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 2 fills not to exceed 68 total day's supply in the first 90 days of eligibility.. Please note, the timeframe for PA requirements on controlled medications may be shorter than 90 days. 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 90 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 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 if 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
SP:	Specialty Drugs*

*Specialty Drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.

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(At least 3 yrs old)
ADDERALL XR CP24 (*Use Amphetamine-Dextroamphetamine*)	NF	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg	F	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg	F	QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (*Use Dextroamphetamine Sulfate*)	NF	QL(2 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG (*Use Dextroamphetamine Sulfate*)	NF	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 10 mg, 15 mg	F	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 5 mg	F	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate tabs 5 mg, 10 mg	F	QL(3 ea daily); AL(At least 3 yrs old)
VYVANSE CAPS	F	PA; QL(1 ea daily)
Analeptics		
caffeine citrate soln or 20 mg/ml, 60 mg/3ml	F	QL(45 ml per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps	F	ST; AL(At least 6 yrs old)
guanfacine hcl (adhd) tb24	F	QL(1 ea daily)
INTUNIV TB24 (*Use Guanfacine HCl (ADHD)*)	NF	QL(1 ea daily)
STRATTERA CAPS (*Use Atomoxetine HCl*)	NF	ST; AL(At least 6 yrs old)
Stimulants - Misc.		
armodafinil tabs	F	PA
CONCERTA TBCR 18 MG, 27 MG, 54 MG (*Use Methylphenidate HCl*)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (*Use Methylphenidate HCl*)	NF	QL(2 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg	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(At least 6 yrs old)
methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	F	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HCL ER TBCR	F	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tabs 10 mg, 20 mg	F	QL(3 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tabs 5 mg	F	QL(6 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tbcr 10 mg, 36 mg	F	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl tbcr 18 mg, 20 mg, 27 mg, 54 mg	F	QL(1 ea daily); AL(At least 6 yrs old)
NUVIGIL TABS (*Use Armodafinil*)	NF	PA
RITALIN TABS 10 MG, 20 MG (*Use Methylphenidate HCl*)	NF	QL(3 ea daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (*Use Methylphenidate HCl*)	NF	QL(6 ea daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL 2800 BAU	F	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR ADULT SAMPLE KIT SUBL	F	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR ADULT STARTER PACK SUBL	F	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	F	QL(3 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
ORALAIR SUBL	F	QL(1 ea daily); AL(At least 10 yrs old - Up to 65 yrs old)
RAGWITEK SUBL 12 AMBA 1-U	F	QL(1 ea daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
melatonin tabs or 3 mg, 5 mg	F	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU	F	PA; QL(1 ml daily); SP
KITABIS PAK NEBU	F	PA; QL(1 ml daily); SP
neomycin sulfate tabs	F	
TOBI NEBU (*Use Tobramycin*)	NF	PA; QL(1 ml daily); SP
TOBI PODHALER CAPS	F	PA; QL(2 ea daily); SP
TOBRAMYCIN NEBU	F	PA; QL(1 ml daily); SP
tobramycin nebu	F	PA; QL(1 ml daily); SP
TOBRAMYCIN SULFATE SOLN 10 MG/ML, 40 MG/ML	F	
tobramycin sulfate soln 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml	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 40 MG/0.8ML	F	PA; SP
HUMIRA PEN PNKT 40 MG/0.8ML	F	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	F	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	F	PA; SP
HUMIRA PSKT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	F	PA; SP
Antirheumatic Antimetabolites		
OTREXUP SOAJ	F	SP
RASUVO SOAJ	F	SP

Drug Name	Drug Tier	Requirements/ Limits
RHEUMATREX TABS	F	
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	F	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (*Use Ibuprofen*)	NF	
ALEVE ARTHRITIS TABS (*Use Naproxen Sodium*)	NF	QL(2 ea daily)
ALEVE TABS (*Use Naproxen Sodium*)	NF	QL(2 ea daily)
ANAPROX DS TABS (*Use Naproxen Sodium*)	NF	
CELEBREX CAPS 400 MG (*Use Celecoxib*)	NF	PA; QL(2 ea daily)
CELEBREX CAPS 50 MG, 100 MG, 200 MG (*Use Celecoxib*)	NF	PA; QL(1 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 50 mg	F	
diclofenac sodium tb24 or 100 mg	F	
diclofenac sodium tbec or 25 mg, 50 mg, 75 mg	F	
EC-NAPROSYN TBEC (*Use Naproxen*)	NF	QL(2 ea daily)
etodolac caps	F	
etodolac tabs	F	
etodolac tb24	F	
FELDENE CAPS (*Use Piroxicam*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
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 200 mg, 400 mg, 600 mg, 800 mg	F	
indomethacin caps	F	
indomethacin cpcr	F	
INFANTS ADVIL SUSP (*Use Ibuprofen*)	NF	
KETOPROFEN CAPS 50 MG, 75 MG	F	
ketoprofen caps 50 mg, 75 mg	F	
KETOPROFEN ER CP24	F	
ketorolac tromethamine tabs or 10 mg	F	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
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	
naproxen sodium tabs 220 mg	F	QL(2 ea daily)
naproxen sodium tabs 275 mg, 550 mg	F	
naproxen susp 125 mg/5ml	F	

Drug Name	Drug Tier	Requirements/ Limits
naproxen tabs 250 mg, 375 mg, 500 mg	F	
naproxen tbec 375 mg, 500 mg	F	QL(2 ea daily)
oxaprozin tabs 600 mg	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; SP
ENBREL SOSY	F	PA; SP
ENBREL SURECLICK SOAJ	F	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs 325mg-50mg	F	
butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg	F	QL(4 ea daily)
butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg	F	QL(4 ea daily)
butalbital-aspirin-caffeine caps 50mg-40mg-325mg	F	QL(4 ea daily)
ESGIC TABS (*Use Butalbital-Acetaminophen-Caffeine*)	NF	QL(4 ea daily)
FIORINAL CAPS (*Use Butalbital-Aspirin-Caffeine*)	NF	QL(4 ea daily)
TENCON TABS 325MG-50MG	F	
Analgesics Other		
acetaminophen caps or 500 mg	F	

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen chew or 80 mg, 160 mg	F	
acetaminophen liqd or 160 mg/5ml	F	
acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml	F	
acetaminophen supp re 120 mg, 325 mg, 650 mg	F	QL(12 ea per fill retail)
acetaminophen susp or 160 mg/5ml, 80 mg/0.8ml, 80 mg/2.5ml	F	
acetaminophen tabs or 325 mg, 500 mg	F	
FEVERALL INFANTS SUPP	F	
NORTEMP INFANTS SUSP	F	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (*Use Acetaminophen*)	NF	
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, 300 MG, 600 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	

Drug Name	Drug Tier	Requirements/ Limits
aspirin tbec or 81 mg, 324 mg, 325 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, 30 mg, 60 mg	F	QL(2 ea daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS 15 MG, 30 MG, 60 MG (*Use Codeine Sulfate*)	NF	QL(2 ea daily); AL(At least 12 yrs old)
DEMEROL TABS OR 100 MG (*Use Meperidine HCl*)	NF	QL(6 ea daily)
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (*Use Hydromorphone HCl*)	NF	QL(8 ea daily)
DOLOPHINE TABS 10 MG (*Use Methadone HCl*)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (*Use Methadone HCl*)	NF	QL(4 ea daily)
DURAGESIC PT72 (*Use Fentanyl*)	NF	Limit 10 patches per month;QL(0.34 ea daily)
EMBEDA CPCR	F	
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	F	Limit 10 patches per month;QL(0.34 ea daily)
HYDROMORPHONE HCL SUPP RE 3 MG	F	QL(12 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	F	QL(8 ea daily)
HYSINGLA ER T24A	F	
MEPERIDINE HCL SOLN OR 50 MG/5ML	F	QL(500 ml per fill retail)
meperidine hcl tabs or 50 mg, 100 mg	F	QL(6 ea daily)
methadone hcl tabs or 10 mg	F	QL(10 ea daily)
methadone hcl tabs or 5 mg	F	QL(4 ea daily)
morphine sulfate soln or 10 mg/5ml, 20 mg/5ml	F	QL(16.67 ml daily)
morphine sulfate soln or 20 mg/ml, 100 mg/5ml	F	QL(240 ml per fill retail)
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 20 MG, 30 MG	F	QL(24 ea per fill retail)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	F	QL(6 ea daily)
morphine sulfate tbcr or 15 mg, 30 mg, 60 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 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	F	QL(6 ea daily)
ROXICODONE TABS (*Use Oxycodone HCl*)	NF	QL(6 ea daily)
tramadol hcl tabs 50 mg	F	QL(8 ea daily); AL(At least 18 yrs old)
ULTRAM TABS (*Use Tramadol HCl*)	NF	QL(8 ea daily); AL(At least 18 yrs old)
Opioid Combinations		

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml	F	QL(30 ml daily); AL(At least 12 yrs old)
acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg	F	QL(6 ea daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg	F	QL(4 ea daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod caps 50mg-40mg-30mg-325mg	F	QL(4 ea daily); AL(At least 12 yrs old)
FIORINAL/CODEINE #3 CAPS (*Use Butalbital-Aspirin-Caffeine w/Cod*)	NF	QL(4 ea daily); AL(At least 12 yrs old)
hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml	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 5mg-325mg, 10mg-325mg, 7.5mg-325mg	F	QL(6 ea daily)
oxycodone-aspirin tabs	F	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	F	QL(30 ml daily)
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (*Use Oxycodone w/ Acetaminophen*)	NF	QL(6 ea daily)
tramadol-acetaminophen tabs 37.5mg-325mg	F	QL(4 ea daily); AL(At least 18 yrs old)
TYLENOL/CODEINE #3 TABS (*Use Acetaminophen w/ Codeine*)	NF	QL(6 ea daily); AL(At least 12 yrs old)
TYLENOL/CODEINE #4 TABS (*Use Acetaminophen w/ Codeine*)	NF	QL(6 ea daily); AL(At least 12 yrs old)
ULTRACET TABS (*Use Tramadol-Acetaminophen*)	NF	QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
buprenorphine hcl subl sl 2 mg, 8 mg	F	PA
buprenorphine hcl-naloxone hcl dihydrate film	F	PA
buprenorphine hcl-naloxone hcl dihydrate subl	F	PA
SUBOXONE FILM	F	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24	F	QL(1 ea daily)
ANDROXY TABS	F	
DEPO-TESTOSTERONE SOLN 200 MG/ML (*Use Testosterone Cypionate*)	NF	Limit 4mls per month;QL(0.14 29 ml daily)
METHITEST TABS 10 MG	F	
testosterone cypionate soln 200 mg/ml	F	Limit 4mls per month;QL(0.14 29 ml daily)
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		

Drug Name	Drug Tier	Requirements/ Limits
CORTENEMA ENEM (*Use Hydrocortisone (Intrarectal)*)	NF	QL(420 ml per fill retail)
hydrocortisone (intrarectal) enem 100 mg/60ml	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 1 %	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 2.5 %	F	QL(30 gm per fill retail)
ANTACIDS		
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-20mg/5ml-200mg/5ml, 200mg/5ml-200mg/5ml-20mg/5ml-20mg/5ml-200mg/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	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (*Use Alum & Mag Hydrox-Simethicone*)	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP OR	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 500 mg, 750 mg, 1000 mg	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 EXTRA STRENGTH 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	

Drug Name	Drug Tier	Requirements/ Limits
TUMS ULTRA 1000 CHEW (*Use Calcium Carbonate (Antacid)*)	NF	
Antacids - Magnesium Salts		
magnesium oxide tabs 400 mg	F	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FIRVANQ SOLR	F	QL(300 ml per fill retail)
FLAGYL TABS 250 MG, 500 MG (*Use Metronidazole*)	NF	
metronidazole tabs or 250 mg, 500 mg	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 or 40mg/5ml-200mg/5ml	F	
sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg	F	

Drug Name	Drug Tier	Requirements/ Limits
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 150 mg, 300 mg	F	
clindamycin palmitate hydrochloride solr 75 mg/5ml	F	Limit 1 package per claim;QL(100 ml per fill retail)
Oxazolidinones		
SIVEXTRO TABS OR 200 MG	F	PA; QL(6 ea per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (*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 30 mg, 60 mg, 120 mg	F	QL(1 ea daily)
NITRO-BID OINT	F	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*Use Nitroglycerin*)	NF	
nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg	F	
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	F	

Drug Name	Drug Tier	Requirements/ Limits
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	F	
NITROSTAT SUBL (*Use Nitroglycerin*)	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl tabs 15 mg	F	QL(4 ea daily)
buspirone hcl tabs 30 mg, 7.5 mg	F	QL(3 ea daily)
buspirone hcl tabs 5 mg, 10 mg	F	QL(6 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, 25 mg, 50 mg	F	
HYDROXYZINE PAMOATE CAPS 100 MG	F	
hydroxyzine pamoate caps 25 mg, 50 mg	F	
meprobamate tabs	F	
VISTARIL CAPS (*Use Hydroxyzine Pamoate*)	NF	
Benzodiazepines		
alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg	F	QL(4 ea daily)
ATIVAN SOLN IJ 2 MG/ML, 4 MG/ML (*Use Lorazepam*)	NF	
ATIVAN TABS OR 0.5 MG, 2 MG (*Use Lorazepam*)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (*Use Lorazepam*)	NF	QL(4 ea daily)
chlordiazepoxide hcl caps	F	QL(4 ea daily)
clorazepate dipotassium tabs	F	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DIAZEPAM SOLN IJ 5 MG/ML	F	
DIAZEPAM SOLN OR 5 MG/5ML	F	QL(500 ml per fill retail)
diazepam tabs or 2 mg, 5 mg, 10 mg	F	QL(4 ea daily)
lorazepam conc or 2 mg/ml	F	
lorazepam soln ij 2 mg/ml, 4 mg/ml, 20 mg/10ml	F	
lorazepam tabs or 0.5 mg, 2 mg	F	QL(3 ea daily)
lorazepam tabs or 1 mg	F	QL(4 ea daily)
oxazepam caps 10 mg, 15 mg, 30 mg	F	QL(4 ea daily)
OXAZEPAM CAPS 30 MG	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		
disopyramide phosphate caps	F	
NORPACE CAPS (*Use Disopyramide Phosphate*)	NF	
NORPACE CR CP12 150 MG	F	
quinidine gluconate tbcr or 324 mg	F	
QUINIDINE SULFATE TABS	F	
Antiarrhythmics Type I-B		
mexiletine hcl caps	F	
Antiarrhythmics Type I-C		
flecainide acetate tabs	F	
propafenone hcl tabs 150 mg, 225 mg, 300 mg	F	

Drug Name	Drug Tier	Requirements/ Limits
RYTHMOL TABS (*Use Propafenone HCl*)	NF	
Antiarrhythmics Type III		
amiodarone hcl tabs or 200 mg	F	
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)
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 500 MCG	F	PA

Drug Name	Drug Tier	Requirements/ Limits
Steroid Inhalants		
AEROSPAN AERS	F	Limit 1 package per month;QL(0.3 gm daily)
budesonide (inhalation) susp	F	QL(4 ml daily); AL(Up to 6 yrs old)
FLOVENT DISKUS AEPB	F	QL(2 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 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(Up to 6 yrs old)
Sympathomimetics		
ALBUTEROL SULFATE ER TB12	F	
albuterol sulfate nebu in 0.5 %	F	QL(2 ml daily)
albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 1.25 mg/3ml	F	QL(12.5 ml daily)
albuterol sulfate syrp or 2 mg/5ml	F	
albuterol sulfate tabs or 2 mg, 4 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)

Drug Name	Drug Tier	Requirements/ Limits
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 10 MG, 20 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 or 5 mg, 2.5 mg	F	
VENTOLIN HFA AERS	F	Limit 2 packages per month;QL(0.54 gm daily,8 gm per fill retail)
VENTOLIN HFA AERS	F	Limit 2 packages per month;QL(1.2 gm daily,18 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 100 mg, 200 mg, 300 mg, 450 mg	F	
theophylline tb24 400 mg, 600 mg	F	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (*Use Warfarin Sodium*)	NF	
warfarin sodium tabs	F	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	F	QL(4 ea daily)
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); SP
enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml	F	QL(14 ml per 7 days retail); SP
enoxaparin sodium soln sc 30 mg/0.3ml	F	QL(5 ml per 7 days retail); SP
enoxaparin sodium soln sc 40 mg/0.4ml	F	QL(6 ml per 7 days retail); SP
enoxaparin sodium soln sc 60 mg/0.6ml	F	QL(9 ml per 7 days retail); SP
enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml	F	QL(12 ml per 7 days retail); SP
heparin sodium (porcine) soln	F	
LOVENOX SOLN IJ 300 MG/3ML (*Use Enoxaparin Sodium*)	NF	QL(42 ml per 7 days retail); SP
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (*Use Enoxaparin Sodium*)	NF	QL(14 ml per 7 days retail); SP
LOVENOX SOLN SC 30 MG/0.3ML (*Use Enoxaparin Sodium*)	NF	QL(5 ml per 7 days retail); SP
LOVENOX SOLN SC 40 MG/0.4ML (*Use Enoxaparin Sodium*)	NF	QL(6 ml per 7 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOLN SC 60 MG/0.6ML (*Use Enoxaparin Sodium*)	NF	QL(9 ml per 7 days retail); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (*Use Enoxaparin Sodium*)	NF	QL(12 ml per 7 days retail); SP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clonazepam tabs 0.5 mg, 1 mg, 2 mg	F	QL(4 ea daily)
DIASTAT ACUDIAL GEL	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIASTAT PEDIATRIC GEL	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIAZEPAM GEL RE 10 MG, 20 MG, 2.5 MG	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIAZEPAM RECTAL GEL GEL	F	QL(1 ea per fill retail); AL(Up to 21 yrs old)
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 100 mg, 300 mg, 400 mg	F	QL(9 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
gabapentin soln 250 mg/5ml, 300 mg/6ml	F	
gabapentin tabs 600 mg	F	QL(6 ea daily)
gabapentin tabs 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 250 MG, 750 MG (*Use Levetiracetam*)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (*Use Levetiracetam*)	NF	QL(6 ea daily)
KEPPRA XR TB24 (*Use Levetiracetam*)	NF	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (*Use Lamotrigine*)	NF	
LAMICTAL TABS (*Use Lamotrigine*)	NF	
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (*Use Lamotrigine*)	NF	ST
lamotrigine chew 5 mg, 25 mg	F	
lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg	F	
lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	F	ST
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	F	QL(4 ea daily)
levetiracetam tabs or 500 mg	F	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam tb24 or 500 mg, 750 mg	F	
MYSOLINE TABS (*Use Primidone*)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (*Use Gabapentin*)	NF	QL(9 ea daily)
NEURONTIN SOLN 250 MG/5ML (*Use Gabapentin*)	NF	
NEURONTIN TABS 600 MG (*Use Gabapentin*)	NF	QL(6 ea daily)
NEURONTIN TABS 800 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 100 MG (*Use Topiramate*)	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG (*Use Topiramate*)	NF	QL(3 ea daily)
TOPAMAX TABS 25 MG, 50 MG (*Use Topiramate*)	NF	QL(6 ea daily)
topiramate cpsp 15 mg	F	QL(6 ea daily)
topiramate cpsp 25 mg	F	QL(8 ea daily)
topiramate tabs 100 mg	F	QL(4 ea daily)
topiramate tabs 200 mg	F	QL(3 ea daily)
topiramate tabs 25 mg, 50 mg	F	QL(6 ea daily)
TRILEPTAL SUSP (*Use Oxcarbazepine*)	NF	
TRILEPTAL TABS (*Use Oxcarbazepine*)	NF	
VIMPAT SOLN OR 10 MG/ML	F	
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	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 (*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 100 mg	F	
phenytoin susp	F	

Drug Name	Drug Tier	Requirements/ Limits
Succinimides		
CELONTIN CAPS	F	
ethosuximide caps	F	
ethosuximide soln	F	
ZARONTIN CAPS (*Use Ethosuximide*)	NF	
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 250 mg	F	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs 15 mg	F	QL(3 ea daily)
mirtazapine tabs 30 mg	F	QL(1.5 ea daily)
mirtazapine tabs 45 mg, 7.5 mg	F	QL(1 ea daily)
mirtazapine tbdp 15 mg	F	QL(3 ea daily)
mirtazapine tbdp 30 mg	F	QL(1.5 ea daily)
mirtazapine tbdp 45 mg	F	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (*Use Mirtazapine*)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (*Use Mirtazapine*)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (*Use Mirtazapine*)	NF	QL(1 ea daily)
REMERON TABS 15 MG (*Use Mirtazapine*)	NF	QL(3 ea daily)
REMERON TABS 30 MG (*Use Mirtazapine*)	NF	QL(1.5 ea daily)
REMERON TABS 45 MG (*Use Mirtazapine*)	NF	QL(1 ea daily)
Antidepressants - Misc.		
APLENZIN TB24	F	
bupropion hcl tabs 75 mg, 100 mg	F	QL(3 ea daily)
bupropion hcl tb12 100 mg	F	QL(4 ea daily)
bupropion hcl tb12 150 mg	F	QL(3 ea daily)
bupropion hcl tb12 200 mg	F	QL(2 ea daily)
bupropion hcl tb24 150 mg	F	QL(3 ea daily)
bupropion hcl tb24 300 mg	F	QL(1 ea daily)
FORFIVO XL TB24	F	
MAPROTILINE HCL TABS	F	
WELLBUTRIN SR TB12 100 MG (*Use Bupropion HCl*)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (*Use Bupropion HCl*)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (*Use Bupropion HCl*)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (*Use Bupropion HCl*)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN XL TB24 300 MG (*Use Bupropion HCl*)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	F	
MARPLAN TABS	F	
NARDIL TABS (*Use Phenelzine Sulfate*)	NF	
PARNATE TABS (*Use Tranylcypromine Sulfate*)	NF	
phenelzine sulfate tabs 15 mg	F	
tranylcypromine sulfate tabs 10 mg	F	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (*Use Citalopram Hydrobromide*)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (*Use Citalopram Hydrobromide*)	NF	QL(2 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	F	QL(4 ea daily)
citalopram hydrobromide tabs 20 mg	F	QL(2 ea daily)
citalopram hydrobromide tabs 40 mg	F	QL(1 ea daily)
escitalopram oxalate soln 5 mg/5ml	F	
escitalopram oxalate tabs 10 mg	F	QL(2 ea daily)
escitalopram oxalate tabs 20 mg	F	QL(1 ea daily)
escitalopram oxalate tabs 5 mg	F	QL(4 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)
fluoxetine hcl soln 20 mg/5ml	F	QL(20 ml daily,30 day(s) limit); AL(At least 7 yrs old)
fluoxetine hcl tabs 10 mg	F	QL(1 ea daily); AL(At least 13 yrs old)
fluoxetine hcl tabs 20 mg	F	QL(4 ea daily)
fluoxetine hcl tabs 60 mg	F	
FLUOXETINE HYDROCHLORIDE TABS	F	
FLUOXETINE HYDROCHLORIDE TABS (*Use Fluoxetine HCl*)	NF	
fluvoxamine maleate cp24 100 mg, 150 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 10 MG (*Use Escitalopram Oxalate*)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (*Use Escitalopram Oxalate*)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (*Use Escitalopram Oxalate*)	NF	QL(4 ea daily)
paroxetine hcl tabs 10 mg	F	QL(6 ea daily)
paroxetine hcl tabs 20 mg	F	QL(3 ea daily)
paroxetine hcl tabs 30 mg, 40 mg	F	QL(2 ea daily)
paroxetine hcl tb24 25 mg, 12.5 mg, 37.5 mg	F	
PAXIL CR TB24 (*Use Paroxetine HCl*)	NF	
PAXIL SUSP 10 MG/5ML	F	QL(40 ml daily)
PAXIL TABS 10 MG (*Use Paroxetine HCl*)	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PAXIL TABS 20 MG (*Use Paroxetine HCl*)	NF	QL(3 ea daily)
PAXIL TABS 30 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 25 mg, 50 mg	F	QL(4 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 25 MG, 50 MG (*Use Sertraline HCl*)	NF	QL(4 ea daily)
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG, 200 MG	F	
nefazodone hcl tabs 50 mg, 250 mg	F	
trazodone hcl tabs or 300 mg	F	QL(2 ea daily)
trazodone hcl tabs or 50 mg, 100 mg, 150 mg	F	
TRINTELLIX TABS	F	PA
VIIBRYD STARTER PACK KIT	F	PA
VIIBRYD TABS	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 20 mg, 30 mg, 60 mg	F	QL(1 ea daily)
duloxetine hcl cpep 40 mg	F	
EFFEXOR XR CP24 150 MG (*Use Venlafaxine HCl*)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (*Use Venlafaxine HCl*)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (*Use Venlafaxine HCl*)	NF	QL(5 ea daily)
FETZIMA CP24	F	
FETZIMA TITRATION PACK C4PK	F	
KHEDEZLA TB24	F	
PRISTIQ TB24 (*Use Desvenlafaxine Succinate*)	NF	
venlafaxine hcl cp24 150 mg	F	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	F	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	F	QL(5 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	F	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG, 150 MG, 37.5 MG (*Use Venlafaxine HCl*)	NF	QL(1 ea daily)
venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg	F	
venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 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 10 mg, 50 mg, 75 mg, 100 mg, 150 mg	F	
desipramine hcl tabs or 25 mg	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
doxepin hcl caps or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	F	
doxepin hcl conc or 10 mg/ml	F	
ELAVIL TABS (*Use Amitriptyline HCl*)	NF	
imipramine hcl tabs or 10 mg, 25 mg, 50 mg	F	
imipramine pamoate caps	F	
NORPRAMIN TABS 10 MG (*Use Desipramine HCl*)	NF	
NORPRAMIN TABS 25 MG (*Use Desipramine HCl*)	NF	QL(2 ea daily)
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	
trimipramine maleate caps or 25 mg, 50 mg, 100 mg	F	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose tabs	F	
GLYSET TABS 50 MG (*Use Miglitol*)	NF	
miglitol tabs 50 mg	F	
PRECOSE TABS (*Use Acarbose*)	NF	
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)
ACTOPLUS MET XR TB24	F	QL(2 ea daily)
alogliptin-metformin hcl tabs	F	QL(1 ea daily)
alogliptin-pioglitazone tabs	F	QL(1 ea daily)
DUETACT TABS (*Use Pioglitazone HCl-Glimepiride*)	NF	QL(1 ea daily)
glipizide-metformin hcl tabs	F	
GLUCOVANCE TABS (*Use Glyburide-Metformin*)	NF	
glyburide-metformin tabs	F	
GLYXAMBI TABS	F	QL(1 ea daily)
INVOKAMET TABS 50MG-1000MG, 150MG-1000MG	F	QL(2 ea daily)
INVOKAMET TABS 50MG-500MG, 150MG-500MG	F	QL(4 ea daily)
INVOKAMET XR TB24 50MG-1000MG, 150MG-1000MG	F	QL(2 ea daily)
INVOKAMET XR TB24 50MG-500MG, 150MG-500MG	F	QL(4 ea daily)
JANUMET TABS 50MG-1000MG	F	QL(2 ea daily,100 day(s) limit)
JANUMET TABS 50MG-500MG	F	QL(4 ea daily,100 day(s) limit)
JANUMET XR TB24 50MG-1000MG, 100MG-1000MG	F	QL(2 ea daily,100 day(s) limit)
JANUMET XR TB24 50MG-500MG	F	QL(4 ea daily,100 day(s) limit)

Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TABS	F	QL(2 ea daily)
JENTADUETO XR TB24	F	QL(2 ea daily,100 day(s) limit)
KAZANO TABS (*Use Alogliptin-Metformin HCl*)	NF	QL(1 ea daily)
KOMBIGLYZE XR TB24 5MG-1000MG, 2.5MG-1000MG	F	QL(2 ea daily,100 day(s) limit)
KOMBIGLYZE XR TB24 5MG-500MG	F	QL(4 ea daily,100 day(s) limit)
OSENI TABS (*Use Alogliptin-Pioglitazone*)	NF	QL(1 ea daily)
pioglitazone hcl-glimepiride tabs	F	QL(1 ea daily)
pioglitazone hcl-metformin hcl tabs	F	QL(2 ea daily)
QTERN TABS	F	
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	F	QL(4 ea daily)
SOLIQUA 100/33 SOPN	F	
SYNJARDY TABS 5MG-1000MG, 12.5MG-1000MG	F	QL(2 ea daily)
SYNJARDY TABS 5MG-500MG, 12.5MG-500MG	F	QL(4 ea daily)
SYNJARDY XR TB24	F	
XIGDUO XR TB24 5MG-1000MG, 10MG-1000MG	F	QL(2 ea daily)
XIGDUO XR TB24 5MG-500MG, 10MG-500MG	F	QL(4 ea daily)
Biguanides		
FORTAMET TB24 1000 MG (*Use Metformin HCl*)	NF	QL(2 ea daily)
FORTAMET TB24 500 MG (*Use Metformin HCl*)	NF	QL(4 ea daily)
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)
GLUMETZA TB24 1000 MG (*Use Metformin HCl*)	NF	QL(2 ea daily)
GLUMETZA TB24 500 MG (*Use Metformin HCl*)	NF	QL(4 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, 1000 mg	F	QL(2 ea daily)
METFORMIN HYDROCHLORIDE SOLN	F	
RIOMET SOLN	F	
Diabetic Other		
CVS GLUCOSE CHEW 4 GM	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 40 %, 15 gm/38gm	F	
GLUCAGEN HYPOKIT SOLR	F	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT KIT	F	QL(1 ea per fill retail)
GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
GNP GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GNP QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
KORLYM TABS	F	QL(100 day(s) limit)
LEADER QUICK DISSOLVE GLUCOSE CHEW	F	Limit 50 per month;QL(1.67 ea daily)
PROGLYCEM SUSP	F	QL(100 day(s) limit)
SM GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
WALGREENS GLUCOSE CHEW 4 GM	F	Limit 50 per month;QL(1.67 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate tabs	F	QL(1 ea daily)
JANUVIA TABS	F	QL(1 ea daily)
NESINA TABS (*Use Alogliptin Benzoate*)	NF	QL(1 ea daily)
ONGLYZA TABS	F	QL(1 ea daily)
TRADJENTA TABS	F	QL(1 ea daily); AL(At least 18 yrs old)
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)
OZEMPIC SOPN	F	
TANZEUM PEN	F	
TRULICITY SOPN	F	
VICTOZA SOPN	F	Limit 3 syringes per month;QL(0.3 ml daily)
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		
ADMELOG SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
ADMELOG SOLOSTAR SOPN	F	QL(1 ml daily)
AFREZZA POWD	F	
APIDRA SOLN	F	Limit 30mls per month;QL(1 ml daily)
APIDRA SOLOSTAR SOPN	F	QL(1 ml daily)
BASAGLAR KWIKPEN SOPN	F	QL(1 ml daily)
FIASP FLEXTOUCH SOPN	F	QL(1 ml daily)
FIASP SOLN	F	Limit 30mls per month;QL(1 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	F	QL(1 ml daily)
HUMALOG KWIKPEN SOPN	F	QL(1 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	F	QL(1 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 50/50 SUSP	F	Limit 40mls 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 40mls per month;QL(1.34 ml daily)
HUMALOG SOCT	F	QL(1 ml daily)
HUMALOG SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN 70/30 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN N SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R U-500 (*CONCENTRATED*) SOLN	F	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN	F	QL(1.34 ml daily)
LANTUS SOLN	F	Limit 30mls per month;QL(1 ml daily)
LANTUS SOLOSTAR SOPN	F	QL(1 ml daily)
LEVEMIR FLEXTOUCH SOPN	F	
LEVEMIR SOLN	F	
NOVOLIN 70/30 RELION SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN 70/30 SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN N RELION SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN N SUSP	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN R RELION SOLN	F	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN R SOLN	F	Limit 40mls 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 40mls per month;QL(1.34 ml daily)
NOVOLOG PENFILL SOCT	F	QL(1 ml daily)
NOVOLOG SOLN	F	Limit 30mls per month;QL(1 ml daily)
TOUJEO MAX SOLOSTAR SOPN	F	
TOUJEO SOLOSTAR SOPN	F	
TRESIBA FLEXTOUCH SOPN	F	
Meglitinide Analogues		
nateglinide tabs	F	QL(3 ea daily)
PRANDIN TABS (*Use Repaglinide*)	NF	
repaglinide tabs	F	
STARLIX TABS (*Use Nateglinide*)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	F	
INVOKANA TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
JARDIANCE TABS	F	QL(1 ea daily,100 day(s) limit)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (*Use Glimepiride*)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (*Use Glimepiride*)	NF	QL(2 ea daily)
CHLORPROPAMIDE TABS	F	
glimepiride tabs 1 mg, 2 mg	F	QL(4 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	
TOLAZAMIDE TABS	F	
TOLBUTAMIDE TABS	F	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic 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 2 MG (*Use Loperamide HCl*)	NF	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG (*Use Loperamide HCl*)	NF	QL(8 ea daily)
LOMOTIL TABS (*Use Diphenoxylate w/ Atropine*)	NF	
loperamide hcl caps 2 mg	F	QL(8 ea daily); RX/OTC
loperamide hcl liqd 1 mg/5ml	F	QL(40 ml daily)
loperamide hcl tabs 2 mg	F	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	F	
JADENU TABS	F	PA; SP
Antidotes and Specific Antagonists		
SM IPECAC SYRUP SYRP	F	
Opioid Antagonists		
naloxone hcl soln 0.4 mg/ml	F	QL(2 ml per 90 days retail)
naltrexone hcl tabs	F	
NARCAN LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
VIVITROL SUSR	F	PA; SP
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 4 mg, 8 mg	F	QL(2 ea daily)
ONDANSETRON HYDROCHLORIDE SOLN	F	
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 4 MG, 8 MG (*Use Ondansetron HCl*)	NF	QL(2 ea daily)
Antiemetics - Anticholinergic		
dimenhydrinate tabs or 50 mg	F	
DRAMAMINE TABS (*Use Dimenhydrinate*)	NF	
meclizine hcl chew 25 mg	F	
meclizine hcl tabs 25 mg, 12.5 mg	F	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
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 500000 unit	F	QL(6 ea daily)
terbinafine hcl tabs 250 mg	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 100 mg	F	PA; QL(1 ea daily)
SPORANOX CAPS 100 MG (*Use Itraconazole*)	NF	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (*Use Itraconazole*)	NF	PA; QL(1 ea daily)
ANTIHISTAMINES - 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 12.5 MG/5ML (*Use Diphenhydramine HCl*)	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (*Use Diphenhydramine HCl*)	NF	QL(4 ea daily)
clemastine fumarate tabs 1.34 mg	F	QL(2 ea daily)
diphenhydramine hcl caps or 25 mg	F	QL(4 ea daily)
diphenhydramine hcl caps or 50 mg	F	QL(4 ea daily); RX/OTC
diphenhydramine hcl elix or 12.5 mg/5ml	F	QL(240 ml per fill retail); RX/OTC
diphenhydramine hcl liqd or 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml	F	QL(240 ml per fill retail)
diphenhydramine hcl syrp or 12.5 mg/5ml	F	QL(240 ml per fill retail)
diphenhydramine hcl tabs or 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 5 mg, 10 mg	F	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	F	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
cetirizine hcl syrp 1 mg/ml, 5 mg/5ml	F	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	F	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (*Use Loratadine*)	NF	QL(240 ml per fill retail)
CLARITIN REDITABS TBDP 10 MG (*Use Loratadine*)	NF	
CLARITIN SYRP 5 MG/5ML (*Use Loratadine*)	NF	QL(240 ml per fill retail)
CLARITIN TABS 10 MG (*Use Loratadine*)	NF	
fexofenadine hcl tabs 180 mg	F	QL(1 ea daily)
fexofenadine hcl tabs 60 mg	F	QL(2 ea daily)
levocetirizine dihydrochloride tabs 5 mg	F	RX/OTC
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	
XYZAL ALLERGY 24HR TABS (*Use Levocetirizine Dihydrochloride*)	NF	RX/OTC
XYZAL TABS 5 MG (*Use Levocetirizine Dihydrochloride*)	NF	RX/OTC
ZYRTEC ALLERGY TABS (*Use Cetirizine HCl*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC CHILDRENS ALLERGY SOLN (*Use Cetirizine HCl*)	NF	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl soln or 6.25 mg/5ml	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl supp re 25 mg, 50 mg, 12.5 mg	F	QL(12 ea per fill retail); AL(At least 2 yrs old)
promethazine hcl syrp or 6.25 mg/5ml	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg	F	AL(At least 2 yrs old)
Antihistamines - Piperidines		
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 5 GM (*Use Colestipol HCl*)	NF	
COLESTID GRAN 5 GM (*Use Colestipol HCl*)	NF	
COLESTID TABS 1 GM (*Use Colestipol HCl*)	NF	
colestipol hcl gran 5 gm	F	
colestipol hcl tabs 1 gm	F	
QUESTRAN LIGHT POWD (*Use Cholestyramine Light*)	NF	
QUESTRAN PACK (*Use Cholestyramine*)	NF	
QUESTRAN POWD (*Use Cholestyramine*)	NF	
Fibric Acid Derivatives		
fenofibrate micronized caps 134 mg, 200 mg	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 600 mg	F	QL(2 ea daily)
LOFIBRA CAPS 134 MG, 200 MG (*Use Fenofibrate Micronized*)	NF	QL(1 ea daily)
LOFIBRA CAPS 67 MG (*Use Fenofibrate Micronized*)	NF	QL(2 ea daily)
LOFIBRA TABS 160 MG (*Use Fenofibrate*)	NF	QL(1 ea daily)
LOFIBRA TABS 54 MG (*Use Fenofibrate*)	NF	QL(3 ea daily)
LOPID TABS (*Use Gemfibrozil*)	NF	QL(2 ea daily)
TRIGLIDE TABS	F	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs	F	QL(1 ea daily)
CRESTOR TABS (*Use Rosuvastatin Calcium*)	NF	ST; QL(1 ea daily)
LIPITOR TABS (*Use Atorvastatin Calcium*)	NF	QL(1 ea daily)
lovastatin tabs 10 mg, 20 mg	F	QL(1 ea daily)
lovastatin tabs 40 mg	F	QL(2 ea daily)
MEVACOR TABS (*Use Lovastatin*)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRAVACHOL TABS (*Use Pravastatin Sodium*)	NF	QL(1 ea daily)
pravastatin sodium tabs	F	QL(1 ea daily)
rosuvastatin calcium tabs	F	ST; QL(1 ea daily)
simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg	F	QL(1 ea daily)
simvastatin tabs 80 mg	F	
ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (*Use Simvastatin*)	NF	QL(1 ea daily)
ZOCOR TABS 80 MG (*Use Simvastatin*)	NF	
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs 10 mg	F	PA
ZETIA TABS (*Use Ezetimibe*)	NF	PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbcr	F	
NIACOR TABS	F	
NIASPAN TBCR (*Use Niacin (Antihyperlipidemic)*)	NF	
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, 10 mg, 20 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(Up to 8 yrs old)
fosinopril sodium tabs	F	QL(1 ea daily)
lisinopril tabs 2.5 mg	F	QL(1 ea daily)
lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	F	QL(2 ea daily)
LOTENSIN TABS 10 MG, 20 MG (*Use Benazepril HCl*)	NF	QL(1 ea daily)
LOTENSIN TABS 40 MG (*Use Benazepril HCl*)	NF	QL(2 ea daily)
MAVIK TABS (*Use Trandolapril*)	NF	QL(1 ea daily)
PRINIVIL TABS (*Use Lisinopril*)	NF	QL(2 ea daily)
quinapril hcl tabs	F	QL(1 ea daily)
ramipril caps	F	QL(2 ea daily)
trandolapril tabs 1 mg, 2 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 2.5 MG (*Use Lisinopril*)	NF	QL(1 ea daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (*Use Lisinopril*)	NF	QL(2 ea daily)
Angiotensin II Receptor Antagonists		
ATACAND TABS (*Use Candesartan Cilexetil*)	NF	
AVAPRO TABS (*Use Irbesartan*)	NF	QL(1 ea daily)
BENICAR TABS (*Use Olmesartan Medoxomil*)	NF	ST
candesartan cilexetil tabs	F	
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)

Drug Name	Drug Tier	Requirements/ Limits
olmesartan medoxomil tabs	F	ST
telmisartan tabs	F	QL(1 ea daily)
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 or 1 mg, 2 mg, 4 mg, 8 mg	F	
guanfacine hcl tabs	F	
methyldopa tabs	F	
MINIPRESS CAPS (*Use Prazosin HCl*)	NF	
prazosin hcl caps	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)
ACCURETIC TABS 20MG-12.5MG (*Use Quinapril-Hydrochlorothiazide*)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (*Use Quinapril-Hydrochlorothiazide*)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-benazepril hcl caps 5mg-10mg, 5mg-20mg, 10mg-20mg, 2.5mg-10mg	F	QL(1 ea daily)
amlodipine besylate-olmesartan medoxomil tabs	F	ST
amlodipine besylate-valsartan tabs	F	ST
amlodipine-valsartan-hydrochlorothiazide tabs	F	ST
ATACAND HCT TABS (*Use Candesartan Cilexetil-Hydrochlorothiazide*)	NF	
atenolol & chlorthalidone tabs	F	QL(1 ea daily)
AVALIDE TABS (*Use Irbesartan-Hydrochlorothiazide*)	NF	QL(1 ea daily)
AZOR TABS (*Use Amlodipine Besylate-Olmesartan Medoxomil*)	NF	ST
benazepril & hydrochlorothiazide tabs	F	QL(1 ea daily)
BENICAR HCT TABS (*Use Olmesartan Medoxomil-Hydrochlorothiazide*)	NF	ST
bisoprolol & hydrochlorothiazide tabs 5mg-6.25mg, 10mg-6.25mg	F	QL(1 ea daily)
candesartan cilexetil-hydrochlorothiazide tabs	F	
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)
EXFORGE HCT TABS (*Use Amlodipine-Valsartan-Hydrochlorothiazide*)	NF	ST
EXFORGE TABS (*Use Amlodipine Besylate-Valsartan*)	NF	ST

Drug Name	Drug Tier	Requirements/ Limits
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 5MG-10MG, 5MG-20MG, 10MG-20MG (*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)
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	F	ST
olmesartan medoxomil-hydrochlorothiazide tabs	F	ST
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	F	
quinapril-hydrochlorothiazide tabs 10mg-12.5mg	F	QL(3 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-12.5mg	F	QL(4 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-25mg	F	QL(2 ea daily)
TEKTURNA HCT TABS	F	
telmisartan-amlodipine 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)
TRIBENZOR TABS (*Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide*)	NF	ST
TWYNSTA TABS (*Use Telmisartan-Amlodipine*)	NF	
valsartan-hydrochlorothiazide tabs	F	QL(1 ea daily)
VASERETIC TABS (*Use Enalapril Maleate & Hydrochlorothiazide*)	NF	QL(2 ea daily)
ZESTORETIC TABS 10MG-12.5MG, 20MG-12.5MG (*Use Lisinopril & Hydrochlorothiazide*)	NF	QL(2 ea daily)
ZESTORETIC TABS 20MG-25MG (*Use Lisinopril & Hydrochlorothiazide*)	NF	QL(1 ea daily)
ZIAC TABS 5MG-6.25MG, 10MG-6.25MG (*Use Bisoprolol & Hydrochlorothiazide*)	NF	QL(1 ea daily)
Direct Renin Inhibitors		
TEKTURNA TABS	F	
Vasodilators		
hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg	F	

Drug Name	Drug Tier	Requirements/ Limits
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 500 mg	F	QL(8 ea per 56 days retail)
hydroxychloroquine sulfate tabs 200 mg	F	
mefloquine hcl tabs	F	
MEFLOQUINE HCL TABS	F	
PLAQUENIL TABS (*Use Hydroxychloroquine Sulfate*)	NF	
PRIMAQUINE PHOSPHATE TABS	F	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS 60 MG (*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 OR 50 MG/5ML	F	
isoniazid tabs or 100 mg, 300 mg	F	
MYAMBUTOL TABS (*Use Ethambutol HCl*)	NF	
pyrazinamide tabs	F	
RIFADIN CAPS OR 150 MG, 300 MG (*Use Rifampin*)	NF	
rifampin caps or 150 mg, 300 mg	F	
TRECATOR TABS	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS OR 2 MG (*Use Melphalan*)	NF	
cyclophosphamide caps or 25 mg, 50 mg	F	
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (*Use Cyclophosphamide*)	NF	
LEUKERAN TABS	F	
melphalan tabs 2 mg	F	
MYLERAN TABS 2 MG	F	
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (*Use Temozolomide*)	NF	PA; SP
TEMODAR SOLR IV 100 MG	F	PA; SP
temozolomide caps	F	PA; SP
Antimetabolites		
capecitabine tabs	F	PA; SP
mercaptopurine tabs	F	
methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 200 mg/8ml, 250 mg/10ml	F	

Drug Name	Drug Tier	Requirements/ Limits
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	F	
methotrexate sodium tabs or 2.5 mg	F	
PURIXAN SUSP	F	AL(Up to 8 yrs old)
TREXALL TABS	F	
XELODA TABS (*Use Capecitabine*)	NF	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	F	PA; SP
ODOMZO CAPS	F	PA; SP
Antineoplastic - Hormonal and Related Agents		
anastrozole tabs 1 mg	F	
ARIMIDEX TABS (*Use Anastrozole*)	NF	
AROMASIN TABS (*Use Exemestane*)	NF	ST; Try anastrozole or letrozole first;SP
bicalutamide tabs 50 mg	F	QL(1 ea daily)
CASODEX TABS (*Use Bicalutamide*)	NF	QL(1 ea daily)
ELIGARD KIT	F	PA; SP
EMCYT CAPS	F	SP
ERLEADA TABS	F	PA
exemestane tabs 25 mg	F	ST; Try anastrozole or letrozole first;SP
FARESTON TABS	F	PA
FEMARA TABS (*Use Letrozole*)	NF	ST; Try anastrozole or exemastane first
FIRMAGON SOLR	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
flutamide caps	F	
HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML	F	PA; Limit 5ml per month;QL(0.167 ml daily); AL(At least 16 yrs old); SP
letrozole tabs 2.5 mg	F	ST; Try anastrozole or exemastane first
leuprolide acetate kit	F	PA; SP
LUPRON DEPOT (*1-MONTH*) KIT	F	PA; SP
LUPRON DEPOT (*3-MONTH*) KIT	F	PA; SP
LUPRON DEPOT (*4-MONTH*) KIT	F	PA; SP
LUPRON DEPOT (*6-MONTH*) KIT	F	PA; SP
LYSODREN TABS	F	SP
MEGACE ORAL SUSP (*Use Megestrol Acetate*)	NF	
megestrol acetate susp or 40 mg/ml, 400 mg/10ml	F	
megestrol acetate tabs or 20 mg, 40 mg	F	
tamoxifen citrate tabs	F	
TRELSTAR MIXJECT SUSR	F	PA; SP
TRELSTAR SUSR	F	PA; SP
VANTAS KIT	F	PA; SP
XTANDI CAPS	F	PA; SP
ZOLADEX IMPL	F	PA; SP
ZYTIGA TABS 250 MG	F	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	F	PA; SP
AFINITOR TABS	F	PA; SP
BOSULIF TABS	F	PA; SP
COTELLIC TABS	F	PA; SP
FARYDAK CAPS	F	PA; SP
GILOTRIF TABS	F	PA; SP
GLEEVEC TABS (*Use Imatinib Mesylate*)	NF	PA; SP
IBRANCE CAPS	F	PA; SP
ICLUSIG TABS	F	PA; SP
imatinib mesylate tabs	F	PA; SP
INLYTA TABS	F	PA; SP
ISTODAX (*OVERFILL*) SOLR	F	PA; SP
ISTODAX SOLR	F	PA; SP
JAKAFI TABS	F	PA; SP
MEKINIST TABS	F	PA; SP
NEXAVAR TABS	F	PA; SP
NINLARO CAPS	F	PA; SP
ROMIDEPSIN SOLR	F	PA; SP
SPRYCEL TABS	F	PA; SP
STIVARGA TABS	F	PA; SP
SUTENT CAPS	F	PA; SP
TAFINLAR CAPS	F	PA; SP
TARCEVA TABS	F	PA; SP
TASIGNA CAPS 150 MG, 200 MG	F	PA; SP
TYKERB TABS	F	PA; SP
VOTRIENT TABS	F	PA; SP
XALKORI CAPS	F	PA; SP
ZELBORAF TABS	F	PA; SP
ZOLINZA CAPS	F	PA; SP
ZYKADIA CAPS	F	PA; SP
Antineoplastics Misc.		
bexarotene caps 75 mg	F	PA; SP
HYDREA CAPS (*Use Hydroxyurea*)	NF	
hydroxyurea caps 500 mg	F	
MATULANE CAPS	F	SP
TARGRETIN CAPS OR 75 MG (*Use Bexarotene*)	NF	PA; SP
tretinoin (chemotherapy) caps	F	SP
Chemotherapy Rescue/Antidote Agents		
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	F	
leucovorin calcium tabs or 5 mg, 25 mg	F	
MESNEX TABS OR 400 MG	F	SP
Mitotic Inhibitors		
ETOPOSIDE CAPS OR 50 MG	F	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS OR 0.25 MG, 1 MG	F	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
carbidopa tabs 25 mg	F	
LODOSYN TABS (*Use Carbidopa*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
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 2 mg, 5 mg	F	
Antiparkinson Dopaminergics		
amantadine hcl caps 100 mg	F	
amantadine hcl syrp 50 mg/5ml	F	
bromocriptine mesylate caps	F	
bromocriptine mesylate tabs	F	
carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg	F	
carbidopa-levodopa tbcr 25mg-100mg, 50mg-200mg	F	
MIRAPEX TABS (*Use Pramipexole Dihydrochloride*)	NF	QL(3 ea daily)
PARLODEL CAPS (*Use Bromocriptine Mesylate*)	NF	
PARLODEL TABS (*Use Bromocriptine Mesylate*)	NF	
pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg	F	QL(3 ea daily)
REQUIP TABS 0.25 MG, 3 MG, 4 MG (*Use Ropinirole Hydrochloride*)	NF	QL(6 ea daily)
REQUIP TABS 0.5 MG, 1 MG, 2 MG, 5 MG (*Use Ropinirole Hydrochloride*)	NF	QL(3 ea daily)
ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg	F	QL(6 ea daily)
ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg	F	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 5 mg	F	
selegiline hcl tabs 5 mg	F	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps or 150 mg, 300 mg, 600 mg	F	
LITHIUM CARBONATE CAPS OR 150 MG, 600 MG (*Use Lithium Carbonate*)	NF	
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 20 MG, 40 MG, 60 MG, 80 MG (*Use Ziprasidone HCl*)	NF	QL(2 ea daily); AL(At least 18 yrs old)
GEODON SOLR IM 20 MG	F	SP
LATUDA TABS 20 MG, 40 MG, 80 MG, 120 MG	F	
NUPLAZID TABS 17 MG	F	QL(2 ea daily)
VRAYLAR CAPS 3 MG, 6 MG, 1.5 MG, 4.5 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
ziprasidone hcl caps	F	QL(2 ea daily); AL(At least 18 yrs old)
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); SP
INVEGA SUSTENNA SUSP 156 MG/ML	F	PA; Limit 1 syringe per month;QL(0.036 ml daily); SP
INVEGA SUSTENNA SUSP 234 MG/1.5ML	F	PA; Limit 1 syringe per month;QL(0.054 ml daily); SP
INVEGA SUSTENNA SUSP 39 MG/0.25ML	F	PA; Limit 1 syringe per month;QL(0.009 ml daily); SP
INVEGA SUSTENNA SUSP 78 MG/0.5ML	F	PA; Limit 1 syringe per month;QL(0.018 ml daily); SP
INVEGA TB24 (*Use Paliperidone*)	NF	
INVEGA TRINZA SUSP 273 MG/0.875ML, 410 MG/1.315ML	F	PA; Limit 1 syringe every 3 months;QL(1 ml per 84 days retail); SP
INVEGA TRINZA SUSP 546 MG/1.75ML	F	PA; Limit 1 syringe every 3 months;QL(2 ml per 84 days retail); SP
INVEGA TRINZA SUSP 819 MG/2.625ML	F	PA; Limit 1 syringe every 3 months;QL(3 ml per 84 days retail); SP
paliperidone tb24	F	

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA SUSR	F	PA; Limit 2 vials per month;QL(0.072 ea daily); SP
RISPERDAL M-TAB TBDP (*Use Risperidone*)	NF	QL(2 ea daily); AL(At least 5 yrs old)
RISPERDAL SOLN 1 MG/ML (*Use Risperidone*)	NF	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*Use Risperidone*)	NF	QL(4 ea daily); AL(At least 5 yrs old)
RISPERIDONE ODT TBDP	F	QL(1 ea daily); AL(At least 5 yrs old)
risperidone soln 1 mg/ml	F	QL(4 ml daily); AL(At least 5 yrs old)
risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	F	QL(4 ea daily); AL(At least 5 yrs old)
risperidone tbdp 0.25 mg	F	QL(1 ea daily); AL(At least 5 yrs old)
risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	F	QL(2 ea daily); AL(At least 5 yrs old)
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 0.5 mg, 1 mg, 10 mg	F	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
haloperidol tabs 2 mg, 5 mg, 20 mg	F	
Dibenzapines		
CLOZAPINE ODT TBDP	F	QL(3 ea daily)
clozapine tabs 100 mg	F	QL(9 ea daily); AL(At least 18 yrs old)
clozapine tabs 25 mg, 50 mg, 200 mg	F	QL(3 ea daily); AL(At least 18 yrs old)
clozapine tbdp 100 mg	F	QL(9 ea daily)
clozapine tbdp 25 mg, 12.5 mg	F	QL(3 ea daily)
CLOZARIL TABS 100 MG (*Use Clozapine*)	NF	QL(9 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS 25 MG (*Use Clozapine*)	NF	QL(3 ea daily); AL(At least 18 yrs old)
FAZACLO TBDP 100 MG (*Use Clozapine*)	NF	QL(9 ea daily)
FAZACLO TBDP 150 MG, 200 MG	F	QL(3 ea daily)
FAZACLO TBDP 25 MG, 12.5 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 10 mg, 7.5 mg	F	QL(2 ea daily); AL(At least 13 yrs old)
olanzapine tabs or 15 mg, 20 mg	F	QL(1 ea daily); AL(At least 13 yrs old)
olanzapine tabs or 5 mg, 2.5 mg	F	QL(4 ea daily); AL(At least 13 yrs old)
olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg	F	QL(1 ea daily); AL(At least 13 yrs old)
quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg	F	QL(4 ea daily)
quetiapine fumarate tabs 300 mg, 400 mg	F	QL(2 ea daily)
quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg	F	
SAPHRIS SUBL	F	
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (*Use Quetiapine Fumarate*)	NF	QL(4 ea daily)
SEROQUEL TABS 300 MG, 400 MG (*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(0.072 ea daily); SP
ZYPREXA SOLR IM 10 MG (*Use Olanzapine*)	NF	
ZYPREXA TABS OR 10 MG, 7.5 MG (*Use Olanzapine*)	NF	QL(2 ea daily); AL(At least 13 yrs old)
ZYPREXA TABS OR 15 MG, 20 MG (*Use Olanzapine*)	NF	QL(1 ea daily); AL(At least 13 yrs old)
ZYPREXA TABS OR 5 MG, 2.5 MG (*Use Olanzapine*)	NF	QL(4 ea daily); AL(At least 13 yrs old)
ZYPREXA ZYDIS TBDP (*Use Olanzapine*)	NF	QL(1 ea daily); AL(At least 13 yrs old)
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 25 mg, 50 mg, 100 mg, 200 mg	F	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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, 5 mg, 10 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		
ABILIFY TABS (*Use Aripiprazole*)	NF	QL(1 ea daily)
aripiprazole soln 1 mg/ml	F	QL(25 ml daily); AL(At least 6 yrs old)
aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 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(0.057 ml daily); SP
ARISTADA PRSY 662 MG/2.4ML	F	PA; Limit 1 syringe per month;QL(0.086 ml daily); SP
ARISTADA PRSY 882 MG/3.2ML	F	PA; Limit 1 syringe per month;QL(0.114 ml daily); SP
REXULTI TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
Thioxanthenes		
thiothixene caps	F	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde soln 10%, 10 %	F	QL(90 ml per fill retail)
Chlorine Antiseptics		
chlorhexidine gluconate liqd 4 %	F	
dakin's solution soln	F	
DAKINS SOLUTION QUARTER STRENGTH SOLN (*Use Dakin's Solution*)	NF	
HIBICLENS LIQD (*Use Chlorhexidine Gluconate*)	NF	
Iodine Antiseptics		
BETADINE SOLN 10 % (*Use Povidone-Iodine*)	NF	
povidone-iodine soln 10 %	F	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate soln 20 mg/ml	F	QL(30 ml daily)
abacavir sulfate tabs 300 mg	F	QL(2 ea daily)
abacavir sulfate-lamivudine tabs 600mg-300mg	F	QL(1 ea daily)
abacavir sulfate-lamivudine-zidovudine tabs 300mg-150mg-300mg	F	QL(2 ea daily)
APTIVUS CAPS 250 MG	F	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	F	QL(10 ml daily)
atazanavir sulfate caps	F	QL(2 ea daily)
ATRIPLA TABS	F	QL(1 ea daily)
COMBIVIR TABS (*Use Lamivudine-Zidovudine*)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
efavirenz caps 200 mg	F	QL(1 ea daily)
efavirenz caps 50 mg	F	QL(2 ea daily)
efavirenz tabs 600 mg	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)
EVOTAZ TABS	F	QL(1 ea daily)
fosamprenavir calcium tabs	F	QL(4 ea daily)
FUZEON SOLR	F	SP
GENVOYA TABS	F	QL(1 ea daily)
INTELENCE TABS 200 MG	F	QL(2 ea daily)
INTELENCE TABS 25 MG, 100 MG	F	QL(4 ea daily)
INVIRASE CAPS 200 MG	F	QL(10 ea daily)
INVIRASE TABS 500 MG	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 150mg-300mg	F	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	F	QL(56 ml daily)
LEXIVA TABS 700 MG (*Use Fosamprenavir Calcium*)	NF	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)
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 (*Use Ritonavir*)	NF	QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 (*Use Atazanavir Sulfate*)	NF	QL(2 ea daily)
REYATAZ PACK 50 MG	F	QL(6 ea daily)
ritonavir tabs	F	QL(12 ea daily)
SELZENTRY TABS 150 MG	F	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	F	QL 2 per day;SL(2 ea daily)
SELZENTRY TABS 300 MG	F	QL(4 ea daily)
stavudine caps	F	QL(2 ea daily)
STRIBILD TABS	F	QL(1 ea daily)
SUSTIVA CAPS 200 MG (*Use Efavirenz*)	NF	QL(1 ea daily)
SUSTIVA CAPS 50 MG (*Use Efavirenz*)	NF	QL(2 ea daily)
SUSTIVA TABS 600 MG (*Use Efavirenz*)	NF	QL(1 ea daily)
tenofovir disoproxil fumarate tabs	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TIVICAY TABS 50 MG	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 125 MG	F	QL(1 ea daily)
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (*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 (*Use Nevirapine*)	NF	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 150 MG, 200 MG, 250 MG	F	QL(1 ea daily)
VIREAD TABS 300 MG (*Use Tenofovir Disoproxil Fumarate*)	NF	QL(1 ea daily)
VITEKTA TABS	F	QL(1 ea daily)
ZERIT CAPS 15 MG, 20 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 (*Use Abacavir Sulfate*)	NF	QL(30 ml daily)
ZIAGEN TABS 300 MG (*Use Abacavir Sulfate*)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 450 MG (*Use Valganciclovir HCl*)	NF	QL(2 ea daily)
valganciclovir hcl tabs 450 mg	F	QL(2 ea daily)
Hepatitis Agents		
adefovir dipivoxil tabs 10 mg	F	
BARACLUDE TABS 0.5 MG, 1 MG (*Use Entecavir*)	NF	
entecavir tabs	F	
HEPSERA TABS (*Use Adefovir Dipivoxil*)	NF	
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 1 gm, 1000 mg	F	Limit 21 per Month;QL(42 ea per 21 days retail)
valacyclovir hcl tabs 500 mg	F	QL(2 ea daily)
VALTREX TABS 1 GM (*Use Valacyclovir HCl*)	NF	Limit 21 per Month;QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (*Use Valacyclovir HCl*)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (*Use Acyclovir*)	NF	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		
oseltamivir phosphate caps or 30 mg	F	QL(20 ea per 30 days retail)
oseltamivir phosphate caps or 45 mg, 75 mg	F	QL(10 ea per 30 days retail)
oseltamivir phosphate susr or 6 mg/ml	F	QL(120 ml per 30 days retail)
RELENZA DISKHALER AEPB	F	Limit 1 package per month;QL(0.67 ea daily); AL(At least 6 yrs old)
TAMIFLU CAPS 30 MG (*Use Oseltamivir Phosphate*)	NF	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (*Use Oseltamivir Phosphate*)	NF	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML (*Use Oseltamivir Phosphate*)	NF	QL(120 ml per 30 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol phosphate cp24	F	QL(1 ea daily)
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 (*Use Carvedilol Phosphate*)	NF	QL(1 ea daily)
COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (*Use Carvedilol*)	NF	QL(3 ea daily)
COREG TABS 25 MG (*Use Carvedilol*)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
labetalol hcl tabs or 100 mg	F	QL(3 ea daily)
labetalol hcl tabs or 200 mg	F	QL(6 ea daily)
labetalol hcl tabs or 300 mg	F	QL(8 ea daily)
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(4.5 ea daily)
LOPRESSOR TABS 50 MG (*Use Metoprolol Tartrate*)	NF	QL(4 ea daily)
metoprolol succinate tb24 200 mg	F	QL(2 ea daily)
metoprolol succinate tb24 25 mg, 50 mg, 100 mg	F	QL(4 ea daily)
metoprolol tartrate tabs or 100 mg	F	QL(4.5 ea daily)
metoprolol tartrate tabs or 25 mg, 50 mg	F	QL(4 ea daily)
SECTRAL CAPS (*Use Acebutolol HCl*)	NF	
TENORMIN TABS (*Use Atenolol*)	NF	QL(2 ea daily)
TOPROL XL TB24 200 MG (*Use Metoprolol Succinate*)	NF	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (*Use Metoprolol Succinate*)	NF	QL(4 ea daily)
ZEBETA TABS (*Use Bisoprolol Fumarate*)	NF	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (*Use Sotalol HCl (AFIB/AFL)*)	NF	QL(2 ea daily)
BETAPACE TABS (*Use Sotalol HCl*)	NF	QL(2 ea daily)
CORGARD TABS (*Use Nadolol*)	NF	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)
pindolol tabs	F	
propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg	F	QL(2 ea daily)
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	F	
propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 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 120 MG, 180 MG (*Use Diltiazem HCl Coated Beads*)	NF	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (*Use Diltiazem HCl Coated Beads*)	NF	QL(2 ea daily)
CARDIZEM TABS (*Use Diltiazem HCl*)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg	F	QL(1 ea daily)
diltiazem hcl coated beads cp24 240 mg	F	QL(2 ea daily)
diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg	F	QL(2 ea daily)
diltiazem hcl cp24 or 120 mg, 180 mg	F	QL(1 ea daily)
diltiazem hcl cp24 or 240 mg	F	QL(2 ea daily)
diltiazem hcl extended release beads cp24	F	QL(1 ea daily)
diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg	F	QL(3 ea daily)
felodipine tb24	F	QL(1 ea daily)
nicardipine hcl caps or 20 mg, 30 mg	F	
nifedipine caps 10 mg, 20 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 or 120 mg, 180 mg, 240 mg	F	QL(2 ea daily)
VERAPAMIL HCL SR CP24	F	QL(1 ea daily)
verapamil hcl tabs or 40 mg, 80 mg, 120 mg	F	QL(3 ea daily)
verapamil hcl tbcr or 120 mg, 180 mg, 240 mg	F	QL(2 ea daily)
VERELAN CP24 120 MG, 180 MG, 240 MG (*Use Verapamil HCl*)	NF	QL(2 ea daily)
VERELAN CP24 360 MG	F	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN OR 0.05 MG/ML	F	
digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg	F	
LANOXIN TABS OR 125 MCG, 250 MCG (*Use Digoxin*)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
isoxsuprine hcl tabs 10 mg	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; SP
TRACLEER TABS 125 MG, 62.5 MG	F	PA; SP
TRACLEER TBSO 32 MG	F	PA
Pulmonary Hypertension - Phosphodiesterase		
REVATIO SOLN IV 10 MG/12.5ML (*Use Sildenafil Citrate (Pulmonary Hypertension)*)	NF	PA; SP
REVATIO SUSR OR 10 MG/ML	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
REVATIO TABS OR 20 MG (*Use Sildenafil Citrate (Pulmonary Hypertension)*)	NF	PA; SP
sildenafil citrate (pulmonary hypertension) soln	F	PA; SP
sildenafil citrate (pulmonary hypertension) tabs	F	PA; SP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	F	
cefadroxil susr	F	
cefadroxil tabs	F	
cephalexin caps 250 mg, 500 mg	F	
cephalexin susr 125 mg/5ml, 250 mg/5ml	F	
KEFLEX CAPS 250 MG, 500 MG (*Use Cephalexin*)	NF	
Cephalosporins - 2nd Generation		
cefaclor caps 250 mg, 500 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(Up to 12 yrs old)
cefprozil tabs 250 mg, 500 mg	F	QL(20 ea per fill retail)
CEFTIN SUSR 125 MG/5ML, 250 MG/5ML	F	Limit 1 package per claim;QL(100 ml per fill retail); AL(Up to 12 yrs old)
CEFTIN TABS 500 MG (*Use Cefuroxime Axetil*)	NF	QL(20 ea per fill retail)
cefuroxime axetil tabs	F	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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 ij 1 gm, 500 mg	F	
ceftriaxone sodium solr ij 250 mg	F	QL(3 ea per fill retail)
ceftriaxone sodium solr iv 1 gm	F	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BREVICON-28 TABS (*Use Norethindrone & Eth Estradiol*)	NF	QL(1 ea daily)
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)
ESTROSTEP FE TABS (*Use Norethindrone Acetate-Ethinyl Estradiol-Fe*)	NF	
ethynodiol diacet & eth estrad tabs	F	QL(1 ea daily)
FEMCON FE CHEW (*Use Norethindrone & Ethinyl Estradiol-Fe*)	NF	
GENERESS FE CHEW (*Use Norethindrone & Ethinyl Estradiol-Fe*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
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)
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, 75mg-30mcg-1.5mg	F	QL(1 ea daily)
norethindrone & eth estradiol tabs	F	QL(1 ea daily)
norethindrone & ethinyl estradiol-fe chew	F	
norethindrone acet & eth estra tabs	F	QL(1 ea daily)
norethindrone acetate-ethinyl estradiol-fe tabs 75mg-1mg	F	
norethindrone-eth estradiol (triphasic) tabs	F	QL(1 ea daily)
norgestimate-ethinyl estradiol (triphasic) tabs	F	QL(1 ea daily)
norgestimate-ethinyl estradiol tabs 0.25mg-35mcg	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)
OGESTREL TABS	F	QL(1 ea daily)
ORTHO TRI-CYCLEN LO TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	NF	QL(1 ea daily)
ORTHO TRI-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
Emergency Contraceptives		
ELLA TABS	F	QL(4 ea per 365 days retail)
levonorgestrel (emergency oc) tabs 1.5 mg	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 13.5 MG	F	SP
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 0.35 mg	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 4 mg/ml, 20 mg/5ml, 120 mg/30ml	F	QL(5 ml daily)
DEXAMETHASONE SOLN 0.5 MG/5ML	F	
dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg	F	
DEXAMETHASONE TABS 1 MG, 2 MG	F	
hydrocortisone tabs	F	
MEDROL DOSEPAK TBPK (*Use Methylprednisolone*)	NF	
MEDROL TABS 4 MG, 8 MG (*Use Methylprednisolone*)	NF	
methylprednisolone tabs or 4 mg, 8 mg	F	
methylprednisolone tbpk or 4 mg	F	
MILLIPRED TABS 5 MG	F	
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	F	
PREDNISOLONE SOLN	F	
prednisolone soln	F	
prednisolone syrp	F	

Drug Name	Drug Tier	Requirements/ Limits
PREDNISONE INTENSOL CONC	F	
PREDNISONE SOLN 5 MG/5ML	F	
prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg	F	
PREDNISONE TABS 50 MG	F	
PREDNISONE TBPK 5 MG, 10 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(At least 10 yrs old)
benzonatate caps 200 mg	F	QL(1 ea daily); AL(At least 10 yrs old)
DELSYM COUGH CHILDRENS SUER (*Use Dextromethorphan Polistirex*)	NF	
DELSYM SUER (*Use Dextromethorphan Polistirex*)	NF	
dextromethorphan polistirex suer 30 mg/5ml	F	
hydrocodone w/ homatropine syrp 5mg/5ml-1.5mg/5ml	F	AL(At least 18 yrs old)
TESSALON PERLES CAPS (*Use Benzonatate*)	NF	AL(At least 10 yrs old)
Cough/Cold/Allergy Combinations		
acetaminophen w/ dm liqd 5mg/5ml-160mg/5ml, 5mg/5ml-5mg/5ml-160mg/5ml-160mg/5ml	F	
ADVIL COLD & SINUS TABS (*Use Pseudoephedrine-Ibuprofen*)	NF	
brompheniramine & phenyleph elix 1mg/5ml-2.5mg/5ml, 1mg/5ml-1mg/5ml-2.5mg/5ml-2.5mg/5ml	F	QL(120 ml per fill retail)
brompheniramine & pseudoeph elix 1mg/5ml-15mg/5ml	F	QL(120 ml per fill retail)
brompheniramine & pseudoeph liqd 1mg/5ml-15mg/5ml	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)
CLEAR COUGH PM MULTI-SYMPTOM LIQD (*Use Dextromethorphan-Doxylamine-Acetaminophen*)	NF	
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (*Use Dextromethorphan-Phenylephrine-Acetaminophen*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan-doxylamine-acetaminophen liqd 6.25mg/15ml-15mg/15ml-500mg/15ml, 12.5mg/30ml-30mg/30ml-1000mg/30ml, 6.25mg/15ml-6.25mg/15ml-15mg/15ml-15mg/15ml-500mg/15ml-500mg/15ml-10%	F	
dextromethorphan-guaifenesin liqd 5mg/5ml-100mg/5ml, 10mg/5ml-100mg/5ml, 10mg/5ml-200mg/5ml, 20mg/10ml-200mg/10ml, 20mg/10ml-400mg/10ml, 20mg/20ml-400mg/20ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml	F	
dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml	F	
dextromethorphan-guaifenesin syrp 10mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml	F	
dextromethorphan-guaifenesin tabs 20mg-400mg, 20mg-20mg-400mg-400mg	F	
dextromethorphan-guaifenesin tb12 30mg-600mg	F	
dextromethorphan-phenylephrine-acetaminophen caps 10mg-325mg-5mg, 10mg-10mg-325mg-325mg-5mg-5mg	F	
DIMETAPP COLD & ALLERGY ELIX 1MG/5ML-2.5MG/5ML (*Use Brompheniramine & Phenyleph*)	NF	QL(120 ml per fill retail)
ED BRON GP LIQD 100MG/5ML-5MG/5ML	F	
guaifenesin-codeine liqd 100mg/5ml-10mg/5ml	F	QL(240 ml per fill retail)
guaifenesin-codeine soln 100mg/5ml-10mg/5ml	F	QL(240 ml per fill retail)
guaifenesin-codeine syrp 100mg/5ml-10mg/5ml	F	QL(240 ml per fill retail)
LOHIST-D LIQD 30MG/5ML-2MG/5ML	F	
loratadine & pseudoephedrine tb12 5mg-120mg	F	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-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 15mg/5ml-4mg/5ml-10mg/5ml	F	
phenylephrine-dm liqd	F	QL(240 ml per fill retail)
phenylephrine-dm soln	F	QL(240 ml per fill retail)
promethazine & phenylephrine soln	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine & phenylephrine syrp	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine w/codeine soln	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
promethazine w/codeine syrp	F	QL(240 ml per fill retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
promethazine-dm syrp	F	QL(240 ml per fill retail)
promethazine-phenylephrine-codeine syrp	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
PROMETHAZINE/PHENYLEPHRINE SYRP	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
pseudoephed-bromphen-dm elix	F	
pseudoephed-bromphen-dm syrp	F	
pseudoephedrine w/ codeine-gg soln 30mg/5ml-100mg/5ml-10mg/5ml	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	
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 100 mg/5ml, 200 mg/10ml, 400 mg/20ml	F	
guaifenesin soln 100 mg/5ml, 200 mg/10ml, 300 mg/15ml	F	
guaifenesin syrp 100 mg/5ml, 200 mg/10ml	F	
guaifenesin tb12 600 mg, 1200 mg	F	
MUCINEX MAXIMUM STRENGTH TB12 (*Use Guaifenesin*)	NF	
MUCINEX TB12 (*Use Guaifenesin*)	NF	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) nebu 0.9 %, 3 %, 10 %	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 bar 10 %	F	
BENZOYL PEROXIDE CLEANSER LOTN 6 %	F	
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 4 %	F	
benzoyl peroxide liqd 5 %, 10 %	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
benzoyl peroxide lotn 6 %	F	
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 1 %	F	
clindamycin phosphate (topical) lotn 1 %	F	QL(60 ml per fill retail)
clindamycin phosphate (topical) soln 1 %	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 2 %	F	QL(60 gm per fill retail)
erythromycin (acne aid) soln 2 %	F	
isotretinoin caps 10 mg, 20 mg, 40 mg	F	PA; QL(2 ea daily); AL(At least 12 yrs old - Up to 22 yrs old)
KLARON LOTN (*Use Sulfacetamide Sodium (Acne)*)	NF	QL(120 ml per fill retail)
PANOXYL-4 CREAMY WASH LIQD (*Use Benzoyl Peroxide*)	NF	
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (*Use Tretinoin*)	NF	QL(20 gm per fill retail); AL(Up to 21 yrs old)
RETIN-A GEL 0.01 % (*Use Tretinoin*)	NF	QL(15 gm per fill retail); AL(Up to 21 yrs old)
RETIN-A GEL 0.025 % (*Use Tretinoin*)	NF	QL(20 gm per fill retail); AL(Up to 21 yrs old)
SODIUM SULFACETAMIDE/SULFUR LOTN 5%-10%	F	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP 5%-10%	F	QL(30 gm per fill retail)
sulfacetamide sodium (acne) lotn 10 %	F	QL(120 ml per fill retail)
tretinoin crea 0.025 %, 0.05 %, 0.1 %	F	QL(20 gm per fill retail); AL(Up to 21 yrs old)
tretinoin gel 0.01 %	F	QL(15 gm per fill retail); AL(Up to 21 yrs old)
tretinoin gel 0.025 %	F	QL(20 gm per fill retail); AL(Up to 21 yrs old)
Antibiotics - Topical		
BACIGUENT OINT (*Use Bacitracin (Topical)*)	NF	QL(30 gm per fill retail)
bacitracin (topical) oint 500 unit/gm	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)
CENTANY OINT 2 %	F	QL(30 gm per fill retail)
gentamicin sulfate (topical) crea	F	QL(30 gm per fill retail)
gentamicin sulfate (topical) oint	F	QL(30 gm per fill retail)
mupirocin calcium (topical) crea 2 %	F	QL(30 gm per fill retail)
mupirocin oint 2 %	F	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
neomycin-bacitracin-polymyxin oint	F	QL(30 gm per fill retail)
neomycin-polymyxin w/ pramoxine crea 10000unit/gm-3.5mg/gm-10mg/gm	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 1 %	F	QL(30 gm per fill retail); RX/OTC
clotrimazole (topical) soln 1 %	F	QL(30 ml per fill retail); RX/OTC
clotrimazole w/ betamethasone crea 1%-0.05%	F	QL(45 gm per fill retail)
clotrimazole w/ betamethasone lotn 1%-0.05%	F	QL(30 ml per fill retail)
econazole nitrate crea 1 %	F	QL(30 gm per fill retail)
ketoconazole (topical) crea 2 %	F	Limit 1 package per claim;QL(60 gm per fill retail)
ketoconazole (topical) sham 2 %	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 1 % (*Use Clotrimazole (Topical)*)	NF	QL(30 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 2 %	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 1 %	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 1 %	F	QL(30 gm per fill retail)
Antihistamines-Topical		
diphenhydramine hcl (topical) crea 2 %	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	F	QL(40 gm per fill retail)
FLUOROURACIL CREA EX 0.5 %	F	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
FLUOROURACIL SOLN EX 2 %, 5 %	F	QL(10 ml per fill retail)
VALCHLOR GEL	F	PA; SP
Antipruritics - Topical		
camphor & menthol lotn 0.5%-0.5%	F	QL(222 ml per fill retail)
SARNA LOTN (*Use Camphor & Menthol*)	NF	QL(222 ml per fill retail)
Antipsoriatics		
calcipotriene crea 0.005 %	F	QL(60 gm per fill retail)
calcipotriene soln 0.005 %	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(Up to 21 yrs old)
TAZORAC CREA 0.05 %	F	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC CREA 0.1 % (*Use Tazarotene*)	NF	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC GEL 0.05 %, 0.1 %	F	PA; QL(60 gm per fill retail); AL(Up to 21 yrs old)
Antiseborrheic Products		
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)

Drug Name	Drug Tier	Requirements/ Limits
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 10 %	F	QL(360 ml per fill retail)
Antivirals - Topical		
acyclovir topical oint 5 %	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 1 %	F	QL(50 gm per fill retail)
Corticosteroids - Topical		
APEXICON E CREA	F	QL(60 gm per fill retail)
betamethasone dipropionate (topical) crea 0.05 %	F	1 rtl pack lmt per fill,
betamethasone dipropionate augmented crea 0.05 %	F	QL(50 gm per fill retail)
betamethasone valerate crea 0.1 %	F	QL(45 gm per fill retail)
betamethasone valerate lotn 0.1 %	F	QL(60 ml per fill retail)
betamethasone valerate oint 0.1 %	F	QL(45 gm per fill retail)
clobetasol propionate crea 0.05 %	F	QL(45 gm per fill retail)
clobetasol propionate emollient base crea 0.05 %	F	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate gel 0.05 %	F	QL(60 gm per fill retail)
clobetasol propionate oint 0.05 %	F	QL(60 gm per fill retail)
clobetasol propionate soln 0.05 %	F	QL(25 ml per fill retail)
DERMATOP CREA (*Use Prednicarbate*)	NF	QL(60 gm per fill retail)
desonide crea 0.05 %	F	1 rtl pack lmt per fill,
desonide oint 0.05 %	F	1 rtl pack lmt per fill,
DESOWEN CREA (*Use Desonide*)	NF	1 rtl pack lmt per fill,
desoximetasone crea 0.05 %	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 1%-1%	F	
fluocinonide crea 0.05 %	F	QL(60 gm per fill retail)
fluocinonide emulsified base crea	F	QL(60 gm per fill retail)
fluocinonide gel 0.05 %	F	QL(60 gm per fill retail)
fluocinonide oint 0.05 %	F	QL(60 gm per fill retail)
fluocinonide soln 0.05 %	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)

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (topical) crea 0.5 %, 2.5 %	F	QL(30 gm per fill retail)
hydrocortisone (topical) crea 1%, 1 %	F	QL(60 gm per fill retail); RX/OTC
hydrocortisone (topical) lotn 1 %, 2.5 %	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 0.1 %	F	QL(60 ml per fill retail)
hydrocortisone-aloe vera crea 1%	F	QL(60 gm per fill retail)
LOCOID SOLN (*Use Hydrocortisone Butyrate*)	NF	QL(60 ml per fill retail)
mometasone furoate crea 0.1 %	F	QL(45 gm per fill retail)
mometasone furoate oint 0.1 %	F	QL(45 gm per fill retail)
mometasone furoate soln 0.1 %	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 0.1 %	F	QL(60 gm per fill retail)
prednicarbate crea 0.1 %	F	QL(60 gm per fill retail)
PREDNICARBATE OINT 0.1 %	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 OINT (*Use Clobetasol Propionate*)	NF	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TOPICORT CREA 0.05 % (*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 0.025 %, 0.1 %	F	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint 0.025 %, 0.1 %	F	QL(80 gm per fill retail)
triamcinolone acetonide (topical) oint 0.5 %	F	QL(15 gm per fill retail)
TRIDESILON CREA (*Use Desonide*)	NF	1 rtl pack lmt per fill,
Diaper Rash Products		
diaper rash products oint	F	
Emollient/Keratolytic Agents		
urea crea 40 %	F	QL(210 gm per fill retail); RX/OTC
urea lotn 40 %	F	QL(240 ml per fill retail)
Emollients		
AQUAPHILIC OINT	F	
AQUAPHOR ADVANCED THERAPY OINT	F	
AQUAPHOR OINT	F	
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT	F	
DAILY CONDITIONING TREATMENT OINT	F	
emollient oint 0.16gm/30gm-300mg/30gm-100unit/30gm, 41 %, 52 %,	F	
GOLD BOND ULTIMATE HEALING OINT	F	

Drug Name	Drug Tier	Requirements/ Limits
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 12 %	F	QL(140 gm per fill retail); RX/OTC
lactic acid (ammonium lactate) lotn 12 %	F	Limit 1 package per month;QL(13.34 ml daily); RX/OTC
LANAPHILIC OINT	F	
OINTMENT BASE OINT	F	
RA ADVANCED HEALING OINT	F	
Immunomodulating Agents - Topical		
ALDARA CREA (*Use Imiquimod*)	NF	QL(48 ea per 180 days retail)
imiquimod crea 5 %	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		

Drug Name	Drug Tier	Requirements/ Limits
CONDYLOX SOLN (*Use Podofilox*)	NF	QL(4 ml per fill retail)
KERALYT GEL 6 % (*Use Salicylic Acid*)	NF	QL(40 gm per fill retail)
podofilox soln 0.5 %	F	QL(4 ml per fill retail)
salicylic acid gel ex 6 %	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)
lidocaine crea 4 %	F	QL(30 gm per fill retail)
lidocaine hcl crea ex 3 %	F	QL(30 gm per fill retail); RX/OTC
lidocaine hcl crea ex 4 %	F	QL(65 ml per fill retail)
lidocaine hcl gel ex 2 %	F	QL(30 ml per fill retail); RX/OTC
lidocaine-prilocaine crea 2.5%-2.5%	F	QL(30 gm per fill retail)
LMX 4 CREA (*Use Lidocaine*)	NF	QL(30 gm per fill retail)
PREDATOR CREA (*Use Lidocaine HCl*)	NF	QL(65 ml per fill retail)
Misc. Topical		
4-N-1 CREA 1 %	F	
COOL BOTTOMS CREA 1 %	F	
DRYSOL SOLN	F	QL(60 ml per fill retail)
NEUTRAPHOR CREA 1 %	F	
NEUTRAPHORUS REX CREA 1 %	F	
PROSHIELD PLUS SKIN PROTECTANT CREA 1 %	F	
REMEDY NUTRASHIELD CREA 1 %	F	
zinc oxide (topical) oint 20 %	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 0.75 %	F	QL(45 gm per fill retail)
metronidazole (topical) gel 0.75 %	F	QL(45 gm per fill retail)
metronidazole (topical) lotn 0.75 %	F	
Scabicides & Pediculicides		
crotamiton lotn 10 %	F	QL(60 gm per fill retail)
ELIMITE CREA (*Use Permethrin*)	NF	QL(60 gm per fill retail)
EURAX CREA 10 %	F	QL(60 gm per fill retail)
EURAX LOTN (*Use Crotamiton*)	NF	QL(60 gm per fill retail)
malathion lotn 0.5 %	F	QL(59 ml per fill retail)
NATROBA SUSP	F	QL(120 ml per fill retail); AL(At least 1 yrs old)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 0.5%-0.33%-4%	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(At least 1 yrs old)
Sunscreens		
ANTHELIOS 60 MELT-IN SUNSCREEN LOTN	F	
AVEENO ABSOLUTELY AGELESSLEAVE-ON DAY MASK SPF 30 LOTN	F	
AVEENO ACTIVE NATURALS PROTECT+HYDRATE/SPF 30 LOTN	F	
AVEENO BABY CONTINUOUS PROTECTION LOTN	F	
AVEENO BABY CONTINUOUS PROTECTION SUNBLOCK SPF55 LOTN	F	
AVEENO BABY NATURAL PROTECTION SPF 50 LOTN	F	
AVEENO NATURAL PROTECTIONSPF 50 LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
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	
AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF30 LOTN	F	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
FACE COTZ LOTN	F	
HUGGIES LITTLE SWIMMERS SPF50 LOTN 1%-5%-0.8%-7.5%-5%	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	
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	
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 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 7.5%-6%	F	

Drug Name	Drug Tier	Requirements/ Limits
sunscreens lotn 4%-5%, 9.1 %, 5%-10%, 1%-0.5%, 5.5%-8%, 4.9%-4.7%, 7.5%-4.5%, 7.5%-3%-5%, 2%-1%-1%-4%, 3%-7%-4%-13%, 2%-7.5%-6%-3%, 5%-7.5%-4%-9%, 5%-9%-7.5%-6%, 2%-5%-2%-2%-2%, 2%-5%-4%-5%-8%, 2%-2%-4%-5%-13%, 2%-2%-5%-2%-10%, 2%-5%-2%-2%-10%, 2%-5%-2%-4%-13%, 3%-5%-6%-5%-13%, 3%-7%-4%-5%-13%, 3%-10%-6%-5%-15%, 5%-2%-7.5%-6%-8%, 5%-3%-7.5%-6%-9%, 2%-2%-2%-5%-10.5%, 2%-5%-7.5%-6%-12%, 2%-5%-1%-7.5%-6%-15%,	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 0.5 %	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		
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	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUETEST BLOOD GLUCOSE TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 15 CAPS	F	
DEPLIN 7.5 CAPS	F	
ELFOLATE TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
L-METHYLFOLATE CA/S-ALGAL CAPS	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 19000UNIT-6000UNIT-30000UNIT, 38000UNIT-12000UNIT-60000UNIT, 76000UNIT-24000UNIT-120000UNIT	F	
PANCREAZE CPEP 14200UNIT-4200UNIT-24600UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT, 56800UNIT-16800UNIT-98400UNIT	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		

Drug Name	Drug Tier	Requirements/ Limits
ALDACTAZIDE TABS 25MG-25MG (*Use Spironolactone & Hydrochlorothiazide*)	NF	
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 25mg-25mg	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 or 0.5 mg, 1 mg, 2 mg	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 20 mg, 40 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 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)
alendronate sodium tabs 5 mg, 10 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)

Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX TABS (*Use Alendronate Sodium*)	NF	PA; Limit 4 per month;QL(0.13 4 ea daily)
MIACALCIN SOLN IJ 200 UNIT/ML	F	Limit 1 package per month;QL(0.06 7 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(0.13 4 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; SP
SAIZEN CLICK.EASY SOLR	F	PA; SP
SAIZEN SOLR	F	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	F	PA; SP
SEROSTIM SOLR	F	PA; SP
ZORBTIVE SOLR	F	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (*Use Raloxifene HCl*)	NF	QL(1 ea daily)
raloxifene hcl tabs 60 mg	F	QL(1 ea daily)
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	F	PA; SP
Metabolic Modifiers		
calcitriol caps or 0.25 mcg, 0.5 mcg	F	
CARNITOR SF SOLN (*Use Levocarnitine (Metabolic Modifiers)*)	NF	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML (*Use Levocarnitine (Metabolic Modifiers)*)	NF	QL(30 ml daily)
CARNITOR TABS OR 330 MG (*Use Levocarnitine (Metabolic Modifiers)*)	NF	QL(3 ea daily); RX/OTC
FABRAZYME SOLR	F	PA; SP
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 0.25 MCG, 0.5 MCG (*Use Calcitriol*)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (*Use Desmopressin Acetate*)	NF	PA; SP
DDAVP SOLN NA 0.01 %	F	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 soln ij 4 mcg/ml	F	PA; SP
desmopressin acetate spray refrigerated soln	F	QL(5 ml per fill retail)
desmopressin acetate spray soln 0.01 %	F	PA; QL(5 ml per fill retail)
desmopressin acetate tabs or 0.1 mg, 0.2 mg	F	QL(3 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (*Use Estradiol & Norethindrone Acetate*)	NF	QL(1 ea daily)
COMBIPATCH PTTW	F	Limit 8 patches per month;QL(0.29 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
estradiol & norethindrone acetate tabs	F	QL(1 ea daily)
FEMHRT LOW DOSE TABS (*Use Norethindrone Acetate-Ethinyl Estradiol*)	NF	
norethindrone acetate-ethinyl estradiol tabs	F	
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 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr	F	Limit 8 patches per month;QL(0.29 ea daily)
estradiol pttw td 0.0375 mg/24hr	F	QL(0.29 ea daily)
estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr	F	Limit 4 patches per month;QL(0.14 3 ea daily)
estradiol tabs or 0.5 mg, 1 mg, 2 mg	F	
ESTROPIPATE TABS 0.75 MG, 1.5 MG	F	QL(1 ea daily)
ESTROPIPATE TABS 3 MG	F	QL(2 ea daily)
MINIVELLE PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR	F	Limit 8 patches per month;QL(0.29 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR	F	QL(0.29 ea daily)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	F	QL(1 ea daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 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 250 MG, 500 MG (*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 or 250 mg, 500 mg, 750 mg	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	
simethicone susp 20 mg/0.3ml, 40 mg/0.6ml	F	QL(30 ml per fill retail)
Bile Acid Synthesis Disorder Agents		

Drug Name	Drug Tier	Requirements/ Limits
CHOLBAM CAPS	F	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (*Use Ursodiol*)	NF	QL(3 ea daily)
URSO 250 TABS (*Use Ursodiol*)	NF	QL(7 ea daily)
ursodiol caps 300 mg	F	QL(3 ea daily)
ursodiol tabs 250 mg	F	QL(7 ea daily)
Gastrointestinal Stimulants		
metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml	F	
metoclopramide hcl tabs or 5 mg, 10 mg	F	
REGLAN TABS (*Use Metoclopramide HCl*)	NF	
Inflammatory Bowel Agents		
ASACOL HD TBEC	F	ST; QL(3 ea daily)
ASACOL HD TBEC (*Use Mesalamine*)	F	ST; QL(3 ea daily)
AZULFIDINE EN-TABS TBEC (*Use Sulfasalazine*)	NF	
AZULFIDINE TABS (*Use Sulfasalazine*)	NF	
balsalazide disodium caps 750 mg	F	QL(9 ea daily)
COLAZAL CAPS (*Use Balsalazide Disodium*)	NF	QL(9 ea daily)
LIALDA TBEC (*Use Mesalamine*)	NF	
mesalamine enem re 4 gm	F	QL(60 ml daily)
mesalamine tbec or 1.2 gm	F	
mesalamine tbec or 800 mg	F	ST; QL(3 ea daily)
SFROWASA ENEM	F	
sulfasalazine tabs 500 mg	F	
sulfasalazine tbec 500 mg	F	
Intestinal Acidifiers		
lactulose (encephalopathy) soln	F	
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps 667 mg	F	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbcr 540 mg, 1080 mg	F	
potassium citrate-citric acid pack 3300mg-1002mg	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 5 mg	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 0.4 mg	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Urinary Analgesics		
phenazopyridine hcl tabs 95 mg, 100 mg, 200 mg	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 0.6 MG	F	PA; Limit 6 per claim;QL(6 ea per fill retail)
COLCRYS TABS 0.6 MG	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	SP
ADYNOVATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP
ADYNOVATE SOLR 750 UNIT, 1500 UNIT, 3000 UNIT	F	
AFSTYLA KIT 1500 UNIT, 2500 UNIT	F	
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	F	SP
ALPHANINE SD SOLR	F	SP
ALPROLIX SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	F	SP

Drug Name	Drug Tier	Requirements/ Limits
ALPROLIX SOLR 4000 UNIT	F	
BEBULIN SOLR	F	SP
BENEFIX KIT	F	SP
CORIFACT KIT	F	SP
ELOCTATE SOLR	F	SP
FEIBA SOLR	F	SP
FIBRYGA SOLR	F	SP
HELIXATE FS KIT	F	SP
HEMOFIL M SOLR	F	SP
HUMATE-P SOLR	F	SP
IDELVION SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP
IXINITY SOLR	F	SP
KOATE SOLR	F	SP
KOATE-DVI SOLR	F	SP
KOGENATE FS BIO-SET KIT	F	SP
KOGENATE FS KIT	F	SP
KOVALTRY SOLR	F	SP
MONOCLATE-P KIT	F	SP
MONONINE SOLR	F	SP
NOVOEIGHT SOLR	F	SP
NOVOSEVEN RT SOLR	F	SP
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	
OBIZUR SOLR	F	SP

Drug Name	Drug Tier	Requirements/ Limits
PROFILNINE SD SOLR	F	SP
PROFILNINE SOLR	F	SP
RECOMBINATE SOLR	F	SP
RIASTAP SOLR	F	SP
RIXUBIS SOLR	F	SP
TRETTEN SOLR	F	SP
WILATE KIT	F	SP
XYNTHA KIT	F	SP
XYNTHA SOLOFUSE KIT	F	SP
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 75 mg	F	QL(1 ea daily)
dipyridamole tabs	F	
EFFIENT TABS (*Use Prasugrel HCl*)	NF	QL(1 ea daily)
PLAVIX TABS 75 MG (*Use Clopidogrel Bisulfate*)	NF	QL(1 ea daily)
prasugrel hcl tabs	F	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	F	PA; SP
CEREZYME SOLR	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
miglustat caps 100 mg	F	PA; SP
VPRIV SOLR	F	PA; SP
ZAVESCA CAPS (*Use Miglustat*)	NF	PA; SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	F	
Cobalamins		
cyanocobalamin soln ij 1000 mcg/ml	F	
Folic Acid/Folates		
folic acid tabs or 1 mg	F	RX/OTC
folic acid tabs or 400 mcg, 800 mcg	F	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	F	PA; SP
ARANESP ALBUMIN FREE SOSY	F	PA; SP
EPOGEN SOLN	F	PA; SP
MIRCERA SOSY	F	PA; SP
NPLATE SOLR	F	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	F	PA; SP
PROMACTA TABS	F	PA; SP
ZARXIO SOSY	F	PA; SP
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)

Drug Name	Drug Tier	Requirements/ Limits
FERRETTS TABS	F	QL(2 ea daily)
ferrous fumarate tabs 324 mg	F	
ferrous gluconate tabs 27 mg, 240 mg	F	
FERROUS GLUCONATE TABS 324 MG	F	AL(Up to 50 yrs old)
ferrous sulfate dried tbcr 160 mg	F	
ferrous sulfate elix 220 mg/5ml	F	QL(16 ml daily)
FERROUS SULFATE LIQD 220 MG/5ML	F	
ferrous sulfate soln 15 mg/ml	F	100 / 30 days QL(3.4 ml daily)
ferrous sulfate tabs 65 mg, 325 mg	F	
FERROUS SULFATE TBEC 324 MG	F	
ferrous sulfate tbec 325 mg	F	
HEMOCYTE TABS (*Use Ferrous Fumarate*)	NF	
IRON CHEWS PEDIATRIC CHEW 15 MG	F	
polysaccharide iron complex caps 150 mg	F	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL SOLN	F	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 500 MG	F	QL(24 ea per fill retail); SP
LYSTEDA TABS (*Use Tranexamic Acid*)	NF	QL(30 ea per 5 days retail); AL(At least 12 yrs old - Up to 49 yrs old)
tranexamic acid tabs or 650 mg	F	QL(30 ea per 5 days retail); AL(At least 12 yrs old - Up to 49 yrs old)
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 25 mg	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	

Drug Name	Drug Tier	Requirements/ Limits
PHENOBARBITAL TABS OR 15 MG, 30 MG, 60 MG, 100 MG	F	
phenobarbital tabs or 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	F	
SECONAL SODIUM CAPS	F	
Hypnotics - Tricyclic Agents		
SILENOR TABS	F	ST; Try 2 preferred hypnotics first
Non-Barbiturate Hypnotics		
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(At least 18 yrs old)
RESTORIL CAPS 30 MG (*Use Temazepam*)	NF	QL(2 ea daily); AL(At least 18 yrs old)
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(At least 18 yrs old)
temazepam caps 15 mg	F	QL(1 ea daily); AL(At least 18 yrs old)
temazepam caps 30 mg	F	QL(2 ea daily); AL(At least 18 yrs old)
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(At least 18 yrs old)
zolpidem tartrate tabs or 5 mg, 10 mg	F	QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs 625 mg	F	QL(10 ea daily)
EVAC POWD (*Use Psyllium*)	NF	
FIBERCON TABS (*Use Calcium Polycarbophil*)	NF	QL(10 ea daily)
KONSYL PACK 100 %	F	
KONSYL POWD 100 % (*Use Psyllium*)	NF	
METAMUCIL CAPS 0.52 GM (*Use Psyllium*)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (*Use Psyllium*)	NF	
METAMUCIL POWD 48.57 % (*Use Psyllium*)	NF	
psyllium caps 0.52 gm, 520 mg	F	
psyllium powd 30 %, 33 %, 100 %, 28.3 %, 30.9 %, 58.6 %, 48.57 %,	F	
Laxative Combinations		
COLYTE-FLAVOR PACKS SOLR (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	NF	QL(4000 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	NF	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS SOLR (*Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride*)	NF	QL(4000 ml per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	F	QL(4000 ml per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr 420gm-11.2gm-1.48gm-5.72gm	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 gm, 1.2 gm, 2.1 gm	F	
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 RE 2.8 GM	F	
polyethylene glycol 3350 pack	F	RX/OTC
polyethylene glycol 3350 powd	F	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	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 1.745gm/30ml, 1.745 gm/30ml,	F	
magnesium hydroxide susp	F	QL(33 ml daily)
MILK OF MAGNESIA CONCENTRATE SUSP	F	
sodium phosphates enem re 16gm/133ml-6gm/133ml, 19gm/118ml-7gm/118ml, 9.5gm/59ml-3.5gm/59ml, 19gm/118ml-19gm/118ml-7gm/118ml-7gm/118ml	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 176 MG/5ML	F	
sennosides liqd 8.8 mg/5ml	F	
sennosides syrp 8.8 mg/5ml	F	
sennosides tabs 15 mg, 8.6 mg, 17.2 mg	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 or 100 mg, 250 mg	F	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
docusate sodium liqd or 50 mg/5ml, 150 mg/15ml	F	
docusate sodium syrp or 60 mg/15ml	F	
docusate sodium tabs or 100 mg	F	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	F	QL(2 ea per fill retail)
azithromycin susr or 100 mg/5ml	F	Limit 1 package per claim;QL(15 ml per fill retail)
azithromycin susr or 200 mg/5ml	F	Limit 1 package per claim;QL(30 ml per fill retail)
azithromycin tabs or 250 mg	F	QL(6 ea per fill retail)
azithromycin tabs or 500 mg	F	QL(4 ea daily)
azithromycin tabs or 600 mg	F	Limit 8 per 28 days;QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM	F	QL(2 ea per fill retail)
ZITHROMAX SUSR OR 100 MG/5ML (*Use Azithromycin*)	NF	Limit 1 package per claim;QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (*Use Azithromycin*)	NF	Limit 1 package per claim;QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (*Use Azithromycin*)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (*Use Azithromycin*)	NF	QL(4 ea daily)
ZITHROMAX TABS OR 600 MG (*Use Azithromycin*)	NF	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 125 MG/5ML	F	Limit 1 package per claim;QL(100 ml per fill retail)
CLARITHROMYCIN SUSR 250 MG/5ML	F	
clarithromycin susr 250 mg/5ml	F	
clarithromycin tabs 250 mg, 500 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	F	
erythromycin base tabs	F	
erythromycin ethylsuccinate susr 200 mg/5ml	F	

Drug Name	Drug Tier	Requirements/ Limits
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
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 XX	F	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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

Drug Name	Drug Tier	Requirements/ Limits
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
CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	F	RX/OTC
CVS GAUZE PAD 3"X3" PADS	F	
CVS GAUZE PADS 2"X2" 12-PLY PADS	F	RX/OTC
CVS GAUZE PADS 4"X4" 12-PLY PADS	F	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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

Drug Name	Drug Tier	Requirements/ Limits
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
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 STERILE PADS 3"X3" PADS	F	
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	F	RX/OTC
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
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
GNP STERILE PADS 3"X3" PADS	F	
HM STERILE PADS 2"X2" PADS	F	RX/OTC
HM STERILE PADS PADS	F	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	F	RX/OTC
HYDROCELL DRESSING 4"X4" 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
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

Drug Name	Drug Tier	Requirements/ Limits
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	
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
SURGICAL GAUZE SPONGE 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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
CVS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
GENTEEL LANCING DEVICE/BUFF BLACK MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/BUTTERFLY BLUE MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PLAYFUL PURPLE MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PRINCESS PINK MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/STATELY SILVER MISC	F	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/WILLOWY WHITE MISC	F	QL(1 ea per 180 days retail)
GENTLE-LET GP LANCETS MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
GLUCOSOURCE LANCET DEVICE MISC	F	QL(1 ea per 180 days retail)
GLUCOSOURCE LANCETS MISC	F	QL(5 ea daily)
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)
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	F	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
MINI LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
MM 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 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
SM TRUEDRAW LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SMART DIABETES VANTAGE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	F	
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	F	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	F	
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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
WALGREENS ULTRA THIN LANCETS MISC	F	QL(5 ea daily)
Misc. Devices		

Drug Name	Drug Tier	Requirements/ Limits
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
APLICARE ALCOHOL SWABSTICK 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 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

Drug Name	Drug Tier	Requirements/ Limits
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
HM STERILE ALCOHOL PREP 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
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); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
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
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AURORA PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
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)
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 SAFETYGLIDE/U-100/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
BD INSULIN SYRINGE U-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE U-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
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)
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
BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G MISC	F	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
CAREFINE PEN NEEDLE 32GX4MM MISC	F	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	F	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
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 32G X 1/4" MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32" 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)
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4" MISC	F	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
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/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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 NEEDLE 30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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 SHORT PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
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); RX/OTC
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); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	F	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
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); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	F	QL(5 ea daily)
HEALTHWISE PEN NEEDLES 29GX12MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
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
INPEN 100/BLUE/LILLY DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/BLUE/NOVO DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/GRAY/LILLY DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/GREY/NOVO DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/PINK/LILLY DEVI	F	QL(1 ea per 180 days retail); RX/OTC
INPEN 100/PINK/NOVO DEVI	F	QL(1 ea per 180 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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/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/NEEDLE 0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 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
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	F	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER PEN NEEDLES 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
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
MARATHON MEDICAL PENTIPS29GX12MM MISC	F	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	F	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	F	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM 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); RX/OTC
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); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	F	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	F	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	F	QL(5 ea daily)
MM PEN NEEDLES 31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MM PEN NEEDLES 31G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" 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
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

Drug Name	Drug Tier	Requirements/ Limits
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
PEN NEEDLES 29GX1/2" MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
PEN NEEDLES 31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	F	QL(5 ea daily)
PEN NEEDLES 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
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 32G X 4MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	F	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM MISC	F	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PENTIPS 29G X 12MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	F	QL(5 ea daily)
PENTIPS 31GX8MM MISC	F	QL(5 ea daily); RX/OTC
PENTIPS 32G X 4MM 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
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); RX/OTC
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); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" 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); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
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
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); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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

Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
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); RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM MISC	F	QL(5 ea daily); RX/OTC
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
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)
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 INSULIN SYRINGEU-100/0.3ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	F	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	F	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC	F	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	F	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	F	QL(5 ea daily); RX/OTC
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
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
UNIFINE PENTIPS PLUS 29GX12MM MISC	F	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	F	QL(5 ea daily); RX/OTC
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); RX/OTC
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); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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

Drug Name	Drug Tier	Requirements/ Limits
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
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/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

Drug Name	Drug Tier	Requirements/ Limits
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
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(At least 18 yrs old)
dihydroergotamine mesylate soln ij 1 mg/ml	F	AL(At least 18 yrs old)
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	F	AL(At least 18 yrs old)
MIGRANAL SOLN	F	AL(At least 18 yrs old)
Serotonin Agonists		
AMERGE TABS (*Use Naratriptan HCl*)	NF	Limit 9 per month;QL(0.3 ea daily); AL(At least 18 yrs old)
eletriptan hydrobromide tabs	F	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (*Use Sumatriptan*)	NF	Limit 6 per month;QL(0.2 ea daily); AL(At least 12 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (*Use Sumatriptan Succinate*)	NF	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (*Use Sumatriptan Succinate*)	NF	Limit 2 per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (*Use Sumatriptan Succinate*)	NF	Limit 2 syringes per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (*Use Sumatriptan Succinate*)	NF	Limit 9 per month;QL(0.3 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
MAXALT TABS (*Use Rizatriptan Benzoate*)	NF	Limit 12 per month;QL(0.4 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP (*Use Rizatriptan Benzoate*)	NF	QL(0.4 ea daily)
naratriptan hcl tabs	F	Limit 9 per month;QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAX TABS (*Use Eletriptan Hydrobromide*)	NF	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
rizatriptan benzoate tabs 5 mg, 10 mg	F	Limit 12 per month;QL(0.4 ea daily); AL(At least 6 yrs old)
rizatriptan benzoate tbdp 5 mg, 10 mg	F	QL(0.4 ea daily)
sumatriptan soln	F	Limit 6 per month;QL(0.2 ea daily); AL(At least 12 yrs old)
sumatriptan succinate soaj sc 6 mg/0.5ml	F	Limit 2 syringes per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
sumatriptan succinate soct sc 6 mg/0.5ml	F	Limit 2 per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
sumatriptan succinate soln sc 6 mg/0.5ml	F	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	F	Limit 2 syringes per month;QL(0.06 7 ml daily); AL(At least 12 yrs old)
sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg	F	Limit 9 per month;QL(0.3 ea daily); AL(At least 12 yrs old)
zolmitriptan tabs	F	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
zolmitriptan tbdp	F	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
ZOMIG SOLN NA 5 MG	F	Limit 6 per month;QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 5 MG, 2.5 MG (*Use Zolmitriptan*)	NF	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
ZOMIG ZMT TBDP (*Use Zolmitriptan*)	NF	Limit 6 per month;QL(0.2 ea daily); AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
CALCI-CHEW CHEW	F	
calcium carbonate tabs 500 mg, 1250 mg	F	
calcium carbonate-cholecalciferol chew 500mg-100unit, 500mg-400unit	F	
calcium carbonate-cholecalciferol tabs 500mg-200unit, 500mg-400unit, 600mg-200unit, 600mg-400unit, 600mg-800unit, 500mg-500mg-400unit-400unit, 600mg-600mg-800unit-400unit	F	

Drug Name	Drug Tier	Requirements/ Limits
calcium carbonate-vitamin d tabs 125unit-250mg, 125unit-500mg, 200unit-500mg, 250mg-125unit, 500mg-125unit, 500mg-200unit, 500mg-500mg-200unit-200unit	F	
calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit	F	QL(2 ea daily)
calcium citrate tabs 200 mg, 950 mg	F	
CALCIUM TABS 600MG-200UNIT	F	
calcium w/ vitamin d tabs 600mg-200unit	F	
CALTRATE 600+D TABS (*Use Calcium Carbonate-Cholecalciferol*)	NF	
oyster shell tabs	F	
PARVA-CAL TABS 500MG-200UNIT	F	
Electrolyte Mixtures		
CERASPORT EX1 SOLN	F	
CERASPORT SOLN 4MEQ/L-18MEQ/L-20MEQ/L-6MEQ/L	F	
ENFAMIL ENFALYTE SOLN	F	
HYDRALYTE FREEZER POPS SOLN	F	
HYDRALYTE SOLN 270MG/250ML-210MG/250ML, 45MEQ/L-45MEQ/L-20MEQ/L-90MEQ/L-16GM/L	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(Up to 15 yrs old)
sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 1.1 mg, 2.2 mg	F	AL(Up to 15 yrs old)
sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml	F	AL(Up to 15 yrs old)
Magnesium		
magnesium oxide (mg supplement) tabs 400 mg, 241.3 mg	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 130mg-155mg-852mg	F	QL(8 ea daily)
Potassium		
K-TAB TBCR 10 MEQ (*Use Potassium Chloride*)	NF	
K-TAB TBCR 8 MEQ, 20 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	

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride cpcr or 10 meq	F	
potassium chloride cpcr or 8 meq	F	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR	F	
potassium chloride microencapsulated crystals er tbcr	F	
potassium chloride pack or 20 meq	F	
potassium chloride soln or 10 %, 20 %	F	
potassium chloride tbcr or 8 meq, 10 meq	F	
Sodium		
sodium chloride soln ij 0.9 %	F	
SODIUM CHLORIDE SOLN IJ 0.9 %	F	
sodium chloride soln iv 0.9 %	F	
SODIUM CHLORIDE SOLN IV 0.9 %	F	
Zinc		
zinc sulfate caps or 220 mg	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS 250 MG	F	
Immunosuppressive Agents		
AZASAN TABS	F	QL(3 ea daily)
azathioprine tabs or 50 mg	F	
CELLCEPT CAPS 250 MG (*Use Mycophenolate Mofetil*)	NF	QL(2 ea daily)
CELLCEPT INTRAVENOUS SOLR (*Use Mycophenolate Mofetil HCl*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
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 25 mg, 100 mg	F	QL(4 ea daily)
cyclosporine modified (for microemulsion) caps 25 mg, 50 mg, 100 mg	F	QL(4 ea daily)
cyclosporine modified (for microemulsion) soln 100 mg/ml	F	QL(8 ml daily)
CYCLOSPORINE MODIFIED CAPS	F	QL(4 ea 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 500 mg	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)
NEORAL CAPS 25 MG, 100 MG (*Use Cyclosporine Modified (For Microemulsion*))	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NEORAL SOLN 100 MG/ML (*Use Cyclosporine Modified (For Microemulsion)*)	NF	QL(8 ml daily)
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 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 or	F	QL(454 gm per fill retail)
sodium polystyrene sulfonate susp or 15 gm/60ml	F	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln 2 %	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 0.12 %	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)
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	
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
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

Drug Name	Drug Tier	Requirements/ Limits
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 5 mg	F	QL(6 ea daily)
RA DRY MOUTH SOLN	F	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS 5 MG (*Use Pilocarpine HCl (Oral)*)	NF	QL(6 ea daily)
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins caps or 70mg-100mg-1mg-10mg-2mg-1.5mg-100mcg, 60mg-60mg-3mg-5mg-20mg-3mg-1mcg-0.5mg, 60mg-60mg-5mg-20mg-3mg-1mcg-3mg-0.5mg	F	QL(1 ea daily)
b-complex vitamins tabs or 0.1mg-20mg-2mg-5mcg-3mg-1mg, 10mg-10mg-2mg-1.5mg-0.2mg, 10mg-14mg-25mcg-7mg-4.5mg, 15mg-2mg-5mg-2mcg-2mg-2mg, 3mg-10mg-20mg-3mg-6mcg-2mg, 3mg-20mg-3mg-10mg-6mcg-2mg, 83mg-3mg-20mg-2mg-5mcg-1mg, 100mg-50mg-40mg-10mg-20mg-5mg-4.6mg-1mcg-5mg-1mg, 3mg-3mg-20mg-20mg-3mg-3mg-10mg-10mg-6mcg-6mcg-2mg-2mg, 30mg-50mg-50mg-50mg-50mg-50mg-50mcg-50mg-100mcg-50mcg-50mg	F	QL(1 ea daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid caps 1.5mg-5mg-20mg-1.7mg-6mcg-1mg-150mcg-10mg-100mg, 5mg-1.7mg-6mcg-20mg-1.5mg-1mg-150mcg-10mg-100mg	F	QL(1 ea daily); RX/OTC
NEPHROCAPS CAPS (*Use B-Complex w/ C & Folic Acid*)	NF	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals		
ACTIVESSENTIALS PACK	F	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
SYNAGEX CAPS	F	
SYNATEK CAPS	F	
THERANATAL LACTATION COMPLETE MISC	F	
ULTRA MENS PACK MISC	F	
ULTRA WOMENS PACK MISC	F	

Drug Name	Drug Tier	Requirements/ Limits
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	
WOMENS PACK MISC	F	
ZINC LOZG OR 50MG-15MG-500UNIT-100MG, 50MG-15MG-10MG-500UNIT-100MG, 10MG-5MG-10MG-10MG-15MG-500UNIT-60MG	F	
Ped MV w/ Fluoride		
pediatric vitamins acd w/ fluoride soln	F	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron soln	F	QL(50 ml per fill retail); AL(Up to 13 yrs old)
TRI-VIT/FLUORIDE/IRON SOLN 0.25MG/ML-1500UNIT/ML-10MG/ML-400UNIT/ML-35MG/ML	F	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Pediatric Multiple Vitamins		
pediatric multiple vitamins liqd	F	
Pediatric Vitamins		
pediatric vitamins adc soln 1500unit/ml-400unit/ml-35mg/ml	F	QL(50 ml per fill retail)
Prenatal Vitamins		
CLASSIC PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
CVS PRENATAL GUMMY/DHA/FOLIC ACID CHEW	F	
CVS PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
EQL PRENATAL FORMULA TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
GNP PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
GOODSENSE PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
HM PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
KPN PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
M-VIT TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
MULTI PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
MYNATAL CAPS	F	QL(1 ea daily); AL(Up to 45 yrs old)
NAT-RUL PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
NIVA-PLUS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
O-CAL FA TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRE-NATAL FORMULA TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL AND IRON TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL FORMULA CAPS 35MG-30UNIT-4000UNIT-200MG-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG	F	
PRENATAL FORTE TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL LOW IRON TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL MULTIVITAMIN TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL ONE DAILY TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL PLUS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
PRENATAL TABS 11UNIT-263MG-25MG-1.5MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-0.8MG-2.6MG-120MG, 30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-4000UNIT-8MCG-400UNIT-800MCG-2.6MG-120MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-200MG-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 160MG-11UNIT-200MG-25MG-1.84MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-800MCG-2.6MG-100MG	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	F	QL(1 ea daily); AL(Up to 45 yrs old); 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(Up to 45 yrs old)
PRENATAL VITAMIN & MINERAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL VITAMIN TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN/IRON TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PRENATAL VITAMINS PLUS LOW IRON TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
PREPLUS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
QC PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
RA PRENATAL FORMULA/FOLICACID TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
RA PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
RIGHT STEP PRENATAL TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
SM PRENATAL VITAMINS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old)
THERANATAL CORE NUTRITION TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
TRICARE TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
VOL-PLUS TABS	F	QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC
Vitamins w/ Lipotropics		
vitamins w/ lipotropics caps 50mg-50mg-50mg-50mg-50mcg-50mcg-50mcg-50mg, 86mg-2mg-10mg-83mg-240mg-3mg-2mcg-3mg-110mg-1.65mg, 50mg-50mg-50mg-50mg-50mg-50mg-50mg-50mcg-100mcg-50mcg-50mg, 75mg-30mg-2unit-10000unit-40mg-15mg-31mg-2.5mg-4mg-2mcg-75mg-400unit, 10000unit-3mg-0.5mg-2mg-75mg-58mg-30mg-2unit-0.5mg-4mg-40mg-15mg-31.4mg-2.5mg-2mcg-5mg-1mg-75mg-400unit	F	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen tabs or 10 mg, 20 mg	F	
CHLORZOXAZONE TABS 500 MG	F	
cyclobenzaprine hcl tabs 5 mg, 10 mg	F	QL(3 ea daily)
methocarbamol tabs or 500 mg, 750 mg	F	
ROBAXIN TABS OR 500 MG (*Use Methocarbamol*)	NF	
ROBAXIN-750 TABS (*Use Methocarbamol*)	NF	
tizanidine hcl tabs 2 mg, 4 mg	F	
ZANAFLEX TABS 4 MG (*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 0.65%-0.002%, 0.65 %, 0.65%	F	QL(90 ml per fill retail)
Nasal Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
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 5.2 mg/act	F	QL(26 ml per fill retail)
NASALCROM AERS (*Use Cromolyn Sodium (Nasal)*)	NF	QL(26 ml per fill retail)
Nasal Anticholinergics		
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 50 mcg/act	F	QL(16 ml per fill retail); RX/OTC
mometasone furoate (nasal) susp 50 mcg/act	F	QL(17 gm per fill retail); AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO 55 MCG/ACT	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR AERO 55 MCG/ACT (*Use Triamcinolone Acetonide (Nasal)*)	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO 55 MCG/ACT (*Use Triamcinolone Acetonide (Nasal)*)	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
NASONEX SUSP (*Use Mometasone Furoate (Nasal)*)	NF	QL(17 gm per fill retail); AL(At least 2 yrs old)
triamcinolone acetonide (nasal) aero 55 mcg/act	F	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
ADRENALIN SOLN NA 0.1 %	F	
NASAL DECONGESTANT LIQD	F	
NASAL DECONGESTANT SYRP	F	
phenylephrine hcl (oral) tabs 10 mg	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)
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)
NUTRIENTS		

Drug Name	Drug Tier	Requirements/ Limits
Misc. Nutritional Substances		
omega-3 fatty acids caps 1000mg, 1200mg, 1000 mg, 1200 mg, 180mg-120mg, 1200mg-2unit, 300mg-1000mg, 350mg-1000mg, 360mg-1200mg, 600mg-1000mg, 600mg-1200mg, 180mg-120mg-5unit, 300mg-180mg-120mg, 300mg-200mg-1unit, 1000mg-180mg-120mg, 160mg-1000mg-100mg, 180mg-1000mg-120mg, 180mg-1200mg-144mg, 216mg-1200mg-144mg, 270mg-1000mg-180mg, 300mg-1000mg-1unit, 300mg-1000mg-200mg, 300mg-1unit-1000mg, 336mg-1200mg-276mg, 350mg-1000mg-250mg, 400mg-1000mg-300mg, 500mg-1000mg-250mg, 180mg-120mg-1.8unit, 300mg-180mg-1gm-120mg, 1000mg-180mg-120mg-1mg, 210mg-1000mg-75mg-90mg, 60mg-180mg-1200mg-120mg, 60mg-360mg-1200mg-300mg, 1000mg-180mg-120mg-1unit, 100mg-300mg-1000mg-200mg, 180mg-1000mg-120mg-1unit, 180mg-1unit-1000mg-120mg, 300mg-1000mg-200mg-1unit, 300mg-180mg-1000mg-120mg, 360mg-216mg-1200mg-144mg, 600mg-324mg-1200mg-216mg, 700mg-350mg-1000mg-250mg, 900mg-455mg-1000mg-360mg, 100mg-1000mg-500mg-10unit, 216mg-1200mg-144mg-15unit, 300mg-1000mg-1000mg-1unit, 340mg-180mg-1unit-1000mg-120mg	F	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Proteins		
ARGININE TABS 500 MG	F	
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	
polyvinyl alcohol soln 1.4 %	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)
Beta-blockers - Ophthalmic		
BETAGAN SOLN (*Use Levobunolol HCl*)	NF	QL(10 ml per fill retail)
betaxolol hcl (ophth) soln 0.5 %	F	QL(10 ml per fill retail)
carteolol hcl (ophth) soln	F	Limit 1 package per month;QL(0.5 ml daily)
CARTEOLOL HCL 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 2%-0.5%, 22.3mg/ml-6.8mg/ml	F	QL(10 ml per fill retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	F	QL(10 ml per fill retail)
levobunolol hcl soln 0.5 %	F	QL(10 ml per fill retail)
METIPRANOLOL SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
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)
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.5 %	F	QL(5 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 0.5 %	F	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 0.5 %, 1 %	F	QL(15 ml per fill retail)
cyclopentolate hcl soln 2 %	F	
ISOPTO ATROPINE SOLN	F	QL(15 ml per fill retail)
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 0.2 %	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)
GENTAK 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 0.5 %	F	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin oint	F	QL(4 gm per fill retail)
neomycin-polymyxin-gramicidin soln 0.025mg/ml-10000unit/ml-1.75mg/ml	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 0.3 %	F	QL(10 ml per fill retail)
polymyxin b-trimethoprim soln 0.1%-10000unit/ml	F	QL(10 ml per fill retail)
POLYTRIM SOLN (*Use Polymyxin B-Trimethoprim*)	NF	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) soln 10 %	F	QL(15 ml per fill retail)
SULFACETAMIDE SODIUM OINT OP 10 %	F	

Drug Name	Drug Tier	Requirements/ Limits
tobramycin (ophth) soln 0.3 %	F	QL(5 ml per fill retail)
TOBREX OINT 0.3 %	F	QL(4 gm per fill retail)
TOBREX SOLN (*Use Tobramycin (Ophth)*)	NF	QL(5 ml per fill retail)
trifluridine soln 1 %	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		
phenylephrine hcl (ophth) soln 2.5 %	F	QL(15 ml per fill retail)
tetrahydrozoline hcl (ophth) soln 0.05 %	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 Local Anesthetics		
tetracaine hcl (ophth) soln	F	
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)
fluorometholone (ophth) susp 0.1 %	F	QL(15 ml per fill retail)
FML LIQUIFILM SUSP (*Use Fluorometholone (Ophth)*)	NF	QL(15 ml per fill retail)
FML OINT 0.1 %	F	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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 0.3%-1%	F	QL(5 ml per fill retail)
prednisolone acetate (ophth) susp	F	QL(15 ml per fill retail)
PREDNISOLONE ACETATE P-F 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 0.3%-0.1%	F	QL(4 gm per fill retail)
TOBRADEX SUSP (*Use Tobramycin-Dexamethasone*)	NF	QL(10 ml per fill retail)
tobramycin-dexamethasone susp 0.3%-0.1%	F	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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 2 %	F	QL(10 ml per fill retail)
DORZOLAMIDE HCL SOLN 2 %	F	QL(10 ml per fill retail)
flurbiprofen sodium soln 0.03 %	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 0.025 %	F	QL(10 ml per fill retail)
NEVANAC SUSP 0.1 %	F	QL(3 ml per fill retail)
OCUFEN SOLN (*Use Flurbiprofen Sodium*)	NF	QL(3 ml per fill retail)
TRUSOPT SOLN (*Use Dorzolamide HCl*)	NF	QL(10 ml per fill retail)
ZADITOR SOLN (*Use Ketotifen Fumarate (Ophth)*)	NF	QL(10 ml per fill retail)
Prostaglandins - Ophthalmic		
LATANOPROST SOLN 0.005 %	F	QL(3 ml per fill retail)
latanoprost soln 0.005 %	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 6.5 %	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 0.3 %	F	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX SUSP	F	QL(7.5 ml per 30 days 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 10mg/ml-1mg/ml-10mg/ml	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 0.01 %	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		
methylergonovine maleate tabs or 0.2 mg	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	F	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps 250 mg, 500 mg	F	
AMOXICILLIN CHEW 125 MG, 250 MG	F	
amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	F	
amoxicillin tabs 875 mg	F	
ampicillin caps 250 mg, 500 mg	F	
AMPICILLIN CAPS 500 MG	F	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	F	
Natural Penicillins		
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	F	
penicillin v potassium solr 125 mg/5ml, 250 mg/5ml	F	
penicillin v potassium tabs 250 mg, 500 mg	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 500mg-125mg, 875mg-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)

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (*Use Amoxicillin & Pot Clavulanate*)	NF	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (*Use Amoxicillin & Pot Clavulanate*)	NF	Limit 40 per 30 days;QL(1.34 ea daily)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	F	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (*Use Norethindrone Acetate*)	NF	
hydroxyprogesterone caproate oil 250 mg/ml	F	SP
MAKENA OIL IM 250 MG/ML (*Use Hydroxyprogesterone Caproate*)	NF	SP
MAKENA SOAJ SC 275 MG/1.1ML	F	
medroxyprogesterone acetate tabs	F	
MEGACE ES SUSP (*Use Megestrol Acetate (Appetite)*)	NF	
megestrol acetate (appetite) susp 625 mg/5ml	F	
norethindrone acetate tabs 5 mg	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	

Drug Name	Drug Tier	Requirements/ Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
ANTABUSE TABS 250 MG (*Use Disulfiram*)	NF	
disulfiram tabs 250 mg	F	
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (*Use Donepezil Hydrochloride*)	NF	QL(1 ea daily)
donepezil hydrochloride tabs 5 mg, 10 mg	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)
EXELON PT24 TD 4.6 MG/24HR, 9.5 MG/24HR, 13.3 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 4 mg, 8 mg, 12 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)

Drug Name	Drug Tier	Requirements/ Limits
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		
AMPYRA TB12	F	PA; SP
AUBAGIO TABS	F	PA; SP
AVONEX KIT	F	PA; SP
AVONEX PEN AJKT	F	PA; SP
AVONEX PSKT	F	PA; SP
BETASERON KIT 0.3 MG	F	PA; SP
COPAXONE SOSY (*Use Glatiramer Acetate*)	NF	PA; SP
GILENYA CAPS 0.5 MG	F	PA; SP
glatiramer acetate sosy	F	PA; SP
LEMTRADA SOLN	F	PA; SP
PLEGRIDY SOPN	F	PA; SP
PLEGRIDY SOSY	F	PA; SP
PLEGRIDY STARTER PACK SOPN	F	PA; SP
PLEGRIDY STARTER PACK SOSY	F	PA; SP
REBIF REBIDOSE SOAJ	F	PA; SP
REBIF REBIDOSE TITRATIONPACK SOAJ	F	PA; SP
REBIF SOSY	F	PA; SP
REBIF TITRATION PACK SOSY	F	PA; SP
TECFIDERA CPDR	F	PA; SP
TECFIDERA STARTER PACK MISC	F	PA; SP
TYSABRI CONC	F	PA; SP
ZINBRYTA SOSY	F	PA; SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS	F	
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	F	
Smoking Deterrents		
bupropion hcl (smoking deterrent) tb12 150 mg	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	

Drug Name	Drug Tier	Requirements/ Limits
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; SP
KALYDECO TABS	F	PA; SP
ORKAMBI TABS 100MG-125MG, 200MG-125MG	F	PA; SP
PULMOZYME SOLN	F	PA; SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (*Use Doxycycline (Monohydrate)*)	NF	
ADOXA PAK 2/100 TABS (*Use Doxycycline (Monohydrate)*)	NF	
ADOXA TABS 50 MG, 100 MG (*Use Doxycycline (Monohydrate)*)	NF	
doxycycline (monohydrate) caps 50 mg, 100 mg	F	
doxycycline (monohydrate) tabs 50 mg, 100 mg	F	
doxycycline hyclate caps or 50 mg, 100 mg	F	
doxycycline hyclate tabs or 100 mg	F	
MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (*Use Minocycline HCl*)	NF	
minocycline hcl caps 50 mg, 75 mg, 100 mg	F	
MONODOX CAPS 100 MG (*Use Doxycycline (Monohydrate)*)	NF	
VIBRAMYCIN CAPS 100 MG (*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 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (*Use Thyroid*)	NF	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	F	
CYTOMEL TABS (*Use Liothyronine Sodium*)	NF	
levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	F	
liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg	F	
SYNTHROID TABS (*Use Levothyroxine Sodium*)	NF	
thyroid tabs	F	
THYROLAR-1 TABS	F	
THYROLAR-1/2 TABS	F	
THYROLAR-1/4 TABS	F	
THYROLAR-2 TABS	F	
THYROLAR-3 TABS	F	
TOXOIDS		

Drug Name	Drug Tier	Requirements/ Limits
Toxoid Combinations		
ADACEL SUSP	F	AL(At least 19 yrs old)
BOOSTRIX SUSP	F	AL(At least 19 yrs old)
TENIVAC INJ	F	AL(At least 19 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED SUSP	F	AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (*Use Hyoscyamine Sulfate*)	NF	
BENTYL CAPS OR 10 MG (*Use Dicyclomine HCl*)	NF	
BENTYL TABS OR 20 MG (*Use Dicyclomine HCl*)	NF	
dicyclomine hcl caps or 10 mg	F	
dicyclomine hcl soln or 10 mg/5ml	F	QL(40 ml daily)
dicyclomine hcl tabs or 20 mg	F	
glycopyrrolate tabs or 1 mg, 2 mg	F	QL(4 ea daily)
hyoscyamine sulfate elix 0.125 mg/5ml	F	
hyoscyamine sulfate soln 0.125 mg/ml	F	
hyoscyamine sulfate tb12 0.375 mg	F	QL(4 ea daily)
hyoscyamine sulfate tbdp 0.125 mg	F	
LEVBID TB12 (*Use Hyoscyamine Sulfate*)	NF	QL(4 ea daily)
ROBINUL FORTE TABS (*Use Glycopyrrolate*)	NF	QL(4 ea daily)
ROBINUL TABS OR 1 MG (*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 300 mg, 400 mg, 800 mg	F	
famotidine susr or 40 mg/5ml	F	
famotidine tabs or 10 mg, 40 mg	F	
famotidine tabs or 20 mg	F	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (*Use Famotidine*)	NF	RX/OTC
PEPCID AC TABS (*Use Famotidine*)	NF	
PEPCID SUSR 40 MG/5ML (*Use Famotidine*)	NF	
PEPCID TABS 20 MG (*Use Famotidine*)	NF	RX/OTC
PEPCID TABS 40 MG (*Use Famotidine*)	NF	
ranitidine hcl caps or 150 mg	F	QL(2 ea daily)
ranitidine hcl caps or 300 mg	F	QL(1 ea daily)
ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml	F	QL(40 ml daily); AL(Up to 6 yrs old)
ranitidine hcl tabs or 150 mg	F	QL(2 ea daily); RX/OTC
ranitidine hcl tabs or 75 mg, 300 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 OR 150 MG (*Use Ranitidine HCl*)	NF	QL(2 ea daily); RX/OTC
ZANTAC TABS OR 300 MG (*Use Ranitidine HCl*)	NF	QL(2 ea daily)
Misc. Anti-Ulcer		

Drug Name	Drug Tier	Requirements/ Limits
CARAFATE SUSP 1 GM/10ML	F	QL(420 ml per fill retail); AL(Up to 6 yrs old)
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)
lansoprazole cpdr 15 mg	F	QL(4 ea daily); RX/OTC
lansoprazole cpdr 30 mg	F	
lansoprazole tbdp 15 mg, 30 mg	F	
NEXIUM CPDR 40 MG (*Use Esomeprazole Magnesium*)	NF	
omeprazole cpdr 10 mg	F	
omeprazole cpdr 20 mg	F	QL(2 ea daily); RX/OTC
omeprazole cpdr 40 mg	F	QL(2 ea daily)
OMEPRAZOLE TBEC 20 MG	F	QL(1 ea daily)
pantoprazole sodium tbec or 20 mg	F	QL(1 ea daily)
pantoprazole sodium tbec or 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 (*Use Lansoprazole*)	NF	
PRILOSEC CPDR 10 MG (*Use Omeprazole*)	NF	
PRILOSEC CPDR 20 MG (*Use Omeprazole*)	NF	QL(2 ea daily); RX/OTC
PRILOSEC CPDR 40 MG (*Use Omeprazole*)	NF	QL(2 ea daily)
PROTONIX TBEC OR 20 MG (*Use Pantoprazole Sodium*)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (*Use Pantoprazole Sodium*)	NF	QL(2 ea daily)
PX OMEPRAZOLE TBEC	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		
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 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg	F	
Urinary Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
FURADANTIN SUSP (*Use Nitrofurantoin*)	NF	QL(40 ml daily); AL(Up to 6 yrs old)
MACROBID CAPS (*Use Nitrofurantoin Monohyd Macro*)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (*Use Nitrofurantoin Macrocrystal*)	NF	
methenamine mandelate tabs	F	
nitrofurantoin macrocrystal caps 50 mg, 100 mg	F	
nitrofurantoin monohyd macro caps 100 mg	F	
nitrofurantoin susp 25 mg/5ml	F	QL(40 ml daily); AL(Up to 6 yrs old)
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 5 mg, 10 mg, 15 mg	F	QL(2 ea daily)
tolterodine tartrate cp24 2 mg, 4 mg	F	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	F	QL(2 ea daily)
trospium chloride tabs 20 mg	F	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs	F	
URECHOLINE TABS (*Use Bethanechol Chloride*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	F	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	F	AL(At least 19 yrs old)
BEXSERO SUSY	F	AL(At least 19 yrs old)
HIBERIX SOLR	F	AL(At least 19 yrs old)
MENACTRA INJ	F	AL(At least 19 yrs old)
MENVEO SOLR	F	AL(At least 19 yrs old)
PEDVAX HIB SUSP	F	AL(At least 19 yrs old)
PNEUMOVAX 23 INJ	F	One per lifetime; AL(At least 65 yrs old)
PNEUMOVAX 23/1 DOSE INJ	F	One per lifetime; AL(At least 65 yrs old)
PREVNAR 13 SUSP	F	One per lifetime; AL(At least 65 yrs old)
TRUMENBA SUSY	F	AL(At least 19 yrs old)
Viral Vaccines		
ENGERIX-B INJ	F	AL(At least 19 yrs old)
ENGERIX-B SUSP	F	AL(At least 19 yrs old)
FLUMIST QUADRIVALENT SUSP	F	1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 19 yrs old - Up to 49 yrs old)
GARDASIL 9 SUSP	F	AL(At least 19 yrs old - Up to 26 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSY	F	AL(At least 19 yrs old - Up to 26 yrs old)
GARDASIL SUSP	F	AL(At least 19 yrs old - Up to 26 yrs old)
HAVRIX SUSP	F	AL(At least 19 yrs old)
IPOL INACTIVATED IPV INJ	F	AL(At least 19 yrs old)
M-M-R II INJ	F	AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	F	AL(At least 19 yrs old)
Seasonal Influenza Vaccine	F	QL(1 ea per 180 days retail); AL: At least 19 yrs old
SHINGRIX SUSR	F	AL(At least 50 yrs old)
STAMARIL SUSR	F	AL(At least 19 yrs old)
TWINRIX SUSP	F	AL(At least 19 yrs old)
VAQTA SUSP	F	AL(At least 19 yrs old)
VARIVAX INJ	F	AL(At least 19 yrs old)
ZOSTAVAX SUSR	F	AL(At least 60 yrs old)
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 2 %	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 0.75 %	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)
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 CREA	F	QL(20 gm per fill retail)
terconazole vaginal crea 0.4 %	F	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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 6.5 %	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 (*Use Estradiol Vaginal*)	NF	Limit 1 package per month;QL(1.5 gm daily)
estradiol vaginal crea 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)
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 400 unit, 1000 unit	F	
D-VI-SOL LIQD (*Use Cholecalciferol*)	NF	
DRISDOL CAPS (*Use Ergocalciferol*)	NF	
ergocalciferol caps	F	
ergocalciferol soln	F	
MEPHYTON TABS (*Use Phytonadione*)	NF	
phytonadione tabs or 5 mg	F	
vitamin a caps 10000 unit	F	
vitamin a tabs 10000 unit	F	
vitamin e caps or 100 unit, 200 unit, 400 unit	F	QL(2 ea daily)
vitamin e soln or 15 unit/0.3ml	F	
Water Soluble Vitamins		
ASCOCID POWD	F	
ascorbic acid chew or 500mg, 500 mg, 7.5mg-500mg	F	
ASCORBIC ACID POWD OR	F	
ascorbic acid tabs or 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg	F	100 / 30 days;QL(100 ea per 34 days retail)
biotin caps or 5 mg, 5000 mcg	F	
niacin cpcr 250 mg, 500 mg	F	
niacin tabs 50 mg, 100 mg, 500 mg	F	
niacin tbcr 250 mg, 500 mg, 750 mg	F	
NIACIN TR TBCR	F	
pyridoxine hcl tabs or 25 mg, 50 mg, 100 mg, 250 mg	F	

Drug Name	Drug Tier	Requirements/ Limits
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 or 50 mg, 100 mg, 250 mg	F	100 / 30 days;QL(100 ea per 34 days retail)
thiamine mononitrate tabs 100 mg	F	100 / 30 days;QL(100 ea per 34 days retail)
VITAMIN C POWD	F	
VITAMIN C SYRP 500 MG/5ML	F	

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