Preferred Drug List

The PA Health & Wellness Health Plan utilizes a combination of the Pennsylvania Medical Assistance Program Statewide Preferred Drug List (PDL) as well as a supplemental drug list to determine drugs covered by your prescription benefit. These lists are updated often and may change. You may view the Statewide PDL at https://papdl.com. To view the latest supplemental drug list, visit our website at www.PAHealthWellness.com or call us at 1-844-626-6813 (TTY/TDD: 1-844-349-8916).

Supplemental Drug List Medication Locator Instructions:

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

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 PA Health & Wellness participants. PA Health & Wellness works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered according to Centers for Medicare & Medicaid (CMS) designation of an outpatient covered drug. PA Health & Wellness covers prescription medications and certain over- the-counter (OTC) medications when ordered by a physician/clinician. The pharmacy program covers all outpatient drugs as defined by CMS. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities. This section provides an overview of the PA Health & Wellness pharmacy program. For more detailed information, please visit our website at www.PAHealthWellness.com.

Plan Preferred Drug List and Prior Authorization List

PA Health & Wellness utilizes a combination of the Pennsylvania Medical Assistance Program Statewide Preferred Drug List (PDL) as well as a supplemental drug list. To view the Statewide PDL, visit https://papdl.com or visit www.PAHealthWellness.com and follow the links to the Statewide PDL. All drugs covered under the Pennsylvania Medicaid program are available for PA Health & Wellness participants. The Statewide PDL lists all drugs available and includes the restrictions that apply to each drug, such as Age Limits (AL), Quantity Limits (QL), and prior authorization requirements. The Statewide PDL applies to drugs you receive in outpatient setting. The supplemental drug list is continually evaluated by the PA Health & Wellness Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the PA Health & Wellness Medical Director, PA Health & Wellness Pharmacy Director, and several Pennsylvania primary care physicians, pharmacists, and specialists and a consumer representative. The PDL and supplemental drug list do not:

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

Participant Copay Responsibility

- Generics - $0
- Brands - $3

No copay applies to the following categories:

- Participants under age 18
- Participants in long-term care, hospice, women in the Breast and Cervical Cancer Program, Foster Care, Pregnant women
- Antihypertensive agents
- Anticonvulsants
- Antineoplastic agents
- Antiglaucoma agents

- Antipsychotic agents, except those that are also Schedule C-IV antianxiety agents
- Antidiabetic agents
- Cardiovascular preparations
- HIV/AIDs
- Antiparkinson drugs
- Naloxone

Centene's Pharmacy Department

PA Health & Wellness works with Centene's Pharmacy Department to process all pharmacy claims for prescribed drugs. Some drugs on the Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list require a PA and Centene's Pharmacy Department is responsible for administering this process.

Follow these guidelines for efficient processing of your authorization requests:

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

2. Fax to Centene's Pharmacy Department at 1-844-205-3386.

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

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

5. If the clinical information provided does not explain the medical necessity for the requested PA medication, the request will be denied and the prescriber and the participant will be notified.

6. A pharmacy can provide up to a 72-hour supply of a new medication or 15-day supply for ongoing medication by calling 1-800-681-4572.

Prior Authorization Process

The Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list include a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from these preferred drug lists for their patients who are participants of PA Health & Wellness. Some drugs will require PA and are listed on the PA list. In addition, all name brand drugs not listed on either the PDL or PA list will require prior authorization. If a request for authorization is needed, the information should be submitted by your physician/clinician to Centene's Pharmacy Department on the PA Health & Wellness Health Plan form: Medication Prior Authorization Request Form. This form should be faxed to 1-844-205-3386. This document is located on the PA Health & Wellness website at www.PAHealthWellness.com.

PA Health & Wellness will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.

2. Depending on the medication, other medications on the PDL have not worked or cannot be tried.

For requests for drugs that are listed on the Pennsylvania Medical Assistance Program's Statewide PDL, reviews are performed by professionals using the criteria established by the Pennsylvania Medical Assistance Program. For requests for drugs that are listed on the PA Health & Wellness supplemental drug list, reviews are performed by professionals using the criteria established by the PA Health & Wellness P&T Committee. Once approved, Centene's Pharmacy Department notifies the physician/clinician and participant. If the clinical information provided does not meet the coverage criteria for the requested medication, a physician will review the request to determine medical necessity. We will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

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

Clinicians are requested to utilize the Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list when prescribing medication for those patients covered by the PA Health & Wellness pharmacy program. If a pharmacist receives a prescription for a non-preferred drug that requires a PA, the pharmacist should attempt to contact the clinician to request a change to a product included in the PDL.

Phone Numbers for PA Health & Wellness Health Plan Participant Services

The phone and fax lines listed in the Prior Authorization Process section are dedicated to clinicians requesting PA medication items only. Participants cannot be assisted if they call the PA toll-free number. PA Health & Wellness Participant Services may be reached at 1-844-626-6813 (TTY 1-844-349-8916).

Transition Period

PA Health & Wellness participants age 21 and older new to managed care will be able to receive their prescription drugs with no new PA requirements for first 60 days they are enrolled in our plan. Participants under the age of 21 will be allowed to complete the course of treatment without any new PA requirements. This will allow you and your doctor time to consider other medications that do not require PA and to learn the steps to getting PA. The Pennsylvania Medical Assistance Program's Statewide PDL and the PA Health & Wellness supplemental drug list identify the drugs that will require PA. If you are not sure when you will need to have your medications prior authorized or you have other questions about continuing to get your medications, call participant services at 1-844-626-6813 (TTY 1-844-349-8916).

72-Hour and 15-Day Supply Policy

State and federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. If the prescription is for continuation of an existing drug a 15-day supply may be provided. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. All participating pharmacies are authorized to provide a 15-day supply of a continuation of an existing medication, not including diabetic supplies and will be reimbursed for the ingredient cost and dispensing fee of the 15-day supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the Pharmacy Help Desk at 1-800-681-4572 for a prescription override to submit the 72-hour or 15-day medication supply for payment.

Dispensing Limits, Quantity Limits, and Age Limits

You may receive up to a maximum 34-day supply for each new or refill non-controlled substance. A total of 80 percent (80%) of the days supplied must have elapsed before the prescription for a non-controlled medication can be refilled. For example with a 34-day supply, you must have taken 28 days of the medication before you can get the next refill. A total of 90 percent (90%) of the days supplied must have elapsed before the prescription for a controlled medication can be refilled. Prescriptions that exceed the Quantity Limit (QL) allowed or Age Limits (AL) require PA. PA Health & Wellness may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If PA Health & Wellness does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications on the PDL may have AL. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling and for safety concerns and quality standards of care. The AL aligns with current FDA alerts for the appropriate use of pharmaceuticals.

Opioid medications are subject to a cumulative daily morphine milligram equivalent (MME) limit of 50MME daily. Prescriptions exceeding that dose will require a prior authorization. Additionally, short-acting opioid prescriptions exceeding a 5 day (participants 21 years or older) or 3 day (participants under 21 years of age) duration will also be subject to prior authorization. Note: all prescriptions for long-acting opioids require prior authorization. Exceptions to the above requirements will be made for those participants 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 prescriber determine you are able to tolerate the medication. A list of these medications is located at www.PAHealthWellness.com.

Medical Necessity Requests

If you require a medication that does not appear on either the Pennsylvania Medical Assistance Program's Statewide PDL or the PA Health & Wellness supplemental drug list, you or your physician/clinician can make a medical necessity request for the medication by submitting a request for prior authorization. It is anticipated that such exceptions will be rare and that medications included on the Statewide PDL and supplemental drug list will be appropriate to treat the vast majority of medical conditions.

Such reviews are performed by professionals using the criteria established by the Pennsylvania Department of Human Services P&T Committee for drugs included in the Statewide PDL, or using criteria established by the PA Health & Wellness P&T Committee for drugs not included in the Statewide PDL. If the clinical information provided does not meet the coverage criteria for the requested medication a physician will review the request to determine medical necessity. We will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

Participants started and stabilized on medications in the following classes will not be required to try a PDL medication.

- Antipsychotics
- Antidepressants
- Anticonvulsants
- Hepatitis C antivirals
- MS Treatments
- Human Immunodeficiency Virus (HIV)
- Cytokine and CAM Antagonists
- Dupixent
- Hereditary Angioedema Treatments
- Oral Immunosuppressives
- MABs, -Anti-IL, Anti-IgE
- Pancreatic Enzymes
- Pulmonary Arterial Hypertension Agents
- Stimulants and Related Agents
- Ulcerative Colitis Agents
- Enzyme Replacements, Gauchers Disease
- Idiopathic Pulmonary Fibrosis
- Oral Oncology Agents
- Thalidomide and Derivatives
- Antiparkinson's Agents

Appropriate Use and Safety Edits

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

Medicare Eligible Participants

Participants that are also eligible for Medicare must bill the pharmacy claim to Medicare first. The pharmacy will bill Medicare first and then bill the plan. PA Health & Wellness will cover certain medications, like OTC drugs, that Medicare does not cover. If the drug is part of the Medicare benefit but Medicare denies coverage PA Health & Wellness will not cover the drug.

DUR (Drug Utilization Review) Programs

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

Over-The-Counter Medications

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

- Analgesics except long acting products
- Antacids
- Antidiarrheal
- Antiflatulent
- Antinauseant
- Bronchodilators
- Cough and cold preparations for recipients under 21 years of age
- Contraceptives
- Hematinics (low iron)
- Insulin and insulin syringes
- Laxatives and stool softeners
- Nasal preparations
- Ophthalmic preparations
- Topical products containing anesthetics, antibacterial, dermatological baths, fungicidal, rectal preparations, tar preparations, wet dressing
- Vitamins and minerals
- Vitamins for prenatal use
- Vitamins containing Nicotinic acid and Calcium salts
- Diagnostic agents
- Quinine

Filling a Prescription

You can have prescriptions filled at a PA Health & Wellness network pharmacy. If you decide to have a prescription filled at a network pharmacy, you can locate a pharmacy near you by contacting a PA Health & Wellness Participant Services Representative. At the pharmacy, you will need to provide the pharmacist with your prescription and your PA Health & Wellness ID card. Please visit the PA Health & Wellness website at www.PAHealthWellness.com to access the PA Health & Wellness PDL, PA Health & Wellness PA lists, important forms, and provider/participant information 24 hours a day, seven days a week.

Maintenance Medications

PA Health & Wellness Health Plan offers participants a longer days supply of maintenance medications by mail and at certain retail pharmacies. You can receive up to 90 days of these medications at a time. These drugs are used to treat long-term conditions or illnesses. You can find a list of covered maintenance medications and pharmacies in the Maintenance Drug Pharmacy Program document located on the PA Health & Wellness website at www.PAHealthWellness.com.

Please contact a PA Health & Wellness Participant Service Representative if you have any questions.

PA Health & Wellness Health Plan Pharmacy Program - Additional Information

Specialty Medications

PA Health & Wellness works with a network of specialty pharmacies. Most specialty medication requires prior authorization by Centene's Pharmacy Department. A list of specialty pharmacies and medications is located at www.PAHealthWellness.com. Fax prior authorization forms to 1-844-205-3386.

Pharmacy and Therapeutics Committee

The PA Health & Wellness Pharmacy and Therapeutics (P&T) Committee continually evaluates the therapeutic classes included in the PA Health & Wellness supplemental drug list. The Committee is composed of the PA Health & Wellness Medical Directors, PA Health & Wellness Pharmacists, and several community based primary care physicians, specialists, and a consumer representative. The primary purpose of the Committee is to assist in developing and monitoring the PA Health & Wellness supplemental drug list and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T Committee schedules meetings at least quarterly, and coordinates reviews with a national P&T Committee that meets at least 4 times a year. Changes to the PA Health & Wellness supplemental drug list are done in conjunction with the approval of the State of Pennsylvania. PA Health & Wellness will submit any proposed changes to the State for approval and update the supplemental drug list accordingly. PA Health & Wellness will follow all State policies regarding participant notification when changes are made to the supplemental drug list.

Unapproved Use of Preferred Medication

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

Benefit Exclusions

The following drug categories are not part of the PA Health & Wellness benefit and are not covered by the 72-hour supply policy:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Drugs and other agents used for cosmetic purposes or for hair growth - erectile dysfunction drugs prescribed to treat impotence
- Bulk powders, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established.
- Drugs and devices classified as experimental by the FDA
- Drugs and devices not approved by the FDA
- Legend and non-legend soaps, cleansing agents, dentifrices, mouthwashes, douche solutions, diluents, ear wax removal agents, deodorants, liniments, antiseptics, irrigants and other person care items
- Specific items when prescribed for recipients in a skilled nursing facility, an intermediate care facility or an intermediate care facility for the mentally retarded (Intravenous solutions: non-legend: analgesics, antacids, cough/cold, contraceptives, laxative and stool softeners, ophthalmic preparations, diagnostic agents, and legend laxatives
- Legend and non-legend cough and cold preparations, except for recipients under 21 years of age
- Non-legend drugs in the form of troches, lozenges, throat tablets, cough drops, chewing gum, mouthwashes and similar items

Newly Approved Products

We review new drugs for safety and effectiveness before adding them to the PA Health & Wellness supplemental drug list. During this period, access to these medications will be considered through the PA review process. If PA Health & Wellness does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process.

DME/Home Health Benefits

The following medical services are a part of the PA Health & Wellness medical benefit and are not available at the retail pharmacy:

1. Enteral products
2. Nebulizers
3. Medical supplies – this does not include diabetic supplies, as those are available at the retail pharmacy.

Injectable Drugs

A number of injectable drugs appear on the Statewide PDL and the PA Health & Wellness supplemental drug list. Injectable drugs that are self-administered by the participant and/or family member are covered by the PA Health & Wellness pharmacy program. Most injectable drugs require PA.

We help keep you informed

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

Contacts for Pharmacy Appeals/Grievances

Participants: In the event that a participant disagrees with the decision regarding coverage of a medication, the participant may file an appeal with PA Health & Wellness by calling PA Health & Wellness Participant Services at 1-844-626-6813 (TTY 1-844-3498916).

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

PA Health & Wellness Health Plan
Appeal Department
300 Corporate Center Drive
Camp Hill, PA 17011
Fax: 1-844-873-7451

A decision will be rendered and the clinician will be notified with a mailed response. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of a participant by calling PA Health & Wellness Health Plan at 1-844-626-6813 (TTY 1-844-349-8916). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

Abbreviations

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

AL:	Age Limit
PA:	Prior Authorization
QL:	Quantity Limit
SP:	Specialty Medication
MP:	Maintenance Product
APA:	Advanced Prior Authorization – an automated prior authorization process to determine whether clinical criteria is met. If clinical criteria is not fully met, an electronic or manual prior authorization will still need to be done.
$0 Copay:	Member will not be charged a copay for the specific drug

Drug Tier Definitions

P:	Preferred	These drugs are covered on the preferred drug list
NP:	Non-preferred	These drugs require a Prior Authorization (PA) and are covered when found to be medically necessary.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Analeptics		
caffeine citrate soln or	1	QL(45 ml per fill retail)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR SUBL	1	QL(1 ea daily);AL(At least 10 yrs old- Up to 65 yrs old)
ORALAIR ADULT SAMPLE KIT SUBL	1	QL(1 ea daily);AL(At least 10 yrs old- Up to 65 yrs old)
ORALAIR ADULT STARTER PACK SUBL	1	QL(1 ea daily);AL(At least 10 yrs old- Up to 65 yrs old)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
tobramycin sulfate soln ij	1	
tobramycin sulfate solr	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesics Other		
acetaminophen tabs 325 MG, 500 MG	1	
acetaminophen susp 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	1	
acetaminophen caps 500 MG	1	
acetaminophen soln or 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	1	
acetaminophen liqd 160 MG/5ML, 500 MG/15ML	1	
acetaminophen elix	1	
acetaminophen supp	1	QL(12 ea per fill retail)
acetaminophen chew	1	
FEVERALL INFANTS SUPP	1	
FEVERALL JUNIOR STRENGTH SUPP	1	QL(12 ea per fill retail)
TYLENOL TABS *(Use acetaminophen)*	9	
TYLENOL CHILDRENS SUSP *(Use acetaminophen)*	9	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW *(Use acetaminophen)*	9	
TYLENOL CHILDRENS PAIN +FEVER SUSP *(Use acetaminophen)*	9	
TYLENOL EXTRA STRENGTH TABS *(Use acetaminophen)*	9	

Drug Name	Drug Tier	Requirements/Limits
TYLENOL FOR CHILDREN/ADULTS SUSP *(Use acetaminophen)*	9	
TYLENOL INFANTS PAIN+FEVER SUSP *(Use acetaminophen)*	9	
Salicylates		
aspirin tabs 325 MG	1	QL(56 ea per fill retail)
aspirin tbec 81 MG, 325 MG	1	
aspirin chew	1	
ASPIRIN SUPP 300 MG, 600 MG	1	QL(12 ea per fill retail)
aspirin buffered (cal carb-mag carb-mag oxide)	1	
BUFFERIN 325 MG *(Use aspirin buffered (cal carb-mag carb-mag oxide))*	9	
ECOTRIN TBEC *(Use aspirin)*	9	
ECOTRIN REGULAR STRENGTH TBEC *(Use aspirin)*	9	
salsalate	1	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA *(Use hydrocortisone (intrarectal))*	9	
hydrocortisone (intrarectal)	1	
Rectal Local Anesthetics		
dibucaine (rectal) ex	1	QL(30 gm per fill retail)
NUPERCAINAL EX *(Use dibucaine (rectal))*	9	QL(30 gm per fill retail)
Rectal Steroids		
ANUSOL-HC EX *(Use hydrocortisone (rectal))*	9	QL(30 gm per fill retail)
hydrocortisone (rectal) ex 2.5 %	1	QL(30 gm per fill retail)
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone chew 200 MG-200 MG-25 MG	1	
alum & mag hydrox-simethicone susp	1	
alum & mag hydrox-simethicone liqd	1	
GELUSIL CHEW 25 MG-200 MG-200 MG *(Use alum & mag hydrox-simethicone)*	9	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	1	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs 325 MG, 650 MG	1	
Antacids - Calcium Salts		
calcium carbonate (antacid) susp	1	

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate (antacid) chew 500 MG, 750 MG, 1000 MG	1	
TUMS CHEW *(Use calcium carbonate (antacid))*	9	
TUMS CHEWY BITES CHEW *(Use calcium carbonate (antacid))*	9	
TUMS E-X 750 CHEW *(Use calcium carbonate (antacid))*	9	
TUMS EXTRA STRENGTH 750 CHEW *(Use calcium carbonate (antacid))*	9	
TUMS LASTING EFFECTS CHEW *(Use calcium carbonate (antacid))*	9	
TUMS SMOOTHIES CHEW *(Use calcium carbonate (antacid))*	9	
TUMS ULTRA 1000 CHEW *(Use calcium carbonate (antacid))*	9	
Antacids - Magnesium Salts		
magnesium oxide tabs 400 MG	1	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
droperidol soln 2.5 MG/ML	1	
hydroxyzine hcl soln 25 MG/ML, 50 MG/ML	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	1	MP
NORPACE CAPS *(Use disopyramide phosphate)*	9	MP
NORPACE CR CP12 150 MG	1	
quinidine gluconate tbcr	1	
quinidine sulfate tabs	1	
Antiarrhythmics Type I-B		
mexiletine hcl	1	MP
Antiarrhythmics Type I-C		
flecainide acetate	1	MP
propafenone hcl tabs	1	MP
Antiarrhythmics Type III		
amiodarone hcl tabs 200 MG	1	MP
dofetilide	1	
TIKOSYN *(Use dofetilide)*	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOSY 150 MG/ML	2	
Anti-Inflammatory Agents		
cromolyn sodium nebu	1	QL(8 ml daily)
Xanthines		
THEO-24 CP24	1	

Drug Name	Drug Tier	Requirements/Limits
theophylline soln	1	QL(475 ml per fill retail,1425 per fill mail MG/15ML);MP
theophylline tb12 300 MG, 450 MG	1	MP
theophylline tb24	1	MP
theophylline elix	1	
ANTICOAGULANTS - Blood Thinners		
Heparins And Heparinoid-Like Agents		
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	1	
heparin sodium (porcine) soln ij 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Misc.		
KEPPRA SOLN IV 500 MG/5ML *(Use levetiracetam)*	9	
levetiracetam soln iv 500 MG/5ML	1	
Valproic Acid		
valproate sodium soln iv 100 MG/ML	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate chew 262 MG	1	
bismuth subsalicylate susp 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1	
bismuth subsalicylate tabs	1	
PEPTO BISMOL TABS *(Use bismuth subsalicylate)*	9	
PEPTO-BISMOL CHEW *(Use bismuth subsalicylate)*	9	
PEPTO-BISMOL SUSP *(Use bismuth subsalicylate)*	9	
PEPTO-BISMOL MAX STRENGTH SUSP *(Use bismuth subsalicylate)*	9	
PEPTO-BISMOL TO-GO CHEW *(Use bismuth subsalicylate)*	9	
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	1	
diphenoxylate w/ atropine tabs 2.5 MG-0.025 MG	1	
diphenoxylate w/ atropine liqd 2.5 MG/5ML-0.025 MG/5ML	1	
IMODIUM A-D CAPS *(Use loperamide hcl)*	9	RX/OTC
IMODIUM A-D TABS *(Use loperamide hcl)*	9	

Drug Name	Drug Tier	Requirements/Limits
LOMOTIL TABS 2.5 MG-0.025 MG *(Use diphenoxylate w/ atropine)*	9	
loperamide hcl tabs	1	
loperamide hcl caps	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate tabs	1	QL(120 ea per fill retail)
chlorpheniramine maleate syrp	1	QL(60 ml daily)
CHLOR-TRIMETON TABS *(Use chlorpheniramine maleate)*	9	QL(120 ea per fill retail)
CHLOR-TRIMETON SYRP *(Use chlorpheniramine maleate)*	9	QL(60 ml daily)
dexchlorpheniramine maleate soln	1	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY TABS *(Use diphenhydramine hcl)*	9	QL(4 ea daily)
BENADRYL ALLERGY CAPS *(Use diphenhydramine hcl)*	9	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD *(Use diphenhydramine hcl)*	9	QL(240 ml per fill retail)
BENADRYL ALLERGY ULTRATABS TABS *(Use diphenhydramine hcl)*	9	QL(4 ea daily)
clemastine fumarate tabs 1.34 MG	1	
diphenhydramine hcl elix 12.5 MG/5ML	1	QL(240 ml per fill retail)
diphenhydramine hcl tabs 25 MG	1	QL(4 ea daily)
diphenhydramine hcl caps	1	QL(4 ea daily)
diphenhydramine hcl liqd 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	1	QL(240 ml per fill retail)
Antihistamines - Piperidines		
cyproheptadine hcl syrp	1	
cyproheptadine hcl tabs	1	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
Vasodilators		
hydralazine hcl tabs	1	MP
minoxidil 2.5 MG, 10 MG	1	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
trimethoprim tabs	1	
TRIMETHOPRIM TABS	1	
Anti-infective Misc. - Combinations		
BACTRIM TABS 80 MG-400 MG *(Use sulfamethoxazole-trimethoprim)*	9	

Drug Name	Drug Tier	Requirements/Limits
BACTRIM DS TABS 160 MG-800 MG *(Use sulfamethoxazole-trimethoprim)*	9	
sulfamethoxazole-trimethoprim tabs	1	
sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML	1	
Glycopeptides		
vancomycin hcl solr iv 1 GM, 500 MG, 1000 MG	1	
Leprostatics		
dapsone	1	PA
Lincosamides		
CLEOCIN 150 MG, 300 MG *(Use clindamycin hcl)*	9	
CLEOCIN PEDIATRIC GRANULES *(Use clindamycin palmitate hydrochloride)*	9	
clindamycin hcl 150 MG, 300 MG	1	
clindamycin palmitate hydrochloride	1	
Oxazolidinones		
SIVEXTRO TABS	1	QL(6 ea per fill retail);PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS *(Use pyridostigmine bromide)*	9	
MESTINON TIMESPAN TBCR *(Use pyridostigmine bromide)*	9	
pyridostigmine bromide tabs 60 MG	1	
pyridostigmine bromide tbcr	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl tabs	1	MP
isoniazid tabs	1	MP
isoniazid syrp	1	MP
MYAMBUTOL TABS 400 MG *(Use ethambutol hcl)*	9	MP
pyrazinamide	1	
RIFADIN CAPS *(Use rifampin)*	9	
rifampin caps	1	
TRECATOR	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN *(Use melphalan)*	9	
cyclophosphamide caps	1	
LEUKERAN	1	
melphalan	1	
MYLERAN TABS	1	
TEMODAR SOLR	1	SP;PA
Antimetabolites		

Drug Name	Drug Tier	Requirements/Limits
mercaptopurine tabs	1	
PURIXAN SUSP	1	
Antineoplastic - Hormonal and Related Agents		
EMCYT	1	SP
EULEXIN	1	
flutamide	1	
LYSODREN	1	SP
megestrol acetate tabs	1	
megestrol acetate susp	1	
Antineoplastic Enzyme Inhibitors		
ISTODAX (OVERFILL) SOLR *(Use romidepsin)*	1	PA
romidepsin solr	1	PA
Antineoplastics Misc.		
bexarotene	1	SP;PA
MATULANE	1	SP
TARGRETIN *(Use bexarotene)*	9	SP;PA
tretinoin (chemotherapy)	1	SP
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium tabs	1	
MESNEX TABS	1	SP
Mitotic Inhibitors		
etoposide caps	1	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	1	SP;PA
ANTIPARKINSON AND RELATED THERAPY		
AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Anticholinergics		
benztropine mesylate soln	1	
COGENTIN SOLN *(Use benztropine mesylate)*	9	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps	1	AL(At least 18 yrs old)
lithium carbonate tabs	1	AL(At least 18 yrs old)
lithium carbonate tbcr	1	AL(At least 18 yrs old)
LITHOBID TBCR *(Use lithium carbonate)*	9	AL(At least 18 yrs old)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln or .05 MG/ML	1	MP
digoxin tabs .125 MG, .25 MG, 125 MCG, 250 MCG	1	MP
LANOXIN TABS .125 MG, .25 MG, 125 MCG, 250 MCG *(Use digoxin)*	1	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
isoxsuprine hcl 10 MG	1	
Prostaglandin Vasodilators		
epoprostenol sodium	1	SP

Drug Name	Drug Tier	Requirements/Limits
FLOLAN *(Use epoprostenol sodium)*	9	SP
REMODULIN SOLN IJ 20 MG/20ML, 50 MG/20ML	1	SP;PA
treprostinil soln ij 20 MG/20ML, 50 MG/20ML	1	SP;PA
VELETRI *(Use epoprostenol sodium)*	9	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
REVATIO SOLN *(Use sildenafil citrate (pulmonary hypertension))*	9	SP;PA
sildenafil citrate (pulmonary hypertension) soln	1	SP;PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 3rd Generation		
ceftriaxone sodium ij 1 GM, 250 MG, 500 MG	1	QL(3 ea per fill retail)
CHEMICALS		
Bulk Chemicals - V's		
VANADYL SULFATE HYDRATE	1	RX/OTC
Liquids		
CASTOR OIL	1	RX/OTC
HM CASTOR OIL	1	RX/OTC
QC CASTOR OIL	1	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Emergency Contraceptives		
ELLA	1	
levonorgestrel (emergency oc) 1.5 MG	1	
PLAN B ONE-STEP *(Use levonorgestrel (emergency oc))*	9	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
dexamethasone sodium phosphate soln ij 4 MG/ML, 20 MG/5ML, 120 MG/30ML	1	QL(5 ml daily)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	1	QL(5 ml daily)
prednisolone sodium phosphate soln 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 100 MG, 200 MG	1	AL(At least 10 yrs old)
DELSYM SUER *(Use dextromethorphan polistirex)*	9	
DELSYM COUGH CHILDRENS SUER *(Use dextromethorphan polistirex)*	9	
dextromethorphan polistirex suer	1	
dextromethorphan polistirex lqcr	1	

Drug Name	Drug Tier	Requirements/Limits
HYCODAN SOLN 5 MG/5ML-1.5 MG/5ML *(Use hydrocodone bitartrate-homatropine methylbromide)*	9	QL(240 ml per fill retail)
hydrocodone bitartrate-homatropine methylbromide soln 5 MG/5ML-1.5 MG/5ML	1	QL(240 ml per fill retail)
TESSALON PERLES *(Use benzonatate)*	9	AL(At least 10 yrs old)
Cough/Cold/Allergy Combinations		
acetaminophen w/ dm susp 5 MG/5ML-160 MG/5ML	1	
ADVIL COLD & SINUS TABS 200 MG-30 MG *(Use pseudoephedrine-ibuprofen)*	9	
brompheniramine & phenyleph elix 1 MG/5ML-2.5 MG/5ML	1	QL(120 ml per fill retail)
brompheniramine & phenyleph liqd 2 MG/10ML-5 MG/10ML	1	QL(120 ml per fill retail)
brompheniramine & pseudoeph elix 1 MG/5ML-15 MG/5ML	1	QL(120 ml per fill retail)
brompheniramine & pseudoeph liqd 1 MG/5ML-15 MG/5ML	1	QL(120 ml per fill retail)
CHERACOL PLUS LIQD 10 MG/5ML-100 MG/5ML *(Use dextromethorphan-guaifenesin)*	9	
CHERACOL-D COUGH LIQD 10 MG/5ML-100 MG/5ML *(Use dextromethorphan-guaifenesin)*	9	
COLD & ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	1	QL(120 ml per fill retail)
dextromethorphan-doxylamine-acetaminophen liqd	1	
dextromethorphan-guaifenesin tabs	1	
dextromethorphan-guaifenesin tb12 30 MG-600 MG	1	
dextromethorphan-guaifenesin syrp 10 MG/5ML-100 MG/5ML, 10 MG/5ML-100 MG/5ML-100 MG/5ML-10 MG/5ML	1	
dextromethorphan-guaifenesin liqd 10 MG/5ML-100 MG/5ML, 10 MG/5ML-200 MG/5ML, 15 MG/7.5ML-150 MG/7.5ML, 20 MG/10ML-200 MG/10ML, 20 MG/10ML-400 MG/10ML, 20 MG/20ML-400 MG/20ML, 5 MG/5ML-100 MG/5ML	1	

Drug Name	Drug Tier	Requirements/Limits
dextromethorphan-phenylephrine-acetaminophen caps 10 MG-5 MG-325 MG	1	
DIMETAPP CHILDREN'S COLD& ALLERGY LIQD 2 MG/10ML-5 MG/10ML	1	QL(120 ml per fill retail)
DIMETAPP COLD & ALLERGY ELIX 1 MG/5ML-2.5 MG/5ML *(Use brompheniramine & phenyleph)*	9	QL(120 ml per fill retail)
ED BRON GP LIQD 100 MG/5ML-5 MG/5ML	1	
guaifenesin-codeine liqd 100 MG/5ML-10 MG/5ML	1	QL(240 ml per fill retail)
guaifenesin-codeine soln 100 MG/5ML-10 MG/5ML	1	QL(240 ml per fill retail)
guaifenesin-codeine syrp 100 MG/5ML-10 MG/5ML	1	QL(240 ml per fill retail)
HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	1	QL(120 ml per fill retail)
LOHIST-D LIQD 30 MG/5ML-2 MG/5ML	1	
MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML	1	
MUCINEX D TB12 60 MG-600 MG *(Use pseudoephedrine-guaifenesin)*	9	
MUCINEX DM TB12 30 MG-600 MG *(Use dextromethorphan-guaifenesin)*	9	
phenylephrine-chlorphen-dm liqd 15 MG/5ML-10 MG/5ML-4 MG/5ML	1	
phenylephrine-dm soln 5 MG/5ML-2.5 MG/5ML	1	
phenylephrine-dm liqd 5 MG/5ML-2.5 MG/5ML	1	
phenylephrine-doxylamine-dextromethorphan-acetaminophen misc 6.25 MG-5 MG-325 MG	1	
promethazine & phenylephrine syrp 5 MG/5ML-6.25 MG/5ML	1	QL(240 ml per fill retail);AL(At least 2 yrs old)
promethazine w/codeine soln 6.25 MG/5ML-10 MG/5ML	1	QL(240 ml per fill retail);AL(At least 2 yrs old)
promethazine w/codeine syrp 6.25 MG/5ML-10 MG/5ML	1	QL(240 ml per fill retail);AL(At least 2 yrs old)
promethazine-dm syrp 15 MG/5ML-6.25 MG/5ML	1	QL(240 ml per fill retail)
promethazine-phenylephrine-codeine 5 MG/5ML-10 MG/5ML-6.25 MG/5ML	1	QL(240 ml per fill retail);AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
pseudoephed-bromphen-dm syrp 2 MG/5ML-10 MG/5ML-30 MG/5ML	1	
pseudoephedrine w/ codeine-gg soln 30 MG/5ML-10 MG/5ML-100 MG/5ML	1	QL(240 ml per fill retail)
pseudoephedrine-guaifenesin tb12 60 MG-600 MG	1	
pseudoephedrine-ibuprofen tabs 200 MG-30 MG	1	
QC DIBROMM CHILDRENS COLD& ALLERGY LIQD 2 MG/10ML-5 MG/10ML	1	QL(120 ml per fill retail)
QC TRIACTING DAYTIME CHILDRENS SYRP 5 MG/5ML-2.5 MG/5ML	1	
SM COLD & ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	1	QL(120 ml per fill retail)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP 5 MG/5ML-2.5 MG/5ML	1	
TYLENOL COLD/COUGH/SORE THROAT CHILDRENS SUSP 5 MG/5ML-160 MG/5ML	1	
VIRTUSSIN DAC SOLN 30 MG/5ML-70 %-10 MG/5ML-100 MG/5ML	1	QL(240 ml per fill retail)
WAL-TAP COLD/ALLERGY LIQD 2 MG/10ML-5 MG/10ML	1	QL(120 ml per fill retail)
Expectorants		
guaifenesin syrp	1	
guaifenesin tb12	1	
guaifenesin liqd	1	
MUCINEX TB12 *(Use guaifenesin)*	9	
MUCINEX MAXIMUM STRENGTH TB12 *(Use guaifenesin)*	9	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) nebu .9 %, 3 %, 10 %	1	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Antineoplastic or Premalignant Lesion Agents - Topical		
CARAC CREA *(Use fluorouracil (topical))*	9	QL(30 gm per fill retail)
EFUDEX CREA *(Use fluorouracil (topical))*	9	QL(40 gm per fill retail)
fluorouracil (topical) crea 5 %	1	QL(40 gm per fill retail)
fluorouracil (topical) crea .5 %	1	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
fluorouracil (topical) soln	1	QL(10 ml per fill retail)
Antiseborrheic Products		
selenium sulfide lotn 2.5 %	1	QL(120 ml per fill retail)
Burn Products		
SILVADENE *(Use silver sulfadiazine)*	9	
silver sulfadiazine	1	
Corticosteroids - Topical		
EPIFOAM FOAM 1 %-1 %	1	
hydrocortisone (topical) crea .5 %, 1 %	1	RX/OTC
Eczema Agents		
DUPIXENT SOPN 200 MG/1.14ML	2	
Emollient/Keratolytic Agents		
urea crea 40 %	1	QL(210 gm per fill retail);RX/OTC
urea lotn 40 %	1	QL(240 gm per fill retail)
Emollients		
lactic acid (ammonium lactate) lotn 12 %	1	RX/OTC
lactic acid (ammonium lactate) crea	1	RX/OTC
Keratolytic/Antimitotic Agents		
KERALYT GEL *(Use salicylic acid)*	9	QL(40 gm per fill retail)
podofilox soln	1	QL(4 ml per fill retail)
salicylic acid gel 6 %	1	QL(40 gm per fill retail)
Local Anesthetics - Topical		
dibucaine	1	QL(30 gm per fill retail)
lidocaine hcl gel 2 %	1	RX/OTC
Misc. Topical		
ALCOHOL WIPES MISC	1	
COLEMAN 100 MAX INSECT REPELLENT LIQD	1	
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	1	
COLEMAN BOTANICALS INSECTREPELLENT LIQD	1	
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	1	
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	1	
COLEMAN SKINSMART INSECTREPELLENT AERO	1	
COLEMAN SKINSMART INSECTREPELLENT LIQD	1	
COLEMAN SKINSMART INSECTREPELLENT/GO READY SPRAY PEN LIQD	1	
CUTTER AERO	1	
CUTTER ALL FAMILY LIQD	1	
CUTTER ALL FAMILY AERO	1	
CUTTER BACKWOODS LIQD	1	

Drug Name	Drug Tier	Requirements/Limits
CUTTER BACKWOODS AERO	1	
CUTTER BACKWOODS DRY AERO	1	
CUTTER DRY AERO	1	
CUTTER LEMON EUCALYPTUS LIQD	1	
CUTTER NATURAL LIQD	1	
CUTTER NATURAL AERO	1	
CUTTER SKINSATIONS AERO	1	
CUTTER SKINSATIONS LIQD	1	
CUTTER SPORT AERO	1	
CVS INSECT REPELLENT AERO	1	
CVS ISOPROPYL ALCOHOL WIPES MISC	1	
CVS TOTAL HOME INSECT REPELLENT AERO 0.2 %-2 %-10 %	1	
DRYSOL SOLN	1	
EAGLE WATCH MOSQUITO ELIMINATOR LIQD	1	
ISOPROPYL ALCOHOL WIPES MISC	1	
MAXI DEET LIQD	1	
MEDPURA ALCOHOL PADS MISC	1	
NATRAPEL LIQD	1	
NATRAPEL 12-HOUR TICK & INSECT REPELLENT CONTINUOUS SPRAY AERO	1	
OFF ACTIVE AERO	1	
OFF DEEP WOODS LIQD	1	
OFF DEEP WOODS AERO	1	
OFF DEEP WOODS DRY AERO	1	
OFF DEEP WOODS SPORTSMEN LIQD	1	
OFF DEEP WOODS SPORTSMEN AERO	1	
OFF FAMILYCARE CLEAN FEEL LIQD	1	
OFF FAMILYCARE SMOOTH & DRY AERO	1	
OFF FAMILYCARE TROPICAL FRESH LIQD	1	
OFF FAMILYCARE UNSCENTED LIQD	1	
OFF SMOOTH & DRY AERO	1	
RA ISOPROPYL ALCOHOL WIPES MISC	1	
RANGER READY REPELLENT LIQD	1	
REPEL 100 LIQD	1	
REPEL FAMILY AERO	1	
REPEL FAMILY DRY AERO	1	
REPEL HUNTERS FORMULA AERO	1	

Drug Name	Drug Tier	Requirements/Limits
REPEL LEMON EUCALYPTUS INSECT REPELLENT AERO	1	
REPEL SPORTSMEN AERO	1	
REPEL SPORTSMEN DRY AERO	1	
REPEL SPORTSMEN MAX AERO	1	
REPEL SPORTSMEN MAX LOTN	1	
REPEL SPORTSMEN MAX LIQD	1	
REPEL TICK DEFENSE AERO	1	
SAWYER INSECT REPELLENT AERO	1	
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	1	
SAWYER PREMIUM INSECT REPELLENT LIQD	1	
ULTRATHON INSECT REPELLENT LOTN	1	
ULTRATHON INSECT REPELLENT 8 AERO	1	
zinc oxide (topical) oint 20 %, 40 %	1	QL(60 gm per fill retail)
Rosacea Agents		
METROCREAM CREA *(Use metronidazole (topical))*	9	QL(45 gm per fill retail)
METROLOTION LOTN *(Use metronidazole (topical))*	9	
metronidazole (topical) lotn	1	
metronidazole (topical) crea	1	QL(45 gm per fill retail)
metronidazole (topical) gel .75 %	1	QL(45 gm per fill retail)
Tar Products		
coal tar extract sham .5 %, 1 %	1	
DHS TAR SHAM *(Use coal tar extract)*	9	
DHS TAR GEL SHAM *(Use coal tar extract)*	9	
IONIL-T SHAM *(Use coal tar extract)*	9	
NEUTROGENA T/GEL SHAM *(Use coal tar extract)*	9	
Wound Care Products		
ALGICELL CALCIUM DRESSING2"X2" MISC	1	
ALGICELL CALCIUM DRESSING3/4"X12" MISC	1	
ALGICELL CALCIUM DRESSING4"X4" MISC	1	
ALGICELL CALCIUM DRESSING4"X8" MISC	1	
ALGISITE M 2"X2" MISC	1	
ALGISITE M 3/4"X12" MISC	1	
ALGISITE M 4"X4" MISC	1	
ALGISITE M 6"X8" MISC	1	
calcium alginate misc	1	
CARETOUCH 4"X4" MISC	1	

Drug Name	Drug Tier	Requirements/Limits
DERMAGINATE DRESSING 12" MISC	1	
DERMAGINATE DRESSING 4"X4" PADS	1	
KENDALL CALCIUM ALGINATEDRESSING 12"X24" MISC	1	
KENDALL CALCIUM ALGINATEDRESSING 2"X2" MISC	1	
KENDALL CALCIUM ALGINATEDRESSING 4"X4" MISC	1	
KENDALL CALCIUM ALGINATEDRESSING 4"X5-1/2" MISC	1	
KENDALL CALCIUM ALGINATEDRESSING 6"X10" MISC	1	
KENDALL CALCIUM ALGINATEDRESSING 8"X4" MISC	1	
KENDALL CALCIUM ALGINATEDRESSING PLUS 4"X4" MISC	1	
KENDALL CALCIUM ALGINATEDRESSING ROPE 12" MISC	1	
KENDALL CALCIUM ALGINATEDRESSING ROPE 24" MISC	1	
KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	1	
MAXORB II ALGINATE DRESSING 4"X4" MISC	1	
RESTORE CALCICARE DRESSING 12" ROPE MISC	1	
RESTORE CALCICARE DRESSING 2"X2" MISC	1	
RESTORE CALCICARE DRESSING 4"X4" MISC	1	
RESTORE CALCICARE DRESSING 4"X8" MISC	1	
RESTORE CALCIUM ALGINATEDRESSING 4"X4" MISC	1	
RESTORE SILVER DRESSING 2"X2" PADS	1	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
CHEMSTRIP-K STRP	1	
FORA GTEL BLOOD KETONE TEST STRIPS	1	QL(1 ea daily)
GOJJI BLOOD KETONE TEST STRIPS	1	QL(1 ea daily)
KETONE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS	1	QL(1 ea daily)
PRECISION XTRA	1	QL(1 ea daily)
PTS PANELS KETONE TEST	1	QL(1 ea daily)
RELION KETONE TEST STRIPS STRP	1	
TRUE METRIX PRO GLUCOSE TEST STRIPS STRP	2	QL(5 ea daily);RX/OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		

Drug Name	Drug Tier	Requirements/Limits
DEPLIN 15 90.314 MG-15 MG	1	
DEPLIN 7.5 90.314 MG-7.5 MG	1	
ELFOLATE TABS	1	
LEVOMEFOLATE CALCIUM ALGAL POWDER	1	
l-methylfolate tabs 7.5 MG, 15 MG	1	
L-METHYLFOLATE CA/S-ALGAL 90.314 MG-15 MG	1	
L-METHYLFOLATE CALCIUM TABS	1	
L-METHYLFOLATE FORTE	1	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12	1	MP
acetazolamide tabs	1	MP
methazolamide tabs	1	
Diuretic Combinations		
ALDACTAZIDE 25 MG-25 MG *(Use spironolactone & hydrochlorothiazide)*	9	MP
amiloride & hydrochlorothiazide 5 MG-50 MG	1	QL(1 ea daily)
DYAZIDE CAPS 37.5 MG-25 MG *(Use triamterene & hydrochlorothiazide)*	9	QL(1 ea daily);MP
MAXZIDE TABS 75 MG-50 MG *(Use triamterene & hydrochlorothiazide)*	9	QL(1 ea daily);MP
MAXZIDE-25 TABS 37.5 MG-25 MG *(Use triamterene & hydrochlorothiazide)*	9	QL(1 ea daily);MP
spironolactone & hydrochlorothiazide 25 MG-25 MG	1	MP
triamterene & hydrochlorothiazide caps 37.5 MG-25 MG	1	QL(1 ea daily);MP
triamterene & hydrochlorothiazide tabs	1	QL(1 ea daily);MP
Loop Diuretics		
bumetanide tabs	1	MP
BUMEX TABS *(Use bumetanide)*	9	MP
furosemide soln ij 10 MG/ML	1	
furosemide tabs	1	MP
LASIX TABS *(Use furosemide)*	9	MP
SOAANZ TABS	1	MP
torsemide tabs	1	MP
Potassium Sparing Diuretics		
ALDACTONE TABS *(Use spironolactone)*	9	MP
amiloride hcl tabs	1	QL(4 ea daily)
spironolactone tabs	1	MP
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	1	MP

Drug Name	Drug Tier	Requirements/Limits
hydrochlorothiazide caps	1	MP
hydrochlorothiazide tabs	1	MP
indapamide tabs 1.25 MG, 2.5 MG	1	MP
metolazone	1	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	1	SP;PA
Metabolic Modifiers		
CARNITOR TABS *(Use levocarnitine (metabolic modifiers))*	9	
CARNITOR SOLN OR *(Use levocarnitine (metabolic modifiers))*	9	
CARNITOR SF SOLN OR *(Use levocarnitine (metabolic modifiers))*	9	
FABRAZYME	1	SP;PA
GALAFOLD	1	QL(0.5 ea daily);PA
levocarnitine (metabolic modifiers) tabs	1	
levocarnitine (metabolic modifiers) soln or 1 GM/10ML	1	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML *(Use desmopressin acetate)*	9	SP;PA
DDAVP .01 % *(Use desmopressin acetate spray)*	9	QL(5 ml per fill retail)
DDAVP	1	QL(5 ml per fill retail)
DDAVP SOLN IJ 4 MCG/ML *(Use desmopressin acetate)*	9	SP
DDAVP TABS *(Use desmopressin acetate)*	9	QL(3 ea daily)
desmopressin acetate soln ij	1	SP;PA
desmopressin acetate tabs	1	QL(3 ea daily)
desmopressin acetate spray	1	QL(5 ml per fill retail)
desmopressin acetate spray refrigerated	1	QL(5 ml per fill retail)
Vasopressin Receptor Antagonists		
JYNARQUE TBPK 0	1	PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP *(Use simethicone)*	9	QL(30 ml per fill retail)
MYLICON INFANTS GAS RELIEF DYE FREE SUSP *(Use simethicone)*	9	QL(30 ml per fill retail)
simethicone susp	1	QL(30 ml per fill retail)
simethicone liqd or	1	QL(30 ml per fill retail)
simethicone chew 80 MG	1	
Intestinal Acidifiers		

Drug Name	Drug Tier	Requirements/Limits
lactulose (encephalopathy)	1	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbcr 10 MEQ, 540 MG, 1080 MG	1	
potassium citrate-citric acid pack 3300 MG-1002 MG	1	
sodium citrate & citric acid 334 MG/5ML-500 MG/5ML	1	RX/OTC
UROCIT-K 10 TBCR *(Use potassium citrate (alkalinizer))*	9	
UROCIT-K 5 TBCR *(Use potassium citrate (alkalinizer))*	9	
Genitourinary Irrigants		
sodium chloride (gu irrigant) .9 %	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	1	QL(3 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG	1	
PYRIDIUM TABS *(Use phenazopyridine hcl)*	9	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
CORIFACT	1	SP;PA
FIBRYGA	1	SP;PA
RIASTAP	1	SP;PA
TRETTEN	1	SP;PA
Hematorheologic Agents		
pentoxifylline	1	MP
Platelet Aggregation Inhibitors		
AGRYLIN .5 MG *(Use anagrelide hcl)*	9	
anagrelide hcl	1	
cilostazol	1	QL(2 ea daily);MP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Cobalamins		
cyanocobalamin soln ij	1	
Folic Acid/Folates		
folic acid tabs	1	
Stem Cell Mobilizers		
MOZOBIL	1	SP;PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
LYSTEDA TABS *(Use tranexamic acid)*	9	QL(30 ea per 5 days retail)
tranexamic acid tabs	1	QL(30 ea per 5 days retail)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) caps 50 MG	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
UNISOM SLEEPGELS CAPS *(Use diphenhydramine hcl (sleep))*	9	QL(4 ea daily)
Non-Barbiturate Hypnotics		
midazolam hcl soln ij	1	PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs	1	QL(10 ea daily)
EVAC POWD *(Use psyllium)*	9	
FIBERCON TABS *(Use calcium polycarbophil)*	9	QL(10 ea daily)
KONSYL DAILY FIBER POWD *(Use psyllium)*	9	
KONSYL DAILY FIBER PACK 83 %, 100 %	1	
KONSYL DAILY PSYLLIUM FIBER PACK	1	
KONSYL ORIGINAL DAILY FIBER PACK	1	
METAMUCIL POWD *(Use psyllium)*	9	
METAMUCIL CAPS *(Use psyllium)*	9	
METAMUCIL ORIGINAL TEXTURE POWD *(Use psyllium)*	9	
NATURAL FIBER LAXATIVE POWD	1	
psyllium caps .52 GM, 400 MG	1	
psyllium powd 25 %, 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 49 %, 51.7 %, 57.6 %, 58.6 %, 100 %	1	
REGULOID POWD	1	
Laxative Combinations		
GOLYTELY SOLR 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM *(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	9	
NULYTELY 420 GM-5.72 GM-1.48 GM-11.2 GM *(Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)*	9	
NULYTELY/FLAVOR PACKS 420 GM-5.72 GM-1.48 GM-11.2 GM *(Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)*	9	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride 420 GM-5.72 GM-1.48 GM-11.2 GM	1	
sennosides-docusate sodium tabs	1	
SENOKOT S TABS 8.6 MG-50 MG *(Use sennosides-docusate sodium)*	9	
Laxatives - Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
glycerin (laxative) supp 1 GM, 1.2 GM, 2 GM, 2.1 GM, 2.8 GM, 80.7 %	1	
GLYCERIN ADULT SUPP *(Use glycerin (laxative))*	9	
lactulose soln	1	
MIRALAX PACK *(Use polyethylene glycol 3350)*	9	
MIRALAX POWD *(Use polyethylene glycol 3350)*	9	
MIRALAX MIX-IN PAX PACK *(Use polyethylene glycol 3350)*	9	
PEDIA-LAX SUPP *(Use glycerin (laxative))*	9	
PEDIA-LAX SUPP	1	
polyethylene glycol 3350 pack	1	
polyethylene glycol 3350 powd	1	
SORBITOL RE 70 %	1	
Lubricant Laxatives		
FLEET OIL ENEM *(Use mineral oil)*	9	
mineral oil oil or	1	QL(4 ml daily);RX/OTC
mineral oil enem	1	
Saline Laxatives		
FLEET ENEMA ENEM 7 GM/197ML-19 GM/197ML *(Use sodium phosphates)*	9	
FLEET ENEMA SIX PACK ENEM 7 GM/118ML-19 GM/118ML *(Use sodium phosphates)*	9	
FLEET PEDIATRIC ENEM 3.5 GM/59ML-9.5 GM/59ML *(Use sodium phosphates)*	9	
magnesium citrate	1	
magnesium hydroxide susp	1	
MILK OF MAGNESIA CONCENTRATE SUSP	1	
sodium phosphates enem	1	
Stimulant Laxatives		
bisacodyl tbec	1	
bisacodyl supp	1	
castor oil oil 100 %	1	
DULCOLAX TBEC *(Use bisacodyl)*	9	
DULCOLAX SUPP *(Use bisacodyl)*	9	
DULCOLAX PINK LAXATIVE TBEC *(Use bisacodyl)*	9	
SENNA SYRP	1	
sennosides tabs 8.6 MG, 15 MG, 17.2 MG, 25 MG	1	
sennosides liqd	1	
sennosides syrp 8.8 MG/5ML	1	
SENOKOT TABS *(Use sennosides)*	9	

Drug Name	Drug Tier	Requirements/Limits
Surfactant Laxatives		
COLACE CAPS 100 MG *(Use docusate sodium)*	9	
docusate calcium	1	
docusate sodium liqd	1	
docusate sodium caps 100 MG, 250 MG	1	
docusate sodium tabs	1	
docusate sodium syrp	1	
DOCUSATE SODIUM SYRP	1	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
AMD FOAM DRESSING 4"X4" PADS	1	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	1	RX/OTC
BAND-AID FLEXIBLE ROLLEDGAUZE 3" X 2.1 YARDS MISC	1	RX/OTC
BAND-AID FLEXIBLE ROLLEDGAUZE 4" X 2.1 YARDS MISC	1	RX/OTC
BAND-AID GAUZE PADS LARGE4" X 4" PADS	1	RX/OTC
BAND-AID GAUZE PADS SMALL2" X 2" PADS	1	RX/OTC
BAND-AID KLING ROLLED GAUZE LARGE 4" X 2.5 YDS MISC	1	RX/OTC
BAND-AID KLING ROLLED GAUZE MEDIUM 3" X 2.5 YDS MISC	1	RX/OTC
BAND-AID KLING ROLLED GAUZE SMALL 2" X 2.5 YDS MISC	1	RX/OTC
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	1	RX/OTC
BIOGUARD BARRIER DRESSING/LARGE ROLL MISC	1	RX/OTC
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	1	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	1	RX/OTC
BORDERED GAUZE PADS 0	1	RX/OTC
CARRASMART PADS 0	1	RX/OTC
CARRASMART FOAM PADS 0	1	RX/OTC
COMPEED SKIN PROTECTOR DRESSING/MEDIUM/ OVAL MISC	1	RX/OTC
COMPEED SKIN PROTECTOR DRESSING/SMALL/STRIP MISC	1	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	1	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	1	RX/OTC
COVRSITE COVER DRESSING PADS 0	1	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS 0	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CRUAD GAUZE PADS 4" X 4" PADS	1	RX/OTC
CURAD HOLD TITE TUBULAR STRETCH BANDAGE/LARGE/5YDS MISC	1	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/12"X12" MISC	1	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/18"X18" MISC	1	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/36"X36" MISC	1	RX/OTC
CURITY #10 GAUZE BOLT/OVAL FOLD/36"X300' MISC	1	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	1	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	1	RX/OTC
CURITY ALL PURPOSE SPONGES 4 PLY PADS	1	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	1	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	1	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	1	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS	1	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	1	RX/OTC
CURITY AMD ANTIMICROBIALPACKING STRIPS 1"X3' MISC	1	RX/OTC
CURITY AMD ANTIMICROBIALPACKING STRIPS 1/2"X3' MISC	1	RX/OTC
CURITY AMD ANTIMICROBIALPACKING STRIPS 1/4"X3' MISC	1	RX/OTC
CURITY COVER SPONGE 4"X4" PADS	1	RX/OTC
CURITY COVER SPONGES 4"X4" PADS	1	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	1	RX/OTC
CURITY GAUZE PADS 2"X2" 12 PLY PADS	1	RX/OTC
CURITY GAUZE PADS 4"X4" 12 PLY PADS	1	RX/OTC
CURITY GAUZE SPONGE 2"X2" 8 PLY PADS	1	RX/OTC
CURITY GAUZE SPONGE 2"X2"12 PLY PADS	1	RX/OTC
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	1	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	1	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	1	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	1	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	1	RX/OTC
CURITY IODOFORM PACKING STRIP MISC	1	RX/OTC
CURITY IODOFORM PACKING STRIP 1"X15' MISC	1	RX/OTC
CURITY IODOFORM PACKING STRIP 1/2"X15' MISC	1	RX/OTC
CURITY IODOFORM PACKING STRIP 1/4"X15' MISC	1	RX/OTC
CURITY IODOFORM PACKING STRIP 2"X15' MISC	1	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 1"X30' MISC	1	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 2"X30' MISC	1	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 3"X30' MISC	1	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 4"X30' MISC	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CURITY NON-ADHERENT STRIPS 1/2"X12' MISC	1	RX/OTC
CURITY PLAIN PACKING STRIP MISC	1	RX/OTC
CURITY SPONGES/CELLULOSE FILLED/2"X2" PADS	1	RX/OTC
CURITY SPONGES/CELLULOSE FILLED/4"X4" PADS	1	RX/OTC
CURITY TRIANGULAR BANDAGE 40"X40"X56" MISC	1	RX/OTC
CVS GAUZE PADS 2"X2" 12-PLY PADS	1	RX/OTC
CVS GAUZE PADS 4"X4" 12-PLY PADS	1	RX/OTC
CVS GAUZE PADS STERILE 4"X4" PADS	1	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	1	RX/OTC
CVS TUBULAR GAUZE MISC	1	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	1	RX/OTC
DERMACEA GAUZE FLUFF ROLL 2"X3YD MISC	1	RX/OTC
DERMACEA GAUZE FLUFF ROLL 2.25"X3 YD 6 PLY MISC	1	RX/OTC
DERMACEA GAUZE FLUFF ROLL 3.4"X3.6 YD 6 PLY MISC	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DERMACEA GAUZE FLUFF ROLL 3.4"X3-1/2YD 6PLY MISC	1	RX/OTC
DERMACEA GAUZE FLUFF ROLL 4.5"X4.1 YD 6 PLY MISC	1	RX/OTC
DERMACEA GAUZE FLUFF ROLL 4-1/2"X4-1/8YD 6PLY MISC	1	RX/OTC
DERMACEA GAUZE ROLL 2"X4-1/8YD MISC	1	RX/OTC
DERMACEA GAUZE ROLL 3"X4-1/8YD MISC	1	RX/OTC
DERMACEA GAUZE ROLL 4"X4-1/8YD MISC	1	RX/OTC
DERMACEA GAUZE ROLL 6"X4-1/8YD MISC	1	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS	1	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS	1	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	1	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	1	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DERMACEA I.V. DRAIN SPONGES 2"X2" PADS	1	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	1	RX/OTC
DERMACEA I.V. SPONGES 2"X2" PADS	1	RX/OTC
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS	1	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	1	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	1	RX/OTC
DERMACEA STRETCH BANDAGE ROLL 2"X12' MISC	1	RX/OTC
DERMACEA STRETCH BANDAGE ROLL 3"X12' MISC	1	RX/OTC
DERMACEA STRETCH BANDAGE ROLL 4"X12' MISC	1	RX/OTC
DERMACEA STRETCH BANDAGE ROLL 6"X12' MISC	1	RX/OTC
DERMACEA STRETCH BANDAGE2"X4-1/8YD MISC	1	RX/OTC
DERMACEA STRETCH BANDAGE3"X4-1/8YD MISC	1	RX/OTC
DERMACEA STRETCH BANDAGE4"X4-1/8YD MISC	1	RX/OTC
DERMACEA STRETCH BANDAGE6"X12.3' MISC	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DERMACEA STRETCH BANDAGE6"X4-1/8YD MISC	1	RX/OTC
DERMACEA STRETCH BANDAGEROLL 3"X12' MISC	1	RX/OTC
DERMACEA STRETCH BANDAGEROLL 4"X12' MISC	1	RX/OTC
DERMACEA STRETCH BANDAGEROLL 6"X12' MISC	1	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS	1	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS	1	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	1	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	1	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	1	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	1	RX/OTC
DERMADRESS WATERPROOF COMPOSITE DRESSING MISC	1	RX/OTC
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4" PADS	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DRYMAX EXTRA PADS 0	1	RX/OTC
EQL GAUZE PADS 2"X2"/SMALL PADS	1	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	1	RX/OTC
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	1	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	1	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	1	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	1	RX/OTC
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	1	RX/OTC
GAUZE BANDAGE 3" MISC	1	RX/OTC
GAUZE BANDAGE/2" X 4YDS MISC	1	RX/OTC
GAUZE DRESSING 4"X4" PADS	1	RX/OTC
GAUZE PADS PADS	1	RX/OTC
GAUZE PADS 2"X2" PADS	1	RX/OTC
GAUZE PADS 4"X4" PADS	1	RX/OTC
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	1	RX/OTC
GAUZE SPONGES 4"X4" 12 PLY PADS	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GAUZE STRETCH BANDAGE 3"X2.5YD MISC	1	RX/OTC
GNP STERILE GAUZE PADS 2"X2" PADS	1	RX/OTC
HM STERILE PADS PADS	1	RX/OTC
HM STERILE PADS 2"X2" PADS	1	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	1	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	1	RX/OTC
J & J GAUZE 2"X2" 8 PLY PADS	1	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	1	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	1	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	1	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	1	RX/OTC
J & J GAUZE SPONGES 8-PLY4" X 4" MISC	1	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	1	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	1	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS	1	RX/OTC
KERLIX AMD ANTIMICROBIALBANDAGE ROLL 4-1/2"X12.3YD 6 PLY MISC	1	RX/OTC
KERLIX AMD ANTIMICROBIALBANDAGE ROLL/6 PLY/4.5"X4-1/8YD MISC	1	RX/OTC
KERLIX BANDAGE ROLL 2-1/4"X9' 6PLY MISC	1	RX/OTC
KERLIX BANDAGE ROLL 3-7/16"X3-3/16' 6PLY MISC	1	RX/OTC
KERLIX BANDAGE ROLL 4-1/2"X4-1/8YD 6PLY MISC	1	RX/OTC
KERLIX BANDAGE ROLL 4-1/2"X9.3' 8PLY MISC	1	RX/OTC
KERLIX BANDAGE ROLL/6 PLY/MEDIUM MISC	1	RX/OTC
KERLIX GAUZE ROLL LARGE 4.5"X 4.1YD 6 PLY MISC	1	RX/OTC
KERLIX GAUZE ROLL MEDIUM3.4"X3.6YD 6 PLY MISC	1	RX/OTC
KERLIX GAUZE ROLL SMALL 2.25"X 3YD 6 PLY MISC	1	RX/OTC
KERLIX SPONGES 4" X 4" 12 PLY PADS	1	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
KERLIX X-RAY DETECTABLE PACKING SPONGE 4-1/2"X22" MISC	1	RX/OTC
KERLIX X-RAY DETECTABLE SPONGES EXTRA LARGE 1-5/8" MISC	1	RX/OTC
KLING FLUFF MISC	1	RX/OTC
MIRASORB SPONGES 2" X 2" MISC	1	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	1	RX/OTC
NEXCARE ABSOLUTE WATERPROOF PREMIUM ADHESIVE PAD 2-3/8"X45" MISC	1	RX/OTC
NU GAUZE 4PLY 4"X4" PADS	1	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	1	RX/OTC
NU GAUZE PACKING STRIPS PLAIN 1/2" X 5 YDS MISC	1	RX/OTC
NU GAUZE UTERINE PACKINGSTRIPS IODOFORM 8" X 10 YDS MISC	1	RX/OTC
OPTIFOAM PADS 0	1	RX/OTC
POLYMEM NON-ADHESIVE PAD PADS	1	RX/OTC
PRIMAPORE 11-3/4"X4" MISC	1	RX/OTC
PRIMAPORE 13-3/4"X4" MISC	1	RX/OTC
PRIMAPORE 2-7/8"X2" MISC	1	RX/OTC
PRIMAPORE 4"X3-1/8" MISC	1	RX/OTC
PRIMAPORE 6"X3-1/8" MISC	1	RX/OTC
PRIMAPORE 8"X4" MISC	1	RX/OTC
QC ALL PURPOSE DRESSINGS4"X4" PADS	1	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	1	RX/OTC
QC STERILE PADS PADS 0	1	RX/OTC
RA STERILE PADS 2"X2" PADS	1	RX/OTC
RA STERILE PADS 4"X4" PADS	1	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	1	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	1	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	1	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	1	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	1	RX/OTC
SM BANDAGE ROLL 4.5"X144" MISC	1	RX/OTC
SM GAUZE PADS 2"X2" PADS	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SM GAUZE PADS 4"X4" PADS	1	RX/OTC
SM ROLLED GAUZE BANDAGE 2"X4.1YD MISC	1	RX/OTC
SM ROLLED GAUZE BANDAGE 3"X4.1YD MISC	1	RX/OTC
SM STERILE PADS PADS	1	RX/OTC
SM STERILE PADS 2"X2" PADS	1	RX/OTC
SOF-WICK 4"X4" PADS	1	RX/OTC
SOF-WIK MISC	1	RX/OTC
STERILE BANDAGE ROLL 2.25"X3YD MISC	1	RX/OTC
STERILE GAUZE PADS 2"X2" PADS	1	RX/OTC
STERILE PADS 2"X2" PADS	1	RX/OTC
STERILE PADS 4"X4" PADS	1	RX/OTC
STRETCH GAUZE BANDAGE MISC	1	RX/OTC
SURGICAL GAUZE SPONGE PADS	1	RX/OTC
TEGADERM FILM TRANSPARENT DRESS/FRAME STYLE 1-3/4"X1-3/4" MISC	1	RX/OTC
TEGADERM FOAM DRESSING 2"X2" PADS	1	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	1	RX/OTC
TEGADERM FOAM DRESSING ROLL 4"X24" MISC	1	RX/OTC
TELFA AMD ADHESIVE BANDAGE 2"X3.75" MISC	1	RX/OTC
TENDEROL UNDERCAST PADDING 2"X4 YD MISC	1	RX/OTC
TENDEROL UNDERCAST PADDING 3"X4 YD MISC	1	RX/OTC
TENDEROL UNDERCAST PADDING 4"X4 YD MISC	1	RX/OTC
TENDEROL UNDERCAST PADDING 6"X4 YD MISC	1	RX/OTC
THERAGAUZE PADS 0	1	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	1	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	1	
DUREX EXTRA SENSITIVE DEVI	1	
FANTASY LUBRICATED MISC	1	
FANTASY LUBRICATED/SPERMICIDE MISC	1	
KAMELEON LUBRICATED MISC	1	
KIMONO COLORS DEVI	1	
KIMONO LUBRICATED MISC	1	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	1	

Drug Name	Drug Tier	Requirements/Limits
KIMONO PLUS SPERMICIDE LUBRICATED MISC	1	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	1	
KIMONO PS LUBRICATED MISC	1	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	1	
KIMONO SENSATION LUBRICATED MISC	1	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	1	
KIMONO SPECIAL DEVI	1	
K-Y ME & YOU EXTRA LUBRICATED DEVI	1	
K-Y ME & YOU INTENSE DEVI	1	
MAXX LUBRICATED MISC	1	
MAXX PLUS SPERMICIDE LUBRICATED MISC	1	
PREMIUM CONDOMS LUBRICATED MISC	1	
REALITY LATEX CONDOMS/LUBRICATED MISC	1	
REALITY LATEX/ULTRA TEXTURED DEVI	1	
REALITY LATEX/ULTRA THIN DEVI	1	
TRUSTEX COLOR CONDOMS + LUBE MISC	1	
TRUSTEX LUBRICATED MISC	1	
TRUSTEX LUBRICATED EXTRALARGE MISC	1	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	1	
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	1	
TRUSTEX LUBRICATED/SPERMICIDE MISC	1	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	1	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	1	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	1	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	1	
TRUSTEX/RIA LUBRICATED MISC	1	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	1	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	1	
Diabetic Supplies		

Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNILET COMFORTOUCH LANCETS 28G	1	
1ST TIER UNILET COMFORTOUCH LANCETS 30G	1	
ACCU-CHEK AVIVA SOLN	1	
ACCU-CHEK COMPACT PLUS CLEAR CONTROL SOLUTION (2 LEVELS) SOLN	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 LIQD	1	
ACCU-CHEK SAFE-T-PRO LANCETS	1	
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	1	
ACCU-CHEK SMARTVIEW CONTROL LIQD	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE CONTROL SOLN	1	
ACTI-LANCE LANCETS 28G	1	
ACTI-LANCE LITE SAFETY LANCETS 28G	1	
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	1	
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	1	
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	1	

Drug Name	Drug Tier	Requirements/Limits
ADJUSTABLE LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
ADVANCE INTUITION CONTROL SOLUTION LIQD	1	
ADVANCE MICRO-DRAW CONTROL LEVEL 1-2 LIQD	1	
ADVANCE MICRO-DRAW NORMAL CONTROL LIQD	1	
ADVANCED MOBILE LANCET 30G	1	
ADVOCATE CONTROL SOLUTIONHIGH LIQD	1	
ADVOCATE CONTROL SOLUTIONLOW LIQD	1	
ADVOCATE LANCETS	1	
ADVOCATE LANCETS 30G	1	
ADVOCATE LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN	1	
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN	1	
ADVOCATE SAFETY LANCETS	1	
ADVOCATE SAFETY LANCETS 26G	1	
AGAMATRIX CONTROL HIGH SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
AGAMATRIX CONTROL NORMAL SOLN	1	
AGAMATRIX CONTROL NORMAL& HIGH SOLN	1	
AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	1	
AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	1	
AGAMATRIX ULTRA-THIN LANCETS 33G	1	
AIMSCO TWIST LANCETS 32G	1	
AIMSCO TWIST LANCETS 33G	1	
ALTERNATE SITE LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1	QL(1 ea per 180 days retail)
AQUALANCE LANCETS ULTRA THIN 30G	1	
ASSURE 3 CONTROL LEVEL 1/2 LIQD	1	
ASSURE 4 CONTROL LEVEL 1/2 LIQD	1	
ASSURE COMFORT LANCETS ULTRA THIN 28G	1	
ASSURE DOSE NORMAL CONTROL SOLN	1	
ASSURE DOSE NORMAL/HIGH CONTROL SOLN	1	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	1	
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	1	
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	1	
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	1	
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	1	
ASSURE II CONTROL LEVEL 1 LIQD	1	
ASSURE II CONTROL LEVEL 1/2 LIQD	1	
ASSURE LANCE LANCETS	1	
ASSURE LANCE LANCETS 21G	1	
ASSURE LANCE PLUS SAFETYLANCETS 25G	1	
ASSURE LANCE PLUS SAFETYLANCETS 30G	1	
ASSURE LANCE SAFETY LANCET 28G	1	
ASSURE LANCETS	1	
ASSURE PRISM CONTROL LEVEL 1/2 SOLN	1	
ASSURE PRO CONTROL LEVEL1/2 LIQD	1	
AURORA LANCET SUPER THIN30G	1	
AURORA LANCET THIN 23G	1	

Drug Name	Drug Tier	Requirements/Limits
AUTO-LANCET MISC	1	QL(1 ea per 180 days retail)
AUTO-LANCET MINI MISC	1	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
AUTOLET LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
AUTOLET MINI MISC	1	QL(1 ea per 180 days retail)
AUTOLET PLUS MISC	1	QL(1 ea per 180 days retail)
BD LANCET ULTRAFINE 30G	1	
BD LANCET ULTRAFINE 33G	1	
BD MICROTAINER LANCETS	1	
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	1	
BULLSEYE MINI SAFETY LANCETS	1	
BULLSEYE SAFETY LANCETS	1	
CARDIOCOM LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCINGDEVICE MISC	1	QL(1 ea per 180 days retail)
CAREONE LANCET SUPER THIN/30G	1	
CAREONE LANCET THIN	1	
CARESENS CONTROL A SOLUTION SOLN	1	
CARESENS LANCETS	1	

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	1	
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	1	QL(1 ea per 180 days retail)
CARETOUCH SAFETY LANCETS/26G	1	
CARETOUCH SAFETY LANCETS/28G	1	
CARETOUCH SAFETY LANCETS/30G	1	
CARETOUCH TWIST LANCETS 28G	1	
CARETOUCH TWIST LANCETS 30G	1	
CARETOUCH TWIST LANCETS 33G	1	
CARETOUCH TWIST LANCETS MULTI COLOR/30G	1	
CLEANLET LANCETS 28G	1	
CLEVER CHEK LANCETS ULTRATHIN	1	
CLEVER CHEK LANCETS ULTRATHIN 30G	1	
CLEVER CHOICE COMFORT EZLANCETS 21G	1	
CLEVER CHOICE COMFORT EZLANCETS 23G	1	
CLEVER CHOICE COMFORT EZLANCETS 28G	1	

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	1	
CLEVER CHOICE GLUCOSE CONTROL LOW LIQD	1	
COAGUCHEK LANCETS	1	
COMFORT ASSURED LANCETS MICRO THIN 33G	1	
COMFORT ASSURED LANCETS SUPER THIN 28G	1	
COMFORT LANCETS	1	
COMFORT TOUCH LANCETS ULTRA THIN 31G	1	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	1	
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	1	RX/OTC
CONTOUR HIGH CONTROL LIQD	1	
CONTOUR LOW CONTROL LIQD	1	
CONTOUR NEXT CONTROL LEVEL 1 SOLN	1	
CONTOUR NEXT CONTROL LEVEL 2 SOLN	1	
CONTOUR NORMAL CONTROL LIQD	1	
CONTROL SOLUTION NORMAL SOLN	1	
COOL CONTROL SOLUTION A SOLN	1	
COOL CONTROL SOLUTION B SOLN	1	
CVS LANCETS 21G	1	
CVS LANCETS MICRO THIN 33G	1	
CVS LANCETS MICRO-THIN 33G	1	
CVS LANCETS ORIGINAL	1	
CVS LANCETS THIN 26G	1	
CVS LANCETS ULTRA THIN 30G	1	
CVS LANCETS ULTRA-THIN 30G	1	
CVS LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS	1	
DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD	1	
DIATHRIVE LANCETS	1	
DIATHRIVE LANCETS ULTRA THIN 30G	1	
DIATHRIVE LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 1 SOLN	1	
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 2 SOLN	1	
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
DROPLET GENTEEL LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
DROPLET LANCETS ULTRA THIN 30G	1	
DROPLET LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
DROPLET PERSONAL LANCETS30G	1	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
DRUG MART LANCETS THIN	1	
DRUG MART ON-THE-GO LANCETS GENTLE 30G	1	
DRUG MART UNILET LANCETSSUPER THIN 30G	1	
DRUG MART UNILET LANCETSULTRA THIN 28G	1	
DRUG MART UNILET MICRO THIN LANCETS 33G	1	
DUO-CARE CONTROL SOLUTION LIQD	1	
EASY COMFORT LANCETS	1	
EASY COMFORT LANCETS 30G/PULL TOP	1	
EASY COMFORT LANCETS 30G/THIN TOP	1	
EASY COMFORT LANCETS TWIST TOP	1	
EASY MINI EJECT LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
EASY MINI LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
EASY PLUS II CONTROL SOLUTION HIGH SOLN	1	
EASY PLUS II CONTROL SOLUTION LOW SOLN	1	
EASY STEP CONTROL SOLUTION HIGH SOLN	1	
EASY STEP CONTROL SOLUTION LOW SOLN	1	
EASY STEP CONTROL SOLUTION NORMAL SOLN	1	
EASY TALK CONTROL SOLUTION HIGH SOLN	1	
EASY TALK CONTROL SOLUTION LOW SOLN	1	
EASY TALK CONTROL SOLUTION NORMAL SOLN	1	
EASY TALK PLUS II CONTROLHIGH SOLN	1	
EASY TALK PLUS II CONTROLLOW SOLN	1	
EASY TOUCH CONTROL SOLUTION/HIGH & LOW SOLN	1	
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	1	
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	1	
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	1	
EASY TOUCH LANCETS 26G/PULL-TOP	1	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	1	
EASY TOUCH LANCETS 28G/PULL-TOP	1	
EASY TOUCH LANCETS 28G/TWIST	1	
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	1	
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	1	
EASY TOUCH LANCETS 30G/PULL-TOP	1	
EASY TOUCH LANCETS 30G/TWIST	1	
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	1	
EASY TOUCH LANCETS 32G/PULL-TOP	1	
EASY TOUCH LANCETS 32G/TWIST	1	
EASY TOUCH LANCETS 33G/TWIST	1	
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	QL(1 ea per 180 days retail)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	1	
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	1	
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	1	
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	1	
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	1	
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	1	
EASY TRAK II CONTROL SOLUTION/NORMAL LIQD	1	
EASY TRAK GLUCOSE CONTROLSOLUTION HIGH SOLN	1	
EASY TRAK GLUCOSE CONTROLSOLUTION LOW SOLN	1	
EASY TRAK GLUCOSE CONTROLSOLUTION NORMAL SOLN	1	
EASY TWIST & CAP LANCETS	1	
EASYGLUCO CONTROL SOLUTION HIGH SOLN	1	
EASYGLUCO CONTROL SOLUTION LOW SOLN	1	
EASYGLUCO CONTROL SOLUTION NORMAL SOLN	1	
EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	1	
EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
EASYMAX CONTROL SOLUTIONNORMAL SOLN	1	
EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	1	
ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 SOLN	1	
ELEMENT COMPACT CONTROL SOLUTION LEVEL 3 SOLN	1	
ELEMENT HIGH CONTROL LIQD	1	
ELEMENT LOW CONTROL LIQD	1	
ELEMENT NORMAL CONTROL LIQD	1	
EMBRACE CONTROL SOLUTIONLOW SOLN	1	
EMBRACE EVO GLUCOSE CONTROL SOLUTION LEVEL 1 LIQD	1	
EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	1	
EMBRACE LANCETS ULTRA THIN 30G	1	
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1	QL(1 ea per 180 days retail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	1	
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	1	
EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	1	
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	1	
EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW SOLN	1	
EQL COLOR LANCETS 21G	1	
EQL COLOR LANCETS MICRO THIN 33G	1	
EQL SUPER THIN LANCETS 30G	1	
EQL THIN LANCETS 26G	1	
EVENCARE CONTROL SOLUTION LIQD	1	
EVENCARE G2 GLUCOSE CONTROL SOLUTION/LOW-HIGH SOLN	1	
EVENCARE G3 GLUCOSE CONTROL SOLUTION/LOW-HIGH SOLN	1	
EVENCARE MINI GLUCOSE CONTROL SOLUTION NORMAL SOLN	1	
EVOLUTION CONTROL SOLUTION NORMAL SOLN	1	
E-Z JECT LANCETS	1	
E-Z JECT LANCETS 21G	1	
E-Z JECT LANCETS COLOR	1	

Drug Name	Drug Tier	Requirements/Limits
E-Z JECT LANCETS SUPER THIN 30G	1	
E-Z JECT LANCETS THIN 26G	1	
E-ZJECT LANCETS MICRO-THIN 33G	1	
EZ-LETS LANCETS 21G	1	
EZ-LETS LANCETS 26G SUPER-SOFT	1	
EZ-LETS LANCETS 28G ULTRA-SOFT	1	
EZ-LETS LANCETS 30G	1	
FIFTY50 SAFETY SEAL LANCETS 30G	1	
FIFTY50 SAFETY SEAL LANCETS 32G	1	
FIFTY50 UNILET LANCETS 33G	1	
FINE 30	1	
FINGERSTIX LANCETS	1	
FORA CONTROL SOLUTION HIGH SOLN	1	
FORA CONTROL SOLUTION LOW SOLN	1	
FORA CONTROL SOLUTION NORMAL SOLN	1	
FORA LANCETS	1	
FORA LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
FORA LANCING DEVICE/CLEARCAP MISC	1	QL(1 ea per 180 days retail)
FORACARE GDH CONTROL SOLUTION HIGH SOLN	1	
FORACARE GDH CONTROL SOLUTION LOW SOLN	1	
FORACARE GDH CONTROL SOLUTION NORMAL SOLN	1	
FORTISCARE CONTROL SOLUTIONS HIGH SOLN	1	
FORTISCARE CONTROL SOLUTIONS LOW SOLN	1	
FORTISCARE CONTROL SOLUTIONS NORMAL SOLN	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	1	
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	1	
FREESTYLE CONTROL SOLUTION LIQD	1	
FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	1	
FREESTYLE LANCETS	1	
FREESTYLE UNISTICK II LANCETS	1	
GE100 CONTROL SOLUTION NORMAL SOLN	1	
GENTEEL BUTTERFLY TOUCH LANCETS	1	

Drug Name	Drug Tier	Requirements/Limits
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	1	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	1	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	1	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	1	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	1	QL(1 ea per 180 days retail)
GENTLE-LET GP LANCETS	1	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	1	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	1	
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	1	
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	1	
GLOBAL INJECT EASE LANCETS 28G	1	
GLOBAL INJECT EASE LANCETS 30G	1	
GLOBAL LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD	1	
GLUCOCARD 01 CONTROL SOLUTION/NORMAL SOLN	1	
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN	1	
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN	1	
GLUCOCARD X-METER CONTROLSOLUTION/NORMAL SOLN	1	
GLUCOCOM HIGH CONTROL LIQD	1	
GLUCOCOM LANCETS 28G	1	
GLUCOCOM LANCETS 30G	1	
GLUCOCOM LANCETS 33G	1	
GLUCOCOM NORMAL CONTROL LIQD	1	
GLUCOSE CONTROL NORMAL SOLN	1	
GLUCOSE CONTROL SOLUTION SOLN	1	
GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD	1	
GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
GNP LANCETS 21G	1	
GNP LANCETS THIN	1	
GNP LANCETS THIN 26G	1	
GNP LANCING SYSTEM DEVICE MISC	1	QL(1 ea per 180 days retail)
GNP STERILE LANCETS 28G	1	
GNP STERILE LANCETS 30G	1	
GNP STERILE LANCETS 33G	1	
GOJJI CONTROL SOLUTION NORMAL SOLN	1	
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	QL(1 ea per 180 days retail)
GOJJI STERILE LANCETS 30G	1	
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	1	
GOODSENSE LANCETS MICRO-THIN 33G	1	
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	1	
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	1	
GOODSENSE LANCETS ULTRA-THIN 30G	1	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	1	
GOODSENSE LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
HAEMOLANCE	1	
HAEMOLANCE LOW FLOW LANCETS	1	
HAEMOLANCE PLUS	1	
HAEMOLANCE PLUS HIGH FLOW	1	
HAEMOLANCE PLUS LOW FLOW	1	
HAEMOLANCE PLUS MAX FLOW	1	
HAEMOLANCE PLUS PEDIATRIC FLOW	1	
HEALTH CARE LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	1	
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
H-E-B INCONTROL LANCETS MICRO THIN 33G	1	
H-E-B INCONTROL LANCETS SUPER THIN 30G	1	
H-E-B INCONTROL LANCETS ULTRA THIN 28G	1	
HY-VEE LANCETS	1	
HY-VEE THIN LANCETS	1	
IN TOUCH GLUCOSE CONTROLSOLUTION SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
IN TOUCH LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
IN TOUCH STERILE LANCETS30G	1	
INFINITY CONTROL SOLUTION HIGH SOLN	1	
INFINITY CONTROL SOLUTION LOW SOLN	1	
INFINITY CONTROL SOLUTION NORMAL SOLN	1	
INFINITY VOICE LEVEL 2 LIQD	1	
KINNEY LANCETS	1	
KINNEY THIN LANCETS	1	
KROGER AUTOLET LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD	1	
KROGER HEALTHPRO TWIST LANCETS/26G	1	
KROGER LANCETS	1	
KROGER LANCETS 21G	1	
KROGER LANCETS MICRO THIN33G	1	
KROGER LANCETS SUPER THIN	1	
KROGER LANCETS THIN	1	
KROGER LANCETS THIN 26G	1	
KROGER LANCETS ULTRATHIN30G	1	
KROGER LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
LANCET DEVICE ADJUSTABLE MISC	1	QL(1 ea per 180 days retail)
LANCET DEVICE WITH EJECTOR MISC	1	QL(1 ea per 180 days retail)
LANCETS	1	
LANCETS 26G TWIST TOP	1	
LANCETS 28G	1	
LANCETS 30G	1	
LANCETS 30G TWIST TOP	1	
LANCETS 30G/TWIST TOP	1	
LANCETS 31G TWIST TOP	1	
LANCETS 33G EXTRA FINE	1	
LANCETS 33G UNIVERSAL DESIGN	1	
LANCETS MICRO THIN 33G	1	
LANCETS SAFETY SEAL 21G	1	
LANCETS SAFETY SEAL 26G	1	
LANCETS SAFETY SEAL 28G	1	
LANCETS SAFETY SEAL 30G	1	
LANCETS SUPER THIN 28G	1	
LANCETS THIN	1	
LANCETS TWIST TOP	1	
LANCETS ULTRA FINE	1	
LANCETS ULTRA THIN	1	

Drug Name	Drug Tier	Requirements/Limits
LANCETS ULTRA THIN 30G	1	
LANCETSBULLSEYE SAFETY	1	
LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
LANCING DEVICE ADJUSTABLE MISC	1	QL(1 ea per 180 days retail)
LANZO MISC	1	QL(1 ea per 180 days retail)
LEADER ADVANCED LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
LIBERTY CONTROL SOLUTION HIGH SOLN	1	
LIBERTY CONTROL SOLUTIONNORMAL SOLN	1	
LIBERTY GLUCOSE CONTROL MID SOLN	1	
LIBERTY GLUCOSE CONTROL NORMAL LIQD	1	
LIBERTY MEDICAL LANCETS 30G	1	
LIBERTY MINI LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
LIFESCAN UNISTIK 2 DEEP PENETRATION	1	
LIFESCAN UNISTIK II LANCETS	1	
LITE TOUCH LANCETS	1	
LITE TOUCH LANCING PEN MISC	1	QL(1 ea per 180 days retail)
LITETOUCH LANCETS MICRO THIN 33G	1	
LIVE BETTER ADVANCED LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
LIVE BETTER LANCET SUPERTHIN 30G	1	
LIVE BETTER LANCET ULTRATHIN 28G	1	
LONGS LANCETS STANDARD	1	
LONGS LANCETS THIN	1	
LONGS LANCETS ULTRA THIN	1	
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	1	
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	1	
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	1	
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	1	
MEDICHOICE SAFETY LANCETEXTRA	1	
MEDICHOICE SAFETY LANCETNORMAL	1	
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-LOW,1-MED,1 HIGH LIQD	1	
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-NORMAL LIQD	1	
MEDISENSE HIGH/LOW CONTROL SOLUTION LIQD	1	

Drug Name	Drug Tier	Requirements/Limits
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	1	
MEDISENSE MID CONTROL SOLUTION LIQD	1	
MEDISENSE THIN LANCETS	1	
MEDLANCE PLUS EXTRA LANCETS 21G	1	
MEDLANCE PLUS LANCETS	1	
MEDLANCE PLUS LANCETS LITE 25G	1	
MEDLANCE PLUS LITE LANCETS 25G	1	
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	1	
MEDLANCE PLUS SUPERLITE 30G	1	
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	1	
MEDLANCE PLUS UNIVERSAL LANCETS 21G	1	
MEDLANCE PLUS/LITE 25G	1	
MEDLANCE/EXTRA	1	
MEDLANCE/LITE	1	
MEDLANCE/UNIVERSAL	1	
MEIJER COLOR LANCETS UNIVERSAL 33G	1	
MEIJER LANCETS	1	
MEIJER LANCETS THIN	1	
MEIJER LANCETS UNIVERSAL21G	1	
MEIJER LANCETS UNIVERSAL30G	1	
MEIJER LANCETS UNIVERSAL33G	1	
MEIJER SUPER THIN LANCETS	1	
MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	1	
MICROLET LANCETS	1	
MICROLET NEXT MISC	1	QL(1 ea per 180 days retail)
MINI LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
MM LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
MM TWIST LANCETS	1	
MONOLET LANCETS	1	
MONOLET OPD LANCETS	1	
MONOLETTOR SAFETY LANCETS	1	
MPD SAFETY LANCET 21G/1.8MM	1	
MPD SAFETY LANCET 28G/1.8MM	1	
MPD SAFETY LANCET 30G/1.8MM	1	
MPD SAFETY LANCETS 23G/1.8MM	1	
MULTI-LANCET DEVICE MISC	1	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN	1	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	1	
NEUTEK 2TEK CONTROL SOLUTIONS SOLN	1	
NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD	1	
NOVA SAFETY LANCETS 23G	1	
NOVA SAFETY LANCETS 28G	1	
NOVA SUREFLEX LANCETS	1	
NOVA SUREFLEX LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
ONETOUCH CLUB LANCETS FINE POINT	1	
ONETOUCH DELICA LANCETS EXTRA FINE 33G	1	
ONETOUCH DELICA LANCETS FINE 30G	1	
ONETOUCH DELICA LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	1	
ONETOUCH DELICA PLUS LANCETS FINE 30G	1	
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH ULTRA CONTROL SOLN	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN	1	
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	RX/OTC
ONETOUCH VERIO MID CONTROL SOLUTION SOLN	1	
ONETOUCH VERIO REFLECT KIT	2	RX/OTC
PC LANCETS SUPER THIN 30G	1	
PERFECT LANCETS 30G	1	
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	1	
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	1	
PHARMACIST CHOICE ULTRA THIN LANCETS	1	
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	1	
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	1	

Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	1	
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	1	
PHARMACY COUNTER LANCETS	1	
PIP LANCETS/28G	1	
PIP LANCETS/30G	1	
POCKETCHEM EZ CONTROL LEVEL 1 SOLN	1	
PRECISION GLUCOSE CONTROL LIQD	1	
PRECISION GLUCOSE CONTROLSOLUTION (TRI-LEVEL/HI/LO/NORMAL) SOLN	1	
PRECISION GLUCOSE KETONECONTROL SOLUTION 1-LOW, 1-HIGH LIQD	1	
PRECISION GLUCOSE/KETONECONTROL SOLUTIONS 1-HI 1-LO LIQD	1	
PRECISION THINS GP LANCET	1	
PREFERRED PLUS LANCETS COLORED 21G	1	
PREFERRED PLUS LANCETS SUPER THIN 30G	1	
PREFERRED PLUS LANCETS THIN 26G	1	
PRESSURE ACTIVATED SAFETYLANCET 21G	1	
PRO COMFORT LANCETS 30G	1	
PRO COMFORT LANCETS 31G	1	
PRODIGY CONTROL SOLUTIONHIGH SOLN	1	
PRODIGY CONTROL SOLUTIONLOW SOLN	1	
PRODIGY LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	1	
PRODIGY SAFETY LANCETS	1	
PRODIGY TWIST TOP LANCETS	1	
PSS SELECT GP LANCETS	1	
PSS SELECT SAFETY LANCETS	1	
PURE COMFORT LANCETS 30G	1	
PUSH BUTTON SAFETY LANCETS 21G	1	
PUSH BUTTON SAFETY LANCETS 28G	1	
PX ADVANCED LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
PX LANCET AUTO INJECTOR MISC	1	QL(1 ea per 180 days retail)
PX LANCETS MICROTHIN 33G	1	
PX LANCETS ULTRA THIN	1	

Drug Name	Drug Tier	Requirements/Limits
PX LANCETS ULTRA THIN 28G	1	
QC ADVANCED LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
QC LANCETS SUPER THIN	1	
QC LANCETS ULTRA THIN	1	
QC UNILET LANCETS 28G/ULTRA THIN	1	
QC UNILET LANCETS 33G/MICRO THIN	1	
QUICKTEK CONTROL SOLUTION LIQD	1	
QUINTET GLUCOSE CONTROL/HIGH/NORMAL SOLN	1	
RA E-ZJECT LANCETS 28G	1	
RA E-ZJECT LANCETS THIN 26G	1	
RA E-ZJECT LANCETS THIN 28G	1	
RA E-ZJECT LANCETS ULTRATHIN 30G	1	
READYLANCE SAFETY LANCETS/21G/2.2MM	1	
READYLANCE SAFETY LANCETS/23G/1.8MM	1	
READYLANCE SAFETY LANCETS/26G/1.8MM	1	
READYLANCE SAFETY LANCETS/28G/1.8MM	1	
READYLANCE SAFETY LANCETS/30G/1.6MM	1	
REALITY LANCETS	1	
REALITY TRIGGER LANCETS	1	
REFUAH PLUS GLUCOSE CONTROL SOLUTION SOLN	1	
RELION 2-IN-1 LANCET DEVICES 30G MISC	1	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 25G MISC	1	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 30G MISC	1	QL(1 ea per 180 days retail)
RELION LANCETS MICRO-THIN33G	1	
RELION LANCETS THIN 26G	1	
RELION LANCETS ULTRA-THIN30G	1	
RELION LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
RELION ULTRA THIN LANCETS/30G	1	
RELION ULTRA THIN LANCETS30G	1	
RELION ULTRA THIN PLUS LANCETS 32G	1	
RELION ULTRA THIN PLUS LANCETS 33G	1	
REXALL LANCETS ULTRA THIN	1	
RIGHTEST GC300 HIGH CONTROL LIQD	1	
RIGHTEST GC300 NORMAL CONTROL LIQD	1	
RIGHTEST GD500 LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
RIGHTEST GL300 LANCETS	1	

Drug Name	Drug Tier	Requirements/Limits
SAFE-T-LANCE LOW FLOW 25G	1	
SAFE-T-LANCE NORMAL FLOW21G	1	
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	1	
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	1	
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	1	
SAFETY LANCET 21G/PRESSURE ACTIVATED	1	
SAFETY LANCET 23G/PRESSURE ACTIVATED	1	
SAFETY LANCET 28G/PRESSURE ACTIVATED	1	
SAFETY LANCET 30G/PRESSURE ACTIVATED	1	
SAFETY LANCETS	1	
SAFETY LANCETS 21G	1	
SAFETY LANCETS 28G	1	
SAFETY LET LANCETS	1	
SAFETY SEAL LANCETS 28G	1	
SAFETY SEAL LANCETS 30G	1	
SAPS HEALTH CARE TWIST TOP LANCETS	1	
SAPS HEALTH TWIST TOP LANCETS 30G	1	
SAPSCARE TWIST TOP LANCETS 30G	1	
SB LANCETS THIN	1	
SB LANCETS ULTRA THIN	1	
SELECT-LITE LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
SHOPKO AUTOLET LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
SHOPKO ON-THE-GO COMFORTLANCETS 30G	1	
SHOPKO UNILET LANCETS SUPER THIN 30G	1	
SHOPKO UNILET LANCETS ULTRA THIN 28G	1	
SIDE BUTTON SAFETY LANCET21G	1	
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
SINGLE-LET	1	
SM MICRO THIN LANCETS 33G	1	
SM TRUEDRAW LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
SMART DIABETES VANTAGE LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G	1	
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	1	

Drug Name	Drug Tier	Requirements/Limits
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	1	
SMART SENSE THIN LANCETSUNIVERSAL 26G	1	
SMARTEST CONTROL SOLUTIONMEDIUM SOLN	1	
SMARTEST LANCETS 28G	1	
SOLARTEK GLUCOSE CONTROLSOLUTIONS LIQD	1	
SOLUS V2 CONTROL HIGH SOLN	1	
SOLUS V2 CONTROL LOW SOLN	1	
SOLUS V2 LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	1	
SOLUS V2 TWIST LANCETS 30G	1	
STERILANCE TL	1	
SUPER THIN LANCETS	1	
SUPREME II HIGH/LOW CONTROL SOLUTION LIQD	1	
SURE COMFORT LANCETS 18G	1	
SURE COMFORT LANCETS 21G	1	
SURE COMFORT LANCETS 23G	1	
SURE COMFORT LANCETS 28G	1	
SURE COMFORT LANCETS 30G	1	
SURE COMFORT LANCING PEN MISC	1	QL(1 ea per 180 days retail)
SURE-LANCE FLAT LANCETS	1	
SURE-LANCE LANCETS 26G	1	
SURE-LANCE THIN LANCETS 28G	1	
SURE-LANCE ULTRA THIN LANCETS	1	
SURELITE LANCETS	1	
SURE-PEN MISC	1	QL(1 ea per 180 days retail)
SURESTEP GLUCOSE CONTROL SOLN	1	
SURESTEP GLUCOSE CONTROLSOLUTION SOLN	1	
SURESTEP PRO HIGH GLUCOSECONTROL LIQD	1	
SURESTEP PRO LOW GLUCOSECONTROL LIQD	1	
SURESTEP PRO NORMAL GLUCOSE CONTROL LIQD	1	
SURE-TOUCH LANCETS UNIVERSAL	1	
TAI DOC CONTROL SOLN	1	
TECHLITE AST LANCETS	1	
TECHLITE LANCETS	1	
TECHLITE LANCETS 30G	1	

Drug Name	Drug Tier	Requirements/Limits
TELCARE GLUCOSE CONTROL SOLUTION LEVEL 1/2 SOLN	1	
TGT LANCET MICRO THIN 33G	1	
TGT LANCET THIN 26G	1	
TGT LANCET ULTRA THIN 30G	1	
TGT LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
THINLETS GP LANCETS	1	
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
TODAYS HEALTH SUPER THINLANCETS 30G	1	
TODAYS HEALTH ULTRA THINLANCETS 28G	1	
TOPCARE LANCETS MICRO-THIN 33G	1	
TRAVEL LANCETS 30G	1	
TRAVEL LANCETS ADVANCED 28G	1	
TRUE COMFORT TWIST TOP LANCETS 30G	1	
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	1	
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	1	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	1	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	1	
TRUEDRAW LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G	1	
TRUEPLUS LANCETS 28G	1	
TRUEPLUS LANCETS 28G SUPER THIN	1	
TRUEPLUS LANCETS 30G	1	
TRUEPLUS LANCETS 30G ULTRA THIN	1	
TRUEPLUS LANCETS 33G	1	
TRUEPLUS LANCETS 33G MICRO THIN	1	
TRUEPLUS SAFETY LANCETS 28G	1	
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	1	QL(1 ea per 180 days retail)
ULTILET CLASSIC LANCETS	1	
ULTILET LANCETS	1	
ULTILET LANCETS 33G	1	
ULTILET SAFETY LANCETS 21G X 2.2MM	1	
ULTILET SAFETY LANCETS 23G	1	
ULTRA THIN LANCETS 31G	1	

Drug Name	Drug Tier	Requirements/Limits
ULTRA-CARE LANCETS 30G	1	
ULTRA-THIN II AUTO LANCET	1	
ULTRA-THIN II LANCETS 28G	1	
ULTRA-THIN II LANCETS 30G	1	
ULTRATRAK PRO CONTROL SOLUTION 2 LEVELS SOLN	1	
ULTRATRAK PRO NORMAL CONTROL SOLN	1	
ULTRATRAK ULTIMATE CONTROL SOLUTION 2 LEVELS SOLN	1	
UNILET COMFORTOUCH LANCET	1	
UNILET EXCELITE	1	
UNILET EXCELITE II	1	
UNILET G.P. LANCET	1	
UNILET G.P. SUPERLITE LANCET	1	
UNILET GP 28 ULTRA THIN	1	
UNILET LANCET	1	
UNILET LANCETS MICRO-THIN33G	1	
UNILET LANCETS SUPER-THIN30G	1	
UNILET LANCETS ULTRA-THIN 28G	1	
UNILET SUPERLITE LANCET	1	
UNISTIK 3 GENTLE	1	
UNISTIK PRO SAFETY LANCET 21G	1	
UNISTIK PRO SAFETY LANCET 25G	1	
UNISTIK PRO SAFETY LANCET 28G	1	
UNISTIK SAFETY LANCETS 28G	1	
UNISTIK SAFETY LANCETS 30G	1	
UNISTIK TOUCH SAFETY LANCETS 21G	1	
UNISTIK TOUCH SAFETY LANCETS 23G	1	
UNISTIK TOUCH SAFETY LANCETS 28G	1	
UNISTIK TOUCH SAFETY LANCETS 30G	1	
UNISTRIP CONTROL SOLUTIONHIGH SOLN	1	
UNISTRIP CONTROL SOLUTIONLOW SOLN	1	
UNIVERSAL 1 LANCETS THIN26G	1	
UNIVERSAL 1 LANCETS ULTRA THIN 30G	1	
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	1	
VALUE PLUS LANCETS STANDARD 21G	1	
VALUE PLUS LANCETS SUPERTHIN 30G	1	
VALUE PLUS LANCETS THIN 26G	1	
VALUE PLUS LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
VALUMARK LANCET SUPER THIN 30G	1	
VALUMARK LANCET ULTRA THIN 28G	1	
VERASENS GLUCOSE CONTROLLEVEL 1 LIQD	1	
VIDA MIA AUTOLET LANCINGDEVICE MISC	1	QL(1 ea per 180 days retail)
VIDA MIA UNILET LANCETS SUPER THIN 30G	1	
VIDA MIA UNILET LANCETS ULTRA THIN 28G	1	
VIVAGUARD INO CONTROL SOLUTION LIQD	1	
VIVAGUARD LANCETS	1	
VIVAGUARD LANCING DEVICE MISC	1	QL(1 ea per 180 days retail)
VIVAGUARD SAFETY LANCETS/28G	1	
WALGREENS ADVANCED TRAVELLANCETS 28G	1	
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	1	
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	1	
WALGREENS LANCETS	1	
WALGREENS THIN LANCETS	1	
WALGREENS ULTRA THIN LANCETS	1	
ZEVRX TWIST TOP LANCETS 30G	1	
GI-GU Ostomy & Irrigation Supplies		
ADVANCE PLUS COUDE 12FR 40CM KIT	1	RX/OTC
ADVANCE PLUS COUDE 14FR 40CM KIT	1	RX/OTC
ADVANCE PLUS COUDE 16FR 40CM KIT	1	RX/OTC
ADVANCE PLUS STRAIGHT 10FR 40CM KIT	1	RX/OTC
ADVANCE PLUS STRAIGHT 12FR 40CM KIT	1	RX/OTC
ADVANCE PLUS STRAIGHT 14FR 40CM KIT	1	RX/OTC
ADVANCE PLUS STRAIGHT 16FR 40CM KIT	1	RX/OTC
ADVANCE PLUS STRAIGHT 18FR 40CM KIT	1	RX/OTC
ADVANCE PLUS STRAIGHT 6FR 40CM KIT	1	RX/OTC
ADVANCE PLUS STRAIGHT 8FR 40CM KIT	1	RX/OTC
APOGEE PLUS INTERMITTENTCATHETER KIT/14FR KIT	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BARD LUBRICATH FOLEY TRAYPREP TRAY/DRAIN BAG/PORT/16FRENCH KIT	1	RX/OTC
BARD UNIVERSAL FOLEY CATHINSERT TRAY/10ML SYR/POV-IOD/CSR KIT	1	RX/OTC
BARD UNIVERSAL FOLEY CATHINSERT TRAY/30ML SYR/POV-IOD/CSR KIT	1	RX/OTC
BARD URETHRAL CATH PROCEDURE TRAY/1000ML BAG/POV-IOD/14FR KIT	1	RX/OTC
BARD URETHRAL CATH PROCEDURE TRAY/1000ML BAG/POV-IOD/15FR KIT	1	RX/OTC
BARD URETHRAL CATH TRAY/BILEVEL/15FR RED RUBBER CATH/POV-IOD KIT	1	RX/OTC
BARD URETHRAL CATH TRAY/BILEVEL/16FR PLASTIC CATH/POV-IOD KIT	1	RX/OTC
BARD URETHRAL CATH TRAY/BILEVEL/16FR RED RUBBER CATH/POV-IOD KIT	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BARD URETHRAL CATH TRAY/BILEVEL/PRE-ATT 1000ML BAG/POV-IOD KIT	1	RX/OTC
BARDEX LUBRICATH FOLEY TRAY/DRAIN BAG/GLOVES/LUB/16 FR FOLEY KIT	1	RX/OTC
BARDEX LUBRICATH FOLEY TRAY/DRAIN BAG/GLOVES/LUB/18 FR FOLEY KIT	1	RX/OTC
BARDEX URETHRAL CATH PROCEDURE TRAY/1000ML BAG/POV-IOD/16FR KIT	1	RX/OTC
BARDIA CL SYS FOLEY CATHTRAY/DRAIN BAG/10ML/POV-IOD/16FR KIT	1	RX/OTC
BARDIA CL SYS FOLEY CATHTRAY/DRAIN BAG/10ML/POV-IOD/18FR KIT	1	RX/OTC
BARDIA COMPLETE FOLEY KIT10ML/POV-IOD/LUB/GLOVES/UNDERPAD KIT	1	RX/OTC
BARDIA COMPLETE FOLEY KIT30ML/POV-IOD/LUB/GLOVES/UNDERPAD KIT	1	RX/OTC
BARDIA FOLEY CATH INSERTION TRAY W/O CATH/10ML/BENZALK SWAB KIT	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BARDIA FOLEY CATH INSERTION TRAY W/O CATH/10ML/POV-IOD SWAB KIT	1	RX/OTC
BARDIA FOLEY CATH INSERTION TRAY W/O CATH/10ML/POV-IOD/CSR KIT	1	RX/OTC
BARDIA FOLEY CATH INSERTION TRAY W/O CATH/30ML/BENZALK SWAB KIT	1	RX/OTC
BARDIA FOLEY CATH INSERTION TRAY W/O CATH/30ML/POV-IOD SWAB KIT	1	RX/OTC
BARDIA FOLEY CATH INSERTION TRAY W/O CATH/30ML/POV-IOD/CSR KIT	1	RX/OTC
BARDIA UNIVERSAL CATH TRAY/DRAINAGE BAG/10ML SYRINGE KIT	1	RX/OTC
BARDIA UNIVERSAL CATH TRAY/DRAINAGE BAG/30ML SYRINGE KIT	1	RX/OTC
BARDIA URETHRAL CATH TRAY15 FR RED RUBBER CATH/BENZALK SWABS KIT	1	RX/OTC
BARDIA URETHRAL CATH TRAYW/O CATHETER/BENZALK CL SWABS KIT	1	RX/OTC
CURITY ADD-A-FOLEY CATHETER TRAY KIT	1	RX/OTC
CURITY ADD-A-FOLEY CATHETER TRAY/URINE METER KIT	1	RX/OTC
CURITY FOLEY CATHETER TRAY KIT	1	RX/OTC
DOVER ADD-A-FOLEY TRAY/2000ML DRAINAGE BAG KIT	1	RX/OTC
DOVER CLOSED URETHRAL TRAY/PVC CATHETER/14FRENCH KIT	1	RX/OTC
DOVER CLOSED URETHRAL TRAY/VINYL CATHETER/1000ML BAG/14FR KIT	1	RX/OTC
DOVER CLOSED URETHRAL TRAY/VINYL CATHETER/14FRENCH KIT	1	RX/OTC
DOVER HYDROGEL COATED LATEX FOLEY CATHETER KIT/14FRENCH KIT	1	RX/OTC
DOVER HYDROGEL COATED LATEX FOLEY CATHETER KIT/16FRENCH KIT	1	RX/OTC
DOVER HYDROGEL COATED LATEX FOLEY CATHETER KIT/18FRENCH KIT	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DOVER HYDROGEL COATED LATEX FOLEY INSERTION TRAY/18FRENCH KIT	1	RX/OTC
DOVER HYDROGEL COATED LATEX FOLEY TRAY/14FRENCH KIT	1	RX/OTC
DOVER HYDROGEL COATED LATEX FOLEY TRAY/16FRENCH/5ML CATHETER KIT	1	RX/OTC
DOVER HYDROGEL COATED LATEX FOLEY TRAY/18FRENCH/5ML CATHETER KIT	1	RX/OTC
DOVER OPEN URETHRAL TRAY/HYDROGEL COATED/RUBBER CATH/14FR KIT	1	RX/OTC
DOVER OPEN URETHRAL TRAY/RUBBER CATH/14FR KIT	1	RX/OTC
DOVER OPEN URETHRAL TRAY/VINYL CATHETER/14FRENCH KIT	1	RX/OTC
DOVER SILICONE FOLEY CATHETER KIT/16FRENCH/5ML KIT	1	RX/OTC
DOVER SILICONE FOLEY CATHETER KIT/18FRENCH/5ML KIT	1	RX/OTC
DOVER SILICONE FOLEY CATHETER KIT/20FRENCH/5ML KIT	1	RX/OTC
DOVER SILICONE FOLEY CATHTRAY W/O BAG/16FR/5ML KIT	1	RX/OTC
DOVER SILICONE FOLEY CATHTRAY W/O BAG/18FR/5ML KIT	1	RX/OTC
DOVER SILICONE FOLEY KIT/20FR/5ML KIT	1	RX/OTC
DOVER SILICONE FOLEY KIT14FR/5ML KIT	1	RX/OTC
DOVER SILICONE FOLEY KIT16FR/5ML KIT	1	RX/OTC
DOVER SILICONE FOLEY KIT18FR/5ML KIT	1	RX/OTC
DOVER SILICONE FOLEY TRAY/18FRENCH/5ML KIT	1	RX/OTC
DOVER SILICONE URINE METER FOLEY TRAY/200ML/16FRENCH KIT	1	RX/OTC
DOVER SILICONE URINE METER FOLEY TRAY/200ML/18FRENCH KIT	1	RX/OTC
DOVER UNIVERSAL CATHETERIZATION TRAY KIT	1	RX/OTC
DOVER UNIVERSAL TRAY KIT	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DOVER URETHRAL CATH TRAY/RED RUBBER CATH/14FR KIT	1	RX/OTC
DOVER URETHRAL CATH TRAY/ROB-NEL CATH/14FR KIT	1	RX/OTC
DOVER URETHRAL UNIVERSALTRAY KIT	1	RX/OTC
DOVER VINYL CATHETER KIT/14FRENCH KIT	1	RX/OTC
EXTENDED WEAR SELF-ADHESIVE EXT CATHETER STARTER KIT KIT	1	RX/OTC
KENGUARD ADD-A-FOLEY CATHETER TRAY KIT	1	RX/OTC
PRECISION 400 CATH TRAY/URINE METER/TEMP SENSOR/5ML/16FR KIT	1	RX/OTC
PRECISION 400 CATH TRAY/URINE METER/TEMP SENSOR/5ML/18FR KIT	1	RX/OTC
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
ALCOH-GLOVE CONTOURED WIPE	1	QL(400 ea per fill retail);RX/OTC
ALCOHOL PADS	1	QL(400 ea per fill retail);RX/OTC
ALCOHOL PREP PAD	1	QL(400 ea per fill retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
ALCOHOL PREPS	1	QL(400 ea per fill retail);RX/OTC
ALCOHOL SWABS	1	QL(400 ea per fill retail);RX/OTC
ALCOHOL SWABSTICK	1	QL(400 ea per fill retail);RX/OTC
APLICARE ALCOHOL SWABSTICK	1	QL(400 ea per fill retail);RX/OTC
BD SWABS SINGLE USE	1	QL(400 ea per fill retail);RX/OTC
BD SWABS SINGLE USE BUTTERFLY	1	QL(400 ea per fill retail);RX/OTC
CARETOUCH ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	1	QL(400 ea per fill retail);RX/OTC
CVS ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
CVS PREP PADS	1	QL(400 ea per fill retail);RX/OTC
DROPSAFE ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
EASY COMFORT ALCOHOL PADS	1	QL(400 ea per fill retail);RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	1	QL(400 ea per fill retail);RX/OTC
EQL ALCOHOL SWABS	1	QL(400 ea per fill retail);RX/OTC
FIFTY50 ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	1	QL(400 ea per fill retail);RX/OTC
GNP ALCOHOL SWABS	1	QL(400 ea per fill retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
H-E-B INCONTROL ALCOHOL PADS	1	QL(400 ea per fill retail);RX/OTC
HM STERILE ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	1	QL(400 ea per fill retail);RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	1	QL(400 ea per fill retail);RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	1	QL(400 ea per fill retail);RX/OTC
PRO COMFORT ALCOHOL PADS	1	QL(400 ea per fill retail);RX/OTC
PURE COMFORT ALCOHOL PREPPADS	1	QL(400 ea per fill retail);RX/OTC
QC ALCOHOL SWABS	1	QL(400 ea per fill retail);RX/OTC
RA ALCOHOL SWABS	1	QL(400 ea per fill retail);RX/OTC
REALITY SWABS	1	QL(400 ea per fill retail);RX/OTC
RELION ALCOHOL SWABS	1	QL(400 ea per fill retail);RX/OTC
SAPS CARE ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	1	QL(400 ea per fill retail);RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	1	QL(400 ea per fill retail);RX/OTC
SB ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
SHOPKO ALCOHOL SWABS	1	QL(400 ea per fill retail);RX/OTC
SM ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
SURE COMFORT ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
SURE-PREP ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS	1	QL(400 ea per fill retail);RX/OTC
ULTICARE ALCOHOL SWABS	1	QL(400 ea per fill retail);RX/OTC
ULTILET ALCOHOL SWABS	1	QL(400 ea per fill retail);RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	1	QL(400 ea per fill retail);RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	1	QL(400 ea per fill retail);RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	1	QL(400 ea per fill retail);RX/OTC
ZEVRX STERILE ALCOHOL PREP PADS	1	QL(400 ea per fill retail);RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5 MM	1	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM	1	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM	1	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	1	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM	1	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	1	QL(5 ea daily)
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	1	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	1	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	1	QL(5 ea daily)
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	1	QL(5 ea daily)
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	1	QL(5 ea daily)
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	1	QL(5 ea daily);RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	1	QL(5 ea daily);RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX5MM	1	QL(5 ea daily);RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	1	QL(5 ea daily);RX/OTC
AUM SAFETY PEN NEEDLE/31G X 5MM	1	QL(5 ea daily);RX/OTC
AURORA PEN NEEDLES 29GX12MM	1	QL(5 ea daily);RX/OTC
AURORA PEN NEEDLES 31G X6MM	1	QL(5 ea daily);RX/OTC
AURORA PEN NEEDLES 31G X8MM	1	QL(5 ea daily);RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32"	1	QL(5 ea daily);RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	1	QL(5 ea daily);RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	1	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	1	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	1	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	1	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	1	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	1	QL(5 ea daily);RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	1	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	1	QL(5 ea daily);RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	1	QL(5 ea daily);RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	1	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	1	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 29GX12MM	1	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM	1	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM	1	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	1	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	1	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	1	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	1	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	1	QL(5 ea daily);RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2"	1	QL(5 ea daily);RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM	1	QL(5 ea daily);RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM	1	QL(5 ea daily);RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM	1	QL(5 ea daily);RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM	1	QL(5 ea daily);RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/ 31GX5/16"	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	1	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	1	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32"	1	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	1	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	1	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4"	1	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16"	1	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16"	1	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLICKFINE PEN NEEDLES 32G X 5/32"	1	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4"	1	QL(5 ea daily);RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	1	QL(5 ea daily);RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
COMFORT EZ MICRO/32G X 4MM	1	QL(5 ea daily);RX/OTC
COMFORT EZ SHORT/31G X 8MM	1	QL(5 ea daily);RX/OTC
COMFORT EZ/31G X 5MM	1	QL(5 ea daily);RX/OTC
COMFORT EZ/31G X 6MM	1	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 5MM	1	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 6 MM	1	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 8 MM	1	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 4MM	1	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 5MM	1	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 6MM	1	QL(5 ea daily)
DIATHRIVE PEN NEEDLE/31 G X 6MM	1	QL(5 ea daily);RX/OTC
DIATHRIVE PEN NEEDLE/31 GX 8MM	1	QL(5 ea daily);RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM	1	QL(5 ea daily);RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM	1	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
DROPLET PEN NEEDLES 29G X1/2"	1	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 29GX12MM	1	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 30G X 5/16"	1	QL(5 ea daily)
DROPLET PEN NEEDLES 31G X3/16"	1	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 31G X5/16"	1	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 31GX5MM	1	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 31GX6MM	1	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 32G X 1/4"	1	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16"	1	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 32G X 5/32"	1	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 32GX4MM	1	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 32GX5MM	1	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 32GX6MM	1	QL(5 ea daily)
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	1	QL(5 ea daily);RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4"	1	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM	1	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM	1	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM	1	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM	1	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM	1	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	1	QL(5 ea daily);RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4"	1	QL(5 ea daily);RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	1	QL(5 ea daily);RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	1	QL(5 ea daily);RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	1	QL(5 ea daily);RX/OTC
EASY TOUCH 32GX5MM	1	QL(5 ea daily);RX/OTC
EASY TOUCH 32GX6MM	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	1	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
EASY TOUCH PEN NEEDLE 30G X 5/16"	1	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 29GX1/2"	1	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	1	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	1	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	1	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 32GX3/16"	1	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32"	1	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16"	1	QL(5 ea daily);RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	1	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	1	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	1	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	1	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	1	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	1	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM	1	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM	1	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM	1	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	QL(5 ea daily);RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	1	QL(5 ea daily);RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	1	QL(5 ea daily);RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	1	QL(5 ea daily);RX/OTC
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM	1	QL(5 ea daily);RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	1	QL(5 ea daily)
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	1	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily)
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily)
GNP INSULIN SYRINGES/0.3ML/30G X5/16"	1	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1/2ML/29G X1/2"	1	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	1	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	1	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES/31GX5/16"	1	QL(5 ea daily);RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32"	1	QL(5 ea daily);RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4"	1	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES31G X 5MM	1	QL(5 ea daily);RX/OTC
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	1	QL(5 ea daily);RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	1	QL(5 ea daily)
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	1	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	1	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	1	QL(5 ea daily);RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	1	QL(5 ea daily);RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	1	QL(5 ea daily);RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	1	QL(5 ea daily)
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	1	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	1	QL(5 ea daily);RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM	1	QL(5 ea daily);RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM	1	QL(5 ea daily);RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	1	QL(5 ea daily);RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	1	QL(5 ea daily);RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	QL(5 ea daily);RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	1	QL(5 ea daily);RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	1	QL(5 ea daily);RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	1	QL(5 ea daily);RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	1	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	1	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	1	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX 4MM	1	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	1	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	1	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	1	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	1	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	1	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	1	QL(5 ea daily);RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM	1	QL(5 ea daily);RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	1	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	1	QL(5 ea daily);RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	1	QL(5 ea daily);RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1"	1	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2"	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2"	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	1	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	1	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	1	QL(5 ea daily)
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" 0	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/27G X1/2"	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/28G X1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/29G X1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/30G X5/16"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/31G X 5/16"	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31G X5/16"	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX/1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/27GX1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/28GX1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/30GX1/2"	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16"	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
INSUPEN 29G X 12MM	1	QL(5 ea daily);RX/OTC
INSUPEN 31G X 5MM	1	QL(5 ea daily);RX/OTC
INSUPEN 31G X 8MM	1	QL(5 ea daily);RX/OTC
INSUPEN 32G X 4MM	1	QL(5 ea daily);RX/OTC
INSUPEN PEN NEEDLES 32G X4MM	1	QL(5 ea daily);RX/OTC
INSUPEN SENSITIVE 32GX6MM	1	QL(5 ea daily)
INSUPEN ULTRAFIN 30GX8MM	1	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX6MM	1	QL(5 ea daily);RX/OTC
INSUPEN ULTRAFIN 31GX8MM	1	QL(5 ea daily);RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	1	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	1	

Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily)
KROGER PEN NEEDLES 29G X12MM	1	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES 31G X8MM	1	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES 31GX1/4"	1	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES/31G X1/4"	1	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES/31G X3/16"	1	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES/31G X5/16"	1	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES/32G X5/32"	1	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	1	QL(5 ea daily);RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	1	QL(5 ea daily);RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32"	1	QL(5 ea daily);RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM	1	QL(5 ea daily);RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	1	QL(5 ea daily);RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT	1	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
MICRODOT PEN NEEDLE/31G X 6 MM	1	QL(5 ea daily);RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	1	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4"	1	QL(5 ea daily);RX/OTC
MM PEN NEEDLES 31G X 3/16"	1	QL(5 ea daily);RX/OTC
MM PEN NEEDLES 31G X 5/16"	1	QL(5 ea daily);RX/OTC
MM PEN NEEDLES 32G X 5/32"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	1	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	1	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16"	1	QL(5 ea daily)
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	1	QL(5 ea daily)
NOVOFINE PEN NEEDLE 32G X 6MM	1	QL(5 ea daily)
NOVOFINE PLUS PEN NEEDLE32G X 4MM	1	QL(5 ea daily);RX/OTC
NOVOTWIST PEN NEEDLE 32GX 5MM	1	QL(5 ea daily);RX/OTC
PC UNIFINE PENTIPS 29G X1/2"	1	QL(5 ea daily);RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI	1	QL(5 ea daily);RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	1	QL(5 ea daily);RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 29G X 12MM	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 29GX12MM	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES 30GX5/16"	1	QL(5 ea daily)
PEN NEEDLES 30GX8MM	1	QL(5 ea daily)
PEN NEEDLES 31G X 3/16"	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 31G X 5MM	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 31G X 6MM	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 31G X 8MM	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 31GX5/16"	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 31GX6MM (1/4")	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 31GX8MM (5/16")	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 32G X 4MM	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 32G X 5MM	1	QL(5 ea daily);RX/OTC
PEN NEEDLES 32G X 6MM	1	QL(5 ea daily)
PEN NEEDLES 32GX4MM	1	QL(5 ea daily);RX/OTC
PEN NEEDLES/29G X 1/2"	1	QL(5 ea daily);RX/OTC
PEN NEEDLES/31G X 1/4"	1	QL(5 ea daily);RX/OTC
PEN NEEDLES/31G X 3/16"	1	QL(5 ea daily);RX/OTC
PEN NEEDLES/31G X 5/16"	1	QL(5 ea daily);RX/OTC
PEN NEEDLES/31G X 6MM	1	QL(5 ea daily);RX/OTC
PEN NEEDLES/32G X 5/32"	1	QL(5 ea daily);RX/OTC
PENTIPS 29G X 12MM	1	QL(5 ea daily);RX/OTC
PENTIPS 29GX12MM	1	QL(5 ea daily);RX/OTC
PENTIPS 31G X 5MM	1	QL(5 ea daily);RX/OTC
PENTIPS 31G X 8MM	1	QL(5 ea daily);RX/OTC
PENTIPS 31GX5MM	1	QL(5 ea daily);RX/OTC
PENTIPS 31GX6MM	1	QL(5 ea daily);RX/OTC
PENTIPS 31GX8MM	1	QL(5 ea daily);RX/OTC
PENTIPS 32G X 4MM	1	QL(5 ea daily);RX/OTC
PENTIPS 32GX4MM	1	QL(5 ea daily);RX/OTC
PENTIPS 32GX6MM	1	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	1	QL(5 ea daily);RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	1	QL(5 ea daily);RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	1	QL(5 ea daily);RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	1	QL(5 ea daily);RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4"	1	QL(5 ea daily);RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX5/16"	1	QL(5 ea daily);RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	1	QL(5 ea daily)
PRO COMFORT PEN NEEDLES/31G X 8MM	1	QL(5 ea daily);RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	1	QL(5 ea daily);RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	1	QL(5 ea daily);RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM	1	QL(5 ea daily)
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM	1	QL(5 ea daily)
PURE COMFORT PEN NEEDLE/32G X 5MM	1	QL(5 ea daily);RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM	1	QL(5 ea daily);RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM	1	QL(5 ea daily);RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM	1	QL(5 ea daily);RX/OTC
PX PEN NEEDLE 29GX12MM	1	QL(5 ea daily);RX/OTC
PX PEN NEEDLE 31GX8MM	1	QL(5 ea daily);RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM	1	QL(5 ea daily);RX/OTC
QC PEN NEEDLES 29G X 12MM	1	QL(5 ea daily);RX/OTC
QC PEN NEEDLES 31G X 6MM	1	QL(5 ea daily);RX/OTC
QC PEN NEEDLES 31G X 8MM	1	QL(5 ea daily);RX/OTC
QC UNIFINE PENTIPS 32GX4MM	1	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
RA PEN NEEDLES 31G X 5MM3/16"	1	QL(5 ea daily);RX/OTC
RA PEN NEEDLES 31G X 8MM5/16"	1	QL(5 ea daily);RX/OTC
RAYA SURE PEN NEEDLE 29GX 12MM	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
RAYA SURE PEN NEEDLE 31GX 5MM	1	QL(5 ea daily);RX/OTC
RAYA SURE PEN NEEDLE 31GX 6MM	1	QL(5 ea daily);RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	1	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
RELION PEN NEEDLES 29GX12MM	1	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 31G X6MM	1	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 31G X8MM	1	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 31GX5/16"	1	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 31GX6MM	1	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 32G X4MM	1	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 32G X5/32"	1	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 32GX4MM	1	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES/31G X1/4"	1	QL(5 ea daily);RX/OTC
RELION SHORT PEN NEEDLES31GX8MM	1	QL(5 ea daily);RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	1	QL(5 ea daily)
SAFETY PEN NEEDLES/30G X5/16"	1	QL(5 ea daily)
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	1	QL(5 ea daily)
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	1	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	1	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	1	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	1	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM	1	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM	1	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM	1	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM	1	QL(5 ea daily);RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	1	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	1	QL(5 ea daily)
SURE-FINE PEN NEEDLES 31GX3/16" 5MM	1	QL(5 ea daily);RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM	1	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2"	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	1	QL(5 ea daily)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 31G X 8MM	1	QL(5 ea daily);RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM	1	QL(5 ea daily);RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4"	1	QL(5 ea daily);RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16"	1	QL(5 ea daily);RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM	1	QL(5 ea daily);RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	1	QL(5 ea daily);RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM	1	QL(5 ea daily);RX/OTC
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	1	QL(5 ea daily);RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM	1	QL(5 ea daily);RX/OTC
ULTICARE MINI PEN NEEDLES/32G X 1/4"	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM	1	QL(5 ea daily);RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	1	QL(5 ea daily)
ULTICARE PEN NEEDLES 31GX 5MM/MINI	1	QL(5 ea daily);RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM	1	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM	1	QL(5 ea daily);RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	1	QL(5 ea daily);RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM	1	QL(5 ea daily);RX/OTC
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	1	QL(5 ea daily)
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	1	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	1	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	1	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	1	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	1	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	1	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	1	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	1	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM	1	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM	1	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM	1	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM	1	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM	1	QL(5 ea daily);RX/OTC
ULTILET PEN NEEDLE 31GX8MM	1	QL(5 ea daily);RX/OTC
ULTILET PEN NEEDLE 32GX4MM	1	QL(5 ea daily);RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT	1	QL(5 ea daily);RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16"	1	QL(5 ea daily);RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16"	1	QL(5 ea daily);RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	1	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	1	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	1	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN PEN NEELE 31GX8MM	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	1	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	1	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	1	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	1	QL(5 ea daily)
ULTRA THIN PEN NEEDLES 32G X 4MM	1	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 1/4"	1	QL(5 ea daily);RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16"	1	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLES/31G X 5/16"	1	QL(5 ea daily);RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14"	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/32G X 3/16"	1	QL(5 ea daily);RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32"	1	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/ 30GX5/16"	1	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/ 31GX5/16"	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/ 30GX5/16"	1	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/ 31GX5/16"	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30 GX5/16"	1	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31 GX5/16"	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	1	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/ 29GX1/2"	1	QL(5 ea daily);RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16"	1	QL(5 ea daily);RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2"	1	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31G X5/16"	1	QL(5 ea daily);RX/OTC
UNIFINE PEN NEEDLE/32G X4MM	1	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 29GX12MM	1	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 31G X 3/16"	1	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 31GX5MM	1	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 31GX6MM	1	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 31GX8MM	1	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 32GX4MM	1	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 32GX6MM	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM	1	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM	1	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM	1	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM	1	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM	1	QL(5 ea daily);RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	1	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2"	1	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16"	1	QL(5 ea daily);RX/OTC
ZEVRX PEN NEEDLES 31G X 5MM	1	QL(5 ea daily);RX/OTC
ZEVRX PEN NEEDLES 31G X 6MM	1	QL(5 ea daily);RX/OTC
ZEVRX PEN NEEDLES 31G X 8MM	1	QL(5 ea daily);RX/OTC
ZEVRX PEN NEEDLES 32G X 4MM	1	QL(5 ea daily);RX/OTC
Respiratory Therapy Supplies		
ADULT MASK DEVI	1	QL(2 ea per 360 days retail);RX/OTC
AEROBIKA DEVI	1	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER MV MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	1	QL(2 ea per 365 days retail);RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	1	QL(2 ea per 365 days retail);RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	1	QL(2 ea per 360 days retail);RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	1	QL(2 ea per 360 days retail);RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	1	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALL FLOW 4000 PFT FILTER DEVI	1	QL(2 ea per 360 days retail);RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	1	QL(2 ea per 360 days retail);RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	1	QL(2 ea per 360 days retail);RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	1	QL(2 ea per 360 days retail);RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	1	QL(2 ea per 365 days retail);RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	1	QL(2 ea per 365 days retail);RX/OTC
BREATHE EASE/LARGE MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC
BREATHE EASE/SMALL MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC
BREATHERITE MISC	1	QL(2 ea per 365 days retail);RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	1	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	1	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE W/LARGE MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
BREATHERITE W/MEDIUM MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
BREATHERITE W/SMALL MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	1	QL(2 ea per 365 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	1	QL(2 ea per 365 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	1	QL(2 ea per 365 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	1	QL(2 ea per 365 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	1	QL(2 ea per 365 days retail);RX/OTC
CO MONITOR DEVI	1	QL(2 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	1	QL(2 ea per 365 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASIVENT MISC	1	QL(2 ea per 365 days retail);RX/OTC
EASIVENT/MASK-LARGE MISC	1	QL(2 ea per 365 days retail);RX/OTC
EASIVENT/MASK-MEDIUM MISC	1	QL(2 ea per 365 days retail);RX/OTC
EASIVENT/MASK-SMALL MISC	1	QL(2 ea per 365 days retail);RX/OTC
EASY FLOW BLACK/BLUE DEVI	1	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW BLACK/ORANGE DEVI	1	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW BLACK/RED DEVI	1	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW BLACK/WHITE DEVI	1	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW BLACK/YELLOW DEVI	1	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW WHITE/BLUE DEVI	1	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW WHITE/GREEN DEVI	1	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW WHITE/PINK DEVI	1	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW WHITE/WHITE DEVI	1	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY FLOW WHITE/YELLOW DEVI	1	QL(2 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	1	QL(2 ea per 365 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC
FLEXICHAMBER DEVI	1	QL(2 ea per 365 days retail);RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	1	QL(2 ea per 360 days retail);RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	1	QL(2 ea per 360 days retail);RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	1	QL(2 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	1	QL(2 ea per 365 days retail);RX/OTC
INSPIRACHAMBER/LARGE DEVI	1	QL(2 ea per 365 days retail);RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI	1	QL(2 ea per 365 days retail);RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI	1	QL(2 ea per 365 days retail);RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	1	QL(2 ea per 365 days retail);RX/OTC
INSPIREASE RESERVOIR BAGS	1	QL(3 ea per 180 days retail)
LITEAIRE DEVI	1	QL(2 ea per 365 days retail);RX/OTC
MICROCHAMBER MISC	1	QL(2 ea per 365 days retail);RX/OTC
MICROCHAMBER DEVI	1	QL(2 ea per 365 days retail);RX/OTC
MICROSPACER MISC	1	QL(2 ea per 365 days retail);RX/OTC
MISTASSIST DEVI	1	QL(2 ea per 360 days retail);RX/OTC
NEBULIZER CUP/TUBING DEVI	1	QL(2 ea per 360 days retail);RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	1	QL(2 ea per 360 days retail);RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	1	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
OPTICHAMBER DIAMOND DEVI	1	QL(2 ea per 365 days retail);RX/OTC
OPTICHAMBER DIAMOND MISC	1	QL(2 ea per 365 days retail);RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	1	QL(2 ea per 365 days retail);RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	1	QL(2 ea per 365 days retail);RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	1	QL(2 ea per 365 days retail);RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	1	QL(2 ea per 365 days retail);RX/OTC
OPTIHALER MISC	1	QL(2 ea per 365 days retail);RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	1	QL(2 ea per 365 days retail);RX/OTC
PARI MANUAL INTERRUPTER DEVI	1	QL(2 ea per 360 days retail);RX/OTC
PARI TREK S COMBO PACK DEVI	1	QL(2 ea per 360 days retail);RX/OTC
POCKET CHAMBER DEVI	1	QL(2 ea per 365 days retail);RX/OTC
POCKET SPACER DEVI	1	QL(2 ea per 365 days retail);RX/OTC
PRIMEAIRE DUAL-VALVED HOLDING CHAMBER DEVI	1	QL(2 ea per 360 days retail);RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	1	QL(2 ea per 365 days retail);RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	1	QL(2 ea per 365 days retail);RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	1	QL(2 ea per 365 days retail);RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	1	QL(2 ea per 365 days retail);RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	1	QL(2 ea per 360 days retail);RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	1	QL(2 ea per 365 days retail);RX/OTC
QUAKE DEVI	1	QL(2 ea per 360 days retail);RX/OTC
RITEFLO DEVI	1	QL(2 ea per 365 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SPIRO PD DEVI	1	QL(2 ea per 360 days retail);RX/OTC
THRESHOLD PEP DEVI	1	QL(2 ea per 360 days retail);RX/OTC
VALVED HOLDING CHAMBER DEVI	1	QL(2 ea per 365 days retail);RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	1	QL(2 ea per 360 days retail);RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	1	QL(2 ea per 360 days retail);RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	1	QL(2 ea per 365 days retail);RX/OTC
WATCHHALER DEVI	1	QL(2 ea per 365 days retail);RX/OTC
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM CHEW 500 MG-100 UNIT	1	
CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	1	QL(2 ea daily)
calcium carbonate tabs 500 MG, 1250 MG	1	
CALCIUM CARBONATE CHEW 500 MG	1	
calcium carbonate-cholecalciferol tabs 600 MG-20 MCG, 600 MG-200 UNIT, 600 MG-400 UNIT-800 UNIT-600 MG, 600 MG-5 MCG, 600 MG-800 UNIT	1	QL(2 ea daily)
calcium carbonate-cholecalciferol tabs	1	
calcium carbonate-cholecalciferol tabs 600 MG-10 MCG, 600 MG-400 UNIT	1	QL(3 ea daily)
calcium carbonate-cholecalciferol chew 500 MG-10 MCG, 500 MG-100 UNIT, 500 MG-400 UNIT	1	
calcium carbonate-vitamin d tabs 200 UNIT-600 MG, 400 UNIT-600 MG	1	QL(2 ea daily)
calcium carbonate-vitamin d tabs 125 UNIT-250 MG, 125 UNIT-500 MG, 200 UNIT-500 MG, 250 MG-125 UNIT, 500 MG-125 UNIT, 500 MG-200 UNIT	1	
calcium citrate tabs	1	
CALTRATE 600+D3 TABS 600 MG-800 UNIT *(Use calcium carbonate-cholecalciferol)*	9	QL(2 ea daily)
oyster shell	1	

Drug Name	Drug Tier	Requirements/Limits
OYSTER SHELL CALCIUM 500+ D TABS 500 MG-125 UNIT	1	
OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG	1	
PARVA-CAL 500 MG-200 UNIT	1	
Electrolyte Mixtures		
BIOLYTE SOLN 1.1 GM/473ML-16 MG/473ML-5 MG/473ML-500 MCG/473ML-1.1 GM/473ML-8 GM/473ML-400 MG/473ML-700 MG/473ML-1 MCG/473ML	1	
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-20 MEQ/L-18 MEQ/L	1	
CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-35 MEQ/L-30 MEQ/L	1	
ENFAMIL ENFALYTE SOLN 4.5 MEQ/100ML-3.3 MEQ/100ML-2.5 MEQ/100ML-5 MEQ/100ML	1	
EQUALYTE SOLN 20 MEQ/L-25 GM/L-30.1 MEQ/L-67.6 MEQ/L-78.2 MEQ/L *(Use oral electrolytes)*	1	
HYDRALYTE SOLN 140 MG/250ML-107.5 MG/250ML-132.5 MG/250ML	1	
HYDRALYTE FREEZER POPS SOLN 45 MEQ/L-16 GM/L-90 MEQ/L-20 MEQ/L-55 MEQ/L	1	
KINDERLYTE SOLN 570 MG/360ML-460 MG/360ML-300 MG/360ML-3.1 MG/360ML	1	
KINDERLYTE PREMAX SOLN 630 MG/360ML-620 MG/360ML-330 MG/360ML-3.1 MG/360ML	1	
oral electrolytes soln 40 MEQ/L-20 GM/L-7.8 MG/L-20 MEQ/L-50 MEQ/L	1	
PEDIALYTE SOLN 4.7 MEQ/237ML-8.3 MEQ/237ML-10.6 MEQ/237ML *(Use oral electrolytes)*	1	
PEDIALYTE ADVANCED CARE SOLN 20 MEQ/L-2.8 MG/360ML-50 MEQ/L-60 MEQ/L *(Use oral electrolytes)*	1	

Drug Name	Drug Tier	Requirements/Limits
PEDIALYTE FREEZER POPS SOLN 35 MEQ/L-25 GM/L-30 MEQ/L-20 MEQ/L-45 MEQ/L *(Use oral electrolytes)*	1	
PEDIALYTE SINGLES SOLN 7 MEQ/200ML-5.6 GM/200ML-1.6 MG/200ML-4 MEQ/200ML-9 MEQ/200ML *(Use oral electrolytes)*	1	
Fluoride		
sodium fluoride chew .25 MG, .5 MG, 1 MG, 2.2 MG	1	AL(Up to 15 yrs old)
sodium fluoride soln .125 MG/DROP	1	
sodium fluoride soln .5 MG/ML	1	AL(Up to 15 yrs old);RX/OTC
Magnesium		
magnesium tabs 400 MG, 400 MG	1	
magnesium oxide (mg supplement) tabs 400 MG	1	
MAGOX 400 TABS *(Use magnesium oxide (mg supplement))*	1	
Phosphate		
K-PHOS NEUTRAL 130 MG-852 MG-155 MG *(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	9	QL(8 ea daily)
pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 MG-852 MG-155 MG	1	QL(8 ea daily)
Potassium		
K-TAB TBCR 8 MEQ, 10 MEQ *(Use potassium chloride)*	9	MP
potassium bicarbonate tbef	1	
potassium chloride cpcr 8 MEQ	1	QL(1 ea daily);MP
potassium chloride soln or 10 %, 20 %	1	MP
potassium chloride cpcr 10 MEQ	1	MP
potassium chloride pack or 20 MEQ	1	
potassium chloride tbcr 8 MEQ, 10 MEQ	1	MP
potassium chloride microencapsulated crystals er	1	MP
Sodium		
sodium chloride soln iv .9 %	1	
sodium chloride flush	1	
Zinc		
zinc sulfate caps	1	
ZINC SULFATE CAPS	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS *(Use penicillamine)*	9	
penicillamine tabs	1	

Drug Name	Drug Tier	Requirements/Limits
Immunosuppressive Agents		
CELLCEPT INTRAVENOUS *(Use mycophenolate mofetil hcl)*	9	
mycophenolate mofetil hcl	1	
PROGRAF SOLN	1	PA
Potassium Removing Agents		
sodium polystyrene sulfonate powd	1	QL(454 gm per fill retail)
sodium polystyrene sulfonate susp or 15 GM/60ML	1	
MOUTH/THROAT/DENTAL AGENTS		
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	1	
PERIDEX *(Use chlorhexidine gluconate (mouth-throat))*	9	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL *(Use sodium fluoride (dental))*	9	QL(60 ml per fill retail)
PREVIDENT 5000 PLUS CREA *(Use sodium fluoride (dental))*	9	QL(60 gm per fill retail)
PREVIDENT FLUORIDE GEL *(Use sodium fluoride (dental))*	9	QL(60 gm per fill retail)
PREVIDENT RINSE SOLN *(Use sodium fluoride (dental))*	9	
sodium fluoride (dental) soln .2 %	1	
sodium fluoride (dental) crea	1	QL(60 gm per fill retail)
sodium fluoride (dental) gel	1	QL(60 gm per fill retail)
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	1	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	1	QL(900 ml per fill retail);RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	1	QL(900 ml per fill retail);RX/OTC
CAPHOSOL SOLN 0.032 %-0.009 %-0.569 %-0.052 %	1	QL(900 ml per fill retail);RX/OTC
CVS DRY MOUTH SPRAY SOLN	1	QL(900 ml per fill retail);RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	1	QL(900 ml per fill retail);RX/OTC
MOI-STIR SOLN	1	QL(900 ml per fill retail);RX/OTC
MOUTH KOTE SOLN	1	QL(900 ea per fill retail);RX/OTC
MOUTH KOTE REMINT SOLN	1	QL(900 ml per fill retail);RX/OTC
NUMOISYN LIQD	1	QL(900 ml per fill retail);RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	1	QL(900 ml per fill retail);RX/OTC
pilocarpine hcl (oral) 5 MG	1	QL(6 ea daily)
RA DRY MOUTH SOLN	1	QL(900 ml per fill retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SALAGEN 5 MG *(Use pilocarpine hcl (oral))*	9	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	1	QL(900 ml per fill retail);RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins tabs 25 MCG-7 MG-4 MG-5 MG-10 MG	1	QL(1 ea daily)
b-complex vitamins caps 70 MG-100 MCG-1.5 MG-2 MG-10 MG-1 MG-100 MG	1	QL(1 ea daily)
B-Complex w/ C		
b complex w/ c tabs 100 MG-100 MG-2 MG-5 MCG-400 MCG-15 MCG-20 MG-25 MG-5.5 MG	1	
b complex w/ c caps 10 MG-300 MG-5 MG-15 MG-10.2 MG-50 MG	1	QL(1 ea daily)
b-complex w/ c & calcium 15 MG-300 MG-5 MG-10.2 MG-50 MG-10 MG-150 MG	1	
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid caps 6 MCG-100 MG-150 MCG-1000 MCG-1.5 MG-20 MG-10 MG-5 MG-1.7 MG	1	QL(1 ea daily);RX/OTC
b-complex w/ c & folic acid tabs	1	RX/OTC
b-complex w/ folic acid caps 150 MG-100 MCG-103 MG-10 MG-10 MG-50 MG-500 MCG	1	
b-complex w/biotin & folic acid tabs 50 MCG-300 MCG-400 MCG-50 MG-50 MG-0.05 MG-50 MG-50 MG-50 MG-50 MCG-50 MG-86 MG	1	
B-COMPLEX/VITAMIN C/FOLIC ACID/ BIOTIN 30 UNIT-500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-1 MG-1 MG-100 MG-20 MG-1 MG-10 MG	1	
NEPHRO-VITE RX TABS 1.5 MG-60 MG-10 MG-300 MCG-1 MG-6 MCG-1.7 MG-20 MG-10 MG *(Use b-complex w/ c & folic acid)*	9	QL(1 ea daily);RX/OTC
SM B-COMPLEX/VITAMIN C TABS 5 MG-150 MG-5 MG-15 MCG-200 MCG-37.5 MCG-5 MG-50 MG-25 MG	1	RX/OTC
B-Complex w/ Minerals		

Drug Name	Drug Tier	Requirements/Limits
b-complex w/ minerals liqd 0.75 MG/15ML-0.56 MG/15ML-13.5 %-0.4 MG/15ML-0.8 MCG/15ML-1.65 MG/15ML-0.43 MG/15ML-5.25 MG/15ML-3.6 MG/15ML	1	
Bioflavonoid Products		
ASCOCID-1000 TBCR 90 MG-1000 MG-5 MG-5 MG	1	
ASCOCID-500-D TBCR 500 MG	1	
bioflavonoid products tbcr 25 MG-1000 MG	1	
DAFLONEX-XL TBCR	1	
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron tabs 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG	1	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 13.5 MG-60 MG-2 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-1.5 MG	1	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
ABC COMPLETE SENIOR 50+ TABS 72 MG-60 MG-30 MCG-400 MCG-1.5 MG-20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG-25 MCG-22.5 MG-50 MG-2.3 MG-45 MCG-80 MG-50 MCG-0.5 MG-11 MG-220 MG-150 MCG-20 MG-19 MCG-750 MCG-30 MCG-25 MCG	1	QL(1 ea daily);RX/OTC
ABC COMPLETE SENIOR MEN'S50+ TABS 72 MG-120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-10 MG-1.7 MG-300 MCG-600 MCG-25 MCG-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-100 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ABC COMPLETE SENIOR WOMENS 50+ TABS 2 MG-100 MG-5 MG-30 MCG-400 MCG-20 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-72 MG-50 MCG-150 MCG-15.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-1050 MCG-10 MCG-52 MCG	1	QL(1 ea daily);RX/OTC
ACTIVESSENTIALS PACK 650 MG-125 MG-10 MG-500 MCG-100 UNIT-18 MG-18 MG-32 MG-100 MG-6.5 MG-10 MG-67 MG-240 MG-49.5 MG-50 MG-50 MCG-1 GM-360 MG-1965 MCG-250 MCG-0.5 MG-375 MCG-25 MCG-0.25 MG-50 MCG-6.5 MG-200 MCG-50 MG-250 MCG	1	
ACTIVNUTRIENTS CAPS 170 MCG-62.5 MG-250 MCG-5 MG-16 MG-9 MG-5 MG-50 MG-5 MG-9 MG-3 MG-1.25 MCG-33.5 MG-25 MG-0.125 MG-12.5 MCG-24.75 MG-125 MCG-187.5 MCG-3.25 MG-25 MG-25 MCG-25 MCG-560 MCG-125 MCG	1	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS 100 MCG-62.5 MG-250 MCG-5 MG-16 MG-9 MG-5 MG-50 MG-5 MG-9 MG-3.25 MG-1.25 MCG-33.5 MG-25 MG-0.125 MG-12.5 MCG-24.75 MG-125 MCG-0.25 MG-187.5 MCG-3.25 MG-25 MG-25 MCG-25 MCG-560 MCG-125 MCG	1	RX/OTC
ADEK GUMMIES PLUS ZN CHEW 400 MCG-18.75 MCG-67 MG-5 MG-2400 MCG	1	
ADULT ONE DAILY GUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT	1	

Drug Name	Drug Tier	Requirements/Limits
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS 250 MCG-250 MG-2.5 MG-150 MCG-200 MCG-75 MG-200 UNIT-50 MCG-2500 UNIT-2.5 MG-15 MG-10 MG-0.5 MG-5 MG-125 MG-1 MG-1 MG-1 MG-2.5 MG-7.5 MG-62.5 MG-50 UNIT-25 MCG-75 MCG-1 MG-35 MCG	1	QL(1 ea daily);RX/OTC
AIRBONE+EVERYDAY STRESS AWAY PACK 15 MCG/5GM-1000 MG/5GM-1.7 MG/5GM-30 MCG/5GM-1.3 MG/5GM-600 MCG/5GM-5 MG/5GM-150 MG/5GM-200 MG/5GM-3 MG/5GM-40 MG/5GM-100 MG/5GM-27 MG/5GM-8 MG/5GM	1	
AIRBORNE PACK 15 MCG/5GM-1000 MG/5GM-2 MG/5GM-600 MCG/5GM-70 MG/5GM-170 MG/5GM-8 MG/5GM-3 MG/5GM-40 MG/5GM-13.5 MG/5GM	1	
AIRBORNE CHEW	1	
AIRBORNE KIDS CHEW 5 MCG-20 MCG-0.34 MG-0.03 MG-3.35 MG-2.25 MG	1	
AIRBORNE+GOOD REST CHEW 5 MCG-20 MCG-0.33 MG-66.67 MG-0.03 MG-3.33 MG-1.67 MG-2.23 MG	1	
AIRBORNE+GOOD REST PACK 15 MCG/5GM-1000 MG/5GM-600 MCG/5GM-8 MG/5GM-200 MG/5GM-3 MG/5GM-40 MG/5GM-20 MG/5GM	1	
AIRBORNE+PROBIOTIC CHEW 5 MCG-20 MCG-0.33 MG-0.03 MG-3.33 MG-3.33 MG-2.23 MG	1	
ALGAE BASED CALCIUM TABS 50 MG-6.666 MCG-32 MG-2.333 MG-31 MCG-8.666 MCG-333.333 MG-1 MG-28.333 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALIVE ENERGY 50+ TABS 72 MG-60 MG-6 MG-300 MCG-400 MCG-4.5 MG-800 UNIT-25 MCG-5.1 MG-30 MCG-40 MG-250 MCG-2500 UNIT-10 MG-900 MCG-300 MCG-15 MG-150 MCG-50 MG-80 MG-225 MG-75 MCG-150 MCG-2 MG-2 MG-50 UNIT-70 MCG	1	QL(1 ea daily);RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW 50 MG-67.5 MG-1250 MCG-15 MG	1	
ALIVE MENS ENERGY TABS 122.5 MCG-90 MG-4 MG-300 MCG-400 MCG-800 UNIT-18 MCG-3.4 MG-80 MCG-30 MG-100 MCG-5000 UNIT-15 MG-200 MG-600 MCG-3 MG-22.5 MG-150 MCG-100 MG-75 MCG-150 MCG-45 UNIT-2 MG-2 MG	1	QL(1 ea daily);RX/OTC
ALIVE MULTI-VITAMIN CHEW 7.5 MG-45 MG-0.85 MG-15 MCG-120 MCG-150 MCG-10 MCG-2.4 MCG-450 MCG-162.5 MCG-20 MG-2 MG-2.5 MG-1.8 MG-5 MG-75 MCG	1	
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS 5 MG-120 MG-40 MG-325 MCG-800 MCG-1000 UNIT-100 MCG-25 MG-100 MCG-10 MG-10 MG-50 MG-500 MCG-7500 UNIT-40 MG-18 MG-1 MG-25 MG-15 MG-100 UNIT-100 MG-200 MG-75 MCG-150 MCG-2 MG-5 MG-250 MCG	1	QL(1 ea daily);RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS 800 MCG-180 MG-33 MCG-20 MG-40 MG-11 MG-20 MG-20 MG-20 MG-10 MG-1 MG-5 MG-50 MCG-50 MG-105 MG-5.8 MG-45 MCG-0.9 MG-11 MG-130 MG-150 MCG-200 MCG-1350 MCG-150 MCG-90 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALIVE WOMENS 50+ TABS 900 MCG-90 MG-6 MG-300 MCG-400 MCG-1000 UNIT-100 MCG-5.1 MG-60 MCG-20 MG-3500 UNIT-15 MG-500 MG-4.5 MG-50 MG-22.5 MG-5 MG-75 MCG-150 MCG-30 UNIT-2 MG-4 MG-70 MCG-180 MCG-300 MCG-150 MCG	1	QL(1 ea daily);RX/OTC
ALIVE WOMENS 50+ CHEW 50 MG-15 MG-0.85 MG-15 MCG-7.5 MG-120 MCG-150 MCG-20 MCG-2.4 MCG-225 MCG-165 MCG-2 MG-150 MCG-0.65 MG-1.35 MG-75 MCG-7.5 MG-75 MCG-25 MG	1	
ALIVE WOMENS ENERGY TABS 12 MCG-90 MG-30 MCG-240 MCG-2.4 MG-16 MG-4.25 MG-7.5 MG-2.6 MG-100 MCG-50 MCG-15 MG-18 MG-50 MG-2.3 MG-45 MCG-150 MCG-0.9 MG-11 MG-260 MG-150 MCG-55 MCG-900 MCG-120 MCG	1	QL(1 ea daily);RX/OTC
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW 1.8 MCG-15 MG-18.75 MCG-120 MCG-0.15 MG-2 MG-1.3 MG-0.65 MG-0.163 MG-20 MCG-20 MCG-7.5 MG-75 MCG-0.95 MG-50 MG-75 MCG-25 MG-225 MCG	1	
ALIVE WOMENS GUMMY VITAMINS CHEW 75 MCG-15 MG-1.5 MG-187.5 MCG-200 MCG-187.5 MCG-400 UNIT-4.5 MCG-1250 UNIT-212.5 MCG-30 MCG-20 MCG-2.5 MG-1.25 MG-1.25 MG-50 MG-75 MCG-15 UNIT-22.5 MG	1	
ANTIOXIDANT FORMULA TABS 17 MCG-167 MG-2492 MCG-61 MG-53 MG	1	QL(1 ea daily);RX/OTC
AQUADEKS CHEW 5 MG-0.95 MG-50 MCG-50 UNIT-100 MCG-400 UNIT-6 MCG-9083.5 UNIT-0.85 MG-350 MCG-5 MG-35 MG-6 MG-5 MG-0.75 MG-15 MG-37.5 MCG-5 MG	1	

Drug Name	Drug Tier	Requirements/Limits
ATP IGNITE PACK 68 MCG-500 MG-0.45 MG-10 MG-2.6 MG-3 MG-0.5 MG-10 MG-150 MG-0.5 MG-200 MG-100 MG-100 MCG-3 MG-2500 MCG	1	
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS 40 MG-50 MG-50 MG-100 MG-50 MG-10 MG-15 MG-50 MG	1	QL(1 ea daily);RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS 40 MG-50 MG-100 MG-50 MG-50 MG-125 MG	1	QL(1 ea daily);RX/OTC
BACMIN TABS 50 MCG-500 MG-25 MG-150 MCG-1 MG-50 MCG-20 MG-100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG-22.5 MG-3 MG-5 MG-0.1 MG-30 UNIT-50 MG	1	QL(1 ea daily);RX/OTC
BARIATRIC FUSION CHEW 17.5 MG-45 MG-500 MCG-150 MCG-200 MCG-750 UNIT-140 MCG-2.5 MG-425 MCG-5 MG-1875 UNIT-11.25 MG-3 MG-100 MG-300 MG-37.5 MG-7.5 UNIT-18.75 MCG-30 MCG-0.5 MG-7.5 MG-0.5 MG	1	
BARIATRIC MULTIVITAMINS/IRON CAPS 100 MCG-130 MG-12 MG-600 MCG-800 MCG-20 MG-3000 UNIT-12 MG-120 MCG-40 MG-10000 UNIT-20 MG-45 MG-2 MG-60 UNIT-200 MG-15 MG-150 MCG-2 MG-100 MCG-1000 MCG-75 MCG	1	RX/OTC
BASIC AM TABS 25 MG-60 MG-2 MG-30 MCG-400 MCG-50 MG-2 MCG-1.3 MG-20 MG-1 MG-25 MG-1 MG-35.5 MCG-1 MG-60 MCG-5 MG-25 MG-75 MCG-15 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BASIC PM TABS 500 MCG-50 MG-200 MCG-500 UNIT-2500 UNIT-5 MG-50 MG-35.5 MCG-30 MG-1 MG-100 MG-2 MCG-0.5 MG-1 MG-100 MG-75 MCG-75 MCG	1	QL(1 ea daily);RX/OTC
BIO-35 GLUTEN-FREE CAPS 33.334 MG-45 MG-7 MG-10 UNIT-133.334 MCG-5 MCG-6 MG-5 MG-32.5 MG-32.5 MG-25 MG-33.334 MCG-3 MG-15 MG-12.5 MG-33.334 MCG-5 MG-5 MG-17.5 MG-5 MG-50 UNIT-1 MG-50 MG-50 MCG-37.834 MG-1 MG-100 MG-113 MG-66.667 MG-1000 UNIT-50 MG-33.5 MG	1	RX/OTC
BIO-35 IRON FREE CAPS 33.334 MG-45 MG-7 MG-10 UNIT-133.334 MCG-5 MCG-6 MG-5 MG-32.5 MG-32.5 MG-25 MG-33.334 MCG-15 MG-12.5 MG-33.334 MCG-5 MG-5 MG-17.5 MG-5 MG-50 UNIT-1 MG-50 MG-50 MCG-37.834 MG-1 MG-50 MG-113 MG-20 MG-66.667 MG-1000 UNIT-15 MG-50 MG-50 MG-33.5 MG	1	RX/OTC
BIOCAL CAPS 45 MG-800 MCG-100 UNIT-40 MCG-500 MG	1	RX/OTC
CAL-DAY 1000 TABS 9 MG-1 MG-150 MCG-200 MCG-0.75 MG-200 UNIT-3 MCG-0.85 MG-10 MG-2500 UNIT-30 MG-5 MG-500 MG-15 UNIT	1	QL(1 ea daily);RX/OTC
C-BUFF POWD 25 MCG/5GM-4000 MG/5GM-243 MG/5GM-4.1 MG/5GM-98 MG/5GM-31.6 MG/5GM	1	

Drug Name	Drug Tier	Requirements/Limits
CELEBRATE MULTI-COMPLETE18 CHEW 140 MCG-90 MG-4 MG-600 MCG-30 UNIT-800 MCG-3000 UNIT-5000 UNIT-3.4 MG-40 MCG-40 MG-20 MG-18 MG-6 MG-15 MG-100 MG-150 MCG-2 MG-500 MCG-75 MCG-200 MCG-2 MG	1	
CELEBRATE MULTI-COMPLETE18 CAPS 46.666 MCG-30 MG-1.333 MG-200 MCG-10 UNIT-266.666 MCG-1000 UNIT-166.666 MCG-1666.666 UNIT-1.133 MG-13.333 MCG-13.333 MG-6.666 MG-6 MG-2 MG-33.333 MG-50 MCG-25 MCG-66.666 MCG-0.666 MG-5 MG-0.666 MG	1	RX/OTC
CELEBRATE MULTI-COMPLETE36 CHEW 70 MCG-90 MG-2 MG-300 MCG-30 UNIT-400 MCG-1500 UNIT-250 MCG-5000 UNIT-6 MG-60 MCG-20 MG-10 MG-18 MG-6 MG-50 MG-75 MCG-1.5 MG-37.5 MCG-100 MCG-1 MG-15 MG	1	
CELEBRATE MULTI-COMPLETE36 CAPS 46.666 MCG-60 MG-1.333 MG-200 MCG-20 UNIT-200 MCG-1000 UNIT-3333.333 UNIT-4 MG-40 MCG-13.333 MG-6.666 MG-12 MG-4 MG-33.333 MG-50 MCG-166.666 MCG-25 MCG-66.666 MCG-0.666 MG-10 MG-1 MG	1	RX/OTC
CELEBRATE MULTI-COMPLETE45 CHEW 70 MCG-90 MG-2 MG-300 MCG-30 UNIT-400 MCG-1500 UNIT-5000 UNIT-6 MG-60 MCG-20 MG-10 MG-22.5 MG-6 MG-50 MG-75 MCG-1.5 MG-500 MCG-37.5 MCG-100 MCG-1 MG-15 MG	1	
CELEBRATE MULTI-COMPLETE45 CAPS 46.666 MCG-60 MG-1.33 MG-200 MCG-20 UNIT-266.666 MCG-1000 UNIT-3333.333 UNIT-4 MG-40 MCG-13.333 MG-6.666 MG-15 MG-4 MG-33.333 MG-50 MCG-1 MG-333.333 MCG-25 MCG-66.666 MCG-0.666 MG-10 MG	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CELEBRATE MULTI-COMPLETE60 CAPS 46.666 MCG-60 MG-1.333 MG-200 MCG-20 UNIT-266.666 MCG-1000 UNIT-3333.333 UNIT-4 MG-40 MCG-13.333 MG-6.666 MG-20 MG-4 MG-33.333 MG-50 MCG-1 MG-333.333 MCG-25 MCG-66.666 MCG-0.666 MG-10 MG	1	RX/OTC
CELEBRATE MULTI-COMPLETE60 CHEW 70 MCG-90 MG-2 MG-300 MCG-30 UNIT-400 MCG-1500 UNIT-5000 UNIT-6 MG-60 MCG-20 MG-10 MG-30 MG-6 MG-500 MG-75 MCG-1.5 MG-500 MCG-37.5 MCG-100 MCG-1 MG-15 MG	1	
CELLULAR SECURITY CAPS 8.333 MCG-250 MG-0.833 MG-33.333 MCG-66.667 UNIT-133.333 MG-66.667 UNIT-1.667 MCG-833.333 UNIT-0.833 MG-1.667 MG-0.667 MG-5 MG-20.833 MG-2.5 MG-41.667 MG-16.667 MCG	1	RX/OTC
CENTRAVITES 50 PLUS TABS 2 MG-60 MG-3 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG	1	QL(1 ea daily);RX/OTC
CENTRAVITES ADULTS TABS 2 MG-60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-1.8 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	1	QL(1 ea daily);RX/OTC
CENTRUM ADULT MULTIGUMMIES CHEW 1.2 MCG-15 MG-15 MCG-12 MCG-1.6 MG-0.8 MG-1.5 MG-0.13 MG-12.5 MCG-9 MG-0.23 MG-5 MG-2.5 MG-40 MCG-300 MCG	1	

Drug Name	Drug Tier	Requirements/Limits
CENTRUM ADULTS TABS 72 MG-60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
CENTRUM CARDIO TABS 400 MG-30 MG-2.5 MG-15 MCG-200 MCG-200 UNIT-100 MCG-0.85 MG-12.5 MCG-10 MG-1750 UNIT-5 MG-3 MG-0.75 MG-3.75 MG-20 MG-32 MG-16 MCG-54 MG-37.5 MCG-75 MCG-15 UNIT-40 MG-0.35 MG-2.5 MCG-5 MCG-1 MG-60 MCG-10 MCG-5 MCG-29 MG-1 MG	1	QL(1 ea daily);RX/OTC
CENTRUM FLAVOR BURST CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-100 MCG-19 MG-200 UNIT-2.5 MCG-500 UNIT-10 MCG-2.5 MG-20 MCG-10 UNIT	1	

Drug Name	Drug Tier	Requirements/Limits
CENTRUM FLAVOR BURST ADULT CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-100 MCG-19 MG-200 UNIT-2.5 MCG-500 UNIT-10 MCG-2.5 MG-20 MCG-10 UNIT	1	
CENTRUM FRESH/FRUITY ADULTS CHEW 2.4 MCG-82 MG-15 MCG-400 MCG-1.2 MG-5 MG-1.3 MG-2.5 MG-1.2 MG-25 MCG-10 MG-8 MG-65 MG-1 MG-10 MG-12 MCG-0.4 MG-9 MG-130 MG-150 MCG-25 MCG-800 MCG-80 MCG	1	
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW 25 MCG-82 MG-3.2 MG-15 MCG-120 MCG-25 MCG-50 MCG-1.2 MG-5 MG-2.5 MG-1.1 MG-65 MG-9 MG-0.4 MG-800 MCG-10 MG-150 MG-150 MCG-10 MG-1 MG-12 MCG	1	

Drug Name	Drug Tier	Requirements/Limits
CENTRUM MEN TABS 72 MG-90 MG-40 MCG-200 MCG-1.2 MG-16 MG-2 MG-15 MG-1.3 MG-600 MCG-25 MCG-20.3 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-35 MCG-0.9 MG-11 MG-210 MG-150 MCG-20 MG-100 MCG-1050 MCG-60 MCG-6 MCG	1	QL(1 ea daily);RX/OTC
CENTRUM MINIS WOMEN 50+ TABS 36 MG-50 MG-15 MCG-200 MCG-0.55 MG-7 MG-2.5 MG-2.5 MG-0.55 MG-150 MCG-12.5 MCG-7.9 MG-4 MG-50 MG-1.15 MG-25 MCG-40 MG-26 MG-0.25 MG-7.5 MG-150 MG-75 MCG-10 MG-11 MCG-525 MCG-25 MCG-25 MCG	1	QL(1 ea daily);RX/OTC
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW 3.5 MG-15 MG-0.8 MG-37.5 MCG-80 MCG-500 UNIT-5 MCG-1000 UNIT-3 MG-16.5 MG-2.5 MG-40 MCG-20 UNIT-2.5 MG	1	
CENTRUM MULTIVITAMIN FLAVOR BURST DRINK PACK 0.43 MG-60 MG-10 MG-30 MCG-40 UNIT-400 MCG-4 MG-0.38 MG-800 UNIT-25 MCG-10 MG-2000 UNIT-60 MG-200 MG-65 MG-38 MG-10 MCG-2 MG	1	
CENTRUM SILVER CHEW 4 MG-75 MG-7 MG-45 MCG-500 MCG-400 UNIT-25 MCG-2.7 MG-12 MG-250 MCG-4000 UNIT-10 MG-2.2 MG-15 MG-2 MG-50 MG-5 MCG-200 MG-25 MCG-100 MCG-70 UNIT-125 MG-10 MCG-4.5 MG-100 MCG-22.5 MCG-10 MCG	1	

Drug Name	Drug Tier	Requirements/Limits
CENTRUM SILVER TABS 2 MG-60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-2500 UNIT-10 MG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
CENTRUM SILVER 50+MEN TABS 72 MG-120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
CENTRUM SILVER 50+WOMEN TABS 72 MG-100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
CENTRUM SILVER ADULT 50+ TABS 72 MG-60 MG-30 MCG-400 MCG-1.5 MG-20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG-25 MCG-22.5 MG-50 MG-2.3 MG-45 MCG-80 MG-50 MCG-0.5 MG-11 MG-220 MG-150 MCG-20 MG-19 MCG-750 MCG-30 MCG-25 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM SILVER ADULTS 50+ TABS 72 MG-60 MG-30 MCG-400 MCG-1.5 MG-20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG-25 MCG-22.5 MG-50 MG-2.3 MG-45 MCG-80 MG-50 MCG-0.5 MG-11 MG-220 MG-150 MCG-20 MG-19 MCG-750 MCG-30 MCG-25 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS 2 MG-100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-15 MG-150 MCG-35 UNIT-50 MG-80 MG-500 MG-50 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG	1	QL(1 ea daily);RX/OTC
CENTRUM SPECIALIST HEART TABS 400 MG-30 MG-2.5 MG-15 MCG-200 MCG-200 UNIT-100 MCG-0.85 MG-12.5 MCG-10 MG-1750 UNIT-5 MG-3 MG-0.75 MG-3.75 MG-20 MG-16 MCG-54 MG-32 MG-37.5 MCG-75 MCG-15 UNIT-40 MG-0.35 MG-2.5 MCG-5 MCG-1 MG-60 MCG-10 MCG-5 MCG-29 MG-1 MG	1	QL(1 ea daily);RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS 72 MG-120 MG-2 MG-40 MCG-200 MCG-600 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-5000 UNIT-15 MG-8 MG-210 MG-300 MCG-1.2 MG-15 MG-45 UNIT-100 MG-150 MCG-80 MG-50 MCG-150 MCG-20 MG-0.5 MG-2.3 MG-70 MCG-35 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM SPECIALIST VISION TABS 36 MG-45 MG-1.5 MG-15 MCG-100 MCG-200 UNIT-12.5 MCG-0.85 MG-12.5 MCG-10 MG-5 MG-1750 UNIT-2.5 MG-1 MG-0.75 MG-7.5 MG-50 MG-100 MG-40 MG-22.5 MCG-75 MCG-30 UNIT-25 MG-0.25 MG-1.15 MG-27.5 MCG-17.5 MCG	1	QL(1 ea daily);RX/OTC
CENTRUM ULTRA WOMENS TABS 2 MG-75 MG-2 MG-40 MCG-400 MCG-800 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-1.1 MG-8 MG-150 MCG-35 UNIT-100 MG-80 MG-10 MCG-500 MG-50 MCG-150 MCG-20 MG-0.9 MG-5 MCG-1.8 MG-55 MCG-10 MCG-25 MCG-72 MG	1	QL(1 ea daily);RX/OTC
CENTRUM VITAMINTS CHEW 10 MCG-30 MG-1 MG-30 MCG-200 MCG-500 UNIT-2.5 MCG-32.5 MCG-1 MG-1250 UNIT-2.5 MG-0.6 MG-0.6 MG-5 MG-20 MCG-75 MCG-15 UNIT-1.15 MG-17.5 MCG	1	
CENTRUM WOMEN TABS 72 MG-75 MG-40 MCG-400 MCG-1.1 MG-14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG-1050 MCG-50 MCG-6 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CERTAVITE SENIOR TABS 2 MG-60 MG-3 MG-30 MCG-400 MCG-12.5 MCG-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-22.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-750 MCG-55 MCG-10 MCG-45 MCG-72 MG	1	QL(1 ea daily);RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS 2 MG-60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CERTAVITE/ANTIOXIDANTS TABS 2 MG-60 MG-2 MG-30 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-25 MCG-20 MG-1050 MCG-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-13.5 MG-20 MG-5 MCG-10 MCG-2.3 MG-75 MCG-0.5 MG-55 MCG-10 MCG-35 MCG-72 MG	1	QL(1 ea daily);RX/OTC
CHOICEFUL MULTIVITAMIN CHEW 15 MG-60 MG-1.5 MG-80 MCG-180 UNIT-180 MCG-800 UNIT-6 MCG-13000 UNIT-1.4 MG-600 MCG-8 MG-10 MG-1.2 MG	1	
CHOICEFUL MULTIVITAMIN CAPS 15 MG-30 MG-1.9 MG-80 MCG-170 UNIT-180 MCG-1000 UNIT-5 MCG-14000 UNIT-1.5 MG-700 MCG-18 MG-8 MG-1 MG	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLINICAL NUTRIENTS 45-PLUS WOMEN TABS 33.333 MCG-50 MG-4.167 MG-100 MCG-133.333 MCG-10 MG-133.333 UNIT-133.333 MCG-10 MG-20 MCG-35.833 MG-5 MG-15 MG-0.25 MG-833.333 UNIT-8.333 MG-12.5 MCG-0.333 MG-4.167 MG-16.667 MG-0.5 MG-10 UNIT-33.333 MCG-15 MG-0.333 MG-50 MG-1.667 MG-133.333 MG-12.5 MCG-75 MCG-0.167 MG-16.667 MCG-50 MG-4.167 MG-1.667 MG	1	QL(1 ea daily);RX/OTC
CLINICAL NUTRIENTS 50-PLUS MEN TABS 2.5 MG-75 MG-6.25 MG-150 MCG-200 MCG-15 MG-200 UNIT-200 MCG-15 MG-30 MCG-68.75 MG-7.5 MG-30 MG-0.375 MG-1250 UNIT-25 MG-18.75 MCG-0.5 MG-0.5 MG-6.25 MG-25 MG-0.75 MG-16.75 UNIT-50 MCG-4.5 MG-0.5 MG-50 MG-2.5 MG-100 MG-18.75 MCG-75 MCG-50 MCG-37.5 MCG-50 MG-3.75 MG-20 MG	1	QL(1 ea daily);RX/OTC
CLINICAL NUTRIENTS ANTIOXIDANT CAPS 33.333 MG-166.667 MG-2 MG-33.333 MG-66.667 MCG-33.333 MG-66.667 UNIT-0.667 MG-3333.33 UNIT-33.333 MG-5 MG-33.333 MG-16.667 MG-3.333 MG-33.333 MG	1	RX/OTC
CLINICAL NUTRIENTS FOR FEMALE TEENS TABS 50 MCG-75 MG-22.5 MG-75 MCG-200 MCG-7.5 MG-25 UNIT-200 MCG-7.5 MG-15 MCG-15 MG-15 MG-11.25 MG-4250 UNIT-7.5 MG-0.375 MG-25 MG-0.5 MG-25 MCG-0.5 MG-3.75 MG-125 MG-6.25 MCG-75 MCG-7.5 MG-0.25 MG-50 UNIT-5 MG-50 MG-12.5 MCG-15 MG-15 MG-15 MG-7.5 MG-25 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLINICAL NUTRIENTS FOR MALE TEENS TABS 50 MCG-75 MG-7.5 MG-75 MG-200 MCG-7.5 MG-25 UNIT-200 MCG-7.5 MG-15 MCG-7.5 MG-7.5 MG-11.25 MG-4375 UNIT-7.5 MG-0.375 MG-25 MG-0.5 MG-25 MCG-0.5 MG-5 MG-100 MG-6.25 MCG-75 MCG-50 UNIT-7.5 MG-50 MG-12.5 MCG-15 MG-15 MG-15 MG-25 MG	1	QL(1 ea daily);RX/OTC
CLINICAL NUTRIENTS FOR MEN TABS 10 MG-100 MG-8.333 MG-200 MCG-266.667 MCG-20 MG-266.667 UNIT-166.667 MCG-20 MG-26.667 MCG-71.667 MG-10 MG-30 MG-0.5 MG-1666.667 UNIT-20 MG-25 MCG-0.667 MG-0.667 MG-33.333 MG-0.667 MG-22.333 UNIT-66.667 MCG-5.333 MG-0.667 MG-50 MG-5 MG-100 MG-25 MCG-100 MCG-66.667 MCG-50 MCG-15 MG-50 MG-5 MG-3.333 MG	1	QL(1 ea daily);RX/OTC
CLINICAL NUTRIENTS FOR WOMEN TABS 8.333 MG-100 MG-8.333 MG-200 MCG-266.667 MCG-20 MG-266.667 UNIT-266.667 MCG-20 MG-26.667 MCG-71.667 MG-10 MG-30 MG-0.5 MG-1666.667 UNIT-10 MG-25 MCG-0.667 MG-33.333 MG-1 MG-20 UNIT-66.667 MCG-5 MG-0.667 MG-100 MG-5 MG-166.667 MG-25 MCG-100 MCG-6 MG-66.667 MCG-0.333 MG-33.333 MCG-15 MG-50 MG-6.667 MG-3.333 MG	1	QL(1 ea daily);RX/OTC
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW 39.7 MCG-15 MCG-30 MG-0.85 MG-7.5 MCG-10 MG-2 MCG-315 MCG-2.5 MG-1.815 MG-7.5 MG	1	
CVS ADULT 50+ EYE HEALTH CAPS 160 MG-150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS AIRSHIELD IMMUNITY SUPPORT CHEW 2.5 UNIT-250 MG-2.5 UNIT-50 UNIT-28.75 MG-25 MCG	1	
CVS EYE HEALTH ADULT 50+ CAPS 250 MG-150 MG-5 MG-1 MG-1 MG-9 MG-30 UNIT-90 MG-160 MG	1	RX/OTC
CVS IMMUNE SUPPORT VITAMIN C PACK 10 MCG-1000 MG-10 MG-12.5 MCG-5 MG-1 MG-0.38 MG-25 MCG-0.43 MG-1 MG-2.5 MG-0.5 MG-60 MG-200 MG-60 MG-2 MG-50 MG-38 MG	1	
CVS ONE DAILY MENS 50+ ADVANCED TABS 117 MCG-120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-370 MCG-4.5 MG-24 MG-110 MG-120 MG-90 MCG-150 MCG-25.5 UNIT-2.2 MG-4.2 MG-180 MCG	1	QL(1 ea daily);RX/OTC
CVS ONE DAILY WOMENS 50+ADVANCED TABS 27 MCG-120 MG-6 MG-30 MCG-13.5 MG-400 MCG-25 MCG-25 MCG-3.4 MG-20 MCG-20 MG-1050 MCG-15 MG-500 MG-4.5 MG-50 MG-24 MG-90 MCG-150 MCG-2.2 MG-4.2 MG-180 MCG	1	QL(1 ea daily);RX/OTC
CVS SPECTRAVITE ADULT 50+ CHEW 4 MG-75 MG-7 MG-45 MCG-500 MCG-400 UNIT-25 MCG-2.7 MG-12 MG-250 MCG-4000 UNIT-10 MG-2.2 MG-50 MG-15 MG-2 MG-150 MCG-200 MG-25 MCG-100 MCG-70 UNIT-125 MG-5 MCG-10 MCG-4.5 MG-100 MCG-25 MCG-10 MCG	1	

Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE ADULT 50+ TABS 2 MG-60 MG-3 MG-30 MCG-22.5 MG-400 MCG-25 MCG-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-750 MCG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-220 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG-72 MG	1	QL(1 ea daily);RX/OTC
CVS SPECTRAVITE ADULTS TABS 2 MG-60 MG-2 MG-30 MCG-13.5 MG-400 MCG-25 MCG-6 MCG-1.7 MG-25 MCG-20 MG-1050 MCG-10 MG-18 MG-1.5 MG-50 MG-11 MG-200 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	1	QL(1 ea daily);RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS 2 MG-120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG-600 MCG-1.5 MG-15 MG-50 MG-80 MG-150 MCG-250 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.7 MG-5 MCG-4 MG-100 MCG-10 MCG-60 MCG-72 MG	1	QL(1 ea daily);RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS 2 MG-90 MG-2 MG-40 MCG-200 MCG-600 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-3500 UNIT-15 MG-8 MG-210 MG-600 MCG-1.2 MG-100 MG-11 MG-80 MG-50 MCG-150 MCG-45 UNIT-20 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-150 MCG-100 MCG-10 MCG-35 MCG-72 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS 2 MG-120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG-600 MCG-1.5 MG-50 MG-15 MG-150 MCG-250 MG-80 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.7 MG-5 MCG-4 MG-100 MCG-10 MCG-60 MCG-72 MG	1	QL(1 ea daily);RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS 2 MG-75 MG-2 MG-40 MCG-400 MCG-800 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-1.1 MG-8 MG-100 MG-150 MCG-500 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.9 MG-5 MCG-10 MCG-1.8 MG-55 MCG-10 MCG-25 MCG-72 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS 2 MG-75 MG-2 MG-40 MCG-400 MCG-800 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-500 MG-1.1 MG-100 MG-8 MG-150 MCG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.9 MG-5 MCG-10 MCG-1.8 MG-55 MCG-10 MCG-25 MCG-72 MG	1	QL(1 ea daily);RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS 2 MG-100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-500 MG-1.1 MG-50 MG-15 MG-150 MCG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE WOMEN CHEW 50 MG-9 MG-1 MG-75 MCG-80 MCG-12.5 MCG-4.5 MCG-300 MCG-20 MCG-6.75 MG-1.25 MG	1	
CVS VISION HEALTH CAPS 1 MG-250 MG-200 UNIT-5 MG-1 MG-10 MG	1	RX/OTC
DAYAVITE TABS 100 MCG-75 MG-17.5 MG-1 MG-75 MG-25 MCG-750 MCG-15 MG-20 MG-10 MG-15 MG-200 MG-20.1 MG-7.5 MG-75 MCG-50 MCG-1 MG-2.5 MG-37.5 MCG-35 MCG	1	QL(1 ea daily);RX/OTC
DECUBI-VITE CAPS 50 MG-500 MG-3 MG-15 MCG-400 MCG-200 UNIT-9 MCG-2500 UNIT-3.4 MG-30 MG-10 MG-3 MG-30 UNIT	1	RX/OTC
DEKAS BARIATRIC CHEW 10 MG-2 MG-300 MCG-400 MCG-2500 UNIT-500 MCG-5000 UNIT-1.7 MG-500 MCG-10 MG-10 MG-45 MG-10 MG-22.5 MG-5 MG-12.5 MG-1 MG-75 UNIT-10 MG-25 MG-25 MCG-75 MCG-1 MG-35 MCG-1 MG-60 MCG-25 MG	1	
DEKAS PLUS CHEW 10 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-2000 UNIT-12 MCG-18167 UNIT-1.7 MG-1000 MCG-10 MG-70 MG-12 MG-10 MG-100 UNIT-75 MCG	1	
DEKAS PLUS CAPS 75 MCG-1.9 MG-100 MCG-200 MCG-1.5 MG-3000 UNIT-12 MCG-18167 UNIT-1.7 MG-1000 MCG-10 MG-75 MG-12 MG-10 MG-150 UNIT-10 MG	1	RX/OTC
DEKAS PLUS OCEAN CAPS 75 MCG-1.9 MG-100 MCG-200 MCG-1.5 MG-75 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-75 MG-12 MG-10 MG-101 MG-10 MG-5450 MCG	1	RX/OTC
DERMACINRX MULTITAM TABS 8 MCG-120 MG-1000 MCG-3 MG-20 MG-20 MG-3.4 MG-20 MCG-30 MG-200 MG-2.3 MG-45 MCG-35 MCG-25 MG-200 MG-55 MCG-1500 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DERMACINRX RIBOTIN-E TABS 13 MCG-250 MG-100 MCG-500 MCG-3.25 MG-22.5 MG-6 MG-15 MG-3.35 MG-13.75 MCG-45 MG-9 MG-37.5 MG-0.75 MG-25 MCG-24.5 MG-25 MCG-37.5 MCG-1 MG-15 MG-75 MG-25 MCG-30 MCG-1500 MCG	1	QL(1 ea daily);RX/OTC
DERMACINRX ZINTREXYL-C TABS 37.5 MCG-250 MG-6 MG-100 MCG-500 MCG-13.75 MCG-13 MCG-3.35 MG-22.5 MG-1500 MCG-15 MG-9 MG-75 MG-3.25 MG-37.5 MG-1 MG-30 MCG-15 MG-24.5 MG-25 MCG-25 MCG-45 MG-0.75 MG-25 MCG	1	QL(1 ea daily);RX/OTC
DERMAVITE TABS 50 MCG-120 MG-10 MG-600 MCG-400 MCG-8.5 MG-270 MG-5 MG-45 MG-2 MG-20 MG-60 UNIT-5 MG-200 MCG-3500 UNIT	1	QL(1 ea daily);RX/OTC
DIALYVITE SUPREME D TABS 70 MCG-100 MG-25 MG-300 MCG-3 MG-2000 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-15 MG-30 UNIT-1 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EMERGEN-C BLUE PACK 10 MG/8.4GM-1000 MG/8.4GM-10 MG/8.4GM-12.5 MCG/8.4GM-5 MG/8.4GM-1 MG/8.4GM-0.38 MG/8.4GM-25 MCG/8.4GM-2.5 MG/8.4GM-1 MG/8.4GM-0.43 MG/8.4GM-60 MG/8.4GM-0.5 MG/8.4GM-200 MG/8.4GM-60 MG/8.4GM-10 MCG/8.4GM-50 MG/8.4GM-38 MG/8.4GM-2 MG/8.4GM	1	
EMERGEN-C FIVE PACK 2 MG/4.8GM-1000 MG/4.8GM-10 MG/4.8GM-12.5 MCG/4.8GM-5 MG/4.8GM-1 MG/4.8GM-0.38 MG/4.8GM-2.5 MCG/4.8GM-2.5 MG/4.8GM-1 MG/4.8GM-0.43 MG/4.8GM-0.5 MG/4.8GM-60 MG/4.8GM-200 MG/4.8GM-60 MG/4.8GM-10 MCG/4.8GM-50 MG/4.8GM-38 MG/4.8GM	1	

Drug Name	Drug Tier	Requirements/Limits
EMERGEN-C HEART HEALTH PACK 650 MG/9GM-1000 MG/9GM-10 MG/9GM-12.5 MCG/9GM-5 MG/9GM-1 MG/9GM-0.38 MG/9GM-25 MCG/9GM-2.5 MG/9GM-1 MG/9GM-2 MG/9GM-0.43 MG/9GM-0.5 MG/9GM-60 MG/9GM-200 MG/9GM-60 MG/9GM-10 MCG/9GM-50 MG/9GM-38 MG/9GM-2 MG/9GM	1	
EMERGEN-C IMMUNE PACK 0.43 MG/9.2GM-1000 MG/9.2GM-10 MG/9.2GM-100 MCG/9.2GM-0.38 MG/9.2GM-1000 UNIT/9.2GM-25 MCG/9.2GM-4 MG/9.2GM-2.5 MG/9.2GM-0.5 MG/9.2GM-60 MG/9.2GM-200 MG/9.2GM-70 MG/9.2GM-50 MG/9.2GM-38 MG/9.2GM-500 MG/9.2GM-10 MCG/9.2GM-10 MG/9.2GM	1	
EMERGEN-C IMMUNE PLUS PACK 0.39 MG-1000 MG-10 MG-100 MCG-4.5 MG-0.36 MG-25 MCG-25 MCG-2.5 MG-0.5 MG-53 MG-200 MG-70 MG-50 MG-38 MG-10 MCG-10 MG	1	
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW 15 UNIT-500 MG-1 MG-75 MCG-300 UNIT-2.5 MG-30.5 MG	1	
EMERGEN-C IMMUNE+ WARMERS PACK 0.43 MG/9.3GM-1000 MG/9.3GM-10 MG/9.3GM-100 MCG/9.3GM-0.38 MG/9.3GM-1000 UNIT/9.3GM-25 MCG/9.3GM-4 MG/9.3GM-2.5 MG/9.3GM-0.5 MG/9.3GM-60 MG/9.3GM-200 MG/9.3GM-70 MG/9.3GM-50 MG/9.3GM-38 MG/9.3GM-500 MG/9.3GM-10 MCG/9.3GM-10 MG/9.3GM	1	

Drug Name	Drug Tier	Requirements/Limits
EMERGEN-C JOINT HEALTH PACK 2 MG/9.3GM-333 MG/9.3GM-10 MG/9.3GM-12.5 MCG/9.3GM-5 MG/9.3GM-1 MG/9.3GM-82 MG/9.3GM-0.38 MG/9.3GM-25 MCG/9.3GM-2.5 MG/9.3GM-500 MG/9.3GM-0.43 MG/9.3GM-60 MG/9.3GM-0.5 MG/9.3GM-200 MG/9.3GM-110 MG/9.3GM-10 MCG/9.3GM-50 MG/9.3GM-38 MG/9.3GM-400 MG/9.3GM	1	
EMERGEN-C KIDZ PACK 2 MG-250 MG-10 MG-100 MCG-25 MCG-4 MG-2.5 MG-0.5 MG-60 MG-250 MG-70 MG-100 MG-38 MG-10 MCG	1	

Drug Name	Drug Tier	Requirements/Limits
EMERGEN-C MSM LITE PACK 2 MG/4.8GM-1000 MG/4.8GM-25 MCG/4.8GM-10 MG/4.8GM-1 MG/4.8GM-1000 MG/4.8GM-25 MCG/4.8GM-0.5 MG/4.8GM-60 MG/4.8GM-200 MG/4.8GM-60 MG/4.8GM-10 MCG/4.8GM-50 MG/4.8GM-98 MG/4.8GM	1	
EMERGEN-C PINK PACK 10 MG/9.4GM-1000 MG/9.4GM-10 MG/9.4GM-12.5 MCG/9.4GM-5 MG/9.4GM-1 MG/9.4GM-0.38 MG/9.4GM-25 MCG/9.4GM-1 MG/9.4GM-2.5 MG/9.4GM-0.43 MG/9.4GM-0.5 MG/9.4GM-60 MG/9.4GM-200 MG/9.4GM-60 MG/9.4GM-10 MCG/9.4GM-50 MG/9.4GM-38 MG/9.4GM-2 MG/9.4GM	1	

Drug Name	Drug Tier	Requirements/Limits
EMERGEN-C SUPER FRUIT PACK 2 MG/8.4GM-1000 MG/8.4GM-10 MG/8.4GM-100 MCG/8.4GM-0.38 MG/8.4GM-25 MCG/8.4GM-2.5 MG/8.4GM-4 MG/8.4GM-0.43 MG/8.4GM-60 MG/8.4GM-0.5 MG/8.4GM-200 MG/8.4GM-65 MG/8.4GM-10 MCG/8.4GM-50 MG/8.4GM-38 MG/8.4GM	1	
EMERGEN-C VITAMIN C CHEW 15 UNIT-500 MG-1 MG-150 MCG-2.5 MG-30 MG	1	
EMERGEN-C VITAMIN C PACK 0.39 MG/9.1GM-1000 MG/9.1GM-10 MG/9.1GM-100 MCG/9.1GM-4 MG/9.1GM-0.36 MG/9.1GM-25 MCG/9.1GM-2.5 MG/9.1GM-0.5 MG/9.1GM-53 MG/9.1GM-200 MG/9.1GM-65 MG/9.1GM-50 MG/9.1GM-38 MG/9.1GM-10 MCG/9.1GM-2 MG/9.1GM	1	
EMERGEN-C VITAMIN C LITE PACK 2 MG/3.8GM-1000 MG/3.8GM-25 MCG/3.8GM-10 MG/3.8GM-1 MG/3.8GM-25 MCG/3.8GM-0.5 MG/3.8GM-60 MG/3.8GM-200 MG/3.8GM-60 MG/3.8GM-10 MCG/3.8GM-50 MG/3.8GM-98 MG/3.8GM	1	
EMERGEN-C VITAMIN D & CALCIUM PACK 2 MG/8.8GM-500 MG/8.8GM-5 MG/8.8GM-6.25 MCG/8.8GM-2.5 MG/8.8GM-1 MG/8.8GM-0.19 MG/8.8GM-1000 UNIT/8.8GM-12.5 MCG/8.8GM-1 MG/8.8GM-2.5 MG/8.8GM-0.22 MG/8.8GM-0.5 MG/8.8GM-50 MG/8.8GM-110 MG/8.8GM-30 MG/8.8GM-10 MCG/8.8GM-500 MG/8.8GM	1	

Drug Name	Drug Tier	Requirements/Limits
END FATIGUE DAILY ENERGYENFUSION POWD 200 MG/20.6GM-750 MG/20.6GM-390 MG/20.6GM-240 MG/20.6GM-85 MG/20.6GM-200 MCG/20.6GM-100 UNT/20.6GM-400 MCG/20.6GM-377 MG/20.6GM-75 MG/20.6GM-2000 UNT/20.6GM-500 MCG/20.6GM-75 MG/20.6GM-100 MCG/20.6GM-100 MG/20.6GM-750 MG/20.6GM-50 MG/20.6GM-500 MG/20.6GM-750 MG/20.6GM-4500 UNT/20.6GM-50 MG/20.6GM-500 MCG/20.6GM-250 MG/20.6GM-2 MG/20.6GM-55 MCG/20.6GM-2 MG/20.6GM-1.2 GM/20.6GM-55 MG/20.6GM-20 MG/20.6GM-100 MG/20.6GM-125 MCG/20.6GM-200 MCG/20.6GM-750 MG/20.6GM-200 MCG/20.6GM-50 MG/20.6GM-7 GM/20.6GM-107 MG/20.6GM-15 MG/20.6GM	1	

Drug Name	Drug Tier	Requirements/Limits
ENERGY BOOSTER PACK 38 MG-1000 MG-10 MG-12.5 MG-1 MG-0.38 MG-2.5 MG-0.43 MG-5 MG-1 MG-2.5 MG-0.5 MCG-60 MG-200 MG-60 MG-10 MCG-50 MG	1	
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS 2 MG-60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-11 MG-75 MCG-50 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	1	QL(1 ea daily);RX/OTC
EQ MULTIVITAMINS ADULT GUMMY CHEW 75 MCG-15 MG-2 MG-7.5 MCG-200 MCG-5 MG-400 UNIT-6 MCG-20 MCG-1.5 MG-137.5 MCG-5 MG-7.5 UNIT-1250 UNIT-60 MCG-18.75 MCG	1	

Drug Name	Drug Tier	Requirements/Limits
EQ ONE DAILY MENS 50+ TABS 117 MCG-120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-370 MCG-4.5 MG-110 MG-24 MG-2.2 MG-90 MCG-150 MCG-25.5 UNIT-120 MG-4.2 MG-180 MCG	1	QL(1 ea daily);RX/OTC
EQ ONE DAILY MENS HEALTH TABS 110 MCG-60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-15 MG-2 MG-120 MG-210 MG-22.5 UNIT-2 MG-120 MCG	1	QL(1 ea daily);RX/OTC
EQ ONE DAILY WOMENS 50+ TABS 27 MCG-120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-24 MG-50 MG-500 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG	1	QL(1 ea daily);RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS 150 MCG-60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-0.5 MG-15 MG-50 MG-5 MCG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-2.3 MG-45 MCG-55 MCG-72 MG-10 MCG	1	QL(1 ea daily);RX/OTC
EQL CENTURY MENS TABS 150 MCG-90 MG-2 MG-40 MCG-200 MCG-600 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-3500 UNIT-15 MG-8 MG-210 MG-600 MCG-1.2 MG-11 MG-0.9 MG-15 MG-100 MG-5 MCG-80 MG-50 MCG-150 MCG-20 MG-2.3 MG-35 MCG-45 UNIT-100 MCG-72 MG-10 MCG-10 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EQL CENTURY WOMENS TABS 150 MCG-75 MG-2 MG-40 MCG-400 MCG-800 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-500 MG-1.1 MG-8 MG-0.9 MG-15 MG-100 MG-5 MCG-80 MG-50 MCG-150 MCG-20 MG-1.8 MG-25 MCG-35 UNIT-55 MCG-72 MG-10 MCG-10 MCG	1	QL(1 ea daily);RX/OTC
EQL ONE DAILY ADULT GUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT	1	
EQL ONE DAILY MENS TABS 105 MCG-90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-600 MCG-1.2 MG-15 MG-2 MG-120 MG-210 MG-99 MG-45 UNIT-2 MG-120 MCG	1	QL(1 ea daily);RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS 100 MG-10 MG-400 MCG-6 MCG-2 MG-20 MG-2 MG-100 MG-13.5 MG-70 MCG-40 MG	1	QL(1 ea daily);RX/OTC
EVOLUTION60 PACK	1	
EYE HEALTH CAPS 200 UNIT-250 MG-5 MG-1 MG-10 MG-1 MG	1	RX/OTC
EYE HEALTH/LUTEIN TABS 55 MCG-200 MG-2 MG-40 MG-2 MG-300 MCG-27 MG	1	QL(1 ea daily);RX/OTC
EYE MULTIVITAMIN CAPS 40 MG-250 MG-5 MG-1 MG-90 MG-2 MG	1	RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS 34.8 MG-226 MG-5 MG-90 MG-2 MG	1	RX/OTC
EYE MULTIVITAMIN/LUTEIN TABS 55 MCG-200 MG-2 MG-40 MG-2 MG-300 MCG-27 MG	1	QL(1 ea daily);RX/OTC
EYE MULTIVITAMIN/SODIUM TABS 45.5 MG-113 MG-17.4 MG-0.4 MG-2148 MCG-3 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS 100 MG-150 MG-400 UNIT-0.5 MG	1	QL(1 ea daily);RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS 25 MG-400 UNIT-0.5 MG-100 MG-60 MCG	1	QL(1 ea daily);RX/OTC
FOLAGENT DHA CAPS 8 MCG-60 MG-300 MCG-1000 MCG-1.7 MG-20 MG-2.5 MG-10 MG-2 MG-10 MCG-20.1 MG-35 MG-28 MG-50 MG-2 MG-15 MG-200 MG-150 MCG-200 MG-1200 MCG	1	RX/OTC
FOLAMAX TABS 1.67 MG-60 MG-0.28 MG-26 MG-10 MCG-4.5 MG-20 MG-25 MG-80 MG-0.15 MG-300 MCG-0.013 MG	1	QL(1 ea daily);RX/OTC
FOLAMED DHA CAPS 8 MCG-60 MG-300 MCG-1000 MCG-1.7 MG-20 MG-2.5 MG-10 MG-2 MG-10 MCG-20.1 MG-35 MG-28 MG-50 MG-2 MG-15 MG-200 MG-150 MCG-200 MG-1200 MCG	1	RX/OTC
FOLIFLEX TABS 13 MCG-250 MG-100 MCG-500 MCG-3.25 MG-22.5 MG-6 MG-15 MG-3.35 MG-13.75 MCG-45 MG-9 MG-37.5 MG-0.75 MG-25 MCG-25 MCG-37.5 MCG-1 MG-15 MG-75 MG-25 MCG-30 MCG-1500 MCG	1	QL(1 ea daily);RX/OTC
FOLIKA-CI TABS 1000 MCG-125 MG-2.5 MG-1000 MCG-1.4 MG-12.5 MCG-13 MG-200 MG-150 MCG	1	QL(1 ea daily);RX/OTC
FOLIKA-MG TABS 20 MG-60 MG-26 MG-280 MCG-1670 MCG-10 MCG-13 MCG-80 MG-25 MG-300 MCG-150 MCG-4.5 MG	1	QL(1 ea daily);RX/OTC
FOLITIN-Z TABS 37.5 MCG-250 MG-6 MG-100 MCG-500 MCG-13.75 MCG-13 MCG-3.35 MG-22.5 MG-1500 MCG-15 MG-9 MG-75 MG-3.25 MG-37.5 MG-1 MG-30 MCG-15 MG-24.5 MG-25 MCG-25 MCG-45 MG-0.75 MG-25 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FOSFREE TABS 300 MG-50 MG-3 MG-5 MG-2 MG-1500 UNIT-1 MG-2 MG-10 MG-200 UNIT-14.5 MG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
FREEDAVITE TABS 30 UNIT-400 UNIT-2 MG-30 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-1.8 MG-0.1 MG-1.5 MG-8 MG-60 MG-0.625 MG-75 MCG-35 MCG	1	QL(1 ea daily);RX/OTC
GENADEK STEP 1 CAPS 75 MCG-75 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-75 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-12 MG-10 MG-100.5 MG-10 MG-5450 MCG	1	RX/OTC
GENADEK STEP 2 CAPS 75 MCG-75 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-125 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-12 MG-10 MG-100.5 MG-10 MG-5450 MCG	1	RX/OTC
GERI-FREEDA SENIOR FORMULA TABS 60 MCG-400 UNIT-15 MG-15 MCG-400 MCG-15 MG-15 MCG-10 MG-5000 UNIT-15 MG-10 MG-50 MG-15 MG-10 MG-0.5 MG-7.5 MG-10 MG-25 MG-15 UNIT-150 MG-1 MG-50 MG-150 MCG-35 MCG-25 MG	1	QL(1 ea daily);RX/OTC
GNP IMMUNE SUPPORT PACK 25 MCG-1000 MG-100 MCG-0.38 MG-4 MG-10 MG-2.5 MG-0.43 MG-60 MG-0.5 MG-200 MG-65 MG-10 MCG-2 MG-50 MG-38 MG	1	
HAIR SKIN & NAILS ADVANCED FORMULA TABS 10 MG-50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-1.2 MCG-25 MCG-750 MCG-5 MG-25 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-10 MG-20 MG-0.6 MG-5 MG-125 MG-150 MCG-25 MG-58 MG-10 MG-50 MG-0.6 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HEALTHY EYES SUPERVISION2 CAPS 10 MG-250 MG-5 MG-1 MG-90 MG-1 MG	1	RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS 7.5 MG-90 MG-6 MG-30 MCG-400 MCG-10 MCG-12 MCG-3.4 MG-28 MCG-20 MG-10 MG-9 MG-3 MG-100 MG-15 MG-150 MCG-2 MG-7.5 MG-40 MG-75 MCG-150 MCG-27 MG-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-1500 MCG-70 MCG-10 MCG	1	QL(1 ea daily);RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS 1 MG-60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-1.5 MG-15 MG-60 MG-150 MCG-45 MG-2 MG-5 MG	1	QL(1 ea daily);RX/OTC
HM COMPLETE MEN TABS 2 MG-90 MG-2 MG-40 MCG-200 MCG-1000 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-3500 UNIT-15 MG-8 MG-600 MCG-1.2 MG-11 MG-100 MG-10 MCG-10 MCG-210 MG-80 MG-50 MCG-150 MCG-45 UNIT-20 MG-0.9 MG-5 MCG-2.3 MG-100 MCG-35 MCG-72 MG	1	QL(1 ea daily);RX/OTC
HM HAIR/SKIN/NAILS TABS 12.667 MG-20 MG-1.667 MG-1666.667 MCG-66.667 MCG-1.667 MG-8.333 MCG-2.667 MCG-0.667 MG-3.333 MG-10 MG-8.333 MG-500 MCG-5 MG-3.333 MG-16.667 MG-16.667 MG-2.5 MG-0.667 MG-124 MG-2.25 MG-60 MG-1 MG	1	QL(1 ea daily);RX/OTC
HYLAZINC TABS 6 MCG-100 MG-10 MG-1 MG-1.7 MG-20 MG-1.5 MG-50 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ICAPS AREDS FORMULA TABS 10 MCG-113 MG-3 MG-3 MG-10 MG-3.4 MG-30 MG-5000 UNIT-17.4 MG-0.4 MG-400 UNIT-30 UNIT-7160 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MG-150 MCG-100 UNIT-31 MG-33 MG	1	QL(1 ea daily);RX/OTC
IMMUBLAST-C PACK 2 MG-1000 MG-10 MG-100 MCG-4 MG-0.38 MG-25 MCG-0.43 MG-2.5 MG-0.5 MG-60 MG-200 MG-65 MG-50 MG-38 MG-10 MCG	1	
IMMUNE SUPPORT CHEW 4 MCG-250 MG-500 UNIT-10 MG-2 MG-7.5 UNIT-0.75 MG	1	
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS 37.5 MG-250 MG-25 MG-7.5 MG-25 MCG-100 MCG-7.5 MG-50 MG-125 UNIT-30 MG-7.5 MG-7.5 MG-7.5 MG-18.75 MG-150 MG-12.5 MG-50 MG-25 MG-50 UNIT-125 MG-2500 UNIT-2.25 MG-1.25 MG-37.5 MCG-0.25 MG-0.25 MG-50 MG-18.75 MCG-25 MCG-125 MCG-12.5 MCG-3.75 MG	1	QL(1 ea daily);RX/OTC
LIVER DETOX TABS 200 MG-75 MG-400 MCG-25 MG-25 MG-25 MG-75 MG-25 MG-25 MG-150 MG-150 MG-100 MG-61 MG-100 MCG-125 MCG	1	QL(1 ea daily);RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS 20 MG-60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG	1	QL(1 ea daily);RX/OTC
MACULAR VITAMIN BENEFIT TABS 200 UNIT-250 MG-25 MG-25 MCG-500 MCG-500 MCG-25 MG-25 MG-25 MG-25 MG-40 MG-1 MG	1	QL(1 ea daily);RX/OTC
MAXIMIN PACK PACK	1	

Drug Name	Drug Tier	Requirements/Limits
MEGA MULTI FOR MEN TABS 25 MG-150 MG-25 MG-15 MG-125 MCG-200 MCG-2.5 MG-5 MG-2.5 MCG-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-33.5 MG-2.5 MG-1500 MCG-105 MG-75 MCG-25 MG-25 MCG-5 MCG-35 MG-15 MG-15 MG-35 MG-35 MG-12.5 MG-50 MCG-25 MG	1	QL(1 ea daily);RX/OTC
MEGA MULTI FOR WOMEN TABS 25 MG-100 MG-40 MG-40 MCG-200 MCG-200 UNIT-40 MCG-5000 UNIT-40 MG-37.5 MCG-5 MG-10 MCG-40 MG-250 MCG-40 MG-5 MG-40 MG-100 MG-7.5 MG-50 UNIT-12.5 MG-255 MG-135 MCG-1 MCG-1 MG-2.5 MG-13.5 MG-25 MCG-50 MCG-2.5 MG-1 MG-1 MG-12.5 MG-50 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MEGA MULTIVITAMIN POWD 55 MG/21.4GM-750 MG/21.4GM-390 MG/21.4GM-240 MG/21.4GM-5 MG/21.4GM-750 MCG/21.4GM-800 MCG/21.4GM-377 MG/21.4GM-3.7 MG/21.4GM-600 UNT/21.4GM-15 MCG/21.4GM-4.2 MG/21.4GM-750 MG/21.4GM-50 MG/21.4GM-500 MG/21.4GM-750 MG/21.4GM-1.5 MG/21.4GM-7000 UNT/21.4GM-25 MG/21.4GM-80 MCG/21.4GM-120 MG/21.4GM-250 MCG/21.4GM-250 MG/21.4GM-500 MG/21.4GM-2 MG/21.4GM-200 MCG/21.4GM-4 MG/21.4GM-900 MG/21.4GM-50 MG/21.4GM-15 MG/21.4GM-250 MCG/21.4GM-150 MCG/21.4GM-100 UNT/21.4GM-15 MG/21.4GM-750 MG/21.4GM-200 MCG/21.4GM-50 MG/21.4GM-7.5 GM/21.4GM-25 MG/21.4GM-200 MG/21.4GM-10	1	

Drug Name	Drug Tier	Requirements/Limits
MG/21.4GM		
MEGAVITE FRUITS & VEGGIES TABS 18 MG-180 MG-300 MCG-800 MCG-2 MG-1200 UNIT-18 MCG-5.1 MG-5 MG-5 MG-20 MG-30 MG-5 MG-4.5 MG-5 MG-2 MG-15000 UNIT-100 MG-15 UNIT-15 MG-120 MG-150 MCG-2 MG	1	QL(1 ea daily);RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS 50 MG-180 MG-6 MG-300 MCG-800 MCG-1200 UNIT-18 MCG-5.1 MG-5 MG-5 MG-20 MG-10 MG-5 MG-100 MG-4.5 MG-50 MG-50 MG-50 MG-5 MG-2 MG-15000 UNIT-150 MCG-15 UNIT-2 MG-100 MG	1	QL(1 ea daily);RX/OTC
MENS 50+ ADVANCED CAPS 150 MCG-72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-300 MCG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	1	RX/OTC
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS 25 MG-125 MG-2.5 MG-150 MCG-300 MCG-25 MG-200 UNIT-25 MCG-2500 UNIT-2.5 MG-15 MG-10 MG-1 MG-5 MG-125 MG-1 MG-1.5 MG-1 MG-2.5 MG-12.5 MG-20 MG-62.5 MG-30 UNIT-0.5 MG-25 MCG-1 MG-100 MCG-60 MCG-40 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MENS MULTI VITAMIN & MINERAL FORMULA TABS 25 MG-125 MG-12.5 MG-150 MCG-200 MCG-25 MG-12.5 MG-200 UNIT-12.5 MCG-2500 UNIT-12.5 MG-40 MCG-15 MG-12.5 MG-1 MG-12.5 MG-125 MG-1 MG-1.5 MG-1 MG-7.5 MG-20 MG-62.5 MG-35 MCG-30 UNIT-1 MG-0.5 MG-25 MCG-75 MCG-60 MCG	1	QL(1 ea daily);RX/OTC
MENS MULTIVITAMIN CHEW 8.75 MCG-37.5 MG-2 MG-50 MCG-7.5 MG-200 MCG-10 MCG-7.5 MCG-300 MCG-5 MG-2.5 MG-75 MCG-27.5 MCG	1	
MENS MULTIVITAMIN TABS 110 MCG-60 MG-3 MG-75 MCG-22.5 UNIT-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-2 MG-120 MCG-3500 UNIT	1	QL(1 ea daily);RX/OTC
MOOD FOOD ES CAPS 255 MCG-10 MG-50 MG-50 MG-2.5 MG-150 MG-50 MG-35 MG-1.5 MG-25 MCG-15 MCG	1	RX/OTC
MULTI FOR HER PACK 20 MCG-60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-1.7 MG-25 MCG-10 MG-5 MG-18 MG-1.5 MG-15 MG-100 MG-500 MG-30 UNIT-2 MG-2 MG-120 MCG-2500 UNIT	1	
MULTI FOR HIM PACK 20 MCG-60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-1.7 MG-25 MCG-10 MG-5 MG-18 MG-600 MCG-1.5 MG-15 MG-50 MG-300 MG-30 UNIT-2 MG-2 MG-120 MCG-2500 UNIT	1	
MULTI-BETIC DIABETES TABS 35 MCG-2.5 MG-150 MCG-200 MCG-200 UNIT-50 MCG-2500 UNIT-1.7 MG-0.5 MG-10 MG-1.5 MG-1 MG-1.5 MG-50 MG-100 MG-50 UNIT-20 MG-50 MG-2.5 MG-7.5 MG-100 MCG-125 MG-100 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MULTI-BETIC DIABETES SUPPORT TABS 50 MCG-125 MG-150 MCG-200 MCG-1.5 MG-20 MG-50 MG-2.5 MG-10 MG-1.7 MG-0.5 MG-1.5 MG-5 MCG-33.5 MG-100 MG-2.5 MG-50 MG-100 MCG-1 MG-100 MCG-7.5 MG-35 MCG-900 MCG	1	QL(1 ea daily);RX/OTC
multiple vitamins w/ minerals caps 15 MG-60 MG-13.5 MG-6 MG	1	RX/OTC
multiple vitamins w/ minerals chew 2.5 MG-30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT	1	
multiple vitamins w/ minerals tabs 72 MG-100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG	1	QL(1 ea daily);RX/OTC
MULTIVITAMIN TABS	1	QL(1 ea daily);RX/OTC
MULTIVITAMIN MEN TABS 2 MG-90 MG-2 MG-40 MCG-200 MCG-600 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-3500 UNIT-15 MG-8 MG-210 MG-600 MCG-1.2 MG-11 MG-0.9 MG-150 MCG-45 UNIT-100 MG-80 MG-150 MCG-20 MG-5 MCG-10 MCG-2.3 MG-35 MCG-100 MCG-50 MCG-10 MCG-72 MG	1	QL(1 ea daily);RX/OTC
MULTI-VITAMIN MONOCAPS TABS 10 MG-400 UNIT-15 MG-15 MCG-400 MCG-15 MG-15 MCG-5000 UNIT-15 MG-40 MG-15 MG-14 MG-0.1 MG-3.75 MG-30 MG-15 UNIT-120 MG-1 MG-50 MG-150 MCG-35 MCG-10 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN WOMEN TABS 72 MG-75 MG-2 MG-40 MCG-400 MCG-25 MCG-6 MCG-1.1 MG-50 MCG-14 MG-1050 MCG-15 MG-18 MG-1.1 MG-8 MG-100 MG-80 MG-2 MG-200 MG-50 MCG-150 MCG-15.7 MG-20 MG-10 MCG-1.8 MG-18 MCG-0.5 MG-10 MCG-32 MCG	1	QL(1 ea daily);RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS 3 MG-500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-100 MG-20 MG-15 MG-13.5 MG-23.9 MG	1	QL(1 ea daily);RX/OTC
MVW COMPLETE FORMULATION CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	1	RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-3000 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	1	RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-5000 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	1	RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-20 MG-12 MG-1.5 MG-200 UNIT	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NANOVM ADULT POWD 8 MCG/6.9GM-23	1	
MG/6.9GM-0.4		
MG/6.9GM-8		
MCG/6.9GM-103		
MCG/6.9GM-0.3		
MG/6.9GM-5		
MCG/6.9GM-0.3		
MG/6.9GM-31		
MCG/6.9GM-4		
MG/6.9GM-233		
MCG/6.9GM-1		
MG/6.9GM-4		
UNIT/6.9GM-311		
MG/6.9GM-109		
MG/6.9GM-1.2		
GM/6.9GM-3		
MG/6.9GM-39		
MCG/6.9GM-181		
MG/6.9GM-233		
MCG/6.9GM-0.6		
MG/6.9GM-14		
MCG/6.9GM-11		
MCG/6.9GM-0.6		
MCG/6.9GM-2		
MG/6.9GM-500		
MG/6.9GM		

Drug Name	Drug Tier	Requirements/Limits
NANOVM SENIOR 71+ POWD 9 MCG/8GM-27	1	
MG/8GM-0.5		
MG/8GM-9		
MCG/8GM-120		
MCG/8GM-0.4		
MG/8GM-6		
MCG/8GM-0.4		
MG/8GM-36		
MCG/8GM-4.8		
MG/8GM-271		
MCG/8GM-1.5		
MG/8GM-4		
UNIT/8GM-360		
MG/8GM-126		
MG/8GM-1.4		
GM/8GM-3.3		
MG/8GM-45		
MCG/8GM-210		
MG/8GM-270		
MCG/8GM-0.7		
MG/8GM-16.5		
MCG/8GM-13.5		
MCG/8GM-0.7		
MCG/8GM-2.4		
MG/8GM-600		
MG/8GM		

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

Drug Name	Drug Tier	Requirements/Limits
OCUVITE ADULT 50+ CAPS 250 MG-150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG	1	RX/OTC
OCUVITE ADULT FORMULA CAPS 100 MG-100 MG-15 UNIT-2 MG-9 MG-1 MG	1	RX/OTC
OCUVITE LUTEIN CAPS 2 MG-60 MG-30 UNIT-5 MG-15 MG	1	RX/OTC
ONCOVITE TABS 8000 UNIT-500 MG-25 MG-0.1 MG-100 UNIT-1.5 MCG-2.5 MG-0.425 MG-5 MG-0.368 MG-100 UNIT-10000 UNIT-22.5 MG	1	QL(1 ea daily);RX/OTC
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW 55 MCG-37.5 MG-2.5 MG-300 MCG-15 UNIT-200 MCG-200 UNIT-7.5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-2.5 MG-75 MCG	1	
ONE DAILY MENS 50+ MULTIVITAMIN TABS 25 MCG-120 MG-30 MCG-400 MCG-4.5 MG-20 MG-6 MG-15 MG-3.4 MG-370 MCG-17.5 MCG-11.4 MG-110 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-120 MG-150 MCG-117 MCG-940 MCG-20 MCG	1	QL(1 ea daily);RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS 87.5 MCG-90 MG-3 MG-30 MCG-400 MCG-400 UNIT-9 MCG-5000 UNIT-2.55 MG-20 MG-10 MG-2.25 MG-100 MG-37.5 MG-130 MG-150 MCG-45 UNIT-100 MG-15 MG-2 MG-3.5 MG-34 MG-75 MCG-150 MCG	1	QL(1 ea daily);RX/OTC
ONE DAILY WOMENS TABS 20 MCG-60 MG-2 MG-300 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-2500 UNIT-10 MG-18 MG-500 MG-1.5 MG-15 MG-150 MCG-22.5 UNIT-2 MG-2 MG-120 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE DIALY MULTIVITAMIN WOMENS TABS 6 MCG-75 MG-1000 MCG-400 MCG-1.2 MG-16 MG-1.7 MG-5 MG-1.3 MG-25 MCG-7.5 MG-18 MG-1.8 MG-25 MCG-0.9 MG-8 MG-380 MG-150 MCG-27.5 MCG-700 MCG-25 MCG	1	QL(1 ea daily);RX/OTC
ONE-A-DAY ENERGY TABS 5 MG-60 MG-4 MG-300 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-25 MCG-40 MG-3500 UNIT-10 MG-9 MG-3 MG-40 MG-15 MG-2 MG-250 MG-99 MG-25 MCG-150 MCG-22.5 UNIT-5 MCG-10 MCG-2 MG-100 MCG-45 MCG-89.8 MG	1	QL(1 ea daily);RX/OTC
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW 50 MG-32.5 MG-0.6 MG-15 MCG-15 UNIT-100 MCG-300 UNIT-1.2 MCG-37.5 MCG-7 MG-1250 UNIT	1	
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW 50 MG-37.5 MG-0.65 MG-15 MCG-15 UNIT-100 MCG-300 UNIT-1.2 MCG-37.5 MCG-8 MG-1250 UNIT	1	
ONE-A-DAY MENOPAUSE FORMULA TABS 60 MG-60 MG-8 MG-300 MCG-400 MCG-800 UNIT-12 MCG-3.4 MG-20 MG-2500 UNIT-15 MG-3 MG-50 MG-15 MG-1 MG-300 MG-37.5 MCG-150 MCG-33 UNIT-2 MG-120 MCG-20 MCG	1	QL(1 ea daily);RX/OTC
ONE-A-DAY MENS TABS 6.24 MCG-99 MG-43 MCG-240 MCG-1.07 MG-17.6 MG-2.17 MG-15.5 MG-1.43 MG-300 MCG-25 MCG-15 MG-120 MG-2.3 MG-35 MCG-0.9 MG-11 MG-210 MG-150 MCG-55 MCG-900 MCG-30 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY MENS 50+ TABS 117 MCG-120 MG-6 MG-30 MCG-400 MCG-17.5 MCG-25 MCG-3.4 MG-20 MCG-20 MG-940 MCG-15 MG-370 MCG-4.5 MG-110 MG-24 MG-120 MG-90 MCG-150 MCG-11.4 MG-2.2 MG-4.2 MG-180 MCG	1	QL(1 ea daily);RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS 117 MCG-120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-370 MCG-4.5 MG-110 MG-24 MG-2.2 MG-120 MG-90 MCG-150 MCG-25.5 UNIT-4.2 MG-180 MCG	1	QL(1 ea daily);RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS 110 MCG-60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG	1	QL(1 ea daily);RX/OTC
ONE-A-DAY MENS PRO EDGE TABS 70 MCG-80 MG-4 MG-300 MCG-400 MCG-800 UNIT-12 MCG-3.4 MG-20 MCG-25 MG-3500 UNIT-15 MG-3 MG-15 MG-200 MG-120 MCG-200 MG-33 UNIT-2 MG-2 MG	1	QL(1 ea daily);RX/OTC
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW 55 MCG-37.5 MG-2.5 MG-300 MCG-15 UNIT-200 MCG-200 UNIT-7.5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-75 MCG-2.5 MG	1	
ONE-A-DAY PROACTIVE 65+ TABS 12 MCG-45 MG-1 MG-15 MCG-200 MCG-0.75 MG-600 UNIT-25 MCG-5 MG-0.85 MG-10 MG-1250 UNIT-0.5 MG-50 MG-7.5 MG-250 MG-75 MCG-27.5 MCG-1 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS 20 MCG-120 MG-5 MG-300 MCG-400 MCG-400 UNIT-15 MCG-4.25 MG-25 MCG-30 MG-2500 UNIT-10 MG-9 MG-3.75 MG-100 MG-15 MG-2 MG-200 MG-30 UNIT-2 MG-120 MCG	1	QL(1 ea daily);RX/OTC
ONE-A-DAY VITACRAVES CHEW 2.5 MG-30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG	1	
ONE-A-DAY VITACRAVES ADULT CHEW 2.5 MG-30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG	1	
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW 17.5 MCG-62.5 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-2000 UNIT-10 MG-40 MCG-2.5 MG	1	
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG	1	
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW 1.25 MG-15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-50 MG-20 MCG	1	
ONE-A-DAY WEIGHT SMART ADVANCED TABS 70 MCG-60 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.1 MG-80 MCG-25 MG-2500 UNIT-12.5 MG-18 MG-200 MG-1.9 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-200 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
ONE-A-DAY WOMENS TABS 9.6 MCG-90 MG-45 MCG-400 MCG-2.4 MG-24 MG-3.4 MG-7.5 MG-1.95 MG-25 MCG-15 MG-18 MG-42 MG-1.35 MG-8 MG-130 MG-150 MCG-41 MCG-700 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY WOMENS 50+ TABS 25 MCG-120 MG-30 MCG-400 MCG-3.6 MG-20 MG-6 MG-15 MG-3.4 MG-25 MCG-13.5 MG-50 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-300 MG-150 MCG-27 MCG-940 MCG-20 MCG	1	QL(1 ea daily);RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 27 MCG-120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-500 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS 27 MCG-120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-300 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS 20 MCG-60 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-2 MG-30 UNIT-2 MG-120 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
ONE-A-DAY WOMENS PETITES TABS 10 MCG-30 MG-1 MG-15 MCG-200 MCG-500 UNIT-3 MCG-0.85 MG-12.5 MCG-5 MG-1250 UNIT-2.5 MG-9 MG-250 MG-0.75 MG-25 MG-7.5 MG-1 MG-11.25 UNIT-1 MG-60 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS 20 MCG-90 MG-2 MG-300 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-5 MG-6 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-7.5 MG-2 MG-300 MG-30 UNIT-120 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW 1.25 MG-15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-50 MG-20 MCG	1	
ONE-DAILY MULTI CAPS CAPS 100 MCG-150 MG-15 MG-100 MCG-800 MCG-10 MCG-100 MCG-15 MG-10 MG-10 MG-50 MG-500 MCG-25 MG-1 MG-500 MCG-2 MG-15 MG-100 MCG-40 MG-3000 MCG-5 MG-75 MCG-25 MG-150 MCG-5 MG-10 MG	1	RX/OTC
ONEVITE TABS 200 MCG-125 MG-300 MCG-1000 MCG-100 MG-12.5 MG-1.5 MG-10 MCG-1000 MCG-1.7 MG-20 MG-1 MG-1500 MCG-10 MG	1	QL(1 ea daily);RX/OTC
OPTIFAST POST BARIATRIC CHEW 125 MCG-23 MG-7.5 MCG-120 MCG-3 MG-4 MG-0.5 MG-1.3 MG-0.33 MG-18.8 MCG-10 MG-105 MG-0.6 MG-11.2 MCG-9 MCG-0.7 MG-7.5 MG-320 MG-38 MCG-60 MG-13.8 MCG-540 MCG-30 MCG	1	
OPTIMUM AIRVITES CHEW 3.75 MCG-12.5 MG-250 MG-500 UNIT-10 MG-2 MG-7.5 UNIT-0.75 MG	1	
OPTISOURCE POST BARIATRIC SURGERY CHEW 17.5 MCG-15 MG-0.5 MG-15 MCG-200 MCG-200 UNIT-125 MCG-0.43 MG-40 MCG-5 MG-1875 UNIT-2.5 MG-9 MG-0.75 MG-7.5 MG-0.5 MG-15 UNIT-100 MG-250 MG-18.75 MCG-37.5 MCG-50 MG-30 MCG-0.5 MG	1	

Drug Name	Drug Tier	Requirements/Limits
OPTIVITE P.M.T. TABS 10 MCG-250 MG-50 MG-10 MCG-33.33 MCG-52.17 MG-16.67 UNIT-2083.33 UNIT-4.17 MG-4.17 MG-4 MG-4.17 MG-4.17 MG-4.17 MG-4.17 MG-16.67 MG-16.67 UNIT-2.5 MG-41.67 MG-1.67 MG-8 MG-16.67 MCG-4.17 MG-20.83 MG-12.5 MCG-16.67 MCG-41.67 MG-15.5 MG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
OPURITY TABS 75 MCG-60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-20 MG-3500 UNIT-10 MG-18 MG-200 MG-1.5 MG-50 MG-11 MG-1 MG-80 MG-150 MCG-30 UNIT-20 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	1	QL(1 ea daily);RX/OTC
OPURITY/BYPASS OPTIMIZED CHEW 70 MCG-180 MG-5 MG-600 MCG-800 MCG-1600 UNIT-350 MCG-4.3 MG-40 MG-7500 UNIT-20 MG-6 MG-80 MG-2 MG-300 MCG-50 MG-60 UNIT-100 MCG-2 MG-30 MG-20 MG	1	
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS 1.75 MG-30 MG-6.25 MG-200 MCG-5 MG-200 UNIT-12.5 MCG-5 MG-12.5 MG-5 MG-0.5 MG-5 MG-86.25 MCG-75 MG-1.25 MG-200 MG-12.5 MCG-32 MG-0.75 MG-25 MCG-5 MG-1.25 MG	1	QL(1 ea daily);RX/OTC
PARVLEX TABS 1 MG-10 MG-400 MCG-20 MG-50 MCG-20 MG-20 MG-10 MG-29 MG-0.2 MG-60 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PHLEXY-VITS POWD 70 MCG-50 MG-1.6 MG-150 MCG-700 MCG-1.2 MG-20 MG-5 MCG-5 MG-1.4 MG-10 MCG-9 MG-15 MG-300 MG-1.5 MG-70 MCG-30 MCG-1.5 MG-11 MG-1000 MG-150 MCG-775 MG-75 MCG-800 MCG	1	
PHYTOMULTI TABS 100 MCG-60 MG-12.5 MG-250 MCG-50 UNIT-500 UNIT-7.5 MG-60 MCG-12.5 MG-12.5 MG-25 MG-3 MG-5000 UNIT-37.5 MG-1 MG-5 MG-3 MG-12.5 MG-7.5 MG-20 MG-0.25 MG-25 MCG-75 MCG-0.5 MG-100 MCG-400 MCG-50 MCG	1	QL(1 ea daily);RX/OTC
PRESERVISION AREDS TABS 100 UNIT-113 MG-17.4 MG-0.4 MG-7160 UNIT	1	QL(1 ea daily);RX/OTC
PRESERVISION AREDS CAPS 200 UNIT-226 MG-34.8 MG-0.8 MG-14320 UNIT	1	RX/OTC
PRESERVISION AREDS 2 CHEW 200 UNIT-250 MG-5 MG-1 MG-40 MG-1 MG	1	
PRESERVISION AREDS 2 CAPS 90 MG-250 MG-5 MG-1 MG-40 MG-1 MG	1	RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS 25 MCG-250 MG-1 MG-15 MCG-200 UNIT-0.75 MG-300 UNIT-12.5 MCG-0.85 MG-15 MCG-10 MG-5 MG-5 MG-1 MG-50 MG-1 MG-40 MG-22.5 MCG-75 MCG-200 UNIT-9.5 MCG	1	RX/OTC
PRESERVISION/LUTEIN CAPS 200 UNIT-226 MG-5 MG-34.8 MG-0.8 MG	1	RX/OTC
PRO-CAL TABS 145 MG-7.5 MG-100 UNIT-40 MG-187.5 MG	1	QL(1 ea daily);RX/OTC
PROCERV HP TABS 200 MG-100 MG-3 MG-15 MCG-50 UNIT-300 MCG-1000 UNIT-25 MCG-3000 UNIT-5 MG-50 MCG-50 MG-12.5 MG-5 MG-9 MG-50 MG-5 MG-100 MG-50 MG-7.5 MG-1 MG-1 MG-125 MCG-5 MCG-37.5 MCG-75 MCG-50 MCG-35 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PROFOLA TABS 1.67 MG-60 MG-0.28 MG-26 MG-10 MCG-4.5 MG-20 MG-25 MG-80 MG-0.15 MG-300 MCG-0.013 MG	1	QL(1 ea daily);RX/OTC
PRORENAL+D TABS 55 MCG-60 MG-10 MG-30 MCG-800 MCG-1000 UNIT-2.4 MCG-2 MG-20 MG-5 MG-8 MG-0.9 MG-1.5 MG-8 MG-8 MG	1	QL(1 ea daily);RX/OTC
PRORENAL+D/OMEGA-3 CAPS 500 MG-30 MG-5 MG-15 MCG-5 UNIT-400 MCG-0.75 MG-500 UNIT-1.2 MG-1 MG-10 MG-2.5 MG-4 MG-4 MG-0.45 MG-21.5 MCG-110 MG-165 MG	1	RX/OTC
PROTECT CARDIO AF CAPS 50 MG-250 MG-120 UNIT-25 MG-25 MG-25 MG-25 MG-32 UNIT-30 MG-50 MG-174 MG-200 UNIT-75 MCG-60 MG-25 MG-100 MG-50 MCG-340 MG-90 MG-50 MCG-1100 MCG-50 MCG-500 MCG	1	RX/OTC
PROTECT PLUS SO CAPS 0.5 MG-250 MG-150 MCG-25 MG-25 MG-20 MG-25 MG-25 MG-25 MG-25 MG-25 MG-15 MG-15 MG-5 MCG-144 MG-100 MG-2.5 MG-25 MCG-100 MCG-0.5 MG-25 MCG-15 MG-15 MG-50 MG-50 MCG-2875 MCG-50 MCG-25 MCG-500 MCG	1	RX/OTC
PROTEGRA CAPS 50 MG-250 MG-60 UNIT-7.5 MG-1 MG-5000 UNIT-1.5 MG-15 MCG	1	RX/OTC
PROVIT TABS 29 MG-400 MG-6 MG-1000 MCG-10 MG-400 UNIT-6 MCG-5 MG-100 MG-20 MG-2700 UNIT-100 UNIT	1	QL(1 ea daily);RX/OTC
PROXEED PLUS PACK 50 MCG/5GM-90 MG/5GM-200 MCG/5GM-1.5 MCG/5GM-50 MG/5GM-20 MG/5GM-10 MG/5GM-500 MG/5GM-1.7 GM/5GM	1	

Drug Name	Drug Tier	Requirements/Limits
QC MULTI-VITE TABS 2 MG-60 MG-2 MG-30 MCG-30 UNIT-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-75 MCG-200 MG-45 MCG-150 MCG-20 MG-5 MCG-10 MCG-2.3 MG-0.5 MG-55 MCG-10 MCG-35 MCG-72 MG	1	QL(1 ea daily);RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS 1 MG-250 MG-90 MG-5 MG-1 MG-10 MG	1	RX/OTC
QUIN B STRONG TABS 15 MG-500 MG-25 MG-25 MCG-400 MCG-25 MG-25 MCG-25 MG-100 MG-25 MG	1	QL(1 ea daily);RX/OTC
RA CENTRAL-VITE TABS 72 MG-60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG	1	QL(1 ea daily);RX/OTC
RA ESSENCE-C PACK 2 MG/7.5GM-1000 MG/7.5GM-10 MG/7.5GM-12.5 MCG/7.5GM-5 MG/7.5GM-1 MG/7.5GM-0.38 MG/7.5GM-25 MCG/7.5GM-1 MG/7.5GM-2.5 MG/7.5GM-0.43 MG/7.5GM-0.5 MG/7.5GM-60 MG/7.5GM-200 MG/7.5GM-60 MG/7.5GM-10 MCG/7.5GM-50 MG/7.5GM	1	
RAYAVIT TABS 250 MCG-120 MG-120 MG-350 MCG-350 MCG-1 MG-1 MG-1.4 MG-1.4 MG-20 MG-20 MG-50 MG-50 MG-2 MG-2 MG-600 UNIT-15 MCG-15 MG-15 MG-27 MG-27 MG-25 MG-25 MG-1 MG-1 MG-25 MG-25 MG-290 MCG-290 MCG-60 MCG-60 MCG-750 MCG-2500 UNIT-250 MCG	1	QL(1 ea daily);RX/OTC
REMEDIENT CAPS 8.5 MG-200 MG-1 MG-20 MCG-28 MG-60.3 MG-8 MG-40 MG-6 MCG-3.6 MG	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
RENAPLEX-D TABS 70 MCG-60 MG-10 MG-300 MCG-800 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-15 MG-35 UNIT	1	QL(1 ea daily);RX/OTC
REPLACE CAPS 50 MG-100 MG-25 MG-0.02 MG-0.4 MG-25 MG-1000 UNIT-500 MCG-75 MG-25 MG-40 MG-4500 UNIT-2.5 MG-20 MG-10 MG-90 MG-2.5 MG-20 MCG-5 MG-50 MCG-0.1 MG-10 MG-900 MG-225 MCG-50 MCG-40 UNIT	1	RX/OTC
REQ 49+ TABS 2.5 MCG-100 MG-1 MG-20 MCG-200 MCG-5 MG-0.5 MG-200 UNIT-150 MCG-750 UNIT-1 MG-30 MCG-1.5 MG-2 MG-2.5 MG-190 MG-1.5 MG-0.7 MG-25 MG-10 MG-0.5 MG-15 MCG-40 MCG-50 MCG-30 MCG-50 MCG-100 UNIT-0.8 MG	1	QL(1 ea daily);RX/OTC
SENTRY TABS 2 MG-60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-200 MG-1.5 MG-50 MG-11 MG-75 MCG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	1	QL(1 ea daily);RX/OTC
SENTRY SENIOR TABS 2 MG-60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SENTRY SENIOR/LUTEIN TABS 10 MCG-60 MG-3 MG-30 MCG-45 UNIT-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-5000 UNIT-10 MG-1.5 MG-100 MG-15 MG-2 MG-150 MCG-2 MG-200 MG-152 MG-75 MCG-150 MCG-48 MG-5 MCG-2 MG-150 MCG-20 MCG	1	QL(1 ea daily);RX/OTC
SIDEROL TABS 100 MG-250 MG-15 MG-400 MCG-50 MG-60 MCG-25 MG-15 MG-20 MG-150 MG-8 MG-3 MG	1	QL(1 ea daily);RX/OTC
SKIN BEAUTY & WELLNESS PACK 50 MG-560 MG-3 MG-2530 MCG-400 MCG-50 MG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-5000 UNIT-10 MG-10 MG-1.5 MG-15 MG-2 MG-150 MCG-100 MG-2 MG-200 MG-80 MG-75 MCG-150 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-25 MG	1	
SM ONE DAILY MENS TABS 110 MCG-60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-15 MG-2 MG-120 MG-210 MG-22.5 UNIT-2 MG-120 MCG	1	QL(1 ea daily);RX/OTC
SM ONE DAILY WOMENS TABS 20 MCG-60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG	1	QL(1 ea daily);RX/OTC
SOLO TABS 70 MCG-100 MG-30 MCG-30 UNIT-400 MCG-2000 UNIT-30 MCG-3000 UNIT-5 MG-80 MCG-100 MG-20 MG-10 MG-100 MG-5 MG-5 MG-100 MG-15 MG-0.9 MG-250 MCG-2 MG-10 MCG-75 MCG-150 MCG-100 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SPECTRAVITE TABS 72 MG-75 MG-2 MG-40 MCG-400 MCG-1000 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-1.1 MG-8 MG-100 MG-80 MG-2 MG-200 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-1.8 MG-18 MCG-10 MCG-32 MCG	1	QL(1 ea daily);RX/OTC
STROVITE FORTE SYRP 55 MCG/15ML-300 MG/15ML-20 MG/15ML-150 MCG/15ML-30 UNIT/15ML-1 MG/15ML-15 MG/15ML-400 UNIT/15ML-20 MCG/15ML-4000 UNIT/15ML-25 MG/15ML-100 MG/15ML-10 MG/15ML-50 MG/15ML-15 MG/15ML-17 MG/15ML-50 MCG/15ML-3 MG/15ML-5 MG/15ML	1	
STROVITE FORTE TABS 0.1 MG-500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-20 MG-100 MG-3000 UNIT-25 MG-10 MG-20 MG-50 MG-3 MG-15 MG-1000 UNIT-25 MCG-60 UNIT-50 MCG *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
STROVITE ONE TABS 3000 UNIT-300 MG-25 MG-100 MCG-1 MG-15 MG-20 MG-1000 UNIT-50 MCG-5 MG-25 MG-5 MG-15 MG-50 MG-25 MG-1.5 MG-1.5 MG-50 MCG-100 MCG-100 UNIT	1	QL(1 ea daily);RX/OTC
SUPER ANTIOXIDANT CAPS 3 MG-166.67 MG-30 UNIT-333.33 MG-10 MG-1000 MCG-1000 MCG-1000 MCG-10 MG-2 MG-333.33 UNIT-5 MG-25 MCG-6.67 MG-10 MG-1000 MCG	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SUPER NU-THERA POWD 5000 UNIT/5GM-500 MG/5GM-500 MG/5GM-50 MCG/5GM-400 MCG/5GM-15 MG/5GM-10 MG/5GM-10 MCG/5GM-20 MG/5GM-15 MG/5GM-30 MG/5GM-200 UNIT/5GM-30 UNIT/5GM-170 MG/5GM-1500 MCG/5GM-10 MG/5GM	1	
SYSTANE ICAPS AREDS2 CHEW 1 MG-250 MG-5 MG-1 MG-12.5 MG-200 UNIT	1	
SYSTANE ICAPS AREDS2 TABS 1 MG-250 MG-5 MG-1 MG-12.5 MG-1 MG-94.3 MG-200 UNIT	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERA M PLUS TABS 6 MG-400 UNIT-90 MG-6 MG-30 MCG-400 MCG-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-2 MG-150 MCG-30 MG-7 MG-75 MCG-150 MCG-60 UNIT-23 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG	1	QL(1 ea daily);RX/OTC
THERABETIC MULTI-VITAMIN TABS 2.5 MG-125 MG-2.5 MG-300 MCG-400 MCG-2.5 MG-25 MG-400 UNIT-1875 UNIT-25 MG-25 MG-25 MG-25 MG-12.5 MG-50 MCG-100 UNIT-25 MG-62.5 MG-5 MG-7.5 MG-125 MG-25 MG-10 MG-75 MCG-65 MG-25 MCG-1 MG-100 MCG-37.5 MG-25 MCG-25 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERAGRAN-M TABS 7.5 MG-90 MG-6 MG-30 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-150 MCG-7.5 MG-2 MG-40 MG-75 MCG-150 MCG-60 UNIT-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG	1	QL(1 ea daily);RX/OTC
THERAGRAN-M ADVANCED TABS 7.5 MG-90 MG-6 MG-30 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-150 MCG-2 MG-40 MG-7.5 MG-75 MCG-150 MCG-60 UNIT-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERAGRAN-M ADVANCED 50 PLUS TABS 72 MG-60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-100 MG-15 MG-150 MCG-80 MG-2 MG-200 MG-75 MCG-150 MCG-45 UNIT-48 MG-2 MG-2 MG-150 MCG-20 MCG-10 MCG	1	QL(1 ea daily);RX/OTC
THERAGRAN-M PREMIER TABS 72 MG-120 MG-4 MG-30 MCG-400 MCG-1000 UNIT-9 MCG-4 MG-25 MCG-25 MG-250 MCG-3500 UNIT-10 MG-18 MG-250 MCG-375 MCG-4 MG-15 MG-150 MCG-100 MG-80 MG-2 MG-165 MG-80 MCG-150 MCG-60 UNIT-109 MG-3.5 MG-10 MCG-2 MG-120 MCG-200 MCG-10 MCG	1	QL(1 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
UDAMIN SP TABS	1	QL(1 ea daily);RX/OTC
UNICOMPLEX-M TABS 1 MG-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-15 MG-60 MG-150 MCG-30 UNIT-45 MG-2 MG-5 MG	1	QL(1 ea daily);RX/OTC
VENEXA TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	1	QL(1 ea daily);RX/OTC
VENEXA FE TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	1	QL(1 ea daily);RX/OTC
VENTRIXYL TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	1	QL(1 ea daily);RX/OTC
VENTRIXYL FE TABS 8 MCG-120 MG-1000 MCG-3 MG-20 MG-20 MG-3.4 MG-20 MCG-30 MG-27 MG-200 MG-2.3 MG-45 MCG-35 MCG-25 MG-200 MG-55 MCG-1500 MCG	1	QL(1 ea daily);RX/OTC
VISION HEALTH CAPS 40 MG-250 MG-5 MG-1 MG-90 MG-2 MG	1	RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS 27.5 MCG-137.5 MG-25 MG-5 MG-1 MG-1 MG-250 MG-12.5 MG	1	RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS 37.5 MG-12.5 MG-12.5 MCG-5 MG-1 MG-3 MG-133 MG-667 MG-25 MG-333 MG-250 MG-25 MG	1	RX/OTC
VITABEX CAPS 50 MG-250 MG-6 MG-25 MCG-800 MCG-3 MG-500 UNIT-12 MCG-3 MG-50 MG-25 MG-25 MG-25 MCG-2500 UNIT-15 UNIT-2 MG	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITABEX PLUS CAPS 10 MCG-120 MG-5 MG-25 MCG-500 MCG-25 MG-3 MG-1000 UNIT-6 MCG-3 MG-25 MG-10 MG-10 MG-10 UNIT	1	RX/OTC
VITALINE TOTAL FORMULA 2 TABS 10 MG-100 MG-25 MG-300 MCG-400 MCG-400 UNIT-25 MCG-10000 UNIT-15 MG-70 MCG-10 MG-10 MG-25 MG-100 MG-8 MG-10 MG-15 MG-30 UNIT-100 MG-25 MG-2.4 MG-200 MCG-2 MG-25 MCG-100 MG-100 MCG-10 MG-20 MG-100 MCG-2 MG-1 MG-25 MCG-30 MG	1	QL(1 ea daily);RX/OTC
VITALINE TOTAL FORMULA 3 TABS 10 MG-100 MG-25 MG-300 MCG-400 MCG-400 UNIT-25 MCG-10000 UNIT-15 MG-70 MCG-10 MG-10 MG-25 MG-100 MG-8 MG-10 MG-15 MG-30 UNIT-100 MG-25 MG-2.4 MG-200 MCG-2 MG-25 MCG-100 MG-100 MCG-10 MG-100 MCG-2 MG-1 MG-25 MCG-30 MG	1	QL(1 ea daily);RX/OTC
VITAMENT PACK 25 MG-200 UNIT-500 MG-50 MCG-0.5 MG-25 MCG-2500 UNIT-25 MG-25 MG-25 MG-25 MG-2 MCG-25 MG-500 MG-25 UNIT-200 MG-2 MG-40 MCG-40 MG-100 UNIT-25 MG-50 MCG-60 MCG-270 MG	1	
VITAMIN C EFFERVESCENT BLEND PACK 2 MG-1000 MG-10 MG-12 MCG-5 MG-1 MG-0.38 MG-25 MCG-1 MG-2.5 MG-60 MG-0.43 MG-0.5 MG-60 MG-200 MG-10 MCG-50 MG-90 MG	1	
VITAMIN D3 COMPLETE TABS 18 MG-180 MG-300 MCG-800 MCG-2 MG-1200 UNIT-18 MCG-5.1 MG-5 MG-5 MG-20 MG-30 MG-5 MG-4.5 MG-5 MG-2 MG-15000 UNIT-100 MG-120 MG-15 UNIT-15 MG-150 MCG-2 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITAROCA PLUS TABS 0.1 MG-500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-20 MG-100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG-5 MG-22.5 MG-3 MG-30 UNIT *(Use multiple vitamins w/ minerals)*	1	QL(1 ea daily);RX/OTC
VITASANA TABS 40 MG-60 MG-2 MG-15 UNIT-200 MCG-200 UNIT-1 MCG-1.7 MG-15 MG-1.2 MG-10 MG-1 MG-1 MG-9 MG-80 MG-100 MG-1 MG-2000 UNIT	1	QL(1 ea daily);RX/OTC
VITATRUM TABS 2 MG-90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-100 MG-150 MCG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-11 MG-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-35 MCG-55 MCG-10 MCG-72 MG	1	QL(1 ea daily);RX/OTC
VITEYES CLASSIC CAPS 89 MG-250 MG-5 MG-1 MG-12.5 MG-0.6 MG	1	RX/OTC
VITEYES CLASSIC ADVANCED CAPS 25 MG-250 MG-25 MG-5 MG-1.75 MG-12.5 MG-0.6 MG-100 MCG-134.5 MG-20 MG	1	RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS 89 MG-250 MG-5 MG-1 MG-12.5 MG-0.6 MG	1	RX/OTC
VITEYES CLASSIC MULTIIVITAMIN TABS 150 MCG-3 MG-30 MCG-400 MCG-1.5 MG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-10 MG-300 MCG-100 MG-2 MG-80 MG-150 MCG-10 MCG-200 MG-150 MCG-75 MCG-48 MCG-5 MCG-20 MCG-72 MG-14 MG	1	QL(1 ea daily);RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS 150 MCG-3 MG-30 MCG-400 MCG-1.5 MG-10 MCG-25 MCG-1.7 MG-10 MCG-20 MG-10 MG-300 MCG-100 MG-2 MG-80 MG-200 MG-150 MCG-75 MCG-48 MG-5 MCG-750 MCG-20 MCG-72 MG-14 MG-10 MCG-150 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITEYES CLASSIC/OMEGA-3 CAPS 360 MG-166.667 MG-89.333 MG-3.333 MG-0.667 MG-8.333 MG-0.4 MG-116.667 MG-216.667 MG	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITEYES CLASSIC+MULTI POWD 150 MCG/5.9GM-500 MG/5.9GM-3 MG/5.9GM-30 MCG/5.9GM-400 MCG/5.9GM-1.5 MG/5.9GM-400 UNIT/5.9GM-25 MCG/5.9GM-2500 UNIT/5.9GM-1.7 MG/5.9GM-10 MCG/5.9GM-20 MG/5.9GM-10 MG/5.9GM-10 MG/5.9GM-2 MG/5.9GM-300 MCG/5.9GM-100 MG/5.9GM-25 MG/5.9GM-1.2 MG/5.9GM-2 MG/5.9GM-95 MG/5.9GM-5 MG/5.9GM-200 MG/5.9GM-150 MCG/5.9GM-75 MCG/5.9GM-400 UNIT/5.9GM-48 MG/5.9GM-5 MCG/5.9GM-20 MCG/5.9GM-10 MCG/5.9GM-72 MG/5.9GM-35 MG/5.9GM-150 MCG/5.9GM	1	

Drug Name	Drug Tier	Requirements/Limits
VITEYES CLASSIC+OMEGA-3 CAPS 360 MG-166.667 MG-89.333 MG-3.333 MG-0.667 MG-8.333 MG-0.4 MG-116.667 MG-216.667 MG	1	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS 33 MG-167 MG-267 MCG-67 MG-250 MG-10 MG-100 MG-167 MG-33 MG-67 MG-17 UNIT-333 MCG-40 MG-33 MG	1	QL(1 ea daily);RX/OTC
VITRAMYN TABS 8 MCG-120 MG-1000 MCG-3 MG-20 MG-20 MG-3.4 MG-20 MCG-30 MG-200 MG-2.3 MG-45 MCG-35 MCG-25 MG-200 MG-55 MCG-1500 MCG	1	QL(1 ea daily);RX/OTC
VITRANOL TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	1	QL(1 ea daily);RX/OTC
VITRANOL FE TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	1	QL(1 ea daily);RX/OTC
VITREXATE TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	1	QL(1 ea daily);RX/OTC
VITREXATE FE TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	1	QL(1 ea daily);RX/OTC
VITREXYL TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1720 MCG-200 MG-3 MG-200 MG-25 MG-0.9 MG-30 MG-2.3 MG-45 MCG-55 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITREXYL/IRON TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1720 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-0.9 MG-30 MG-2.3 MG-45 MCG-55 MCG	1	QL(1 ea daily);RX/OTC
VITRUM 50+ ADULT-MULTI IRON FREE TABS 72 MG-60 MG-30 MCG-400 MCG-1.5 MG-20 MG-10 MG-1.7 MG-250 MCG-300 MCG-12.5 MCG-20 MG-50 MG-2.3 MG-45 MCG-5 MCG-80 MG-2 MG-150 MCG-45 MCG-0.5 MG-10 MCG-11 MG-220 MG-150 MCG-20 MG-55 MCG-600 MCG-30 MCG-25 MCG	1	QL(1 ea daily);RX/OTC
VITRUM 50+ SENIOR MULTI TABS 2 MG-90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-50 MG-150 MCG-80 MG-45 MCG-150 MCG-50 UNIT-11 MG-110 MG-0.9 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG	1	QL(1 ea daily);RX/OTC
WAL-BORN VITAMIN C CHEW 3.75 MCG-12.5 MG-250 MG-500 UNIT-2 MG-10 MG-7.5 UNIT-0.75 MG	1	
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS 25 MG-125 MG-2.5 MG-150 MCG-300 MCG-25 MG-200 UNIT-25 MCG-2500 UNIT-2.5 MG-15 MG-12.5 MG-1 MG-12.5 MG-1 MG-1 MG-2.5 MG-7.5 MG-20 MG-62.5 MG-50 UNIT-0.5 MG-25 MCG-125 MG-1 MG-35 MCG-60 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
WOMENS BIOMULTIPLE TABS 50 MG-90 MG-15 MG-3 MG-150 MCG-45 UNIT-200 MCG-2.5 MG-5 MG-200 UNIT-2.55 MG-40 MCG-2.5 MG-2.5 MG-30 MG-15 MG-2.5 MG-250 MG-2.25 MG-100 MG-7.5 MG-1 MG-100 MCG-3750 UNIT-2.5 MG-10 MCG-0.5 MG-9 MG-75 MCG-50 MCG-10 MCG-12.5 MG-1 MG	1	QL(1 ea daily);RX/OTC
WOMENS MULTI GUMMIES CHEW 50 MG-15 MG-1 MG-300 MCG-200 MCG-12.5 MCG-4.5 MCG-375 MG-1.25 MG-25 MG-20 MCG-6.75 MG	1	
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS 25 MG-125 MG-2.5 MG-150 MCG-200 MCG-25 MG-2.5 MG-200 UNIT-12.5 MCG-2500 UNIT-2.5 MG-40 MCG-15 MG-12.5 MG-1 MG-12.5 MG-125 MG-1 MG-1 MG-7.5 MG-20 MG-62.5 MG-35 MCG-50 UNIT-1 MG-1.5 MG-25 MCG-75 MCG-60 MCG	1	QL(1 ea daily);RX/OTC
WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW 25 MG-10 MG-1 MG-250 MCG-200 MCG-12.5 MCG-5 MCG-375 MCG-1 MG-25 MG-4.5 MG	1	
YELETS TEENAGE FORMULA TABS 10 MG-400 UNIT-10 MG-30 MCG-400 MCG-10 MG-10 MCG-5000 UNIT-10 MG-25 MG-10 MG-18 MG-7.5 MG-20 MG-30 UNIT-100 MG-1 MG-60 MG-150 MCG-17.5 MCG	1	QL(1 ea daily);RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW 140 MG-30 MG-1 MG-150 MCG-200 MCG-400 UNIT-3 MCG-1250 UNIT-20 MCG-30 MCG-5 MG-2.5 MG-2.5 MG-1 MG-7.5 UNIT	1	
ZYVANA CAPS 48.5 MCG-263.5 MG-6 MG-20.5 MCG-11.5 MG	1	RX/OTC
Multivitamins		
AMLADEX TABS 1 MG-125 MG-1 MG-25 MG-12.5 MG-5 MG-50 MG-12.5 MCG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DAILY MULTIPLE VITAMINS TABS 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-21 MG-900 MCG	1	QL(1 ea daily);RX/OTC
ESTROFACTORS TABS 0.67 MG-16.7 MG-66.7 UNIT-13 MCG-30 MG-66.7 MG-66.7 UNIT-833 UNIT-10 MCG-266 MCG-66.7 MG-70 MG-33 MG	1	QL(1 ea daily);RX/OTC
GENICIN VITA-Q TABS 1000 MCG-125 MG-12.5 MG-1000 MCG-25 MG-12.5 MCG-50 MG-5 MG	1	QL(1 ea daily);RX/OTC
HIGH POTENCY MULTIVITAMIN TABS 35 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-10 MCG-9 MCG-3.4 MG-20 MG-1500 MCG-10 MG-45 MG-13.6 MG	1	QL(1 ea daily);RX/OTC
MULTI VITAMIN TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG	1	QL(1 ea daily);RX/OTC
MULTI VITAMIN/D-3 TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.9 MG-20 MG-3000 UNIT-50 MG-1.5 MG-40 MG	1	QL(1 ea daily);RX/OTC
multiple vitamin tabs 60 MG-50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG	1	QL(1 ea daily);RX/OTC
MULTIVITAMIN ADULT TABS 1500 MCG-60 MG-2 MG-400 MCG-1.5 MG-10 MCG-6 MCG-1.7 MG-20 MG	1	QL(1 ea daily);RX/OTC
NEOMULTIVITE TABS 2 MCG-60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-5 MCG-1500 MCG	1	QL(1 ea daily);RX/OTC
OMNICAP TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG	1	QL(1 ea daily);RX/OTC
ONE DAILY ESSENTIAL TABS 900 MCG-60 MG-2 MG-500 MCG-1.5 MG-20 MCG-6 MCG-1.7 MG-20 MG-10 MG-45 MG-3.3 MG	1	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY ESSENTIAL TABS 5000 UNIT-60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT *(Use multiple vitamin)*	9	QL(1 ea daily);RX/OTC
ONE-A-DAY MENS TABS 5000 UNIT-200 MG-3 MG-0.4 MG-20 MG-2.25 MG-9 MCG-10 MG-2.55 MG-400 UNIT-45 UNIT *(Use multiple vitamin)*	9	QL(1 ea daily);RX/OTC
QUINTABS TABS 50 UNIT-400 UNIT-300 MG-30 MG-30 MCG-400 MCG-30 MG-30 MCG-5000 UNIT-30 MG-100 MG-30 MG	1	QL(1 ea daily);RX/OTC
THERA TABS 45 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-400 UNIT-9 MCG-3.4 MG-20 MG-5000 UNIT-10 MG-30 UNIT	1	QL(1 ea daily);RX/OTC
THEREMS MULTIVITAMIN TABS 9 MCG-90 MG-30 MCG-400 MCG-3 MG-20 MG-3 MG-10 MG-3.4 MG-10 MCG-13.6 MG-45 MG-35 MG-1500 MCG	1	QL(1 ea daily);RX/OTC
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron soln	1	QL(50 ml per fill retail);RX/OTC
Ped Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS CHEW 85 MCG-62.5 MG-37.5 MCG-1.25 MG-2.5 MG-0.625 MG-2.5 MG-1.25 MG-61.5 MCG-3 MCG-30.75 MCG-3.125 MCG-8.375 MG-0.75 MG-12.5 MG-0.125 MG-12.5 MCG-12.5 MCG-0.125 MG-1.875 MG-12.5 MG-18.75 MCG-12.5 MCG-3.75 MCG-150 MCG-12.5 MCG	1	
AQUADEKS LIQD 0.6 MG/ML-45 MG/ML-0.6 MG/ML-15 MCG/ML-50 UNIT/ML-0.6 MG/ML-400 UNIT/ML-400 MCG/ML-6 MG/ML-3 MG/ML-2 MG/ML-15 MG/ML-10 MCG/ML-5 MG/ML-3 MG/ML-5751 UNIT/ML	1	RX/OTC
CENTRUM FLAVOR BURST KIDS CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-100 MCG-19 MG-200 UNIT-2.5 MCG-500 UNIT-10 MCG-2.5 MG-20 MCG-10 UNIT	1	

Drug Name	Drug Tier	Requirements/Limits
CENTRUM KIDS CHEW 8 MG-60 MG-2 MG-45 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-10 MCG-20 MG-450 MCG-10 MG-1.5 MG-40 MG-15 MG-2 MG-108 MG-20 MCG-150 MCG-13.5 MG-50 MG-1 MG-20 MCG	1	
FLINTSTONES GUMMIES CHEW 0.4 MG-20 MG-0.35 MG-22.5 MCG-2.5 UNIT-300 UNIT-1.5 MCG-800 UNIT-1.25 MG-35 MCG *(Use pediatric multiple vitamin w/ minerals & c)*	9	
FLINTSTONES GUMMIES COMPLETE CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-9 UNIT-100 MCG-300 UNIT-1.5 MCG-1000 UNIT-2.5 MG-15 MCG *(Use pediatric multiple vitamin w/ minerals & c)*	9	
FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW 1.25 MG-62.5 MG-0.5 MG-37.5 MCG-10 UNIT-100 MCG-100 UNIT-2.5 MCG-10 MCG-1000 UNIT-2.5 MG-20 MCG *(Use pediatric multiple vitamin w/ minerals & c)*	9	
FLINTSTONES SOUR GUMMIES CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-9 UNIT-100 MCG-200 UNIT-1.5 MCG-19 MG-1000 UNIT-2.5 MG-15 MCG *(Use pediatric multiple vitamin w/ minerals & c)*	9	
FLINTSTONES TODDLER/TASTISMOOTH CHEW 70 MCG-40 MG-0.7 MG-150 MCG-10 UNIT-100 MCG-600 UNIT-3 MCG-0.8 MG-6 MG-1600 UNIT-2.5 MG-80 MG-0.7 MG-1.6 MG	1	

Drug Name	Drug Tier	Requirements/Limits
GNP CHILDRENS COMPLETE CHEWABLES CHEW 50 MG-30 MG-1 MG-20 MCG-200 MCG-200 UNIT-3 MCG-0.85 MG-19 MG-7.5 MG-1500 UNIT-5 MG-0.75 MG-6 MG-1 MG-5 MG-75 MCG-15 UNIT-9 MG-50 MG-10 MG	1	
HEALTHY KIDS GUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-200 UNIT-200 MCG-200 UNIT-5 MCG-38 MG-20 MCG-2000 UNIT-5 MG-40 MCG	1	
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW 1.25 MG-15 MG-1 MG-10 MCG-40 MCG-7.5 MCG-1.5 MCG-300 MCG-1 MG-1.5 MG-1.5 MG	1	
MULTIVITAMIN GUMMIES CHILDRENS CHEW	1	
MVW COMPLETE FORMULATION CHEW 200 UNIT-100 MG-1.9 MG-100 MCG-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG	1	
NF FORMULAS CHILDRENS CHEWABLE CHEW 0.5 MG-30 MG-0.5 MG-75 MCG-100 MCG-100 UNIT-1.5 MCG-0.5 MG-20 MCG-5 MG-2.5 MG-2.5 MG-2.5 MG-0.5 MG-1.5 MG-0.25 MG-7.5 MCG-500 UNIT-20 MG-5 MG-100 MG-5 MCG-7.5 UNIT-25 MG-0.5 MG-2.5 MG-7.5 MG-1 MCG-30 MCG-5 MG	1	
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-10 UNIT-100 MCG-100 UNIT-2.5 MCG-15 MCG-10 MCG-1000 UNIT-2.5 MG-20 MCG *(Use pediatric multiple vitamin w/ minerals & c)*	9	
ONE-A-DAY/JOLLY RANCHER CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-10 UNIT-100 MCG-100 UNIT-2.5 MCG-15 MCG-10 MCG-1000 UNIT-2.5 MG-20 MCG *(Use pediatric multiple vitamin w/ minerals & c)*	9	
pediatric multiple vitamin w/ minerals & c chew	1	

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamin w/ minerals & c soln 0.6 MG/ML-45 MG/ML-0.6 MG/ML-15 MCG/ML-0.5 MG/ML-400 UNIT/ML-4 MCG/ML-3170 UNIT/ML-6 MG/ML-3 MG/ML-50 UNIT/ML-7.5 MG/ML-300 MCG/ML	1	RX/OTC
VITALETS CHILDRENS CHEW 60 MG-200 UNIT-40 MG-1 MG-150 MCG-15 UNIT-200 MCG-0.75 MG-3 MCG-2500 UNIT-0.85 MG-10 MG-5 MG-10 MG-0.8 MG-20 MG-0.1 MG-80 MG	1	
VITAMAX CHEW 200 UNIT-60 MG-2 MG-300 MCG-200 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-7.5 MG-200 MCG	1	
ZOO FRIENDS COMPLETE CHEW 9 MG-1 MG-20 MCG-200 MCG-300 UNIT-3 MCG-0.85 MG-7.5 MG-1500 UNIT-30 MG-5 MG-50 MG-0.75 MG-6 MG-1 MG-5 MG-75 MCG-15 UNIT	1	

Drug Name	Drug Tier	Requirements/Limits
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN 0.25 MG/ML-32 MG/ML-0.4 MG/ML-29.7 MCG/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1150 UNIT/ML-2 MG/ML-5 UNIT/ML-0.6 MG/ML	1	QL(50 ml per fill retail);RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	1	QL(1 ea daily);RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 15 UNIT-60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG	1	QL(1 ea daily);RX/OTC
MULTI-VIT-FLOR CHEW	1	QL(1 ea daily);RX/OTC
pediatric multivitamins w/fl soln	1	QL(50 ml per fill retail);RX/OTC
pediatric multivitamins w/fl chew	1	QL(1 ea daily);RX/OTC
pediatric vitamins acd w/ fluoride soln	1	QL(50 ml per fill retail);RX/OTC
POLY-VI-FLOR CHEW	1	QL(1 ea daily);RX/OTC
QUFLORA PEDIATRIC CHEW	1	QL(1 ea daily);RX/OTC
QUFLORA PEDIATRIC SOLN	1	QL(50 ml per fill retail);RX/OTC
Ped MV w/ Iron		

Drug Name	Drug Tier	Requirements/Limits
ANIMAL SHAPES/IRON CHEW 30 UNIT-60 MG-2 MG-40 MCG-0.4 MG-600 UNIT-6 MCG-1.7 MG-55 MCG-15 MG-3000 UNIT-10 MG-18 MG-100 MG-1.5 MG-12 MG-2 MG-21 MG-150 MCG	1	QL(1 ea daily)
BPROTECTED PEDIA POLY-VITE/IRON SOLN 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-10 MG/ML	1	QL(50 ml per fill retail)
FLINTSTONES COMPLETE CHEW 2.4 MCG-90 MG-30 MCG-240 MCG-1.2 MG-12 MG-1.7 MG-5 MG-1.3 MG-12 MG-20 MCG-7.5 MG-10 MG-15 MG-0.44 MG-5 MG-140 MG-150 MCG-400 MCG-60 MCG	1	
MULTIVITAMIN PLUS IRON CHILDRENS CHEW 30 UNIT-2 MG-40 MCG-0.4 MG-600 UNIT-6 MCG-1.7 MG-55 MCG-15 MG-3000 UNIT-60 MG-10 MG-18 MG-100 MG-1.5 MG-12 MG-2 MG-10 MG-150 MCG	1	QL(1 ea daily)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN 10 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-35 MG/ML	1	QL(50 ml per fill retail)
pediatric multiple vitamins w/ iron chew	1	
pediatric multiple vitamins w/ iron chew	1	QL(1 ea daily)
POLY-VITA/IRON SOLN 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML-10 MG/ML	1	QL(50 ml per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML	1	

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN INFANT & TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-250 MCG/ML	1	
MULTIVITAMIN INFANT/TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-400 UNIT/ML-5 MG/ML-250 MCG/ML	1	
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW 16 MCG-30 MG-1 MG-75 MCG-7.5 UNIT-200 MCG-200 UNIT-4.5 MCG-2000 UNIT *(Use pediatric multiple vitamins)*	1	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR 35 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-750 UNIT/ML-0.6 MG/ML-8 MG/ML	1	
pediatric multiple vitamins chew	1	
POLY-VI-SOL SOLN OR 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-0.5 MCG/ML-250 MCG/ML-4 MG/ML-5 MG/ML	1	
POLY-VITA SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-2 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML	1	
POLY-VITE PEDIATRIC SOLN OR 5 UNIT/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-50 MG/ML-0.4 MG/ML	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Sympathomimetic Decongestants		
ADRENALIN .1 %	1	
epinephrine hcl (nasal)	1	
phenylephrine hcl (oral) tabs	1	QL(24 ea per fill retail)
pseudoephedrine hcl liqd 15 MG/5ML	1	
pseudoephedrine hcl tabs	1	
pseudoephedrine hcl tb12	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SUDAFED CHILDRENS LIQD	1	
SUDAFED CONGESTION TABS *(Use pseudoephedrine hcl)*	9	
SUDAFED PE SINUS CONGESTION TABS *(Use phenylephrine hcl (oral))*	9	QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS *(Use pseudoephedrine hcl)*	9	
NUTRIENTS		
Proteins		
LEVOCARNITINE TABS	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear solution 1 %-4.5 %	1	
polyvinyl alcohol 1.4 %	1	QL(15 ml per fill retail)
polyvinyl alcohol-povidone (ophth) 0.6 %-0.5 %, 6 MG/ML-5 MG/ML	1	
white petrolatum-mineral oil 15 %-83 %	1	QL(4 gm per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN 1 % *(Use atropine sulfate (ophthalmic))*	9	QL(15 ml per fill retail)
atropine sulfate (ophthalmic) soln	1	QL(15 ml per fill retail)
atropine sulfate (ophthalmic) oint	1	QL(4 gm per fill retail)
CYCLOGYL 2 % *(Use cyclopentolate hcl)*	9	
CYCLOGYL .5 %, 1 % *(Use cyclopentolate hcl)*	9	QL(15 ml per fill retail)
cyclopentolate hcl .5 %, 1 %	1	QL(15 ml per fill retail)
cyclopentolate hcl 2 %	1	
ISOPTO ATROPINE SOLN	1	QL(15 ml per fill retail)
MYDRIACYL SOLN *(Use tropicamide)*	9	QL(15 ml per fill retail)
phenylephrine hcl (mydriatic) soln 2.5 %	1	QL(15 ml per fill retail)
tropicamide soln	1	QL(15 ml per fill retail)
Ophthalmic Anti-infectives		
trifluridine	1	QL(8 ml per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	QL(15 ml per fill retail)
Otic Steroids		
DERMOTIC *(Use fluocinolone acetonide (otic))*	9	1 rtl pack lmt amt,30 rtl pack lmt day(s)
fluocinolone acetonide (otic)	1	1 rtl pack lmt amt,30 rtl pack lmt day(s)
hydrocortisone w/acetic acid 2 %-1 %	1	QL(10 ml per fill retail)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		

Drug Name	Drug Tier	Requirements/Limits
Monoclonal Antibodies		
SYNAGIS SOLN	1	SP;PA
PHARMACEUTICAL ADJUVANTS		
Flavoring Agents		
ALMOND OIL BITTER FLAVOR LIQD	1	RX/OTC
ANISE EXTRACT LIQD	1	RX/OTC
ANISE FLAVOR OIL	1	RX/OTC
APPLE FLAVOR LIQD	1	RX/OTC
APRICOT FLAVOR LIQD	1	RX/OTC
BACON FLAVOR LIQD	1	RX/OTC
BACON FLAVOR NATURAL LIQD	1	RX/OTC
BANANA CONCENTRATE LIQD	1	RX/OTC
BANANA CREAM FLAVOR LIQD	1	RX/OTC
BANANA CREME FLAVOR LIQD	1	RX/OTC
BANANA FLAVOR LIQD	1	RX/OTC
BEEF BRAISED NATURAL FLAVOR LIQD	1	RX/OTC
BEEF FLAVOR LIQD	1	RX/OTC
BEEF TYPE FLAVOR NATURAL LIQD	1	RX/OTC
BEEF TYPE FLAVOR NATURALCHLORIDE FREE LIQD	1	RX/OTC
BEEF TYPE FLAVOR OS LIQD	1	RX/OTC
BITTER STOP FLAVOR LIQD	1	RX/OTC
BITTER-BLOC WS/OS LIQUID CONC	1	RX/OTC
BITTERNESS MASK FLAVOR LIQD	1	RX/OTC
BITTERNESS SUPPRESSOR FLAVOR LIQD	1	RX/OTC
BITTERNESS SUPRESSOR FLAVOR LIQD	1	RX/OTC
BLACKBERRY FLAVOR LIQD	1	RX/OTC
BLOOD ORANGE OS LIQD	1	RX/OTC
BLUEBERRY FLAVOR LIQD	1	RX/OTC
BUBBLE GUM CONCENTRATE LIQD	1	RX/OTC
BUBBLE GUM FLAVOR LIQD	1	RX/OTC
BUBBLE GUM OS LIQD	1	RX/OTC
BUBBLE GUM WS LIQD	1	RX/OTC
BUBBLEGUM FLAVOR LIQD	1	RX/OTC
BUTTER FLAVOR LIQD	1	RX/OTC
BUTTER RUM FLAVOR LIQD	1	RX/OTC
BUTTERSCOTCH FLAVOR LIQD	1	RX/OTC
CARAMEL FLAVOR LIQD	1	RX/OTC
CARAMEL OS LIQD	1	RX/OTC
CHEESECAKE FLAVOR LIQD	1	RX/OTC
CHERRY FLAVOR LIQD	1	RX/OTC
CHICKEN (GRILLED) FLAVOR LIQD	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CHICKEN FLAVOR LIQD	1	RX/OTC
CHICKEN FLAVOR OIL SOLUBLE LIQD	1	RX/OTC
CHICKEN FLAVOR WATER MISCIBLE LIQD	1	RX/OTC
CHICKEN ROASTED CONCENTRATE LIQD	1	RX/OTC
CHOCOLATE CONCENTRATE CONC	1	RX/OTC
CHOCOLATE FLAVOR LIQD	1	RX/OTC
CHOCOLATE HAZELNUT FLAVOR LIQD	1	RX/OTC
CHOCOLATE NATURAL & ARTIFICAL FLAVOR CONC	1	RX/OTC
CINNAMON FLAVOR OIL	1	RX/OTC
COCONUT FLAVOR LIQD	1	RX/OTC
COFFEE FLAVOR LIQD	1	RX/OTC
COLA FLAVOR LIQD	1	RX/OTC
COTTON CANDY FLAVOR LIQD	1	RX/OTC
CRAN-RASPBERRY FLAVOR LIQD	1	RX/OTC
CREME DE MENTHE FLAVOR LIQD	1	RX/OTC
CREME DE MENTHE FLAVOR OIL	1	RX/OTC
CREME DEMENTHE FLAVOR LIQD	1	RX/OTC
CREME OS LIQD	1	RX/OTC
ENGLISH TOFFEE FLAVOR LIQD	1	RX/OTC
EUCALYPTUS FLAVOR OIL	1	RX/OTC
EUGENOL FLAVOR LIQD	1	RX/OTC
FISH FLAVOR LIQD	1	RX/OTC
FLAVOR CONCENTRATE/CHLORHEXIDINE CONC	1	RX/OTC
FLAVORX LIQD	1	RX/OTC
GRAPE CONCORD OS LIQD	1	RX/OTC
GRAPE FLAVOR LIQD	1	RX/OTC
GRAPEFRUIT FLAVOR PINK OIL	1	RX/OTC
GREEN APPLE OS LIQD	1	RX/OTC
GRILLED BEEF FLAVOR NATURAL OIL SOLUBLE LIQD	1	RX/OTC
GRILLED CHICKEN FLAVOR NATURAL OIL MISCIBLE LIQD	1	RX/OTC
GUAVA FLAVOR LIQD	1	RX/OTC
HAM FLAVOR LIQD	1	RX/OTC
HONEY FLAVOR LIQD	1	RX/OTC
KAHLUA FLAVOR LIQD	1	RX/OTC
LEMON EXTRACT LIQD	1	RX/OTC
LEMON FLAVOR OIL	1	RX/OTC
LEMON FLAVOR LIQD	1	RX/OTC
LEMONADE FLAVOR OIL	1	RX/OTC
LICORICE FLAVOR LIQD	1	RX/OTC
LIME FLAVOR OIL	1	RX/OTC
LIVER CONCENTRATE LIQD	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LIVER FLAVOR LIQD	1	RX/OTC
MANGO FLAVOR LIQD	1	RX/OTC
MANGO PASSION FRUIT OS LIQD	1	RX/OTC
MAPLE FLAVOR LIQD	1	RX/OTC
MARSHMALLOW ARTIFICIAL FLAVOR CONC	1	RX/OTC
MARSHMALLOW FLAVOR LIQD	1	RX/OTC
MARSHMALLOW OS LIQD	1	RX/OTC
MARSHMALLOW WS LIQD	1	RX/OTC
MINT CHOCOLATE CHIP FLAVOR LIQD	1	RX/OTC
NATURAL CARAMEL LIQD	1	RX/OTC
ORANGE CONCENTRATE LIQD	1	RX/OTC
ORANGE CREAM FLAVOR LIQD	1	RX/OTC
ORANGE FLAVOR LIQD	1	RX/OTC
ORANGE OIL FLAVOR LIQD	1	RX/OTC
PCCA SWEETNESS ENHANCER LIQD	1	RX/OTC
PEACH FLAVOR LIQD	1	RX/OTC
PEANUT BUTTER FLAVOR OIL	1	RX/OTC
PEANUT BUTTER FLAVOR LIQD	1	RX/OTC
PEANUT BUTTER OS CONC	1	RX/OTC
PEPPERMINT BURST OS LIQD	1	RX/OTC
PEPPERMINT FLAVOR OIL	1	RX/OTC
PINA COLADA FLAVOR LIQD	1	RX/OTC
PINEAPPLE FLAVOR LIQD	1	RX/OTC
PRALINES AND CREAM FLAVOR LIQD	1	RX/OTC
PUMPKIN FLAVOR LIQD	1	RX/OTC
RASPBERRY CONCENTRATE CONC	1	RX/OTC
RASPBERRY FLAVOR LIQD	1	RX/OTC
RASPBERRY FLAVOR ARTIFICIAL CONC	1	RX/OTC
RASPBERRY OS LIQD	1	RX/OTC
ROOT BEER FLAVOR LIQD	1	RX/OTC
SARDINE FLAVOR LIQD	1	RX/OTC
SHRIMP FLAVOR LIQD	1	RX/OTC
SPEARMINT FLAVOR OIL	1	RX/OTC
SPEARMINT OS LIQD	1	RX/OTC
STEVIA GLYCERITE LIQUID EXTRACT LIQD	1	RX/OTC
STRAWBERRY FLAVOR LIQD	1	RX/OTC
STRAWBERRY OS LIQD	1	RX/OTC
SWEET CORN FLAVOR CONCENTRATE CONC	1	RX/OTC
SWEETENING ENHANCER LIQD	1	RX/OTC
SWEETENING ENHANCER/FLAVORX LIQD	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TANGERINE FLAVOR OIL	1	RX/OTC
TEABERRY FLAVOR OIL	1	RX/OTC
TROPICAL FUSION OS LIQD	1	RX/OTC
TROPICAL FUSION WS LIQD	1	RX/OTC
TROPICAL PUNCH FLAVOR LIQD	1	RX/OTC
TUNA FLAVOR LIQD	1	RX/OTC
TUNA TYPE FLAVOR OS LIQD	1	RX/OTC
TUTTI FRUTTI CONCENTRATE CONC	1	RX/OTC
TUTTI FRUTTI FLAVOR LIQD	1	RX/OTC
TUTTI-FRUTTI FLAVOR LIQD	1	RX/OTC
VANILLA BUTTERNUT FLAVOR LIQD	1	RX/OTC
VANILLA FLAVOR LIQD	1	RX/OTC
VANILLA OS LIQD	1	RX/OTC
VERY BERRY OS LIQD	1	RX/OTC
VITAMIN/IRON MASKING AGENT FLAVOR LIQD	1	RX/OTC
WATERMELON FLAVOR LIQD	1	RX/OTC
WILD CHERRY FLAVOR LIQD	1	RX/OTC
WILD CHERRY OS LIQD	1	RX/OTC
Liquid Vehicles		
CHERRY CONCENTRATE	1	RX/OTC
CHERRY SYRUP	1	RX/OTC
FLAVOR BLEND SUSP	1	RX/OTC
FLAVOR PLUS LIQD	1	RX/OTC
FLAVOR SWEET SYRP	1	RX/OTC
FLAVOR SWEET-SF SYRP	1	RX/OTC
GRAPE SYRUP SYRP	1	RX/OTC
MX-SOL SYRP	1	RX/OTC
MX-SOL BLEND SUSP	1	RX/OTC
MX-SOL BLEND SF SUSP	1	RX/OTC
MX-SOL SF SYRP	1	RX/OTC
MX-SOL SUSPEND SUSP	1	RX/OTC
ORA-BLEND SUSP	1	RX/OTC
ORA-BLEND SF SUSP	1	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	1	RX/OTC
ORAL MIX SF SUSP	1	RX/OTC
ORAL SUSPEND LIQD	1	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	1	RX/OTC
ORAL SYRUP SF SYRP	1	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	1	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	1	RX/OTC
ORA-PLUS LIQD	1	RX/OTC
ORA-SWEET SYRP	1	RX/OTC
ORA-SWEET SF SYRP	1	RX/OTC
PCCA SWEET-SF SYRP 70 %	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PCCA SYRUP VEHICLE SYRP	1	RX/OTC
PCCA-PLUS SUSP	1	RX/OTC
SIMPLE SYRUP	1	RX/OTC
SOSWEET SYRP	1	RX/OTC
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	1	RX/OTC
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	1	RX/OTC
SUSPENSION VEHICLE SUSP	1	RX/OTC
SYRPALTA SYRP	1	RX/OTC
SYRSPEND SF LIQD	1	RX/OTC
SYRUP NF	1	RX/OTC
SYRUP VEHICLE SYRP	1	RX/OTC
SYRUP VEHICLE SF SYRP	1	RX/OTC
UNISPEND ANHYDROUS SWEETENED SUSP	1	RX/OTC
UNISPEND ANHYDROUS UNSWEETENED SUSP	1	RX/OTC
VERSAFREE SYRP	1	RX/OTC
VERSAPLUS SYRP	1	RX/OTC
Semi Solid Vehicles		
POLYETHYLENE GLYCOL 3350 POWD	1	RX/OTC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
ANTABUSE 250 MG *(Use disulfiram)*	9	
disulfiram 250 MG	1	
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates tabs	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO TABS	1	SP;PA
KALYDECO PACK 50 MG, 75 MG	1	SP;PA
KALYDECO PACK 25 MG	1	PA
ORKAMBI TABS	1	SP;PA
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	1	SP;PA
PULMOZYME	1	SP;PA
SYMDEKO	1	PA
TRIKAFTA	1	PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	1	MP
propylthiouracil	1	MP
TAPAZOLE TABS 10 MG *(Use methimazole)*	9	MP
TOXOIDS		
Toxoid Combinations		

Drug Name	Drug Tier	Requirements/Limits
ADACEL SUSP 15.5 MCG/0.5ML-2 LF/0.5ML-5 LF/0.5ML	1	AL(At least 19 yrs old)
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	1	
BOOSTRIX SUSP 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	1	AL(At least 19 yrs old)
DAPTACEL 23 MCG/0.5ML-15 LF/0.5ML-5 LF/0.5ML	1	QL(0.5 ml per fill retail);AL(At least 6 yrs old)
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	1	QL(0.5 ml per fill retail);AL(At least 6 yrs old)
INFANRIX 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	1	QL(0.5 ml per fill retail);AL(At least 6 yrs old)
KINRIX SUSY 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	1	QL(0.5 ml per fill retail);AL(At least 6 yrs old)
KINRIX SUSP 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	1	QL(0.5 ml per fill retail);AL(At least 6 yrs old)
PEDIARIX SUSY 58 MCG/0.5ML-10 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	1	QL(0.5 ml per fill retail);AL(At least 6 yrs old)
PENTACEL 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	1	QL(1 ea per fill retail);AL(At least 5 yrs old)
QUADRACEL SUSP 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	1	QL(0.5 ml per fill retail);AL(At least 6 yrs old)
QUADRACEL SUSY 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	1	QL(0.5 ml per fill retail);AL(At least 6 yrs old)
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	1	
TENIVAC INJ 5 LFU-2 LFU	1	AL(At least 19 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	1	
VAXELIS SUSY	1	QL(0.5 ml per fill retail);AL(At least 5 yrs old)
VAXELIS SUSP	1	QL(0.5 ml per fill retail);AL(At least 5 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
dicyclomine hcl soln or	1	QL(40 ml daily)
dicyclomine hcl caps	1	
dicyclomine hcl tabs	1	
glycopyrrolate tabs 1 MG, 2 MG	1	QL(4 ea daily)
ROBINUL TABS *(Use glycopyrrolate)*	1	QL(4 ea daily)
ROBINUL FORTE TABS *(Use glycopyrrolate)*	1	QL(4 ea daily)
Misc. Anti-Ulcer		
CARAFATE SUSP *(Use sucralfate)*	9	

Drug Name	Drug Tier	Requirements/Limits
CARAFATE TABS *(Use sucralfate)*	9	
sucralfate tabs	1	
sucralfate susp	1	
SUCRALFATE SUSP *(Use sucralfate)*	9	
Ulcer Drugs - Prostaglandins		
CYTOTEC *(Use misoprostol)*	9	
misoprostol	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	1	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	1	QL(1 ea per fill retail)
BCG VACCINE	1	
BEXSERO	1	AL(At least 10 yrs old- Up to 25 yrs old)
BIOTHRAX	1	AL(At least 18 yrs old- Up to 65 yrs old)
HIBERIX SOLR IJ	1	QL(1 ea per fill retail,4 ea per 999 days retail)
MENACTRA	1	AL(Up to 55 yrs old)
MENQUADFI	1	AL(Up to 55 yrs old)
MENVEO	1	AL(Up to 55 yrs old)
PEDVAX HIB SUSP	1	QL(0.5 ml per fill retail)
PNEUMOVAX 23	1	
PNEUMOVAX 23/1 DOSE	1	
PREVNAR 13	1	
PREVNAR 20	1	QL(0.5 ml per fill retail);AL(At least 18 yrs old)
TRUMENBA	1	AL(At least 10 yrs old- Up to 25 yrs old)
TYPHIM VI SOLN	1	AL(At least 2 yrs old)
TYPHIM VI SOSY	1	AL(At least 2 yrs old)
VAXCHORA	1	
VAXNEUVANCE	1	QL(0.5 ml per fill retail);AL(At least 18 yrs old)
VIVOTIF	1	AL(At least 6 yrs old)
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.25 ml per fill retail);AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUADRIVALENT 2020-2021 SUSP	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY 0	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSP	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY 0	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.25 ml per fill retail);AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSP	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
ENGERIX-B SUSP	1	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUAD 2020-2021	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2021-2022	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2022-2023	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUARIX QUADRIVALENT 2020-2021 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUARIX QUADRIVALENT 2021-2022 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUARIX QUADRIVALENT 2022-2023 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2020-2021	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2021-2022	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2022-2023	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2020-2021 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLULAVAL QUADRIVALENT 2022-2023 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUMIST QUADRIVALENT	1	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ea per fill retail);AL(At least 2 yrs old- Up to 49 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.7 ml per fill retail);AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.7 ml per fill retail);AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.7 ml per fill retail);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSP 0	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSP 0	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSP 0	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSY	1	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
GARDASIL 9 SUSP	1	AL(At least 19 yrs old- Up to 45 yrs old)
GARDASIL 9 SUSY	1	AL(At least 19 yrs old- Up to 45 yrs old)

Drug Name	Drug Tier	Requirements/Limits
HAVRIX 1440 ELU/ML	1	2 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old)
HAVRIX	1	AL(At least 19 yrs old)
HEPLISAV-B SOSY	1	QL(0.5 ml per fill retail);AL(At least 18 yrs old)
IPOL INACTIVATED IPV	1	
IXIARO	1	QL(0.5 ml per fill retail)
JANSSEN COVID-19 VACCINE	1	
M-M-R II SOLR	1	AL(At least 1 yrs old)
MODERNA COVID-19 VACCINE	1	
PFIZER-BIONTECH COVID-19VACCINE	1	
PROQUAD SUSR	1	QL(1 ea per fill retail);AL(Up to 13 yrs old)
RABAVERT	1	
RECOMBIVAX HB SUSP	1	AL(At least 19 yrs old)
ROTARIX	1	QL(1 ml per fill retail);AL(Up to 1 yrs old)
ROTATEQ SOLN	1	
SHINGRIX	1	AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE	1	
STAMARIL SUSR	1	

Drug Name	Drug Tier	Requirements/Limits
TICOVAC 2.4 MCG/0.5ML	1	AL(At least 1 yrs old)
TWINRIX SUSY 720 ELU/ML-20 MCG/ML	1	AL(At least 19 yrs old)
VAQTA	1	AL(At least 19 yrs old)
VARIVAX INJ	1	AL(At least 1 yrs old)
YF-VAX INJ	1	
ZOSTAVAX SUSR	1	AL(At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
Spermicides		
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL *(Use nonoxynol-9)*	9	
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	1	
VCF VAGINAL CONTRACEPTIVE FILM FILM	1	
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	1	
VCF VAGINAL CONTRACEPTIVEGEL GEL	1	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Vasopressors		
midodrine hcl	1	
VITAMINS		
Oil Soluble Vitamins		

Drug Name	Drug Tier	Requirements/Limits
cholecalciferol caps 50 MCG, 2000 UNIT	1	
cholecalciferol chew 400 UNIT	1	
cholecalciferol liqd or 10 MCG/ML, 400 UNIT/ML	1	
cholecalciferol caps 25 MCG, 1000 UNIT	1	QL(1 ea daily)
cholecalciferol caps 1.25 MG, 1.25 MG, 50000 UNIT	1	QL(0.264 ea daily)
cholecalciferol caps 125 MCG, 5000 UNIT	1	QL(2 ea daily)
cholecalciferol tabs 25 MCG, 400 UNIT, 1000 UNIT	1	
DRISDOL CAPS *(Use ergocalciferol)*	9	
D-VI-SOL LIQD OR *(Use cholecalciferol)*	9	
ergocalciferol soln or	1	
ergocalciferol caps	1	
MEPHYTON TABS *(Use phytonadione)*	9	
phytonadione tabs 5 MG	1	
vitamin a tabs	1	
vitamin a caps 8000 UNIT, 10000 UNIT	1	
vitamin e caps 180 MG, 400 UNIT	1	
vitamin e soln 15 UNIT/0.3ML	1	
vitamin e caps 100 UNIT, 200 UNIT, 400 UNIT	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Water Soluble Vitamins		
ACEROLA C 500 WAFR	1	
ASCOCID POWD OR	1	
ascorbic acid tabs	1	QL(100 ea per 34 days retail)
ascorbic acid chew 500 MG, 7.5 MG-500 MG, 500 MG	1	
ASCORBIC ACID POWD OR 500 MG/GM	1	
biotin caps 5 MG, 5000 MCG	1	
CYTO C POWD OR	1	
pyridoxine hcl tabs 25 MG, 50 MG, 100 MG, 250 MG	1	
riboflavin tabs 50 MG, 100 MG	1	QL(100 ea per 34 days retail)
thiamine hcl tabs	1	QL(100 ea per 34 days retail)
thiamine mononitrate tabs	1	
VITAMIN C POWD OR	1	

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