CHIP Formulary

WellKids by PA Health & Wellness utilizes a CHIP Formulary which includes a list of covered drugs. The formulary is updated often and may change. You may view the latest formulary on our website at www.PAWellKids.com, or call us at 1-855-445-1920 (TTY/TDD: 711).

WellKids by PA Health & Wellness CHIP Formulary 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 drug or product you want to locate
3. Click the Next button until you find the drug or product(s) you are looking for

OR Search name of drug or product at https://formulary-search.envolverx.com/pahw

PA Health & Wellness Health Plan Pharmacy Program

PA Health & Wellness Health Plan, Inc. (PA Health & Wellness) is committed to providing appropriate, high quality, and cost-effective drug therapy to all WellKids by PA Health & Wellness members. WellKids by PA Health & Wellness works with providers and pharmacists to ensure that drugs and products used to treat a variety of conditions and diseases are covered according to the Federal Drug Administration (FDA). WellKids by PA Health & Wellness covers prescription drugs and products and certain over-the-counter (OTC) drugs when ordered by a provider. Some drugs and products require prior authorization (PA) or have limitations on age, dosage, and maximum quantities. This section provides an overview of the pharmacy program. For more detailed information, please visit our website at www.PAWellKids.com.

Phone Number for WellKids by PA Health & Wellness Member Services

WellKids by PA Health & Wellness Member Services may be reached at 1-855-445-1920 (TTY 711).

WellKids by PA Health & Wellness Formulary

The formulary is created and continually evaluated by PA Health & Wellness Pharmacy & Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of drugs and products. The Committee is made up of PA Health & Wellness Medical Directors, Pharmacy Director, and several Pennsylvania physicians, pharmacists, specialists and a consumer representative.

Member Copay Responsibility

30-Day Supply Copay			
	Free CHIP	Low-Cost CHIP	Full-Cost CHIP
Brand	$0	$9	$18
Generic	$0	$6	$10
Select Preventative Drugs	$0	$0	$0

90-Day Supply Copay			
	Free CHIP	Low-Cost CHIP	Full-Cost CHIP
Brand	$0	$18	$36
Generic	$0	$12	$20
Select Preventative Drugs	$0	$0	$0

On the formulary, Brand name drugs are in capital letters (BRAND) and generic drugs are in *lowercase (generic).*

Pharmacy Benefit Manager (PBM)

WellKids by PA Health & Wellness works with Express Scripts to pay for pharmacy claims. Express Scripts (ESI) is our Pharmacy Benefit Manager.

Filling a Prescription

You can have prescriptions filled at any network pharmacy. You can locate a pharmacy near you by using the Provider-Lookup tool on our website at

https://www.pahealthwellness.com/FindaDoctor.html. You may also contact Member Services to help you locate a pharmacy. At the pharmacy, you will need to provide the pharmacist with your prescription and your WellKids by PA Health & Wellness ID card.

Transition Period
Members new to WellKids by PA Health & Wellness will be able to receive their prescription with no new prior authorization for the first 60 days they are enrolled in our plan. This will allow you and your child's provider time to consider other drugs or products that do not require prior authorization or to learn the steps to getting prior authorization. The WellKids by PA Health & Wellness formulary identifies the drugs that will require prior authorization. If you are not sure when you will need to have your drug or product prior authorized or you have other questions about continuing to get your drugs or products, call member services at 1-855-445-1920 (TTY 711).

Prior Authorization (PA)
A prior authorization (PA) may be needed, which means your child's provider must request the drug or product before WellKids by PA Health & Wellness will cover it. This helps ensure proper use of these drugs or products. You should talk to your child's provider or pharmacist if prior authorization is needed. A prior authorization request can be sent by your child's provider using the secure electronic portal by Cover My Meds at www.covermymeds.com. A request can also be sent by your child's provider or pharmacy to Centene Pharmacy Services on the Medication Prior Authorization Form. This form is on our website at www.PAWellKids.com. The completed form and provider notes to show your child's history should be faxed to the Pharmacy Department at 1-844-205-3386.

The following situations may require prior authorization:

- Non-formulary drugs and products
- New to market drugs and products
- Drugs or products noted as **PA** on the formulary
- Exceeding plan limits: quantity limit (**QL**), days supply (**DS**) and cost
- Age Limits (**AL**)
- Prescriptions that exceed $2000
- Compound drug
- Brand name drugs where there is a generic alternative
- Opioids over 5 day supply or 50 Morphine Milliequivalents

All requests will be completed within 24 hours. Clinical review staff use the standards set by PHW Pharmacy & Therapeutics Committee. If the request is approved, the Pharmacy Department sends your child's provider a fax. If it is not approved, the Pharmacy Department will send a letter to you and a fax to your child's provider. The letter will have a list of other similar drugs or products that are covered. It will also tell you about the appeal process.

Medical Necessity Requests
If your child requires a drug or product that does not appear on the formulary or is being used for a non-FDA approved diagnosis, you or your child's provider can make a medical necessity request for the drug or product by submitting a request for prior authorization.
Such reviews are performed by professionals using the criteria established by the PA Health & Wellness P&T Committee. If the clinical information provided does not meet the coverage criteria for the requested drug or product, a doctor will review the request to determine medical necessity. We will notify you and your child's provider of alternatives and provide information regarding the appeal process.

72-Hour Supply Policy
State and federal law requires that a pharmacy dispense a 72-hour (3-day) supply of drug or product to any patient awaiting prior authorization determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy.

Centene Pharmacy Services
PA Health & Wellness works with Centene Pharmacy Services to review prior authorizations.

Follow these guidelines for efficient processing of your child authorization requests:

1. Complete the PA Health & Wellness Health Plan form: Medication Prior Authorization Request Form.

2. Prior authorization can be submitted in one of the following ways:
    - Fax for Pharmacy Requests: 844-205-3386
    - Fax for Physician Billing Requests: 833-541-2294
    - Mail: Pharmacy Department
      5 River Park Place East, Suite 210
      Fresno, CA 93720
    - Online: covermymeds.com
    - Phone: 1-866-399-0928

3. Prior Authorization decisions will be completed within 24 hours.

4. Once approved, notification will be sent to the prescriber and you.

5. If the clinical information provided does not explain the medical necessity for the requested Prior Authorization drug or product, the request will be denied, and the prescriber and you will be notified.

6. A pharmacy can provide up to a 72-hour supply of a new or ongoing drug or product.

Affordable Care Act (ACA)
There are free to you for preventative drugs that are part of the Affordable Care Act based on the recommendations of American Academy of Pediatrics (AAP) Bright Futures guidelines. The following drugs may be covered at no cost (not all available products will be covered at $0).

- Aspirin 81mg
- Fluoride supplementation for up to 5 or 16 years old
- Folic Acid supplementation (0.4 or 0.8mg) for women
- HIV Pre-Exposure Prophylaxis
- Smoking Cessation Products
- Vaccinations/Immunizations for up to 18 years old
- Contraceptives
- Multivitamins
- Vitamin D3 for 0-12 months
- Iron supplementation 6-12 months
- Naloxone

Quantity Limit (QL)
PA Health & Wellness P&T Committee has created quantity limits on certain drugs and products to follow current clinical recommendations and FDA approved dosing. Quantity limits also promote appropriate use and prevent waste. If your child's provider feels your child needs the drug or product at the requested quantity, a prior authorization (PA) must be sent to the Pharmacy Department. If the request is not approved, the Pharmacy Department will send you a letter and a fax to your child's provider. The letter will tell you about the appeal process.

Age Limit (AL)
Some drugs on the formulary may have age limit. These are based on the FDA approved labeling and for your child's safety. If your child's provider feels your child needs the drug anyway, a prior authorization (PA) must be sent to the Pharmacy Department. If the request is not approved, the Pharmacy Department will send you a letter and a fax to your child's provider. The letter will tell you about the appeal process.

Newly Approved Products
We review new drugs for safety and effectiveness before adding them to the WellKids by PA Health & Wellness formulary. During this period, access to these drugs will need a prior authorization. If PA Health & Wellness does not grant prior authorization, we will notify you and your child's provider and provide information regarding the appeal process.

Dispensing Limits
Your child may receive up to a maximum 34-day supply for each new or refill. There are select drugs and products your child is able to get a 90 day-supply (see next section).

A total of 80 percent (80%) of the days supplied must have passed before the prescription for a non-controlled drug or products can be refilled. For example, with a 34-day supply, your child must have taken 28 days of the drug before you can get the next refill. A total of 90 percent (90%) of the days supplied must have passed before the prescription for a controlled drug can be refilled.

Opioids are subject to a cumulative daily morphine milligram equivalent (MME) limit of 50MME daily. Prescriptions exceeding that dose will require prior authorization. Note: all prescriptions for long-acting opioids require prior authorization. Exceptions to the above requirements will be made for those members with an active cancer, sickle cell with crisis, or those in hospice or palliative care.

Certain oral cancer drugs will be limited to a 15-day supply until you and your child's prescriber determine your child is able to tolerate the drug. A list of these drugs is located at www.PAWellKids.com.

Maintenance Products-90 Day Supply
WellKids by PA Health & Wellness offers members a longer day supply of maintenance drugs and products by mail and at certain retail pharmacies. Your child can receive up to 90 days of these drugs or products at a time. These drugs and products are used to treat long-term conditions or illnesses. You can find a list of covered drug and products in the Maintenance Drug Pharmacy Program document located on the WellKids by PA Health & Wellness website at www.PAWellKids.com. You can ask your child's provider to write for a 90 day-supply. Your child's provider may make sure your child does not have side effects, and the dose is correct before allowing for a 90-day supply.

Please contact a Member Service Representative if you have any questions.

Appropriate Use and Safety Edits
Your child's health and safety are a priority for WellKids by PA Health & Wellness. One of the ways we look out for your child's 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 drug utilization.

Items Not Covered
As part of Pennsylvania CHIP, the items below will not be covered (excluded) by the Department of Human Services (DHS):

- Drugs for weight loss or weight management
- Drugs used for fertility
- Drugs used for cosmetic reasons
- Drugs for sexual/erectile dysfunction

- Drugs from manufacturers that have not entered into a rebate agreement with a Federal Drug Rebate Program with the Center for Medicare and Medicaid Services (CMS)
- DESI (Drug Efficacy Study Implementation) drugs, drugs created before 1962 that have not shown to be effective
- Over-the-counter (OTC) drugs in the form of troches, lozenges, throat tablets, cough drops, chewing gum, mouthwashes and similar products (except tobacco cessation products)
- Pharmaceutical services provided during hospital stay
- Products classified as experimental or not approved by the FDA (Food Drug Administration)
- Placebos
- Soaps, cleaning agents, dentifrices, mouthwashes, douche solutions, diluents, ear wax removal agents, deodorants, liniments, antiseptics, irrigants and other personal care and medicine cabinet items
- Anything prescribed by a prescriber barred or suspended from participating in any federal or state programs, including Medical Assistance or CHIP.

Contacts for Pharmacy Appeals/Grievances

In the event that you disagree with the decision regarding coverage of a drug or product, you may file an appeal with PA Health & Wellness by calling Member Services at 1-855-445-1920 (TTY 711).

A decision will be made and your child's provider will be notified with a faxed response.

Formulary Abbreviations and Explanations

AL: Age limit - Describes the age requirement to receive the drug

EA: Each (unit) - Describes the amount of drug units (Ex. tablets, capsules, patches)

F: Formulary - Drugs that are covered on the CHIP formulary

Max Fills: Maximum Fills (per a designated time period)

MP: Maintenance Product - Drugs that are eligible for a 90-day supply

PA: Prior Authorization - The drug will need authorization before it can be received.

QL: Quantity Limit - The Quantity Limit describes how many drug units an enrollee can receive per a dispensing time frame.

RX/OTC: This drug is available both as a Prescription and Over-the-Counter, but will need a prescription to go through your pharmacy benefits.

SP: Specialty Drug - This drug may have special requirements for handling or dispensing.

ST: Step Therapy - You may need to try another drug first prior to receiving the listed drug.

Brand / Generic: lowercase = generic drug ALL CAPITALS = BRAND DRUG

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	F	QL(30 EA per 30 day(s) retail)
amphetamine-dextroamphetamine TABS	F	QL(90 EA per 30 day(s) retail)
dextroamphetamine sulfate CP24	F	QL(60 EA per 30 day(s) retail)
dextroamphetamine sulfate TABS 5 MG, 10 MG	F	QL(90 EA per 30 day(s) retail)
lisdexamfetamine dimesylate CAPS	F	QL(1 EA daily); PA
lisdexamfetamine dimesylate CHEW	F	QL(1 EA daily); PA
methamphetamine hcl	F	QL(5 EA daily)
VYVANSE CAPS	F	QL(1 EA daily); PA
VYVANSE CHEW	F	QL(1 EA daily); PA
Analeptics		
caffeine citrate SOLN IV 60 MG/3ML	F	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	F	QL(60 EA per 30 day(s) retail)
atomoxetine hcl 60 MG, 80 MG, 100 MG	F	QL(30 EA per 30 day(s) retail)
clonidine hcl (adhd) TB12	F	QL(4 EA daily); ST
guanfacine hcl (adhd)	F	QL(1 EA daily)
Stimulants - Misc.		
armodafinil 150 MG, 200 MG, 250 MG	F	QL(30 EA per 30 day(s) retail); PA
armodafinil 50 MG	F	QL(60 EA per 30 day(s) retail); PA
dexmethylphenidate hcl CP24 5 MG, 10 MG, 15 MG, 20 MG	F	QL(60 EA per 30 day(s) retail)
dexmethylphenidate hcl CP24 25 MG, 30 MG, 35 MG, 40 MG	F	QL(30 EA per 30 day(s) retail)
dexmethylphenidate hcl TABS	F	QL(120 EA per 30 day(s) retail)
methylphenidate hcl CHEW	F	QL(180 EA per 30 day(s) retail)
methylphenidate hcl CP24 20 MG, 30 MG	F	QL(60 EA per 30 day(s) retail)
methylphenidate hcl CP24 10 MG, 40 MG, 60 MG	F	QL(30 EA per 30 day(s) retail)
methylphenidate hcl CPCR 40 MG, 50 MG, 60 MG	F	QL(30 EA per 30 day(s) retail)
methylphenidate hcl CPCR 10 MG, 20 MG, 30 MG	F	QL(60 EA per 30 day(s) retail)
methylphenidate hcl TABS 20 MG	F	QL(90 EA per 30 day(s) retail)
methylphenidate hcl TABS 5 MG, 10 MG	F	QL(180 EA per 30 day(s) retail)
methylphenidate hcl TBCR 54 MG	F	QL(30 EA per 30 day(s) retail)
methylphenidate hcl TBCR 10 MG, 20 MG	F	QL(90 EA per 30 day(s) retail)
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	F	QL(60 EA per 30 day(s) retail)
modafinil	F	QL(60 EA per 30 day(s) retail); PA
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
melatonin CAPS 5 MG, 10 MG	F	
melatonin CHEW 1 MG, 5 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
melatonin LIQD	F	RX/OTC
MELATONIN LIQD 1 MG/4ML, 2.5 MG/10ML	F	
melatonin SUBL	F	
MELATONIN SUBL	F	
melatonin TABS 1 MG, 3 MG, 5 MG, 10 MG	F	
melatonin TBCR	F	
melatonin TBDP 3 MG, 5 MG, 10 MG	F	
Alternative Medicine Combinations		
MELATONIN TABS 10 MG-3 MG	F	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	F	
gentamicin sulfate IJ	F	
neomycin sulfate TABS	F	
streptomycin sulfate SOLR	F	
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	F	
tobramycin NEBU	F	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
XELJANZ XR TB24	F	SP; PA
XELJANZ SOLN	F	SP; PA
XELJANZ TABS	F	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-AATY (1 PEN) AJKT	F	SP; PA
ADALIMUMAB-AATY (2 PEN) AJKT	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AATY (2 SYRINGE) PSKT	F	SP; PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	F	SP; PA
ADALIMUMAB-ADAZ SOAJ	F	SP; PA
ADALIMUMAB-ADAZ SOSY	F	SP; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	F	SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	F	SP; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	F	SP; PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	F	SP; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	F	SP; PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	F	SP; PA
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	F	PA
HADLIMA PUSHTOUCH SOAJ	F	SP; PA
HADLIMA SOSY	F	SP; PA
SIMLANDI (1 PEN) AJKT	F	SP; PA
SIMLANDI (1 PEN) AJKT	F	PA
SIMLANDI (1 SYRINGE) PSKT	F	SP; PA
SIMLANDI (2 PEN) AJKT	F	SP; PA
SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML	F	SP; PA
YUSIMRY	F	SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	F	SP; PA
ACTEMRA SOLN	F	SP; PA
ACTEMRA SOSY	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
celecoxib 50 MG, 100 MG, 200 MG	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail)
diclofenac sodium TB24	F	MP
diclofenac sodium TBEC 50 MG, 75 MG	F	MP
etodolac CAPS	F	MP
etodolac TABS	F	MP
etodolac TB24	F	MP
flurbiprofen TABS	F	MP
ibuprofen CAPS	F	MP
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	F	MP; RX/OTC
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	F	MP
indomethacin CAPS 25 MG, 50 MG	F	QL(90 EA per 30 day(s) retail; 270 EA per 90 days mail); MP
indomethacin CPCR	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail); MP
ketorolac tromethamine SOLN IM 60 MG/2ML	F	
ketorolac tromethamine TABS	F	QL(20 EA per 30 day(s) retail)
meloxicam TABS	F	MP
nabumetone	F	MP
naproxen TABS	F	MP
naproxen TBEC	F	MP
oxaprozin TABS	F	MP
piroxicam CAPS 20 MG	F	QL(1 EA daily); MP
piroxicam CAPS 10 MG	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail); MP
sulindac TABS	F	MP

Drug Name	Drug Tier	Requirements/ Limits
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	F	SP; PA
OTEZLA TBPK	F	SP; PA
Pyrimidine Synthesis Inhibitors		
leflunomide	F	MP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
acetaminophen-caffeine TABS	F	
aspirin-acetaminophen-caffeine TABS	F	
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	F	QL(6 EA daily)
butalbital-acetaminophen TABS 50 MG-325 MG	F	QL(6 EA daily)
butalbital-aspirin-caffeine CAPS	F	QL(6 EA daily)
Analgesics Other		
acetaminophen CAPS 500 MG	F	
acetaminophen CHEW	F	
acetaminophen LIQD 160 MG/5ML	F	
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	F	
acetaminophen SUPP 120 MG, 650 MG	F	
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	F	
acetaminophen TABS 325 MG, 500 MG	F	
FEVERALL INFANTS SUPP	F	

Drug Name	Drug Tier	Requirements/ Limits
FEVERALL JUNIOR STRENGTH SUPP	F	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	F	
aspirin CHEW	F	
aspirin TABS 325 MG	F	
aspirin TBEC 81 MG, 325 MG	F	
diflunisal TABS	F	MP
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
DEMEROL SOLN IJ 75 MG/ML	F	4 max fill(s) per 30 day(s) retail
fentanyl citrate LPOP 400 MCG, 600 MCG, 800 MCG, 1200 MCG	F	QL(12 EA daily); 4 max fill(s) per 30 day(s) retail; PA
fentanyl citrate LPOP 200 MCG, 1600 MCG	F	QL(12 EA daily); PA
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	F	QL(15 EA per 30 day(s) retail); 4 max fill(s) per 30 day(s) retail
hydromorphone hcl LIQD	F	4 max fill(s) per 30 day(s) retail
hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML	F	4 max fill(s) per 30 day(s) retail
hydromorphone hcl TABS	F	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail
hydromorphone hcl TB24	F	QL(1 EA daily)
methadone hcl SOLN PO	F	4 max fill(s) per 30 day(s) retail
methadone hcl TABS	F	4 max fill(s) per 30 day(s) retail
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	F	4 max fill(s) per 30 day(s) retail
morphine sulfate SUPP 5 MG, 10 MG, 20 MG	F	4 max fill(s) per 30 day(s) retail
morphine sulfate TABS	F	4 max fill(s) per 30 day(s) retail
morphine sulfate TBCR 200 MG	F	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
morphine sulfate TBCR 30 MG, 60 MG, 100 MG	F	4 max fill(s) per 30 day(s) retail
morphine sulfate TBCR 15 MG	F	QL(90 EA per 30 day(s) retail); 4 max fill(s) per 30 day(s) retail
oxycodone hcl CAPS	F	QL(180 EA per 30 day(s) retail); 4 max fill(s) per 30 day(s) retail
oxycodone hcl CONC 100 MG/5ML	F	4 max fill(s) per 30 day(s) retail
oxycodone hcl SOLN	F	4 max fill(s) per 30 day(s) retail; ST
oxycodone hcl TABS 10 MG, 15 MG, 20 MG, 30 MG	F	4 max fill(s) per 30 day(s) retail
oxycodone hcl TABS 5 MG	F	QL(180 EA per 30 day(s) retail); 4 max fill(s) per 30 day(s) retail
oxymorphone hcl TB12	F	QL(2 EA daily)
tramadol hcl TABS 50 MG	F	QL(8 EA daily); AL(At least 18 yrs old)
tramadol hcl TB24	F	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
Opioid Combinations		

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine SOLN	F	QL(168 ML daily); AL(At least 12 yrs old)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	F	QL(10 EA daily); 4 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	F	QL(118 ML daily)
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	F	QL(182 ML daily); 4 max fill(s) per 30 day(s) retail
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	F	QL(6 EA daily)
hydrocodone-ibuprofen 7.5 MG-200 MG	F	QL(5 EA daily); 4 max fill(s) per 30 day(s) retail
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	F	QL(8 EA daily)
tramadol-acetaminophen	F	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old)
Opioid Partial Agonists		
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	F	QL(2 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG	F	QL(8 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	F	QL(4 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	F	QL(3 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	F	QL(8 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	F	QL(3 EA daily)
buprenorphine hcl SUBL 2 MG	F	QL(8 EA daily)
buprenorphine hcl SUBL 8 MG	F	QL(3 EA daily)
butorphanol tartrate NA 10 MG/ML	F	4 max fill(s) per 30 day(s) retail
pentazocine w/ naloxone hcl	F	4 max fill(s) per 30 day(s) retail
ZUBSOLV SUBL 2.1 MG-8.6 MG	F	QL(2 EA daily)
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	F	QL(3 EA daily)
ZUBSOLV SUBL 2.9 MG-11.4 MG	F	QL(1 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
danazol CAPS	F	
methyltestosterone CAPS	F	PA
methyltestosterone TABS	F	PA
testosterone cypionate SOLN IM	F	PA
testosterone enanthate SOLN IM	F	PA
testosterone GEL TD 1 %, 1.62 %, 25 MG/2.5GM, 50 MG/5GM, 1.62 %	F	PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (intrarectal)	F	
Rectal Combinations		
LIDOCAINE-HYDROCORTISONE ACE GEL	F	
LIDOCAINE-HYDROCORTISONE ACE KIT 1 %-3 %	F	QL(3 EA per 30 day(s) retail)
lidocaine-hydrocortisone acetate (rectal) CREA EX	F	
lidocaine-hydrocortisone acetate (rectal) KIT 0.5 %-3 %, 2.5 %-3 %	F	QL(3 EA per 30 day(s) retail)
PROCTOFOAM HC FOAM EX	F	QL(30 GM per 30 day(s) retail)
Rectal Steroids		
hydrocortisone (rectal) EX	F	QL(90 GM per 30 day(s) retail; 270 GM per 90 days mail)
ANTACIDS		
Antacid Combinations		
ACID GONE SUSP 358 MG/15ML-95 MG/15ML	F	
alum & mag hydrox-simethicone LIQD	F	
alum & mag hydrox-simethicone SUSP	F	
aluminum hydroxide-mag carb CHEW	F	
calcium carbonate-mag hydrox SUSP	F	
GAVISCON SUSP 358 MG/15ML-95 MG/15ML	F	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	F	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 650 MG	F	
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 1000 MG	F	
calcium carbonate (antacid) SUSP	F	
Antacids - Magnesium Salts		
magnesium oxide TABS	F	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	F	QL(4 EA per 365 day(s) retail; 4 EA per 365 days mail)
ivermectin	F	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12	F	QL(60 EA per 30 day(s) retail); ST
Nitrates		
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	F	MP
isosorbide mononitrate TABS	F	MP
isosorbide mononitrate TB24	F	MP
NITRO-BID OINT	F	
nitroglycerin CPCR 6.5 MG, 9 MG	F	MP
nitroglycerin PT24	F	MP
nitroglycerin SUBL	F	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		

Drug Name	Drug Tier	Requirements/ Limits
Antianxiety Agents - Misc.		
buspirone hcl	F	MP
hydroxyzine hcl SYRP	F	
hydroxyzine hcl TABS	F	MP
hydroxyzine pamoate CAPS	F	
Benzodiazepines		
alprazolam TABS	F	QL(4 EA daily)
alprazolam TB24	F	QL(1 EA daily)
chlordiazepoxide hcl CAPS	F	QL(4 EA daily)
diazepam CONC	F	
DIAZEPAM SOAJ	F	
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	F	
diazepam TABS	F	QL(4 EA daily)
lorazepam CONC	F	
lorazepam SOLN	F	
lorazepam TABS	F	QL(4 EA daily)
oxazepam CAPS	F	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics - Misc.		
adenosine SOLN	F	
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	F	MP
NORPACE CR CP12	F	
quinidine sulfate TABS	F	
Antiarrhythmics Type I-B		
lidocaine hcl (cardiac) SOSY	F	
lidocaine in d5w 5 %-8 MG/ML	F	
mexiletine hcl	F	MP
Antiarrhythmics Type I-C		
flecainide acetate	F	MP
propafenone hcl CP12	F	MP
propafenone hcl TABS	F	MP
Antiarrhythmics Type III		
amiodarone hcl SOLN 150 MG/3ML, 450 MG/9ML, 900 MG/18ML	F	
amiodarone hcl TABS 200 MG, 400 MG	F	MP
dofetilide	F	PA
MULTAQ	F	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	F	SP; PA
FASENRA SOSY	F	SP; PA
XOLAIR SOAJ	F	SP; PA
XOLAIR SOLR	F	SP; PA
XOLAIR SOSY	F	SP; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	F	
Bronchodilators - Anticholinergics		
ATROVENT HFA	F	QL(26 GM per 30 day(s) retail)
ipratropium bromide SOLN 0.02 %	F	QL(313 ML per 30 day(s) retail; 939 ML per 90 days mail)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	F	1 package(s) per 30 day(s) retail; AL(At least 6 yrs old)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	F	QL(0.14 GM daily); 1 package(s) per 30 day(s) retail
tiotropium bromide monohydrate CAPS	F	
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/ Limits
montelukast sodium CHEW	F	QL(1 EA daily); MP
montelukast sodium PACK	F	QL(1 EA daily); MP
montelukast sodium TABS	F	QL(1 EA daily); MP
zafirlukast	F	QL(2 EA daily); MP
Steroid Inhalants		
ASMANEX HFA AERO	F	QL(39 GM per 90 day(s) retail; 39 GM per 90 days mail); MP
budesonide (inhalation) SUSP	F	QL(360 ML per 90 day(s) retail; 360 ML per 90 days mail); AL(Up to 9 yrs old); MP
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	F	QL(1 EA daily); MP
fluticasone propionate (inhalation) AEPB	F	MP
fluticasone propionate hfa	F	MP
Sympathomimetics		
albuterol sulfate AERS	F	2 package(s) per 30 day(s) retail
albuterol sulfate NEBU 0.083 %	F	QL(375 ML per 30 day(s) retail; 1125 ML per 90 days mail)
albuterol sulfate NEBU	F	QL(540 EA per 30 day(s) retail; 1620 EA per 90 days mail)
albuterol sulfate SYRP	F	MP
albuterol sulfate TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
budesonide-formoterol fumarate dihydrate	F	QL(0.7 GM daily); 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
COMBIVENT RESPIMAT AERS	F	QL(8 GM per 30 day(s) retail; 8 GM per 30 days mail)
DULERA	F	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
fluticasone-salmeterol AEPB	F	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ipratropium-albuterol SOLN	F	QL(540 ML per 30 day(s) retail; 1620 ML per 90 days mail)
levalbuterol hcl	F	QL(288 ML per 30 day(s) retail); ST
levalbuterol tartrate	F	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail
PROAIR RESPICLICK AEPB	F	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail)
STIOLTO RESPIMAT	F	1 package(s) per 30 day(s) retail
STRIVERDI RESPIMAT	F	1 package(s) per 30 day(s) retail
terbutaline sulfate TABS	F	MP
TRELEGY ELLIPTA	F	QL(180 EA per 90 day(s) retail; 180 EA per 90 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits
umeclidinium-vilanterol	F	1 package(s) per 30 day(s) retail
Xanthines		
theophylline SOLN	F	MP
theophylline TB12 300 MG, 450 MG	F	MP
theophylline TB24	F	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	F	MP
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	F	QL(74 EA per 30 day(s) retail); 1 max fill(s) per 365 day(s) retail
ELIQUIS TABS	F	QL(2 EA daily)
rivaroxaban TABS 2.5 MG	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail)
SAVAYSA	F	QL(1 EA daily)
XARELTO STARTER PACK TBPK	F	QL(51 EA per 365 day(s) retail; 51 EA per 365 days mail)
XARELTO TABS 2.5 MG, 15 MG	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail)
XARELTO TABS 2.5 MG, 15 MG *(Use rivaroxaban)*	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail)
XARELTO TABS 10 MG, 20 MG	F	QL(1 EA daily)
Heparins And Heparinoid-Like Agents		
enoxaparin sodium SOLN IJ 300 MG/3ML	F	SP
enoxaparin sodium SOSY	F	SP
fondaparinux sodium	F	SP
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	F	
heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	F	
heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML	F	
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	F	
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS 110 MG	F	QL(4 EA daily)
dabigatran etexilate mesylate CAPS 75 MG, 150 MG	F	QL(2 EA daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clonazepam TABS	F	
diazepam (anticonvulsant) GEL	F	
NAYZILAM	F	QL(10 EA per 28 day(s) retail)
VALTOCO 10 MG DOSE LIQD	F	QL(10 EA per 28 day(s) retail)
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	F	QL(10 EA per 28 day(s) retail)
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	F	QL(10 EA per 28 day(s) retail)
VALTOCO 5 MG DOSE LIQD	F	QL(10 EA per 28 day(s) retail)
Anticonvulsants - Misc.		
carbamazepine CHEW 100 MG	F	MP
carbamazepine CP12	F	MP

Drug Name	Drug Tier	Requirements/ Limits
carbamazepine SUSP	F	MP
carbamazepine TABS	F	MP
carbamazepine TB12	F	MP
gabapentin CAPS 100 MG	F	QL(36 EA daily); MP
gabapentin CAPS 300 MG	F	QL(12 EA daily); MP
gabapentin CAPS 400 MG	F	QL(9 EA daily); MP
gabapentin SOLN	F	QL(70 ML daily); MP
gabapentin TABS 600 MG	F	QL(6 EA daily); MP
gabapentin TABS 800 MG	F	QL(4 EA daily); MP
lamotrigine CHEW	F	MP
lamotrigine KIT 25 MG	F	
lamotrigine TABS	F	MP
lamotrigine TB24	F	
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	F	MP
levetiracetam TABS	F	MP
levetiracetam TB24	F	MP
oxcarbazepine SUSP	F	MP
oxcarbazepine TABS	F	MP
pregabalin CAPS	F	QL(90 EA per 30 day(s) retail); ST
primidone 50 MG, 250 MG	F	MP
TEGRETOL SUSP *(Use carbamazepine)*	F	MP
TEGRETOL TABS *(Use carbamazepine)*	F	MP
TEGRETOL-XR TB12 *(Use carbamazepine)*	F	MP
topiramate CPSP	F	
topiramate TABS	F	MP
zonisamide CAPS	F	MP
GABA Modulators		
tiagabine hcl	F	MP

Drug Name	Drug Tier	Requirements/ Limits
Hydantoins		
DILANTIN *(Use phenytoin sodium extended)*	F	MP
DILANTIN	F	
DILANTIN INFATABS CHEW *(Use phenytoin)*	F	MP
DILANTIN-125 SUSP *(Use phenytoin)*	F	MP
DILANTIN SUSP *(Use phenytoin)*	F	MP
phenytoin sodium extended 100 MG, 200 MG, 300 MG	F	MP
phenytoin CHEW	F	MP
phenytoin SUSP	F	MP
Succinimides		
ethosuximide CAPS	F	MP
ethosuximide SOLN	F	MP
ZARONTIN CAPS *(Use ethosuximide)*	F	MP
ZARONTIN SOLN *(Use ethosuximide)*	F	MP
Valproic Acid		
divalproex sodium CSDR	F	MP
divalproex sodium TB24	F	MP
divalproex sodium TBEC	F	MP
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	F	
valproic acid CAPS	F	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	F	
mirtazapine TBDP	F	
Antidepressants - Misc.		
bupropion hcl TABS	F	MP
bupropion hcl TB12	F	MP

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB24 150 MG, 300 MG	F	MP
Monoamine Oxidase Inhibitors (MAOIs)		
phenelzine sulfate	F	
tranylcypromine sulfate	F	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram hydrobromide SOLN	F	
citalopram hydrobromide TABS	F	MP
escitalopram oxalate SOLN	F	QL(20 ML daily)
escitalopram oxalate TABS 5 MG, 20 MG	F	QL(1 EA daily); MP
escitalopram oxalate TABS 10 MG	F	QL(1.5 EA daily); MP
fluoxetine hcl CAPS	F	MP
fluoxetine hcl SOLN	F	
fluvoxamine maleate TABS	F	
paroxetine hcl SUSP	F	
paroxetine hcl TABS	F	MP
paroxetine hcl TB24	F	
sertraline hcl CONC	F	
sertraline hcl TABS	F	MP
Serotonin Modulators		
trazodone hcl TABS 50 MG, 100 MG, 150 MG	F	MP
vilazodone hcl TABS	F	QL(30 EA per 30 day(s) retail)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
desvenlafaxine succinate	F	QL(1 EA daily); MP
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	F	QL(60 EA per 30 day(s) retail); MP
venlafaxine hcl CP24	F	MP
venlafaxine hcl TABS	F	MP

Drug Name	Drug Tier	Requirements/ Limits
Tricyclic Agents		
amitriptyline hcl TABS	F	MP
desipramine hcl TABS	F	
doxepin hcl CAPS	F	MP
doxepin hcl CONC	F	
imipramine hcl TABS	F	
imipramine pamoate	F	
nortriptyline hcl CAPS	F	
nortriptyline hcl SOLN	F	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	F	
Antidiabetic Combinations		
alogliptin-metformin hcl	F	QL(2 EA daily); ST; MP
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	F	QL(1 EA daily); ST; MP
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	F	QL(1 EA daily); MP
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	F	QL(2 EA daily); MP
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	F	QL(2 EA daily); MP
glipizide-metformin hcl 500 MG-5 MG	F	QL(4 EA daily); MP
glyburide-metformin 250 MG-1.25 MG	F	QL(2 EA daily); MP
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	F	QL(4 EA daily); MP
pioglitazone hcl-metformin hcl TABS	F	QL(90 EA per 30 day(s) retail; 270 EA per 90 days mail); MP
saxagliptin-metformin hcl	F	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
SITAGLIPTIN BASE-METFORMIN HCL TABS	1	QL(2 EA daily)
Biguanides		
metformin hcl TABS 500 MG, 850 MG, 1000 MG	F	MP
metformin hcl TB24 500 MG, 750 MG	F	MP
Diabetic Other		
CVS GLUCOSE CHEW	F	
CVS SOFT GLUCOSE CHEW	F	
DEX4	F	
DEX4 NATURALS	F	
dextrose (diabetic use) GEL	F	
diazoxide	F	PA
FT GLUCOSE CHEW 4 GM	F	
glucagon (rdna)	F	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail)
GLUCO TO GO CHEW	F	
GLUCOSE CHEW	F	
GNP GLUCOSE CHEW	F	
HY-VEE GLUCOSE	F	
KROGER GLUCOSE	F	
MEIJER GLUCOSE	F	
PX GLUCOSE	F	
RA GLUCOSE	F	
RELION GLUCOSE	F	
TGT GLUCOSE	F	
TRUEPLUS GLUCOSE ON THE GO CHEW	F	
TRUEPLUS GLUCOSE CHEW	F	
WALGREENS GLUCOSE	F	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	F	QL(1 EA daily); ST; MP
saxagliptin hcl	F	QL(1 EA daily)
SITAGLIPTIN	1	QL(1 EA daily)
Incretin Mimetic Agents		
liraglutide	F	QL(0.3 ML daily); AL(At least 10 yrs old)
TRULICITY	F	QL(2 ML per 30 day(s) retail); AL(At least 10 yrs old); PA
Insulin		
HUMULIN 70/30 KWIKPEN SUPN	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
HUMULIN 70/30 SUSP	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
HUMULIN N KWIKPEN SUPN	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
HUMULIN N SUSP	F	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail); MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
HUMULIN R U-500 KWIKPEN SOPN SC	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
HUMULIN R SOLN IJ	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
INSULIN GLARGINE-YFGN SOLN	F	QL(40 ML per 30 day(s) retail); MP

Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE-YFGN SOPN	F	QL(45 ML per 30 day(s) retail); MP
INSULIN LISPRO (1 UNIT DIAL) SOPN	F	QL(45 ML per 30 day(s) retail)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
INSULIN LISPRO PROT & LISPRO SUPN	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
INSULIN LISPRO SOLN IJ	F	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)
NOVOLIN 70/30 FLEXPEN SUPN	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN 70/30 SUSP	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN N FLEXPEN SUPN	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN N SUSP	F	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN R FLEXPEN SOPN IJ	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)
NOVOLIN R SOLN IJ	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail); MP
Insulin Sensitizing Agents		
pioglitazone hcl 30 MG	F	QL(30 EA per 30 day(s) retail); MP
pioglitazone hcl 15 MG, 45 MG	F	QL(1 EA daily); MP
Meglitinide Analogues		
nateglinide	F	MP
repaglinide	F	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	F	QL(1 EA daily); MP
Sulfonylureas		
glimepiride 1 MG, 2 MG, 4 MG	F	MP
glipizide TABS 5 MG, 10 MG	F	MP
glipizide TB24	F	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	F	MP
glyburide TABS	F	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	F	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	F	
bismuth subsalicylate TABS	F	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	F	PA
diphenoxylate w/ atropine TABS	F	PA
loperamide hcl CAPS	F	RX/OTC
loperamide hcl SOLN 1 MG/7.5ML	F	
loperamide hcl TABS	F	
MOTOFEN	F	
opium tincture	F	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	F	
deferasirox PACK	F	SP; PA
deferasirox TABS	F	SP; PA
deferasirox TBSO	F	SP; PA
Antidotes and Specific Antagonists		
deferoxamine mesylate	F	SP; PA
Opioid Antagonists		
naloxone hcl LIQD	F	RX/OTC
naloxone hcl SOCT	F	
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	F	
naloxone hcl SOSY 2 MG/2ML	F	
naltrexone hcl	F	
VIVITROL	F	QL(1 EA per 30 day(s) retail; 3 EA per 90 days mail); SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	F	QL(3 EA per 30 day(s) retail; 9 EA per 90 days mail)
granisetron hcl SOLN IV 1 MG/ML	F	
granisetron hcl SOLN IV 4 MG/4ML	F	QL(4 ML per 30 day(s) retail; 12 ML per 90 days mail)
granisetron hcl TABS	F	QL(6 EA per 15 day(s) retail)
ondansetron hcl SOLN PO 4 MG/5ML	F	QL(90 ML per 30 day(s) retail; 270 ML per 90 days mail)
ondansetron hcl TABS	F	
ondansetron TBDP	F	
Antiemetics - Anticholinergic		
dimenhydrinate TABS	F	
meclizine hcl CHEW	F	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	F	RX/OTC
trimethobenzamide hcl CAPS	F	
Antiemetics - Miscellaneous		
doxylamine-pyridoxine TBEC	F	PA
dronabinol CAPS	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail); PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS 40 MG	F	PA
aprepitant CAPS 125 MG	F	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail); PA
aprepitant CAPS	F	QL(4 EA per 30 day(s) retail; 12 EA per 90 days mail); PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
caspofungin acetate 70 MG	F	
CASPOFUNGIN ACETATE 70 MG	F	
Antifungals		
amphotericin b IV	F	
amphotericin b liposome	F	
griseofulvin microsize SUSP	F	
griseofulvin microsize TABS	F	
griseofulvin ultramicrosize	F	

Drug Name	Drug Tier	Requirements/ Limits
nystatin TABS	F	
terbinafine hcl TABS	F	
Imidazole-Related Antifungals		
fluconazole in nacl 0.9 %-400 MG/200ML	F	
fluconazole SUSR	F	
fluconazole TABS	F	
itraconazole CAPS	F	PA
itraconazole SOLN	F	PA
ketoconazole	F	
voriconazole SOLR	F	
VORICONAZOLE SOLR	F	
voriconazole TABS	F	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate SYRP	F	
chlorpheniramine maleate TABS	F	
Antihistamines - Ethanolamines		
clemastine fumarate SYRP	F	
clemastine fumarate TABS 1.34 MG, 2.68 MG	F	
diphenhydramine hcl CAPS	F	
diphenhydramine hcl ELIX 12.5 MG/5ML	F	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	F	
diphenhydramine hcl TABS 25 MG	F	
Antihistamines - Non-Sedating		
cetirizine hcl CHEW	F	
cetirizine hcl SOLN PO	F	RX/OTC
cetirizine hcl SYRP PO	F	RX/OTC
cetirizine hcl TABS	F	
fexofenadine hcl TABS 60 MG, 180 MG	F	
levocetirizine dihydrochloride TABS	F	QL(4 EA daily); RX/OTC
loratadine SOLN	F	
loratadine TABS	F	
Antihistamines - Phenothiazines		
promethazine hcl SOLN PO 6.25 MG/5ML	F	
promethazine hcl SUPP 12.5 MG, 25 MG	F	
promethazine hcl TABS	F	
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	F	
cyproheptadine hcl TABS	F	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	F	QL(1 EA daily)
Antihyperlipidemics - Misc.		
icosapent ethyl	F	
omega-3-acid ethyl esters	F	QL(4 EA daily)
Bile Acid Sequestrants		
cholestyramine light PACK	F	MP
cholestyramine light POWD	F	MP
cholestyramine PACK	F	MP
cholestyramine POWD	F	MP
colestipol hcl GRAN	F	MP
colestipol hcl PACK	F	MP
colestipol hcl TABS	F	MP
Fibric Acid Derivatives		
fenofibrate micronized 67 MG, 134 MG, 200 MG	F	MP

Drug Name	Drug Tier	Requirements/ Limits
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	F	MP
fenofibric acid	F	
gemfibrozil TABS	F	MP
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	F	QL(1 EA daily); MP
lovastatin TABS	F	QL(1 EA daily); MP
pravastatin sodium	F	QL(1 EA daily); MP
rosuvastatin calcium TABS	F	QL(1 EA daily); MP
simvastatin TABS 80 MG	F	QL(1 EA daily); MP; PA
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	F	QL(1 EA daily); MP
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	F	QL(1 EA daily)
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	F	MP
niacin (antihyperlipidemic) TBCR	F	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	F	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
benazepril hcl	F	MP
captopril	F	MP
enalapril maleate TABS	F	MP
fosinopril sodium	F	MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	F	MP
quinapril hcl	F	MP
ramipril CAPS	F	MP
trandolapril 2 MG, 4 MG	F	MP
Agents for Pheochromocytoma		
phenoxybenzamine hcl	F	PA
Angiotensin II Receptor Antagonists		
irbesartan	F	QL(1 EA daily); MP
losartan potassium	F	MP
olmesartan medoxomil	F	QL(1 EA daily)
telmisartan	F	QL(1 EA daily)
valsartan TABS	F	QL(1 EA daily); MP
Antiadrenergic Antihypertensives		
clonidine hcl TABS	F	MP
clonidine PTWK	F	MP
doxazosin mesylate	F	MP
guanfacine hcl	F	MP
methyldopa TABS	F	MP
prazosin hcl CAPS	F	MP
terazosin hcl	F	MP
Antihypertensive Combinations		
amlodipine besylate-benazepril hcl	F	MP
atenolol & chlorthalidone	F	MP
benazepril & hydrochlorothiazide	F	MP
bisoprolol & hydrochlorothiazide	F	MP
enalapril maleate & hydrochlorothiazide	F	MP
fosinopril sodium & hydrochlorothiazide	F	MP
irbesartan-hydrochlorothiazide	F	QL(1 EA daily); MP
lisinopril & hydrochlorothiazide	F	MP
losartan potassium & hydrochlorothiazide	F	MP

Drug Name	Drug Tier	Requirements/ Limits
metoprolol & hydrochlorothiazide TABS	F	MP
olmesartan medoxomil-hydrochlorothiazide	F	QL(1 EA daily)
quinapril-hydrochlorothiazide	F	
telmisartan-hydrochlorothiazide	F	QL(1 EA daily)
valsartan-hydrochlorothiazide	F	QL(1 EA daily); MP
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	F	
Vasodilators		
hydralazine hcl TABS	F	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS 250 MG, 500 MG	F	
pentamidine isethionate IN	F	
tinidazole	F	QL(20 EA per 5 day(s) retail); ST
trimethoprim TABS	F	
Anti-infective Misc. - Combinations		
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG	F	
sulfamethoxazole-trimethoprim SOLN	F	
sulfamethoxazole-trimethoprim SUSP	F	
sulfamethoxazole-trimethoprim TABS	F	
URIMAR-T TABS	F	
Antiprotozoal Agents		
ALINIA SUSR	F	
atovaquone	F	QL(10 ML daily)
nitazoxanide TABS	F	QL(6 EA per 30 day(s) retail)
Carbapenems		
meropenem	F	
Cyclic Lipopeptides		
daptomycin 500 MG	F	PA
DAPTOMYCIN 500 MG	F	PA
Glycopeptides		
vancomycin hcl CAPS 125 MG	F	QL(56 EA per 14 day(s) retail); 3 max fill(s) per 365 day(s) retail
vancomycin hcl SOLR IV 1 GM, 5 GM, 10 GM, 500 MG	F	
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	F	QL(150 ML per 14 day(s) retail); 3 max fill(s) per 365 day(s) retail
Leprostatics		
dapsone	F	
Lincosamides		
clindamycin hcl 150 MG, 300 MG	F	
clindamycin palmitate hydrochloride	F	
Monobactams		
CAYSTON	F	SP; PA
Oxazolidinones		
linezolid SUSR	F	PA
linezolid TABS	F	QL(60 EA per 30 day(s) retail)
Urinary Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
fosfomycin tromethamine	F	QL(3 EA per 21 day(s) retail)
methenamine hippurate	F	
methenamine mandelate	F	
nitrofurantoin	F	AL(Up to 10 yrs old)
nitrofurantoin macrocrystal	F	
nitrofurantoin monohyd macro	F	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	F	QL(23 EA per 180 day(s) retail; 23 EA per 180 days mail)
Antimalarials		
chloroquine phosphate TABS	F	QL(24 EA per 180 day(s) retail; 24 EA per 180 days mail)
hydroxychloroquine sulfate 200 MG	F	MP
mefloquine hcl	F	QL(8 EA per 180 day(s) retail; 8 EA per 180 days mail)
primaquine phosphate TABS	F	QL(1 EA daily)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
pyridostigmine bromide SOLN PO	F	
pyridostigmine bromide TABS 60 MG	F	
pyridostigmine bromide TBCR	F	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	F	PA
ethambutol hcl TABS	F	MP
isoniazid SOLN	F	
isoniazid SYRP	F	MP
isoniazid TABS	F	MP
PRIFTIN	F	
pyrazinamide	F	
rifabutin	F	
rifampin CAPS	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	F	SP
carmustine	F	
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	F	SP
cyclophosphamide CAPS	F	
cyclophosphamide SOLR IJ	F	SP
GLEOSTINE 10 MG, 100 MG	F	
ifosfamide SOLR	F	
KEMOPLAT SOLN	F	SP
LEUKERAN	F	
melphalan	F	
melphalan hcl IV	F	SP; PA
MYLERAN TABS	F	
temozolomide CAPS	F	SP; PA
Antimetabolites		
capecitabine	F	SP; PA
cladribine 10 MG/10ML	F	SP

Drug Name	Drug Tier	Requirements/ Limits
fludarabine phosphate SOLR	F	SP; PA
fluorouracil	F	
gemcitabine hcl SOLR 1 GM, 200 MG	F	
mercaptopurine TABS	F	
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	F	
methotrexate sodium SOLR	F	
methotrexate sodium TABS 2.5 MG	F	MP
TABLOID	F	SP
Antineoplastic - Angiogenesis Inhibitors		
CYRAMZA	F	SP; PA
Antineoplastic - Antibodies		
ARZERRA 100 MG/5ML	F	SP; PA
LOQTORZI	F	SP; PA
RUXIENCE	F	SP; PA
TRUXIMA	F	SP; PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	F	SP; PA
gefitinib	F	SP; PA
GILOTRIF	F	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE	F	SP; PA
Antineoplastic - Hormonal and Related Agents		
anastrozole	F	MP
bicalutamide	F	
ELIGARD SC	F	SP; PA
EMCYT	F	SP
exemestane	F	
fulvestrant SOSY	F	
letrozole	F	MP

Drug Name	Drug Tier	Requirements/ Limits
leuprolide acetate KIT IJ 1 MG/0.2ML	F	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	F	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	F	SP; PA
LUPRON DEPOT (4-MONTH) IM	F	SP; PA
LUPRON DEPOT (6-MONTH) IM	F	SP; PA
LYSODREN	F	SP; PA
megestrol acetate SUSP	F	
megestrol acetate TABS	F	
nilutamide	F	
tamoxifen citrate TABS	F	MP
toremifene citrate	F	
VABRINTY KIT SC 22.5 MG, 45 MG	F	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	F	SP; PA
Antineoplastic Antibiotics		
daunorubicin hcl SOLN 20 MG/4ML	F	SP; PA
daunorubicin hcl SOLN 50 MG/10ML	F	SP
doxorubicin hcl SOLN	F	
doxorubicin hcl SOLR 50 MG	F	
idarubicin hcl	F	
Antineoplastic Combinations		
KISQALI FEMARA (200 MG DOSE)	F	QL(2 EA daily); SP; PA
KISQALI FEMARA (400 MG DOSE)	F	QL(2.5 EA daily); SP; PA
KISQALI FEMARA (600 MG DOSE)	F	QL(3.25 EA daily); SP; PA
Antineoplastic Enzyme Inhibitors		
BOSULIF TABS 100 MG	F	QL(3 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
BOSULIF TABS 500 MG	F	QL(1 EA daily); SP; PA
dasatinib 20 MG	F	QL(2 EA daily); SP; PA
dasatinib 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	F	QL(1 EA daily); SP; PA
everolimus TABS 5 MG, 10 MG	F	SP; PA
imatinib mesylate TABS 400 MG	F	QL(2 EA daily); SP; PA
imatinib mesylate TABS 100 MG	F	QL(3 EA daily); SP; PA
IMBRUVICA CAPS	F	SP; PA
IMBRUVICA SUSP	F	SP; PA
IMBRUVICA TABS	F	SP; PA
KISQALI (200 MG DOSE)	F	QL(2 EA daily); SP; PA
KISQALI (400 MG DOSE)	F	QL(2 EA daily); SP; PA
KISQALI (600 MG DOSE)	F	QL(2.5 EA daily); SP; PA
lapatinib ditosylate	F	SP; PA
LYNPARZA TABS	F	QL(4 EA daily); SP; PA
MEKINIST SOLR	F	QL(40 ML daily); SP; PA
MEKINIST TABS 2 MG	F	QL(1 EA daily); SP; PA
MEKINIST TABS 0.5 MG	F	QL(3 EA daily); SP; PA
nilotinib hcl 50 MG, 150 MG, 200 MG	F	QL(4 EA daily); SP; PA
pazopanib hcl	F	SP; PA
PIQRAY (200 MG DAILY DOSE)	F	QL(2 EA daily); SP; PA
PIQRAY (250 MG DAILY DOSE)	F	QL(2 EA daily); SP; PA
PIQRAY (300 MG DAILY DOSE)	F	QL(2 EA daily); SP; PA
RUBRACA	F	SP; PA
RYDAPT	F	QL(8 EA daily); SP; PA
SCEMBLIX 20 MG, 40 MG	F	QL(2 EA daily); SP; PA
SCEMBLIX 100 MG	F	QL(4 EA daily); SP; PA
sorafenib tosylate	F	SP; PA
sunitinib malate 12.5 MG, 25 MG, 50 MG	F	SP; PA
TABRECTA	F	QL(4 EA daily); SP; PA
TAFINLAR CAPS	F	QL(4 EA daily); SP; PA
TAFINLAR TBSO	F	QL(30 EA daily); SP; PA
VOTRIENT	F	SP; PA
ZOLINZA	F	SP; PA
ZYKADIA TABS	F	QL(3 EA daily); SP; PA
Antineoplastic Enzymes		
ONCASPAR	F	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	F	SP; PA
ALFERON N	F	SP; PA
bexarotene	F	SP; PA
dacarbazine SOLR 200 MG	F	
hydroxyurea	F	
MATULANE	F	SP; PA
PROLEUKIN	F	SP; PA
tretinoin (chemotherapy)	F	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
dexrazoxane hcl 500 MG	F	SP
dexrazoxane hcl 250 MG	F	SP; PA
leucovorin calcium SOLN IJ 100 MG/10ML	F	
leucovorin calcium SOLR 50 MG, 100 MG, 500 MG	F	
leucovorin calcium SOLR 200 MG, 350 MG	F	PA
leucovorin calcium TABS	F	
mesna SOLN	F	SP
mesna TABS	F	SP

Drug Name	Drug Tier	Requirements/ Limits
MESNEX TABS	F	SP
Mitotic Inhibitors		
docetaxel CONC 20 MG/ML, 80 MG/4ML	F	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML	F	SP; PA
etoposide CAPS	F	SP
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	F	SP
paclitaxel 30 MG/5ML, 100 MG/16.7ML, 300 MG/50ML	F	
vincristine sulfate	F	SP
vinorelbine tartrate	F	
Topoisomerase I Inhibitors		
irinotecan hcl 40 MG/2ML, 100 MG/5ML	F	SP
topotecan hcl SOLR	F	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Anticholinergics		
benztropine mesylate TABS	F	MP
trihexyphenidyl hcl SOLN	F	MP
trihexyphenidyl hcl TABS	F	MP
Antiparkinson COMT Inhibitors		
entacapone	F	
tolcapone	F	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	F	MP
amantadine hcl SOLN	F	MP
amantadine hcl TABS	F	MP
bromocriptine mesylate CAPS	F	
bromocriptine mesylate TABS 2.5 MG	F	
carbidopa-levodopa-entacapone	F	
carbidopa-levodopa TABS	F	MP
carbidopa-levodopa TBCR	F	MP
pramipexole dihydrochloride TABS	F	
pramipexole dihydrochloride TB24	F	QL(60 EA per 30 day(s) retail)
ropinirole hydrochloride TABS	F	MP
ropinirole hydrochloride TB24	F	QL(60 EA per 30 day(s) retail)
Antiparkinson Monoamine Oxidase Inhibitors		
rasagiline mesylate	F	QL(1 EA daily)
selegiline hcl CAPS	F	MP
selegiline hcl TABS	F	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate CAPS	F	
lithium carbonate TABS	F	
lithium carbonate TBCR	F	
Antipsychotics - Misc.		
lurasidone hcl	F	PA
ziprasidone hcl	F	
Benzisoxazoles		
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	F	SP; PA
INVEGA HAFYERA	F	SP; PA
INVEGA SUSTENNA	F	SP; PA
INVEGA TRINZA	F	SP; PA
paliperidone	F	PA
PERSERIS PRSY	F	SP; PA
risperidone microspheres	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
risperidone SOLN	F	
risperidone TABS	F	
risperidone TBDP	F	
RYKINDO SRER	F	SP; PA
UZEDY SUSY	F	SP; PA
Butyrophenones		
haloperidol decanoate	F	
haloperidol lactate CONC	F	
haloperidol lactate SOLN	F	
haloperidol TABS	F	
Dibenzapines		
asenapine maleate	F	QL(60 EA per 30 day(s) retail); PA
clozapine TABS	F	
CLOZARIL TABS *(Use clozapine)*	F	
loxapine succinate	F	
olanzapine TABS	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail); AL(At least 18 yrs old)
olanzapine TBDP	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail); AL(At least 18 yrs old)
quetiapine fumarate TABS 25 MG, 50 MG, 200 MG, 300 MG, 400 MG	F	
quetiapine fumarate TABS 100 MG	F	QL(4 EA daily)
quetiapine fumarate TB24 50 MG, 300 MG, 400 MG	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail)
quetiapine fumarate TB24 150 MG, 200 MG	F	QL(1 EA daily)
ZYPREXA RELPREVV	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Dihydroindolones		
molindone hcl	F	
Phenothiazines		
chlorpromazine hcl SOLN	F	
chlorpromazine hcl TABS	F	
fluphenazine decanoate	F	
fluphenazine hcl CONC	F	
fluphenazine hcl ELIX	F	
fluphenazine hcl SOLN	F	
fluphenazine hcl TABS	F	
perphenazine TABS	F	
prochlorperazine	F	
prochlorperazine maleate TABS	F	
thioridazine hcl	F	
trifluoperazine hcl TABS	F	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	F	SP; PA
ABILIFY MAINTENA PRSY	F	SP; PA
ABILIFY MAINTENA SRER	F	SP; PA
aripiprazole TABS	F	QL(1 EA daily)
ARISTADA	F	SP; PA
ARISTADA INITIO	F	SP; PA
Thioxanthenes		
thiothixene	F	
ANTISEPTICS & DISINFECTANTS		
Chlorine Antiseptics		
CHLORHEXIDINE GLUCONATE SOLN XX	F	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	F	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
abacavir sulfate SOLN	F	
abacavir sulfate TABS	F	QL(2 EA daily)
APTIVUS CAPS	F	QL(4 EA daily); ST
atazanavir sulfate CAPS 300 MG	F	QL(1 EA daily); ST
atazanavir sulfate CAPS 150 MG	F	QL(60 EA per 30 day(s) retail); ST
atazanavir sulfate CAPS 200 MG	F	QL(2 EA daily)
BIKTARVY	F	QL(1 EA daily)
CIMDUO	F	QL(1 EA daily)
darunavir TABS 600 MG	F	QL(2 EA daily); ST
darunavir TABS 800 MG	F	QL(30 EA per 30 day(s) retail); ST
DELSTRIGO	F	QL(1 EA daily)
DOVATO	F	QL(1 EA daily)
EDURANT	F	QL(1 EA daily)
efavirenz CAPS 50 MG	F	QL(2 EA daily)
efavirenz CAPS 200 MG	F	QL(3 EA daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	F	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	F	QL(1 EA daily)
efavirenz TABS	F	QL(1 EA daily)
emtricitabine CAPS	F	QL(1 EA daily)
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	F	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate	F	QL(1 EA daily)
EMTRIVA SOLN	F	
etravirine 200 MG	F	QL(2 EA daily)
etravirine 100 MG	F	QL(4 EA daily)
EVOTAZ	F	QL(1 EA daily)
fosamprenavir calcium TABS	F	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
FUZEON SOLR	F	QL(2 EA daily); SP
GENVOYA	F	QL(1 EA daily)
INTELENCE 25 MG	F	QL(4 EA daily)
ISENTRESS HD TABS	F	QL(2 EA daily)
ISENTRESS CHEW	F	QL(180 EA per 30 day(s) retail)
ISENTRESS TABS	F	QL(2 EA daily)
JULUCA	F	QL(1 EA daily)
KALETRA SOLN	F	
lamivudine SOLN	F	
lamivudine TABS 150 MG	F	QL(2 EA daily)
lamivudine TABS 300 MG	F	QL(1 EA daily)
lamivudine-zidovudine	F	QL(2 EA daily)
LEXIVA SUSP	F	
lopinavir-ritonavir SOLN	F	
lopinavir-ritonavir TABS 50 MG-200 MG	F	QL(4 EA daily)
lopinavir-ritonavir TABS 25 MG-100 MG	F	QL(8 EA daily)
maraviroc TABS 300 MG	F	QL(4 EA daily)
maraviroc TABS 150 MG	F	QL(60 EA per 30 day(s) retail)
nevirapine SUSP	F	
nevirapine TABS	F	QL(2 EA daily)
nevirapine TB24 400 MG	F	QL(1 EA daily)
NORVIR PACK	F	
ODEFSEY	F	QL(1 EA daily)
PIFELTRO	F	QL(1 EA daily)
PREZCOBIX	F	QL(1 EA daily)
PREZISTA SUSP	F	QL(12 ML daily); ST
PREZISTA TABS 75 MG	F	QL(12 EA daily); ST
PREZISTA TABS 150 MG	F	QL(6 EA daily); ST
RETROVIR SOLN	F	
REYATAZ PACK	F	QL(5 EA daily); ST
ritonavir TABS	F	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
RUKOBIA	F	QL(60 EA per 30 day(s) retail)
SELZENTRY SOLN	F	
SELZENTRY TABS 25 MG, 75 MG	F	
STRIBILD	F	QL(1 EA daily)
SYMTUZA	F	QL(1 EA daily)
tenofovir disoproxil fumarate TABS	F	QL(1 EA daily)
TIVICAY PD TBSO	F	QL(180 EA per 30 day(s) retail)
TIVICAY TABS 10 MG, 25 MG	F	QL(2 EA daily)
TIVICAY TABS 50 MG	F	QL(1 EA daily)
TRIUMEQ TABS	F	QL(1 EA daily)
TYBOST	F	QL(1 EA daily)
VIRACEPT TABS 625 MG	F	QL(4 EA daily)
VIRACEPT TABS 250 MG	F	QL(10 EA daily)
VIREAD POWD	F	
zidovudine CAPS	F	QL(2 EA daily)
zidovudine SYRP	F	
zidovudine TABS	F	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	F	1 package(s) per 180 day(s) retail
PAXLOVID (300/100)	F	1 package(s) per 180 day(s) retail
CMV Agents		
cidofovir	F	
foscarnet sodium 6000 MG/250ML	F	
ganciclovir sodium SOLR	F	
valganciclovir hcl SOLR	F	
valganciclovir hcl TABS	F	
Hepatitis Agents		
adefovir dipivoxil	F	QL(1 EA daily)
BARACLUDE SOLN	F	
entecavir TABS	F	QL(1 EA daily)
lamivudine (hbv) TABS	F	QL(3 EA daily)
MAVYRET PACK	F	SP; PA
MAVYRET TABS	F	SP; PA
PEGASYS SOLN	F	SP; PA
PEGASYS SOSY	F	SP; PA
ribavirin (hepatitis c) CAPS	F	SP; PA
ribavirin (hepatitis c) TABS 200 MG	F	SP; PA
SOFOSBUVIR-VELPATASVIR TABS	F	SP; PA
Herpes Agents		
acyclovir sodium SOLN	F	
acyclovir CAPS	F	
acyclovir SUSP	F	
acyclovir TABS PO	F	
famciclovir	F	
valacyclovir hcl	F	
Influenza Agents		
oseltamivir phosphate CAPS 45 MG, 75 MG	F	QL(10 EA per 180 day(s) retail; 10 EA per 180 days mail)
oseltamivir phosphate CAPS 30 MG	F	QL(20 EA per 180 day(s) retail; 20 EA per 180 days mail)
oseltamivir phosphate SUSR	F	
RELENZA DISKHALER	F	
rimantadine hydrochloride TABS	F	
XOFLUZA (40 MG DOSE) 40 MG	F	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)

Drug Name	Drug Tier	Requirements/ Limits
XOFLUZA (80 MG DOSE) 80 MG	F	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail)
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	F	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol	F	MP
labetalol hcl TABS	F	MP
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	F	MP
atenolol TABS	F	MP
betaxolol hcl	F	
bisoprolol fumarate	F	MP
metoprolol succinate TB24	F	MP
metoprolol tartrate SOLN IV 5 MG/5ML	F	
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	F	MP
nebivolol hcl	F	ST
Beta Blockers Non-Selective		
INDERAL XL	F	PA
INNOPRAN XL	F	PA
nadolol TABS 20 MG, 40 MG, 80 MG	F	MP
pindolol TABS	F	MP
propranolol hcl CP24	F	MP
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	F	MP
propranolol hcl SOLN IV 1 MG/ML	F	
propranolol hcl TABS	F	MP
sotalol hcl (afib/afl)	F	MP
sotalol hcl TABS	F	MP
timolol maleate TABS	F	MP

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	F	MP
diltiazem hcl coated beads CP24	F	MP
diltiazem hcl extended release beads	F	MP
diltiazem hcl CP12	F	MP
diltiazem hcl CP24	F	MP
diltiazem hcl SOLN	F	
diltiazem hcl TABS	F	MP
diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	F	MP
felodipine	F	MP
nicardipine hcl SOLN	F	
nifedipine TB24	F	MP
nimodipine CAPS	F	QL(252 EA per 21 day(s) retail); 3 max fill(s) per 365 day(s) retail
verapamil hcl CP24 120 MG, 180 MG, 240 MG	F	MP
verapamil hcl SOLN 2.5 MG/ML	F	
verapamil hcl TABS	F	QL(3 EA daily); MP
verapamil hcl TBCR	F	MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	F	MP
digoxin TABS 125 MCG, 250 MCG	F	MP
LANOXIN PEDIATRIC SOLN IJ	F	

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN TABS 125 MCG, 250 MCG *(Use digoxin)*	F	MP
Inotropes		
dobutamine hcl 12.5 MG/ML, 250 MG/20ML	F	
dopamine hcl 40 MG/ML	F	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG	F	
sacubitril-valsartan TABS	F	QL(60 EA per 30 day(s) retail)
Prostaglandin Vasodilators		
epoprostenol sodium	F	SP; PA
ORENITRAM TBCR	F	SP; PA
REMODULIN SOLN IJ	F	SP; PA
treprostinil SOLN IJ	F	SP; PA
TYVASO REFILL KIT SOLN IN	F	SP; PA
TYVASO STARTER KIT SOLN IN	F	SP; PA
TYVASO SOLN IN	F	SP; PA
VENTAVIS IN	F	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	F	SP; PA
bosentan TABS	F	SP; PA
OPSUMIT	F	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
sildenafil citrate (pulmonary hypertension) TABS	F	SP; PA
tadalafil (pulmonary hypertension) TABS	F	SP; PA
Sinus Node Inhibitors		
CORLANOR SOLN	F	QL(450 ML per 30 day(s) retail; 1350 ML per 90 days mail); SP
ivabradine hcl TABS	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	F	
cefadroxil SUSR	F	
cefadroxil TABS	F	
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML	F	
CEFAZOLIN SODIUM-DEXTROSE SOLR 4 %-1 GM	F	
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	F	
cephalexin CAPS 250 MG, 500 MG	F	
cephalexin SUSR	F	
cephalexin TABS	F	
Cephalosporins - 2nd Generation		
cefaclor CAPS	F	
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	F	
cefotetan disodium IJ 1 GM, 2 GM	F	
cefoxitin sodium IV	F	
cefprozil SUSR	F	

Drug Name	Drug Tier	Requirements/ Limits
cefprozil TABS	F	
cefuroxime axetil TABS	F	
cefuroxime sodium IJ 750 MG	F	
Cephalosporins - 3rd Generation		
cefdinir CAPS	F	
cefdinir SUSR	F	
cefixime SUSR 100 MG/5ML	F	1 max fill(s) per 365 day(s) retail
cefpodoxime proxetil SUSR	F	QL(100 ML per 30 day(s) retail)
cefpodoxime proxetil TABS	F	QL(20 EA per 30 day(s) retail)
ceftazidime IJ 1 GM, 6 GM	F	
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	F	
ceftriaxone sodium in dextrose	F	
Cephalosporins - 4th Generation		
cefepime hcl SOLR IJ 1 GM	F	
CHEMICALS		
Bulk Chemicals - H's		
HYDROCORTISONE ACETATE	F	PA
HYDROCORTISONE MICRONIZED	F	PA
HYDROXYPROGESTERONE CAPROATE	F	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
desogestrel & ethinyl estradiol	F	MP
desogestrel-ethinyl estradiol (biphasic)	F	MP
desogestrel-ethinyl estradiol (triphasic)	F	MP
drospirenone-ethinyl estradiol	F	MP
drospirenone-ethinyl estradiol-levomefolate calcium	F	
ethynodiol diacet & eth estrad	F	MP
levonorgestrel & eth estradiol TABS	F	MP
levonorgestrel-eth estradiol (triphasic)	F	MP
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	F	
levonorgestrel-ethinyl estradiol (continuous)	F	
LO LOESTRIN FE TABS	F	QL(365 EA per 365 day(s) retail; 365 EA per 365 days mail)
NATAZIA	F	QL(365 EA per 365 day(s) retail; 365 EA per 365 days mail)
norethin acet & estrad-fe CHEW	F	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	F	MP
norethindrone & eth estradiol	F	MP
norethindrone & ethinyl estradiol-fe	F	
norethindrone acet & eth estra TABS	F	MP
norethindrone acetate-ethinyl estradiol-fe	F	
norethindrone-eth estradiol (triphasic)	F	MP

Drug Name	Drug Tier	Requirements/ Limits
norgestimate-ethinyl estradiol	F	MP
norgestimate-ethinyl estradiol (triphasic)	F	MP
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	F	MP
TYBLUME CHEW	F	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	F	QL(0.15 EA daily)
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol	F	QL(0.05 EA daily)
Copper Contraceptives - IUD		
MIUDELLA INTRAUTERINE COPPER	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
PARAGARD INTRAUTERINE COPPER	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
Emergency Contraceptives		
ELLA	F	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
levonorgestrel (emergency oc) 1.5 MG	F	QL(6 EA per 365 day(s) retail)
Progestin Contraceptives - Implants		
NEXPLANON	F	1 max fill(s) per 999 day(s) retail; SP
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	F	
medroxyprogesterone acetate (contraceptive) SUSP IM	F	
medroxyprogesterone acetate (contraceptive) SUSY IM	F	
Progestin Contraceptives - IUD		
KYLEENA	F	QL(1 EA per 300 day(s) retail; 1 EA per 300 days mail); SP
LILETTA (52 MG)	F	QL(1 EA per 300 day(s) retail; 1 EA per 300 days mail); SP
MIRENA (52 MG)	F	QL(1 EA per 300 day(s) retail; 1 EA per 300 days mail); SP
SKYLA	F	QL(1 EA per 300 day(s) retail; 1 EA per 300 days mail); SP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	F	MP
OPILL	F	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide CPEP	F	QL(90 EA per 30 day(s) retail)
dexamethasone ELIX	F	
dexamethasone SOLN	F	
dexamethasone TABS	F	
hydrocortisone sod succinate 100 MG	F	QL(8 EA per 30 day(s) retail)
hydrocortisone TABS	F	
MEDROL TABS	F	
methylprednisolone TABS	F	
methylprednisolone TBPK	F	

Drug Name	Drug Tier	Requirements/ Limits
prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML	F	
prednisolone SOLN	F	
prednisone SOLN	F	
prednisone TABS	F	
prednisone TBPK	F	
SOLU-CORTEF 250 MG, 500 MG, 1000 MG	F	
SOLU-MEDROL (PF) 40 MG, 125 MG, 1000 MG	F	
Mineralocorticoids		
fludrocortisone acetate TABS	F	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 100 MG, 200 MG	F	
dextromethorphan hbr SYRP 10 MG/5ML	F	
dextromethorphan polistirex SUER	F	
Cough/Cold/Allergy Combinations		
brompheniramine & pseudoeph ELIX	F	
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	F	
cetirizine-pseudoephedrine	F	
chlorpheniramine & pseudoeph TABS	F	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML	F	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	F	
dextromethorphan-guaifenesin TABS 400 MG-20 MG	F	
dextromethorphan-guaifenesin TB12 1200 MG-60 MG, 600 MG-30 MG	F	
dextromethorphan-phenylephrine-acetaminophen LIQD	F	
fexofenadine-pseudoephedrine TB12	F	
fexofenadine-pseudoephedrine TB24	F	
guaifenesin-codeine SOLN	F	QL(1800 ML per 30 day(s) retail); AL(At least 18 yrs old)
guaifenesin-codeine SYRP	F	QL(1800 ML per 30 day(s) retail); AL(At least 18 yrs old)
loratadine & pseudoephedrine TB12	F	
loratadine & pseudoephedrine TB24	F	

Drug Name	Drug Tier	Requirements/ Limits
phenylephrine w/ dm-gg LIQD 10 MG/10ML-200 MG/10ML-20 MG/10ML, 5 MG/5ML-100 MG/5ML-10 MG/5ML	F	
phenylephrine w/ dm-gg SYRP 5 MG/5ML-100 MG/5ML-10 MG/5ML	F	
phenylephrine-brompheniramine-dm LIQD 2.5 MG/5ML-5 MG/5ML-1 MG/5ML, 5 MG/10ML-10 MG/10ML-2 MG/10ML	F	
phenylephrine-guaifenesin TABS 10 MG-400 MG	F	
pseudoephedrine-guaifenesin TB12 600 MG-60 MG	F	
triprolidine & pseudoephedrine TABS	F	
Expectorants		
guaifenesin LIQD	F	
guaifenesin TABS	F	
guaifenesin TB12	F	
potassium iodide (expectorant) SOLN	F	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %	F	
Mucolytics		
acetylcysteine SOLN	F	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
adapalene GEL 0.1 %	F	QL(45 GM per 30 day(s) retail; 135 GM per 90 days mail); RX/OTC
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	F	
benzoyl peroxide LIQD 5 %, 10 %	F	
clindamycin phosphate (topical) GEL	F	QL(75 ML per 30 day(s) retail)
clindamycin phosphate (topical) LOTN	F	QL(60 ML per 30 day(s) retail)
clindamycin phosphate (topical) SOLN	F	QL(60 ML per 30 day(s) retail)
clindamycin phosphate (topical) SWAB	F	QL(240 EA per 30 day(s) retail)
erythromycin (acne aid) GEL	F	QL(60 GM per 30 day(s) retail)
erythromycin (acne aid) SOLN	F	QL(60 ML per 30 day(s) retail)
isotretinoin	F	PA
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	F	QL(45 GM per 30 day(s) retail; 135 GM per 90 days mail); ST
tretinoin GEL 0.01 %, 0.025 %	F	QL(45 GM per 30 day(s) retail; 135 GM per 90 days mail); ST
Analgesics - Topical		
menthol (topical analgesic) PTCH	F	
Antibiotics - Topical		
bacitracin (topical) OINT	F	
bacitracin zinc OINT	F	
gentamicin sulfate (topical) CREA	F	
gentamicin sulfate (topical) OINT	F	
mupirocin OINT	F	
neomycin-bacitracin-polymyxin OINT	F	PA
Antifungals - Topical		
AZOLEN ANTI-FUNGAL WASH SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
AZOLEN TINCTURE SOLN	F	
butenafine hcl	F	
ciclopirox SOLN	F	1 package(s) per 30 day(s) retail
clotrimazole (topical) CREA	F	QL(120 GM per 30 day(s) retail); RX/OTC
clotrimazole (topical) SOLN	F	QL(120 ML per 30 day(s) retail); RX/OTC
clotrimazole w/ betamethasone CREA	F	
FUNGOID TINCTURE SOLN	F	
ketoconazole (topical) CREA	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
ketoconazole (topical) SHAM 2 %	F	
miconazole nitrate (topical) CREA	F	
MICONAZOLE NITRATE SOLN	F	
MICONI-AL SOLN	F	
nystatin (topical) CREA	F	QL(120 GM per 30 day(s) retail)
nystatin (topical) OINT	F	QL(120 GM per 30 day(s) retail)
nystatin (topical) POWD EX	F	QL(120 GM per 30 day(s) retail)
nystatin-triamcinolone CREA	F	QL(60 GM per 30 day(s) retail; 180 GM per 90 days mail); AL(Up to 5 yrs old); PA
nystatin-triamcinolone OINT	F	QL(60 GM per 30 day(s) retail; 180 GM per 90 days mail); AL(Up to 5 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
terbinafine hcl (topical) CREA	F	
tolnaftate AERP	F	
tolnaftate CREA	F	
tolnaftate LIQD	F	RX/OTC
tolnaftate POWD EX	F	
tolnaftate SOLN	F	RX/OTC
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) GEL EX	F	QL(200 GM per 30 day(s) retail; 600 GM per 90 days mail); RX/OTC
diclofenac sodium (topical) SOLN EX 1.5 %	F	QL(150 ML per 30 day(s) retail)
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	F	SP; PA
fluorouracil (topical) CREA 5 %	F	
fluorouracil (topical) SOLN	F	
VALCHLOR	F	SP; PA
Antipsoriatics		
acitretin	F	PA
calcipotriene CREA	F	QL(60 GM per 30 day(s) retail)
calcipotriene OINT	F	QL(60 GM per 30 day(s) retail; 180 GM per 90 days mail)
calcipotriene SOLN	F	QL(60 ML per 30 day(s) retail)
methoxsalen rapid	F	PA
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	F	PA
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	F	SP; PA
STEQEYMA	F	SP; PA
YESINTEK SOLN 45 MG/0.5ML	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
YESINTEK SOSY	F	SP; PA
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	F	
Antivirals - Topical		
docosanol	F	
Burn Products		
mafenide acetate PACK	F	
silver sulfadiazine	F	
Corticosteroids - Topical		
alclometasone dipropionate CREA	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
alclometasone dipropionate OINT	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
betamethasone dipropionate (topical) CREA	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
betamethasone dipropionate (topical) LOTN	F	QL(120 ML per 30 day(s) retail; 360 ML per 90 days mail)
betamethasone dipropionate (topical) OINT	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
betamethasone dipropionate augmented CREA	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
betamethasone dipropionate augmented GEL 0.05 %	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
betamethasone dipropionate augmented LOTN	F	QL(120 ML per 30 day(s) retail; 360 ML per 90 days mail)
betamethasone dipropionate augmented OINT	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
betamethasone valerate CREA	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
betamethasone valerate LOTN	F	QL(120 ML per 30 day(s) retail; 360 ML per 90 days mail)
betamethasone valerate OINT	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
clobetasol propionate emollient base 0.05 %	F	QL(120 GM per 30 day(s) retail)
clobetasol propionate CREA 0.05 %	F	QL(120 GM per 30 day(s) retail)
clobetasol propionate GEL 0.05 %	F	QL(60 GM per 30 day(s) retail)
clobetasol propionate LIQD	F	1 package(s) per 30 day(s) retail
clobetasol propionate LOTN	F	QL(120 ML per 30 day(s) retail; 360 ML per 90 days mail)
clobetasol propionate OINT 0.05 %	F	QL(120 GM per 30 day(s) retail)
clobetasol propionate SOLN 0.05 %	F	
clocortolone pivalate	F	
fluocinolone acetonide CREA 0.01 %	F	
fluocinolone acetonide CREA 0.025 %	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
fluocinolone acetonide OIL	F	QL(355 ML per 30 day(s) retail)
fluocinolone acetonide OINT	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)

Drug Name	Drug Tier	Requirements/ Limits
fluocinolone acetonide SOLN	F	QL(120 ML per 30 day(s) retail; 360 ML per 90 days mail)
fluocinonide emulsified base	F	
fluocinonide CREA 0.05 %	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
fluocinonide GEL	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
fluocinonide OINT	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
fluocinonide SOLN	F	
fluticasone propionate CREA 0.05 %	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
fluticasone propionate OINT	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
halobetasol propionate CREA	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
halobetasol propionate OINT	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
hydrocortisone (topical) CREA 0.5 %, 2.5 %	F	
hydrocortisone (topical) CREA 1 %	F	QL(150 GM per 30 day(s) retail; 450 GM per 90 days mail); RX/OTC
hydrocortisone (topical) LOTN 1 %, 2.5 %	F	
hydrocortisone (topical) OINT 2.5 %	F	
hydrocortisone (topical) OINT 1 %	F	QL(150 GM per 30 day(s) retail; 450 GM per 90 days mail); RX/OTC
hydrocortisone (topical) SOLN 1 %	F	
hydrocortisone acetate (topical) CREA 1 %	F	QL(150 GM per 30 day(s) retail; 450 GM per 90 days mail)
hydrocortisone acetate (topical) OINT	F	QL(150 GM per 30 day(s) retail; 450 GM per 90 days mail)
mometasone furoate CREA	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
mometasone furoate OINT	F	QL(120 GM per 30 day(s) retail; 360 GM per 90 days mail)
mometasone furoate SOLN	F	
triamcinolone acetonide (topical) CREA	F	
triamcinolone acetonide (topical) LOTN	F	
triamcinolone acetonide (topical) OINT	F	
Enzymes - Topical		
SANTYL OINT	F	QL(120 GM per 30 day(s) retail); PA
Immunomodulating Agents - Topical		
imiquimod 5 %	F	QL(20 EA per 30 day(s) retail)
Immunosuppressive Agents - Topical		
pimecrolimus	F	QL(60 GM per 30 day(s) retail); PA
tacrolimus (topical) OINT	F	QL(60 GM per 30 day(s) retail; 180 GM per 90 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
Keratolytic/Antimitotic/Vesicant Agents		
podofilox SOLN	F	QL(7 ML per 30 day(s) retail)
Liniments		
menthol-methyl salicylate (liniments) CREA	F	
Local Anesthetics - Topical		
ALIVIO PTCH	F	RX/OTC
AVADERM CREA	F	3 max fill(s) per 60 day(s) retail
benzocaine-isopropyl alcohol	F	
capsaicin CREA 0.075 %, 0.1 %	F	
capsaicin-menthol PTCH	F	
CAPSIDERM PTCH	F	
CBD4 FREEZE PUMP VANISH SCENT CREA	F	3 max fill(s) per 60 day(s) retail
CMX PTCH	F	
GEN7T PLUS PTCH	F	
ICY HOT LIDOCAINE PLUS MENTHOL CREA	F	3 max fill(s) per 60 day(s) retail
ICY HOT MAX LIDOCAINE CREA	F	3 max fill(s) per 60 day(s) retail
ICY HOT PM PTCH	F	
LEVATIO PTCH	F	RX/OTC
LEVIGOLT CREA	F	3 max fill(s) per 60 day(s) retail
lidocaine hcl CREA 4 %	F	3 max fill(s) per 60 day(s) retail
lidocaine hcl GEL 2 %	F	PA; RX/OTC
lidocaine hcl PRSY	F	PA
lidocaine hcl SOLN	F	
lidocaine CREA 4 %	F	3 max fill(s) per 60 day(s) retail
lidocaine-menthol PTCH 4 %-1 %	F	RX/OTC
lidocaine-prilocaine CREA	F	QL(30 GM per 30 day(s) retail; 90 GM per 90 days mail)
lidocaine PTCH 5 %	F	QL(90 EA per 30 day(s) retail)
lidocaine PTCH 4 %	F	
LIDOSYNC CREA	F	3 max fill(s) per 60 day(s) retail
LIDOTHOL PTCH	F	
LM PLUS RELIEF PTCH	F	
MENCAPS PTCH	F	
ZOSTRIX NATURAL PAIN RELIEF CREA	F	
ZYLOTROL CREA	F	3 max fill(s) per 60 day(s) retail
Misc. Topical		
DRYSOL SOLN	F	
isopropyl alcohol (skin cleanser) MISC	F	MP
skin protectants, misc. OINT	F	
XERAC AC	F	
zinc oxide (topical) OINT 20 %	F	
Rosacea Agents		
metronidazole (topical) CREA	F	
metronidazole (topical) GEL	F	
metronidazole (topical) LOTN	F	
Scabicides & Pediculicides		
ivermectin (pediculicide)	F	
malathion	F	
permethrin CREA	F	
permethrin LIQD EX	F	
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %	F	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	F	

Drug Name	Drug Tier	Requirements/ Limits
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	F	
spinosad	F	ST
VANALICE GEL	F	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK GUIDE TEST STRP	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
BINAXNOW COVID-19 AG HOME TEST KIT	F	QL(2 EA per 30 day(s) retail)
CARESTART COVID-19 HOME TEST KIT	F	QL(2 EA per 30 day(s) retail)
CHEMSTRIP K STRP	F	
CHEMSTRIP UGK	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
COVID-19 OTC ANTIGEN 1-PACK KIT	F	QL(4 EA per 30 day(s) retail)
COVID-19 OTC ANTIGEN 2-PACK KIT	F	QL(2 EA per 30 day(s) retail)
COVID-19 SPECIMEN COLLECTION	F	QL(4 EA per 30 day(s) retail)
COVID-19 TESTING BY PHARMACIST	F	QL(4 EA per 30 day(s) retail)
CVS KETONE CARE	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASTIX	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASTIX REAGENT	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
FLOWFLEX COVID-19 AG HOME TEST KIT	F	QL(4 EA per 30 day(s) retail)
FLOWFLEX COVID-19 AG HOME TEST KIT	F	QL(2 EA per 30 day(s) retail)
FORA GTEL BLOOD KETONE TEST	F	QL(100 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
FORA TEST N'GO ADV-VOICE-6 CON	F	QL(100 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GOJJI BLOOD KETONE TEST	F	QL(100 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
IHEALTH COVID-19 RAPID TEST KIT	F	QL(2 EA per 30 day(s) retail)
INTELISWAB COVID-19 RAPID TEST KIT	F	QL(2 EA per 30 day(s) retail)
KETO-DIASTIX	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
KETONE TEST STRP	F	
KETOSTIX STRP	F	
NOVA MAX PLUS KETONE TEST	F	QL(100 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
PRECISION XTRA KETONE	F	QL(100 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
QUICKVUE AT-HOME COVID-19 TEST KIT	F	QL(2 EA per 30 day(s) retail)
RELION KETONE TEST STRP	F	
RELION TRUE METRIX TEST STRIPS STRP	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX BLOOD GLUCOSE TEST STRP	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	F	PA
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	F	PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	F	MP
acetazolamide TABS	F	MP
methazolamide TABS	F	
Diuretic Combinations		
amiloride & hydrochlorothiazide	F	
spironolactone & hydrochlorothiazide	F	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	F	MP
triamterene & hydrochlorothiazide TABS	F	MP
Loop Diuretics		
bumetanide TABS	F	MP
furosemide SOLN PO 8 MG/ML, 10 MG/ML	F	MP
furosemide TABS	F	MP
torsemide TABS	F	MP
Potassium Sparing Diuretics		
amiloride hcl TABS	F	
spironolactone TABS	F	MP
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	F	MP
hydrochlorothiazide CAPS	F	MP
hydrochlorothiazide TABS 25 MG, 50 MG	F	MP
indapamide TABS 1.25 MG, 2.5 MG	F	MP
metolazone	F	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
alendronate sodium TABS 5 MG, 10 MG	F	MP
alendronate sodium TABS 35 MG, 70 MG	F	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); MP
calcitonin (salmon) NA	F	1 package(s) per 30 day(s) retail
ibandronate sodium TABS	F	QL(1 EA per 30 day(s) retail; 3 EA per 90 days mail)
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	F	SP; PA
PAMIDRONATE DISODIUM SOLN	F	SP
risedronate sodium TABS 5 MG, 35 MG, 150 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
zoledronic acid CONC	F	QL(5 ML per 30 day(s) retail; 15 ML per 90 days mail); SP; PA
zoledronic acid SOLN 5 MG/100ML	F	SP
zoledronic acid SOLN 4 MG/100ML	F	QL(100 ML per 30 day(s) retail); SP; PA
ZOLEDRONIC ACID SOLN	F	QL(100 ML per 30 day(s) retail); SP; PA
Fertility Regulators		
clomiphene citrate TABS	F	QL(10 EA per 30 day(s) retail); 3 max fill(s) per 999 day(s) retail
GnRH/LHRH Antagonists		
ORILISSA	F	SP; PA
Growth Hormones		
NORDITROPIN FLEXPRO SOPN	F	SP; PA
OMNITROPE SOCT	F	SP; PA
SKYTROFA	F	SP; PA
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	F	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	F	SP; PA
LUPRON DEPOT-PED (1-MONTH)	F	SP; PA
LUPRON DEPOT-PED (3-MONTH)	F	SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	F	SP; PA
SUPPRELIN LA	F	SP; PA
TRIPTODUR	F	SP; PA
Metabolic Modifiers		
calcitriol CAPS	F	
calcitriol SOLN PO	F	
cinacalcet hcl	F	SP; PA
doxercalciferol CAPS	F	
doxercalciferol SOLN	F	
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	F	
levocarnitine (metabolic modifiers) TABS	F	
nitisinone CAPS 2 MG, 10 MG	F	SP; PA
paricalcitol CAPS 1 MCG, 2 MCG	F	
paricalcitol SOLN	F	SP
sapropterin dihydrochloride TABS	F	SP; PA
sodium phenylbutyrate POWD	F	SP; PA
sodium phenylbutyrate TABS	F	SP; PA
Posterior Pituitary Hormones		
desmopressin acetate spray	F	
desmopressin acetate spray refrigerated 0.01 %	F	
desmopressin acetate SOLN IJ	F	SP
DESMOPRESSIN ACETATE SOLN NA	F	SP
desmopressin acetate TABS 0.1 MG	F	PA
desmopressin acetate TABS 0.2 MG	F	
Prolactin Inhibitors		
cabergoline	F	QL(16 EA per 30 day(s) retail)
Somatostatic Agents		
octreotide acetate KIT	F	SP; PA
octreotide acetate SOLN	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
octreotide acetate SOSY	F	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
estradiol & norethindrone acetate TABS	F	
norethindrone acetate-ethinyl estradiol	F	
PREMPHASE	F	
PREMPRO	F	
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	F	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); MP
estradiol valerate	F	
estradiol PTTW	F	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); MP
estradiol PTWK	F	MP
estradiol TABS	F	MP
PREMARIN TABS	F	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS	F	
ciprofloxacin in d5w	F	
CIPRO SUSR	F	
levofloxacin in d5w	F	
levofloxacin SOLN PO	F	
levofloxacin TABS	F	QL(1 EA daily)
moxifloxacin hcl in sodium chloride	F	
moxifloxacin hcl TABS	F	QL(10 EA per 30 day(s) retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
simethicone CHEW	F	
simethicone SUSP	F	
Gallstone Solubilizing Agents		
ursodiol CAPS	F	MP
ursodiol TABS	F	MP
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	F	
Gastrointestinal Chloride Channel Activators		
lubiprostone	F	PA
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	F	
metoclopramide hcl TABS	F	
Inflammatory Bowel Agents		
AVSOLA	F	SP; PA
balsalazide disodium CAPS	F	
mesalamine w/ cleanser	F	
mesalamine CP24	F	
mesalamine CPDR	F	
mesalamine ENEM	F	
mesalamine TBEC	F	
OTULFI SOLN IV 130 MG/26ML	F	PA
PYZCHIVA 130 MG/26ML	F	SP; PA
SFROWASA ENEM	F	
STEQEYMA	F	SP; PA
sulfasalazine TABS	F	MP
sulfasalazine TBEC	F	MP
Intestinal Acidifiers		
lactulose (encephalopathy)	F	

Drug Name	Drug Tier	Requirements/ Limits
Peripheral Opioid Receptor Antagonists		
MOVANTIK	F	PA
Phosphate Binder Agents		
calcium acetate (phosphate binder) CAPS	F	
calcium acetate (phosphate binder) TABS	F	RX/OTC
sevelamer carbonate PACK	F	
sevelamer carbonate TABS	F	ST
GENERAL ANESTHETICS		
Anesthetics - Misc.		
etomidate	F	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	F	
Alkalinizers		
pot & sod citrates w/citric ac SOLN	F	
potassium citrate (alkalinizer) TBCR	F	
potassium citrate-citric acid PACK	F	
potassium citrate-citric acid SOLN	F	RX/OTC
sodium citrate & citric acid	F	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	F	SP; PA
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	F	
Interstitial Cystitis Agents		
ELMIRON CAPS	F	QL(90 EA per 30 day(s) retail); PA
Prostatic Hypertrophy Agents		
alfuzosin hcl	F	QL(1 EA daily)
dutasteride	F	QL(1 EA daily); ST
finasteride	F	MP
silodosin	F	QL(1 EA daily); ST
tamsulosin hcl	F	MP
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 200 MG	F	
Urinary Stone Agents		
LITHOSTAT	F	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	F	
Gout Agents		
allopurinol 100 MG, 300 MG	F	MP
colchicine TABS	F	QL(2 EA daily)
Uricosurics		
probenecid	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Hematorheologic Agents		
pentoxifylline	F	QL(90 EA per 30 day(s) retail; 270 EA per 90 days mail); MP
Platelet Aggregation Inhibitors		
anagrelide hcl 0.5 MG	F	
cilostazol	F	MP
clopidogrel bisulfate 75 MG	F	MP

Drug Name	Drug Tier	Requirements/ Limits
dipyridamole	F	MP
prasugrel hcl	F	QL(1 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	F	SP; PA
CEREZYME 400 UNIT	F	SP; PA
miglustat	F	QL(3 EA daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	F	
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	F	
cyanocobalamin TABS 100 MCG, 500 MCG, 1000 MCG	F	
cyanocobalamin TBCR 1000 MCG	F	
hydroxocobalamin acetate SOLN	F	
Folic Acid/Folates		
folic acid TABS 1 MG, 400 MCG	F	MP; RX/OTC
Hematopoietic Growth Factors		
eltrombopag olamine PACK 12.5 MG, 25 MG	F	QL(1 EA daily); SP; PA
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	F	QL(1 EA daily); SP; PA
NYVEPRIA	F	SP; PA
RETACRIT	F	SP; PA
UDENYCA ONBODY SOSY	F	SP; PA
UDENYCA SOAJ	F	SP; PA
UDENYCA SOSY	F	SP; PA
ZARXIO	F	SP; PA
Hematopoietic Mixtures		
iron polysaccharide complex-vit b12-folic acid CAPS	F	RX/OTC
NEPHRON FA	F	
Iron		
ferrous fumarate TABS	F	
ferrous gluconate TABS	F	
FERROUS GLUCONATE TABS 324 MG	F	
ferrous sulfate dried TABS	F	
ferrous sulfate dried TBCR	F	
FERROUS SULFATE POWD	F	RX/OTC
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	F	
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	F	MP
ferrous sulfate TBEC	F	MP
polysaccharide iron complex CAPS	F	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid SOLN PO 0.25 GM/ML	F	SP
aminocaproic acid TABS	F	SP
tranexamic acid SOLN 1000 MG/10ML	F	
tranexamic acid TABS	F	QL(6 EA daily)
Hemostatics - Topical		
MONSELS FERRIC SUBSULFATE	F	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
doxylamine succinate (sleep)	F	
Barbiturate Hypnotics		
phenobarbital ELIX	F	
phenobarbital TABS	F	
Non-Barbiturate Hypnotics		
estazolam	F	QL(1 EA daily)
eszopiclone	F	QL(1 EA daily)
flurazepam hcl	F	QL(1 EA daily)
temazepam 15 MG, 30 MG	F	QL(1 EA daily)
zaleplon	F	QL(1 EA daily)
zolpidem tartrate TABS	F	QL(1 EA daily)
zolpidem tartrate TBCR	F	QL(30 EA per 30 day(s) retail); ST
Selective Melatonin Receptor Agonists		
ramelteon	F	QL(1 EA daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	F	
KONSYL DAILY FIBER PACK 100 %	F	
methylcellulose (laxative) POWD	F	
methylcellulose (laxative) TABS	F	
psyllium CAPS 0.52 GM, 400 MG	F	
psyllium POWD 25 %, 28.3 %, 43 %, 48.57 %, 51.7 %, 100 %	F	
Laxative Combinations		
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	F	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	F	
sennosides-docusate sodium TABS	F	
Laxatives - Miscellaneous		
glycerin (laxative) SUPP 1 GM	F	
lactulose SOLN	F	
polyethylene glycol 3350 PACK	F	
polyethylene glycol 3350 POWD	F	
Lubricant Laxatives		
MINERAL OIL HEAVY OIL XX	F	RX/OTC
MINERAL OIL LIGHT XX	F	RX/OTC
mineral oil OIL PO	F	RX/OTC
MINERAL OIL OIL XX	F	RX/OTC
MURI-LUBE XX	F	RX/OTC
Saline Laxatives		
magnesium citrate 1.745 GM/30ML	F	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	F	
sodium phosphates ENEM	F	
Stimulant Laxatives		
bisacodyl SUPP	F	
bisacodyl TBEC	F	
FLEET BISACODYL ENEM	F	
sennosides LIQD	F	
sennosides SYRP 8.8 MG/5ML	F	
sennosides TABS 8.6 MG, 25 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
Surfactant Laxatives		
benzocaine-docusate sodium ENEM	F	
docusate sodium CAPS 100 MG, 250 MG	F	
docusate sodium ENEM 283 MG/5ML	F	
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	F	
docusate sodium TABS	F	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
lidocaine hcl (local anesth.) SOSY IJ 100 MG/5ML	F	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	F	
azithromycin SOLR	F	
azithromycin SUSR	F	
azithromycin TABS	F	
ZITHROMAX PACK	F	
Clarithromycin		
clarithromycin SUSR	F	
clarithromycin TABS	F	
clarithromycin TB24	F	
Erythromycins		
erythromycin base CPEP	F	
erythromycin base TABS	F	
erythromycin ethylsuccinate SUSR 200 MG/5ML	F	
erythromycin ethylsuccinate TABS	F	
erythromycin lactobionate 500 MG	F	
erythromycin stearate TABS 250 MG	F	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
BIOCLUSIVE DRESSING PADS	F	1 max fill(s) per 30 day(s) retail
BIOCLUSIVE MVP SELECT PADS	F	1 max fill(s) per 30 day(s) retail
BIOCLUSIVE SELECT PADS	F	1 max fill(s) per 30 day(s) retail
BIOCLUSIVE TRANSPARENT PADS	F	1 max fill(s) per 30 day(s) retail
CVS DRESSING 4"X4-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
CVS MEPITEL TRANSPARENT FILM MISC	F	1 max fill(s) per 30 day(s) retail
CVS WINDOW BANDAGES MISC	F	1 max fill(s) per 30 day(s) retail
IV3000 1-HAND PEDIATRIC MISC	F	1 max fill(s) per 30 day(s) retail
IV3000 1-HAND MISC	F	1 max fill(s) per 30 day(s) retail
IV3000 FRAME DELIVERY MISC	F	1 max fill(s) per 30 day(s) retail
IV3000 STANDARD MISC	F	1 max fill(s) per 30 day(s) retail
KENDALL TRANSPARENT FILM DRESS MISC	F	1 max fill(s) per 30 day(s) retail
NEXCARE TEGADERM 2-3/8"X2-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
NEXCARE TEGADERM 4"X4-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE 11"X11-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE 11"X17-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE 11"X6" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE 17-3/4"X21-5/8" MISC	F	1 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
OPSITE 4"X5-1/2" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE FLEXIGRID 2-3/8"X2-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE FLEXIGRID 4"X4-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE FLEXIGRID 4-3/4"X10" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE FLEXIGRID 6"X8" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE IV 3000 MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE POST-OP 10"X4" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE POST-OP 13-3/4"X4" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE POST-OP 4-3/4"X4" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE POST-OP 8"X4" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE POST-OP VISIBLE 10"X4" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE POST-OP VISIBLE 4X3-1/8 MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE POST-OP VISIBLE 6"X4" MISC	F	1 max fill(s) per 30 day(s) retail
OPSITE POST-OP VISIBLE MISC	F	1 max fill(s) per 30 day(s) retail
POLYSKIN II DRESSING 2"X2.75" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM + PAD 2"X2-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM + PAD 2-3/8"X4" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM + PAD 3-1/2"X10" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM + PAD 3-1/2"X13-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM + PAD 3-1/2"X4" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM + PAD 3-1/2"X4-1/8" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM + PAD 3-1/2"X6" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM + PAD 3-1/2"X8" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM + PAD 6"X6" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM ABSORBENT DRESSING MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM FILM 2-3/8"X2-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM FILM 4"X10" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM FILM 4"X4-1/2" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM FILM 4"X4-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM FILM 6"X8" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM FILM 8"X12" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM HP 2-1/8"X2-1/2" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM HP 2-3/8"X2-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM HP 2-3/8"X2-3/8" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM HP 4"X4-1/2" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM HP 4"X4-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM HP 4-1/2"X4-3/4" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM HP 5-1/2"X6-1/2" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM I.V. 2"X2-1/4" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM I.V. 2-3/4"X3-1/4" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM I.V. 3-1/2"X4-1/2" MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM I.V. 3-1/2"X4-1/4" MISC	F	1 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
TEGADERM I.V. ADVANCED MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM ROLL 2"X11YD MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM ROLL 4"X11YD MISC	F	1 max fill(s) per 30 day(s) retail
TEGADERM ROLL 6"X11YD MISC	F	1 max fill(s) per 30 day(s) retail
TELFA CLEAR DRESSING 39"X25YD MISC	F	1 max fill(s) per 30 day(s) retail
TELFA CLEAR WOUND 12"X12" PADS	F	1 max fill(s) per 30 day(s) retail
TELFA CLEAR WOUND 12"X24" MISC	F	1 max fill(s) per 30 day(s) retail
TELFA CLEAR WOUND 3"X3" PADS	F	1 max fill(s) per 30 day(s) retail
TELFA CLEAR WOUND 4"X5" PADS	F	1 max fill(s) per 30 day(s) retail
TRANS WATERPROOF DRESSINGS MISC	F	1 max fill(s) per 30 day(s) retail
TRANSPARENT FILM DRESSING MISC	F	1 max fill(s) per 30 day(s) retail
Contraceptives		
AIMSCO LUBRICATED MISC	F	3 max fill(s) per 60 day(s) retail
CAYA DPRH	F	2 max fill(s) per 180 day(s) retail
DUREX EXTRA SENSITIVE THIN DEVI	F	3 max fill(s) per 60 day(s) retail
DUREX EXTRA SENSITIVE THIN MISC	F	3 max fill(s) per 60 day(s) retail
DUREX REALFEEL	F	3 max fill(s) per 60 day(s) retail
DUREX TROPICAL MISC	F	3 max fill(s) per 60 day(s) retail
FANTASY LUBRICATED/SPERMICIDE MISC	F	3 max fill(s) per 60 day(s) retail
FANTASY LUBRICATED MISC	F	3 max fill(s) per 60 day(s) retail
FC2 FEMALE CONDOM	F	3 max fill(s) per 60 day(s) retail
KAMELEON LUBRICATED MISC	F	3 max fill(s) per 60 day(s) retail
KIMONO COLORS DEVI	F	3 max fill(s) per 60 day(s) retail
KIMONO MAXX-LARGE FLARE MISC	F	3 max fill(s) per 60 day(s) retail
KIMONO MICRO THIN PLUS MISC	F	3 max fill(s) per 60 day(s) retail
KIMONO MICRO THIN MISC	F	3 max fill(s) per 60 day(s) retail
KIMONO PLUS MISC	F	3 max fill(s) per 60 day(s) retail
KIMONO PS PLUS MISC	F	3 max fill(s) per 60 day(s) retail
KIMONO PS MISC	F	3 max fill(s) per 60 day(s) retail
KIMONO SENSATION PLUS MISC	F	3 max fill(s) per 60 day(s) retail
KIMONO SENSATION MISC	F	3 max fill(s) per 60 day(s) retail
KIMONO SPECIAL DEVI	F	3 max fill(s) per 60 day(s) retail
KIMONO MISC	F	3 max fill(s) per 60 day(s) retail
K-Y ME & YOU EXTRA LUBRICATED DEVI	F	3 max fill(s) per 60 day(s) retail
K-Y ME & YOU INTENSE DEVI	F	3 max fill(s) per 60 day(s) retail
MAXX PLUS MISC	F	3 max fill(s) per 60 day(s) retail
MAXX MISC	F	3 max fill(s) per 60 day(s) retail
OMNIFLEX DIAPHRAGM	F	2 max fill(s) per 180 day(s) retail
REALITY LATEX CONDOMS MISC	F	3 max fill(s) per 60 day(s) retail
REALITY LATEX/ULTRA TEXTURED DEVI	F	3 max fill(s) per 60 day(s) retail
REALITY LATEX/ULTRA THIN DEVI	F	3 max fill(s) per 60 day(s) retail
TROJAN ENZ MISC	F	3 max fill(s) per 60 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
TROJAN MAGNUM MISC	F	3 max fill(s) per 60 day(s) retail
TROJAN ULTRA THIN/SPERMICIDAL MISC	F	3 max fill(s) per 60 day(s) retail
TROJAN ULTRA THIN MISC	F	3 max fill(s) per 60 day(s) retail
TROJAN-ENZ LUBRICATED MISC	F	3 max fill(s) per 60 day(s) retail
TROJAN-ENZ/SPERMICIDAL MISC	F	3 max fill(s) per 60 day(s) retail
TRUE COVER DEVI	F	3 max fill(s) per 60 day(s) retail
TRUSTEX COLOR CONDOMS + LUBE MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX LUB/RIBBED/STUDDED MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX LUB/SPERMICIDE EX ST MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX LUB/SPERMICIDE XL MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX LUBRICATED EX LARGE MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX LUBRICATED EXTRA ST MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX LUBRICATED/SPERMICIDE MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX LUBRICATED MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX NATURAL CONDOMS + LUBE MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX NON-LUBRICATED MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX RIA LUB/SPERMICIDE MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX RIA LUBRICATED MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX RIA NON-LUBRICATED MISC	F	3 max fill(s) per 60 day(s) retail
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	F	3 max fill(s) per 60 day(s) retail
WIDE-SEAL DIAPHRAGM 60	F	2 max fill(s) per 180 day(s) retail
WIDE-SEAL DIAPHRAGM 65	F	2 max fill(s) per 180 day(s) retail
WIDE-SEAL DIAPHRAGM 70	F	2 max fill(s) per 180 day(s) retail
WIDE-SEAL DIAPHRAGM 75	F	2 max fill(s) per 180 day(s) retail
WIDE-SEAL DIAPHRAGM 80	F	2 max fill(s) per 180 day(s) retail
WIDE-SEAL DIAPHRAGM 85	F	2 max fill(s) per 180 day(s) retail
WIDE-SEAL DIAPHRAGM 90	F	2 max fill(s) per 180 day(s) retail
WIDE-SEAL DIAPHRAGM 95	F	2 max fill(s) per 180 day(s) retail
Diabetic Supplies		
ACCU-CHEK AVIVA SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ACCU-CHEK FASTCLIX LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ACCU-CHEK GUIDE ME KIT	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE KIT	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ACCU-CHEK SMARTVIEW CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ACCU-CHEK SOFTCLIX LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ACCUTREND GLUCOSE CONTROL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ACTI-LANCE 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ACTI-LANCE LITE LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ACTI-LANCE UNIVERSAL 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ADJUSTABLE LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
ADVANCE MICRO-DRAW CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ADVANCE MICRO-DRAW NORMAL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ADVANCED MOBILE LANCET	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ADVOCATE LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ADVOCATE LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ADVOCATE LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
ADVOCATE RAPID-SAFE LANCING MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
ADVOCATE SAFETY LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE SAFETY LANCETS 26G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
AGAMATRIX CONTROL LEVEL 2 SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AGAMATRIX CONTROL LEVEL 4 SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AGAMATRIX CONTROL NORMAL/HIGH SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AGAMATRIX ULTRA-THIN LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
AIMSCO TWIST LANCETS 32G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
AIMSCO TWIST LANCETS 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
AQUALANCE LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE 3 CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ASSURE COMFORT LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE DOSE NORM/HIGH CONTROL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ASSURE HAEMOLANCE PLUS HIGH	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE HAEMOLANCE PLUS LOW	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE HAEMOLANCE PLUS PED	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE II CONTROL LEVEL 1 & 2 LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ASSURE II CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE LANCE LANCETS 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE LANCE PLUS SAFETY 25G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE LANCE PLUS SAFETY 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ASSURE PRISM CONTROL LEVEL 1&2 SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ASSURE PRO CONTROL LEVEL 1 & 2 LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AURORA LANCET SUPER THIN 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
AURORA LANCET THIN 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
AUTO-LANCET MINI MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
AUTO-LANCET MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
AUTOLET LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
AUTOLET LITE LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
AUTOLET MINI MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
AUTOLET PLATFORMS MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
AUTOLET PLUS MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
BD MICROTAINER LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
BLULINK CONTROL HIGH & LOW LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
CARDIOCOM LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
CAREONE ADVANCED LANCING DEV MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
CAREONE LANCET SUPER THIN 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREONE LANCET THIN 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CARESENS CONTROL A SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
CARESENS CONTROL SOLUTION A/B SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
CARESENS LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CARESENS LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
CARETOUCH LANCING/EJECTOR MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
CARETOUCH SAFETY LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CARETOUCH SAFETY LANCETS 26G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CARETOUCH TWIST MC LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CHOSEN LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CHOSEN LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
CHOSEN SAFETY LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CLEANLET LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CLEVER CHEK LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CLEVER CHOICE COMFORT EZ	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CLEVER CHOICE LANCETS 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE LANCETS 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CLEVER CHOICE LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
COAGUCHEK LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
COMFORT ASSURED LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
COMFORT ASSURED LANCETS 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
COMFORT TOUCH LANCETS 31G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
COMFORT TOUCH TWIST LANCET 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
COOL CONTROL A SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
COOL CONTROL B SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
CVS LANCETS ORIGINAL	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CVS LANCETS THIN 26G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
CVS LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
CVS ULTRA THIN LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
DIASCREEN 10 MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 1B MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 1G STRP	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 1K MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 1K STRP	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 2GK STRP	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
DIASCREEN 2GP MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 3 MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 4NL MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 4OBL MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 4PH MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 5 MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 6 MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 7 MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 8 MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN 9 MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIASCREEN LIQUID URINE CONTROL MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DIATHRIVE GLUCOSE CONTROL SOLN LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
DIATHRIVE LANCET ULTRA THIN 30	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
DIATHRIVE LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
DIATHRIVE LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DROPLET GENTEEL LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DROPLET LANCETS ULTRA THIN 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
DROPLET LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DROPLET PERSONAL LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
DROPSAFE ACTI-LANCE 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
DRUG MART LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
DRUG MART ON-THE-GO LANCET 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNILET LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
DUO-CARE CONTROL SOLUTION LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EASY COMFORT LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY COMFORT LANCETS TWIST TOP	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
EASY MINI LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
EASY TOUCH CONTROL HIGH & LOW SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EASY TOUCH LANCETS 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 26G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 28G/TWIST	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 33G/TWIST	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
EASY TOUCH SAFETY LANCETS 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 26G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EASYMAX 15 LEVEL 2 CONTROL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EASYMAX 15 LEVEL 2-3 CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EASYMAX CONTROL NORMAL/HIGH LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ELEMENT COMPACT CONTROL 2 SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ELEMENT COMPACT CONTROL 3 SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMBRACE LANCETS ULTRA THIN 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
EMBRACE PRESSURE ACTIVATED 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EMBRACE PRO GLUCOSE CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EZ-LETS LANCETS 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EZ-LETS LANCETS 26G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EZ-LETS LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
EZ-LETS LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
FIFTY50 SAFETY SEAL LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 UNILET LANCETS 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
FINE 30	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
FINGERSTIX LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
FORA LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
FORA LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
FREESTYLE CONTROL SOLUTION LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
FREESTYLE LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
FREESTYLE LIBRE 14 DAY READER	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 14 DAY SENSOR	F	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
FREESTYLE LIBRE 2 PLUS SENSOR	F	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
FREESTYLE LIBRE 2 READER	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 2 SENSOR	F	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
FREESTYLE LIBRE 3 PLUS SENSOR	F	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
FREESTYLE LIBRE 3 READER	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 3 SENSOR	F	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
FREESTYLE LIBRE READER	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE UNISTICK II LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
GENTEEL CONTACT TIPS (BLUE) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTEEL CONTACT TIPS (CLEAR) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTEEL CONTACT TIPS (GREEN) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL CONTACT TIPS (ORANGE) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTEEL CONTACT TIPS (RAINBOW) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTEEL CONTACT TIPS (VIOLET) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTEEL CONTACT TIPS (YELLOW) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTEEL NOZZLES MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTEEL PLUS LANCING (BLACK) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTEEL PLUS LANCING (PURPLE) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTEEL PLUS LANCING (WHITE) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTEEL PLUS LANCING DEV(BLUE) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTEEL PLUS LANCING DEV(PINK) MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GENTLE-LET GP LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
GENTLE-LET LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
GENTLE-LET PLATFORMS MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GLOBAL INJECT EASE LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
GLOBAL LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GLUCOCARD 01 CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
GLUCOCARD EXPRESSION CONTROL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
GLUCOCARD SHINE CONTROL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
GLUCOCOM LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
GLUCOCOM LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
GLUCOCOM LANCETS 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE CONTROL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
GNP EASY TOUCH CONT HIGH/LOW LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
GNP EASY TOUCH CONT HIGH/LOW SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
GNP LANCING SYSTEM DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GNP STERILE LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
GNP STERILE LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
GNP STERILE LANCETS 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
GOJJI STERILE LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
HAEMOLANCE	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
HAEMOLANCE LOW FLOW LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
HAEMOLANCE PLUS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
HAEMOLANCE PLUS HIGH FLOW	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
HAEMOLANCE PLUS LOW FLOW	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
HAEMOLANCE PLUS MAX FLOW	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
H-E-B INCONTROL ADV LANCING MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
H-E-B INCONTROL LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
H-E-B INCONTROL LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
H-E-B INCONTROL LANCETS 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HY-VEE LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
HY-VEE THIN LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
IHEALTH CONTROL SOLUTION LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
IHEALTH LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
IN TOUCH GLUCOSE CONTROL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
IN TOUCH LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
IN TOUCH STERILE LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
KINNEY LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
KINNEY THIN LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
KROGER HEALTHPRO CONTROL HI/LO LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
KROGER HEALTHPRO LANCET 26G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
KROGER LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
KROGER LANCETS SUPER THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
KROGER LANCETS THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LANCET DEVICE WITH EJECTOR MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
LANCET DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
LANCET TRANSPORTER CASE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LANCETS 28G THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LANCETS 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LANCETS MICRO THIN 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LANCETS SUPER THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LANCETS SUPER THIN 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LANCETS THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LANCETS ULTRA THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LANCETS ULTRA THIN 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
LANZO MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
LEADER ADVANCED LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
LIBERTY GLUCOSE CONTROL MID SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
LIBERTY MEDICAL LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LIBERTY MINI LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
LITE TOUCH LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LITE TOUCH LANCING PEN MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
LITETOUCH LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
LIVE BETTER LANCET SUPER THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEDICHOICE SAFETY LANCET	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCET NORM	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEDISENSE GLUCOSE KETONE CONTR LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
MEDISENSE HI/MID/LOW CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
MEDLANCE EXTRA 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEDLANCE LITE 25G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS EXTRA 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS LITE 25G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS SUPERLITE 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEDLANCE UNIVERSAL 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEIJER LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEIJER LANCETS UNIVERSAL 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEIJER LANCETS UNIVERSAL 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MEIJER LANCETS UNIVERSAL 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MICRODOT CONTROL HIGH/LOW SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
MICROLET LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MICROLET NEXT LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
MINI LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
MM LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
MM TWIST LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MOBILE LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MONOLET LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MONOLET OPD LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MONOLETTOR SAFETY LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MPD SAFETY LANCET 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MPD SAFETY LANCET 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MPD SAFETY LANCET 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MPD SAFETY LANCET 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
MULTI-LANCET DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
MYGLUCOHEALTH CONTROL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
MYGLUCOHEALTH LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
NEUTEK 2TEK CONTROL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
NOVA MAX PLUS GLU/KET CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
NOVA SAFETY LANCETS 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
NOVA SAFETY LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
NOVA SUREFLEX LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
ONETOUCH DELICA PLUS LANCET30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH DELICA PLUS LANCET33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
ONETOUCH DELICA SAFETY LANCING	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ONETOUCH ULTRA CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ONETOUCH ULTRASOFT 2 LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ONETOUCH VERIO LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
PERFECT LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PERFECT LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PERFECT POINT SAFETY LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PHARMACIST CHOICE LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
PIP LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PIP LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
POCKETCHEM EZ CONTROL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
PRECISION GLUCOSE KETONE CONTR LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
PRECISION THINS GP LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PRO COMFORT LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PRO COMFORT LANCETS 31G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PRO COMFORT SAFETY LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PRODIGY LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
PRODIGY SAFETY LANCETS 26G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PRODIGY TWIST TOP LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PSS SELECT GP LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PSS SELECT PLATFORMS MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
PSS SELECT SAFETY LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PURE COMFORT LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PX ADVANCED LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
PX LANCET AUTO INJECTOR MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
PX LANCETS MICROTHIN 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
PX LANCETS ULTRA THIN 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
QC ADVANCED LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
QC LANCETS SUPER THIN 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
QC LANCETS ULTRA THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
QC UNILET LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
QC UNILET LANCETS MICRO THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
QUICKTEK CONTROL SOLUTION LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
QUINTET CONTROL HIGH/NORMAL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
READYLANCE SAFETY LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
REALITY LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
REALITY TRIGGER LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
REFUAH PLUS GLUCOSE CONTROL SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
RELION LANCET DEVICES 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
RELION LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
RELION LANCETS MICRO-THIN 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
RELION LANCETS THIN 26G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
RELION LANCETS ULTRA-THIN 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
RELION LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
RELION TRUE MET AIR GLUC METER KIT	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
RELION ULTRA THIN LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
RIGHTEST ALTERNATE SITE ADAPT MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
RIGHTEST GD500 LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
RIGHTEST GL300 LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SAFE-T-LANCE	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SAFE-T-LANCE PLUS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAPS HEALTH PLUS LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SAPS HEALTH TWIST TOP LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SAPS TWIST TOP LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SAPSCARE TWIST TOP LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SB LANCETS THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SB LANCETS ULTRA THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SELECT-LITE LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
SIMPLE DIAGNOSTICS LANCING DEV MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
SINGLE-LET	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
SMART DIABETES VANTAGE LANCING MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
SMARTEST CONTROL MEDIUM SOLN	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
SMARTEST LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SOLUS V2 LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SOLUS V2 LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
SOLUS V2 TWIST LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
STERILANCE PA MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
STERILANCE TL	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SUPER THIN LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SUPREME II HIGH/LOW CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 18G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCING PEN MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
SURELITE LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TECHLITE AST LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TECHLITE LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TECHLITE LANCETS 26G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TECHLITE LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
THINLETS GP LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
TODAYS HEALTH THIN LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TODAYS HEALTH THIN LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TRAVEL LANCETS ADVANCED 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TRUE COMFORT SAFETY LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TRUE COMFORT TWIST TOP LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUE METRIX GO GLUCOSE METER KIT	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX METER KIT	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
TRUEDRAW LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
TRUEPLUS LANCETS 26G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TRUEPLUS LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TRUEPLUS LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TRUEPLUS LANCETS 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TRUEPLUS SAFETY LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
TWIST TOP LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ULTI-LANCE AUTOMATIC MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
ULTILET CLASSIC LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ULTILET LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ULTILET SAFETY LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ULTILET SAFETY LANCETS 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ULTRA THIN LANCETS 31G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ULTRA-CARE LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ULTRA-THIN II AUTO LANCET	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ULTRA-THIN II LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNILET COMFORTOUCH LANCET	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNILET EXCELITE	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNILET EXCELITE II	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNILET G.P. LANCET	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNILET G.P. SUPERLITE LANCET	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNILET GP 28 ULTRA THIN	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNILET LANCET	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNILET MICRO-THIN 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNILET SUPERLITE LANCET	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNILET SUPER-THIN 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNILET ULTRA-THIN 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 1	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 2	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 2 COMFORT	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 2 EXTRA	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 2 NEONATAL	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 2 NORMAL	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 2 SUPER	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 3	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 3 COMFORT	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 3 EXTRA	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 3 GENTLE	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 3 NEONATAL	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK 3 NORMAL	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK CZT COMFORT	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK CZT NORMAL	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK NORMAL	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK PRO SAFETY LANCET	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK SAFETY LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK SAFETY LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
VERASENS GLUCOSE CONTROL LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
VERIFINE SAFE LANCET MINI 21G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 23G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VERIFINE UNIVERSAL LANCETS 33G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
VIVAGUARD INO CONTROL SOLUTION LIQD	F	QL(1 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
VIVAGUARD LANCETS	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
VIVAGUARD LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
VIVAGUARD LANCING DEVICE MISC	F	QL(2 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
VIVAGUARD SAFETY LANCETS 28G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
ZEVRX TWIST TOP LANCETS 30G	F	QL(300 EA per 30 day(s) retail; 900 EA per 90 days mail); MP; RX/OTC
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ALCOH-GLOVE CONTOURED WIPE	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ALCOHOL PADS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ALCOHOL PREP PADS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ALCOHOL SWABS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ALCOHOL SWABSTICK	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ALCOH-WIPE	F	3 max fill(s) per 60 day(s) retail
AUM ALCOHOL PREP PADS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
BD SWAB SINGLE USE REGULAR	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
CARETOUCH ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
COMFORT TOUCH ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
CURITY ALCOHOL PREPS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
CVS ALCOHOL PREP PADS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
CVS PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
DROPSAFE ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
EASY COMFORT ALCOHOL PADS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
EQL ALCOHOL SWABS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ESSENTRA WIPES 9X9"	F	3 max fill(s) per 60 day(s) retail
FIFTY50 ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL ALCOHOL PREP EASE	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
GNP ALCOHOL SWABS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
GOODSENSE ALCOHOL SWABS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
H-E-B INCONTROL ALCOHOL	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
HM STERILE ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
MEIJER ALCOHOL SWABS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
PHARMACIST CHOICE ALCOHOL	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
PRO COMFORT ALCOHOL	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
PURE COMFORT ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
QC ALCOHOL SWABS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
RA ALCOHOL SWABS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
REALITY SWABS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
RELION ALCOHOL SWABS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
SAPS CARE ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
SAPS HEALTH ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
SB ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
SM ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
SURE COMFORT ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ULTICARE ALCOHOL SWABS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ULTILET ALCOHOL SWABS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
WEBCOL ALCOHOL PREP LARGE	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
ZEVRX STERILE ALCOHOL PREP PAD	F	3 max fill(s) per 60 day(s) retail; MP; RX/OTC
Parenteral Therapy Supplies		
ADVOCATE INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
AQ INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
ASSURE ID INSULIN SAFETY SYR	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BARDIA BULB IRRIGATION SYRINGE	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
BARDIA PISTON IRRIGATION SYR	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
BD ALLERGIST TRAY KIT	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
BD ALLERGY SYRINGE MISC	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
BD BLUNT FILL NEEDLE	F	RX/OTC
BD BLUNT FILL NEEDLE W/FILTER	F	RX/OTC
BD CONTROL SYRING LUER-LOK	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
BD DISP NEEDLE	F	RX/OTC
BD DISP NEEDLES	F	RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	F	RX/OTC
BD ECLIPSE NEEDLE	F	RX/OTC
BD ECLIPSE SHIELDED NEEDLE	F	RX/OTC
BD ECLIPSE SYRINGE	F	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE	F	RX/OTC
BD FILTER NEEDLE/5 MICRON	F	RX/OTC
BD HYPODERMIC NEEDLE	F	RX/OTC
BD INS SYR ULTRAFINE 1/2UNIT	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
BD INSULIN SYR ULTRAFINE II	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
BD INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
BD INSULIN SYRINGE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
BD INSULIN SYRINGE HALF-UNIT	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
BD INSULIN SYRINGE MICROFINE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
BD INSULIN SYRINGE U/F	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP
BD INTEGRA NEEDLE	F	RX/OTC
BD INTEGRA SYRINGE	F	RX/OTC
BD LUER-LOCK SYRINGE	F	RX/OTC
BD LUER-LOK SYRINGE	F	RX/OTC
BD LUER-LOK SYRINGE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD NOKOR ADMIX NEEDLE	F	RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP
BD PEN NEEDLE MINI ULTRAFINE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
BD PEN NEEDLE NANO 2ND GEN	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP
BD PEN NEEDLE SHORT ULTRAFINE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
BD PLASTIPAK SYRINGE	F	RX/OTC
BD PRECISIONGLIDE NEEDLE	F	RX/OTC
BD SAFETYGLIDE ALLERGY SYRINGE MISC	F	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
BD SAFETYGLIDE NEEDLE	F	RX/OTC
BD SAFETYGLIDE SHIELDED NEEDLE	F	RX/OTC
BD SAFETYGLIDE SYRINGE/NEEDLE	F	RX/OTC
BD SYRINGE	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
BD SYRINGE BLUNT CANNULA 17G	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
BD SYRINGE DISPOSABLE	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
BD SYRINGE DUAL CANNULA	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
BD SYRINGE LUER SLIP TIP	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail
BD SYRINGE LUER SLIP TIP	F	RX/OTC
BD SYRINGE LUER-LOK	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
BD SYRINGE LUER-LOK	F	RX/OTC
BD SYRINGE SLIP TIP	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
BD SYRINGE SLIP TIP	F	RX/OTC
BD SYRINGE/NEEDLE	F	RX/OTC
BD TB SYRINGE MISC	F	RX/OTC
BD VEO INSULIN SYR ULTRAFINE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREONE INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP
CAREPOINT POLY HUB NEEDLE	F	RX/OTC
CAREPOINT SAFETY 1ST NEEDLE	F	RX/OTC
CAREPOINT SAFETY1ST SYR/NEEDLE	F	RX/OTC
CAREPOINT SYRINGE CATHETER TIP	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
CAREPOINT SYRINGE LUER LOCK	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
CAREPOINT SYRINGE LUER LOCK	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
CAREPOINT SYRINGE LUER LOCK	F	RX/OTC
CAREPOINT SYRINGE LUER SLIP	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
CAREPOINT SYRINGE LUER SLIP	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
CAREPOINT TUBERCLN SYR/LUER SL MISC	F	RX/OTC
CARETOUCH CATHETER TIP SYRINGE	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
CARETOUCH HYPODERMIC NEEDLE	F	RX/OTC
CARETOUCH INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
CARETOUCH INSULIN SYRINGE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail
CARETOUCH LUER LOCK	F	RX/OTC
CARETOUCH LUER LOCK	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
CARETOUCH LUER LOCK SYR/NEEDLE	F	RX/OTC
CARETOUCH LUER SLIP	F	RX/OTC
CARETOUCH LUER SLIP	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
COMFORT EZ INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
DROPLET INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
DROPSAFE SICURA	F	RX/OTC
EASY COMFORT INSULIN SYRINGE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
EASY GLIDE CATH TIP SYRINGE	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
EASY GLIDE LUER LOCK SYRINGE	F	RX/OTC
EASY GLIDE LUER LOCK SYRINGE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
EASY GLIDE LUER LOCK SYRINGE	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
EASY GLIDE SLIP LOCK SYRINGE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
EASY TOUCH ALLERGY SYRINGE MISC	F	RX/OTC
EASY TOUCH FLIPLOCK INSULIN SY	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYR	F	
EASY TOUCH FLURINGE	F	RX/OTC
EASY TOUCH FLURINGE FLIPLOCK	F	RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK	F	RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	F	RX/OTC
EASY TOUCH INSULIN BARRELS	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
EASY TOUCH INSULIN SAFETY SYR	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP
EASY TOUCH SAFETY SYRINGE	F	RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	F	RX/OTC
EASY TOUCH SYRINGE BARREL	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
EASY TOUCH SYRINGE BARREL	F	RX/OTC
EASY TOUCH SYRINGE BARREL	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
EASY TOUCH TB FLIPLOCK SYRINGE MISC	F	RX/OTC
EASY TOUCH TB FLIPLOCK SYRINGE MISC	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
EASY TOUCH TB SHEATHLOCK SYR MISC	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH TB SHEATHLOCK SYR MISC	F	RX/OTC
EASYPOINT NEEDLE	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE	F	RX/OTC
EMBECTA AUTOSHIELD DUO	F	QL(6 EA daily; 200 EA per fill retail); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP
EMBECTA INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
EMBECTA INSULIN SYRINGE U-100	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP
EMBECTA PEN NEEDLE NANO	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP
FIFTY50 SUPERIOR COMFORT SYR	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYR	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
GLOBAL INSULIN SYRINGES	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
GLUCOPRO INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
GNP INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
GNP INSULIN SYRINGES	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
GNP INSULIN SYRINGES 29GX1/2"	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COM INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
HM ULTICARE INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
HYPODERMIC NEEDLE	F	RX/OTC
INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
INSULIN SYRINGE-NEEDLE U-100	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
KINRAY INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
LITETOUCH INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
LUER LOCK SAFETY SYRINGES	F	RX/OTC
MAGELLAN INSULIN SAFETY SYR	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
MAGELLAN TUBERCULIN SYRINGE MISC	F	RX/OTC
MAGELLAN TUBERCULIN SYRINGE MISC	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MAXI-COMFORT INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
MAXICOMFORT SYR 27G X 1/2"	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
MEDIC INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
MM INSULIN SYRINGE/NEEDLE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
MONOJECT ALLERGIST TRAY KIT	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT BLUNTIP CANNULA	F	RX/OTC
MONOJECT BLUNTIP SYR/CANNULA	F	RX/OTC
MONOJECT FILTER ASPIRATOR	F	RX/OTC
MONOJECT HYPODERMIC NEEDLE	F	RX/OTC
MONOJECT INSULIN SYRINGE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT MAGELLAN SAFETY NDL	F	RX/OTC
MONOJECT MAGELLAN SYRINGE	F	RX/OTC
MONOJECT PHARMACY TRAY	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT PHARMACY TRAY	F	RX/OTC
MONOJECT PHARMACY TRAY	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT SOFTPACK/LLOCK	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT SOFTPACK/RG LUER	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT SYRINGE	F	RX/OTC
MONOJECT SYRINGE CATH TIP	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT SYRINGE ECCENTRIC TIP	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT SYRINGE LUER LOCK	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT SYRINGE LUER-LOCK TIP	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT SYRINGE PHARMACY TRAY	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT SYRINGE REG LUER	F	RX/OTC
MONOJECT SYRINGE REGULAR TIP	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT SYRINGE REGULAR TIP	F	RX/OTC
MONOJECT SYRINGE TOOMEY TYPE	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT TB SAFETY SYRINGE MISC	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT TB SAFETY SYRINGE MISC	F	RX/OTC
MONOJECT TB SYRINGE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
MONOJECT TB SYRINGE MISC	F	RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
NOKOR VENTED NEEDLE	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NORM-JECT LUER LOCK SYRINGE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
NORM-JECT LUER SLIP SYRINGE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
PERFECT POINT SAFETY NEEDLE	F	RX/OTC
POLY HUB NEEDLE	F	RX/OTC
PRECISION SURE-DOSE SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
PRO COMFORT INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
PRODIGY INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
PX INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP
RA INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
REALITY INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
RELION INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
SB INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
SECURESAFE HYPODERMIC NEEDLE	F	RX/OTC
SECURESAFE INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
SECURESAFE SYRINGE/NEEDLE	F	RX/OTC
SURE COMFORT INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
SYRINGE DISPOSABLE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
SYRINGE ECCENTRIC TIP	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
SYRINGE LUER LOCK	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
SYRINGE LUER LOCK	F	RX/OTC
SYRINGE LUER LOCK	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
SYRINGE LUER SLIP	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SYRINGE LUER SLIP	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
SYRINGE LUER SLIP	F	RX/OTC
TECHLITE INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
TRUE COMFORT INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
TRUE COMFORT PRO INSULIN SYR	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
TRUEPLUS INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
ULTICARE INSULIN SAFETY SYR	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
ULTICARE INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
ULTICARE SYRINGE	F	RX/OTC
ULTICARE TUBERCULIN SAFETY SYR	F	
ULTIGUARD SAFEPACK SYR/NEEDLE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP
ULTRA COMFORT INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
ULTRA FLO INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
ULTRACARE INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
ULTRA-THIN II INS SYR SHORT	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
VANISHPOINT ALLERGY TRAY KIT	F	QL(200 EA per 30 day(s) retail); 3 max fill(s) per 60 day(s) retail; RX/OTC
VANISHPOINT INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
VANISHPOINT INSULIN SYRINGE	F	QL(200 EA per fill retail); 3 max fill(s) per 60 day(s) retail
VANISHPOINT SAFETY SYRINGE	F	RX/OTC
VANISHPOINT SYRINGE	F	RX/OTC
VANISHPOINT TUBERCULIN SYRINGE MISC	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VERIFINE INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
VERISAFE SAFETY STERILE NEEDLE	F	RX/OTC
ZEVRX INSULIN SYRINGE	F	QL(6 EA daily; 500 EA per fill retail; 500 per fill mail); MP; RX/OTC
Respiratory Therapy Supplies		
AEROCHAMBER HOLDING CHAMBER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER MV MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU SMALL MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
AEROVENT PLUS DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHE COMFORT CHAMBER/ADULT DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
BREATHE EASE LARGE DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
BREATHE EASE MEDIUM DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
BREATHE EASE SMALL DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
COMPACT SPACE CHAMBER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
EASIVENT MASK LARGE MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASIVENT MASK MEDIUM MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
EASIVENT MASK SMALL MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
EASIVENT MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
FLEXICHAMBER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
INSPIREASE MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
MICROCHAMBER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
MICROCHAMBER MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
MICROSPACER MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
OPTICHAMBER DIAMOND MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
POCKET CHAMBER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
POCKET SPACER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
PRO COMFORT SPACER ADULT MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
PRO COMFORT SPACER CHILD MISC	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
PRO COMFORT SPACER INFANT DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
PROCARE SPACER/ADULT MASK DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
PROCARE SPACER/CHILD MASK DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PROCHAMBER VHC DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
RITEFLO DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	F	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	F	SP; PA
AJOVY SOAJ	F	SP; PA
AJOVY SOSY	F	SP; PA
EMGALITY (300 MG DOSE) SOSY	F	SP; PA
EMGALITY SOAJ	F	SP; PA
EMGALITY SOSY	F	SP; PA
Migraine Combinations		
ergotamine w/ caffeine TABS	F	
Serotonin Agonists		
almotriptan malate	F	QL(12 EA per 30 day(s) retail)
eletriptan hydrobromide	F	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)
frovatriptan succinate	F	
naratriptan hcl	F	QL(12 EA per 30 day(s) retail); AL(At least 18 yrs old)
rizatriptan benzoate TABS	F	QL(12 EA per 30 day(s) retail)
rizatriptan benzoate TBDP	F	QL(12 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan	F	QL(12 EA per 30 day(s) retail); AL(At least 18 yrs old)
sumatriptan succinate SOAJ	F	QL(4 ML per 30 day(s) retail); AL(At least 18 yrs old)
sumatriptan succinate SOCT	F	QL(4 ML per 30 day(s) retail); AL(At least 18 yrs old)
sumatriptan succinate SOLN 6 MG/0.5ML	F	QL(4 ML per 30 day(s) retail); AL(At least 18 yrs old)
sumatriptan succinate TABS	F	QL(9 EA per 30 day(s) retail); AL(At least 18 yrs old)
zolmitriptan SOLN	F	QL(6 EA per 30 day(s) retail); AL(At least 12 yrs old)
zolmitriptan TABS	F	QL(6 EA per 30 day(s) retail)
zolmitriptan TBDP	F	QL(6 EA per 30 day(s) retail)
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate SOLN	F	
sodium bicarbonate IV 4.2 %, 8.4 %	F	
Calcium		
calcium carbonate-cholecalciferol TABS	F	
calcium carbonate TABS	F	
calcium carbonate-vitamin d w/ minerals CHEW	F	
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT	F	
calcium chloride (dihydrate) SOLN	F	
calcium citrate TABS	F	
calcium citrate-vitamin d TABS	F	
calcium gluconate SOLN	F	
oyster shell	F	
Electrolyte Mixtures		
dextrose in lactated ringers	F	
dextrose w/ sodium chloride 0.9 %-5 %, 5 %-0.45 %, 5 %-0.9 %	F	
lactated ringer's	F	
oral electrolytes SOLN	F	
Fluoride		
sodium fluoride CHEW	F	
sodium fluoride SOLN 0.5 MG/ML	F	RX/OTC
sodium fluoride TABS	F	
Magnesium		
magnesium chloride TBEC	F	
magnesium gluconate TABS 27.5 MG	F	
magnesium oxide (mg supplement) TABS	F	
magnesium TABS 250 MG	F	
Phosphate		
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	F	
potassium phosphate monobasic TABS	F	
potassium phosphates 45 MMOLE/15ML	F	

Drug Name	Drug Tier	Requirements/ Limits
sodium phosphates (sodium phosphate dibasic & monobasic) 45 MMOLE/15ML	F	
Potassium		
potassium acetate SOLN 2 MEQ/ML	F	
potassium chloride microencapsulated crystals er 10 MEQ	F	MP
potassium chloride microencapsulated crystals er 20 MEQ	F	QL(8 EA daily); MP
potassium chloride CPCR	F	MP
potassium chloride SOLN PO 10 %, 10 %	F	MP
potassium chloride TBCR 20 MEQ	F	QL(8 EA daily); MP
potassium chloride TBCR 10 MEQ	F	MP
potassium gluconate TABS 595 MG, 550 MG, 595 MG	F	
Sodium		
sodium chloride flush	F	
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	F	
sodium chloride TABS	F	
Trace Minerals		
selenium TABS 50 MCG	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
penicillamine TABS	F	QL(16 EA daily); PA
Immunomodulators		
lenalidomide	F	SP; PA
REVLIMID	F	SP; PA
THALOMID	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Immunosuppressive Agents		
azathioprine TABS 50 MG	F	
cyclosporine modified (for microemulsion) CAPS	F	
cyclosporine modified (for microemulsion) SOLN	F	
cyclosporine CAPS	F	
mycophenolate mofetil CAPS	F	
mycophenolate mofetil SUSR	F	
mycophenolate mofetil TABS	F	
SANDIMMUNE SOLN PO 100 MG/ML	F	
sirolimus SOLN	F	
sirolimus TABS	F	
tacrolimus CAPS	F	
Irrigation Solutions		
water for irrigation, sterile	F	QL(50000 ML per 30 day(s) retail)
Potassium Removing Agents		
sodium polystyrene sulfonate POWD	F	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	F	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat)	F	
Anti-infectives - Throat		
clotrimazole	F	
nystatin (mouth-throat)	F	QL(24 ML daily)
Antiseptics - Mouth/Throat		

Drug Name	Drug Tier	Requirements/ Limits
chlorhexidine gluconate (mouth-throat)	F	QL(32 ML daily)
Dental Products		
sodium fluoride (dental) CREA	F	
sodium fluoride (dental) GEL	F	
sodium fluoride (dental) PSTE DT	F	
sodium fluoride (dental) SOLN 0.2 %	F	
stannous fluoride CONC	F	RX/OTC
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	F	
Throat Products - Misc.		
cevimeline hcl	F	
pilocarpine hcl (oral)	F	
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins CAPS	F	
b-complex vitamins TABS	F	
B-Complex w/ C		
b complex w/ c TABS	F	
b-complex w/ c & calcium	F	
b-complex w/ c & e + zn	F	
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	F	RX/OTC
b-complex w/ c & folic acid TABS	F	RX/OTC
b-complex w/ folic acid CAPS	F	RX/OTC
b-complex w/ folic acid TABS	F	
b-complex w/biotin & folic acid TABS	F	
b-complex w/biotin & folic acid TBCR	F	
RENATABS	F	
B-Complex w/ Minerals		
b-complex w/ minerals LIQD	F	
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron TABS	F	
Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS PERFORMANCE CAPS	F	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	F	RX/OTC
ACTIVNUTRIENTS CAPS	F	RX/OTC
AIRBORNE+NATURAL ENERGY LIQD	F	RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	F	RX/OTC
ALIVE HAIR, SKIN & NAILS CAPS	F	RX/OTC
ALIVE MAX 6 POTENCY CAPS	F	RX/OTC
ALIVE MULTI-VITAMIN LIQD	F	RX/OTC
APETIBEX CAPS	F	RX/OTC
APPE-CURB CAPS	F	RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	F	RX/OTC
BARIATRIC MULTIVITAMINS CAPS	F	RX/OTC
BIO-35 GLUTEN-FREE CAPS	F	RX/OTC
BIO-35 IRON FREE CAPS	F	RX/OTC
BIOCAL CAPS	F	RX/OTC
BIOTECT PLUS CAPS	F	RX/OTC
BONEUP 3 PER DAY CAPS	F	RX/OTC
BONEUP CAPS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BOOSTNOW IMMUNE SUPPORT CAPS	F	RX/OTC
BURIED TREASURE ACTIVE 55 PLUS LIQD	F	RX/OTC
CELEBRATE MULTI-COMPLETE 18 CAPS	F	RX/OTC
CELEBRATE MULTI-COMPLETE 36 CAPS	F	RX/OTC
CELEBRATE MULTI-COMPLETE 45 CAPS	F	RX/OTC
CELEBRATE MULTI-COMPLETE 60 CAPS	F	RX/OTC
CENVITE LIQD	F	RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	F	RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	F	RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	F	RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	F	RX/OTC
CVS IMMUNE SUPPORT CAPS	F	RX/OTC
CVS VISION HEALTH CAPS	F	RX/OTC
DECUBI-VITE CAPS	F	RX/OTC
DEKAS PLUS OCEAN CAPS	F	RX/OTC
DEKAS PLUS CAPS	F	RX/OTC
DEPLIN MA CAPS	F	RX/OTC
DEXATRAN CAPS	F	RX/OTC
EYE HEALTH AREDS 2 CAPS	F	RX/OTC
EYE HEALTH CAPS	F	RX/OTC
FOLAGENT DHA CAPS	F	RX/OTC
FOLAMED DHA CAPS	F	RX/OTC
FT EYE HEALTH CAPS	F	RX/OTC
GENADEK STEP 1 CAPS	F	RX/OTC
GENADEK STEP 2 CAPS	F	RX/OTC
HAIR/SKIN/NAILS CAPS	F	RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	F	RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	F	RX/OTC
LIVITA ADULTS LIQD	F	RX/OTC
LYSIPLEX PLUS LIQD	F	RX/OTC
MENATROL CAPS	F	RX/OTC
MENS 50+ ADVANCED CAPS	F	RX/OTC
MOOD FOOD ES CAPS	F	RX/OTC
MOOD FOOD CAPS	F	RX/OTC
MULTIA CAPS	F	RX/OTC
multiple vitamins w/ minerals CAPS	F	RX/OTC
multiple vitamins w/ minerals CHEW	F	
multiple vitamins w/ minerals LIQD	F	RX/OTC
multiple vitamins w/ minerals TABS	F	RX/OTC
MULTI-VITE LIQD	F	RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	F	RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	F	RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	F	RX/OTC
MVW COMPLETE FORMULATION CAPS	F	RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	F	RX/OTC
MVW MODULATOR FORMULATION CAPS	F	RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	F	RX/OTC
OCUVITE ADULT 50+ CAPS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OCUVITE ADULT FORMULA CAPS	F	RX/OTC
OCUVITE-LUTEIN CAPS	F	RX/OTC
ONE-DAILY MULTI CAPS CAPS	F	RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	F	RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	F	RX/OTC
PRESERVISION AREDS 2 CAPS	F	RX/OTC
PRESERVISION AREDS CAPS	F	RX/OTC
PRESERVISION/LUTEIN CAPS	F	RX/OTC
PROBIOTICS + BARIATRIC MULTI CAPS	F	RX/OTC
PRORENAL + D W/ OMEGA-3 CAPS	F	RX/OTC
PROTECT CARDIO AF CAPS	F	RX/OTC
PROTECT PLUS SO CAPS	F	RX/OTC
PROTEGRA CAPS	F	RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	F	RX/OTC
REMEDIENT CAPS	F	RX/OTC
SKIN HAIR & NAILS ADVANCED CAPS	F	RX/OTC
STROVITE FORTE SYRP	F	
SUPER ANTIOXIDANT CAPS	F	RX/OTC
SUPPORT-500 CAPS	F	RX/OTC
SUPPORT LIQD	F	RX/OTC
THERAMILL FORTE CAPS	F	RX/OTC
THERANATAL LACTATION ONE CAPS	F	RX/OTC
VISION HEALTH CAPS	F	RX/OTC
VISION OPTIMIZER CAPS	F	RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	F	RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	F	RX/OTC
VITABEX PLUS CAPS	F	RX/OTC
VITABEX CAPS	F	RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	F	RX/OTC
VITEYES AREDS 2 FORMULA CAPS	F	RX/OTC
VITEYES CLASSIC ADVANCED CAPS	F	RX/OTC
VITEYES CLASSIC MACULAR SUPPOR CAPS	F	RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	F	RX/OTC
Multivitamins		
DEKAS ESSENTIAL LIQD	F	
DIALYVITE 800 LIQD	F	
MOMMY'S BLISS MV ORGANIC DROPS LIQD	F	
multiple vitamin CAPS	F	RX/OTC
multiple vitamin TABS	F	RX/OTC
MULTIVITAMIN+ LIQD	F	
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron SOLN	F	AL(Up to 16 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
DEKAS PLUS LIQD	F	PA; RX/OTC
GENADEK LIQD	F	PA; RX/OTC
LIVITA CHILDREN LIQD	F	PA; RX/OTC
MVW HI-D DROPS W/EXTRA VIT D LIQD	F	PA; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MVW MODULATOR FORMULATION PEDS LIQD	F	PA; RX/OTC
UPSPRING BABY IRON-IMMUNITY LIQD	F	PA; RX/OTC
UPSPRINGBABY MULTIVITAMIN/IRON LIQD	F	PA; RX/OTC
Ped MV w/ Fluoride		
MULTIVITAMIN/FLUORIDE CHEW	F	RX/OTC
pediatric multivitamins w/fl CHEW	F	RX/OTC
pediatric multivitamins w/fl CHEW 0.25 MG	2	RX/OTC
pediatric multivitamins w/fl SOLN	F	AL(Up to 16 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride SOLN	F	RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/FE SOLN	F	
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	F	
MULTIVITAMIN DROPS/IRON SOLN	F	
pediatric multiple vitamins w/ iron CHEW	F	
POLY-VITE/IRON SOLN	F	
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN PO	F	
BRAIN BUILDER KIDS CHEW	F	
FT CHILDRENS MULTI PLUS IMMUNE CHEW	F	
GNP CHILDRENS/EXTRA C CHEW	F	
MULTIVITAMIN INFANT & TODDLER SOLN PO	F	
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	F	
pediatric multiple vitamins CHEW	F	
POLY-VI-SOL SOLN PO	F	
POLY-VITA SOLN PO	F	
POLY-VITE PEDIATRIC SOLN PO	F	
Pediatric Vitamins		
pediatric vitamins adc 400 UNIT/ML-750 UNIT/ML-35 MG/ML	F	QL(50 ML per 30 day(s) retail; 150 ML per 90 days mail)
VITAMIN A/C/D/ INFANT/TODDLER	F	QL(50 ML per 30 day(s) retail)
VITAMIN A-C-D INFANT	F	QL(50 ML per 30 day(s) retail)
Prenatal Vitamins		
ATABEX OB	F	
CITRANATAL BLOOM	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail)
CLASSIC PRENATAL TABS	F	MP
C-NATE DHA CAPS	F	
COMPLETE NATAL DHA	F	PA
COMPLETENATE CHEW	F	
CONCEPT DHA	F	
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	F	MP
EQL PRENATAL FORMULA TABS	F	MP
FT PRENATAL TABS	F	MP
GNP PRENATAL/FOLIC ACID TABS	F	MP
GNP PRENATAL TABS	F	MP

Drug Name	Drug Tier	Requirements/ Limits
KP PRENATAL MULTIVITAMINS TABS	F	MP
MASONATAL TABS	F	MP
MULTI PRENATAL TABS	F	MP
NEONATAL PRENATAL TABS	F	MP
NEONATAL VITAMIN TABS	F	MP
NESTABS	F	QL(1 EA daily)
NESTABS DHA	F	
ONE VITE WOMENS TABS	F	MP
PNV 27-CA/FE/FA TABS	F	
PNV PRENATAL PLUS MULTIVIT+DHA MISC	F	
PNV-DHA+DOCUSATE	F	
PRENAISSANCE PLUS CAPS	F	
PRENATAL (W/IRON & FA) TABS	F	RX/OTC
PRENATAL 19 CHEW	F	
PRENATAL 19 TABS	F	RX/OTC
PRENATAL FORTE TABS	F	RX/OTC
PRENATAL ONE DAILY TABS	F	MP
prenatal vit w/ docusate-iron carbonyl-folic acid TABS	F	
prenatal vit w/ ferrous fumarate-folic acid CHEW	F	
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	F	MP; RX/OTC
PRENATAL VITAMIN AND MINERAL TABS	F	MP
PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	F	MP
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	F	
PRENATAL/IRON TABS	F	MP
PRENATAL TABS	F	MP
PRENATAL-U CAPS	F	
PRENATVITE RX TABS	F	RX/OTC
PROVIDA OB	F	
PX PRENATAL MULTIVITAMINS TABS	F	MP
QC PRENATAL TABS	F	MP
RA PRENATAL FORMULA TABS	F	MP
RA PRENATAL TABS	F	MP
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	F	
SE-NATAL 19 CHEW	F	
SE-NATAL 19 TABS	F	RX/OTC
SM PRENATAL VITAMINS TABS	F	MP
TARON-C DHA	F	
THRIVITE RX TABS	F	MP; RX/OTC
TRINATAL RX 1 TABS	F	
VINATE II	F	
VINATE ONE TABS	F	
VITAFOL-OB TABS	F	
VITAFOL-ONE CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
WESCAP-C DHA	F	
WESCAP-PN DHA	F	
WESNATAL DHA COMPLETE	F	PA
Vitamins w/ Lipotropics		
vitamins w/ lipotropics CAPS	F	
vitamins w/ lipotropics TABS	F	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen TABS	F	
carisoprodol TABS 350 MG	F	QL(4 EA daily)
chlorzoxazone TABS 500 MG	F	
cyclobenzaprine hcl TABS 5 MG, 10 MG	F	
methocarbamol TABS 500 MG, 750 MG	F	
tizanidine hcl TABS	F	
Direct Muscle Relaxants		
dantrolene sodium CAPS	F	
dantrolene sodium SOLR	F	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
NOZIN NASAL SANITIZER POPSWAB SWAB	F	3 max fill(s) per 60 day(s) retail
NOZIN NASAL SANITIZER KIT	F	3 max fill(s) per 60 day(s) retail
saline SOLN 0.65 %	F	
Nasal Antiallergy		
azelastine hcl 0.1 %, 137 MCG/SPRAY	F	
cromolyn sodium (nasal) 5.2 MG/ACT	F	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.03 %	F	1 package(s) per 30 day(s) retail
ipratropium bromide (nasal) 0.06 %	F	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)
Nasal Steroids		
budesonide (nasal)	F	QL(16.86 ML per 30 day(s) retail; 30 ML per 90 days mail)
fluticasone propionate (nasal) SUSP	F	QL(32 ML per 30 day(s) retail); RX/OTC
triamcinolone acetonide (nasal) AERO	F	1 package(s) per 30 day(s) retail
Sympathomimetic Decongestants		
oxymetazoline hcl SOLN 0.05 %	F	
phenylephrine hcl (oral) TABS	F	
pseudoephedrine hcl TABS 30 MG	F	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
riluzole TABS	F	
NUTRIENTS		
Carbohydrates		
dextrose SOLN 5 %	F	
Misc. Nutritional Substances		
omega-3 fatty acids CAPS 200 MG-300 MG, 300 MG, 435 MG, 500 MG, 1000 MG, 1200 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
omega-3 fatty acids CPDR	F	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
BION TEARS PF	F	
carboxymethylcellulose sodium (ophth) GEL	F	
carboxymethylcellulose sodium (ophth) SOLN 0.25 %, 0.5 %	F	
carboxymethylcellulose-glycerin SOLN	F	
dextran 70-hypromellose 0.3 %-0.1 %	F	
FRESHKOTE PF	F	
GENTEAL SEVERE GEL	F	
glycerin-hypromellose-polyethylene glycol 400	F	
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	F	
polyvinyl alcohol 1.4 %	F	
propylene glycol (ophth)	F	
REFRESH	F	
REFRESH OPTIVE PF SOLN	F	
REFRESH RELIEVA PF SOLN 0.9 %-0.5 %	F	
REFRESH TEARS PF SOLN	F	
SYSTANE NIGHT GEL	F	
white petrolatum-mineral oil	F	
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	F	
BETOPTIC-S SUSP	F	
carteolol hcl (ophth)	F	
dorzolamide hcl-timolol maleate	F	
levobunolol hcl 0.5 %	F	
timolol maleate (ophth) SOLN	F	
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	F	
atropine sulfate (ophthalmic) SOLN	F	
ATROPINE SULFATE SOLN 1 %	F	
CYCLOGYL	F	
CYCLOMYDRIL	F	
cyclopentolate hcl 1 %	F	
homatropine hbr	F	
ISOPTO ATROPINE SOLN	F	
phenylephrine hcl (mydriatic) SOLN	F	
tropicamide SOLN	F	
Miotics		
PHOSPHOLINE IODIDE	F	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	F	
Ophthalmic Adrenergic Agents		
apraclonidine hcl	F	
brimonidine tartrate 0.2 %	F	QL(10 ML per 30 day(s) retail; 30 ML per 90 days mail)
brimonidine tartrate 0.1 %, 0.15 %	F	QL(5 ML per 30 day(s) retail; 15 ML per 90 days mail)
IOPIDINE	F	
Ophthalmic Anti-infectives		
bacitracin (ophthalmic)	F	QL(7 GM per 7 day(s) retail)
bacitracin-polymyxin b (ophth)	F	

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin hcl (ophth) SOLN	F	
erythromycin (ophth)	F	
gentamicin sulfate (ophth) SOLN	F	
levofloxacin (ophth) 0.5 %	F	
moxifloxacin hcl (ophth) SOLN OP	F	QL(6 ML per 30 day(s) retail)
neomycin-bacitracin zn-polymyxin	F	
neomycin-polymyxin-gramicidin	F	
ofloxacin (ophth)	F	
polymyxin b-trimethoprim	F	
sulfacetamide sodium (ophth) SOLN	F	
tobramycin (ophth) SOLN	F	
trifluridine	F	
Ophthalmic Decongestants		
naphazoline w/ pheniramine 0.3 %-0.025 %	F	
Ophthalmic Immunomodulators		
cyclosporine (ophth) EMUL	F	PA
RESTASIS MULTIDOSE EMUL	F	PA
Ophthalmic Local Anesthetics		
proparacaine hcl	F	
tetracaine hcl (ophth)	F	
Ophthalmic Steroids		
bacitracin-poly-neomycin-hc	F	
dexamethasone sodium phosphate (ophth)	F	
FLAREX	F	
fluorometholone (ophth) SUSP	F	
FML FORTE SUSP	F	
MAXIDEX SUSP OP	F	
neomycin-polymy-dexameth OINT	F	
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	F	
neomycin-polymyxin-hc (ophth)	F	
PRED MILD	F	
prednisolone acetate (ophth)	F	
PREDNISOLONE SODIUM PHOSPHATE	F	
sulfacetamide sod-prednisolone SOLN	F	
TOBRADEX OINT	F	QL(7 GM per 14 day(s) retail)
tobramycin-dexamethasone SUSP	F	
Ophthalmics - Misc.		
azelastine hcl (ophth)	F	
cromolyn sodium (ophth)	F	
diclofenac sodium (ophth)	F	
dorzolamide hcl	F	
epinastine hcl (ophth)	F	
flurbiprofen sodium	F	
ketorolac tromethamine (ophth)	F	
ketotifen fumarate (ophth) 0.035 %	F	
LASTACAFT	F	
MURO 128 SOLN	F	
olopatadine hcl	F	1 package(s) per 30 day(s) retail; RX/OTC
PATADAY 0.7 %	F	
sodium chloride hypertonic OINT	F	
sodium chloride hypertonic SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
Prostaglandins - Ophthalmic		
bimatoprost SOLN	F	QL(2.5 ML per 20 day(s) retail); ST
latanoprost SOLN	F	QL(2.5 ML per 20 day(s) retail)
travoprost SOLN	F	QL(2.5 ML per 20 day(s) retail); ST
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	F	
carbamide peroxide (otic) 6.5 %	F	
Otic Anti-infectives		
ofloxacin (otic)	F	
Otic Combinations		
ciprofloxacin-dexamethasone	F	QL(7.5 ML per 30 day(s) retail); PA
neomycin-polymyxin-hc (otic) SOLN	F	
neomycin-polymyxin-hc (otic) SUSP	F	
pramoxine-hc-chloroxylenol	F	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
carboprost tromethamine SOLN	F	
Oxytocics		
methylergonovine maleate TABS	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	F	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	F	
amoxicillin CHEW 125 MG, 250 MG	F	
amoxicillin SUSR	F	
amoxicillin TABS	F	
ampicillin sodium IV 1 GM, 2 GM, 10 GM	F	
ampicillin CAPS 500 MG	F	
Natural Penicillins		
BICILLIN L-A SUSY	F	QL(12 ML per 30 day(s) retail)
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	F	
penicillin g potassium 5000000 UNIT, 20000000 UNIT	F	
penicillin g sodium	F	
penicillin v potassium SOLR	F	
penicillin v potassium TABS	F	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	F	
amoxicillin & pot clavulanate SUSR	F	
amoxicillin & pot clavulanate TABS	F	
ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM	F	
BICILLIN C-R	F	
BICILLIN C-R 900/300	F	

Drug Name	Drug Tier	Requirements/ Limits
piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM, 36 GM-4.5 GM, 4 GM-0.5 GM	F	
ZOSYN	F	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	F	
nafcillin sodium IV 10 GM	F	
NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML	F	
oxacillin sodium IJ 1 GM, 2 GM	F	
OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML	F	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
FLAVOR PLUS LIQD	F	RX/OTC
glycine diluent	F	SP; PA
ORAL SUSPEND LIQD	F	RX/OTC
ORAPENN SD ANHYD SWEETENED LIQD	F	RX/OTC
ORAPENN SD ANHYD UNSWEETEN LIQD	F	RX/OTC
ORA-PLUS LIQD	F	RX/OTC
STERILE DILUENT FLOLAN PH 12	F	SP; PA
SUSPENDOL-S	F	
SYRSPEND SF LIQD	F	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	F	MP
norethindrone acetate TABS	F	
progesterone CAPS	F	
progesterone OIL	F	

Drug Name	Drug Tier	Requirements/ Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	F	QL(6 EA daily)
disulfiram	F	
Antidementia Agents		
donepezil hydrochloride TABS 23 MG	F	QL(1 EA daily)
donepezil hydrochloride TABS 5 MG, 10 MG	F	MP
donepezil hydrochloride TBDP	F	
galantamine hydrobromide CP24	F	ST
galantamine hydrobromide SOLN	F	
galantamine hydrobromide TABS	F	
memantine hcl CP24	F	QL(1 EA daily); ST
memantine hcl TABS	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail); MP
rivastigmine tartrate CAPS	F	QL(60 EA per 30 day(s) retail)
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline 10 MG-25 MG	F	
chlordiazepoxide-amitriptyline 5 MG-12.5 MG	F	QL(4 EA daily)
olanzapine-fluoxetine hcl	F	QL(1 EA daily); AL(At least 18 yrs old)
perphenazine-amitriptyline	F	
Movement Disorder Drug Therapy		
tetrabenazine	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Multiple Sclerosis Agents		
AVONEX PEN AJKT	F	SP; PA
AVONEX PREFILLED PSKT	F	SP; PA
dimethyl fumarate CDPK	F	SP
dimethyl fumarate CPDR	F	SP
fingolimod hcl	F	SP
glatiramer acetate SOSY	F	SP
PLEGRIDY STARTER PACK SOAJ	F	SP; PA
PLEGRIDY STARTER PACK SOSY SC	F	SP; PA
PLEGRIDY SOAJ	F	SP; PA
PLEGRIDY SOSY IM	F	SP; PA
REBIF REBIDOSE TITRATION PACK SOAJ	F	SP; PA
REBIF REBIDOSE SOAJ	F	SP; PA
REBIF TITRATION PACK SOSY	F	SP; PA
REBIF SOSY	F	SP; PA
teriflunomide	F	SP
Psychotherapeutic and Neurological Agents - Misc.		
pimozide	F	
Smoking Deterrents		
APO-VARENICLINE TABS	F	QL(60 EA per 30 day(s) retail); AL(At least 13 yrs old)
bupropion hcl (smoking deterrent)	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail); AL(At least 13 yrs old)
nicotine polacrilex GUM	F	QL(720 EA per 30 day(s) retail); AL(At least 13 yrs old)
nicotine polacrilex LOZG	F	QL(600 EA per 30 day(s) retail); AL(At least 13 yrs old)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	F	QL(1 EA daily); AL(At least 13 yrs old)
NICOTROL NS SOLN	F	QL(120 ML per 30 day(s) retail; 360 ML per 90 days mail); AL(At least 13 yrs old)
NICOTROL INHA	F	QL(480 EA per 30 day(s) retail; 1440 EA per 90 days mail); AL(At least 13 yrs old)
varenicline tartrate TABS	F	QL(60 EA per 30 day(s) retail); AL(At least 13 yrs old)
varenicline tartrate TBPK	F	AL(At least 13 yrs old)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG	F	SP; PA
Cystic Fibrosis Agents		
PULMOZYME	F	SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	F	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
tigecycline	F	PA

Drug Name	Drug Tier	Requirements/ Limits
TIGECYCLINE	F	PA
Tetracyclines		
demeclocycline hcl TABS	F	
doxycycline (monohydrate) CAPS 50 MG, 100 MG	F	
doxycycline (monohydrate) SUSR	F	QL(40 ML daily)
doxycycline (monohydrate) TABS 50 MG, 100 MG	F	
doxycycline hyclate CAPS	F	
doxycycline hyclate SOLR	F	
doxycycline hyclate TABS 20 MG, 100 MG	F	
MINOCIN SOLR	F	
minocycline hcl CAPS	F	
tetracycline hcl CAPS	F	PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	F	MP
propylthiouracil	F	MP
Thyroid Hormones		
ADTHYZA TABS	F	
ARMOUR THYROID TABS	F	
levothyroxine sodium TABS	F	MP
liothyronine sodium SOLN	F	
liothyronine sodium TABS	F	MP
NIVA THYROID TABS	F	
NP THYROID TABS	F	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	F	
SYNTHROID TABS *(Use levothyroxine sodium)*	F	MP
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	F	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	F	
BOOSTRIX SUSP	F	
BOOSTRIX SUSY	F	
TDVAX SUSP	F	
TENIVAC INJ	F	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	F	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML	F	
dicyclomine hcl CAPS	F	
dicyclomine hcl SOLN IM	F	QL(16 ML per 3 day(s) retail); PA
dicyclomine hcl SOLN PO	F	
dicyclomine hcl TABS	F	
glycopyrrolate TABS 1 MG, 2 MG	F	
hyoscyamine sulfate ELIX	F	
hyoscyamine sulfate SOLN PO 0.125 MG/ML	F	
hyoscyamine sulfate SUBL 0.125 MG	F	
hyoscyamine sulfate TABS 0.125 MG	F	
hyoscyamine sulfate TB12 0.375 MG	F	
hyoscyamine sulfate TBDP 0.125 MG	F	
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	F	

Drug Name	Drug Tier	Requirements/ Limits
cimetidine TABS	F	RX/OTC
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	F	
famotidine SUSR	F	QL(150 ML per 30 day(s) retail); AL(Up to 9 yrs old)
famotidine TABS	F	
nizatidine CAPS	F	
Misc. Anti-Ulcer		
sucralfate TABS	F	
Proton Pump Inhibitors		
dexlansoprazole	F	QL(90 EA per 120 day(s) retail; 270 EA per 360 days mail)
esomeprazole magnesium CPDR 20 MG	F	QL(2 EA daily); RX/OTC
esomeprazole magnesium CPDR 40 MG	F	QL(1 EA daily)
esomeprazole magnesium TBEC	F	QL(2 EA daily)
lansoprazole CPDR 15 MG	F	QL(60 EA per 30 day(s) retail); RX/OTC
lansoprazole CPDR 30 MG	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail)
NEXIUM 24HR TBEC 20 MG	F	QL(2 EA daily)
omeprazole CPDR 20 MG, 40 MG	F	QL(2 EA daily)
omeprazole CPDR 10 MG	F	QL(1 EA daily)
pantoprazole sodium TBEC	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail)
rabeprazole sodium TBEC	F	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
misoprostol	F	
Ulcer Therapy Combinations		
famotidine-calcium carbonate-magnesium hydroxide	F	
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	F	QL(60 EA per 30 day(s) retail; 180 EA per 90 days mail); RX/OTC
omeprazole-sodium bicarbonate CAPS 1100 MG-40 MG	F	QL(60 EA per 30 day(s) retail)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	F	QL(1 EA daily); ST
oxybutynin chloride TABS 5 MG	F	MP
oxybutynin chloride TB24	F	MP
OXYTROL FOR WOMEN PTTW	F	RX/OTC
OXYTROL PTTW	F	RX/OTC
solifenacin succinate TABS	F	QL(1 EA daily)
tolterodine tartrate CP24	F	QL(1 EA daily)
tolterodine tartrate TABS	F	QL(2 EA daily)
trospium chloride CP24	F	QL(1 EA daily); ST
trospium chloride TABS	F	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	F	MP
VACCINES		
Bacterial Vaccines		
BEXSERO 0.5 ML	F	
CAPVAXIVE	F	AL(At least 18 yrs old)
MENACTRA	F	

Drug Name	Drug Tier	Requirements/ Limits
MENQUADFI 0.5 ML	F	
MENVEO SOLR	F	
PENBRAYA	F	
PNEUMOVAX 23 SOLN	F	
PNEUMOVAX 23 SOSY	F	
PREVNAR 13	F	
PREVNAR 20	F	
TRUMENBA 0.5 ML	F	
VAXNEUVANCE	F	
Viral Vaccines		
AFLURIA PRESERVATIVE FREE SUSY	F	
AFLURIA QUADRIVALENT SUSP	F	
AFLURIA QUADRIVALENT SUSY 0.5 ML	F	
AFLURIA SUSP	F	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	F	AL(At least 5 yrs old - Up to 11 yrs old)
COMIRNATY SUSP	F	AL(At least 12 yrs old)
COMIRNATY SUSY	F	AL(At least 12 yrs old)
ENGERIX-B SUSP 20 MCG/ML	F	
ENGERIX-B SUSY	F	
FLUAD	F	
FLUAD QUADRIVALENT	F	
FLUARIX QUADRIVALENT SUSY	F	
FLUARIX SUSY	F	
FLUBLOK QUADRIVALENT	F	
FLUBLOK SOSY	F	
FLUCELVAX QUADRIVALENT SUSP	F	
FLUCELVAX QUADRIVALENT SUSY	F	
FLUCELVAX SUSP	F	
FLUCELVAX SUSY	F	
FLULAVAL QUADRIVALENT SUSY	F	
FLULAVAL SUSY	F	
FLUMIST	F	
FLUMIST QUADRIVALENT	F	
FLUZONE HIGH-DOSE QUADRIVALENT	F	
FLUZONE HIGH-DOSE SUSY	F	
FLUZONE QUADRIVALENT SUSP	F	
FLUZONE QUADRIVALENT SUSY	F	
FLUZONE SUSP	F	
FLUZONE SUSY	F	
GARDASIL 9 SUSP 0.5 ML	F	AL(Up to 45 yrs old)
GARDASIL 9 SUSY 0.5 ML	F	AL(Up to 45 yrs old)
HAVRIX 1440 EL U/ML	F	
HAVRIX IM 720 EL U/0.5ML	F	
HEPLISAV-B SOSY	F	
IPOL	F	
M-M-R II SOLR	F	
MNEXSPIKE SUSY 10 MCG/0.2ML	F	AL(At least 12 yrs old)
MODERNA COVID-19 BIVALENT	F	AL(Up to 11 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSP	F	AL(Up to 11 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSY	F	AL(Up to 11 yrs old)
MODERNA COVID-19 VACCINE SUSP	F	AL(At least 12 yrs old)
NOVAVAX COVID-19 VACCINE SUSP	F	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
NOVAVAX COVID-19 VACCINE SUSY	F	AL(At least 12 yrs old)
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	F	AL(At least 12 yrs old)
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	F	AL(At least 5 yrs old - Up to 11 yrs old)
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	F	AL(Up to 4 yrs old)
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	F	AL(At least 12 yrs old)
PFIZER-BIONTECH COVID-19 VACC SUSP	F	AL(At least 12 yrs old)
PREHEVBRIO	F	
PRIORIX SUSR	F	
PROQUAD SUSR	F	
RECOMBIVAX HB SUSP	F	
RECOMBIVAX HB SUSY	F	
SHINGRIX	F	AL(At least 50 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	F	AL(Up to 11 yrs old)
SPIKEVAX SUSP	F	AL(At least 12 yrs old)
SPIKEVAX SUSY	F	AL(At least 12 yrs old)
TWINRIX SUSY	F	
VAQTA	F	
VARIVAX SUSR	F	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
TODAY SPONGE MISC	F	
VCF VAGINAL CONTRACEPTIVE FILM	F	
VCF VAGINAL CONTRACEPTIVE GEL	F	
Vaginal Anti-infectives		
CLEOCIN SUPP	F	
clindamycin phosphate vaginal CREA	F	
clotrimazole vaginal CREA 1 %	F	
GYNAZOLE-1	F	
metronidazole vaginal	F	
miconazole nitrate vaginal CREA 2 %	F	
miconazole nitrate vaginal KIT	F	
miconazole nitrate vaginal SUPP	F	
terconazole vaginal CREA	F	
Vaginal Anti-inflammatory Agents		
hydrocortisone acetate vaginal	F	QL(150 GM per 30 day(s) retail; 450 GM per 90 days mail)
Vaginal Estrogens		
estradiol vaginal CREA	F	
estradiol vaginal TABS	F	
FEMRING	F	
PREMARIN	F	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	F	QL(4 EA per fill retail; 10 EA per 365 day(s) retail; 10 EA per 365 days mail)
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	F	QL(4 EA per fill retail; 10 EA per 365 day(s) retail)
Vasopressors		
midodrine hcl	F	
VITAMINS		
Oil Soluble Vitamins		

Drug Name	Drug Tier	Requirements/ Limits
AQUA-E LIQD 75 UNIT/ML	F	
AQUASOL A SOLN 50000 UNIT/ML	F	QL(34 ML per 30 day(s) retail)
cholecalciferol CAPS	F	
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	F	
cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG	F	
ergocalciferol CAPS	F	
ergocalciferol SOLN PO 200 MCG/ML	F	
phytonadione TABS 5 MG	F	
vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT	F	
vitamin e CAPS 180 MG, 400 UNIT, 180 MG	F	
Water Soluble Vitamins		
ascorbic acid CHEW 250 MG, 500 MG	F	
ascorbic acid CPCR	F	
ascorbic acid TABS	F	
ascorbic acid TBCR 500 MG, 1000 MG	F	
biotin CAPS 5 MG, 5000 MCG	F	
biotin TABS 5 MG, 5000 MCG	F	
niacinamide TABS 500 MG	F	
niacin CPCR 500 MG	F	
niacin TABS 50 MG, 100 MG, 500 MG	F	
niacin TBCR 500 MG	F	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	F	
thiamine hcl TABS 50 MG, 100 MG	F	
thiamine mononitrate TABS 100 MG	F	

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