTER PACK KIT	F	PA
VIIBRYD TABS 20 MG, 10 MG, 40 MG	F	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (*Use Duloxetine HCl*)	NF	QL(1 ea daily)
DESVENLAFAXINE ER TB24 50 MG, 100 MG	F	
desvenlafaxine succinate tb24	F	
DULOXETINE HCL CPEP 40 MG	F	
duloxetine hcl cpep 60 mg, 20 mg, 30 mg	F	QL(1 ea daily)
EFFEXOR XR CP24 (*Use Venlafaxine HCl*)	NF	QL(1 ea daily)
FETZIMA CP24	F	
FETZIMA TITRATION PACK C4PK	F	
KHEDEZLA TB24	F	
PRISTIQ TB24 (*Use Desvenlafaxine Succinate*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
venlafaxine hcl cp24 75 mg, 150 mg, 37.5 mg	F	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	F	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 37.5 MG, 150 MG, 75 MG (*Use Venlafaxine HCl*)	NF	QL(1 ea daily)
venlafaxine hcl tabs 50 mg, 25 mg, 75 mg, 100 mg, 37.5 mg	F	
venlafaxine hcl tb24 37.5 mg, 225 mg, 150 mg, 75 mg	F	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	F	
AMOXAPINE TABS	F	
ANAFRANIL CAPS (*Use Clomipramine HCl*)	NF	
clomipramine hcl caps	F	
desipramine hcl tabs or 100 mg, 75 mg, 50 mg, 150 mg, 10 mg	F	
desipramine hcl tabs or 25 mg	F	QL(2 ea daily)
doxepin hcl caps or 10 mg, 25 mg, 150 mg, 50 mg, 100 mg	F	
DOXEPIN HCL CAPS OR 75 MG	F	
doxepin hcl conc or 10 mg/ml	F	
ELAVIL TABS (*Use Amitriptyline HCl*)	NF	
imipramine hcl tabs or 50 mg, 25 mg, 10 mg	F	
imipramine pamoate caps	F	
NORPRAMIN TABS 150 MG, 50 MG, 10 MG, 75 MG, 100 MG (*Use Desipramine HCl*)	NF	
NORPRAMIN TABS 25 MG (*Use Desipramine HCl*)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg	F	
NORTRIPTYLINE HCL SOLN OR 10 MG/5ML	F	QL(20 ml daily)
PAMELOR CAPS (*Use Nortriptyline HCl*)	NF	
protriptyline hcl tabs	F	
SURMONTIL CAPS (*Use Trimipramine Maleate*)	NF	
TOFRANIL TABS (*Use Imipramine HCl*)	NF	
TOFRANIL-PM CAPS (*Use Imipramine Pamoate*)	NF	
trimipramine maleate caps or 100 mg, 25 mg, 50 mg	F	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	F	Limit 4 pens per month;QL(0.36 ml daily,100 day(s) limit)
SYMLINPEN 60 SOPN	F	Limit 4 pens per month;QL(0.2 ml daily,100 day(s) limit)
Antidiabetic Combinations		
ACTOPLUS MET TABS (*Use Pioglitazone HCl-Metformin HCl*)	NF	QL(2 ea daily)
alogliptin-metformin hcl tabs	F	QL(1 ea daily)
alogliptin-pioglitazone tabs	F	QL(1 ea daily)
glipizide-metformin hcl tabs	F	
GLUCOVANCE TABS (*Use Glyburide-Metformin*)	NF	
glyburide-metformin tabs	F	
JENTADUETO TABS	F	QL(2 ea daily)
KAZANO TABS (*Use Alogliptin-Metformin HCl*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
OSENI TABS (*Use Alogliptin-Pioglitazone*)	NF	QL(1 ea daily)
pioglitazone hcl-metformin hcl tabs	F	QL(2 ea daily)
SOLIQUA 100/33 SOPN	F	
Biguanides		
GLUCOPHAGE TABS 1000 MG (*Use Metformin HCl*)	NF	QL(2 ea daily)
GLUCOPHAGE TABS 500 MG (*Use Metformin HCl*)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (*Use Metformin HCl*)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 500 MG (*Use Metformin HCl*)	NF	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG (*Use Metformin HCl*)	NF	QL(2 ea daily)
metformin hcl tabs 1000 mg	F	QL(2 ea daily)
metformin hcl tabs 500 mg	F	QL(5 ea daily)
metformin hcl tabs 850 mg	F	QL(3 ea daily)
metformin hcl tb24 500 mg	F	QL(4 ea daily)
metformin hcl tb24 750 mg	F	QL(2 ea daily)
Diabetic Other		
CVS GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
dextrose (diabetic use) gel	F	
GLUCAGEN HYPOKIT SOLR	F	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT KIT	F	QL(1 ea per fill retail)
GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
GNP GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
GNP QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
LEADER QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
SM GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
WALGREENS GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate tabs	F	QL(1 ea daily)
NESINA TABS (*Use Alogliptin Benzoate*)	NF	QL(1 ea daily)
TRADJENTA TABS	F	QL(1 ea daily); AL
Incretin Mimetic Agents (GLP-1 Receptor		
ADLYXIN SOPN	F	
ADLYXIN STARTER PACK PNKT	F	
BYDUREON PEN PEN	F	Limit 1 syringe per month;QL(0.143 ea daily)
BYDUREON SRER	F	Limit 1 syringe per month;QL(0.143 ea daily)
BYETTA SOPN 10 MCG/0.04ML	F	Limit 1 syringe per month;QL(0.08 ml daily)
BYETTA SOPN 5 MCG/0.02ML	F	Limit 1 syringe per month;QL(0.04 ml daily)
VICTOZA SOPN	F	Limit 3 syringes per month;QL(0.3 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
Insulin Sensitizing Agents		
ACTOS TABS (*Use Pioglitazone HCl*)	NF	QL(1 ea daily)
AVANDIA TABS	F	QL(1 ea daily)
pioglitazone hcl tabs	F	QL(1 ea daily)
Insulin		
AFREZZA POWD	F	
APIDRA SOLN	F	Limit 30ml per month;QL(1 ml daily)
APIDRA SOLOSTAR SOPN	F	QL(1 ml daily)
BASAGLAR KWIKPEN SOPN	F	QL(1 ml daily,100 day(s) limit)
HUMALOG KWIKPEN SOPN	F	QL(1 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	F	QL(1 ml daily)
HUMALOG MIX 50/50 SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	F	QL(1 ml daily)
HUMALOG MIX 75/25 SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
HUMALOG SOCT	F	QL(1 ml daily)
HUMALOG SOLN	F	Limit 40ml per month;QL(1.34 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN 70/30 SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN N SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
HUMULIN R SOLN	F	Limit 40ml per month;QL(1.34 ml daily)
LANTUS SOLN	F	Limit 30ml per month;QL(1 ml daily)
LANTUS SOLOSTAR SOPN	F	QL(1 ml daily,100 day(s) limit)
NOVOLIN 70/30 RELION SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLIN 70/30 SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLIN N RELION SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLIN N SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLIN R RELION SOLN	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLIN R SOLN	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLOG FLEXPEN SOPN	F	QL(1 ml daily)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	F	QL(1 ml daily)
NOVOLOG MIX 70/30 SUSP	F	Limit 40ml per month;QL(1.34 ml daily)
NOVOLOG PENFILL SOCT	F	QL(1 ml daily)
NOVOLOG SOLN	F	Limit 30ml per month;QL(1 ml daily)
Meglitinide Analogues		
nateglinide tabs	F	QL(3 ea daily)
STARLIX TABS (*Use Nateglinide*)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		

Drug Name	Drug Tier	Requirements/ Limits
FARXIGA TABS	F	
INVOKANA TABS	F	
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (*Use Glimepiride*)	NF	QL(1 ea daily)
AMARYL TABS 4 MG (*Use Glimepiride*)	NF	QL(2 ea daily)
DIABETA TABS	F	
glimepiride tabs 1 mg, 2 mg	F	QL(1 ea daily)
glimepiride tabs 4 mg	F	QL(2 ea daily)
glipizide tabs	F	
glipizide tb24	F	
GLUCOTROL TABS (*Use Glipizide*)	NF	
GLUCOTROL XL TB24 (*Use Glipizide*)	NF	
glyburide micronized tabs	F	
glyburide tabs	F	
GLYNASE TABS (*Use Glyburide Micronized*)	NF	
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antidiarrheal Agents - Misc.		
bismuth subsalicylate chew	F	
bismuth subsalicylate susp	F	
bismuth subsalicylate tabs	F	
PEPTO BISMOL TABS (*Use Bismuth Subsalicylate*)	NF	
PEPTO-BISMOL CHEW 262 MG (*Use Bismuth Subsalicylate*)	NF	
PEPTO-BISMOL INSTACOOL CHEW (*Use Bismuth Subsalicylate*)	NF	
PEPTO-BISMOL MAX STRENGTH SUSP (*Use Bismuth Subsalicylate*)	NF	
PEPTO-BISMOL SUSP 262 MG/15ML (*Use Bismuth Subsalicylate*)	NF	
PEPTO-BISMOL TO-GO CHEW (*Use Bismuth Subsalicylate*)	NF	
Antiperistaltic Agents		
diphenoxylate w/ atropine tabs	F	
DIPHENOXYLATE/ATROPINE LIQD	F	
IMODIUM A-D CAPS (*Use Loperamide HCl*)	NF	RX/OTC
IMODIUM A-D TABS (*Use Loperamide HCl*)	NF	QL(2 ea daily)
LOMOTIL TABS (*Use Diphenoxylate w/ Atropine*)	NF	
loperamide hcl caps 2 mg	F	RX/OTC
loperamide hcl liqd 1 mg/5ml	F	
loperamide hcl tabs 2 mg	F	QL(2 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	F	
JADENU TABS	F	PA
Antidotes and Specific Antagonists		
SM IPECAC SYRUP SYRP	F	
Opioid Antagonists		
naloxone hcl soln	F	QL(2 ml per 90 days retail)
naltrexone hcl tabs	F	PA
NARCAN LIQD	F	
REVIA TABS (*Use Naltrexone HCl*)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
VIVITROL SUSR	F	PA
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml	F	
ondansetron hcl soln or 4 mg/5ml	F	QL(50 ml per fill retail)
ondansetron hcl tabs or 24 mg	F	QL(1 ea per 14 days retail)
ondansetron hcl tabs or 8 mg, 4 mg	F	QL(2 ea daily)
ondansetron tbdp	F	QL(2 ea daily)
ZOFRAN ODT TBDP (*Use Ondansetron*)	NF	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML (*Use Ondansetron HCl*)	NF	QL(50 ml per fill retail)
ZOFRAN TABS 8 MG, 4 MG (*Use Ondansetron HCl*)	NF	QL(2 ea daily)
Antiemetics - Anticholinergic		
dimenhydrinate tabs	F	
DRAMAMINE TABS (*Use Dimenhydrinate*)	NF	
meclizine hcl chew 25 mg	F	
meclizine hcl tabs 12.5 mg, 25 mg	F	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
GRIFULVIN V TABS (*Use Griseofulvin Microsize*)	NF	
GRIS-PEG TABS (*Use Griseofulvin Ultramicrosize*)	NF	
griseofulvin microsize susp	F	
griseofulvin microsize tabs	F	
griseofulvin ultramicrosize tabs	F	
LAMISIL TABS (*Use Terbinafine HCl*)	NF	QL(1 ea daily,90 ea per 120 days retail)
nystatin tabs	F	QL(6 ea daily)
terbinafine hcl tabs	F	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (*Use Fluconazole*)	NF	Limit 1 package per claim;QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG (*Use Fluconazole*)	NF	QL(1 ea daily)
DIFLUCAN TABS 150 MG (*Use Fluconazole*)	NF	QL(2 ea per fill retail)
DIFLUCAN TABS 200 MG (*Use Fluconazole*)	NF	QL(2 ea daily)
DIFLUCAN TABS 50 MG (*Use Fluconazole*)	NF	QL(7 ea per fill retail)
fluconazole susr 10 mg/ml, 40 mg/ml	F	Limit 1 package per claim;QL(70 ml per fill retail)
fluconazole tabs 100 mg	F	QL(1 ea daily)
fluconazole tabs 150 mg	F	QL(2 ea per fill retail)
fluconazole tabs 200 mg	F	QL(2 ea daily)
fluconazole tabs 50 mg	F	QL(7 ea per fill retail)
itraconazole caps	F	PA; QL(1 ea daily)
SPORANOX CAPS (*Use Itraconazole*)	NF	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (*Use Itraconazole*)	NF	PA; QL(1 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
CHLOR-TRIMETON SYRP 2 MG/5ML (*Use Chlorpheniramine Maleate*)	NF	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
CHLOR-TRIMETON TABS 4 MG (*Use Chlorpheniramine Maleate*)	NF	QL(120 ea per fill retail)
chlorpheniramine maleate syrp 2 mg/5ml	F	QL(60 ml daily)
chlorpheniramine maleate tabs 4 mg	F	QL(120 ea per fill retail)
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CAPS (*Use Diphenhydramine HCl*)	NF	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD (*Use Diphenhydramine HCl*)	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (*Use Diphenhydramine HCl*)	NF	QL(4 ea daily)
BENADRYL DYE-FREE ALLERGYLIQUID-GELS CAPS (*Use Diphenhydramine HCl*)	NF	QL(4 ea daily)
clemastine fumarate tabs	F	QL(2 ea daily)
diphenhydramine hcl caps 25 mg	F	QL(4 ea daily)
diphenhydramine hcl caps 50 mg	F	QL(4 ea daily); RX/OTC
diphenhydramine hcl elix 12.5 mg/5ml	F	QL(240 ml per fill retail); RX/OTC
diphenhydramine hcl liqd 50 mg/20ml, 12.5 mg/5ml, 25 mg/10ml	F	QL(240 ml per fill retail)
diphenhydramine hcl syrp 12.5 mg/5ml	F	QL(240 ml per fill retail)
diphenhydramine hcl tabs 25 mg	F	QL(4 ea daily)
SILPHEN COUGH SYRP	F	QL(240 ml per fill retail)
TAVIST ALLERGY TABS (*Use Clemastine Fumarate*)	NF	QL(2 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG (*Use Fexofenadine HCl*)	NF	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (*Use Fexofenadine HCl*)	NF	QL(2 ea daily)
cetirizine hcl chew 10 mg, 5 mg	F	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	F	QL(240 ml per fill retail); AL; RX/OTC
cetirizine hcl syrp 5 mg/5ml, 1 mg/ml	F	QL(240 ml per fill retail); AL; RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	F	QL(1 ea daily)
CLARITIN REDITABS TBDP (*Use Loratadine*)	NF	
CLARITIN SYRP 5 MG/5ML (*Use Loratadine*)	NF	QL(240 ml per fill retail)
CLARITIN TABS 10 MG (*Use Loratadine*)	NF	
fexofenadine hcl tabs 180 mg	F	QL(1 ea daily)
fexofenadine hcl tabs 60 mg	F	QL(2 ea daily)
loratadine soln 5 mg/5ml	F	QL(240 ml per fill retail)
loratadine syrp 5 mg/5ml	F	QL(240 ml per fill retail)
loratadine tabs 10 mg	F	
loratadine tbdp 10 mg	F	
ZYRTEC ALLERGY TABS (*Use Cetirizine HCl*)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SYRP (*Use Cetirizine HCl*)	NF	QL(240 ml per fill retail); AL; RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl soln or 6.25 mg/5ml	F	QL(240 ml per fill retail); AL
promethazine hcl supp re 12.5 mg, 25 mg, 50 mg	F	QL(12 ea per fill retail); AL
promethazine hcl syrp or 6.25 mg/5ml	F	QL(240 ml per fill retail); AL
promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg	F	AL
Antihistamines - Piperidines		

Drug Name	Drug Tier	Requirements/ Limits
cyproheptadine hcl syrp	F	
cyproheptadine hcl tabs	F	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	F	PA
VYTORIN TABS (*Use Ezetimibe-Simvastatin*)	NF	PA
Bile Acid Sequestrants		
cholestyramine light pack	F	
cholestyramine light powd	F	
cholestyramine pack	F	
cholestyramine powd	F	
COLESTID FLAVORED GRAN (*Use Colestipol HCl*)	NF	
COLESTID GRAN (*Use Colestipol HCl*)	NF	
COLESTID TABS (*Use Colestipol HCl*)	NF	
colestipol hcl gran	F	
colestipol hcl tabs	F	
QUESTRAN LIGHT POWD (*Use Cholestyramine Light*)	NF	
QUESTRAN PACK (*Use Cholestyramine*)	NF	
QUESTRAN POWD (*Use Cholestyramine*)	NF	
Fibric Acid Derivatives		
fenofibrate micronized caps 200 mg, 134 mg	F	QL(1 ea daily)
fenofibrate micronized caps 67 mg	F	QL(2 ea daily)
fenofibrate tabs 160 mg	F	QL(1 ea daily)
fenofibrate tabs 54 mg	F	QL(3 ea daily)
gemfibrozil tabs	F	QL(2 ea daily)
LOFIBRA CAPS 200 MG, 134 MG (*Use Fenofibrate Micronized*)	NF	QL(1 ea daily)
LOFIBRA CAPS 67 MG (*Use Fenofibrate Micronized*)	NF	QL(2 ea daily)
LOFIBRA TABS 160 MG (*Use Fenofibrate*)	NF	QL(1 ea daily)
LOFIBRA TABS 54 MG (*Use Fenofibrate*)	NF	QL(3 ea daily)
LOPID TABS (*Use Gemfibrozil*)	NF	QL(2 ea daily)
TRIGLIDE TABS	F	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs	F	QL(1 ea daily)
LIPITOR TABS (*Use Atorvastatin Calcium*)	NF	QL(1 ea daily)
lovastatin tabs 20 mg, 10 mg	F	QL(1 ea daily)
lovastatin tabs 40 mg	F	QL(2 ea daily)
MEVACOR TABS (*Use Lovastatin*)	NF	QL(2 ea daily)
PRAVACHOL TABS (*Use Pravastatin Sodium*)	NF	QL(1 ea daily)
pravastatin sodium tabs	F	QL(1 ea daily)
simvastatin tabs 20 mg, 10 mg, 5 mg, 40 mg	F	QL(1 ea daily)
simvastatin tabs 80 mg	F	
ZOCOR TABS 40 MG, 10 MG, 5 MG, 20 MG (*Use Simvastatin*)	NF	QL(1 ea daily)
ZOCOR TABS 80 MG (*Use Simvastatin*)	NF	
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	F	PA
ZETIA TABS (*Use Ezetimibe*)	NF	PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbcr	F	MO

Drug Name	Drug Tier	Requirements/ Limits
NIACOR TABS	F	
NIASPAN TBCR (*Use Niacin (Antihyperlipidemic)*)	NF	MO
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (*Use Quinapril HCl*)	NF	QL(1 ea daily)
ALTACE CAPS (*Use Ramipril*)	NF	QL(2 ea daily)
benazepril hcl tabs 40 mg	F	QL(2 ea daily)
benazepril hcl tabs 5 mg, 20 mg, 10 mg	F	QL(1 ea daily)
captopril tabs	F	QL(3 ea daily)
enalapril maleate tabs	F	QL(2 ea daily)
EPANED SOLR	F	AL
fosinopril sodium tabs	F	QL(1 ea daily)
lisinopril tabs 2.5 mg	F	QL(1 ea daily)
lisinopril tabs 5 mg, 20 mg, 30 mg, 40 mg, 10 mg	F	QL(2 ea daily)
LOTENSIN TABS 20 MG (*Use Benazepril HCl*)	NF	QL(1 ea daily)
LOTENSIN TABS 40 MG (*Use Benazepril HCl*)	NF	QL(2 ea daily)
MAVIK TABS 1 MG, 2 MG (*Use Trandolapril*)	NF	QL(1 ea daily)
MAVIK TABS 4 MG (*Use Trandolapril*)	NF	QL(2 ea daily)
PRINIVIL TABS (*Use Lisinopril*)	NF	QL(2 ea daily)
quinapril hcl tabs	F	QL(1 ea daily)
ramipril caps	F	QL(2 ea daily)
trandolapril tabs 2 mg, 1 mg	F	QL(1 ea daily)
trandolapril tabs 4 mg	F	QL(2 ea daily)
VASOTEC TABS (*Use Enalapril Maleate*)	NF	QL(2 ea daily)
ZESTRIL TABS 10 MG, 30 MG, 20 MG, 40 MG, 5 MG (*Use Lisinopril*)	NF	QL(2 ea daily)
ZESTRIL TABS 2.5 MG (*Use Lisinopril*)	NF	QL(1 ea daily)
Angiotensin II Receptor Antagonists		
AVAPRO TABS (*Use Irbesartan*)	NF	QL(1 ea daily)
COZAAR TABS (*Use Losartan Potassium*)	NF	QL(1 ea daily)
DIOVAN TABS (*Use Valsartan*)	NF	QL(1 ea daily)
irbesartan tabs	F	QL(1 ea daily)
losartan potassium tabs	F	QL(1 ea daily)
MICARDIS TABS (*Use Telmisartan*)	NF	QL(1 ea daily); MO
telmisartan tabs	F	QL(1 ea daily); MO
valsartan tabs	F	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (*Use Doxazosin Mesylate*)	NF	
CATAPRES TABS (*Use Clonidine HCl*)	NF	
CATAPRES-TTS-1 PTWK (*Use Clonidine HCl*)	NF	
CATAPRES-TTS-2 PTWK (*Use Clonidine HCl*)	NF	
CATAPRES-TTS-3 PTWK (*Use Clonidine HCl*)	NF	
clonidine hcl ptwk	F	
clonidine hcl tabs	F	
doxazosin mesylate tabs	F	
guanfacine hcl tabs	F	
methyldopa tabs	F	
MINIPRESS CAPS (*Use Prazosin HCl*)	NF	
prazosin hcl caps	F	

Drug Name	Drug Tier	Requirements/ Limits
RESERPINE TABS	F	
TENEX TABS (*Use Guanfacine HCl*)	NF	
terazosin hcl caps	F	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (*Use Quinapril-Hydrochlorothiazide*)	NF	QL(3 ea daily); MO
ACCURETIC TABS 20MG-12.5MG (*Use Quinapril-Hydrochlorothiazide*)	NF	QL(4 ea daily); MO
ACCURETIC TABS 20MG-25MG (*Use Quinapril-Hydrochlorothiazide*)	NF	QL(2 ea daily); MO
amlodipine besylate-benazepril hcl caps	F	QL(1 ea daily)
atenolol & chlorthalidone tabs	F	QL(1 ea daily)
AVALIDE TABS (*Use Irbesartan-Hydrochlorothiazide*)	NF	QL(1 ea daily)
benazepril & hydrochlorothiazide tabs	F	QL(1 ea daily)
bisoprolol & hydrochlorothiazide tabs	F	QL(1 ea daily)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS	F	QL(2 ea daily)
DIOVAN HCT TABS (*Use Valsartan-Hydrochlorothiazide*)	NF	QL(1 ea daily)
DUTOPROL TB24	F	QL(1 ea daily)
enalapril maleate & hydrochlorothiazide tabs	F	QL(2 ea daily)
fosinopril sodium & hydrochlorothiazide tabs	F	QL(1 ea daily)
HYZAAR TABS (*Use Losartan Potassium & Hydrochlorothiazide*)	NF	QL(1 ea daily)
irbesartan-hydrochlorothiazide tabs	F	QL(1 ea daily)
lisinopril & hydrochlorothiazide tabs 10mg-12.5mg, 20mg-12.5mg	F	QL(2 ea daily)
lisinopril & hydrochlorothiazide tabs 20mg-25mg	F	QL(1 ea daily)
LOPRESSOR HCT TABS (*Use Metoprolol & Hydrochlorothiazide*)	NF	QL(2 ea daily)
losartan potassium & hydrochlorothiazide tabs	F	QL(1 ea daily)
LOTENSIN HCT TABS (*Use Benazepril & Hydrochlorothiazide*)	NF	QL(1 ea daily)
LOTREL CAPS (*Use Amlodipine Besylate-Benazepril HCl*)	NF	QL(1 ea daily)
metoprolol & hydrochlorothiazide tabs	F	QL(2 ea daily)
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	F	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	F	QL(2 ea daily)
MICARDIS HCT TABS (*Use Telmisartan-Hydrochlorothiazide*)	NF	QL(1 ea daily)
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	F	
quinapril-hydrochlorothiazide tabs 10mg-12.5mg	F	QL(3 ea daily); MO
quinapril-hydrochlorothiazide tabs 20mg-12.5mg	F	QL(4 ea daily); MO
quinapril-hydrochlorothiazide tabs 20mg-25mg	F	QL(2 ea daily); MO
TEKTURNA HCT TABS	F	
telmisartan-hydrochlorothiazide tabs	F	QL(1 ea daily)
TENORETIC 100 TABS (*Use Atenolol & Chlorthalidone*)	NF	QL(1 ea daily)
TENORETIC 50 TABS (*Use Atenolol & Chlorthalidone*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
valsartan-hydrochlorothiazide tabs	F	QL(1 ea daily)
VASERETIC TABS (*Use Enalapril Maleate & Hydrochlorothiazide*)	NF	QL(2 ea daily)
ZESTORETIC TABS 20MG-12.5MG, 10MG-12.5MG (*Use Lisinopril & Hydrochlorothiazide*)	NF	QL(2 ea daily)
ZESTORETIC TABS 20MG-25MG (*Use Lisinopril & Hydrochlorothiazide*)	NF	QL(1 ea daily)
ZIAC TABS (*Use Bisoprolol & Hydrochlorothiazide*)	NF	QL(1 ea daily)
Direct Renin Inhibitors		
TEKTURNA TABS	F	
Vasodilators		
hydralazine hcl tabs	F	
minoxidil tabs	F	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM TABS	F	QL(24 ea per fill retail)
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	F	QL(2 ea daily)
chloroquine phosphate tabs 250 mg	F	QL(2 ea daily)
chloroquine phosphate tabs 500 mg	F	QL(8 ea per 56 days retail)
hydroxychloroquine sulfate tabs	F	
mefloquine hcl tabs	F	
PLAQUENIL TABS (*Use Hydroxychloroquine Sulfate*)	NF	
PRIMAQUINE PHOSPHATE TABS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS (*Use Pyridostigmine Bromide*)	NF	
MESTINON TIMESPAN TBCR (*Use Pyridostigmine Bromide*)	NF	
pyridostigmine bromide tabs	F	
pyridostigmine bromide tbcr	F	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl tabs	F	
ISONIAZID SYRP 50 MG/5ML	F	
isoniazid tabs 100 mg, 300 mg	F	
MYAMBUTOL TABS (*Use Ethambutol HCl*)	NF	
pyrazinamide tabs	F	
RIFADIN CAPS (*Use Rifampin*)	NF	
rifampin caps	F	
TRECATOR TABS	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS (*Use Melphalan*)	NF	
CYCLOPHOSPHAMIDE CAPS	F	
LEUKERAN TABS	F	
melphalan tabs	F	
MYLERAN TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
TEMODAR CAPS OR 20 MG, 250 MG, 100 MG, 140 MG, 5 MG, 180 MG (*Use Temozolomide*)	NF	PA
TEMODAR SOLR IV 100 MG	F	PA
temozolomide caps	F	PA
Antimetabolites		
capecitabine tabs	F	PA
mercaptopurine tabs	F	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	F	
methotrexate sodium soln ij 250 mg/10ml, 100 mg/4ml, 50 mg/2ml, 1 gm/40ml, 200 mg/8ml	F	
methotrexate sodium tabs or 2.5 mg	F	
PURIXAN SUSP	F	AL
TREXALL TABS	F	
XELODA TABS (*Use Capecitabine*)	NF	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	F	PA
ODOMZO CAPS	F	PA
Antineoplastic - Hormonal and Related Agents		
anastrozole tabs	F	
ARIMIDEX TABS (*Use Anastrozole*)	NF	
AROMASIN TABS (*Use Exemestane*)	NF	ST; Try anastrozole or letrozole first
bicalutamide tabs	F	QL(1 ea daily)
CASODEX TABS (*Use Bicalutamide*)	NF	QL(1 ea daily)
ELIGARD KIT	F	PA

Drug Name	Drug Tier	Requirements/ Limits
EMCYT CAPS	F	
exemestane tabs	F	ST; Try anastrozole or letrozole first
FARESTON TABS	F	PA
FEMARA TABS (*Use Letrozole*)	NF	ST; Try anastrozole or exemastane first
FIRMAGON SOLR	F	PA
flutamide caps	F	
HYDROXYPROGESTERONE CAPROATE SOLN	F	PA; Limit 5ml per month;QL(0.167 ml daily); AL
letrozole tabs	F	ST; Try anastrozole or exemastane first
leuprolide acetate kit	F	PA
LUPRON DEPOT (*1-MONTH*) KIT	F	PA
LUPRON DEPOT (*3-MONTH*) KIT	F	PA
LUPRON DEPOT (*4-MONTH*) KIT	F	PA
LUPRON DEPOT (*6-MONTH*) KIT	F	PA
LYSODREN TABS	F	
MEGACE ORAL SUSP (*Use Megestrol Acetate*)	NF	
megestrol acetate susp	F	
megestrol acetate tabs	F	
tamoxifen citrate tabs	F	
TRELSTAR MIXJECT SUSR	F	PA
TRELSTAR SUSR	F	PA

Drug Name	Drug Tier	Requirements/ Limits
VANTAS KIT	F	PA
XTANDI CAPS	F	PA
ZOLADEX IMPL	F	PA
ZYTIGA TABS	F	PA
Antineoplastic - Immunomodulators		
POMALYST CAPS	F	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	F	PA
AFINITOR TABS	F	PA
BOSULIF TABS	F	PA
COTELLIC TABS	F	PA
FARYDAK CAPS	F	PA
GILOTRIF TABS	F	PA
GLEEVEC TABS 100 MG, 400 MG (*Use Imatinib Mesylate*)	NF	PA
GLEEVEC TABS 400 MG	F	PA
IBRANCE CAPS	F	PA
ICLUSIG TABS	F	PA
imatinib mesylate tabs	F	PA
INLYTA TABS	F	PA
ISTODAX (*OVERFILL*) SOLR	F	PA
ISTODAX SOLR	F	PA
JAKAFI TABS	F	PA
MEKINIST TABS	F	PA
NEXAVAR TABS	F	PA
NINLARO CAPS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
SPRYCEL TABS	F	PA
STIVARGA TABS	F	PA
SUTENT CAPS	F	PA
TAFINLAR CAPS	F	PA
TARCEVA TABS	F	PA
TASIGNA CAPS	F	PA
TYKERB TABS	F	PA
VOTRIENT TABS	F	PA
XALKORI CAPS	F	PA
ZELBORAF TABS	F	PA
ZOLINZA CAPS	F	PA
ZYKADIA CAPS	F	PA
Antineoplastics Misc.		
bexarotene caps	F	PA
HYDREA CAPS (*Use Hydroxyurea*)	NF	
hydroxyurea caps	F	
MATULANE CAPS	F	
TARGRETIN CAPS (*Use Bexarotene*)	NF	PA
tretinoin (chemotherapy) caps	F	
Chemotherapy Rescue/Antidote Agents		
LEUCOVORIN CALCIUM TABS 10 MG, 15 MG	F	
leucovorin calcium tabs 5 mg, 25 mg	F	
MESNEX TABS	F	
Mitotic Inhibitors		
ETOPOSIDE CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	F	PA
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
carbidopa tabs	F	
LODOSYN TABS (*Use Carbidopa*)	NF	
Antiparkinson Anticholinergics		
benztropine mesylate soln	F	
benztropine mesylate tabs	F	
COGENTIN SOLN (*Use Benztropine Mesylate*)	NF	
trihexyphenidyl hcl elix 0.4 mg/ml	F	QL(16.67 ml daily)
trihexyphenidyl hcl tabs 5 mg, 2 mg	F	
Antiparkinson Dopaminergics		
amantadine hcl caps	F	
amantadine hcl syrp	F	
bromocriptine mesylate caps	F	
bromocriptine mesylate tabs	F	
carbidopa-levodopa tabs	F	
carbidopa-levodopa tbcr	F	
MIRAPEX TABS (*Use Pramipexole Dihydrochloride*)	NF	PA; QL(3 ea daily)
PARLODEL CAPS (*Use Bromocriptine Mesylate*)	NF	
PARLODEL TABS (*Use Bromocriptine Mesylate*)	NF	
pramipexole dihydrochloride tabs	F	PA; QL(3 ea daily)
REQUIP TABS 4 MG, 3 MG, 0.25 MG (*Use Ropinirole Hydrochloride*)	NF	PA; QL(6 ea daily)
REQUIP TABS 5 MG, 2 MG, 1 MG, 0.5 MG (*Use Ropinirole Hydrochloride*)	NF	PA; QL(3 ea daily)
ropinirole hydrochloride tabs 4 mg, 3 mg, 0.25 mg	F	PA; QL(6 ea daily)
ropinirole hydrochloride tabs 5 mg, 0.5 mg, 2 mg, 1 mg	F	PA; QL(3 ea daily)
SINEMET CR TBCR (*Use Carbidopa-Levodopa*)	NF	
SINEMET TABS (*Use Carbidopa-Levodopa*)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
ELDEPRYL CAPS (*Use Selegiline HCl*)	NF	
selegiline hcl caps	F	
selegiline hcl tabs	F	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
LITHIUM CARBONATE CAPS OR 600 MG, 150 MG (*Use Lithium Carbonate*)	NF	
lithium carbonate caps or 600 mg, 150 mg, 300 mg	F	
lithium carbonate tabs or 300 mg	F	
lithium carbonate tbcr or 300 mg, 450 mg	F	
LITHIUM SOLN	F	
LITHOBID TBCR (*Use Lithium Carbonate*)	NF	
Antipsychotics - Misc.		
EQUETRO CP12	F	
GEODON CAPS OR 40 MG, 20 MG, 80 MG, 60 MG (*Use Ziprasidone HCl*)	NF	QL(2 ea daily); AL
GEODON SOLR IM 20 MG	F	
LATUDA TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
NUPLAZID TABS	F	QL(2 ea daily)
VRAYLAR CAPS	F	
ziprasidone hcl caps	F	QL(2 ea daily); AL
Benzisoxazoles		
FANAPT TABS	F	
FANAPT TITRATION PACK TABS	F	
INVEGA SUSTENNA SUSP 117 MG/0.75ML	F	PA; Limit 1 syringe per month;QL(0.027 ml daily)
INVEGA SUSTENNA SUSP 156 MG/ML	F	PA; Limit 1 syringe per month;QL(0.036 ml daily)
INVEGA SUSTENNA SUSP 234 MG/1.5ML	F	PA; Limit 1 syringe per month;QL(0.054 ml daily)
INVEGA SUSTENNA SUSP 39 MG/0.25ML	F	PA; Limit 1 syringe per month;QL(0.009 ml daily)
INVEGA SUSTENNA SUSP 78 MG/0.5ML	F	PA; Limit 1 syringe per month;QL(0.018 ml daily)
INVEGA TB24 (*Use Paliperidone*)	NF	
INVEGA TRINZA SUSP 273 MG/0.875ML	F	PA; Limit 1 syringe every 3 months;QL(0.875 ml per 84 days retail)
INVEGA TRINZA SUSP 410 MG/1.315ML	F	PA; Limit 1 syringe every 3 months;QL(1.315 ml per 84 days retail)
INVEGA TRINZA SUSP 546 MG/1.75ML	F	PA; Limit 1 syringe every 3 months;QL(1.75 ml per 84 days retail)
INVEGA TRINZA SUSP 819 MG/2.625ML	F	PA; Limit 1 syringe every 3 months;QL(2.625 ml per 84 days retail)
paliperidone tb24	F	
RISPERDAL CONSTA SUSR	F	PA; Limit 2 vials per month;QL(0.072 ea daily)
RISPERDAL M-TAB TBDP (*Use Risperidone*)	NF	QL(2 ea daily); AL
RISPERDAL SOLN 1 MG/ML (*Use Risperidone*)	NF	QL(4 ml daily); AL
RISPERDAL TABS 1 MG, 4 MG, 0.5 MG, 0.25 MG, 2 MG, 3 MG (*Use Risperidone*)	NF	QL(2 ea daily); AL
risperidone soln 1 mg/ml	F	QL(4 ml daily); AL
risperidone tabs 0.25 mg, 4 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	F	QL(2 ea daily); AL
risperidone tbdp 0.25 mg	F	QL(1 ea daily); AL
risperidone tbdp 3 mg, 1 mg, 4 mg, 2 mg, 0.5 mg	F	QL(2 ea daily); AL
Butyrophenones		
HALDOL DECANOATE 100 SOLN (*Use Haloperidol Decanoate*)	NF	
HALDOL DECANOATE 50 SOLN (*Use Haloperidol Decanoate*)	NF	
HALDOL SOLN (*Use Haloperidol Lactate*)	NF	
haloperidol decanoate soln	F	
haloperidol lactate conc	F	
haloperidol lactate soln	F	
haloperidol tabs 1 mg, 0.5 mg, 10 mg	F	QL(3 ea daily)
haloperidol tabs 5 mg, 2 mg, 20 mg	F	

Drug Name	Drug Tier	Requirements/ Limits
Dibenzapines		
CLOZAPINE ODT TBDP	F	QL(3 ea daily)
clozapine tabs 100 mg	F	QL(9 ea daily); AL
clozapine tabs 50 mg, 200 mg, 25 mg	F	QL(3 ea daily); AL
clozapine tbdp 100 mg	F	QL(9 ea daily)
clozapine tbdp 25 mg	F	QL(3 ea daily)
CLOZARIL TABS 100 MG (*Use Clozapine*)	NF	QL(9 ea daily); AL
CLOZARIL TABS 25 MG (*Use Clozapine*)	NF	QL(3 ea daily); AL
FAZACLO TBDP 100 MG (*Use Clozapine*)	NF	QL(9 ea daily)
FAZACLO TBDP 150 MG, 200 MG, 12.5 MG	F	QL(3 ea daily)
FAZACLO TBDP 25 MG (*Use Clozapine*)	NF	QL(3 ea daily)
loxapine succinate caps	F	QL(4 ea daily)
olanzapine solr im 10 mg	F	
olanzapine tabs or 20 mg, 15 mg, 10 mg, 7.5 mg, 2.5 mg, 5 mg	F	QL(1 ea daily); AL
olanzapine tbdp or 20 mg, 15 mg, 5 mg, 10 mg	F	QL(1 ea daily); AL
quetiapine fumarate tabs 50 mg, 200 mg, 100 mg, 25 mg, 400 mg, 300 mg	F	QL(2 ea daily)
quetiapine fumarate tb24 300 mg, 200 mg, 400 mg, 50 mg, 150 mg	F	
SAPHRIS SUBL	F	
SEROQUEL TABS (*Use Quetiapine Fumarate*)	NF	QL(2 ea daily)
SEROQUEL XR TB24 (*Use Quetiapine Fumarate*)	NF	
VERSACLOZ SUSP	F	
ZYPREXA RELPREVV SUSR	F	PA; Limit 2 vials per month;QL(0.07 2 ea daily)
ZYPREXA SOLR IM 10 MG (*Use Olanzapine*)	NF	
ZYPREXA TABS OR 5 MG, 15 MG, 20 MG, 7.5 MG, 10 MG, 2.5 MG (*Use Olanzapine*)	NF	QL(1 ea daily); AL
ZYPREXA ZYDIS TBDP (*Use Olanzapine*)	NF	QL(1 ea daily); AL
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS	F	
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML	F	
chlorpromazine hcl tabs or 10 mg	F	QL(10 ea daily)
chlorpromazine hcl tabs or 50 mg, 100 mg, 200 mg, 25 mg	F	QL(3 ea daily)
fluphenazine decanoate soln	F	
FLUPHENAZINE HCL CONC OR 5 MG/ML	F	
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	F	
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	F	
fluphenazine hcl tabs or 1 mg, 10 mg, 5 mg, 2.5 mg	F	
perphenazine tabs	F	QL(4 ea daily)
prochlorperazine edisylate soln	F	
prochlorperazine maleate tabs or 5 mg, 10 mg	F	
prochlorperazine supp	F	
thioridazine hcl tabs	F	QL(3 ea daily)
trifluoperazine hcl tabs	F	QL(3 ea daily)
Quinolinone Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA SUSR	F	PA; Limit 1 vial per month;QL(0.03 6 ea daily)
ABILIFY TABS (*Use Aripiprazole*)	NF	QL(1 ea daily)
aripiprazole soln 1 mg/ml	F	QL(25 ml daily); AL
aripiprazole tabs 10 mg, 2 mg, 20 mg, 30 mg, 5 mg, 15 mg	F	QL(1 ea daily)
aripiprazole tbdp 10 mg, 15 mg	F	QL(1 ea daily)
ARISTADA PRSY 441 MG/1.6ML	F	PA; Limit 1 syringe per month;QL(0.05 7 ml daily)
ARISTADA PRSY 662 MG/2.4ML	F	PA; Limit 1 syringe per month;QL(0.08 6 ml daily)
ARISTADA PRSY 882 MG/3.2ML	F	PA; Limit 1 syringe per month;QL(0.11 4 ml daily)
REXULTI TABS	F	
Thioxanthenes		
thiothixene caps	F	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS - Drugs to Prevent Bacterial Skin Infections		
Antiseptics & Disinfectants		
formaldehyde soln	F	QL(90 ml per fill retail)
Chlorine Antiseptics		
chlorhexidine gluconate liqd	F	
dakin's solution soln	F	
DAKINS SOLUTION QUARTER STRENGTH SOLN (*Use Dakin's Solution*)	NF	
HIBICLENS LIQD (*Use Chlorhexidine Gluconate*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Iodine Antiseptics		
BETADINE SOLN (*Use Povidone-Iodine*)	NF	
povidone-iodine soln	F	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate tabs	F	QL(2 ea daily)
abacavir sulfate-lamivudine tabs	F	QL(1 ea daily)
abacavir sulfate-lamivudine-zidovudine tabs	F	QL(2 ea daily)
APTIVUS CAPS 250 MG	F	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	F	QL(10 ml daily)
ATRIPLA TABS	F	QL(1 ea daily)
COMBIVIR TABS (*Use Lamivudine-Zidovudine*)	NF	QL(2 ea daily)
COMPLERA TABS	F	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	F	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	F	QL(6 ea daily)
DESCOVY TABS	F	QL(1 ea daily)
didanosine cpdr	F	QL(1 ea daily)
EDURANT TABS	F	QL(1 ea daily)
EMTRIVA CAPS 200 MG	F	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	F	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (*Use Lamivudine*)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (*Use Lamivudine*)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (*Use Lamivudine*)	NF	QL(1 ea daily)
EPZICOM TABS (*Use Abacavir Sulfate-Lamivudine*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EVOTAZ TABS	F	QL(1 ea daily)
FUZEON SOLR	F	
GENVOYA TABS	F	QL(1 ea daily)
INTELENCE TABS 100 MG, 25 MG	F	QL(4 ea daily)
INTELENCE TABS 200 MG	F	QL(2 ea daily)
INVIRASE CAPS 200 MG	F	QL(10 ea daily)
INVIRASE TABS 500 MG	F	QL(4 ea daily)
ISENTRESS CHEW 100 MG	F	QL(6 ea daily)
ISENTRESS CHEW 25 MG	F	QL(12 ea daily)
ISENTRESS PACK 100 MG	F	QL(2 ea daily)
ISENTRESS TABS 400 MG	F	QL(2 ea daily)
KALETRA SOLN 400MG/5ML-100MG/5ML (*Use Lopinavir-Ritonavir*)	NF	Limit 1 package per claim;QL(160 ml per fill retail)
KALETRA TABS 100MG-25MG	F	QL(4 ea daily)
KALETRA TABS 200MG-50MG	F	QL(6 ea daily)
lamivudine soln 10 mg/ml	F	QL(30 ml daily)
lamivudine tabs 150 mg	F	QL(2 ea daily)
lamivudine tabs 300 mg	F	QL(1 ea daily)
lamivudine-zidovudine tabs	F	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	F	QL(56 ml daily)
LEXIVA TABS 700 MG	F	QL(4 ea daily)
lopinavir-ritonavir soln	F	Limit 1 package per claim;QL(160 ml per fill retail)
NEVIRAPINE SUSP 50 MG/5ML	F	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
nevirapine tabs 200 mg	F	QL(2 ea daily)
nevirapine tb24 100 mg	F	QL(3 ea daily)
nevirapine tb24 400 mg	F	QL(1 ea daily)
NORVIR CAPS 100 MG	F	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	F	QL(15 ml daily)
NORVIR TABS 100 MG	F	QL(12 ea daily)
PREZCOBIX TABS	F	
PREZISTA SUSP 100 MG/ML	F	QL(12 ml daily)
PREZISTA TABS 150 MG	F	QL(3 ea daily)
PREZISTA TABS 75 MG, 600 MG	F	QL(2 ea daily)
PREZISTA TABS 800 MG	F	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	F	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	F	QL(6 ea daily)
RETROVIR CAPS 100 MG (*Use Zidovudine*)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	F	
RETROVIR SYRP 50 MG/5ML (*Use Zidovudine*)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG, 300 MG	F	QL(2 ea daily)
REYATAZ PACK 50 MG	F	QL(6 ea daily)
SELZENTRY TABS 150 MG	F	QL(2 ea daily)
SELZENTRY TABS 300 MG	F	QL(4 ea daily)
SELZENTRY TABS 75 MG, 25 MG	F	QL 2 per day;SL(2 ea daily)
stavudine caps 30 mg, 40 mg, 15 mg, 20 mg	F	QL(2 ea daily)
stavudine solr 1 mg/ml	F	QL(80 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
STRIBILD TABS	F	QL(1 ea daily)
SUSTIVA CAPS 200 MG	F	QL(1 ea daily)
SUSTIVA CAPS 50 MG	F	QL(2 ea daily)
SUSTIVA TABS 600 MG	F	QL(1 ea daily)
TIVICAY TABS	F	
TRIUMEQ TABS	F	QL(1 ea daily)
TRIZIVIR TABS (*Use Abacavir Sulfate-Lamivudine-Zidovudine*)	NF	QL(2 ea daily)
TRUVADA TABS	F	QL(1 ea daily)
TYBOST TABS	F	QL(1 ea daily)
VIDEX EC CPDR (*Use Didanosine*)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	F	QL(20 ml daily)
VIRACEPT TABS 250 MG	F	QL(9 ea daily)
VIRACEPT TABS 625 MG	F	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML	F	QL(40 ml daily)
VIRAMUNE TABS 200 MG (*Use Nevirapine*)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (*Use Nevirapine*)	NF	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (*Use Nevirapine*)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	F	QL(8 gm daily)
VIREAD TABS 250 MG, 200 MG, 150 MG, 300 MG	F	QL(1 ea daily)
VITEKTA TABS	F	QL(1 ea daily)
ZERIT CAPS 20 MG, 15 MG, 30 MG, 40 MG (*Use Stavudine*)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	F	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML	F	QL(30 ml daily)
ZIAGEN TABS 300 MG (*Use Abacavir Sulfate*)	NF	QL(2 ea daily)
zidovudine caps 100 mg	F	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	F	QL(60 ml daily)
zidovudine tabs 300 mg	F	QL(2 ea daily)
CMV Agents		
VALCYTE TABS (*Use Valganciclovir HCl*)	NF	QL(2 ea daily)
valganciclovir hcl tabs	F	QL(2 ea daily)
Hepatitis Agents		
adefovir dipivoxil tabs	F	
BARACLUDE TABS (*Use Entecavir*)	NF	
entecavir tabs	F	
EPCLUSA TABS	F	PA; QL(1 ea daily)
HEPSERA TABS (*Use Adefovir Dipivoxil*)	NF	
ZEPATIER TABS	F	PA; QL(1 ea daily)
Herpes Agents		
acyclovir caps 200 mg	F	Limit 50 per month;QL(1.67 ea daily)
acyclovir susp 200 mg/5ml	F	Limit 400ml per month;QL(13.34 ml daily)
acyclovir tabs 400 mg	F	QL(3 ea daily)
acyclovir tabs 800 mg	F	Limit 50 per month;QL(1.67 ea daily)
valacyclovir hcl tabs 1000 mg, 1 gm	F	Limit 21 per month;QL(1 ea daily)
valacyclovir hcl tabs 500 mg	F	QL(2 ea daily)
VALTREX TABS 1 GM (*Use Valacyclovir HCl*)	NF	Limit 21 per month;QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VALTREX TABS 500 MG (*Use Valacyclovir HCl*)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (*Use Acyclovir*)	NF	Limit 50 per month;QL(1.67 ea daily)
ZOVIRAX SUSP OR 200 MG/5ML (*Use Acyclovir*)	NF	Limit 400ml per month;QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG (*Use Acyclovir*)	NF	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (*Use Acyclovir*)	NF	Limit 50 per month;QL(1.67 ea daily)
Influenza Agents		
RELENZA DISKHALER AEPB	F	Limit 1 package per month;QL(0.67 ea daily); AL
TAMIFLU CAPS 30 MG (*Use Oseltamivir Phosphate*)	F	QL(20 ea per 30 days retail)
TAMIFLU CAPS 75 MG, 45 MG (*Use Oseltamivir Phosphate*)	F	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML	F	QL(120 ml per 30 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg	F	QL(3 ea daily)
carvedilol tabs 25 mg	F	QL(4 ea daily)
COREG CR CP24	F	QL(1 ea daily)
COREG TABS 25 MG (*Use Carvedilol*)	NF	QL(4 ea daily)
COREG TABS 6.25 MG, 12.5 MG, 3.125 MG (*Use Carvedilol*)	NF	QL(3 ea daily)
labetalol hcl tabs 100 mg	F	QL(3 ea daily)
labetalol hcl tabs 200 mg	F	QL(6 ea daily)
labetalol hcl tabs 300 mg	F	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Beta Blockers Cardio-Selective		
acebutolol hcl caps	F	
atenolol tabs	F	QL(2 ea daily)
bisoprolol fumarate tabs	F	QL(1 ea daily)
LOPRESSOR TABS 100 MG (*Use Metoprolol Tartrate*)	NF	QL(2 ea daily)
LOPRESSOR TABS 50 MG (*Use Metoprolol Tartrate*)	NF	QL(3 ea daily)
metoprolol succinate tb24 200 mg	F	QL(2 ea daily)
metoprolol succinate tb24 50 mg, 25 mg, 100 mg	F	QL(1 ea daily)
metoprolol tartrate tabs 25 mg, 100 mg	F	QL(2 ea daily)
metoprolol tartrate tabs 50 mg	F	QL(3 ea daily)
SECTRAL CAPS (*Use Acebutolol HCl*)	NF	
TENORMIN TABS (*Use Atenolol*)	NF	QL(2 ea daily)
TOPROL XL TB24 200 MG (*Use Metoprolol Succinate*)	NF	QL(2 ea daily)
TOPROL XL TB24 50 MG, 25 MG, 100 MG (*Use Metoprolol Succinate*)	NF	QL(1 ea daily)
ZEBETA TABS (*Use Bisoprolol Fumarate*)	NF	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (*Use Sotalol HCl (AFIB/AFL)*)	NF	QL(2 ea daily)
BETAPACE TABS (*Use Sotalol HCl*)	NF	QL(2 ea daily)
CORGARD TABS (*Use Nadolol*)	NF	QL(2 ea daily)
HEMANGEOL SOLN	F	PA
INDERAL LA CP24 (*Use Propranolol HCl*)	NF	QL(2 ea daily)
nadolol tabs	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
pindolol tabs	F	
propranolol hcl cp24 160 mg, 60 mg, 80 mg, 120 mg	F	QL(2 ea daily)
PROPRANOLOL HCL SOLN 20 MG/5ML, 40 MG/5ML	F	
propranolol hcl tabs 40 mg, 10 mg, 20 mg, 80 mg, 60 mg	F	
sotalol hcl (afib/afl) tabs	F	QL(2 ea daily)
sotalol hcl tabs 240 mg	F	
sotalol hcl tabs 80 mg, 120 mg, 160 mg	F	QL(2 ea daily)
TIMOLOL MALEATE TABS	F	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 90 MG (*Use Nifedipine*)	NF	QL(1 ea daily)
ADALAT CC TB24 60 MG (*Use Nifedipine*)	NF	QL(2 ea daily)
amlodipine besylate tabs	F	QL(1 ea daily)
CALAN SR TBCR (*Use Verapamil HCl*)	NF	QL(2 ea daily)
CALAN TABS (*Use Verapamil HCl*)	NF	QL(3 ea daily)
CARDIZEM CD CP24 180 MG, 120 MG, 300 MG (*Use Diltiazem HCl Coated Beads*)	NF	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (*Use Diltiazem HCl Coated Beads*)	NF	QL(2 ea daily)
CARDIZEM TABS (*Use Diltiazem HCl*)	NF	QL(3 ea daily)
diltiazem hcl coated beads cp24 180 mg, 300 mg, 120 mg	F	QL(1 ea daily)
diltiazem hcl coated beads cp24 240 mg	F	QL(2 ea daily)
diltiazem hcl cp12 120 mg, 60 mg, 90 mg	F	QL(2 ea daily)
diltiazem hcl cp24 180 mg, 120 mg	F	QL(1 ea daily)
diltiazem hcl cp24 240 mg	F	QL(2 ea daily)
diltiazem hcl extended release beads cp24	F	QL(1 ea daily)
diltiazem hcl tabs 60 mg, 120 mg, 90 mg, 30 mg	F	QL(3 ea daily)
felodipine tb24	F	QL(1 ea daily)
nicardipine hcl caps	F	
nifedipine caps 20 mg, 10 mg	F	QL(4 ea daily)
nifedipine tb24 30 mg, 90 mg	F	QL(1 ea daily)
nifedipine tb24 60 mg	F	QL(2 ea daily)
NORVASC TABS (*Use Amlodipine Besylate*)	NF	QL(1 ea daily)
PROCARDIA CAPS (*Use Nifedipine*)	NF	QL(4 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (*Use Nifedipine*)	NF	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (*Use Nifedipine*)	NF	QL(2 ea daily)
TIAZAC CP24 (*Use Diltiazem HCl Extended Release Beads*)	NF	QL(1 ea daily)
verapamil hcl cp24 120 mg, 180 mg, 240 mg	F	QL(2 ea daily)
verapamil hcl cp24 360 mg	F	QL(1 ea daily)
verapamil hcl tabs 80 mg, 120 mg, 40 mg	F	QL(3 ea daily)
verapamil hcl tbcr 240 mg, 120 mg, 180 mg	F	QL(2 ea daily)
VERELAN CP24 180 MG, 120 MG, 240 MG (*Use Verapamil HCl*)	NF	QL(2 ea daily)
VERELAN CP24 360 MG (*Use Verapamil HCl*)	NF	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		

Drug Name	Drug Tier	Requirements/ Limits
DIGOXIN SOLN 0.05 MG/ML	F	
digoxin tabs 250 mcg, 125 mcg, 0.25 mg, 0.125 mg	F	
LANOXIN TABS (*Use Digoxin*)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
isoxsuprine hcl tabs	F	
Prostaglandin Vasodilators		
TYVASO REFILL SOLN	F	PA
TYVASO SOLN	F	PA
TYVASO STARTER SOLN	F	PA
VENTAVIS SOLN	F	PA
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	F	PA
TRACLEER TABS	F	PA
Pulmonary Hypertension - Phosphodiesterase		
REVATIO SOLN IV 10 MG/12.5ML (*Use Sildenafil Citrate (Pulmonary Hypertension)*)	NF	PA
REVATIO SUSR OR 10 MG/ML	F	PA
REVATIO TABS OR 20 MG (*Use Sildenafil Citrate (Pulmonary Hypertension)*)	NF	PA
sildenafil citrate (pulmonary hypertension) soln	F	PA
sildenafil citrate (pulmonary hypertension) tabs	F	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	F	
cefadroxil susr	F	

Drug Name	Drug Tier	Requirements/ Limits
cefadroxil tabs	F	
cephalexin caps	F	
cephalexin susr	F	
KEFLEX CAPS (*Use Cephalexin*)	NF	
Cephalosporins - 2nd Generation		
cefaclor caps 500 mg, 250 mg	F	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	F	
cefprozil susr 125 mg/5ml, 250 mg/5ml	F	Limit 1 package per claim;QL(100 ml per fill retail); AL
cefprozil tabs 500 mg, 250 mg	F	QL(20 ea per fill retail)
CEFTIN SUSR 250 MG/5ML, 125 MG/5ML	F	Limit 1 package per claim;QL(100 ml per fill retail); AL
CEFTIN TABS 250 MG, 500 MG (*Use Cefuroxime Axetil*)	NF	QL(20 ea per fill retail)
cefuroxime axetil tabs	F	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
cefdinir caps 300 mg	F	QL(20 ea per fill retail)
cefdinir susr 125 mg/5ml, 250 mg/5ml	F	Limit 1 package per claim;QL(100 ml per fill retail)
ceftriaxone sodium solr	F	QL(3 ea per fill retail)
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BREVICON-28 TABS (*Use Norethindrone & Eth Estradiol*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CYCLESSA TABS (*Use Desogestrel-Ethinyl Estradiol (Triphasic)*)	NF	QL(1 ea daily)
DESOGEN TABS (*Use Desogestrel & Ethinyl Estradiol*)	NF	QL(1 ea daily)
desogestrel & ethinyl estradiol tabs	F	QL(1 ea daily)
desogestrel-ethinyl estradiol (biphasic) tabs	F	QL(1 ea daily)
desogestrel-ethinyl estradiol (triphasic) tabs	F	QL(1 ea daily)
drospirenone-ethinyl estradiol tabs	F	QL(1 ea daily)
ethynodiol diacet & eth estrad tabs	F	QL(1 ea daily)
levonorgestrel & eth estradiol tabs	F	QL(1 ea daily)
levonorgestrel-eth estradiol (triphasic) tabs	F	QL(1 ea daily)
levonorgestrel-ethinyl estradiol (91-day) tabs	F	QL(1 ea daily,91 day(s) limit)
levonorgestrel-ethinyl estradiol (91-day) tabs	F	QL(91 ea per fill retail)
LOESTRIN 1.5/30-21 TABS (*Use Norethindrone Acet & Eth Estra*)	NF	QL(1 ea daily)
LOESTRIN 1/20-21 TABS (*Use Norethindrone Acet & Eth Estra*)	NF	QL(1 ea daily)
LOESTRIN FE 1.5/30 TABS (*Use Norethin Acet & Estrad-Fe*)	NF	QL(1 ea daily)
LOESTRIN FE 1/20 TABS (*Use Norethin Acet & Estrad-Fe*)	NF	QL(1 ea daily)
MIRCETTE TABS (*Use Desogestrel-Ethinyl Estradiol (Biphasic)*)	NF	QL(1 ea daily)
MODICON TABS (*Use Norethindrone & Eth Estradiol*)	NF	QL(1 ea daily)
NECON 1/50-28 TABS	F	QL(1 ea daily)
NECON 10/11-28 TABS	F	QL(1 ea daily)
norethin acet & estrad-fe tabs 75mg-20mcg-1mg	F	
norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg	F	QL(1 ea daily)
norethindrone & eth estradiol tabs	F	QL(1 ea daily)
norethindrone acet & eth estra tabs	F	QL(1 ea daily)
norethindrone-eth estradiol (triphasic) tabs	F	QL(1 ea daily)
norgestimate-ethinyl estradiol (triphasic) tabs	F	QL(1 ea daily)
norgestimate-ethinyl estradiol (triphasic) tabs	F	
norgestimate-ethinyl estradiol tabs	F	QL(1 ea daily)
norgestrel & ethinyl estradiol tabs	F	QL(1 ea daily)
NORINYL 1+35 TABS (*Use Norethindrone & Eth Estradiol*)	NF	QL(1 ea daily)
NORINYL 1+50 TABS	F	QL(1 ea daily)
OGESTREL TABS	F	QL(1 ea daily)
ORTHO TRI-CYCLEN LO TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	NF	
ORTHO TRI-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	NF	QL(1 ea daily)
ORTHO-CEPT TABS (*Use Desogestrel & Ethinyl Estradiol*)	NF	QL(1 ea daily)
ORTHO-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol*)	NF	QL(1 ea daily)
ORTHO-NOVUM 1/35 TABS (*Use Norethindrone & Eth Estradiol*)	NF	QL(1 ea daily)
ORTHO-NOVUM 7/7/7 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
OVCON-35 TABS (*Use Norethindrone & Eth Estradiol*)	NF	QL(1 ea daily)
SEASONIQUE TABS (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	NF	QL(1 ea daily,91 day(s) limit)
TRI-NORINYL 28 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	NF	QL(1 ea daily)
YASMIN 28 TABS (*Use Drospirenone-Ethinyl Estradiol*)	NF	QL(1 ea daily)
YAZ TABS (*Use Drospirenone-Ethinyl Estradiol*)	NF	QL(1 ea daily)
Combination Contraceptives - Transdermal		
XULANE PTWK	F	Limit 3 patches per month;QL(0.11 ea daily)
Combination Contraceptives - Vaginal		
NUVARING RING	F	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA TABS	F	QL(4 ea per 365 days retail)
levonorgestrel (emergency oc) tabs	F	QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (*Use Levonorgestrel (Emergency OC)*)	NF	QL(1 ea per 21 days retail)
Progestin Contraceptives - IUD		
SKYLA IUD	F	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	F	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (*Use Medroxyprogesterone Acetate (Contraceptive)*)	NF	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (*Use Medroxyprogesterone Acetate (Contraceptive)*)	NF	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	F	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susp	F	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy	F	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
NOR-QD TABS (*Use Norethindrone (Contraceptive)*)	NF	QL(1 ea daily)
norethindrone (contraceptive) tabs	F	QL(1 ea daily)
ORTHO MICRONOR TABS (*Use Norethindrone (Contraceptive)*)	NF	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (*Use Hydrocortisone*)	NF	
CORTISONE ACETATE TABS	F	
dexamethasone elix 0.5 mg/5ml	F	
DEXAMETHASONE INTENSOL CONC	F	
dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml	F	QL(5 ml daily)
DEXAMETHASONE SOLN 0.5 MG/5ML	F	
dexamethasone tabs 0.5 mg, 1.5 mg, 6 mg, 0.75 mg, 4 mg	F	
DEXAMETHASONE TABS 1 MG, 2 MG	F	
hydrocortisone tabs	F	
MEDROL DOSEPAK TBPK (*Use Methylprednisolone*)	NF	
MEDROL TABS (*Use Methylprednisolone*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
methylprednisolone tabs	F	
methylprednisolone tbpk	F	
MILLIPRED TABS	F	
PEDIAPRED SOLN (*Use Prednisolone Sodium Phosphate*)	NF	
prednisolone sodium phosphate soln or 15 mg/5ml	F	QL(240 ml per fill retail)
prednisolone sodium phosphate soln or 20 mg/5ml	F	QL(150 ml per fill retail)
prednisolone sodium phosphate soln or 5 mg/5ml, 6.7 mg/5ml	F	
prednisolone soln	F	
prednisolone syrp	F	
PREDNISONE INTENSOL CONC	F	
PREDNISONE SOLN 5 MG/5ML	F	
prednisone tabs 10 mg, 1 mg, 5 mg, 2.5 mg, 20 mg	F	
PREDNISONE TABS 50 MG	F	
PREDNISONE TBPK 10 MG, 5 MG	F	
VERIPRED 20 SOLN (*Use Prednisolone Sodium Phosphate*)	NF	QL(150 ml per fill retail)
Mineralocorticoids		
fludrocortisone acetate tabs	F	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate caps 100 mg	F	AL
benzonatate caps 200 mg	F	QL(1 ea daily); AL

Drug Name	Drug Tier	Requirements/ Limits
DELSYM COUGH CHILDRENS SUER (*Use Dextromethorphan Polistirex*)	NF	
DELSYM SUER (*Use Dextromethorphan Polistirex*)	NF	
dextromethorphan polistirex suer	F	
hydrocodone w/ homatropine syrp	F	
TESSALON PERLES CAPS (*Use Benzonatate*)	NF	AL
Cough/Cold/Allergy Combinations		
acetaminophen w/ dm liqd	F	
ADVIL COLD & SINUS TABS (*Use Pseudoephedrine-Ibuprofen*)	NF	
brompheniramine & phenyleph elix	F	QL(120 ml per fill retail)
brompheniramine & pseudoeph elix	F	QL(120 ml per fill retail)
brompheniramine & pseudoeph liqd	F	QL(120 ml per fill retail)
BROTAPP DM LIQD	F	
cetirizine-pseudoephedrine tb12	F	QL(2 ea daily)
CHERACOL PLUS LIQD (*Use Dextromethorphan-Guaifenesin*)	NF	
CHERACOL-D COUGH LIQD (*Use Dextromethorphan-Guaifenesin*)	NF	
CLARITIN-D 12 HOUR TB12 (*Use Loratadine & Pseudoephedrine*)	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (*Use Loratadine & Pseudoephedrine*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLEAR COUGH PM MULTI-SYMPTOM LIQD (*Use Dextromethorphan-Doxylamine-Acetaminophen*)	NF	
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (*Use Dextromethorphan-Phenylephrine-Acetaminophen*)	NF	
dextromethorphan-doxylamine-acetaminophen liqd	F	
dextromethorphan-guaifenesin liqd 10mg/5ml-200mg/5ml, 5mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml, 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml, 15mg/7.5ml-150mg/7.5ml, 20mg/20ml-400mg/20ml	F	
dextromethorphan-guaifenesin soln 20mg/10ml-200mg/10ml, 10mg/5ml-100mg/5ml	F	
dextromethorphan-guaifenesin syrp 10mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml	F	
dextromethorphan-guaifenesin tabs 20mg-20mg-400mg-400mg, 20mg-400mg	F	
dextromethorphan-guaifenesin tb12 30mg-600mg	F	
dextromethorphan-phenylephrine-acetaminophen caps	F	
DIMETAPP COLD & ALLERGY ELIX (*Use Brompheniramine & Phenyleph*)	NF	QL(120 ml per fill retail)
ED BRON GP LIQD	F	
guaifenesin-codeine liqd	F	QL(240 ml per fill retail)
guaifenesin-codeine soln	F	QL(240 ml per fill retail)
guaifenesin-codeine syrp	F	QL(240 ml per fill retail)
LOHIST-D LIQD	F	
loratadine & pseudoephedrine tb12 5mg-120mg	F	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10mg-10mg-240mg-240mg, 10mg-240mg	F	QL(1 ea daily)
MUCINEX D MAXIMUM STRENGTH TB12 (*Use Pseudoephedrine-Guaifenesin*)	NF	
MUCINEX D TB12 (*Use Pseudoephedrine-Guaifenesin*)	NF	
MUCINEX DM TB12 (*Use Dextromethorphan-Guaifenesin*)	NF	
phenylephrine-chlorphen-dm liqd	F	
phenylephrine-dm liqd	F	QL(240 ml per fill retail)
phenylephrine-dm soln	F	QL(240 ml per fill retail)
phenylephrine-guaifenesin liqd	F	
promethazine & phenylephrine soln	F	QL(240 ml per fill retail); AL
promethazine & phenylephrine syrp	F	QL(240 ml per fill retail); AL
promethazine w/codeine syrp	F	QL(240 ml per fill retail); AL
promethazine-dm syrp	F	QL(240 ml per fill retail)
promethazine-phenylephrine-codeine syrp	F	QL(240 ml per fill retail); AL
PROMETHAZINE/PHENYLEPHRINE SYRP	F	QL(240 ml per fill retail); AL
pseudoephed-bromphen-dm elix	F	

Drug Name	Drug Tier	Requirements/ Limits
pseudoephed-bromphen-dm syrp	F	
pseudoephedrine w/ codeine-gg soln	F	QL(240 ml per fill retail)
pseudoephedrine-chlorphen-dm liqd	F	
pseudoephedrine-guaifenesin tb12 60mg-600mg, 120mg-1200mg	F	
pseudoephedrine-ibuprofen tabs 200mg-30mg	F	
RESCON-GG LIQD (*Use Phenylephrine-Guaifenesin*)	NF	
ROBITUSSIN DM SYRP (*Use Dextromethorphan-Guaifenesin*)	NF	
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD (*Use Dextromethorphan-Guaifenesin*)	NF	
ROBITUSSIN PEAK COLD DM SYRP (*Use Dextromethorphan-Guaifenesin*)	NF	
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SOLN	F	
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	F	
ZYRTEC-D ALLERGY/CONGESTION TB12 (*Use Cetirizine-Pseudoephedrine*)	NF	QL(2 ea daily)
Expectorants		
guaifenesin liqd	F	
guaifenesin soln	F	
guaifenesin syrp	F	
guaifenesin tb12	F	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX MAXIMUM STRENGTH TB12 (*Use Guaifenesin*)	NF	
MUCINEX TB12 (*Use Guaifenesin*)	NF	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) nebu 10 %, 0.9 %, 3 %	F	
Mucolytics		
acetylcysteine soln	F	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ACNE MEDICATION 10 LOTN	F	
ACNE MEDICATION 5 LOTN	F	
BENZAC AC WASH LIQD (*Use Benzoyl Peroxide*)	NF	RX/OTC
benzoyl peroxide crea 10 %	F	
benzoyl peroxide gel 10 %	F	RX/OTC
BENZOYL PEROXIDE GEL 2.5 %	F	
benzoyl peroxide gel 5 %	F	
benzoyl peroxide liqd 10 %, 5 %	F	RX/OTC
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	F	
CLEOCIN-T GEL (*Use Clindamycin Phosphate (Topical)*)	NF	
CLEOCIN-T LOTN (*Use Clindamycin Phosphate (Topical)*)	NF	QL(60 ml per fill retail)
CLEOCIN-T SOLN (*Use Clindamycin Phosphate (Topical)*)	NF	
clindamycin phosphate (topical) gel	F	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate (topical) lotn	F	QL(60 ml per fill retail)
clindamycin phosphate (topical) soln	F	
DESQUAM-X WASH LIQD (*Use Benzoyl Peroxide*)	NF	RX/OTC
ERYGEL GEL (*Use Erythromycin (Acne Aid)*)	NF	QL(60 gm per fill retail)
erythromycin (acne aid) gel	F	QL(60 gm per fill retail)
erythromycin (acne aid) soln	F	
isotretinoin caps	F	PA; QL(2 ea daily); AL
KLARON LOTN (*Use Sulfacetamide Sodium (Acne)*)	NF	QL(120 ml per fill retail)
RETIN-A CREA 0.1 %, 0.025 %, 0.05 % (*Use Tretinoin*)	NF	QL(20 gm per fill retail); AL
RETIN-A GEL 0.01 % (*Use Tretinoin*)	NF	QL(15 gm per fill retail); AL
RETIN-A GEL 0.025 % (*Use Tretinoin*)	NF	QL(20 gm per fill retail); AL
SODIUM SULFACETAMIDE/SULFUR LOTN	F	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	F	QL(30 gm per fill retail)
sulfacetamide sodium (acne) lotn	F	QL(120 ml per fill retail)
sulfacetamide sodium (acne) susp	F	QL(120 ml per fill retail)
sulfacetamide sodium w/ sulfur lotn	F	QL(60 gm per fill retail)
tretinoin crea 0.05 %, 0.1 %, 0.025 %	F	QL(20 gm per fill retail); AL
tretinoin gel 0.01 %	F	QL(15 gm per fill retail); AL
tretinoin gel 0.025 %	F	QL(20 gm per fill retail); AL
Antibiotics - Topical		
BACIGUENT OINT (*Use Bacitracin (Topical)*)	NF	QL(30 gm per fill retail)
bacitracin (topical) oint	F	QL(30 gm per fill retail)
bacitracin zinc oint	F	QL(30 gm per fill retail)
bacitracin-polymyxin b oint	F	
BACTROBAN CREA (*Use Mupirocin Calcium (Topical)*)	NF	QL(30 gm per fill retail)
BACTROBAN OINT (*Use Mupirocin*)	NF	QL(30 gm per fill retail)
CENTANY OINT	F	QL(30 gm per fill retail)
gentamicin sulfate (topical) crea	F	QL(30 gm per fill retail)
GENTAMICIN SULFATE OINT	F	QL(30 gm per fill retail)
mupirocin calcium (topical) crea	F	QL(30 gm per fill retail)
mupirocin oint	F	QL(30 gm per fill retail)
neomycin-bacitracin-polymyxin oint	F	QL(30 gm per fill retail)
neomycin-polymyxin w/ pramoxine crea	F	QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT (*Use Neomycin-Bacitracin-Polymyxin*)	NF	QL(30 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (*Use Neomycin-Polymyxin w/ Pramoxine*)	NF	QL(30 gm per fill retail)
POLYSPORIN OINT (*Use Bacitracin-Polymyxin B*)	NF	
Antifungals - Topical		
clotrimazole (topical) crea	F	QL(30 gm per fill retail); RX/OTC
clotrimazole (topical) soln	F	QL(30 ml per fill retail); RX/OTC
clotrimazole w/ betamethasone crea	F	QL(45 gm per fill retail)
clotrimazole w/ betamethasone lotn	F	QL(30 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
econazole nitrate crea	F	QL(30 gm per fill retail)
ketoconazole (topical) crea	F	Limit 1 package per claim;QL(60 gm per fill retail)
ketoconazole (topical) sham	F	QL(120 ml per fill retail)
LAMISIL AT CREA (*Use Terbinafine HCl (Topical)*)	NF	QL(30 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (*Use Terbinafine HCl (Topical)*)	NF	QL(30 gm per fill retail)
LOTRIMIN AF CREA (*Use Clotrimazole (Topical)*)	NF	QL(30 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER CREA (*Use Clotrimazole (Topical)*)	NF	QL(30 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (*Use Clotrimazole (Topical)*)	NF	QL(30 gm per fill retail); RX/OTC
LOTRISONE CREA (*Use Clotrimazole w/ Betamethasone*)	NF	QL(45 gm per fill retail)
MICATIN CREA (*Use Miconazole Nitrate (Topical)*)	NF	QL(45 ml per fill retail)
miconazole nitrate (topical) crea	F	QL(45 ml per fill retail)
NIZORAL SHAM (*Use Ketoconazole (Topical)*)	NF	QL(120 ml per fill retail)
nystatin (topical) crea	F	QL(30 gm per fill retail)
nystatin (topical) oint	F	QL(30 gm per fill retail)
nystatin (topical) powd	F	QL(60 gm per fill retail)
nystatin-triamcinolone crea	F	QL(30 gm per fill retail)
nystatin-triamcinolone oint	F	QL(30 gm per fill retail)
terbinafine hcl (topical) crea	F	QL(30 gm per fill retail)
TINACTIN CREA (*Use Tolnaftate*)	NF	QL(30 gm per fill retail)
TINACTIN JOCK ITCH CREA (*Use Tolnaftate*)	NF	QL(30 gm per fill retail)
tolnaftate crea	F	QL(30 gm per fill retail)
Antihistamines-Topical		
diphenhydramine hcl (topical) crea	F	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	F	QL(30 gm per fill retail)
EFUDEX CREA (*Use Fluorouracil (Topical)*)	NF	QL(40 gm per fill retail)
fluorouracil (topical) crea 5 %	F	QL(40 gm per fill retail)
fluorouracil (topical) soln 2 %, 5 %	F	QL(10 ml per fill retail)
FLUOROURACIL CREA 0.5 %	F	QL(30 gm per fill retail)
FLUOROURACIL SOLN 2 %, 5 %	F	QL(10 ml per fill retail)
Antipruritics - Topical		
camphor & menthol lotn	F	QL(222 ml per fill retail)
SARNA LOTN (*Use Camphor & Menthol*)	NF	QL(222 ml per fill retail)
Antipsoriatics		
calcipotriene crea	F	QL(60 gm per fill retail)
calcipotriene soln	F	QL(60 ml per fill retail)
DOVONEX CREA (*Use Calcipotriene*)	NF	QL(60 gm per fill retail)
tazarotene crea	F	PA; QL(60 gm per fill retail); AL
TAZORAC CREA 0.05 %	F	PA; QL(60 gm per fill retail); AL
TAZORAC CREA 0.1 % (*Use Tazarotene*)	NF	PA; QL(60 gm per fill retail); AL
TAZORAC GEL 0.1 %, 0.05 %	F	PA; QL(60 gm per fill retail); AL
Antiseborrheic Products		

Drug Name	Drug Tier	Requirements/ Limits
OVACE PLUS WASH LIQD (*Use Sulfacetamide Sodium*)	NF	QL(360 ml per fill retail)
OVACE WASH LIQD (*Use Sulfacetamide Sodium*)	NF	QL(360 ml per fill retail)
selenium sulfide lotn 1 %	F	QL(240 ml per fill retail)
selenium sulfide lotn 2.5 %	F	QL(120 ml per fill retail)
selenium sulfide sham 1 %	F	QL(240 ml per fill retail)
SELSUN BLUE DAILY LOTN (*Use Selenium Sulfide*)	NF	QL(240 ml per fill retail)
SELSUN BLUE LOTN (*Use Selenium Sulfide*)	NF	QL(240 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (*Use Selenium Sulfide*)	NF	QL(240 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (*Use Selenium Sulfide*)	NF	QL(240 ml per fill retail)
sulfacetamide sodium liqd ex	F	QL(360 ml per fill retail)
Antivirals - Topical		
acyclovir topical oint	F	Limit 1 package per month;QL(1 gm daily)
ZOVIRAX CREA EX 5 %	F	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % (*Use Acyclovir Topical*)	NF	Limit 1 package per month;QL(1 gm daily)
Burn Products		
SILVADENE CREA (*Use Silver Sulfadiazine*)	NF	QL(50 gm per fill retail)
silver sulfadiazine crea	F	QL(50 gm per fill retail)
Corticosteroids - Topical		
APEXICON E CREA	F	QL(60 gm per fill retail)
betamethasone dipropionate augmented crea	F	QL(50 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
betamethasone valerate crea	F	QL(45 gm per fill retail)
betamethasone valerate lotn	F	QL(60 ml per fill retail)
betamethasone valerate oint	F	QL(45 gm per fill retail)
clobetasol propionate crea	F	QL(45 gm per fill retail)
clobetasol propionate emollient base crea	F	QL(60 gm per fill retail)
clobetasol propionate gel	F	QL(60 gm per fill retail)
clobetasol propionate oint	F	QL(60 gm per fill retail)
clobetasol propionate soln	F	QL(25 ml per fill retail)
CUTIVATE CREA (*Use Fluticasone Propionate*)	NF	Limit 1 package per month;QL(2 gm daily)
DERMATOP CREA (*Use Prednicarbate*)	NF	QL(60 gm per fill retail)
DERMATOP OINT (*Use Prednicarbate*)	NF	QL(60 gm per fill retail)
desoximetasone crea	F	QL(60 gm per fill retail)
DIFLORASONE DIACETATE CREA	F	QL(60 gm per fill retail)
DIFLORASONE DIACETATE OINT	F	QL(60 gm per fill retail)
DIPROLENE AF CREA (*Use Betamethasone Dipropionate Augmented*)	NF	QL(50 gm per fill retail)
ELOCON CREA (*Use Mometasone Furoate*)	NF	QL(45 gm per fill retail)
ELOCON OINT (*Use Mometasone Furoate*)	NF	QL(45 gm per fill retail)
EPIFOAM FOAM	F	
fluocinonide crea	F	QL(60 gm per fill retail)
fluocinonide emulsified base crea	F	QL(60 gm per fill retail)
fluocinonide gel	F	QL(60 gm per fill retail)
fluocinonide oint	F	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
fluocinonide soln	F	QL(60 ml per fill retail)
fluticasone propionate crea 0.05 %	F	Limit 1 package per month;QL(2 gm daily)
fluticasone propionate oint 0.005 %	F	QL(60 gm per fill retail)
hydrocortisone (topical) crea 1%, 1 %	F	QL(60 gm per fill retail); RX/OTC
hydrocortisone (topical) crea 2.5 %, 0.5 %	F	QL(30 gm per fill retail)
hydrocortisone (topical) lotn 2.5 %, 1 %	F	QL(60 ml per fill retail)
hydrocortisone (topical) oint 0.5 %	F	
hydrocortisone (topical) oint 1 %	F	Limit 1 package per month;QL(2 gm daily); RX/OTC
hydrocortisone (topical) oint 2.5 %	F	Limit 1 package per month;QL(1 gm daily)
hydrocortisone butyrate soln	F	QL(60 ml per fill retail)
hydrocortisone-aloe vera crea	F	QL(60 gm per fill retail)
LOCOID SOLN (*Use Hydrocortisone Butyrate*)	NF	QL(60 ml per fill retail)
mometasone furoate crea	F	QL(45 gm per fill retail)
mometasone furoate oint	F	QL(45 gm per fill retail)
mometasone furoate soln	F	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (*Use Hydrocortisone (Topical)*)	NF	QL(60 gm per fill retail); RX/OTC
prednicarbate crea	F	QL(60 gm per fill retail)
prednicarbate oint	F	QL(60 gm per fill retail)
PSORCON CREA	F	QL(60 gm per fill retail)
TEMOVATE CREA (*Use Clobetasol Propionate*)	NF	QL(45 gm per fill retail)
TEMOVATE E CREA (*Use Clobetasol Propionate Emollient Base*)	NF	QL(60 gm per fill retail)
TEMOVATE GEL (*Use Clobetasol Propionate*)	NF	QL(60 gm per fill retail)
TEMOVATE OINT (*Use Clobetasol Propionate*)	NF	QL(60 gm per fill retail)
TEMOVATE SOLN (*Use Clobetasol Propionate*)	NF	QL(25 ml per fill retail)
TOPICORT CREA (*Use Desoximetasone*)	NF	QL(60 gm per fill retail)
triamcinolone acetonide (topical) crea 0.025 %	F	QL(454 gm per fill retail)
triamcinolone acetonide (topical) crea 0.1 %	F	QL(30 gm per fill retail)
triamcinolone acetonide (topical) crea 0.5 %	F	QL(15 gm per fill retail)
triamcinolone acetonide (topical) lotn 0.1 %, 0.025 %	F	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint 0.1 %, 0.025 %	F	QL(80 gm per fill retail)
triamcinolone acetonide (topical) oint 0.5 %	F	QL(15 gm per fill retail)
Diaper Rash Products		
diaper rash products oint	F	
Emollient/Keratolytic Agents		
urea crea	F	QL(210 gm per fill retail)
urea lotn	F	QL(240 ml per fill retail)
Emollients		
AQUAPHILIC OINT	F	
AQUAPHOR ADVANCED THERAPY OINT	F	
AQUAPHOR OINT	F	
AVEENO ACTIVE NATURALS SKIN RELIEF HEALING OINT	F	

Drug Name	Drug Tier	Requirements/ Limits
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT	F	
DAILY CONDITIONING TREATMENT OINT	F	
emollient oint	F	
GOLD BOND ULTIMATE HEALING OINT	F	
LAC-HYDRIN CREA (*Use Lactic Acid (Ammonium Lactate)*)	NF	QL(140 gm per fill retail); RX/OTC
LAC-HYDRIN LOTN (*Use Lactic Acid (Ammonium Lactate)*)	NF	Limit 1 package per month;QL(13.34 ml daily); RX/OTC
LAC-HYDRIN TWELVE LOTN (*Use Lactic Acid (Ammonium Lactate)*)	NF	Limit 1 package per month;QL(13.34 ml daily); RX/OTC
lactic acid (ammonium lactate) crea	F	QL(140 gm per fill retail); RX/OTC
lactic acid (ammonium lactate) lotn	F	Limit 1 package per month;QL(13.34 ml daily); RX/OTC
LANAPHILIC OINT	F	
OINTMENT BASE OINT	F	
Immunomodulating Agents - Topical		
ALDARA CREA (*Use Imiquimod*)	NF	QL(48 ea per 180 days retail)
imiquimod crea	F	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA	F	PA; Limit 1 package per month;QL(1 gm daily)
PROTOPIC OINT (*Use Tacrolimus (Topical)*)	NF	PA; Limit 1 package per month;QL(1 gm daily)
tacrolimus (topical) oint	F	PA; Limit 1 package per month;QL(1 gm daily)
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (*Use Podofilox*)	NF	QL(4 ml per fill retail)
KERALYT GEL (*Use Salicylic Acid*)	NF	QL(40 gm per fill retail)
podofilox soln	F	QL(4 ml per fill retail)
salicylic acid gel	F	QL(40 gm per fill retail)
Local Anesthetics - Topical		
ARTHRITIS PAIN RELIEVING CREA	F	QL(60 gm per fill retail)
capsaicin crea 0.025 %	F	
capsaicin crea 0.075 %	F	QL(60 gm per fill retail)
capsaicin crea 0.1 %	F	QL(42.5 gm per fill retail)
CAPZASIN-HP CREA (*Use Capsaicin*)	NF	QL(42.5 gm per fill retail)
dibucaine oint	F	QL(30 gm per fill retail)
EMLA CREA (*Use Lidocaine-Prilocaine*)	NF	QL(30 gm per fill retail)
lidocaine crea 4 %	F	QL(30 gm per fill retail)
lidocaine hcl crea 3 %	F	QL(30 gm per fill retail)
lidocaine hcl gel 2 %	F	QL(30 ml per fill retail); RX/OTC
lidocaine-prilocaine crea	F	QL(30 gm per fill retail)
LMX 4 CREA (*Use Lidocaine*)	NF	QL(30 gm per fill retail)
NEUROMED7 CREA	F	QL(65 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
PREDATOR CREA	F	QL(65 ml per fill retail)
RA ARTHRITIS PAIN RELIEF CREA	F	QL(60 gm per fill retail)
RA PAIN RELIEF CREA	F	QL(65 ml per fill retail)
XOLIDO XP CREA	F	QL(65 ml per fill retail)
ZOSTRIX ARTHRITIS PAIN RELIEF CREA (*Use Capsaicin*)	NF	
ZOSTRIX DIABETIC FOOT PAIN CREA (*Use Capsaicin*)	NF	QL(60 gm per fill retail)
Misc. Topical		
4-N-1 CREA	F	
COOL BOTTOMS CREA	F	
DRYSOL SOLN	F	QL(60 ml per fill retail)
NEUTRAPHOR CREA	F	
NEUTRAPHORUS REX CREA	F	
PROSHIELD PLUS SKIN PROTECTANT CREA	F	
REMEDY NUTRASHIELD CREA	F	
zinc oxide (topical) oint	F	QL(60 gm per fill retail)
Rosacea Agents		
METROCREAM CREA (*Use Metronidazole (Topical)*)	NF	QL(45 gm per fill retail)
METROLOTION LOTN (*Use Metronidazole (Topical)*)	NF	
metronidazole (topical) crea	F	QL(45 gm per fill retail)
metronidazole (topical) gel	F	QL(45 gm per fill retail)
metronidazole (topical) lotn	F	
Scabicides & Pediculicides		
ELIMITE CREA (*Use Permethrin*)	NF	QL(60 gm per fill retail)
EURAX CREA	F	QL(60 gm per fill retail)
EURAX LOTN	F	QL(60 gm per fill retail)
malathion lotn	F	QL(59 ml per fill retail)
NATROBA SUSP	F	QL(120 ml per fill retail); AL
NIX CREME RINSE LIQD (*Use Permethrin*)	NF	
OVIDE LOTN (*Use Malathion*)	NF	QL(59 ml per fill retail)
permethrin crea 5 %	F	QL(60 gm per fill retail)
permethrin liqd 1 %	F	
permethrin lotn 1 %	F	QL(120 ml per fill retail)
pyrethrins-piperonyl butoxide liqd 0.33%-4%	F	QL(60 ml per fill retail)
pyrethrins-piperonyl butoxide sham 0.3%-0.33%-4%, 0.33%-4%	F	
pyrethrins-piperonyl butoxide sham 0.33%-4%	F	QL(60 ml per fill retail)
pyrethrins-piperonyl butoxide-permethrin-nit remover kit	F	
RID COMPLETE LICE ELIMINATION KIT (*Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover*)	NF	
RID LIQD (*Use Pyrethrins-Piperonyl Butoxide*)	NF	QL(60 ml per fill retail)
SPINOSAD SUSP	F	QL(120 ml per fill retail); AL
Sunscreens		
ANTHELIOS 60 MELT-IN SUNSCREEN LOTN	F	
AVEENO ACTIVE NATURALS PROTECT+HYDRATE/SPF 30 LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
AVEENO BABY CONTINUOUS PROTECTION SUNBLOCK SPF55 LOTN	F	
AVEENO BABY NATURAL PROTECTION SPF 50 LOTN	F	
AVEENO NATURAL PROTECTIONSPF 50 LOTN	F	
AVEENO POSITIVELY AGELESSLIFTING & FIRMING MOISTURIZER SPF30 LOTN	F	
AVEENO POSITIVELY AGELESSSUNBLOCK SPF70 LOTN	F	
AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF15 LOTN	F	
AVEENO POSITIVELY RADIANTDAILY MOISTURIZER SPF30 LOTN	F	
AVEENO POSITIVELY RADIANTTINTED MOISTURIZER SPF30 FAIR/LIGHT LOTN	F	
AVEENO POSITIVELY RADIANTTINTED MOISTURIZER SPF30 MEDIUM LOTN	F	
AVEENO PROTECT + HYDRATESPF 50 LOTN	F	
AVEENO PROTECT + HYDRATESPF 70 LOTN	F	
AVEENO SMART ESSENTIALS DAILY NOURISHING MOISTURIZER SPF30 LOTN	F	
AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF15 LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
BULL FROG SUPERBLOCK SPF50 LOTN	F	
BULL FROG ULTIMATE SHEERPROTECTION FACE SUNBLOCK SPF 30 LOTN	F	
BULL FROG ULTIMATE SHEERPROTECTION SUNBLOCK SPF 30 LOTN	F	
BULL FROG WATER ARMOR SPORT FACE SPF 30 LOTN	F	
CERAVE SUNSCREEN FACE/SPF50 LOTN	F	
CERAVE SUNSCREEN/BODY LOTN	F	
CERAVE SUNSCREEN/FACE LOTN	F	
CHANTAL SUN SCREEN SPF 30 LOTN	F	
COTZ LOTN	F	
DIABETIDERM SUNSCREEN SPF15 LOTN	F	
ELTA BLOCK SPF 32 LOTN	F	
FACE COTZ LOTN	F	
HUGGIES LITTLE SWIMMERS SPF50 LOTN	F	
KERI AGE DEFY & PROTECT LOTN	F	
LUBRIDERM DAILY MOISTURE/SUNSCREEN SPF 15 LOTN	F	
NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF110 LOTN	F	
NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF70 LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA COOLDRY SPORTWITH HELIOPLEX SPF 30 LOTN	F	
NEUTROGENA HEALTHY DEFENSE DAILY MOISTURIZER PURESCREEN LOTN	F	
NEUTROGENA MEN SPF 20 LOTN	F	
NEUTROGENA MOISTURE SPF15UNTINTED LOTN	F	
NEUTROGENA SPORT FACE SUNBLOCK WITH HELIOPLEX SPF70 LOTN	F	
NEUTROGENA ULTRA SHEER DRY-TOUCH SPF 45 LOTN	F	
NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 100 LOTN	F	
NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 55 LOTN	F	
NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 70 LOTN	F	
NIVEA HAND THERAPY LOTN	F	
NIVEA VISAGE UV CARE DAILY FACIAL LOTN	F	
OIL OF BEAUTY COMPLETE MOISTURE SPF 15 LOTN	F	
PRE SUN KIDS LOTN	F	
PURE & FREE BABY SUNSCREEN BROAD SPECTRUM SPF 60+ LOTN	F	
RA RX SUNCARE ADVANCED PROTECTION SPF50 LOTN	F	
ROC MULTI CORREXION 5 IN1 DAILY MOISTURIZER SPF 30 LOTN	F	
ROC MULTI CORREXION LIFTANTI-GRAVITY DAY MOISTURIZER SPF30 LOTN	F	
ROC RETINOL CORREXION SPF30 LOTN	F	
SHADE SUNBLOCK SPF 45 LOTN (*Use Sunscreens*)	NF	
SHADE UVAGUARD SPF 15 LOTN (*Use Sunscreens*)	NF	
SOLBAR AVO LOTN	F	
SOLBAR PF SPF15 LOTN	F	
sunscreens lotn	F	
TOTAL BLOCK SPF 60 COVERUP LOTN	F	
TOTAL BLOCK SPF 65 CLEAR LOTN	F	
WATER BABIES SPF 30 LOTN (*Use Sunscreens*)	NF	
Tar Products		
coal tar extract sham	F	
DHS TAR GEL SHAM (*Use Coal Tar Extract*)	NF	
DHS TAR SHAM (*Use Coal Tar Extract*)	NF	
NEUTROGENA T/GEL SHAM (*Use Coal Tar Extract*)	NF	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (*Use Coal Tar Extract*)	NF	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		

Drug Name	Drug Tier	Requirements/ Limits
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	F	
CHEK-STIX CONTROL STRP	F	
CHEMSTRIP-K STRP	F	
KETOCARE STRP	F	
KETONE TEST STRIPS STRP	F	
KETOSTIX STRP	F	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	F	QL(1 ea daily)
PRECISION XTRA STRP VI	F	QL(1 ea daily)
PTS PANELS KETONE TEST STRP	F	QL(1 ea daily)
RELION KETONE STRP	F	
RELION KETONE TEST STRIPS STRP	F	
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	F	QL(5 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	F	QL(5 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	F	QL(5 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	F	QL(5 ea daily); RX/OTC
TRUETEST STRIPS STRP	F	QL(5 ea daily); RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	F	QL(5 ea daily); RX/OTC
TRUETRACK TEST STRP	F	QL(5 ea daily); RX/OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 15 CAPS	F	
DEPLIN 7.5 CAPS	F	
ELFOLATE TABS	F	
L-METHYLFOLATE CALCIUM TABS	F	
L-METHYLFOLATE FORMULA 15 CAPS	F	
L-METHYLFOLATE FORMULA 7.5 CAPS	F	
L-METHYLFOLATE FORTE CAPS	F	
L-METHYLFOLATE TABS	F	
LEVOMEFOLATE CALCIUM/ALGAL POWDER CAPS	F	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	F	
PANCREAZE CPEP	F	
PANCRELIPASE CPEP	F	
ZENPEP CPEP	F	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12	F	
acetazolamide tabs	F	
DIAMOX CP12 (*Use Acetazolamide*)	NF	
methazolamide tabs	F	
NEPTAZANE TABS (*Use Methazolamide*)	NF	
Diuretic Combinations		
ALDACTAZIDE TABS (*Use Spironolactone & Hydrochlorothiazide*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
amiloride & hydrochlorothiazide tabs	F	QL(1 ea daily)
DYAZIDE CAPS (*Use Triamterene & Hydrochlorothiazide*)	NF	QL(1 ea daily)
MAXZIDE TABS (*Use Triamterene & Hydrochlorothiazide*)	NF	QL(1 ea daily)
MAXZIDE-25 TABS (*Use Triamterene & Hydrochlorothiazide*)	NF	QL(1 ea daily)
spironolactone & hydrochlorothiazide tabs	F	
triamterene & hydrochlorothiazide caps	F	QL(1 ea daily)
triamterene & hydrochlorothiazide tabs	F	QL(1 ea daily)
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	F	QL(1 ea daily)
Loop Diuretics		
bumetanide tabs	F	
BUMEX TABS (*Use Bumetanide*)	NF	
DEMADEX TABS (*Use Torsemide*)	NF	QL(1 ea daily)
furosemide soln ij 10 mg/ml	F	
furosemide soln or 10 mg/ml	F	
FUROSEMIDE SOLN OR 8 MG/ML	F	
furosemide tabs or 40 mg, 20 mg, 80 mg	F	
LASIX TABS (*Use Furosemide*)	NF	
torsemide tabs	F	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (*Use Spironolactone*)	NF	
amiloride hcl tabs	F	QL(4 ea daily)
spironolactone tabs	F	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	F	QL(2 ea daily)
chlorothiazide tabs 500 mg	F	QL(4 ea daily)
chlorthalidone tabs	F	
hydrochlorothiazide caps	F	
hydrochlorothiazide tabs	F	
indapamide tabs	F	
metolazone tabs	F	
MICROZIDE CAPS (*Use Hydrochlorothiazide*)	NF	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (*Use Risedronate Sodium*)	NF	PA; Limit 4 per month;QL(0.13 4 ea daily)
ACTONEL TABS 5 MG, 30 MG (*Use Risedronate Sodium*)	NF	PA; QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	F	PA; QL(10.8 ml daily)
alendronate sodium tabs 10 mg, 5 mg	F	PA; QL(1 ea daily)
alendronate sodium tabs 35 mg, 70 mg	F	PA; Limit 4 per month;QL(0.13 4 ea daily)
ALENDRONATE SODIUM TABS 40 MG	F	PA; QL(1 ea daily)
ATELVIA TBEC (*Use Risedronate Sodium*)	NF	PA; QL(0.15 ea daily)
calcitonin (salmon) soln	F	QL(0.143 ml daily)
FORTICAL SOLN	F	QL(0.143 ml daily)
FOSAMAX TABS (*Use Alendronate Sodium*)	NF	PA; Limit 4 per month;QL(0.13 4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MIACALCIN SOLN IJ 200 UNIT/ML	F	Limit 1 package per month;QL(0.067 ml daily,2 ml per fill retail)
MIACALCIN SOLN NA 200 UNIT/ACT (*Use Calcitonin (Salmon)*)	NF	QL(0.143 ml daily)
risedronate sodium tabs 35 mg	F	PA; Limit 4 per month;QL(0.134 ea daily)
risedronate sodium tabs 5 mg, 30 mg	F	PA; QL(1 ea daily)
risedronate sodium tbec 35 mg	F	PA; QL(0.15 ea daily)
Growth Hormones		
NORDITROPIN FLEXPRO SOLN	F	PA
SAIZEN CLICK.EASY SOLR	F	PA
SAIZEN SOLR	F	PA
SAIZENPREP RECONSTITUTIONKIT SOLR	F	PA
SEROSTIM SOLR	F	PA
ZORBTIVE SOLR	F	PA
Hormone Receptor Modulators		
EVISTA TABS (*Use Raloxifene HCl*)	NF	QL(1 ea daily)
raloxifene hcl tabs	F	QL(1 ea daily)
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	F	PA
Metabolic Modifiers		
calcitriol caps	F	
CARNITOR SF SOLN (*Use Levocarnitine (Metabolic Modifiers)*)	NF	QL(30 ml daily)
CARNITOR SOLN 1 GM/10ML (*Use Levocarnitine (Metabolic Modifiers)*)	NF	QL(30 ml daily)
CARNITOR TABS 330 MG (*Use Levocarnitine (Metabolic Modifiers)*)	NF	QL(3 ea daily); RX/OTC
FABRAZYME SOLR	F	PA
levocarnitine (metabolic modifiers) soln 1 gm/10ml	F	QL(30 ml daily)
levocarnitine (metabolic modifiers) tabs 330 mg	F	QL(3 ea daily); RX/OTC
ROCALTROL CAPS (*Use Calcitriol*)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (*Use Desmopressin Acetate*)	NF	PA
DDAVP SOLN NA 0.01 % (*Use Desmopressin Acetate Refrigerated*)	NF	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (*Use Desmopressin Acetate Spray*)	NF	PA; QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (*Use Desmopressin Acetate*)	NF	QL(3 ea daily)
desmopressin acetate refrigerated soln	F	QL(5 ml per fill retail)
desmopressin acetate soln ij 4 mcg/ml	F	PA
desmopressin acetate spray refrigerated soln	F	QL(5 ml per fill retail)
desmopressin acetate spray soln	F	PA; QL(5 ml per fill retail)
desmopressin acetate tabs or 0.2 mg, 0.1 mg	F	QL(3 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (*Use Estradiol & Norethindrone Acetate*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
COMBIPATCH PTTW	F	Limit 8 patches per month;QL(0.29 ea daily)
esterified estrogens & methyltestosterone tabs	F	QL(1 ea daily)
estradiol & norethindrone acetate tabs	F	QL(1 ea daily)
PREMPHASE TABS	F	QL(1 ea daily)
PREMPRO TABS	F	QL(1 ea daily)
Estrogens		
ALORA PTTW	F	Limit 8 patches per month;QL(0.29 ea daily)
CLIMARA PTWK (*Use Estradiol*)	NF	Limit 4 patches per month;QL(0.14 3 ea daily)
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (*Use Estradiol*)	NF	
estradiol pttw td 0.0375 mg/24hr	F	QL(0.29 ea daily)
estradiol pttw td 0.1 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.025 mg/24hr	F	Limit 8 patches per month;QL(0.29 ea daily)
estradiol ptwk td 0.05 mg/24hr, 0.025 mg/24hr, 0.1 mg/24hr, 0.075 mg/24hr, 37.5 mcg/24hr, 0.06 mg/24hr	F	Limit 4 patches per month;QL(0.14 3 ea daily)
estradiol tabs or 2 mg, 0.5 mg, 1 mg	F	
estropipate tabs 0.75 mg, 1.5 mg	F	QL(1 ea daily)
ESTROPIPATE TABS 1.5 MG, 0.75 MG	F	QL(1 ea daily)
ESTROPIPATE TABS 3 MG	F	QL(2 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR	F	QL(0.29 ea daily)
MINIVELLE PTTW 0.05 MG/24HR, 0.1 MG/24HR, 0.025 MG/24HR, 0.075 MG/24HR	F	Limit 8 patches per month;QL(0.29 ea daily)
PREMARIN TABS OR 0.45 MG, 1.25 MG, 0.3 MG, 0.625 MG, 0.9 MG	F	QL(1 ea daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.1 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR (*Use Estradiol*)	NF	Limit 8 patches per month;QL(0.29 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR (*Use Estradiol*)	NF	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS (*Use Ciprofloxacin HCl*)	NF	
CIPROFLOXACIN HCL TABS 100 MG	F	QL(6 ea per fill retail)
ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg	F	
LEVAQUIN TABS (*Use Levofloxacin*)	NF	QL(1 ea daily,14 ea per fill retail)
levofloxacin tabs	F	QL(1 ea daily,14 ea per fill retail)
OFLOXACIN TABS 300 MG	F	QL(56 ea per fill retail)
ofloxacin tabs 400 mg	F	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X CHEW (*Use Simethicone*)	NF	
MYLICON INFANTS GAS RELIEF SUSP (*Use Simethicone*)	NF	QL(30 ml per fill retail)
MYLICON SUSP (*Use Simethicone*)	NF	QL(30 ml per fill retail)
simethicone chew 80 mg	F	

Drug Name	Drug Tier	Requirements/ Limits
simethicone susp 20 mg/0.3ml, 40 mg/0.6ml	F	QL(30 ml per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	F	PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (*Use Ursodiol*)	NF	QL(3 ea daily)
URSO 250 TABS (*Use Ursodiol*)	NF	QL(7 ea daily)
ursodiol caps 300 mg	F	QL(3 ea daily)
ursodiol tabs 250 mg	F	QL(7 ea daily)
Gastrointestinal Stimulants		
metoclopramide hcl soln	F	
metoclopramide hcl tabs	F	
REGLAN TABS (*Use Metoclopramide HCl*)	NF	
Inflammatory Bowel Agents		
ASACOL HD TBEC	F	ST; QL(3 ea daily)
AZULFIDINE EN-TABS TBEC (*Use Sulfasalazine*)	NF	
AZULFIDINE TABS (*Use Sulfasalazine*)	NF	
balsalazide disodium caps	F	QL(9 ea daily)
COLAZAL CAPS (*Use Balsalazide Disodium*)	NF	QL(9 ea daily)
DELZICOL CPDR	F	PA; QL(6 ea daily)
MESALAMINE DR TBEC	F	ST; QL(3 ea daily)
mesalamine enem	F	QL(60 ml daily)
SFROWASA ENEM	F	
sulfasalazine tabs	F	
sulfasalazine tbec	F	
Intestinal Acidifiers		
lactulose (encephalopathy) soln	F	
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	F	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbcr	F	
potassium citrate-citric acid pack	F	
SHOHLS SOLUTION MODIFIED SOLN (*Use Sodium Citrate & Citric Acid*)	NF	Limit 1 package per month;QL(16.67 ml daily); RX/OTC
sodium citrate & citric acid soln	F	Limit 1 package per month;QL(16.67 ml daily); RX/OTC
UROCIT-K 10 TBCR (*Use Potassium Citrate (Alkalinizer)*)	NF	
UROCIT-K 5 TBCR (*Use Potassium Citrate (Alkalinizer)*)	NF	
Genitourinary Irrigants		
sodium chloride (gu irrigant) soln	F	
Interstitial Cystitis Agents		
ELMIRON CAPS	F	QL(3 ea daily)
Prostatic Hypertrophy Agents		
finasteride tabs	F	QL(1 ea daily)
FLOMAX CAPS (*Use Tamsulosin HCl*)	NF	QL(2 ea daily)
PROSCAR TABS (*Use Finasteride*)	NF	QL(1 ea daily)
tamsulosin hcl caps	F	QL(2 ea daily)
Urinary Analgesics		

Drug Name	Drug Tier	Requirements/ Limits
phenazopyridine hcl tabs	F	
PYRIDIUM TABS (*Use Phenazopyridine HCl*)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	F	
Gout Agents		
allopurinol tabs	F	
COLCHICINE TABS	F	PA; Limit 6 per claim;QL(6 ea per fill retail)
COLCRYS TABS	F	PA; Limit 6 per claim;QL(6 ea per fill retail)
ZYLOPRIM TABS (*Use Allopurinol*)	NF	
Uricosurics		
probenecid tabs	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR	F	
ADYNOVATE SOLR	F	
AFSTYLA KIT	F	
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	F	
ALPHANINE SD SOLR	F	
ALPROLIX SOLR	F	
BEBULIN SOLR	F	
BENEFIX KIT	F	
CORIFACT KIT	F	
ELOCTATE SOLR	F	

Drug Name	Drug Tier	Requirements/ Limits
FEIBA NF SOLR	F	
FEIBA SOLR	F	
HELIXATE FS KIT	F	
HEMOFIL M SOLR	F	
HUMATE-P SOLR	F	
IDELVION SOLR	F	
IXINITY SOLR	F	
KOATE SOLR	F	
KOATE-DVI SOLR	F	
KOGENATE FS BIO-SET KIT	F	
KOGENATE FS KIT	F	
KOVALTRY SOLR	F	
MONOCLATE-P KIT	F	
MONONINE SOLR	F	
NOVOEIGHT SOLR	F	
NOVOSEVEN RT SOLR	F	
NUWIQ SOLR	F	
OBIZUR SOLR	F	
PROFILNINE SD SOLR	F	
PROFILNINE SOLR	F	
RECOMBINATE SOLR	F	
RIASTAP SOLR	F	
RIXUBIS SOLR	F	
TRETTEN SOLR	F	
WILATE KIT	F	

Drug Name	Drug Tier	Requirements/ Limits
WILATE SOLR	F	
XYNTHA KIT	F	
XYNTHA SOLOFUSE KIT	F	
Hematorheologic Agents		
pentoxifylline tbcr	F	
Platelet Aggregation Inhibitors		
AGRYLIN CAPS (*Use Anagrelide HCl*)	NF	
anagrelide hcl caps	F	
BRILINTA TABS	F	QL(2 ea daily)
cilostazol tabs	F	QL(2 ea daily)
clopidogrel bisulfate tabs	F	QL(1 ea daily)
dipyridamole tabs	F	
EFFIENT TABS	F	QL(1 ea daily)
PERSANTINE TABS (*Use Dipyridamole*)	NF	
PLAVIX TABS (*Use Clopidogrel Bisulfate*)	NF	QL(1 ea daily)
PLETAL TABS (*Use Cilostazol*)	NF	QL(2 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	F	PA
CEREZYME SOLR	F	PA
VPRIV SOLR	F	PA
ZAVESCA CAPS	F	PA
Agents for Sickle Cell Anemia		
DROXIA CAPS	F	
Cobalamins		
cyanocobalamin soln	F	

Drug Name	Drug Tier	Requirements/ Limits
Folic Acid/Folates		
folic acid tabs 1 mg	F	RX/OTC
folic acid tabs 800 mcg, 400 mcg	F	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	F	PA
ARANESP ALBUMIN FREE SOSY	F	PA
EPOGEN SOLN	F	PA
MIRCERA SOSY 100 MCG/0.3ML, 75 MCG/0.3ML, 50 MCG/0.3ML, 200 MCG/0.3ML	F	PA
NEUMEGA SOLR	F	PA
NPLATE SOLR	F	PA
PROCRIT SOLN 40000 UNIT/ML, 2000 UNIT/ML, 10000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 20000 UNIT/ML	F	PA
PROMACTA TABS	F	PA
ZARXIO SOSY	F	PA
Hematopoietic Mixtures		
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs	F	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (*Use Ferrous Sulfate*)	NF	100 / 30 days;QL(3.4 ml daily); AL
FERGON TABS (*Use Ferrous Gluconate*)	NF	
FERRETTS TABS	F	QL(2 ea daily)
ferrous fumarate tabs	F	
ferrous gluconate tabs 27 mg, 240 mg	F	

Drug Name	Drug Tier	Requirements/ Limits
FERROUS GLUCONATE TABS 324 MG	F	AL
ferrous sulfate dried tbcr	F	
ferrous sulfate elix 220 mg/5ml	F	QL(16 ml daily); AL
FERROUS SULFATE LIQD 220 MG/5ML	F	
ferrous sulfate soln 15 mg/ml	F	100 / 30 days;QL(3.4 ml daily); AL
ferrous sulfate tabs 65 mg, 325 mg	F	AL
FERROUS SULFATE TBEC 324 MG	F	AL
ferrous sulfate tbec 325 mg	F	AL
HEMOCYTE TABS (*Use Ferrous Fumarate*)	NF	
IRON CHEWS PEDIATRIC CHEW	F	
polysaccharide iron complex caps	F	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL SOLN	F	PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS	F	QL(24 ea per fill retail)
LYSTEDA TABS (*Use Tranexamic Acid*)	NF	QL(30 ea per 5 days retail); AL
tranexamic acid tabs	F	QL(30 ea per 5 days retail); AL
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) caps 25 mg, 50 mg	F	
diphenhydramine hcl (sleep) liqd 50 mg/30ml	F	
diphenhydramine hcl (sleep) tabs 25 mg	F	QL(1 ea daily)
diphenhydramine hcl (sleep) tabs 50 mg	F	
doxylamine succinate (sleep) tabs	F	
NYTOL MAXIMUM STRENGTH TABS (*Use Diphenhydramine HCl (Sleep)*)	NF	
UNISOM SLEEPGELS CAPS (*Use Diphenhydramine HCl (Sleep)*)	NF	
UNISOM TABS (*Use Doxylamine Succinate (Sleep)*)	NF	
ZZZQUIL CAPS (*Use Diphenhydramine HCl (Sleep)*)	NF	
ZZZQUIL LIQD (*Use Diphenhydramine HCl (Sleep)*)	NF	
Barbiturate Hypnotics		
AMYTAL SODIUM SOLR	F	
BUTISOL SODIUM TABS	F	
phenobarbital elix or 20 mg/5ml	F	
PHENOBARBITAL SODIUM SOLN	F	
phenobarbital soln or 20 mg/5ml	F	
PHENOBARBITAL TABS OR 15 MG, 30 MG, 60 MG, 100 MG	F	
phenobarbital tabs or 64.8 mg, 32.4 mg, 97.2 mg, 16.2 mg	F	
SECONAL CAPS	F	
SECONAL SODIUM CAPS	F	
Hypnotics - Tricyclic Agents		
SILENOR TABS	F	ST; Try 2 preferred hypnotics first
Non-Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
AMBIEN TABS (*Use Zolpidem Tartrate*)	NF	QL(1 ea daily)
estazolam tabs	F	
eszopiclone tabs	F	ST; Try 2 preferred hypnotics first
FLURAZEPAM HCL CAPS	F	QL(1 ea daily)
HALCION TABS (*Use Triazolam*)	NF	QL(1 ea daily)
LUNESTA TABS (*Use Eszopiclone*)	NF	ST; Try 2 preferred hypnotics first
midazolam hcl soln	F	
midazolam hcl syrp	F	
RESTORIL CAPS 15 MG (*Use Temazepam*)	NF	QL(1 ea daily); AL
RESTORIL CAPS 30 MG (*Use Temazepam*)	NF	QL(2 ea daily); AL
RESTORIL CAPS 7.5 MG, 22.5 MG (*Use Temazepam*)	NF	ST; Try 2 preferred hypnotics first
SONATA CAPS (*Use Zaleplon*)	NF	QL(1 ea daily); AL
temazepam caps 15 mg	F	QL(1 ea daily); AL
temazepam caps 30 mg	F	QL(2 ea daily); AL
temazepam caps 7.5 mg, 22.5 mg	F	ST; Try 2 preferred hypnotics first
TRIAZOLAM TABS 0.125 MG	F	QL(1 ea daily)
triazolam tabs 0.25 mg	F	QL(1 ea daily)
zaleplon caps	F	QL(1 ea daily); AL
zolpidem tartrate tabs	F	QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs	F	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EVAC POWD (*Use Psyllium*)	NF	
FIBERCON TABS (*Use Calcium Polycarbophil*)	NF	QL(10 ea daily)
KONSYL PACK	F	
KONSYL POWD (*Use Psyllium*)	NF	
METAMUCIL CAPS (*Use Psyllium*)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (*Use Psyllium*)	NF	
METAMUCIL POWD (*Use Psyllium*)	NF	
psyllium caps 0.52 gm, 520 mg	F	
psyllium powd 30.9 %, 58.6 %, 33 %, 28.3 %, , 48.57 %, 30 %, 100 %	F	
Laxative Combinations		
COLYTE-FLAVOR PACKS SOLR (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	NF	QL(4000 ml per fill retail)
GOLYTELY SOLR (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	NF	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS SOLR (*Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride*)	NF	QL(4000 ml per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	F	QL(4000 ml per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	F	QL(4000 ml per fill retail)
sennosides-docusate sodium tabs	F	QL(4 ea daily)
SENOKOT S TABS (*Use Sennosides-Docusate Sodium*)	NF	QL(4 ea daily)
Laxatives - Miscellaneous		
glycerin (laxative) supp 2.1 gm, 2 gm, 1.2 gm	F	

Drug Name	Drug Tier	Requirements/ Limits
GLYCERIN ADULT SUPP (*Use Glycerin (Laxative)*)	NF	
lactulose soln	F	
MIRALAX PACK (*Use Polyethylene Glycol 3350*)	NF	RX/OTC
MIRALAX POWD (*Use Polyethylene Glycol 3350*)	NF	QL(34 gm daily); RX/OTC
PEDIA-LAX SUPP 2.8 GM	F	
polyethylene glycol 3350 pack	F	RX/OTC
polyethylene glycol 3350 powd	F	QL(34 gm daily); RX/OTC
SORBITOL SOLN	F	
Saline Laxatives		
FLEET ENEMA ENEM (*Use Sodium Phosphates*)	NF	
FLEET ENEMA SIX PACK ENEM (*Use Sodium Phosphates*)	NF	
FLEET PEDIATRIC ENEM (*Use Sodium Phosphates*)	NF	
magnesium citrate soln	F	
magnesium hydroxide susp	F	QL(33 ml daily)
MILK OF MAGNESIA CONCENTRATE SUSP	F	
sodium phosphates enem	F	
Stimulant Laxatives		
bisacodyl supp re 10 mg	F	QL(12 ea per fill retail)
bisacodyl tbec or 5 mg	F	QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (*Use Bisacodyl*)	NF	QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (*Use Bisacodyl*)	NF	QL(1 ea daily)
EX-LAX TABS (*Use Sennosides*)	NF	
SENNA SYRP	F	
sennosides liqd	F	
sennosides syrp	F	
sennosides tabs	F	
SENOKOT TABS (*Use Sennosides*)	NF	
SENOKOT XTRA TABS (*Use Sennosides*)	NF	
Surfactant Laxatives		
COLACE CAPS (*Use Docusate Sodium*)	NF	QL(3 ea daily)
docusate calcium caps	F	
docusate sodium caps 250 mg, 100 mg	F	QL(3 ea daily)
docusate sodium liqd 150 mg/15ml, 50 mg/5ml	F	
docusate sodium syrp 60 mg/15ml	F	
docusate sodium tabs 100 mg	F	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK 1 GM	F	QL(2 ea per fill retail)
azithromycin susr 100 mg/5ml	F	Limit 1 package per claim;QL(15 ml per fill retail)
azithromycin susr 200 mg/5ml	F	Limit 1 package per claim;QL(30 ml per fill retail)
azithromycin tabs 250 mg	F	QL(6 ea per fill retail)
azithromycin tabs 500 mg	F	QL(4 ea daily)
azithromycin tabs 600 mg	F	Limit 8 per 28 days;QL(0.286 ea daily)
ZITHROMAX PACK 1 GM	F	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX SUSR 100 MG/5ML (*Use Azithromycin*)	NF	Limit 1 package per claim;QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (*Use Azithromycin*)	NF	Limit 1 package per claim;QL(30 ml per fill retail)
ZITHROMAX TABS 250 MG (*Use Azithromycin*)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (*Use Azithromycin*)	NF	QL(4 ea daily)
ZITHROMAX TABS 600 MG (*Use Azithromycin*)	NF	Limit 8 per 28 days;QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (*Use Azithromycin*)	NF	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (*Use Azithromycin*)	NF	QL(6 ea per fill retail)
Clarithromycin		
BIAXIN SUSR 250 MG/5ML (*Use Clarithromycin*)	NF	
BIAXIN TABS 250 MG, 500 MG (*Use Clarithromycin*)	NF	QL(28 ea per fill retail)
clarithromycin susr 125 mg/5ml	F	Limit 1 package per claim;QL(100 ml per fill retail)
clarithromycin susr 250 mg/5ml	F	
clarithromycin tabs 500 mg, 250 mg	F	QL(28 ea per fill retail)
clarithromycin tb24 500 mg	F	QL(14 ea per fill retail)
Erythromycins		
E.E.S. 400 TABS	F	
E.E.S. GRANULES SUSR (*Use Erythromycin Ethylsuccinate*)	NF	
ERY-TAB TBEC	F	
ERYPED 200 SUSR (*Use Erythromycin Ethylsuccinate*)	NF	
ERYPED 400 SUSR	F	
ERYTHROCIN STEARATE TABS	F	
erythromycin base cpep 250 mg	F	
ERYTHROMYCIN BASE TABS 250 MG, 500 MG	F	
erythromycin ethylsuccinate susr 200 mg/5ml	F	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	F	
PCE TBEC	F	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ALLEVYN PLUS CAVITY PADS	F	RX/OTC
ALLEVYN THIN PADS	F	RX/OTC
AMD FOAM DRESSING 4"X4" PADS	F	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	F	RX/OTC
BAND-AID GAUZE PADS LARGE4" X 4" PADS	F	RX/OTC
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	F	
BAND-AID GAUZE PADS SMALL2" X 2" PADS	F	RX/OTC
BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4" PADS	F	RX/OTC
BIATAIN ADHESIVE FOAM DRESSING 4"X4" PADS	F	RX/OTC
BIATAIN FOAM DRESSING 4"X4" PADS	F	RX/OTC
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC
BORDERED GAUZE PADS	F	RX/OTC
CARRASMART FOAM PADS	F	RX/OTC
CARRASMART PADS	F	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	F	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	F	RX/OTC
COVRSITE COVER DRESSING PADS	F	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS	F	RX/OTC
CUREX ALL-PURPOSE SPONGES 4"X4" 4 PLY PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS	F	
CURITY ALL PURPOSE SPONGES 4 PLY PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	F	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS	F	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC
CURITY COVER SPONGE 4"X4" PADS	F	RX/OTC
CURITY COVER SPONGES 3"X3" PADS	F	
CURITY COVER SPONGES 4"X4" PADS	F	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
CURITY GAUZE PADS 2"X2" 12 PLY PADS	F	RX/OTC
CURITY GAUZE PADS 2"X2" PADS	F	RX/OTC
CURITY GAUZE PADS 3"X3" PADS	F	
CURITY GAUZE PADS 4"X4" 12 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 2"X2" 8 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 2"X2"12 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 3"X3" 12 PLY PADS	F	
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	F	RX/OTC
CURITY NON-ADHERENT STRIPS 3"X3" PADS	F	
CURITY SPONGES/CELLULOSEFILLED/2"X2" PADS	F	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	F	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	F	RX/OTC
FLEXZAN 4 X 4 PADS	F	RX/OTC
GAUZE DRESSING 4"X4" PADS	F	RX/OTC
GAUZE PADS 2"X2" PADS	F	RX/OTC
GAUZE PADS 3"X3" PADS	F	
GAUZE PADS 4"X4" 12 PLY PADS	F	RX/OTC
GAUZE PADS 4"X4" PADS	F	RX/OTC
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	F	RX/OTC
GAUZE SPONGES 4"X4" 12 PLY PADS	F	RX/OTC
GAUZE SPONGES 4"X4" PADS	F	RX/OTC
GNP STERILE PADS 3"X3" PADS	F	
HM STERILE PADS PADS	F	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	F	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	F	RX/OTC
ISLAND GARD-GRX PADS	F	RX/OTC
J & J GAUZE 2"X2" 8 PLY PADS	F	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	F	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	F	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	F	RX/OTC
J & J GAUZE SPONGES 8-PLY4" X 4" MISC	F	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	F	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS	F	
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	F	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS	F	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS	F	
KERLIX SPONGES 4" X 4" 12 PLY PADS	F	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS	F	RX/OTC
MIRASORB SPONGES 2" X 2" MISC	F	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	F	RX/OTC
NU GAUZE 4PLY 4"X4" PADS	F	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	F	RX/OTC
OPTIFOAM PADS	F	RX/OTC
POLYMEM DRESSING/3" X 3" PADS	F	
POLYMEM DRESSING/4" X 4" PADS	F	RX/OTC
QC ALL PURPOSE DRESSINGS4"X4" PADS	F	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	F	RX/OTC
QC STERILE PADS PADS	F	

Drug Name	Drug Tier	Requirements/ Limits
QC STERILE PADS PADS	F	RX/OTC
RA ALL PURPOSE DRESSINGS4"X4" PADS	F	RX/OTC
RA DRESSING SPONGES 4"X4" PADS	F	RX/OTC
RA GAUZE SPONGES 4"X4" PADS	F	RX/OTC
RA STERILE PADS 2"X2" PADS	F	RX/OTC
RA STERILE PADS 3"X3" PADS	F	
RA STERILE PADS 4"X4" PADS	F	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	F	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	F	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	F	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	F	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	F	RX/OTC
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS	F	
SM GAUZE PADS 2"X2" PADS	F	RX/OTC
SM GAUZE PADS 3"X3" PADS	F	
SM GAUZE PADS 4"X4" PADS	F	RX/OTC
SM STERILE PADS 2"X2" PADS	F	RX/OTC
SM STERILE PADS PADS	F	RX/OTC
SOF-WICK 4"X4" PADS	F	RX/OTC
STERILE GAUZE PADS 2"X2" PADS	F	RX/OTC
STERILE GAUZE PADS 3"X3" PADS	F	
STERILE PADS 2"X2" PADS	F	RX/OTC
STERILE PADS 3"X3" PADS	F	
STERILE PADS 4"X4" PADS	F	RX/OTC
TEGADERM FOAM DRESSING 2"X2" PADS	F	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	F	RX/OTC
THERAGAUZE PADS	F	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	F	RX/OTC
VERSIVA XC 3" X 3" FOAM DRESSING/HYDROFIBER TECHNOLOGY PADS	F	
VERSIVA XC 4" X 4" FOAM DRESSING/HYDROFIBER TECHNOLOGY PADS	F	RX/OTC
VISTEC X-RAY DETECTABLE SPONGES 4"X4" 16 PLY PADS	F	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	F	QL(36 ea per fill retail)
ATLAS COLORED LUBRICATEDCONDOM DEVI	F	QL(36 ea per fill retail)
ATLAS LUBRICATED CONDOM DEVI	F	QL(36 ea per fill retail)
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	F	QL(36 ea per fill retail)
CLASS ACT LUBRICATED MISC	F	QL(36 ea per fill retail)
DUREX EXTRA SENSITIVE DEVI	F	QL(36 ea per fill retail)
ELEXA NATURAL FEEL MISC	F	QL(36 ea per fill retail)
ELEXA STIMULATING MISC	F	QL(36 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ELEXA ULTRA SENSITIVE MISC	F	QL(36 ea per fill retail)
EXTRA SENSITIVE SPERMICIDAL DEVI	F	QL(36 ea per fill retail)
FANTASY LUBRICATED MISC	F	QL(36 ea per fill retail)
FANTASY LUBRICATED/SPERMICIDE MISC	F	QL(36 ea per fill retail)
HIGH SENSATION SPERMICIDAL DEVI	F	QL(36 ea per fill retail)
INTENSE SENSATION DEVI	F	QL(36 ea per fill retail)
KAMELEON LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO COLORS DEVI	F	QL(36 ea per fill retail)
KIMONO LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO PS LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO SENSATION LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	F	QL(36 ea per fill retail)
KIMONO SPECIAL DEVI	F	QL(36 ea per fill retail)
MAXX LUBRICATED MISC	F	QL(36 ea per fill retail)
MAXX PLUS SPERMICIDE LUBRICATED MISC	F	QL(36 ea per fill retail)
PREMIUM CONDOMS LUBRICATED MISC	F	QL(36 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
REALITY LATEX CONDOMS/LUBRICATED MISC	F	QL(36 ea per fill retail)
REALITY LATEX/ULTRA TEXTURED DEVI	F	QL(36 ea per fill retail)
REALITY LATEX/ULTRA THIN DEVI	F	QL(36 ea per fill retail)
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	F	QL(36 ea per fill retail)
TROJAN MAGNUM MISC	F	QL(36 ea per fill retail)
TROJAN MAGNUM WARM SENSATIONS DEVI	F	QL(36 ea per fill retail)
TROJAN MAGNUM XL LUBRICATED DEVI	F	QL(36 ea per fill retail)
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	F	QL(36 ea per fill retail)
TROJAN RIBBED W/SPERMICIDAL MISC	F	QL(36 ea per fill retail)
TROJAN SHARED SENSATION/LUBRICATED DEVI	F	QL(36 ea per fill retail)
TROJAN SUPRAS SPERMICIDAL DEVI	F	QL(36 ea per fill retail)
TROJAN TWISTED PLEASURE DEVI	F	QL(36 ea per fill retail)
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	F	QL(36 ea per fill retail)
TROJAN VERY SENSITIVE LUBRICATED MISC	F	QL(36 ea per fill retail)
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	F	QL(36 ea per fill retail)
TROJAN VERY THIN LUBRICATED MISC	F	QL(36 ea per fill retail)
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	F	QL(36 ea per fill retail)
TROJAN-ENZ LUBRICANT MISC	F	QL(36 ea per fill retail)
TROJAN-ENZ LUBRICATED MISC	F	QL(36 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TROJAN-ENZ W/SPERMICIDAL MISC	F	QL(36 ea per fill retail)
TRUSTEX COLOR CONDOMS + LUBE MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED EXTRALARGE MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	F	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	F	QL(36 ea per fill retail)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	F	QL(36 ea per fill retail)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	F	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED MISC	F	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	F	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	F	QL(36 ea per fill retail)
ULTIMATE FEELING DEVI	F	QL(36 ea per fill retail)
Diabetic Supplies		
1ST CHOICE LANCETS SUPERTHIN MISC	F	QL(5 ea daily)
1ST CHOICE LANCETS THIN MISC	F	QL(5 ea daily)
1ST CHOICE LANCETS ULTRATHIN MISC	F	QL(5 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	F	QL(5 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	F	QL(5 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	F	QL(5 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	F	QL(5 ea daily)
ACTI-LANCE LANCETS 28G MISC	F	QL(5 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	F	QL(5 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	F	QL(5 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	F	QL(5 ea daily)
ADJUSTABLE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ADVOCATE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	F	QL(5 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	F	QL(1 ea per 180 days retail)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	F	QL(5 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	F	QL(5 ea daily)
ASSURE LANCE LANCETS 21G MISC	F	QL(5 ea daily)
ASSURE LANCE LANCETS MISC	F	QL(5 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	F	QL(5 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	F	QL(5 ea daily)
AT LAST LANCETS MISC	F	QL(5 ea daily)
AURORA LANCET SUPER THIN30G MISC	F	QL(5 ea daily)
AURORA LANCET THIN 23G MISC	F	QL(5 ea daily)
AUTO-LANCET MINI MISC	F	QL(1 ea per 180 days retail)
AUTO-LANCET MISC	F	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
AUTOLET MINI MISC	F	QL(1 ea per 180 days retail)
AUTOLET PLUS MISC	F	QL(1 ea per 180 days retail)
BAYER MICROLET 2 LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
BAYER MICROLET LANCETS MISC	F	QL(5 ea daily)
BD LANCET DEVICE MISC	F	QL(1 ea per 180 days retail)
BD LANCET ULTRAFINE 30G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD MICROTAINER LANCETS MISC	F	QL(5 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	F	QL(5 ea daily)
BULLSEYE SAFETY LANCETS MISC	F	QL(5 ea daily)
CARDIOCOM LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCINGDEVICE MISC	F	QL(1 ea per 180 days retail)
CAREONE LANCET THIN MISC	F	QL(5 ea daily)
CAREONE LANCET ULTRA THIN MISC	F	QL(5 ea daily)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	F	QL(1 ea per 180 days retail)
CARETOUCH TWIST LANCETS 30G MISC	F	QL(5 ea daily)
CLEANLET LANCETS 28G MISC	F	QL(5 ea daily)
CLOSERCARE MISC	F	QL(1 ea per 180 days retail)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	F	QL(5 ea daily)
COMFORT LANCETS MISC	F	QL(5 ea daily)
CVS LANCETS 21G MISC	F	QL(5 ea daily)
CVS LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	F	QL(5 ea daily)
CVS LANCETS ORIGINAL MISC	F	QL(5 ea daily)
CVS LANCETS THIN 26G MISC	F	QL(5 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	F	QL(5 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS MISC	F	QL(5 ea daily)
DIASTAR EASY TEST II LANCETS 30G MISC	F	QL(5 ea daily)
DIASTAR EASY TEST LANCETS30G MISC	F	QL(5 ea daily)
DROPLET LANCETS ULTRA THIN 30G MISC	F	QL(5 ea daily)
DROPLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
DRUG MART LANCETS THIN MISC	F	QL(5 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	F	QL(5 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	F	QL(5 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	F	QL(5 ea daily)
DUANE READE LANCET ALTERNATE SITE 26G MISC	F	QL(5 ea daily)
DUANE READE LANCET SUPERTHIN 30G MISC	F	QL(5 ea daily)
DUANE READE LANCET ULTRATHIN 28G MISC	F	QL(5 ea daily)
E-Z JECT LANCETS 21G MISC	F	QL(5 ea daily)
E-Z JECT LANCETS COLOR MISC	F	QL(5 ea daily)
E-Z JECT LANCETS MISC	F	QL(5 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
E-Z JECT LANCETS THIN 26G MISC	F	QL(5 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY MINI EJECT LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
EASY MINI LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 26G/TWIST MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	F	QL(5 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	F	QL(5 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	F	QL(1 ea per 180 days retail)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	F	QL(5 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	F	QL(5 ea daily)
EASY TWIST & CAP LANCETS MISC	F	QL(5 ea daily)
EASYTEST II LANCETS MISC	F	QL(5 ea daily)
EASYTEST LANCETS MISC	F	QL(5 ea daily)
EQL COLOR LANCETS 21G MISC	F	QL(5 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EQL SUPER THIN LANCETS 30G MISC	F	QL(5 ea daily)
EQL THIN LANCETS 26G MISC	F	QL(5 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	F	QL(5 ea daily)
EZ-LETS LANCETS 21G MISC	F	QL(5 ea daily)
EZ-LETS LANCETS 23G MISC	F	QL(5 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	F	QL(5 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	F	QL(5 ea daily)
EZ-LETS LANCETS 30G MISC	F	QL(5 ea daily)
FIFTY50 LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	F	QL(5 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	F	QL(5 ea daily)
FINE 30 MISC	F	QL(5 ea daily)
FINGERSTIX LANCETS MISC	F	QL(5 ea daily)
FORA LANCETS MISC	F	QL(5 ea daily)
FORA LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
FORA LANCING DEVICE/CLEARCAP MISC	F	QL(1 ea per 180 days retail)
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	F	QL(5 ea daily)
GENTLE-LET GP LANCETS MISC	F	QL(5 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	F	QL(5 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	F	QL(5 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	F	QL(5 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	F	QL(5 ea daily)
GLOBAL LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
GLUCOCOM LANCETS 33G MISC	F	QL(5 ea daily)
GLUCOLET 2 AUTOMATIC LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
GLUCOSOURCE LANCET DEVICE MISC	F	QL(1 ea per 180 days retail)
GLUCOSOURCE LANCETS MISC	F	QL(5 ea daily)
GMATE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
GNP LANCETS 21G MISC	F	QL(5 ea daily)
GNP LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
GNP LANCETS MISC	F	QL(5 ea daily)
GNP LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
GNP LANCETS THIN 26G MISC	F	QL(5 ea daily)
GNP LANCETS THIN MISC	F	QL(5 ea daily)
GNP MICRO THIN LANCETS 33G MISC	F	QL(5 ea daily)
GNP SUPER THIN LANCETS/30G MISC	F	QL(5 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	F	QL(5 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	F	QL(5 ea daily)
GOODSENSE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	F	QL(5 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	F	QL(5 ea daily)
HAEMOLANCE MISC	F	QL(5 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	F	QL(5 ea daily)
HAEMOLANCE PLUS MISC	F	QL(5 ea daily)
HEALTH CARE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
HEALTHWISE LANCING PEN MISC	F	QL(1 ea per 180 days retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
HY-VEE LANCETS MISC	F	QL(5 ea daily)
HY-VEE THIN LANCETS MISC	F	QL(5 ea daily)
IN TOUCH LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
KINNEY LANCETS MISC	F	QL(5 ea daily)
KINNEY THIN LANCETS MISC	F	QL(5 ea daily)
KROGER LANCETS 21G MISC	F	QL(5 ea daily)
KROGER LANCETS MICRO THIN33G MISC	F	QL(5 ea daily)
KROGER LANCETS MISC	F	QL(5 ea daily)
KROGER LANCETS SUPER THIN MISC	F	QL(5 ea daily)
KROGER LANCETS THIN 26G MISC	F	QL(5 ea daily)
KROGER LANCETS THIN MISC	F	QL(5 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	F	QL(5 ea daily)
KROGER LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LANCET DEVICE ADJUSTABLE MISC	F	QL(1 ea per 180 days retail)
LANCET DEVICE WITH EJECTOR MISC	F	QL(1 ea per 180 days retail)
LANCETS 26G TWIST TOP MISC	F	QL(5 ea daily)
LANCETS 28G MISC	F	QL(5 ea daily)
LANCETS 30G MISC	F	QL(5 ea daily)
LANCETS 31G TWIST TOP MISC	F	QL(5 ea daily)
LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
LANCETS MISC	F	QL(5 ea daily)
LANCETS SAFETY SEAL 21G MISC	F	QL(5 ea daily)
LANCETS SAFETY SEAL 26G MISC	F	QL(5 ea daily)
LANCETS SAFETY SEAL 28G MISC	F	QL(5 ea daily)
LANCETS SAFETY SEAL 30G MISC	F	QL(5 ea daily)
LANCETS SUPER THIN 28G MISC	F	QL(5 ea daily)
LANCETS THIN MISC	F	QL(5 ea daily)
LANCETS ULTRA FINE MISC	F	QL(5 ea daily)
LANCETS ULTRA THIN 30G MISC	F	QL(5 ea daily)
LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
LANCETSBULLSEYE SAFETY MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCING DEVICE ADJUSTABLE MISC	F	QL(1 ea per 180 days retail)
LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LANZO MISC	F	QL(1 ea per 180 days retail)
LEADER ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LIBERTY MEDICAL LANCETS 30G MISC	F	QL(5 ea daily)
LIBERTY MINI LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	F	QL(5 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	F	QL(5 ea daily)
LITE TOUCH LANCETS MISC	F	QL(5 ea daily)
LITE TOUCH LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LITE TOUCH LANCING PEN MISC	F	QL(1 ea per 180 days retail)
LITETOUCH LANCETS MICRO THIN 33G MISC	F	QL(5 ea daily)
LIVE BETTER ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LIVE BETTER LANCET SUPERTHIN 30G MISC	F	QL(5 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	F	QL(5 ea daily)
LONGS LANCETS STANDARD MISC	F	QL(5 ea daily)
LONGS LANCETS THIN MISC	F	QL(5 ea daily)
LONGS LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	F	QL(5 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	F	QL(5 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	F	QL(5 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	F	QL(5 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC	F	QL(5 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	F	QL(5 ea daily)
MEDISENSE THIN LANCETS MISC	F	QL(5 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	F	QL(5 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	F	QL(5 ea daily)
MEDLANCE PLUS LANCETS MISC	F	QL(5 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	F	QL(5 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	F	QL(5 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	F	QL(5 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	F	QL(5 ea daily)
MEDLANCE/EXTRA MISC	F	QL(5 ea daily)
MEDLANCE/LITE MISC	F	QL(5 ea daily)
MEDLANCE/UNIVERSAL MISC	F	QL(5 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	F	QL(5 ea daily)
MEIJER LANCETS MISC	F	QL(5 ea daily)
MEIJER LANCETS THIN MISC	F	QL(5 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	F	QL(5 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	F	QL(5 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEIJER SUPER THIN LANCETS MISC	F	QL(5 ea daily)
MICROLET LANCETS MISC	F	QL(5 ea daily)
MICROLET NEXT MISC	F	QL(1 ea per 180 days retail)
MINI LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
MONOLET LANCETS MISC	F	QL(5 ea daily)
MONOLET OPD LANCETS MISC	F	QL(5 ea daily)
MONOLETTOR SAFETY LANCETS MISC	F	QL(5 ea daily)
MULTI-LANCET DEVICE MISC	F	QL(1 ea per 180 days retail)
NOVA SUREFLEX LANCETS MISC	F	QL(5 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ON CALL LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ON CALL PLUS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ONETOUCH CLUB LANCETS FINE POINT MISC	F	QL(5 ea daily)
ONETOUCH COMBO PACK MISC	F	QL(5 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	F	QL(5 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	F	QL(5 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ONETOUCH LANCETS MISC	F	QL(5 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	F	QL(5 ea daily)
PC LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
PERFECT LANCETS 30G MISC	F	QL(5 ea daily)
PHARMACY COUNTER LANCETS MISC	F	QL(5 ea daily)
PRECISION THIN LANCETS MISC	F	QL(5 ea daily)
PRECISION THINS GP LANCET MISC	F	QL(5 ea daily)
PRECISION ULTRA LANCET MISC	F	QL(5 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	F	QL(5 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	F	QL(5 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	F	QL(5 ea daily)
PRODIGY LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
PRODIGY TWIST TOP LANCETS MISC	F	QL(5 ea daily)
PSS SELECT GP LANCETS MISC	F	QL(5 ea daily)
PSS SELECT SAFETY LANCETS MISC	F	QL(5 ea daily)
PUBLIX ADVANCED LANCING DVICE MISC	F	QL(1 ea per 180 days retail)
PUSH BUTTON SAFETY LANCETS 21G MISC	F	QL(5 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	F	QL(5 ea daily)
PX ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
PX LANCET AUTO INJECTOR MISC	F	QL(1 ea per 180 days retail)
PX LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
QC ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
QC LANCETS SUPER THIN MISC	F	QL(5 ea daily)
QC LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
QC UNILET LANCETS 33G/MICRO THIN MISC	F	QL(5 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	F	QL(5 ea daily)
RA E-ZJECT LANCETS 28G MISC	F	QL(5 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	F	QL(5 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	F	QL(5 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	F	QL(5 ea daily)
RA LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
REALITY LANCETS MISC	F	QL(5 ea daily)
RELION 2-IN-1 LANCING DEVICE 25G MISC	F	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 30G MISC	F	QL(1 ea per 180 days retail)
RELION LANCETS MICRO-THIN33G MISC	F	QL(5 ea daily)
RELION LANCETS STANDARD 21G MISC	F	QL(5 ea daily)
RELION LANCETS THIN 26G MISC	F	QL(5 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	F	QL(5 ea daily)
RELION LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
RELION ULTRA THIN LANCETS30G MISC	F	QL(5 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	F	QL(5 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	F	QL(5 ea daily)
REXALL LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
RIGHTEST GD500 LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
RIGHTEST GL300 LANCETS MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFE-T-LANCE LOW FLOW 25G MISC	F	QL(5 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	F	QL(5 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	F	QL(5 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	F	QL(5 ea daily)
SAFETY LANCETS 28G MISC	F	QL(5 ea daily)
SAFETY LET LANCETS MISC	F	QL(5 ea daily)
SAFETY SEAL LANCETS 28G MISC	F	QL(5 ea daily)
SAFETY SEAL LANCETS 30G MISC	F	QL(5 ea daily)
SB LANCETS THIN MISC	F	QL(5 ea daily)
SB LANCETS ULTRA THIN MISC	F	QL(5 ea daily)
SELECT-LITE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SHOPKO AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	F	QL(5 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	F	QL(5 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	F	QL(5 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SINGLE-LET MISC	F	QL(5 ea daily)
SM MICRO THIN LANCETS 33G MISC	F	QL(5 ea daily)
SMART DIABETES VANTAGE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	F	QL(5 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	F	QL(5 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	F	QL(5 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	F	QL(5 ea daily)
SMARTEST LANCETS 28G MISC	F	QL(5 ea daily)
SOLUS V2 LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
STERILANCE TL MISC	F	QL(5 ea daily)
SUPER THIN LANCETS MISC	F	QL(5 ea daily)
SURE COMFORT LANCING PEN MISC	F	QL(1 ea per 180 days retail)
SURE-LANCE THIN LANCETS 28G MISC	F	QL(5 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	F	QL(5 ea daily)
SURE-PEN MISC	F	QL(1 ea per 180 days retail)
SURE-TOUCH LANCETS UNIVERSAL MISC	F	QL(5 ea daily)
SURELITE LANCETS MISC	F	QL(5 ea daily)
TECHLITE AST LANCETS MISC	F	QL(5 ea daily)
TECHLITE LANCETS 30G MISC	F	QL(5 ea daily)
TECHLITE LANCETS MISC	F	QL(5 ea daily)
TGT ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
TGT LANCET ALTERNATE SITE MISC	F	QL(5 ea daily)
TGT LANCET MICRO THIN 33G MISC	F	QL(5 ea daily)
TGT LANCET SUPER THIN 30G MISC	F	QL(5 ea daily)
TGT LANCET THIN 23G MISC	F	QL(5 ea daily)
TGT LANCET THIN 26G MISC	F	QL(5 ea daily)
TGT LANCET ULTRA THIN 28G MISC	F	QL(5 ea daily)
TGT LANCET ULTRA THIN 30G MISC	F	QL(5 ea daily)
TGT LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
THINLETS GP LANCETS MISC	F	QL(5 ea daily)
THINLETS LANCET MISC	F	QL(5 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	F	QL(5 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	F	QL(5 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	F	QL(5 ea daily)
TRAVEL LANCETS 30G MISC	F	QL(5 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	F	QL(5 ea daily)
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	F	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	F	
TRUEDRAW LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 28G MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 30G MISC	F	QL(5 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 33G MISC	F	QL(5 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	F	QL(5 ea daily)
TRUETEST GLUCOSE CONTROLLEVEL 1 LIQD	F	
TRUETEST GLUCOSE CONTROLLEVEL 2 LIQD	F	
TRUETEST GLUCOSE CONTROLLEVEL 3 LIQD	F	
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	F	QL(1 ea per 180 days retail)
ULTICARE THIN LANCETS 30G MISC	F	QL(5 ea daily)
ULTILET CLASSIC LANCETS MISC	F	QL(5 ea daily)
ULTILET LANCETS 33G MISC	F	QL(5 ea daily)
ULTILET LANCETS MISC	F	QL(5 ea daily)
ULTRA THIN LANCETS 28G MISC	F	QL(5 ea daily)
ULTRA THIN LANCETS 30G MISC	F	QL(5 ea daily)
UNILET COMFORTOUCH LANCET MISC	F	QL(5 ea daily)
UNILET EXCELITE II MISC	F	QL(5 ea daily)
UNILET EXCELITE MISC	F	QL(5 ea daily)
UNILET G.P. LANCET MISC	F	QL(5 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	F	QL(5 ea daily)
UNILET GP 28 ULTRA THIN MISC	F	QL(5 ea daily)
UNILET LANCET MISC	F	QL(5 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	F	QL(5 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	F	QL(5 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	F	QL(5 ea daily)
UNILET SUPERLITE LANCET MISC	F	QL(5 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	F	QL(5 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	F	QL(5 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	F	QL(5 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	F	QL(5 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	F	QL(5 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	F	QL(5 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	F	QL(5 ea daily)
VALUE PLUS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
VALUMARK LANCET SUPER THIN 30G MISC	F	QL(5 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	F	QL(5 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	F	QL(1 ea per 180 days retail)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	F	QL(5 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	F	QL(5 ea daily)
VITALET PRO PLUS LANCETS MISC	F	QL(5 ea daily)
W&F LANCETS 26G MISC	F	QL(5 ea daily)
W&F LANCETS COLORED 21G MISC	F	QL(5 ea daily)
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G MISC	F	QL(5 ea daily)
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G MISC	F	QL(5 ea daily)
WALGREENS LANCETS MISC	F	QL(5 ea daily)
WALGREENS THIN LANCETS MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
WALGREENS ULTRA THIN LANCETS MISC	F	QL(5 ea daily)
Misc. Devices		
ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
ALCOHOL PREPS PADS	F	QL(400 ea per fill retail); RX/OTC
ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
ALCOHOL SWABSTICK PADS	F	QL(400 ea per fill retail); RX/OTC
ALCOHOL WIPES PADS	F	QL(400 ea per fill retail); RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS	F	QL(400 ea per fill retail); RX/OTC
BD SWABS SINGLE USE PADS	F	QL(400 ea per fill retail); RX/OTC
CARETOUCH ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS	F	QL(400 ea per fill retail); RX/OTC
CURITY ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
CVS ALCOHOL PREP SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
CVS ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
CVS PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS	F	QL(400 ea per fill retail); RX/OTC
EQL ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
GNP ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
H-E-B INCONTROL ALCOHOL PADS PADS	F	QL(400 ea per fill retail); RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS	F	QL(400 ea per fill retail); RX/OTC
PRO COMFORT ALCOHOL PADS PADS	F	QL(400 ea per fill retail); RX/OTC
QC ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
RA ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
REALITY SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
RELION ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
SB ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
SHOPKO ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
SM ALCOHOL PREP PADS PADS	F	QL(400 ea per fill retail); RX/OTC
TGT ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
ULTICARE ALCOHOL SWABS PADS	F	QL(400 ea per fill retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	F	QL(400 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	F	QL(400 ea per fill retail); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	F	QL(400 ea per fill retail); RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	F	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS29GX12MM MISC	F	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS31GX6MM MISC	F	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS31GX8MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	F	QL(5 ea daily)
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	F	QL(5 ea daily)
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	F	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	F	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	F	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	F	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	F	QL(5 ea daily)
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
AURORA PEN NEEDLES 31G X6MM MISC	F	QL(5 ea daily)
AURORA PEN NEEDLES 31G X8MM MISC	F	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC	F	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	F	QL(5 ea daily)
AUTOPEN DEVI	F	QL(1 ea per 180 days retail); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD AUTOSHIELD 29G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	F	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1" MISC	F	QL(5 ea daily)
BD PEN MINI MISC	F	QL(1 ea per 180 days retail); RX/OTC
BD PEN MISC	F	QL(1 ea per 180 days retail); RX/OTC
BD PEN NEEDLE/MINI/ULTRAFINE /31G X 3/16" MISC	F	QL(5 ea daily)
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	F	QL(5 ea daily)
BD PEN NEEDLE/ULTRAFINE/29G X1/2" 12.7MM MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLE 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily)
CAREFINE PEN NEEDLES 30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC	F	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
CLICKFINE PEN NEEDLE 32GX5/32" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	F	QL(5 ea daily)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	F	QL(5 ea daily)
CLICKFINE PEN NEEDLES/31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	F	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	F	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX6MM MISC	F	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX8MM MISC	F	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	F	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
DUANE READE UNIFINE PENTIPS 29G X 12MM MISC	F	QL(5 ea daily)
DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	F	QL(5 ea daily)
DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT MISC	F	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (*5MM*) MISC	F	QL(5 ea daily)
FIFTY50 PEN NEEDLES 31G X5/16" (*8MM*) MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
FIFTY50 PEN NEEDLES/31GX8MM MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 PEN NEEDLES/32GX6MM MISC	F	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	F	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily)
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM MISC	F	QL(5 ea daily)
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
HUMAPEN LUXURA HD DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1" MISC	F	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	F	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/27GX1/2" MISC	F	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/28GX1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	F	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/ 16" MISC	F	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX/1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	F	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16 " MISC	F	QL(5 ea daily)
INSUPEN PEN NEEDLES 32G X4MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	F	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	F	QL(5 ea daily)
INSUPEN ULTRAFIN 30GX8MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC	F	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
KROGER PEN NEEDLES 29G X12MM MISC	F	QL(5 ea daily)
KROGER PEN NEEDLES 31G X8MM MISC	F	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	F	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	F	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	F	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER PEN NEEDLES 31G X 12MM MISC	F	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	F	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	F	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	F	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X6MM MISC	F	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	F	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
NOVOFINE 30GX8MM MISC	F	QL(5 ea daily); RX/OTC
NOVOFINE 32GX6MM MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVOFINE AUTOCOVER 30GX8MM MISC	F	QL(5 ea daily); RX/OTC
NOVOFINE PLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
NOVOPEN ECHO DEVI	F	QL(1 ea per 180 days retail); RX/OTC
NOVOTWIST 30GX8MM MISC	F	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	F	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	F	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X5MM MINI MISC	F	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	F	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily)
PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily)
PEN NEEDLES 30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC	F	QL(5 ea daily)
PEN NEEDLES 31G X 3/16" MISC	F	QL(5 ea daily)
PEN NEEDLES 31G X 5MM MISC	F	QL(5 ea daily)
PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (*1/4"*) MISC	F	QL(5 ea daily)
PEN NEEDLES 31GX8MM (*5/16"*) MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	F	QL(5 ea daily)
PENTIPS 31GX5MM MISC	F	QL(5 ea daily)
PENTIPS 31GX6MM MISC	F	QL(5 ea daily)
PENTIPS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	F	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
QC UNIFINE PENTIPS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	F	QL(5 ea daily)
RA PEN NEEDLES 31G X 8MM5/16" MISC	F	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	F	QL(5 ea daily)
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
RELION PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily)
RELION PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	F	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	F	QL(5 ea daily)
TECHLITE PEN NEEDLES 31GX 5MM MISC	F	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 5MM MISC	F	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 6 MM MISC	F	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 8MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC	F	QL(5 ea daily)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	F	QL(5 ea daily)
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	F	QL(5 ea daily)
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" MISC	F	QL(5 ea daily)
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	F	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	F	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	F	QL(5 ea daily)
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	F	QL(5 ea daily)
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	F	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	F	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	F	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	F	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	F	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16" MISC	F	QL(5 ea daily)
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	F	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	F	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	F	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16" MISC	F	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS 31G X 3/16" MISC	F	QL(5 ea daily)
UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS 31GX6MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS PLUS 29GX12MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX5MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX6MM MISC	F	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 6MM MISC	F	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 8MM MISC	F	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	F	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	F	QL(5 ea daily)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	F	QL(5 ea daily)
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	F	QL(5 ea daily)
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	F	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	F	QL(5 ea daily)
Respiratory Therapy Supplies		
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MV MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	F	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW-VU MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	F	QL(2 ea per 360 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
ARIAL CHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/LARGE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/MEDIUM MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/SMALL MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	F	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	F	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	F	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
E-Z SPACER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
E-Z SPACER THE BODY GUARDS PACK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
EASIVENT MISC	F	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-LARGE MISC	F	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	F	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	F	QL(2 ea per 360 days retail); RX/OTC
FLEXICHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI	F	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	F	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE RESERVOIR BAGS MISC	F	QL(3 ea per 180 days retail)
LITEAIRE DEVI	F	QL(2 ea per 360 days retail); RX/OTC
MICROCHAMBER MISC	F	QL(2 ea per 360 days retail); RX/OTC
MICROSPACER MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	F	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	F	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OPTIHALER MISC	F	QL(2 ea per 360 days retail); RX/OTC
POCKET CHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
POCKET SPACER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
RITEFLO DEVI	F	QL(2 ea per 360 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
WATCHHALER DEVI	F	QL(2 ea per 360 days retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Products		
D.H.E. 45 SOLN (*Use Dihydroergotamine Mesylate*)	NF	AL
dihydroergotamine mesylate soln ij 1 mg/ml	F	AL
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	F	AL
MIGRANAL SOLN	F	AL
Serotonin Agonists		
AMERGE TABS (*Use Naratriptan HCl*)	NF	Limit 9 per month;QL(0.3 ea daily); AL
eletriptan hydrobromide tabs	F	Limit 6 per month;QL(0.2 ea daily); AL
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (*Use Sumatriptan*)	NF	Limit 6 per month;QL(0.2 ea daily); AL
IMITREX SOLN SC 6 MG/0.5ML (*Use Sumatriptan Succinate*)	NF	Limit 2 per month;QL(0.06 7 ml daily); AL
IMITREX STATDOSE REFILL SOCT (*Use Sumatriptan Succinate*)	NF	Limit 2 per month;QL(0.06 7 ml daily); AL
IMITREX STATDOSE SYSTEM SOAJ (*Use Sumatriptan Succinate*)	NF	Limit 2 syringes per month;QL(0.06 7 ml daily); AL
IMITREX TABS OR 25 MG, 100 MG, 50 MG (*Use Sumatriptan Succinate*)	NF	Limit 9 per month;QL(0.3 ea daily); AL
MAXALT TABS (*Use Rizatriptan Benzoate*)	NF	Limit 12 per month;QL(0.4 ea daily); AL
naratriptan hcl tabs	F	Limit 9 per month;QL(0.3 ea daily); AL
RELPAX TABS (*Use Eletriptan Hydrobromide*)	NF	Limit 6 per month;QL(0.2 ea daily); AL
rizatriptan benzoate tabs	F	Limit 12 per month;QL(0.4 ea daily); AL
sumatriptan soln	F	Limit 6 per month;QL(0.2 ea daily); AL
sumatriptan succinate soaj sc 6 mg/0.5ml	F	Limit 2 syringes per month;QL(0.06 7 ml daily); AL
sumatriptan succinate soct sc 6 mg/0.5ml	F	Limit 2 per month;QL(0.06 7 ml daily); AL
sumatriptan succinate soln sc 6 mg/0.5ml	F	Limit 2 per month;QL(0.06 7 ml daily); AL
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	F	Limit 2 syringes per month;QL(0.06 7 ml daily); AL
sumatriptan succinate tabs or 50 mg, 25 mg, 100 mg	F	Limit 9 per month;QL(0.3 ea daily); AL
zolmitriptan tabs	F	Limit 6 per month;QL(0.2 ea daily); AL
zolmitriptan tbdp	F	Limit 6 per month;QL(0.2 ea daily); AL

Drug Name	Drug Tier	Requirements/ Limits
ZOMIG SOLN NA 5 MG	F	Limit 6 per month;QL(0.2 ea daily); AL
ZOMIG TABS OR 5 MG, 2.5 MG (*Use Zolmitriptan*)	NF	Limit 6 per month;QL(0.2 ea daily); AL
ZOMIG ZMT TBDP (*Use Zolmitriptan*)	NF	Limit 6 per month;QL(0.2 ea daily); AL
MINERALS & ELECTROLYTES		
Calcium		
CALCI-CHEW CHEW	F	
calcium carbonate susp 1250 mg/5ml	F	QL(16.67 ml daily)
calcium carbonate tabs 1250 mg, 500 mg	F	
calcium carbonate-cholecalciferol chew	F	
calcium carbonate-cholecalciferol tabs	F	
calcium carbonate-vitamin d tabs 500mg-500mg-200unit-200unit, 125unit-500mg, 200unit-500mg, 125unit-250mg, 250mg-125unit, 500mg-200unit, 500mg-125unit	F	
calcium carbonate-vitamin d tabs 600mg-200unit, 400unit-600mg, 200unit-600mg, 600mg-400unit	F	QL(2 ea daily)
calcium citrate tabs	F	
CALCIUM TABS 600MG-200UNIT	F	
calcium w/ vitamin d tabs	F	
CALTRATE 600+D TABS (*Use Calcium Carbonate-Cholecalciferol*)	NF	
oyster shell tabs	F	
PARVA-CAL TABS	F	
Electrolyte Mixtures		
CERALYTE 70 SOLN	F	
CERASPORT EX1 SOLN	F	
CERASPORT SOLN	F	
ENFAMIL ENFALYTE SOLN	F	
oral electrolytes soln	F	
PEDIALYTE FREEZER POPS SOLN (*Use Oral Electrolytes*)	NF	
PEDIALYTE SOLN 20MEQ/L-45MEQ/L-35MEQ/L-5GM/L-20GM/L, 20MEQ/L-45MEQ/L-35MEQ/L-30MEQ/L-25GM/L (*Use Oral Electrolytes*)	NF	
Fluoride		
LURIDE SOLN (*Use Sodium Fluoride*)	NF	AL
sodium fluoride chew	F	AL
sodium fluoride soln	F	AL
Iodine Products		
SSKI SOLN	F	
Magnesium		
MAG64 TBCR	F	
magnesium oxide (mg supplement) tabs	F	
MAGOX 400 TABS (*Use Magnesium Oxide (Mg Supplement)*)	NF	
Phosphate		
K-PHOS NEUTRAL TABS (*Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic*)	NF	QL(8 ea daily)
pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs	F	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Potassium		
K-TAB TBCR 10 MEQ (*Use Potassium Chloride*)	NF	
K-TAB TBCR 8 MEQ	F	
KLOR-CON M15 TBCR	F	
MICRO-K CPCR 10 MEQ (*Use Potassium Chloride*)	NF	
MICRO-K CPCR 8 MEQ (*Use Potassium Chloride*)	NF	QL(1 ea daily)
potassium bicarbonate tbef	F	
potassium chloride cpcr 10 meq	F	
potassium chloride cpcr 8 meq	F	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR	F	
potassium chloride microencapsulated crystals cr tbcr	F	
potassium chloride pack 20 meq	F	
potassium chloride soln 10 %, 20 %	F	
POTASSIUM CHLORIDE SOLN 20 %	F	
potassium chloride tbcr 10 meq, 8 meq	F	
Sodium		
sodium chloride soln	F	
Zinc		
zinc sulfate caps	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	F	
Immunosuppressive Agents		
AZASAN TABS	F	QL(3 ea daily)
azathioprine tabs	F	

Drug Name	Drug Tier	Requirements/ Limits
CELLCEPT CAPS 250 MG (*Use Mycophenolate Mofetil*)	NF	QL(2 ea daily)
CELLCEPT INTRAVENOUS SOLR (*Use Mycophenolate Mofetil HCl*)	NF	
CELLCEPT SUSR 200 MG/ML (*Use Mycophenolate Mofetil*)	NF	QL(15 ml daily)
CELLCEPT TABS 500 MG (*Use Mycophenolate Mofetil*)	NF	QL(4 ea daily)
cyclosporine caps or 100 mg, 25 mg	F	QL(4 ea daily)
cyclosporine modified (for microemulsion) caps 100 mg, 50 mg, 25 mg	F	QL(4 ea daily)
cyclosporine modified (for microemulsion) soln 100 mg/ml	F	QL(8 ml daily)
CYCLOSPORINE MODIFIED CAPS (*Use Cyclosporine Modified (For Microemulsion)*)	NF	QL(4 ea daily)
cyclosporine soln iv 50 mg/ml	F	
IMURAN TABS (*Use Azathioprine*)	NF	
mycophenolate mofetil caps 250 mg	F	QL(2 ea daily)
mycophenolate mofetil hcl solr	F	
mycophenolate mofetil susr 200 mg/ml	F	QL(15 ml daily)
mycophenolate mofetil tabs 500 mg	F	QL(4 ea daily)
mycophenolate sodium tbec 180 mg	F	QL(2 ea daily)
mycophenolate sodium tbec 360 mg	F	QL(4 ea daily)
MYFORTIC TBEC 180 MG (*Use Mycophenolate Sodium*)	NF	QL(2 ea daily)
MYFORTIC TBEC 360 MG (*Use Mycophenolate Sodium*)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NEORAL CAPS 100 MG, 25 MG (*Use Cyclosporine Modified (For Microemulsion)*)	NF	QL(4 ea daily)
NEORAL SOLN 100 MG/ML (*Use Cyclosporine Modified (For Microemulsion)*)	NF	QL(8 ml daily)
PROGRAF CAPS OR 5 MG, 0.5 MG, 1 MG (*Use Tacrolimus*)	NF	QL(3 ea daily)
PROGRAF SOLN IV 5 MG/ML	F	
RAPAMUNE SOLN 1 MG/ML	F	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (*Use Sirolimus*)	NF	
SANDIMMUNE CAPS OR 25 MG, 100 MG (*Use Cyclosporine*)	NF	QL(4 ea daily)
SANDIMMUNE SOLN IV 50 MG/ML (*Use Cyclosporine*)	NF	
SANDIMMUNE SOLN OR 100 MG/ML	F	QL(8 ml daily)
sirolimus tabs	F	
tacrolimus caps	F	QL(3 ea daily)
ZORTRESS TABS	F	
Potassium Removing Agents		
KAYEXALATE POWD (*Use Sodium Polystyrene Sulfonate*)	NF	QL(454 gm per fill retail)
sodium polystyrene sulfonate powd	F	QL(454 gm per fill retail)
sodium polystyrene sulfonate susp	F	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln	F	QL(100 ml per fill retail)
Anti-infectives - Throat		
nystatin (mouth-throat) susp	F	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat) soln	F	
PERIDEX SOLN (*Use Chlorhexidine Gluconate (Mouth-Throat)*)	NF	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL (*Use Sodium Fluoride (Dental)*)	NF	QL(60 ml per fill retail)
PREVIDENT 5000 PLUS CREA (*Use Sodium Fluoride (Dental)*)	NF	QL(60 gm per fill retail)
PREVIDENT FLUORIDE GEL (*Use Sodium Fluoride (Dental)*)	NF	QL(60 ml per fill retail)
PREVIDENT SOLN (*Use Sodium Fluoride (Dental)*)	NF	RX/OTC
sodium fluoride (dental) crea dt 1.1 %	F	QL(60 gm per fill retail)
sodium fluoride (dental) gel dt 1.1 %	F	QL(60 ml per fill retail)
sodium fluoride (dental) soln mt 0.2 %	F	RX/OTC
THERA-FLUR-N GEL (*Use Sodium Fluoride (Dental)*)	NF	QL(60 ml per fill retail)
Steroids - Mouth/Throat		
triamcinolone acetonide (mouth) pste	F	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	F	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	F	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DRY MOUTH SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	F	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	F	QL(900 ml per fill retail); RX/OTC
MOUTHKOTE SOLN	F	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	F	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	F	QL(900 ml per fill retail); RX/OTC
pilocarpine hcl (oral) tabs	F	QL(6 ea daily)
RA DRY MOUTH SOLN	F	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS (*Use Pilocarpine HCl (Oral)*)	NF	QL(6 ea daily)
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins caps	F	QL(1 ea daily)
b-complex vitamins tabs	F	QL(1 ea daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid caps	F	QL(1 ea daily)
NEPHROCAPS CAPS (*Use B-Complex w/ C & Folic Acid*)	NF	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
AIRBORNE LOZG	F	
ANTIOXIDANT FORMULA SG CPCR	F	
BIOVOL SYRP	F	
C-BUFF POWD	F	
CENTRUM MULTIVITAMIN FLAVOR BURST DRINK PACK	F	
CONCEPTIONXR MOTILITY SUPPORT FORMULA MISC	F	
CORVITE TABS (*Use Multiple Vitamins w/ Minerals & Folic Acid*)	NF	
CVS DIABETES HEALTH SUPPORT MISC	F	
DAILY HEART HEALTH SUPPORT MISC	F	
DAILY PAK MAXIMUM MULTIVITAMIN/ASIAN GINSENG EXTRACT MISC	F	
DIABETES HEALTH PACK MISC	F	
DIABETES SUPPORT PACK MISC	F	
ELDERTONIC ELIX	F	
ELLIS TONIC ELIX	F	
EMERGEN-C BLUE PACK	F	
EMERGEN-C FIVE PACK	F	
EMERGEN-C HEART HEALTH PACK	F	
EMERGEN-C IMMUNE PACK	F	
EMERGEN-C IMMUNE PLUS PACK	F	
EMERGEN-C IMMUNE+ WARMERS PACK	F	
EMERGEN-C JOINT HEALTH PACK	F	
EMERGEN-C KIDZ PACK	F	
EMERGEN-C MSM LITE PACK	F	
EMERGEN-C PINK PACK	F	
EMERGEN-C SUPER FRUIT PACK	F	

Drug Name	Drug Tier	Requirements/ Limits
EMERGEN-C VITAMIN C LITE PACK	F	
EMERGEN-C VITAMIN C PACK	F	
EMERGEN-C VITAMIN D & CALCIUM PACK	F	
END FATIGUE DAILY ENERGYENFUSION POWD	F	
ENERGY BOOSTER PACK	F	
EQL SUPER ENERGY BOOSTER PACK	F	
IMMUNE SUPPORT VITAMIN C PACK	F	
KP MENS DAILY PACK MISC	F	
KP WOMENS DAILY PACK MISC	F	
LIFE PACK MENS MISC	F	
LIFE PACK WOMENS MISC	F	
MAXIMIN PACK PACK	F	
MEGA MULTIVITAMIN POWD	F	
MENS PACK MISC	F	
MH MACULAR HEALTH MISC	F	
MULTI FOR HER PACK	F	
MULTI FOR HIM PACK	F	
multiple vitamins w/ minerals & folic acid tabs	F	
PA MENS 50 PLUS VITAPAK MISC	F	
PA MENS VITAPAK MISC	F	
PA WOMENS 50 PLUS VITAPAK MISC	F	
PA WOMENS VITAPAK MISC	F	
PHLEXY-VITS POWD	F	
PREMIUM PACKETS MISC	F	
PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS MENS MISC	F	
PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS WOMENS MISC	F	
RA ESSENCE-C PACK	F	
SKIN BEAUTY & WELLNESS PACK	F	
STROVITE FORTE SYRP	F	
SUPER NU-THERA POWD	F	
SUPERVITE EC TBEC	F	
SYNAGEX CAPS	F	
SYNATEK CAPS	F	
THERANATAL LACTATION COMPLETE MISC	F	
THERANATAL LACTATION SUPPORT MISC	F	
ULTRA MENS PACK MISC	F	
ULTRA WOMENS PACK MISC	F	
VITAMENT PACK	F	
VITAMIN C EFFERVESCENT BLEND PACK	F	
VITAMIN C/ELECTROLYTES PACK	F	
VITAMINS TO GO MAXIMUM MISC	F	
VITAMINS TO GO MEN MISC	F	
VITAMINS TO GO WOMEN MISC	F	

Drug Name	Drug Tier	Requirements/ Limits
WOMENS PACK MISC	F	
ZINC LOZG	F	
Ped MV w/ Fluoride		
pediatric vitamins acd w/ fluoride soln	F	QL(50 ml per fill retail); AL
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron soln	F	QL(50 ml per fill retail); AL
TRI-VIT/FLUORIDE/IRON SOLN	F	QL(50 ml per fill retail); AL
Pediatric Multiple Vitamins		
pediatric multiple vitamins liqd	F	
Pediatric Vitamins		
pediatric vitamins adc soln	F	QL(50 ml per fill retail)
Prenatal Vitamins		
CLASSIC PRENATAL TABS	F	QL(1 ea daily); AL
CVS PRENATAL GUMMY/DHA/FOLIC ACID CHEW	F	
CVS PRENATAL TABS	F	QL(1 ea daily); AL
EQL PRENATAL FORMULA TABS	F	QL(1 ea daily); AL
GNP PRENATAL TABS	F	QL(1 ea daily); AL
GOODSENSE PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL
HM PRENATAL TABS	F	QL(1 ea daily); AL
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); AL
KPN PRENATAL TABS	F	QL(1 ea daily); AL
M-VIT TABS	F	QL(1 ea daily); AL; RX/OTC
MULTI PRENATAL TABS	F	QL(1 ea daily); AL
MYNATAL CAPS	F	QL(1 ea daily); AL
NAT-RUL PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL
NIVA-PLUS TABS	F	QL(1 ea daily); AL; RX/OTC
O-CAL FA TABS	F	QL(1 ea daily); AL; RX/OTC
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	F	QL(1 ea daily); AL; RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	F	QL(1 ea daily); AL; RX/OTC
PRE-NATAL FORMULA TABS	F	QL(1 ea daily); AL
PRENATAL AND IRON TABS	F	QL(1 ea daily); AL
PRENATAL FORMULA CAPS 35MG-30UNIT-4000UNIT-200MG-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG	F	
PRENATAL FORMULA TABS 30UNIT-200MG-4000UNIT-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-800MCG-2.6MG-120MG-400UNIT	F	QL(1 ea daily); AL
PRENATAL FORTE TABS	F	QL(1 ea daily); AL
PRENATAL LOW IRON TABS	F	QL(1 ea daily); AL
PRENATAL MULTIVITAMIN TABS	F	QL(1 ea daily); AL
PRENATAL ONE DAILY TABS	F	QL(1 ea daily); AL
PRENATAL PLUS TABS	F	QL(1 ea daily); AL; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 160MG-11UNIT-200MG-25MG-1.84MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-800MCG-2.6MG-100MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-0.8MG-2.6MG-120MG, 4000UNIT-30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 11UNIT-263MG-25MG-1.5MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG, 4000UNIT-30UNIT-200MG-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-4000UNIT-8MCG-400UNIT-800MCG-2.6MG-120MG	F	QL(1 ea daily); AL
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	F	QL(1 ea daily); AL; RX/OTC
PRENATAL TABS 4000UNIT-200MG-11UNIT-27MG-25MG-1.84MG-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG	F	QL(1 ea daily); AL
PRENATAL VITAMIN TABS	F	QL(1 ea daily); AL
PRENATAL VITAMIN/IRON TABS	F	QL(1 ea daily); AL
PRENATAL VITAMINS PLUS LOW IRON TABS	F	QL(1 ea daily); AL; RX/OTC
PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL
PREPLUS TABS	F	QL(1 ea daily); AL; RX/OTC
PX PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); AL
QC PRENATAL TABS	F	QL(1 ea daily); AL
RA PRENATAL FORMULA/FOLICACID TABS	F	QL(1 ea daily); AL
RA PRENATAL TABS	F	QL(1 ea daily); AL
RIGHT STEP PRENATAL TABS	F	QL(1 ea daily); AL
SM PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL
TH PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL
THERANATAL CORE NUTRITION TABS	F	QL(1 ea daily); AL; RX/OTC
TRICARE TABS	F	QL(1 ea daily); AL; RX/OTC
VOL-PLUS TABS	F	QL(1 ea daily); AL; RX/OTC
Vitamins w/ Lipotropics		
vitamins w/ lipotropics caps	F	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen tabs	F	
chlorzoxazone tabs	F	
cyclobenzaprine hcl tabs	F	QL(3 ea daily)
methocarbamol tabs	F	
PARAFON FORTE DSC TABS (*Use Chlorzoxazone*)	NF	
ROBAXIN TABS (*Use Methocarbamol*)	NF	
ROBAXIN-750 TABS (*Use Methocarbamol*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
tizanidine hcl tabs	F	
ZANAFLEX TABS (*Use Tizanidine HCl*)	NF	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (*Use Saline*)	NF	QL(90 ml per fill retail)
saline soln	F	QL(90 ml per fill retail)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	F	
Nasal Antiallergy		
ASTEPRO SOLN (*Use Azelastine HCl*)	NF	Limit 1 package per month;QL(1 ml daily)
azelastine hcl soln	F	Limit 1 package per month;QL(1 ml daily)
cromolyn sodium (nasal) aers	F	QL(26 ml per fill retail)
NASALCROM AERS (*Use Cromolyn Sodium (Nasal)*)	NF	QL(26 ml per fill retail)
Nasal Anticholinergics		
ATROVENT SOLN 0.03 % (*Use Ipratropium Bromide (Nasal)*)	NF	Limit 1 package per month;QL(1.2 ml daily)
ATROVENT SOLN 0.06 % (*Use Ipratropium Bromide (Nasal)*)	NF	Limit 1 package per month;QL(0.5 ml daily)
ipratropium bromide (nasal) soln 0.03 %	F	Limit 1 package per month;QL(1.2 ml daily)
ipratropium bromide (nasal) soln 0.06 %	F	Limit 1 package per month;QL(0.5 ml daily)
Nasal Steroids		
FLONASE ALLERGY RELIEF CHILDRENS SUSP (*Use Fluticasone Propionate (Nasal)*)	NF	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (*Use Fluticasone Propionate (Nasal)*)	NF	QL(16 ml per fill retail); RX/OTC
FLUNISOLIDE SOLN	F	QL(25 ml per fill retail)
fluticasone propionate (nasal) susp	F	QL(16 ml per fill retail); RX/OTC
mometasone furoate (nasal) susp	F	QL(17 gm per fill retail); AL
NASACORT ALLERGY 24HR AERO	F	QL(17 ml per fill retail); AL; RX/OTC; MO
NASACORT ALLERGY 24HR AERO (*Use Triamcinolone Acetonide (Nasal)*)	F	QL(17 ml per fill retail); AL; RX/OTC; MO
NASACORT ALLERGY 24HR CHILDRENS AERO (*Use Triamcinolone Acetonide (Nasal)*)	F	QL(17 ml per fill retail); AL; RX/OTC; MO
NASONEX SUSP (*Use Mometasone Furoate (Nasal)*)	NF	QL(17 gm per fill retail); AL
triamcinolone acetonide (nasal) aero	F	QL(17 ml per fill retail); AL; RX/OTC
Sympathomimetic Decongestants		
ADRENALIN SOLN	F	
NASAL DECONGESTANT LIQD	F	
NASAL DECONGESTANT SYRP	F	
phenylephrine hcl (oral) tabs	F	QL(24 ea per fill retail)
pseudoephedrine hcl liqd 15 mg/5ml	F	
pseudoephedrine hcl tabs 30 mg, 60 mg	F	
pseudoephedrine hcl tb12 120 mg	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SUDAFED CHILDRENS LIQD (*Use Pseudoephedrine HCl*)	NF	
SUDAFED CONGESTION TABS (*Use Pseudoephedrine HCl*)	NF	
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (*Use Pseudoephedrine HCl*)	NF	
SUDAFED PE CONGESTION TABS (*Use Phenylephrine HCl (Oral)*)	NF	QL(24 ea per fill retail)
SUDAFED TABS (*Use Pseudoephedrine HCl*)	NF	
NUTRIENTS		
Misc. Nutritional Substances		
omega-3 fatty acids caps	F	QL(6 ea daily)
Proteins		
arginine tabs 500 mg	F	
L-TRYPTOPHAN TABS OR	F	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear ointment oint	F	QL(4 gm per fill retail)
artificial tear solution soln	F	
ARTIFICIAL TEARS SOLN	F	QL(15 ml per fill retail)
GENTEAL TEARS MODERATEPF SOLN	F	
hypromellose (ophth) soln 0.4 %	F	QL(15 ml per fill retail)
polyvinyl alcohol soln	F	QL(15 ml per fill retail)
TEARS NATURALE PM OINT (*Use White Petrolatum-Mineral Oil*)	NF	QL(4 gm per fill retail)
white petrolatum-mineral oil oint	F	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Beta-blockers - Ophthalmic		
BETAGAN SOLN (*Use Levobunolol HCl*)	NF	QL(10 ml per fill retail)
betaxolol hcl (ophth) soln	F	QL(10 ml per fill retail)
carteolol hcl (ophth) soln	F	Limit 1 package per month;QL(0.5 ml daily)
COSOPT SOLN (*Use Dorzolamide HCl-Timolol Maleate*)	NF	QL(10 ml per fill retail)
dorzolamide hcl-timolol maleate soln	F	QL(10 ml per fill retail)
levobunolol hcl soln	F	QL(10 ml per fill retail)
METIPRANOLOL SOLN	F	
timolol maleate (ophth) solg 0.5 %	F	QL(5 ml per fill retail)
timolol maleate (ophth) soln 0.25 %	F	QL(10 ml per fill retail)
timolol maleate (ophth) soln 0.5 %	F	QL(15 ml per fill retail)
TIMOPTIC OCUDOSE SOLN	F	QL(60 ea per fill retail)
TIMOPTIC SOLN 0.25 % (*Use Timolol Maleate (Ophth)*)	NF	QL(10 ml per fill retail)
TIMOPTIC SOLN 0.5 % (*Use Timolol Maleate (Ophth)*)	NF	QL(15 ml per fill retail)
TIMOPTIC-XE SOLG (*Use Timolol Maleate (Ophth)*)	NF	QL(5 ml per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE OINT OP 1 %	F	QL(4 gm per fill retail)
ATROPINE SULFATE SOLN OP 1 %	F	QL(15 ml per fill retail)
CYCLOGYL SOLN 0.5 %, 1 % (*Use Cyclopentolate HCl*)	NF	QL(15 ml per fill retail)
CYCLOGYL SOLN 2 % (*Use Cyclopentolate HCl*)	NF	
cyclopentolate hcl soln 1 %, 0.5 %	F	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
cyclopentolate hcl soln 2 %	F	
MYDRIACYL SOLN (*Use Tropicamide*)	NF	QL(15 ml per fill retail)
tropicamide soln	F	QL(15 ml per fill retail)
Miotics		
ISOPTO CARPINE SOLN (*Use Pilocarpine HCl*)	NF	
pilocarpine hcl soln	F	
Ophthalmic Adrenergic Agents		
apraclonidine hcl soln	F	
brimonidine tartrate soln	F	QL(15 ml per fill retail)
IOPIDINE SOLN 0.5 % (*Use Apraclonidine HCl*)	NF	
IOPIDINE SOLN 1 %	F	
Ophthalmic Anti-infectives		
bacitracin-polymyxin b (ophth) oint	F	QL(4 gm per fill retail)
BLEPH-10 SOLN (*Use Sulfacetamide Sodium (Ophth)*)	NF	QL(15 ml per fill retail)
erythromycin (ophth) oint	F	QL(4 gm per fill retail)
gentamicin sulfate (ophth) oint	F	QL(4 gm per fill retail)
gentamicin sulfate (ophth) soln	F	QL(15 ml per fill retail)
moxifloxacin hcl (ophth) soln	F	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin oint	F	QL(4 gm per fill retail)
neomycin-polymyxin-gramicidin soln	F	QL(10 ml per fill retail)
NEOSPORIN SOLN (*Use Neomycin-Polymyxin-Gramicidin*)	NF	QL(10 ml per fill retail)
OCUFLOX SOLN (*Use Ofloxacin (Ophth)*)	NF	QL(10 ml per fill retail)
ofloxacin (ophth) soln	F	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
polymyxin b-trimethoprim soln	F	QL(10 ml per fill retail)
POLYTRIM SOLN (*Use Polymyxin B-Trimethoprim*)	NF	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) soln	F	QL(15 ml per fill retail)
SULFACETAMIDE SODIUM OINT OP	F	
tobramycin (ophth) soln	F	QL(5 ml per fill retail)
TOBREX OINT	F	QL(4 gm per fill retail)
TOBREX SOLN (*Use Tobramycin (Ophth)*)	NF	QL(5 ml per fill retail)
trifluridine soln	F	QL(8 ml per fill retail)
VIGAMOX SOLN (*Use Moxifloxacin HCl (Ophth)*)	NF	QL(3 ml per fill retail)
VIROPTIC SOLN (*Use Trifluridine*)	NF	QL(8 ml per fill retail)
Ophthalmic Decongestants		
NAPHAZOLINE HCL SOLN	F	QL(16 ml per fill retail)
phenylephrine hcl (ophth) soln	F	QL(15 ml per fill retail)
tetrahydrozoline hcl (ophth) soln	F	Limit 1 package per month;QL(0.5 ml daily)
VISINE EXTRA SOLN (*Use Tetrahydrozoline HCl (Ophth)*)	NF	Limit 1 package per month;QL(0.5 ml daily)
VISINE SOLN (*Use Tetrahydrozoline HCl (Ophth)*)	NF	Limit 1 package per month;QL(0.5 ml daily)
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	F	QL(4 gm per fill retail)
BLEPHAMIDE SUSP	F	QL(10 ml per fill retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	F	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
fluorometholone (ophth) susp	F	QL(15 ml per fill retail)
FML LIQUIFILM SUSP (*Use Fluorometholone (Ophth)*)	NF	QL(15 ml per fill retail)
FML OINT	F	QL(4 gm per fill retail)
MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% (*Use Neomycin-Polymy-Dexameth*)	NF	QL(4 gm per fill retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% (*Use Neomycin-Polymy-Dexameth*)	NF	QL(5 ml per fill retail)
neomycin-polymy-dexameth oint 10000unit/gm-3.5mg/gm-0.1%	F	QL(4 gm per fill retail)
neomycin-polymy-dexameth susp 10000unit/ml-3.5mg/ml-0.1%	F	QL(5 ml per fill retail)
NEOMYCIN/POLYMYXIN/ HYDROCORTISONE SUSP	F	QL(8 ml per fill retail)
OMNIPRED SUSP (*Use Prednisolone Acetate (Ophth)*)	NF	QL(15 ml per fill retail)
PRED FORTE SUSP (*Use Prednisolone Acetate (Ophth)*)	NF	QL(15 ml per fill retail)
PRED MILD SUSP	F	QL(10 ml per fill retail)
PRED-G SUSP	F	QL(5 ml per fill retail)
prednisolone acetate (ophth) susp	F	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	F	Limit 1 package per month;QL(0.34 ml daily)
sulfacetamide sod-prednisolone soln	F	QL(10 ml per fill retail)
TOBRADEX OINT	F	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX SUSP (*Use Tobramycin-Dexamethasone*)	NF	QL(10 ml per fill retail)
tobramycin-dexamethasone susp	F	QL(10 ml per fill retail)
VEXOL SUSP	F	QL(10 ml per fill retail)
Ophthalmics - Misc.		
ACULAR LS SOLN (*Use Ketorolac Tromethamine (Ophth)*)	NF	
ACULAR SOLN (*Use Ketorolac Tromethamine (Ophth)*)	NF	QL(10 ml per fill retail)
ALOCRIL SOLN	F	ST; Try ketotifen ophth. first;QL(5 ml per fill retail)
ALOMIDE SOLN	F	ST; Try ketotifen ophth. first;QL(10 ml per fill retail)
azelastine hcl (ophth) soln	F	ST; Try ketotifen ophth. first;QL(6 ml per fill retail)
AZOPT SUSP	F	QL(15 ml per fill retail)
cromolyn sodium (ophth) soln	F	QL(10 ml per fill retail)
diclofenac sodium (ophth) soln	F	QL(5 ml per fill retail)
dorzolamide hcl soln	F	QL(10 ml per fill retail)
flurbiprofen sodium soln	F	QL(3 ml per fill retail)
ketorolac tromethamine (ophth) soln 0.4 %	F	
ketorolac tromethamine (ophth) soln 0.5 %	F	QL(10 ml per fill retail)
ketotifen fumarate (ophth) soln	F	QL(10 ml per fill retail)
NEVANAC SUSP	F	QL(3 ml per fill retail)
OCUFEN SOLN (*Use Flurbiprofen Sodium*)	NF	QL(3 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TRUSOPT SOLN (*Use Dorzolamide HCl*)	NF	QL(10 ml per fill retail)
ZADITOR SOLN (*Use Ketotifen Fumarate (Ophth)*)	NF	QL(10 ml per fill retail)
Prostaglandins - Ophthalmic		
latanoprost soln	F	QL(3 ml per fill retail)
XALATAN SOLN (*Use Latanoprost*)	NF	QL(3 ml per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic) soln	F	QL(15 ml per fill retail)
carbamide peroxide (otic) soln	F	Limit 1 package per month;QL(0.5 ml daily)
DEBROX SOLN (*Use Carbamide Peroxide (Otic)*)	NF	Limit 1 package per month;QL(0.5 ml daily)
Otic Anti-infectives		
FLOXIN OTIC SOLN (*Use Ofloxacin (Otic)*)	NF	QL(10 ml per fill retail)
ofloxacin (otic) soln	F	QL(10 ml per fill retail)
Otic Combinations		
antipyrine-benzocaine soln	F	QL(10 ml per fill retail)
CORTANE-B-OTIC SOLN (*Use Pramoxine-HC-Chloroxylenol*)	NF	Limit 1 package per month;QL(0.34 ml daily)
neomycin-polymyxin-hc (otic) soln	F	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) susp	F	QL(10 ml per fill retail)
OTICIN HC NR SOLN (*Use Pramoxine-HC-Chloroxylenol*)	NF	Limit 1 package per month;QL(0.34 ml daily)
PRAMOTIC LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
pramoxine-hc-chloroxylenol soln	F	Limit 1 package per month;QL(0.34 ml daily)
Otic Steroids		
DERMOTIC OIL (*Use Fluocinolone Acetonide (Otic)*)	NF	Limit 1 package per month;QL(0.67 ml daily)
fluocinolone acetonide (otic) oil	F	Limit 1 package per month;QL(0.67 ml daily)
hydrocortisone w/acetic acid soln	F	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
METHERGINE TABS	F	
methylergonovine maleate tabs	F	
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	F	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps 250 mg, 500 mg	F	
AMOXICILLIN CHEW 250 MG, 125 MG	F	
amoxicillin susr 125 mg/5ml, 400 mg/5ml, 200 mg/5ml, 250 mg/5ml	F	
amoxicillin tabs 875 mg	F	
ampicillin caps 250 mg, 500 mg	F	
AMPICILLIN SUSR 250 MG/5ML, 125 MG/5ML	F	
Natural Penicillins		

Drug Name	Drug Tier	Requirements/ Limits
penicillin v potassium solr	F	
penicillin v potassium tabs	F	
Penicillin Combinations		
amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml	F	Limit 1 package per claim;QL(100 ml per fill retail)
amoxicillin & pot clavulanate susr 250mg/5ml-62.5mg/5ml	F	Limit 1 package per claim;QL(150 ml per fill retail)
amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml	F	
amoxicillin & pot clavulanate susr 600mg/5ml-42.9mg/5ml	F	Limit 2 packages per claim;QL(400 ml per fill retail)
amoxicillin & pot clavulanate tabs 250mg-125mg	F	QL(30 ea per fill retail)
amoxicillin & pot clavulanate tabs 875mg-125mg, 500mg-125mg	F	QL(20 ea per fill retail)
amoxicillin & pot clavulanate tb12 1000mg-62.5mg	F	Limit 40 per 30 days;QL(1.34 ea daily)
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	F	QL(20 ea per fill retail)
AUGMENTIN ES-600 SUSR (*Use Amoxicillin & Pot Clavulanate*)	NF	Limit 2 packages per claim;QL(400 ml per fill retail)
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	F	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (*Use Amoxicillin & Pot Clavulanate*)	NF	Limit 1 package per claim;QL(150 ml per fill retail)
AUGMENTIN TABS 875MG-125MG, 500MG-125MG (*Use Amoxicillin & Pot Clavulanate*)	NF	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (*Use Amoxicillin & Pot Clavulanate*)	NF	Limit 40 per 30 days;QL(1.34 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	F	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (*Use Norethindrone Acetate*)	NF	
MAKENA OIL	F	PA
medroxyprogesterone acetate tabs	F	
norethindrone acetate tabs	F	
progesterone micronized caps 100 mg	F	QL(1 ea daily)
progesterone micronized caps 200 mg	F	Limit 20 per month;QL(0.67 ea daily)
PROMETRIUM CAPS 100 MG (*Use Progesterone Micronized*)	NF	QL(1 ea daily)
PROMETRIUM CAPS 200 MG (*Use Progesterone Micronized*)	NF	Limit 20 per month;QL(0.67 ea daily)
PROVERA TABS (*Use Medroxyprogesterone Acetate*)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
ANTABUSE TABS (*Use Disulfiram*)	NF	
disulfiram tabs	F	
Antidementia Agents		
ARICEPT TABS (*Use Donepezil Hydrochloride*)	NF	QL(1 ea daily)
donepezil hydrochloride tabs	F	QL(1 ea daily)
EXELON CAPS OR 3 MG, 6 MG, 1.5 MG, 4.5 MG (*Use Rivastigmine Tartrate*)	NF	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EXELON PT24 TD 4.6 MG/24HR, 13.3 MG/24HR, 9.5 MG/24HR (*Use Rivastigmine*)	NF	PA; QL(1 ea daily)
galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg	F	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	F	QL(6 ml daily)
galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg	F	QL(2 ea daily)
memantine hcl soln 2 mg/ml	F	QL(10 ml daily)
memantine hcl tabs	F	Limit 1 package per 28 days;QL(1.75 ea daily)
memantine hcl tabs 5 mg, 10 mg	F	QL(2 ea daily)
NAMENDA TABS 5 MG, 10 MG (*Use Memantine HCl*)	NF	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (*Use Memantine HCl*)	NF	Limit 1 package per 28 days;QL(1.75 ea daily)
RAZADYNE ER CP24 (*Use Galantamine Hydrobromide*)	NF	QL(1 ea daily)
RAZADYNE TABS (*Use Galantamine Hydrobromide*)	NF	QL(2 ea daily)
rivastigmine pt24	F	PA; QL(1 ea daily)
rivastigmine tartrate caps	F	PA; QL(2 ea daily)
Combination Psychotherapeutics		
PERPHENAZINE/AMITRIPTYLINE TABS	F	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	F	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	F	PA; QL(55 ea per 365 days retail)
Multiple Sclerosis Agents		

Drug Name	Drug Tier	Requirements/ Limits
AMPYRA TB12	F	PA
AUBAGIO TABS	F	PA
AVONEX KIT	F	PA
AVONEX PEN AJKT	F	PA
AVONEX PSKT	F	PA
BETASERON KIT	F	PA
COPAXONE SOSY 20 MG/ML (*Use Glatiramer Acetate*)	NF	PA
COPAXONE SOSY 40 MG/ML	F	PA
GILENYA CAPS	F	PA
glatiramer acetate sosy	F	PA
LEMTRADA SOLN	F	PA
PLEGRIDY SOPN	F	PA
PLEGRIDY SOSY	F	PA
PLEGRIDY STARTER PACK SOPN	F	PA
PLEGRIDY STARTER PACK SOSY	F	PA
REBIF REBIDOSE SOAJ	F	PA
REBIF REBIDOSE TITRATIONPACK SOAJ	F	PA
REBIF SOSY	F	PA
REBIF TITRATION PACK SOSY	F	PA
TECFIDERA CPDR	F	PA
TECFIDERA STARTER PACK MISC	F	PA
TYSABRI CONC	F	PA
ZINBRYTA SOSY	F	PA
Premenstrual Dysphoric Disorder (PMDD) Agents		

Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE CAPS	F	
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	F	
ergoloid mesylates tabs	F	
Smoking Deterrents		
bupropion hcl (smoking deterrent) tb12	F	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	F	
CHANTIX STARTING MONTH PAK TABS	F	
CHANTIX TABS	F	
NICODERM CQ PT24 (*Use Nicotine*)	NF	
NICORETTE GUM (*Use Nicotine Polacrilex*)	NF	
NICORETTE LOZG (*Use Nicotine Polacrilex*)	NF	
NICORETTE MINI LOZG (*Use Nicotine Polacrilex*)	NF	
NICORETTE STARTER KIT GUM (*Use Nicotine Polacrilex*)	NF	
nicotine polacrilex gum	F	
nicotine polacrilex lozg	F	
nicotine pt24	F	
NICOTINE TRANSDERMAL SYSTEM KIT	F	
NICOTROL INHALER INHA	F	
NICOTROL NS SOLN	F	
ZYBAN TB12 (*Use Bupropion HCl (Smoking Deterrent)*)	NF	QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	F	PA
KALYDECO TABS	F	PA
ORKAMBI TABS	F	PA
PULMOZYME SOLN	F	PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
doxycycline hyclate caps	F	
doxycycline hyclate tabs	F	
MINOCIN CAPS (*Use Minocycline HCl*)	NF	
minocycline hcl caps	F	
VIBRAMYCIN CAPS (*Use Doxycycline Hyclate*)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	F	
propylthiouracil tabs	F	
TAPAZOLE TABS (*Use Methimazole*)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 180 MG, 300 MG, 240 MG	F	
ARMOUR THYROID TABS 90 MG, 30 MG, 15 MG, 120 MG, 60 MG (*Use Thyroid*)	NF	
CYTOMEL TABS (*Use Liothyronine Sodium*)	NF	
levothyroxine sodium tabs	F	
liothyronine sodium tabs	F	
SYNTHROID TABS (*Use Levothyroxine Sodium*)	NF	
thyroid tabs	F	

Drug Name	Drug Tier	Requirements/ Limits
THYROLAR-1 TABS	F	
THYROLAR-1/2 TABS	F	
THYROLAR-1/4 TABS	F	
THYROLAR-2 TABS	F	
THYROLAR-3 TABS	F	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	F	QL(0.5 ml per 9999 days retail); AL
BOOSTRIX SUSP	F	QL(0.5 ml per 9999 days retail); AL
TENIVAC INJ	F	QL(0.5 ml per 9999 days retail); AL
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	F	QL(0.5 ml per 9999 days retail); AL
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED SUSP	F	QL(0.5 ml per 9999 days retail); AL
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (*Use Hyoscyamine Sulfate*)	NF	
BENTYL CAPS (*Use Dicyclomine HCl*)	NF	
BENTYL TABS (*Use Dicyclomine HCl*)	NF	
dicyclomine hcl caps 10 mg	F	
dicyclomine hcl soln 10 mg/5ml	F	QL(40 ml daily)
dicyclomine hcl tabs 20 mg	F	
DONNATAL TABS (*Use Phenobarbital-Hyoscyamine-Atropine-Scopolamine*)	NF	
glycopyrrolate tabs	F	QL(4 ea daily)
hyoscyamine sulfate elix or 0.125 mg/5ml	F	
hyoscyamine sulfate soln or 0.125 mg/ml	F	
hyoscyamine sulfate subl sl 0.125 mg	F	
hyoscyamine sulfate tabs or 0.125 mg	F	
hyoscyamine sulfate tb12 or 0.375 mg	F	QL(4 ea daily)
hyoscyamine sulfate tbdp or 0.125 mg	F	
LEVBID TB12 (*Use Hyoscyamine Sulfate*)	NF	QL(4 ea daily)
LEVSIN TABS (*Use Hyoscyamine Sulfate*)	NF	
LEVSIN/SL SUBL (*Use Hyoscyamine Sulfate*)	NF	
phenobarbital-hyoscyamine-atropine-scopolamine tabs	F	
ROBINUL FORTE TABS (*Use Glycopyrrolate*)	NF	QL(4 ea daily)
ROBINUL TABS (*Use Glycopyrrolate*)	NF	QL(4 ea daily)
H-2 Antagonists		
cimetidine hcl soln	F	QL(27 ml daily)
cimetidine tabs 200 mg	F	RX/OTC
cimetidine tabs 400 mg, 800 mg, 300 mg	F	
famotidine tabs 20 mg	F	RX/OTC
famotidine tabs 40 mg, 10 mg	F	
PEPCID AC MAXIMUM STRENGTH TABS (*Use Famotidine*)	NF	RX/OTC
PEPCID AC TABS (*Use Famotidine*)	NF	
PEPCID TABS 20 MG (*Use Famotidine*)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEPCID TABS 40 MG (*Use Famotidine*)	NF	
ranitidine hcl caps 150 mg	F	QL(2 ea daily)
ranitidine hcl caps 300 mg	F	QL(1 ea daily)
ranitidine hcl syrp 150 mg/10ml, 75 mg/5ml, 15 mg/ml	F	QL(20 ml daily); AL
ranitidine hcl tabs 150 mg	F	QL(2 ea daily); RX/OTC
ranitidine hcl tabs 300 mg, 75 mg	F	QL(2 ea daily)
TAGAMET HB TABS (*Use Cimetidine*)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (*Use Ranitidine HCl*)	NF	QL(2 ea daily); RX/OTC
ZANTAC 75 TABS (*Use Ranitidine HCl*)	NF	QL(2 ea daily)
ZANTAC TABS 150 MG (*Use Ranitidine HCl*)	NF	QL(2 ea daily); RX/OTC
ZANTAC TABS 300 MG (*Use Ranitidine HCl*)	NF	QL(2 ea daily)
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	F	QL(420 ml per fill retail); AL
CARAFATE TABS 1 GM (*Use Sucralfate*)	NF	QL(4 ea daily)
sucralfate tabs	F	QL(4 ea daily)
Proton Pump Inhibitors		
CVS OMEPRAZOLE TBEC	F	QL(1 ea daily)
EQ OMEPRAZOLE TBEC	F	QL(1 ea daily)
EQL OMEPRAZOLE TBEC	F	QL(1 ea daily)
esomeprazole magnesium cpdr 40 mg	F	
GNP OMEPRAZOLE TBEC	F	QL(1 ea daily)
HM OMEPRAZOLE TBEC	F	QL(1 ea daily)
KLS OMEPRAZOLE TBEC	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
lansoprazole cpdr 15 mg	F	QL(4 ea daily); RX/OTC
lansoprazole cpdr 30 mg	F	
NEXIUM CPDR 40 MG (*Use Esomeprazole Magnesium*)	NF	
omeprazole cpdr 10 mg	F	
omeprazole cpdr 40 mg, 20 mg	F	QL(1 ea daily)
OMEPRAZOLE TBEC 20 MG	F	QL(1 ea daily)
pantoprazole sodium tbec 20 mg	F	QL(1 ea daily)
pantoprazole sodium tbec 40 mg	F	QL(2 ea daily)
PREVACID 24HR CPDR (*Use Lansoprazole*)	NF	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG (*Use Lansoprazole*)	NF	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (*Use Lansoprazole*)	NF	
PREVACID SOLUTAB TBDP	F	
PRILOSEC CPDR 10 MG (*Use Omeprazole*)	NF	
PRILOSEC CPDR 40 MG, 20 MG (*Use Omeprazole*)	NF	QL(1 ea daily)
PROTONIX TBEC 20 MG (*Use Pantoprazole Sodium*)	NF	QL(1 ea daily)
PROTONIX TBEC 40 MG (*Use Pantoprazole Sodium*)	NF	QL(2 ea daily)
PX OMEPRAZOLE TBEC	F	QL(1 ea daily)
RA OMEPRAZOLE TBEC	F	QL(1 ea daily)
SB OMEPRAZOLE TBEC	F	QL(1 ea daily)
SM OMEPRAZOLE TBEC	F	QL(1 ea daily)
SW OMEPRAZOLE TBEC	F	QL(1 ea daily)
TGT OMEPRAZOLE TBEC	F	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		

Drug Name	Drug Tier	Requirements/ Limits
CYTOTEC TABS (*Use Misoprostol*)	NF	
misoprostol tabs	F	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs	F	
Urinary Anti-infectives		
FURADANTIN SUSP (*Use Nitrofurantoin*)	NF	QL(40 ml daily); AL
MACROBID CAPS (*Use Nitrofurantoin Monohyd Macro*)	NF	
MACRODANTIN CAPS (*Use Nitrofurantoin Macrocrystal*)	NF	
METHENAMINE MANDELATE TABS 0.5 GM	F	
methenamine mandelate tabs 1 gm	F	
nitrofurantoin macrocrystal caps	F	
nitrofurantoin monohyd macro caps	F	
nitrofurantoin susp	F	QL(40 ml daily); AL
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
DETROL LA CP24 (*Use Tolterodine Tartrate*)	NF	QL(1 ea daily)
DETROL TABS (*Use Tolterodine Tartrate*)	NF	QL(2 ea daily)
DITROPAN XL TB24 (*Use Oxybutynin Chloride*)	NF	QL(2 ea daily)
oxybutynin chloride syrp 5 mg/5ml	F	QL(16 ml daily)
oxybutynin chloride tabs 5 mg	F	QL(3 ea daily)
oxybutynin chloride tb24 10 mg, 5 mg, 15 mg	F	QL(2 ea daily)
tolterodine tartrate cp24 4 mg, 2 mg	F	QL(1 ea daily)
tolterodine tartrate tabs 2 mg, 1 mg	F	QL(2 ea daily)
trospium chloride tabs	F	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs	F	
URECHOLINE TABS (*Use Bethanechol Chloride*)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	F	
VACCINES		
Bacterial Vaccines		
PNEUMOVAX 23 INJ	F	One per lifetime;QL(0.5 ml per 9999 days retail); AL
PNEUMOVAX 23/1 DOSE INJ	F	One per lifetime;QL(0.5 ml per 9999 days retail); AL
PREVNAR 13 SUSP	F	One per lifetime;QL(0.5 ml per 9999 days retail); AL
Mixed Vaccine Combinations		
COMVAX SUSP	F	AL
Viral Vaccines		
AFLURIA 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL
AFLURIA 2016-2017 SUSP	F	QL(1 ml per 180 days retail); AL
AFLURIA 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL
AFLURIA PF 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA PF 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
AFLURIA PF 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
AFLURIA QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
AFLURIA QUADRIVALENT 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL
AFLURIA QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
CERVARIX SUSP	F	QL(1.5 ml per 9999 days retail); AL
ENGERIX-B INJ	F	AL
ENGERIX-B SUSP	F	AL
FLUAD 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUAD 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLUARIX QUADRIVALENT 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL
FLUARIX QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUARIX QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLUBLOK 2015-2016 SOLN	F	QL(1 ml per 180 days retail); AL
FLUBLOK 2016-2017 SOLN	F	QL(1 ml per 180 days retail); AL
FLUBLOK 2017-2018 SOLN	F	QL(1 ml per 180 days retail); AL

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL
FLUCELVAX QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUCELVAX QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLULAVAL 2014-2015 SUSP	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2014-2015 SUSY	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2016-2017 SUSP	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL
FLULAVAL QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2016-2017 SUSP	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL
FLUVIRIN 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE PF 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE HIGH-DOSE PF 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE HIGH-DOSE PF 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE INTRADERMAL QUADRIVALENT 2015-2016 SUPN	F	QL(1 ml per 180 days retail); AL
FLUZONE INTRADERMAL QUADRIVALENT 2016-2017 SUPN	F	QL(1 ml per 180 days retail); AL
FLUZONE INTRADERMAL QUADRIVALENT 2017-2018 SUPN	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2015-2016 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2016-2017 SUSP	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2016-2017 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL
FLUZONE QUADRIVALENT 2017-2018 SUSY	F	QL(1 ml per 180 days retail); AL
FLUZONE SPLIT 2015-2016 SUSP	F	QL(1 ml per 180 days retail); AL
GARDASIL 9 SUSP	F	QL(1.5 ml per 9999 days retail); AL
GARDASIL 9 SUSY	F	QL(1.5 ml per 9999 days retail); AL
GARDASIL SUSP	F	QL(1.5 ml per 9999 days retail); AL
HAVRIX SUSP	F	AL
MEDICAL PROVIDER EZ FLU SHOT 2015-2016 PSKT	F	QL(1 ea per 180 days retail); AL
MEDICAL PROVIDER SINGLE USE EZ FLU SHOT PSKT	F	QL(1 ea per 180 days retail); AL
RECOMBIVAX HB SUSP	F	AL
TWINRIX SUSP	F	AL
VAQTA SUSP	F	AL
ZOSTAVAX SUSR	F	AL
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (*Use Clindamycin Phosphate Vaginal*)	NF	QL(40 gm per fill retail)
clindamycin phosphate vaginal crea	F	QL(40 gm per fill retail)
clotrimazole vaginal crea 1 %	F	QL(45 gm per fill retail)
clotrimazole vaginal crea 2 %	F	QL(20 gm per fill retail)
GYNAZOLE-1 CREA	F	
GYNE-LOTRIMIN 3 CREA (*Use Clotrimazole Vaginal*)	NF	QL(20 gm per fill retail)
GYNE-LOTRIMIN CREA (*Use Clotrimazole Vaginal*)	NF	QL(45 gm per fill retail)
METROGEL-VAGINAL GEL (*Use Metronidazole Vaginal*)	NF	QL(70 gm per fill retail)
metronidazole vaginal gel	F	QL(70 gm per fill retail)
MICONAZOLE 3 SUPP	F	QL(3 ea per fill retail)
miconazole nitrate vaginal crea 2 %	F	QL(45 gm per fill retail)
miconazole nitrate vaginal crea 4 %	F	Limit 1 package per month;QL(1.5 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
miconazole nitrate vaginal kit	F	QL(1 gm per fill retail)
miconazole nitrate vaginal kit	F	
miconazole nitrate vaginal supp 100 mg	F	QL(7 ea per fill retail)
MONISTAT 1 COMBO PACK KIT (*Use Miconazole Nitrate Vaginal*)	NF	
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (*Use Miconazole Nitrate Vaginal*)	NF	
MONISTAT 3 COMBINATION PACK KIT (*Use Miconazole Nitrate Vaginal*)	NF	QL(1 gm per fill retail)
MONISTAT 3 CREA (*Use Miconazole Nitrate Vaginal*)	NF	Limit 1 package per month;QL(1.5 gm daily)
MONISTAT 7 SIMPLY CURE CREA (*Use Miconazole Nitrate Vaginal*)	NF	QL(45 gm per fill retail)
TERAZOL 3 CREA (*Use Terconazole Vaginal*)	NF	QL(20 gm per fill retail)
TERAZOL 7 CREA (*Use Terconazole Vaginal*)	NF	QL(45 gm per fill retail)
terconazole vaginal crea 0.4 %	F	QL(45 gm per fill retail)
terconazole vaginal crea 0.8 %	F	QL(20 gm per fill retail)
terconazole vaginal supp 80 mg	F	QL(3 ea per fill retail)
tioconazole vaginal oint	F	QL(5 gm per fill retail)
VAGISTAT-1 OINT (*Use Tioconazole Vaginal*)	NF	QL(5 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM	F	Limit 1 package per month;QL(1.5 gm daily)
PREMARIN CREA VA 0.625 MG/GM	F	Limit 1 package per month;QL(1.5 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj	F	QL(4 ea per 365 days retail)
Vasopressors		
midodrine hcl tabs	F	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 1000 unit, 2000 unit	F	
cholecalciferol caps 5000 unit	F	QL(2 ea daily)
cholecalciferol caps 50000 unit	F	Limit 8 per month;QL(0.26 7 ea daily)
cholecalciferol chew 400 unit	F	
cholecalciferol liqd 400 unit/ml	F	
cholecalciferol tabs 1000 unit, 400 unit	F	
D-VI-SOL LIQD (*Use Cholecalciferol*)	NF	
DRISDOL CAPS (*Use Ergocalciferol*)	NF	
DRISDOL SOLN (*Use Ergocalciferol*)	NF	
ergocalciferol caps	F	
ergocalciferol soln	F	
MEPHYTON TABS	F	
vitamin a caps	F	
vitamin a tabs	F	
vitamin e caps 400 unit, 200 unit, 100 unit	F	QL(2 ea daily)
vitamin e soln 15 unit/0.3ml	F	
Water Soluble Vitamins		

Drug Name	Drug Tier	Requirements/ Limits
ASCOCID POWD	F	
ascorbic acid chew 500 mg, 500mg, 7.5mg-500mg	F	
ASCORBIC ACID POWD	F	
ascorbic acid tabs 250 mg, 37mg-1000mg, 500 mg, 10mg-500mg, 37mg-500mg, 1000mg, 500mg, 14mg-25mg-500mg, 1000 mg	F	100 / 30 days;QL(100 ea per 34 days retail)
biotin caps	F	
niacin cpcr 250 mg, 500 mg	F	
niacin tabs 50 mg, 100 mg, 500 mg	F	
niacin tbcr 500 mg, 250 mg, 750 mg	F	
NIACIN TR TBCR	F	
pyridoxine hcl tabs 50 mg, 250 mg, 100 mg, 25 mg	F	
riboflavin tabs 50 mg, 100 mg	F	100 / 30 days;QL(100 ea per 34 days retail)
SLO-NIACIN TBCR (*Use Niacin*)	NF	
thiamine hcl tabs	F	100 / 30 days;QL(100 ea per 34 days retail)
thiamine mononitrate tabs	F	100 / 30 days;QL(100 ea per 34 days retail)
VITAMIN C POWD	F	
VITAMIN C SYRP	F	

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