

Preferred Drug List

The Pennsylvania Health and 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

Pennsylvania Health and Wellness Health Plan Pharmacy Program

Pennsylvania Health and Wellness Health Plan, Inc. (Pennsylvania Health and Wellness) is committed to providing appropriate, high quality, and cost effective drug therapy to all Pennsylvania Health and Wellness participants. Pennsylvania Health and Wellness works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered according to CMS designation of an outpatient covered drug. Pennsylvania Health and 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 Pennsylvania Health and Wellness pharmacy program. For more detailed information, please visit our website at www.PAHealthWellness.com.

Plan Preferred Drug List and Prior Authorization List

Pennsylvania Health and 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 Pennsylvania Health and 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 Pennsylvania Health and Wellness Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the Pennsylvania Health and Wellness Medical Director, Pennsylvania Health and 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

Engolve Pharmacy Solutions

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

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the Pennsylvania Health and Wellness Health Plan/Engolve Pharmacy Solutions form: Medication Prior Authorization Request Form.
2. Fax to Engolve Pharmacy Solutions at 1-877-386-4695.
3. Prior Authorization decisions will be completed within 24 hours of receipt.
4. Once approved, Engolve Pharmacy Solutions notifies the prescriber and participant.
5. If the clinical information provided does not explain the medical necessity for the requested PA medication, Engolve Pharmacy Solutions will deny the request and notify the prescriber and the participant.
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 Pennsylvania Health and 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 Pennsylvania Health and 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 Engolve Pharmacy Solutions on the Pennsylvania Health and Wellness Health Plan/Engolve Pharmacy Solutions form: Medication Prior Authorization Request Form. This form should be faxed to Engolve Pharmacy Solutions at 1-877-386-4695. This document is located on the Pennsylvania Health and Wellness website at www.PAHealthWellness.com.

Pennsylvania Health and 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 Pennsylvania Health and Wellness supplemental drug list, reviews are performed by professionals using the criteria established by the Pennsylvania Health and Wellness P&T Committee. Once approved, Envolve Pharmacy Solutions 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 Pennsylvania Health and 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 Pennsylvania Health and 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 Pennsylvania Health and Wellness's supplemental drug list when prescribing medication for those patients covered by the Pennsylvania Health and 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 Pennsylvania Health and 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. Pennsylvania Health and Wellness Participant Services may be reached at 1-844-626-6813 (TTY 1-844-349-8916).

Transition Period

Pennsylvania Health and 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 Pennsylvania Health and 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 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 up to 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. The pharmacy must call the Envolve Pharmacy Solutions 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. Pennsylvania Health and 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 Pennsylvania Health and 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, 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. 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 Pennsylvania Health and 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 Health and Wellness P&T Committee. 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 Pennsylvania Health and 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. Pennsylvania Health and 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 Pennsylvania Health and Wellness will not cover the drug.

DUR (Drug Utilization Review) Programs

Pennsylvania Health and Wellness will monitor ongoing prescribing of medications for clinical appropriateness. Pennsylvania Health and Wellness reviews prescribing retrospectively to review for both safety and efficacy. Pennsylvania Health and Wellness will work with Envolve Pharmacy Solutions to review for such things as disease management, fraud and abuse (i.e. Coordinated Services Program), and prescriber profiling. Prescriber or participant outreach may occur based on prescribing/dispensing patterns. Pennsylvania Health and 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 Pennsylvania Health and 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 Pennsylvania Health and Wellness Participant Services Representative. At the pharmacy, you will need to provide the pharmacist with your prescription and your Pennsylvania Health and Wellness ID card. Please visit the Pennsylvania Health and Wellness website at www.PAHealthWellness.com to access the Pennsylvania Health and Wellness PDL, Pennsylvania Health and Wellness PA lists, important forms, and provider/participant information 24 hours a day, seven days a week.

Maintenance Medications

Pennsylvania Health and 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 Pennsylvania Health and Wellness website at www.PAHealthWellness.com.

Please contact a Pennsylvania Health and Wellness Participant Service Representative if you have any questions.

Pennsylvania Health and Wellness Health Plan Pharmacy Program - Additional Information

Specialty Medications

Pennsylvania Health and Wellness works with a network of specialty pharmacies. Most specialty medication requires prior authorization by Envolve Pharmacy Solutions. A list of specialty pharmacies and medications is located at www.PAHealthWellness.com. Fax prior authorization forms to Envolve Pharmacy Solutions at 1-877-386-4695.

Pharmacy and Therapeutics Committee

The Pennsylvania Health and Wellness Pharmacy and Therapeutics (P&T) Committee continually evaluates the therapeutic classes included in the Pennsylvania Health and Wellness supplemental drug list. The Committee is composed of the Pennsylvania Health and Wellness Medical Directors, Pennsylvania Health and 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 Pennsylvania Health and 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 Pennsylvania Health and Wellness supplemental drug list are done in conjunction with the approval of the State of Pennsylvania. Pennsylvania Health and Wellness will submit any proposed changes to the State for approval and update the supplemental drug list accordingly. Pennsylvania Health and 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 Pennsylvania Health and Wellness. Experimental drugs and investigational drugs are not eligible for coverage.

Benefit Exclusions

The following drug categories are not part of the Pennsylvania Health and 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 Pennsylvania Health and Wellness supplemental drug list. During this period, access to these medications will be considered through the PA review process. If Pennsylvania Health and 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 Pennsylvania Health and 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 Pennsylvania Health & Wellness supplemental drug list. Injectable drugs that are self-administered by the participant and/or family member are covered by the Pennsylvania Health and Wellness pharmacy program. Most injectable drugs require PA.

We help keep you informed

The Pennsylvania Health and 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 Pennsylvania Health and Wellness by calling Pennsylvania Health and 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 Pennsylvania Health and Wellness in writing to the Appeals Department at the following address:

Pennsylvania Health and 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 Pennsylvania Health and 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
MT:	Maintenance Therapy
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	Tier	Drug Restriction
ALTERNATIVE THERAPY		
ALTERNATIVE THERAPY - ANTIARTHRITICS		
Glucoten 375 mg-300 mg-25 mg-0.5 mg tablet	P	
ALTERNATIVE THERAPY - ANTIOXIDANT		
Ocuvite Eye Health 50 mg-15 unit-4.5 mg-2.5 mg chewable tablet	P	
Ocuvite Lutein and Zeaxanthin 60 mg-13.5 mg-15 mg-2 mg-6 mg capsule	P	
PreserVision AREDS-2 250 mg-200 unit-40 mg-1 mg capsule	P	
ALTERNATIVE THERAPY - UNCLASSIFIED		
Airborne (ascorbate sodium) 333 mg-1.7 mg chewable tablet	P	
Airborne (with lysine acetate) 250 mg-12.5 mg chewable tablet	P	
Airshield 250 mg-1.25 mg chewable tablet	P	
Immune Support 250 mg-12.5 mg chewable tablet	P	
VitaMent 0.5 mg-270 mg-200 mg-25 mg oral powder packet	P	
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC		

Drug Name	Tier	Drug Restriction
ANALGESIC OR ANTIPYRETIC NON-OPIOID		
Acephen 120 mg rectal suppository	P	QL(Allowed 12 per Rx)
Acephen 325 mg rectal suppository	P	QL(Allowed 12 per Rx)
Acephen 650 mg rectal suppository	P	QL(Allowed 12 per Rx)
acetaminophen 120 mg rectal suppository	P	QL(Allowed 12 per Rx)
acetaminophen 160 mg chewable tablet	P	
acetaminophen 160 mg/5 mL (5 mL) oral solution	P	
acetaminophen 160 mg/5 mL oral elixir	P	
acetaminophen 160 mg/5 mL oral liquid	P	
acetaminophen 160 mg/5 mL oral suspension	P	
acetaminophen 325 mg tablet	P	
acetaminophen 325 mg/10.15 mL oral solution	P	
acetaminophen 500 mg tablet	P	
acetaminophen 500 mg/15 mL oral liquid	P	

Drug Name	Tier	Drug Restriction
acetaminophen 650 mg rectal suppository	P	QL(Allowed 12 per Rx)
acetaminophen 650 mg/20.3 mL oral solution	P	
acetaminophen 80 mg chewable tablet	P	
acetaminophen 80 mg/0.8 mL oral drops,suspension	P	
Acetaminophen Extra Strength 500 mg tablet	P	
Acetaminophen Pain Relief 500 mg tablet	P	
Aspirin Free 325 mg tablet	P	
Aspirin Free Extra Strength 500 mg tablet	P	
Athenol 325 mg tablet	P	
BetaTemp 160 mg/5 mL oral suspension	P	
Children's Acetaminophen 160 mg chewable tablet	P	
Children's Acetaminophen 160 mg/5 mL (5 mL) oral suspension	P	

Drug Name	Tier	Drug Restriction
Children's Acetaminophen 160 mg/5 mL oral suspension	P	
Children's Acetaminophen 80 mg chewable tablet	P	
Children's Aspirin Free 160 mg/5 mL oral suspension	P	
Children's Fever Reducing 120 mg rectal suppository	P	QL(Allowed 12 per Rx)
Children's Mapap 160 mg chewable tablet	P	
Children's Mapap 80 mg chewable tablet	P	
Children's Medi-Tabs 160 mg/5 mL oral suspension	P	
Children's Medi-Tabs 80 mg chewable tablet	P	
Children's Non-Aspirin 160 mg/5 mL oral suspension	P	
Children's Non-Aspirin 80 mg chewable tablet	P	
Children's Non-Aspirin Pain 80 mg chewable tablet	P	

Drug Name	Tier	Drug Restriction
Children's Pain and Fever Relief 160 mg chewable tablet	P	
Children's Pain and Fever Relief 160 mg/5 mL oral liquid	P	
Children's Pain and Fever Relief 160 mg/5 mL oral suspension	P	
Children's Pain and Fever Relief 80 mg chewable tablet	P	
Children's Pain Relief 160 mg chewable tablet	P	
Children's Pain Relief 160 mg/5 mL oral suspension	P	
Children's Pain Reliever 160 mg/5 mL oral suspension	P	
Children's Pain Reliever 80 mg chewable tablet	P	
Children's Pain Reliever and Fever Reducer 120 mg rectal suppository	P	QL(Allowed 12 per Rx)
Children's Silapap 160 mg/5 mL oral liquid	P	
Children's Tactinal 80 mg chewable tablet	P	

Drug Name	Tier	Drug Restriction
Ed-APAP 160 mg/5 mL oral liquid	P	
Ex-Strength Medi-Tabs 500 mg tablet	P	
Fever Reducer and Pain Reliever 160 mg/5 mL oral suspension	P	
Feverall 120 mg rectal suppository	P	QL(Allowed 12 per Rx)
Feverall 325 mg rectal suppository	P	QL(Allowed 12 per Rx)
Feverall 650 mg rectal suppository	P	QL(Allowed 12 per Rx)
Feverall 80 mg rectal suppository	P	
Infant Fever Reducer-Pain Relief 160 mg/5 mL oral suspension	P	
Infant Pain Reliever 160 mg/5 mL oral suspension	P	
Infant's Acetaminophen 160 mg/5 mL oral suspension	P	
Infants' Pain and Fever 160 mg/5 mL oral suspension	P	
Infants' Pain Relief 160 mg/5 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Infant's Pain Relief 160 mg/5 mL oral suspension	P	
Little Remedies Fever and Pain Reliever 160 mg/5 mL oral liquid	P	
Mapap (acetaminophen) 160 mg/5 mL oral liquid	P	
Mapap (acetaminophen) 160 mg/5 mL oral suspension	P	
Mapap (acetaminophen) 325 mg tablet	P	
Mapap (acetaminophen) 500 mg capsule	P	
Mapap (acetaminophen) 500 mg/15 mL oral liquid	P	
Mapap Extra Strength 500 mg tablet	P	
Maxapap Maximum Strength 500 mg tablet	P	
Maxapap Regular Strength 325 mg tablet	P	
Medi-Tabs 160 mg chewable tablet	P	

Drug Name	Tier	Drug Restriction
Medi-Tabs 500 mg tablet	P	
Non-Aspirin 160 mg chewable tablet	P	
Non-Aspirin 160 mg/5 mL oral suspension	P	
Non-Aspirin 325 mg tablet	P	
Non-Aspirin 80 mg chewable tablet	P	
Non-Aspirin Children's 80 mg chewable tablet	P	
Non-Aspirin Extra Strength 500 mg tablet	P	
Non-Aspirin Jr Strength 160 mg chewable tablet	P	
Non-Aspirin Pain Relief 325 mg tablet	P	
Non-Aspirin Pain Relief 500 mg tablet	P	
Nortemp 160 mg/5 mL oral suspension	P	
Nortemp 80 mg/0.8 mL oral drops	P	
Pain and Fever 325 mg tablet	P	
Pain and Fever 500 mg tablet	P	

Drug Name	Tier	Drug Restriction
Pain Relief 160 mg/5 mL oral liquid	P	
Pain Relief 500 mg tablet	P	
Pain Relief Adult 500 mg/15 mL oral liquid	P	
Pain Relief Extra Strength 500 mg tablet	P	
Pain Relief Regular Strength 325 mg tablet	P	
Pain Reliever 325 mg tablet	P	
Pain Reliever 500 mg capsule	P	
Pain Reliever 500 mg tablet	P	
Pain Reliever Extra Strength 500 mg tablet	P	
PediaCare Fever Reducer 160 mg/5 mL oral suspension	P	
Pharbetol 325 mg tablet	P	
Pharbetol 500 mg tablet	P	
Shake That Ache 500 mg tablet	P	
Tactinal 325 mg tablet	P	

Drug Name	Tier	Drug Restriction
Tactinal Extra Strength 500 mg tablet	P	
SALICYLATE ANALGESIC COMBINATIONS		
choline and magnesium salicylate 500 mg/5 mL oral liquid	P	
SALICYLATE ANALGESICS		
aspirin 120 mg rectal suppository	P	QL(Allowed 12 per Rx)
aspirin 200 mg rectal suppository	P	QL(Allowed 12 per Rx)
aspirin 300 mg rectal suppository	P	QL(Allowed 12 per Rx)
aspirin 325 mg tablet	P	
aspirin 325 mg tablet,delayed release	P	
aspirin 600 mg rectal suppository	P	QL(Allowed 12 per Rx)
Bayer Aspirin 325 mg tablet	P	
E.C. Prin 325 mg tablet,delayed release	P	
EC Aspirin 325 mg tablet,delayed release	P	
Ecotrin 325 mg tablet,enteric coated	P	
Lite Coat Aspirin 325 mg tablet	P	

Drug Name	Tier	Drug Restriction
salsalate 500 mg tablet	P	
salsalate 750 mg tablet	P	
SALICYLATE ANALGESICS, BUFFERED		
aspirin,buffered (calcium carbonate-magnesium) 325 mg tablet	P	
Buffered Aspirin 325 mg tablet	P	
Tri-Buffered Aspirin 325 mg tablet	P	
ANESTHETICS		
GENERAL ANESTHETIC - PARENTERAL, BENZODIAZEPINES		
midazolam (PF) 1 mg/mL injection solution	P	
midazolam (PF) 2 mg/2 mL (1 mg/mL) injection cartridge	P	
midazolam (PF) 2 mg/2 mL (1 mg/mL) injection syringe	P	
midazolam (PF) 5 mg/mL injection cartridge	P	
midazolam (PF) 5 mg/mL injection solution	P	

Drug Name	Tier	Drug Restriction
midazolam (PF) 5 mg/mL injection syringe	P	
midazolam 1 mg/mL injection solution	P	
midazolam 5 mg/mL injection solution	P	
GENERAL ANESTHETIC ADJUNCTS - NEUROLEPTIC, BUTYROPHENONE DERIVATIVE		
droperidol 2.5 mg/mL injection solution	P	
ANORECTAL PREPARATIONS		
ANORECTAL - GLUCOCORTICOIDS		
hydrocortisone 2.5 % topical cream with perineal applicator	P	QL(Allowed 30 per Rx)
ANORECTAL - LOCAL ANESTHETIC AMIDES		
Nupercainal 1 % ointment	P	QL(Allowed 30 per Rx)
ANTIDOTES AND OTHER REVERSAL AGENTS		
CHELATING AGENTS - COPPER		
Depen Titratabs 250 mg tablet	P	
CHELATING AGENTS - LEAD POISONING		
Chemet 100 mg capsule	P	
ANTI-INFECTIVE AGENTS		
AMINOGLYCOSIDE ANTIBIOTIC		
tobramycin 1.2 gram solution for injection	P	

Drug Name	Tier	Drug Restriction
tobramycin 10 mg/mL injection solution	P	
tobramycin 40 mg/mL injection solution	P	
ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS		
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension	P	
sulfamethoxazole 400 mg-trimethoprim 80 mg tablet	P	
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	P	
ANTIBACTERIAL FOLATE ANTAGONIST OTHERS		
trimethoprim 100 mg tablet	P	
ANTILEPTIC - SULFONE AGENTS		
dapsone 100 mg tablet	P	PA
dapsone 25 mg tablet	P	PA
ANITITUBERCULAR - ISONICOTINIC ACID DERIVATIVES		
isoniazid 100 mg tablet	P	MT
isoniazid 300 mg tablet	P	MT

Drug Name	Tier	Drug Restriction
isoniazid 50 mg/5 mL oral solution	P	MT
ANITITUBERCULAR - NIACINAMIDE DERIVATIVES		
pyrazinamide 500 mg tablet	P	
ANITITUBERCULAR - RIFAMYCIN AND DERIVATIVES		
rifampin 150 mg capsule	P	
rifampin 300 mg capsule	P	
ANITITUBERCULAR AGENTS OTHER		
ethambutol 100 mg tablet	P	MT
ethambutol 400 mg tablet	P	MT
Trecator 250 mg tablet	P	
CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION		
ceftriaxone 1 gram intravenous piggyback	P	QL(Allowed 3 per Rx)
ceftriaxone 1 gram intravenous solution	P	QL(Allowed 3 per Rx)
ceftriaxone 1 gram solution for injection	P	QL(Allowed 3 per Rx)
ceftriaxone 250 mg solution for injection	P	QL(Allowed 3 per Rx)
ceftriaxone 500 mg solution for injection	P	QL(Allowed 3 per Rx)

Drug Name	Tier	Drug Restriction
GLYCOPEPTIDE ANTIBIOTICS		
vancomycin 1,000 mg intravenous injection	P	
vancomycin 500 mg intravenous solution	P	
LINCOSAMIDE ANTIBIOTICS		
clindamycin 75 mg/5 mL oral solution	P	
clindamycin HCl 150 mg capsule	P	
clindamycin HCl 300 mg capsule	P	
Clindamycin Pediatric 75 mg/5 mL oral solution	P	
OXAZOLIDINONE ANTIBIOTICS		
Sivextro 200 mg tablet	P	PA; QL(Allowed 6 per Rx)
ANTINEOPLASTICS		
ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES		
Myleran 2 mg tablet	P	\$0 Copay
ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES		
Matulane 50 mg capsule	P	SP;\$0 Copay
ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS		
cyclophosphamide 25 mg capsule	P	\$0 Copay
cyclophosphamide 50 mg capsule	P	\$0 Copay

Drug Name	Tier	Drug Restriction
Leukeran 2 mg tablet	P	\$0 Copay
melphalan 2 mg tablet	P	\$0 Copay
ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES		
Temodar 100 mg intravenous solution	P	PA; SP;\$0 Copay
ANTINEOPLASTIC - ANTIADRENALS		
Lysodren 500 mg tablet	P	SP;\$0 Copay
ANTINEOPLASTIC - ANTIANDROGENS		
flutamide 125 mg capsule	P	\$0 Copay
ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS		
mercaptopurine 50 mg tablet	P	\$0 Copay
Purixan 20 mg/mL oral suspension	P	\$0 Copay
ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES		
hydroxyurea 500 mg capsule	P	\$0 Copay
ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS		
etoposide 50 mg capsule	P	SP;\$0 Copay
ANTINEOPLASTIC - ESTROGENS		
Emcyt 140 mg capsule	P	SP;\$0 Copay
ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS		
Istodax 10 mg/2 mL intravenous solution	P	PA;\$0 Copay

Drug Name	Tier	Drug Restriction
romidepsin 10 mg/2 mL intravenous solution	P	PA;\$0 Copay
ANTINEOPLASTIC - LHRH (GNRH) ANTAGONIST PITUITARY SUPPRESSANTS		
Firmagon kit with diluent syringe 120 mg subcutaneous solution	P	PA; SP;\$0 Copay
Firmagon kit with diluent syringe 80 mg subcutaneous solution	P	PA; SP;\$0 Copay
ANTINEOPLASTIC - PROGESTINS		
megestrol 20 mg tablet	P	\$0 Copay
megestrol 40 mg tablet	P	\$0 Copay
ANTINEOPLASTIC - RETINOIDS		
tretinoin (chemotherapy) 10 mg capsule	P	SP;\$0 Copay
ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene 75 mg capsule	P	PA; SP;\$0 Copay
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS		
Hycamtin 0.25 mg capsule	P	PA; SP;\$0 Copay
Hycamtin 1 mg capsule	P	PA; SP;\$0 Copay
METHOTREXATE RESCUE AGENTS		
leucovorin calcium 10 mg tablet	P	\$0 Copay

Drug Name	Tier	Drug Restriction
leucovorin calcium 15 mg tablet	P	\$0 Copay
leucovorin calcium 25 mg tablet	P	\$0 Copay
leucovorin calcium 5 mg tablet	P	\$0 Copay
URINARY TRACT PROTECTIVE AGENTS USED IN CONJUNCTION WITH CHEMOTHERAPY		
Mesnax 400 mg tablet	P	SP;\$0 Copay
ANTISEPTICS AND DISINFECTANTS		
ANTISEPTIC - ALCOHOLS		
Alcohol Prep Pads	P	QL(Allowed 400 per Rx)
alcohol swabs	P	QL(Allowed 400 per Rx)
Alcohol Wipes	P	QL(Allowed 400 per Rx)
BD Alcohol Swabs	P	QL(Allowed 400 per Rx)
Curity Alcohol Swabs	P	QL(Allowed 400 per Rx)
Easy Touch Alcohol Prep Pads	P	QL(Allowed 400 per Rx)
inControl Alcohol Pads	P	QL(Allowed 400 per Rx)
Reality Swabs	P	QL(Allowed 400 per Rx)
Webcol topical pads	P	QL(Allowed 400 per Rx)
BIOLOGICALS		
ALLERGENIC EXTRACTS - GRASS POLLEN		

Drug Name	Tier	Drug Restriction
Oralair 100 index of reactivity sublingual tablet	P	AL(Between 10 And 65); QL(Allowed 3 per 1 day)
Oralair 300 IR sublingual tablet	P	AL(Between 10 And 65); QL(Allowed 1 per 1 day)
ANTIVIRAL MONOCLONAL ANTIBODIES - RESPIRATORY SYNCYTIAL VIRUS (RSV)		
Synagis 100 mg/mL intramuscular solution	P	PA; SP
Synagis 50 mg/0.5 mL intramuscular solution	P	PA; SP
HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS		
Twinrix (PF) 720 ELISA unit-20 mcg/mL intramuscular syringe	P	AL(Minimum Age 19)
HEPATITIS A VACCINE - SINGLE AGENTS		
Havrix (PF) 1,440 ELISA unit/mL intramuscular suspension	P	AL(Minimum Age 19)
Havrix (PF) 1,440 ELISA unit/mL intramuscular syringe	P	AL(Minimum Age 19)
Havrix (PF) 720 ELISA unit/0.5 mL intramuscular suspension	P	AL(Minimum Age 19)
Havrix (PF) 720 ELISA unit/0.5 mL intramuscular syringe	P	AL(Minimum Age 19)

Drug Name	Tier	Drug Restriction
Vaqta (PF) 25 unit/0.5 mL intramuscular suspension	P	AL(Minimum Age 19)
Vaqta (PF) 25 unit/0.5 mL intramuscular syringe	P	AL(Minimum Age 19)
Vaqta (PF) 50 unit/mL intramuscular suspension	P	AL(Minimum Age 19)
Vaqta (PF) 50 unit/mL intramuscular syringe	P	AL(Minimum Age 19)
HEPATITIS B VACCINES - SINGLE AGENTS		
Engerix-B (Hepatitis B) Vaccine 10 mcg/0.5 mL intramuscular syringe	P	AL(Minimum Age 19)
Engerix-B (Hepatitis B) Vaccine 20 mcg/mL intramuscular suspension	P	AL(Minimum Age 19)
Engerix-B (Hepatitis B) Vaccine 20 mcg/mL intramuscular syringe	P	AL(Minimum Age 19)
Engerix-B (PF) 20 mcg/mL intramuscular suspension	P	AL(Minimum Age 19)

Drug Name	Tier	Drug Restriction
Engerix-B (PF) 20 mcg/mL intramuscular syringe	P	AL(Minimum Age 19)
Engerix-B Pediatric (PF) 10 mcg/0.5 mL intramuscular syringe	P	AL(Minimum Age 19)
Recombivax HB (PF) 10 mcg/mL intramuscular suspension	P	AL(Minimum Age 19)
Recombivax HB (PF) 10 mcg/mL intramuscular syringe	P	AL(Minimum Age 19)
Recombivax HB (PF) 40 mcg/mL intramuscular suspension	P	AL(Minimum Age 19)
Recombivax HB (PF) 5 mcg/0.5 mL intramuscular suspension	P	AL(Minimum Age 19)
Recombivax HB (PF) 5 mcg/0.5 mL intramuscular syringe	P	AL(Minimum Age 19)
TOXOID VACCINE COMBINATIONS		
Adacel (Tdap Adolesn/Adult)(PF) 2 Lf-(2.5-5-3-5)-5 Lf/0.5 mL IM syringe	P	AL(Minimum Age 19)
Adacel (Tdap Adolesn/Adult)(PF) 2Lf-(2.5-5-3-5mcg)-5 Lf/0.5 mL IM susp	P	AL(Minimum Age 19)

Drug Name	Tier	Drug Restriction
Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular suspension	P	AL(Minimum Age 19)
Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular syringe	P	AL(Minimum Age 19)
Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular suspension	P	AL(Minimum Age 19)
Tenivac (PF) 5 Lf unit-2 Lf unit/0.5 mL intramuscular syringe	P	AL(Minimum Age 19)
VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON-ENTERIC)		
Typhim VI 25 mcg/0.5 mL intramuscular solution	P	AL(Minimum Age 2)
Typhim VI 25 mcg/0.5 mL intramuscular syringe	P	AL(Minimum Age 2)
VACCINE BACTERIAL - GRAM NEGATIVE COCCI		
Menactra (PF) 4 mcg/0.5 mL intramuscular solution	P	AL(Maximum Age 55)
Menveo A-C-Y-W-135-Dip (PF) 10 mcg-5 mcg/0.5 mL intramuscular kit	P	AL(Maximum Age 55)
VACCINE BACTERIAL - GRAM POSITIVE COCCI		

Drug Name	Tier	Drug Restriction
Pneumovax 23 25 mcg/0.5 mL injection solution	P	
Pneumovax 23 25 mcg/0.5 mL injection syringe	P	
Prevnar 13 (PF) 0.5 mL intramuscular syringe	P	
VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES		
Bexsero 50 mcg-50 mcg-50 mcg-25 mcg/0.5 mL intramuscular syringe	P	AL(Between 10 And 25)
Trumenba 120 mcg/0.5 mL intramuscular syringe	P	AL(Between 10 And 25)
VACCINE BACTERIAL - TOXIN-PRODUCING BACILLI		
BioThrax 0.5 mL/dose intramuscular suspension	P	AL(Between 18 And 65)
VACCINE VIRAL - HUMAN PAPILLOMAVIRUS (HPV) VACCINES		
Gardasil 9 (PF) 0.5 mL intramuscular suspension	P	AL(Between 19 And 45)
Gardasil 9 (PF) 0.5 mL intramuscular syringe	P	AL(Between 19 And 45)
VACCINE VIRAL - INFLUENZA A AND B		
Afluria Qd 2019-20 (36 mos up)(PF)60 mcg (15 mcg x4)/0.5 mL IM syringe	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))

Drug Name	Tier	Drug Restriction
Afluria Qd 2019-20 (6-35 mos)(PF) 30 mcg(7.5 mcgx4)/0.25 mL IM syringe	P	AL(Minimum Age 19); QL(Allowed 0.25 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Afluria Quad 2019-2020 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Fluad 2019-20 65yr up(PF)45 mcg(15 mcgx3)/0.5 mL intramuscular syringe	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Fluarix Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Flublok Quad 2019-2020 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Flucelvax Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Flucelvax Quad 2019-2020 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Flulaval Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))

Drug Name	Tier	Drug Restriction
Flulaval Quad 2019-2020 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Flumist Quad 2019-2020 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe	P	AL(Between 19 And 49); QL(Allowed 1 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Fluzone High-Dose 2019-20 (PF) 180 mcg/0.5 mL intramuscular syringe	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Fluzone Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Fluzone Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Fluzone Quad 2019-2020 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	P	AL(Minimum Age 19); QL(Allowed 0.5 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
Fluzone Quad Pedi 2019-20 (PF) 30 mcg (7.5 mcg x 4)/0.25 mL IM syringe	P	AL(Minimum Age 19); QL(Allowed 0.25 per Rx); FOT(QL (Limit 1 fill(s) per 180 days))
VACCINE VIRAL - POLIOMYELITIS		
IPOL 40 unit-8 unit-32 unit/0.5 mL suspension for injection	P	
VACCINE VIRAL - VARICELLA		

Drug Name	Tier	Drug Restriction
Shingrix (PF) 50 mcg/0.5 mL intramuscular suspension, kit	P	AL(Minimum Age 50)
Varivax (PF) 1,350 unit/0.5 mL subcutaneous suspension	P	AL(Minimum Age 1)
Zostavax (PF) 19,400 unit/0.65 mL subcutaneous suspension	P	AL(Minimum Age 50)
VACCINE VIRAL - YELLOW FEVER		
Stamaril (PF) 1,000 unit/0.5 mL subcutaneous suspension	P	
YF-Vax (PF) 10 exp4.74 unit/0.5 mL subcutaneous suspension	P	
VACCINE VIRAL COMBINATIONS		
M-M-R II (PF) 1,000-12,500 TCID50/0.5 mL subcutaneous solution	P	AL(Minimum Age 1)
CARDIOVASCULAR THERAPY AGENTS		
ANTIARRHYTHMIC - CLASS IA		
disopyramide phosphate 100 mg capsule	P	MT;\$0 Copay
disopyramide phosphate 150 mg capsule	P	MT;\$0 Copay

Drug Name	Tier	Drug Restriction
Norpace CR 150 mg capsule, extended release	P	\$0 Copay
quinidine gluconate ER 324 mg tablet, extended release	P	\$0 Copay
quinidine sulfate 200 mg tablet	P	\$0 Copay
quinidine sulfate 300 mg tablet	P	\$0 Copay
ANTIARRHYTHMIC - CLASS IB		
mexiletine 150 mg capsule	P	MT;\$0 Copay
mexiletine 200 mg capsule	P	MT;\$0 Copay
mexiletine 250 mg capsule	P	MT;\$0 Copay
ANTIARRHYTHMIC - CLASS IC		
flecainide 100 mg tablet	P	MT;\$0 Copay
flecainide 150 mg tablet	P	MT;\$0 Copay
flecainide 50 mg tablet	P	MT;\$0 Copay
propafenone 150 mg tablet	P	MT;\$0 Copay
propafenone 225 mg tablet	P	MT;\$0 Copay
propafenone 300 mg tablet	P	MT;\$0 Copay
ANTIARRHYTHMIC - CLASS III		

Drug Name	Tier	Drug Restriction
amiodarone 200 mg tablet	P	MT;\$0 Copay
dofetilide 125 mcg capsule	P	\$0 Copay
dofetilide 250 mcg capsule	P	\$0 Copay
dofetilide 500 mcg capsule	P	\$0 Copay
CARDIOVASCULAR SYMPATHOMIMETICS		
midodrine 10 mg tablet	P	
midodrine 2.5 mg tablet	P	
midodrine 5 mg tablet	P	
DIGITALIS GLYCOSIDES		
digoxin 125 mcg (0.125 mg) tablet	P	MT;\$0 Copay
digoxin 250 mcg (0.25 mg) tablet	P	MT;\$0 Copay
digoxin 50 mcg/mL (0.05 mg/mL) oral solution	P	MT;\$0 Copay
DIRECT ACTING VASODILATORS		
hydralazine 10 mg tablet	P	MT;\$0 Copay
hydralazine 100 mg tablet	P	MT;\$0 Copay
hydralazine 25 mg tablet	P	MT;\$0 Copay
hydralazine 50 mg tablet	P	MT;\$0 Copay

Drug Name	Tier	Drug Restriction
minoxidil 10 mg tablet	P	MT;\$0 Copay
minoxidil 2.5 mg tablet	P	MT;\$0 Copay
DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE		
spironolactone 100 mg tablet	P	MT;\$0 Copay
spironolactone 25 mg tablet	P	MT;\$0 Copay
spironolactone 50 mg tablet	P	MT;\$0 Copay
DIURETIC - CARBONIC ANHYDRASE INHIBITORS		
acetazolamide 125 mg tablet	P	MT;\$0 Copay
acetazolamide 250 mg tablet	P	MT;\$0 Copay
acetazolamide ER 500 mg capsule,extended release	P	MT;\$0 Copay
methazolamide 25 mg tablet	P	\$0 Copay
methazolamide 50 mg tablet	P	\$0 Copay
DIURETIC - LOOP		
bumetanide 0.5 mg tablet	P	MT;\$0 Copay
bumetanide 1 mg tablet	P	MT;\$0 Copay
bumetanide 2 mg tablet	P	MT;\$0 Copay

Drug Name	Tier	Drug Restriction
furosemide 10 mg/mL injection solution	P	\$0 Copay
furosemide 10 mg/mL injection syringe	P	\$0 Copay
furosemide 10 mg/mL oral solution	P	MT;\$0 Copay
furosemide 20 mg tablet	P	MT;\$0 Copay
furosemide 40 mg tablet	P	MT;\$0 Copay
furosemide 40 mg/5 mL (8 mg/mL) oral solution	P	MT;\$0 Copay
furosemide 80 mg tablet	P	MT;\$0 Copay
torseamide 10 mg tablet	P	MT;\$0 Copay
torseamide 100 mg tablet	P	MT;\$0 Copay
torseamide 20 mg tablet	P	MT;\$0 Copay
torseamide 5 mg tablet	P	MT;\$0 Copay
DIURETIC - POTASSIUM SPARING		
amiloride 5 mg tablet	P	QL(Allowed 4 per 1 day);\$0 Copay
DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS		
amiloride 5 mg-hydrochlorothiazide 50 mg tablet	P	QL(Allowed 1 per 1 day);\$0 Copay

Drug Name	Tier	Drug Restriction
spironolactone 25 mg- hydrochlorothiazide 25 mg tablet	P	MT;\$0 Copay
triamterene 37.5 mg- hydrochlorothiazide 25 mg capsule	P	QL(Allowed 1 per 1 day); MT;\$0 Copay
triamterene 37.5 mg- hydrochlorothiazide 25 mg tablet	P	QL(Allowed 1 per 1 day); MT;\$0 Copay
triamterene 75 mg- hydrochlorothiazide 50 mg tablet	P	QL(Allowed 1 per 1 day); MT;\$0 Copay
DIURETIC - SELECTIVE ARGININE VASOPRESSIN V2 RECEPTOR ANTAGONISTS		
Jynarque 45 mg (AM)/15 mg (PM) tablets	P	PA
Jynarque 60 mg (AM)/30 mg (PM) tablets	P	PA
Jynarque 90 mg (AM)/30 mg (PM) tablets	P	PA
DIURETIC - THIAZIDES AND RELATED		
chlorothiazide 250 mg tablet	P	QL(Allowed 2 per 1 day); MT;\$0 Copay
chlorothiazide 500 mg tablet	P	QL(Allowed 4 per 1 day); MT;\$0 Copay
chlorthalidone 25 mg tablet	P	MT;\$0 Copay
chlorthalidone 50 mg tablet	P	MT;\$0 Copay

Drug Name	Tier	Drug Restriction
hydrochlorothiazide 12.5 mg capsule	P	MT;\$0 Copay
hydrochlorothiazide 12.5 mg tablet	P	MT;\$0 Copay
hydrochlorothiazide 25 mg tablet	P	MT;\$0 Copay
hydrochlorothiazide 50 mg tablet	P	MT;\$0 Copay
indapamide 1.25 mg tablet	P	MT;\$0 Copay
indapamide 2.5 mg tablet	P	MT;\$0 Copay
metolazone 10 mg tablet	P	MT;\$0 Copay
metolazone 2.5 mg tablet	P	MT;\$0 Copay
metolazone 5 mg tablet	P	MT;\$0 Copay
PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS		
prazosin 1 mg capsule	P	MT;\$0 Copay
prazosin 2 mg capsule	P	MT;\$0 Copay
prazosin 5 mg capsule	P	MT;\$0 Copay
PERIPHERAL VASODILATORS, SINGLE AGENTS		
isoxsuprine 10 mg tablet	P	\$0 Copay
PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE		

Drug Name	Tier	Drug Restriction
epoprostenol (glycine) 0.5 mg intravenous solution	P	PA; SP;\$0 Copay
epoprostenol (glycine) 1.5 mg intravenous solution	P	PA; SP;\$0 Copay
treprostinil sodium 1 mg/mL injection solution	P	\$0 Copay
treprostinil sodium 10 mg/mL injection solution	P	\$0 Copay
treprostinil sodium 2.5 mg/mL injection solution	P	\$0 Copay
treprostinil sodium 5 mg/mL injection solution	P	\$0 Copay
Velettri 0.5 mg intravenous solution	P	PA; SP;\$0 Copay
Velettri 1.5 mg intravenous solution	P	PA; SP;\$0 Copay
PULMONARY ARTERIAL HYPERTENSION AGENTS-SELECTIVE CGMP-PDE5 INHIBITORS		
sildenafil (pulmonary hypertension) 10 mg/12.5 mL intravenous solution	P	PA; SP;\$0 Copay
CENTRAL NERVOUS SYSTEM AGENTS		
ANTI-ANXIETY AGENT - ANTIHISTAMINE TYPE		
hydroxyzine HCl 25 mg/mL intramuscular solution	P	

Drug Name	Tier	Drug Restriction
hydroxyzine HCl 50 mg/mL intramuscular solution	P	
ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES		
valproate sodium 500 mg/5 mL (100 mg/mL) intravenous solution	P	\$0 Copay
ANTICONVULSANT - PYRROLIDINE DERIVATIVES		
levetiracetam 500 mg/5 mL intravenous solution	P	\$0 Copay
ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS		
benztropine 2 mg/2 mL injection solution	P	\$0 Copay
ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC		
chlorpromazine 25 mg/mL injection solution	P	AL(Minimum Age 18);\$0 Copay
BIPOLAR THERAPY AGENTS - LITHIUM		
lithium carbonate 150 mg capsule	P	AL(Minimum Age 18);\$0 Copay
lithium carbonate 300 mg capsule	P	AL(Minimum Age 18);\$0 Copay
lithium carbonate 300 mg tablet	P	AL(Minimum Age 18);\$0 Copay
lithium carbonate 600 mg capsule	P	AL(Minimum Age 18);\$0 Copay
lithium carbonate ER 300 mg tablet, extended release	P	AL(Minimum Age 18);\$0 Copay

Drug Name	Tier	Drug Restriction
lithium carbonate ER 450 mg tablet,extended release	P	AL(Minimum Age 18);\$0 Copay
lithium citrate 8 mEq/5 mL oral solution	P	AL(Minimum Age 18);\$0 Copay
CNS STIMULANT - ANALEPTICS, METHYLYXANTHINE-TYPE		
caffeine citrate 60 mg/3 mL (20 mg/mL) oral solution	P	QL(Allowed 45 per Rx)
SEDATIVE-HYPNOTIC - ANTIHISTAMINES		
Alka-Seltzer Plus Allergy 25 mg tablet	P	QL(Allowed 4 per 1 day)
Ormir 50 mg capsule	P	QL(Allowed 4 per 1 day)
SEDATIVE-HYPNOTIC - BENZODIAZEPINES		
lorazepam 2 mg/mL injection solution	P	
lorazepam 2 mg/mL injection syringe	P	
lorazepam 4 mg/mL injection solution	P	
lorazepam 4 mg/mL injection syringe	P	
CHEMICAL DEPENDENCY, AGENTS TO TREAT		
ALCOHOL DETERRENTS		
disulfiram 250 mg tablet	P	
CHEMICALS-PHARMACEUTICAL ADJUVANTS		

Drug Name	Tier	Drug Restriction
BULK CHEMICALS		
grape flavor (bulk) liquid	P	
PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES		
NebuSal 3 % solution for nebulization	P	
sodium chloride 0.9 % for nebulization	P	
sodium chloride 10 % for nebulization	P	
sodium chloride 3 % for nebulization	P	
PHARMACEUTICAL ADJUVANT - ORAL VEHICLES		
Base, PCCA Syrup Vehicle oral liquid	P	
compounding vehicle suspension sugar-free no.12 oral	P	
Flavor Blend 2 in 1 oral suspension	P	
Flavor Plus oral suspension	P	
Flavor Sweet oral liquid	P	
Flavor Sweet-SF oral liquid	P	
MX-Sol Blend oral suspension	P	
MX-Sol Blend SF oral suspension	P	

Drug Name	Tier	Drug Restriction
MX-Sol oral liquid	P	
MX-Sol SF oral liquid	P	
MX-Sol Suspend oral	P	
Ora-Blend oral suspension	P	
Ora-Blend SF oral suspension	P	
Oral Mix oral suspension	P	
Oral Mix SF oral suspension	P	
Oral Suspend oral	P	
Oral Syrup oral liquid	P	
Oral Syrup SF oral liquid	P	
Ora-Plus oral suspension	P	
Ora-Sweet oral liquid	P	
Ora-Sweet SF oral liquid	P	
PCCA-Plus Base oral suspension	P	
simple syrup	P	

Drug Name	Tier	Drug Restriction
sorbitol 70 % solution	P	
Sweet-SF oral liquid	P	
SyrPalta Vehicle oral syrup	P	
SyrSpend SF Liquid oral suspension	P	
Syrup Vehicle SF oral solution	P	
Versa Free oral solution	P	
Versa Plus oral suspension	P	
COGNITIVE DISORDER THERAPY		
COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS		
ergoloid 1 mg tablet	P	\$0 Copay
CONTRACEPTIVES		
EMERGENCY CONTRACEPTIVES		
Aftera 1.5 mg tablet	P	\$0 Copay
EContra EZ 1.5 mg tablet	P	\$0 Copay
Econtra One-Step 1.5 mg tablet	P	\$0 Copay
Ella 30 mg tablet	P	\$0 Copay
levonorgestrel 1.5 mg tablet	P	\$0 Copay

Drug Name	Tier	Drug Restriction
My Choice 1.5 mg tablet	P	\$0 Copay
New Day 1.5 mg tablet	P	\$0 Copay
Opcicon One-Step 1.5 mg tablet	P	\$0 Copay
Option-2 1.5 mg tablet	P	\$0 Copay
React 1.5 mg tablet	P	\$0 Copay
Take Action 1.5 mg tablet	P	\$0 Copay
DERMATOLOGICAL		
DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES		
fluorouracil 0.5 % topical cream	P	QL(Allowed 30 per Rx);\$0 Copay
fluorouracil 2 % topical solution	P	QL(Allowed 10 per Rx);\$0 Copay
fluorouracil 5 % topical cream	P	QL(Allowed 40 per Rx);\$0 Copay
fluorouracil 5 % topical solution	P	QL(Allowed 10 per Rx);\$0 Copay
DERMATOLOGICAL - ANTIPERSPIRANTS		
Drysol 20 % topical solution	P	QL(Allowed 60 per Rx)
Drysol Dab-O-Matic 20 % topical solution	P	QL(Allowed 60 per Rx)
DERMATOLOGICAL - ANTISEBORRHEIC		
selenium sulfide 2.5 % lotion	P	QL(Allowed 120 per Rx)

Drug Name	Tier	Drug Restriction
DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE		
silver sulfadiazine 1 % topical cream	P	
DERMATOLOGICAL - EMOLLIENTS		
AL 12 12 % lotion	P	
AmLactin 12 % lotion	P	
ammonium lactate 12 % lotion	P	
ammonium lactate 12 % topical cream	P	
Geri-Hydrolac 12 % lotion	P	
Geri-Hydrolac 12 % topical cream	P	
Skin Treatment 12 % lotion	P	
DERMATOLOGICAL - GLUCOCORTICOID-LOCAL ANESTHETIC COMBINATIONS		
Epifoam 1 %-1 % topical	P	
DERMATOLOGICAL - INSECT REPELLENTS		
Coleman 100 Max Insect Repellent 98.11 % topical pump spray	P	
Coleman 100 Max Insect Repellent 98.11 % topical spray	P	
Coleman Botanicals Insect Repellent 30 % topical spray	P	

Drug Name	Tier	Drug Restriction
Coleman High and Dry Insect Repellent 25 % topical spray powder	P	
Coleman SkinSmart Insect Repellent 20 % topical pump spray	P	
Coleman SkinSmart Insect Repellent 20 % topical spray	P	
Coleman Sportsmen Insect Repellent 40 % topical spray	P	
Cutter Backwoods 25 % topical pump spray	P	
Cutter Backwoods 25 % topical spray	P	
Cutter Backwoods Dry 25 % topical spray	P	
Cutter Lemon Eucalyptus 30 % topical spray	P	
Cutter Natural Insect Repellent 5 %-2 %-0.4 %-0.1 % topical spray	P	
Cutter Natural Insect Repellent 2 5 %-2 % topical spray	P	
Cutter Skinsations 7 % topical spray	P	

Drug Name	Tier	Drug Restriction
Insect Repellent (DEET) 15 % topical spray	P	
Insect Repellent (picaridin) 20 % topical spray with pump	P	
Natrapel 20 % topical spray	P	
Off Active 15 % topical spray	P	
Off Deep Woods 25 % topical pump spray	P	
Off Deep Woods 25 % topical spray	P	
Off Deep Woods Dry 25 % topical spray powder	P	
Off Deep Woods Sportsmen 25 % topical spray pump	P	
Off Deep Woods Sportsmen 30 % topical spray	P	
Off Deep Woods Sportsmen 98.25 % topical spray pump	P	
Off FamilyCare (with DEET) 15 % topical spray powder	P	
Off FamilyCare (with DEET) 5 % topical spray	P	

Drug Name	Tier	Drug Restriction
Off FamilyCare (with DEET) 7 % topical spray	P	
Off FamilyCare (with picaridin) 5 % topical spray with pump	P	
Repel 100 98.11 % topical pump spray	P	
Repel Family 10 % topical spray	P	
Repel Family 15 % topical spray powder	P	
Repel Hunter's 25 % topical spray	P	
Repel Lemon Eucalyptus 30 % topical spray	P	
Repel Sportsmen 25 % topical spray	P	
Repel Sportsmen Dry 25 % topical spray	P	
Repel Sportsmen Max 40 % lotion	P	
Repel Sportsmen Max 40 % topical pump spray	P	
Repel Sportsmen Max 40 % topical spray	P	
Repel Tick Defense 15 % topical spray	P	

Drug Name	Tier	Drug Restriction
Total Home Insect Repellent 30 % topical spray	P	
Ultrathon 25 % topical spray	P	
Ultrathon 34.34 % lotion	P	
DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS		
CEROVEL 40 % lotion	P	QL(Allowed 240 per Rx)
podofilox 0.5 % topical solution	P	QL(Allowed 4 per Rx)
Rea Lo 40 % lotion	P	QL(Allowed 240 per Rx)
Rea Lo 40 topical cream	P	QL(Allowed 210 per Rx)
salicylic acid 6 % topical gel	P	QL(Allowed 40 per Rx)
urea 40 % lotion	P	QL(Allowed 240 per Rx)
urea 40 % topical cream	P	QL(Allowed 210 per Rx)
Urea-C40 40 % lotion	P	QL(Allowed 240 per Rx)
DERMATOLOGICAL - KERATOPLASTIC TAR PRODUCTS		
Anti-Dandruff (coal tar) 0.5 % shampoo	P	
Tera-Gel Tar Shampoo 0.5 %	P	
Thera-Gel 0.5 % shampoo	P	

Drug Name	Tier	Drug Restriction
Therapeutic Shampoo 0.5 %	P	
Therapeutic Shampoo 1 %	P	
Therapeutic Shampoo 2 %	P	
T-Plus 0.5 % shampoo	P	
DERMATOLOGICAL - PROTECTANTS		
zinc oxide 20 % topical ointment	P	QL(Allowed 60 per Rx)
zinc oxide topical ointment	P	QL(Allowed 60 per Rx)
DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL		
metronidazole 0.75 % lotion	P	
metronidazole 0.75 % topical cream	P	QL(Allowed 45 per Rx)
metronidazole 0.75 % topical gel	P	QL(Allowed 45 per Rx)
DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES		
dibucaine 1 % topical ointment	P	QL(Allowed 30 per Rx)
Regenecare HA 2 % topical gel	P	QL(Allowed 30 per Rx)
WOUND CARE - DRESSINGS		
Biatain 4" X 4" bandage	P	
Bioguard gauze 0.3 %-2" X 2" bandage	P	

Drug Name	Tier	Drug Restriction
Bioguard gauze 0.3 %-4" X 4" bandage	P	
Bioguard gauze 0.3 %-4.5" X 4.1 yard bandage	P	
CarraSmart 4" X 4" bandage	P	
CarraSmart Foam 4" X 4" bandage	P	
Copa Hydrophilic Foam 4" X 4" bandage	P	
Curity AMD (with polyhexamethylene) 0.2 %-2" X 2" sponge	P	
Dermalevin 4" X 4" bandage	P	
DryMax Extra 4" X 4" bandage	P	
Excilon AMD (with polyhexamethylene) 0.2 %-4" X 4" sponge	P	
Hydrocell Adhesive 4" X 4" bandage	P	
Optifoam Non-Adhesive 4" X 4" bandage	P	
Restore 4" X 4" bandage	P	
Versiva XC 4" X 4" bandage	P	
DIAGNOSTIC AGENTS		

Drug Name	Tier	Drug Restriction
DIAGNOSTIC - BLOOD TEST OTHERS		
novaMax Plus Ketone strips	P	QL(Allowed 1 per 1 day)
Precision Xtra B-Ketone strips	P	QL(Allowed 1 per 1 day)
PTS Panels Ketone strips	P	QL(Allowed 1 per 1 day)
EATING DISORDER THERAPY		
APPETITE STIMULANTS - PROGESTIN HORMONE TYPE		
megestrol 400 mg/10 mL (10 mL) oral suspension	P	\$0 Copay
megestrol 400 mg/10 mL (40 mg/mL) oral suspension	P	\$0 Copay
ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS		
AMINO ACID - CARNITINE DERIVATIVES		
levocarnitine 330 mg tablet	P	
McCarnitine 330 mg tablet	P	
B-COMPLEX VITAMIN COMBINATIONS		
B Complex Plus Vitamin C 15 mg-10 mg-50 mg-5 mg-300 mg capsule	P	QL(Allowed 1 per 1 day)
B-complex with vitamin C capsule	P	QL(Allowed 1 per 1 day)
B-complex with vitamin C tablet	P	QL(Allowed 1 per 1 day)
Dialyvite 100 mg-1 mg tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Folika-T 1 mg-100 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
Genicin Vita-S 1 mg-100 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
Lorid 1 mg-200 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
Mynephrocaps 1 mg capsule	P	QL(Allowed 1 per 1 day)
Mynephron 1 mg capsule	P	QL(Allowed 1 per 1 day)
Nephronex-SL 800 mcg-2,000 unit disintegrating tablet	P	QL(Allowed 1 per 1 day)
Renal Caps 1 mg capsule	P	QL(Allowed 1 per 1 day)
Renal Multivitamin/Zinc tablet	P	QL(Allowed 1 per 1 day)
Reno Caps 1 mg capsule	P	QL(Allowed 1 per 1 day)
Stress Formula with Iron 500 mg-400 mcg-18 mg iron tablet	P	QL(Allowed 1 per 1 day)
Stress Formula With Iron(sulf) 500 mg-400 mcg-27 mg iron tablet	P	QL(Allowed 1 per 1 day)
Stresstabs/Iron 18 mg tablet	P	QL(Allowed 1 per 1 day)
Super B/C capsule	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Synagex 1.25 mg-30 mg-5 mg capsule	P	
Triphrocaps 1 mg capsule	P	QL(Allowed 1 per 1 day)
TRONVite 1 mg-100 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
Virt-Caps 1 mg capsule	P	QL(Allowed 1 per 1 day)
Vitamin B Complex With C capsule	P	QL(Allowed 1 per 1 day)
vitamin B complex-vitamin C-folic acid 400 mcg tablet	P	QL(Allowed 1 per 1 day)
B-COMPLEX VITAMINS		
B Complex 50 tablet	P	QL(Allowed 1 per 1 day)
B Complex-Vitamin B12 tablet	P	QL(Allowed 1 per 1 day)
B-Complex tablet	P	QL(Allowed 1 per 1 day)
vitamin B complex capsule	P	QL(Allowed 1 per 1 day)
vitamin B complex tablet	P	QL(Allowed 1 per 1 day)
Vitamins B Complex capsule	P	QL(Allowed 1 per 1 day)
Vitamins B Complex tablet	P	QL(Allowed 1 per 1 day)
B-COMPLEX VITAMINS AND COMBINATIONS		

Drug Name	Tier	Drug Restriction
Rena-Vite Rx 1 mg-60 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
Vol-Care Rx 1 mg-60 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
VP-Vite Rx 1 mg-60 mg-300 mcg tablet	P	QL(Allowed 1 per 1 day)
DIETARY PRODUCT - DIETARY SUPPLEMENTS		
Dry Eye Formula 133 mg-167 mg-170 mg capsule	P	
Hair-Skin-Nail (vit A,C-biotin-Zn-Cu) 2,500 unit-100 mg-2,500 mcg cap	P	
Phlexy-Vits oral packet	P	
DILUENTS - SODIUM CHLORIDE		
sodium chloride 0.9 % injection solution	P	
ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN		
Kionex (with sorbitol) 15 gram-19.3 gram/60 mL oral suspension	P	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 mL oral susp	P	
sodium polystyrene sulfonate 15 gram/60 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
sodium polystyrene sulfonate oral powder	P	QL(Allowed 454 per Rx)
SPS (with sorbitol) 15 gram-20 gram/60 mL oral suspension	P	
SPS (with sorbitol) 30 gram-40 gram/120 mL enema	P	
GERIATRIC VITAMINS		
Eldertonix 0.5 mg-0.6 mg-7 mg-0.7 mg oral elixir	P	
IRRIGATION SOLUTIONS		
Aqua Care Sodium Chloride 0.9 % irrigation solution	P	
sodium chloride 0.9 % irrigation solution	P	
Sterile Saline 0.9 % irrigation solution	P	
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT		
Cal-Carb Forte 500 mg calcium (1,250 mg) tablet	P	
Calci-Chew 500 mg calcium (1,250 mg) tablet	P	
Calcitrate 200 mg (950 mg) tablet	P	
Calcium 500 500 mg calcium (1,250 mg) tablet	P	

Drug Name	Tier	Drug Restriction
calcium 500 mg tablet	P	
calcium carbonate 500 mg calcium (1,250 mg) chewable tablet	P	
calcium carbonate 500 mg calcium (1,250 mg) tablet	P	
calcium carbonate 500 mg/5 mL calcium (1,250 mg/5 mL) oral suspension	P	
calcium citrate 200 mg (950 mg) tablet	P	
Hi-Cal 500 mg tablet	P	
Oysco-500 500 mg calcium (1,250 mg) tablet	P	
Oyster Shell Calcium 500 500 mg calcium (1,250 mg) tablet	P	
Oyster Shell Calcium 500 mg calcium (1,250 mg) tablet	P	
Oystercal 500 mg calcium (1,250 mg) tablet	P	
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT COMBINATIONS		
Biocal 500 mg-100 unit-45 mg-800 mcg capsule	P	

Drug Name	Tier	Drug Restriction
Calcium-Vitamin D 600 mg calcium-400 unit tablet	P	QL(Allowed 2 per 1 day)
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT/VITAMIN D COMBINATIONS		
Calcium 500 + D 500 mg (1,250 mg)- 200 unit tablet	P	
Calcium 500 + D 500 mg (1,250 mg)- 400 unit tablet	P	
Calcium 500 + D 500 mg(1,250 mg)- 400 unit chewable tablet	P	
Calcium 500 mg (1,250 mg) + D3 125 unit tablet	P	
Calcium 500 With D 500 mg (1,250 mg)-400 unit tablet	P	
Calcium 600 + D(3) 600 mg (1,500 mg)- 200 unit tablet	P	QL(Allowed 2 per 1 day)
Calcium 600 + D(3) 600 mg (1,500 mg)- 400 unit tablet	P	QL(Allowed 2 per 1 day)
Calcium 600 with Vitamin D3 600 mg (1,500 mg)-200 unit tablet	P	QL(Allowed 2 per 1 day)
calcium carb- ergocalciferol (vit D2) 500 mg-125 unit tablet	P	

Drug Name	Tier	Drug Restriction
calcium carbonate 500 mg (1,250 mg)- vitamin D3 125 unit tablet	P	
calcium carbonate 500 mg (1,250 mg)- vitamin D3 200 unit tablet	P	
calcium carbonate 500 mg (1,250 mg)- vitamin D3 400 unit tablet	P	
calcium carbonate 500 mg(1,250 mg)- vitamin D3 400 unit chewable tablet	P	
calcium carbonate 600 mg (1,500 mg)- vitamin D3 200 unit tablet	P	QL(Allowed 2 per 1 day)
calcium carbonate 600 mg (1,500 mg)- vitamin D3 400 unit tablet	P	QL(Allowed 2 per 1 day)
calcium carbonate- vitamin D3 500 mg- 100 unit chewable tablet	P	
calcium carbonate- vitamin D3 600 mg (1,500 mg)-800 unit tablet	P	
Calcium with Vitamin D 600 mg (1,500 mg)-400 unit tablet	P	QL(Allowed 2 per 1 day)

Drug Name	Tier	Drug Restriction
calcium-vitamin D3 600 mg (1,500 mg)- 200 unit tablet	P	
Centrum Pro Nutrients 600 mg (1,500 mg)-800 unit tablet	P	
Hi-Cal Plus Vit D 500 mg (1,250 mg)- 200 unit tablet	P	
Os-Cal 500 + D3 500 mg (1,250 mg)- 200 unit tablet	P	
Oysco 500/D 500 mg (1,250 mg)-200 unit tablet	P	
Oyster Shell Calcium-Vit D2 250 mg (625 mg)-125 unit tablet	P	
Oyster Shell Calcium-Vit D2 500 mg (1,250 mg)-200 unit tablet	P	
Oyster Shell Calcium-Vit D2 500 mg-125 unit tablet	P	
Oyster Shell Calcium-Vitamin D3 250 mg-125 unit tablet	P	
Oyster Shell Calcium-Vitamin D3 500 mg (1,250 mg)-200 unit tablet	P	

Drug Name	Tier	Drug Restriction
Oyster Shell Calcium-Vitamin D3 500 mg (1,250 mg)-400 unit tablet	P	
Oystercal-D 500 mg (1,250 mg)-400 unit tablet	P	
Parva-Cal 500 mg calcium-200 unit tablet	P	
MINERALS AND ELECTROLYTES - IRON		
Slow Release Iron 47.5 mg iron tablet,extended release	P	
MINERALS AND ELECTROLYTES - IRON COMBINATIONS		
Stress Formula tablet	P	QL(Allowed 1 per 1 day)
MINERALS AND ELECTROLYTES - MAGNESIUM		
magnesium 400 mg (as magnesium oxide) tablet	P	
magnesium oxide 400 mg (241.3 mg magnesium) tablet	P	
MgO 400 mg (241.3 mg magnesium) tablet	P	
MINERALS AND ELECTROLYTES - ORAL ELECTROLYTES		
CeraSport 115 mg- 40 mg-40 kcal/250 mL oral liquid	P	

Drug Name	Tier	Drug Restriction
CeraSport EX1 200 mg-100 mg-20 kcal/250mL oral liquid	P	
electrolytes-dextrose oral solution	P	
Enfamil Enfalyte oral solution	P	
Naturalyte oral solution	P	
Oralyte oral solution	P	
Pediatric Electrolyte oral solution	P	
Pediatric Freezer Pops oral solution	P	
PediaVance 5.3 mEq-2.35 mEq-4.15 mEq oral concentrate in packet	P	
Rehydralyte(oral electrolytes) oral solution	P	
ReVital Freezer Pops oral solution	P	
ReVital Jell Cups oral solution	P	
ReVital Liquid Squeezers oral solution	P	
MINERALS AND ELECTROLYTES - POTASSIUM, ORAL		

Drug Name	Tier	Drug Restriction
Effer-K 25 mEq effervescent tablet	P	
K-Effervescent 25 mEq tablet	P	
Klor-Con M15 mEq tablet,extended release	P	
Klor-Con/EF 25 mEq effervescent tablet	P	
K-Prime 25 mEq effervescent tablet	P	
K-Tab 8 mEq tablet,extended release	P	MT
potassium bicarbonate-citric acid 25 mEq effervescent tablet	P	
potassium chloride 20 mEq oral packet	P	
potassium chloride 20 mEq/15 mL oral liquid	P	MT
potassium chloride 40 mEq/15 mL oral liquid	P	MT
potassium chloride ER 10 mEq capsule,extended release	P	MT
potassium chloride ER 10 mEq tablet,extended release	P	MT

Drug Name	Tier	Drug Restriction
potassium chloride ER 10 mEq tablet,extended release(part/cryst)	P	MT
potassium chloride ER 20 mEq tablet,extended release(part/cryst)	P	MT
potassium chloride ER 8 mEq capsule,extended release	P	QL(Allowed 1 per 1 day); MT
potassium chloride ER 8 mEq tablet,extended release	P	MT
MINERALS AND ELECTROLYTES - ZINC		
Orazinc 220 mg (50 mg) capsule	P	
zinc sulfate 220 mg (50 mg) capsule	P	
Zinc-220 220 mg (50 mg) capsule	P	
MULTIVITAMIN AND MINERAL COMBINATIONS		
50 Plus Adult Eye Health 250 mg-5 mg-1 mg capsule	P	
A Thru Z Select 500 mcg-250 mcg chewable tablet	P	
ABDEK Multivitamin 1,000 unit-800 mcg capsule	P	
Actical capsule	P	

Drug Name	Tier	Drug Restriction
Adult Multi plus Omega-3 200 mcg-1,000 unit-25 mg chewable tablet	P	
Adult Multivitamin Extra Vitamin D3 200 mcg chewable tablet	P	
Adult Multivitamin Gummies 200 mcg chewable tablet	P	
Adult One Daily Gummies 200 mcg chewable tablet	P	
Adult One Daily Multivitamin 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
Advanced Multi EA 22.5 mg-400 mcg-150 mcg-10 mg chewable tablet	P	
Antioxidant A/C/E/Selenium capsule	P	
AquADEKs 100 mcg-350 mcg-5 mg chewable tablet	P	
Bio-35, Gluten Free 3 mg-133 mcg-33 mcg-33 mcg capsule	P	
Biotect Plus capsule	P	
Biovol oral syrup	P	

Drug Name	Tier	Drug Restriction
Body, Hair, Skin and Nails 3 mg-133 mcg capsule	P	
Centrum 3,500 unit-18 mg-0.4 mg chewable tablet	P	
Centrum Flavor Burst Adult chewable tablet	P	
Centrum Flavor Burst Kids chewable tablet	P	
Centrum MultiGummies 80 mcg chewable tablet	P	
Centrum Silver 400 mcg-250 mcg chewable tablet	P	
Corvita 1.25 mg-2.5 mg-7 mg tablet	P	
Daily Gummies 200 mcg chewable tablet	P	
Daily Multiple tablet	P	QL(Allowed 1 per 1 day)
Daily Multivitamin 200 mcg-100 mcg-500 mcg capsule	P	
Daily Vitamin with Iron tablet	P	QL(Allowed 1 per 1 day)
Daily Vites/Iron tablet	P	QL(Allowed 1 per 1 day)
Daily-Vite tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
DEKAs Bariatric 22.5 mg-400 mcg-500 mcg-10 mg chewable tablet	P	
DEKAs Plus (folic acid) 200 mcg-1,000 mcg-10 mg capsule	P	
DEKAs Plus (folic acid) 200 mcg-1,000 mcg-10 mg chewable tablet	P	
Endur-VM Iron-Free 400 mcg tablet,extended release	P	
Endur-VM with Iron 18 mg iron-400 mcg tablet,extended release	P	
Healthy Eyes SuperVision 14,320 unit-226 mg-200 unit capsule	P	
I-Caps 280 mg-10 mg-2 mg capsule	P	
ICaps AREDS 14,320 unit-226 mg-200 unit capsule	P	
K-PAX 4.5 mg iron-200 mcg capsule	P	
K-PAX 9 mg iron-400 mcg capsule	P	
Macular Health Formula 5 mg-1 mg-7.5 mg capsule	P	

Drug Name	Tier	Drug Restriction
Maximin Pack 0.8 mg-250 mcg oral pack	P	
Mega-Marathon 100 TR tablet,extended release	P	
Men's 50+ Advanced Multivitamin 400 mcg-300 mcg capsule	P	
Men's Daily 0.4 mg-600 mcg capsule	P	
Men's Daily Gummies 200 mcg chewable tablet	P	
Men's Multivitamin Gummies 200 mcg chewable tablet	P	
Minis Multi For Her 50+ 400 mcg-80 mcg capsule	P	
Multi For Her 18 mg iron-600 mcg-40 mcg capsule	P	
Multi For Her 50 Plus 400 mcg-80 mcg capsule	P	
Multi For Him 18 mg-400 mcg-1,000 unit oral powder packet	P	
Multi-Day Plus Iron tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
multivit with min-folic acid-lutein 200 mcg-137.5 mcg chewable tablet	P	
multivitamin with iron tablet	P	QL(Allowed 1 per 1 day)
My-Vitalife capsule	P	
Ocuvite 100 mg-15 unit-2 mg-100 mg capsule	P	
Ocuvite Adult 50 Plus 250 mg-5 mg-1 mg capsule	P	
Omnicap 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
One Daily Essential 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
One Daily Gummy Vites 200 mcg chewable tablet	P	
One Daily Multivitamin with Iron 18 mg iron tablet	P	QL(Allowed 1 per 1 day)
One Daily Plus Iron tablet	P	QL(Allowed 1 per 1 day)
One Daily With Iron tablet	P	QL(Allowed 1 per 1 day)
One-A-Day Men VitaCraves 200 mcg chewable tablet	P	

Drug Name	Tier	Drug Restriction
One-A-Day VitaCraves 200 mcg chewable tablet	P	
One-A-Day Vitacraves Immunity 200 mcg chewable tablet	P	
One-A-Day Women VitaCraves 200 mcg chewable tablet	P	
Optisource 9 mg iron-200 mcg-40 mcg chewable tablet	P	
Opurity Multivitamin 30 mg iron-800 mcg chewable tablet	P	
PediaVit oral liquid	P	
PreserVision AREDS 14,320 unit-226 mg-200 unit capsule	P	
PreserVision AREDS-2 (with omega-3) 250 mg-2.5 mg-0.5 mg capsule	P	
PreserVision Lutein 226 mg-200 unit-5 mg-0.8 mg capsule	P	
Prevent capsule	P	
ProRenal QD 400 mcg-500 unit capsule	P	

Drug Name	Tier	Drug Restriction
Prosight with Lutein 60 mg-30 unit-6 mg capsule	P	
Protect Cardio AF 0.5 mg-30 mg-60 mg-90 mg capsule	P	
Protect Plus capsule	P	
Protect Plus SO 0.5 mg-15 mg capsule	P	
Protegra capsule	P	
Spectravite Adult 200 mcg chewable tablet	P	
Spectravite Adult 50 Plus(with lutein) 500 mcg-250 mcg chewable tablet	P	
Strovite Forte 10 mg-1 mg/15 mL oral liquid	P	
Super Antioxidant capsule	P	
Super Multiple 0.4 mg capsule	P	
Tab-A-Vite/Iron tablet	P	QL(Allowed 1 per 1 day)
Therems tablet	P	QL(Allowed 1 per 1 day)
Totalday Multiple tablet,extended release	P	

Drug Name	Tier	Drug Restriction
Ultra Mega Gold tablet,extended release	P	
Ultra Mega tablet,extended release	P	
Ultra Mega Two tablet,extended release	P	
V-C Forte 1 mg capsule	P	
VIC-Forte 1 mg capsule	P	
Vitalee 0.4 mg tablet	P	QL(Allowed 1 per 1 day)
Vitatum 3,500 unit-18 mg-0.4 mg chewable tablet	P	
Women's 50+ Advanced 400 mcg capsule	P	
Womens Daily Gummies 200 mcg chewable tablet	P	
Women's Multi 18 mg-600 mcg capsule	P	
Women's Multivitamin Gummies 200 mcg chewable tablet	P	
MULTIVITAMINS		
Anti-Oxidant tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Daily Multiple Vitamins with Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Daily Multi-Vitamin tablet	P	QL(Allowed 1 per 1 day)
Daily Multivitamin with Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Daily Value tablet	P	QL(Allowed 1 per 1 day)
Daily Vitamin Formula tablet	P	QL(Allowed 1 per 1 day)
Daily Vitamin Formula-Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Daily Vitamin tablet	P	QL(Allowed 1 per 1 day)
Decubi Vite 400 mcg-50 mg-500 mg capsule	P	
E-400 C-500 and Beta Carotene tablet	P	QL(Allowed 1 per 1 day)
ESSENTIAL One Daily tablet	P	QL(Allowed 1 per 1 day)
Fortavit capsule	P	
Hair-Skin-Nails (multivit-folic-biotin) 400 mcg-2,000 mcg tablet	P	QL(Allowed 1 per 1 day)
Multi-Day tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Multi-Day with Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
Multi-Delyn oral liquid	P	
Multiple Vitamin Essential tablet	P	QL(Allowed 1 per 1 day)
Multiple Vitamins tablet	P	QL(Allowed 1 per 1 day)
multivitamin tablet	P	QL(Allowed 1 per 1 day)
Multi-Vitamin tablet	P	QL(Allowed 1 per 1 day)
Once Daily tablet	P	QL(Allowed 1 per 1 day)
One Daily Essential 400 mcg tablet	P	QL(Allowed 1 per 1 day)
One Daily Essential tablet	P	QL(Allowed 1 per 1 day)
One Daily Multivitamin tablet	P	QL(Allowed 1 per 1 day)
One Daily Multivitamin with Iron (folic acid) 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
One Daily Plus Iron 18 mg-400 mcg tablet	P	QL(Allowed 1 per 1 day)
One Daily tablet	P	QL(Allowed 1 per 1 day)
Quintabs 400 mcg tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Replace capsule	P	
Super Nu-Thera oral powder	P	
Tab-A-Vite tablet	P	QL(Allowed 1 per 1 day)
Thera 400 mcg tablet	P	QL(Allowed 1 per 1 day)
Thera tablet	P	QL(Allowed 1 per 1 day)
Therapeutic tablet	P	QL(Allowed 1 per 1 day)
Thera-Tabs tablet	P	QL(Allowed 1 per 1 day)
Vita-Bob capsule	P	
Vitamax 200 mcg-200 mcg chewable tablet	P	
Vita-Plus E capsule	P	QL(Allowed 2 per 1 day)
PEDIATRIC VITAMINS		
ABDEK Multivitamin 500 unit-400 mcg/mL oral drops	P	
ANIMAL CHEWS tablet	P	QL(Allowed 1 per 1 day)
Animal Shape Vitamins chewable tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Chewable-Vite tablet	P	QL(Allowed 1 per 1 day)
Children's Chewable Multivitamin 300 mcg tablet	P	QL(Allowed 1 per 1 day)
Children's Chewable Vitamin tablet	P	QL(Allowed 1 per 1 day)
Children's Chewables 300 mcg tablet	P	QL(Allowed 1 per 1 day)
Children's Chewables with Iron 15 mg tablet	P	
Children's Multivitamin chewable tablet	P	QL(Allowed 1 per 1 day)
Childs Chew Vite tablet	P	QL(Allowed 1 per 1 day)
Dino-Life chewable tablet	P	QL(Allowed 1 per 1 day)
Flintstones Gummies chewable tablet	P	
Flintstones Gummies Omega-3 DHA 16 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Flintstones Multivitamin 300 mcg chewable tablet	P	
Flintstones Multivitamin chewable tablet	P	QL(Allowed 1 per 1 day)
Fruity Chews tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Little Animals-Iron 15 mg chewable tablet	P	
MVW Complete Formulation D3000 3,000 unit-800 mcg capsule	P	
MVW Complete Formulation D5000 5,000 unit-800 mcg capsule	P	
MVW Complete Formulation Multivitamin 1,500 unit-1,000 mcg chew tablet	P	
MVW Complete Formulation Multivitamin 1,500 unit-800 mcg capsule	P	
MVW Complete Formulation Multivitamin 750 unit-500 mcg capsule	P	
One-A-Day Teen for Her VitaCraves 300 unit-37.5 mcg chewable tablet	P	
One-A-Day Teen for Him VitaCraves 300 unit-37.5 mcg chewable tablet	P	
Pedia Poly-Vite 750 unit-35 mg-400 unit/mL oral drops	P	QL(Allowed 50 per Rx)

Drug Name	Tier	Drug Restriction
pediatric multivitamin chewable tablet	P	QL(Allowed 1 per 1 day)
Poly-Vitamins chewable tablet	P	QL(Allowed 1 per 1 day)
Vitamax 300 mcg/mL oral drops	P	
Zoo Friends chewable tablet	P	QL(Allowed 1 per 1 day)
Zoo Friends Original 300 mcg chewable tablet	P	
Zoo Friends Plus Iron 15 mg chewable tablet	P	
PEDIATRIC VITAMINS AND MINERAL COMBINATIONS		
Animal Shapes Complete 18 mg iron chewable tablet	P	
Animal Shapes Complete chewable tablet	P	QL(Allowed 1 per 1 day)
Animal Shapes Plus Iron chewable tablet	P	
AquADEKs Pediatric 400 mcg/mL oral drops	P	
Centrum Kids 18 mg iron chewable tablet	P	
Chewable-Vite with Iron tablet	P	

Drug Name	Tier	Drug Restriction
Child Chewable Vitamins with Iron 15 mg tablet	P	
Child Chewable Vitamins with Iron tablet	P	
Child Complete Multivitamin 18 mg iron chewable tablet	P	
Child Vitamin with Minerals chewable tablet	P	
Children's Chew Multivit with Iron 15 mg iron tablet	P	
Children's Chewable with Minerals tablet	P	
Children's Complete Vitamin 18 mg iron chewable tablet	P	
Children's Vitamin with Iron chewable tablet	P	
Emergen-C Kidz oral effervescent powder packet	P	
Flintstones Complete (iron) 18 mg iron chewable tablet	P	
Flintstones Complete (iron) chewable tablet	P	
Flintstones Plus Calcium chewable tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Flintstones with Iron 18 mg iron chewable tablet	P	
Fruity Chews/Iron tablet	P	
Land Before Time chewable tablet	P	
Pedia Poly-Vite with Iron 10 mg/mL oral drops	P	QL(Allowed 50 per Rx)
Polyvitamin with Iron 12 mg chewable tablet	P	
PEDIATRIC VITAMINS WITH FLUORIDE AND MINERALS COMBINATIONS		
Multi-Vit with Fluoride and Iron 0.25 mg-10 mg/mL oral drops	P	QL(Allowed 50 per Rx)
Tri-Vit with Fluoride and Iron 0.25 mg-10 mg/mL oral drops	P	QL(Allowed 50 per Rx)
PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS		
Floriva Plus (with biotin) 0.25 mg fluoride (0.55 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Floriva Plus 0.25 mg fluoride (0.55 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Multi-Vitamin With Fluoride 0.25 mg chewable tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Multi-Vitamin With Fluoride 0.25 mg/mL oral drops	P	QL(Allowed 50 per Rx)
Multivitamin With Fluoride 0.5 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multi-Vitamin With Fluoride 0.5 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multi-Vitamin With Fluoride 0.5 mg/mL oral drops	P	QL(Allowed 50 per Rx)
Multi-Vitamin With Fluoride 1 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multi-Vitamin-Fluoride (vit E acetate) 0.25 mg/mL oral drops	P	QL(Allowed 50 per Rx)
Multivitamins With Fluoride 0.25 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multivitamins With Fluoride 0.5 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multivitamins With Fluoride 1 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Multivitamins-Fluoride-Folic Acid 0.5 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Mvc-Fluoride 0.25 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Mvc-Fluoride 0.5 mg chewable tablet	P	QL(Allowed 1 per 1 day)

Drug Name	Tier	Drug Restriction
Mvc-Fluoride 1 mg chewable tablet	P	QL(Allowed 1 per 1 day)
Quflora Pediatric 0.25mg fluoride (0.55 mg) chewable tablet	P	QL(Allowed 1 per 1 day)
Quflora Pediatric 0.5 mg fluoride (1.1 mg) chewable tablet	P	QL(Allowed 1 per 1 day)
Quflora Pediatric 1 mg fluoride (2.2 mg) chewable tablet	P	QL(Allowed 1 per 1 day)
Quflora Pediatric Drops 0.25 mg fluoride (0.55 mg)/mL oral	P	QL(Allowed 50 per Rx)
Quflora Pediatric Drops 0.5 mg fluoride (1.1 mg)/mL oral	P	QL(Allowed 50 per Rx)
Tri-Vitamin With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Tri-Vitamin With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Tri-Vite With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Tri-Vite With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	P	QL(Allowed 50 per Rx)

Drug Name	Tier	Drug Restriction
Vitamins A,C,D and Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
Vitamins A,C,D and Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	P	QL(Allowed 50 per Rx)
SODIUM CHLORIDE FLUSHES		
BD PosiFlush Normal Saline 0.9 % injection syringe	P	
BD Pre-Filled Normal Saline 0.9 % injection syringe	P	
Monoject 0.9% Sodium Chloride injection syringe	P	
Monoject Prefill Advanced 0.9 % Sodium Chloride injection syringe	P	
Normal Saline Flush 0.9 % injection syringe	P	
Saline Flush injection syringe	P	
sodium chloride 0.9 % (flush) injection syringe	P	
SwabFlush 0.9 % injection syringe with alcohol swab cap	P	
Syrex Sodium Chloride 0.9 % injection syringe	P	

Drug Name	Tier	Drug Restriction
SODIUM CHLORIDE, PARENTERAL		
sodium chloride 0.9 % intravenous piggyback	P	
sodium chloride 0.9 % intravenous solution	P	
VITAMIN C COMBINATIONS		
Emergen-C 1,000 mg oral effervescent powder packet	P	
Emergen-C 500 mg chewable tablet	P	
Emergen-C Heart Health 1,000 mg-2 mg-650 mg powder effervescent packet	P	
Emergen-C Immune Plus 1,000 mg oral effervescent powder packet	P	
Emergen-C MSM Lite 1,000 mg-1,000 mg oral effervescent powder packet	P	
Emergen-C Vit D-Calcium 500 mg-500 mg-1,000 unit effervescent pwrdr pkt	P	
Essence C 1,000 mg oral effervescent powder packet	P	
Vitamin C Energy Booster 1,000 mg oral effervescent powder packet	P	

Drug Name	Tier	Drug Restriction
VITAMINS - A		
vitamin A 10,000 unit capsule	P	
vitamin A 10,000 unit tablet	P	
vitamin A 8,000 unit capsule	P	
vitamin A palmitate 10,000 unit capsule	P	
vitamin A palmitate 10,000 unit tablet	P	
VITAMINS - B PREPARATION COMBINATIONS		
B-Complex With B-12 2.5 mg-2.5 mg-5 mg-100 mcg tablet	P	QL(Allowed 1 per 1 day)
VITAMINS - B-1, THIAMINE AND DERIVATIVES		
thiamine HCl (vitamin B1) 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
thiamine HCl (vitamin B1) 50 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
thiamine mononitrate (vitamin B1) 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin B-1 (mononitrate) 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin B-1 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin B-1 250 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)

Drug Name	Tier	Drug Restriction
Vitamin B-1 50 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES		
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	P	
VITAMINS - B-2, RIBOFLAVIN AND DERIVATIVES		
riboflavin (vitamin B2) 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin B-2 100 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin B-2 50 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
VITAMINS - B-6, PYRIDOXINE AND DERIVATIVES		
Neuro-K 50 mg tablet	P	
Neuro-K-250 250 mg tablet	P	
pyridoxine (vitamin B6) 100 mg tablet	P	
pyridoxine (vitamin B6) 25 mg tablet	P	
pyridoxine (vitamin B6) 50 mg tablet	P	
Vitamin B-6 100 mg tablet	P	
Vitamin B-6 25 mg tablet	P	
Vitamin B-6 250 mg tablet	P	

Drug Name	Tier	Drug Restriction
Vitamin B-6 50 mg tablet	P	
VITAMINS - BIOTIN		
biotin 5 mg capsule	P	
Meribin 5 mg capsule	P	
VITAMINS - C, ASCORBIC ACID AND DERIVATIVES		
Acerola C-500 500 mg oral wafer	P	
Ascocid oral powder	P	
ascorbic acid (vitamin C) 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
ascorbic acid (vitamin C) 250 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
ascorbic acid (vitamin C) 500 mg chewable tablet	P	
ascorbic acid (vitamin C) 500 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
ascorbic acid (vitamin C) oral granules	P	
ascorbic acid-ascorbate sodium (vitamin C) 500 mg oral wafer	P	
Asco-Tabs-1000 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)

Drug Name	Tier	Drug Restriction
C-1000 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
C-1000 with Rose Hips 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
C-500 500 mg chewable tablet	P	
C-500 500 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
C-Buff oral powder	P	
Chewable Vitamin C 500 mg tablet	P	
Fruit C-500 500 mg chewable tablet	P	
Soothing PureWay-C 500 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C 250 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C 500 mg chewable tablet	P	
Vitamin C 500 mg oral wafer	P	
Vitamin C 500 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C 500 mg/5 mL oral syrup	P	

Drug Name	Tier	Drug Restriction
Vitamin C ER 1,000 mg tablet,extended release	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C oral powder	P	
Vitamin C with Acerola 500 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C With Rose Hips 1,000 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
Vitamin C With Rose Hips 500 mg chewable tablet	P	
Vitamin C With Rose Hips 500 mg tablet	P	QL(QL Overtime: Allowed 100 over 34 days)
VITAMINS - D DERIVATIVES		
Calcidol 8,000 unit/mL oral drops	P	
Calciferol 8,000 unit/mL oral drops	P	
cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
cholecalciferol (vitamin D3) 10 mcg (400 unit) tablet	P	
cholecalciferol (vitamin D3) 10 mcg/mL (400 unit/mL) oral drops	P	

Drug Name	Tier	Drug Restriction
cholecalciferol (vitamin D3) 125 mcg (5,000 unit) capsule	P	QL(Allowed 2 per 1 day)
cholecalciferol (vitamin D3) 25 mcg (1,000 unit) capsule	P	
cholecalciferol (vitamin D3) 25 mcg (1,000 unit) tablet	P	
cholecalciferol (vitamin D3) 400 unit chewable tablet	P	
cholecalciferol (vitamin D3) 50 mcg (2,000 unit) capsule	P	
D3-2000 50 mcg (2,000 unit) capsule	P	
D-3-5 125 mcg (5,000 unit) capsule	P	QL(Allowed 2 per 1 day)
D3-50 Cholecalciferol 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
Decara 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
Delta D3 10 mcg (400 unit) tablet	P	
Dialyvit Vitamin D 125 mcg (5,000 unit) capsule	P	QL(Allowed 2 per 1 day)

Drug Name	Tier	Drug Restriction
ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule	P	
ergocalciferol (vitamin D2) 8,000 unit/mL oral drops	P	
Just D 10 mcg/mL (400 unit/mL) oral drops	P	
Kids Vitamin D3 400 unit chewable tablet	P	
Optimal D3 1,250 mcg (50,000 unit) capsule	P	QL(Allowed 8 per 30 days)
Pedia D-Vite 10 mcg/mL (400 unit/mL) oral drops	P	
Vitamin D2 1,250 mcg (50,000 unit) capsule	P	
Vitamin D2 400 unit tablet	P	
Vitamin D3 10 mcg (400 unit) tablet	P	
Vitamin D3 25 mcg (1,000 unit) capsule	P	
Vitamin D3 25 mcg (1,000 unit) tablet	P	
Vitamin D3 400 unit chewable tablet	P	
Vitamin D3 50 mcg (2,000 unit) capsule	P	

Drug Name	Tier	Drug Restriction
VITAMINS - E		
Alph-E 400 unit capsule	P	QL(Allowed 2 per 1 day)
Alph-E-Mixed 200 unit capsule	P	QL(Allowed 2 per 1 day)
Alph-E-Mixed 400 unit capsule	P	QL(Allowed 2 per 1 day)
E-200 200 unit capsule	P	QL(Allowed 2 per 1 day)
E-400-Clear 400 unit capsule	P	QL(Allowed 2 per 1 day)
E-400-Mixed 400 unit capsule	P	QL(Allowed 2 per 1 day)
Ester-E 400 Unit capsule	P	QL(Allowed 2 per 1 day)
Formula E 400 400 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 100 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 200 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 22.5 mg (50 unit)/mL oral drops	P	
vitamin E (dl, acetate) 400 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E 100 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E 200 unit capsule	P	QL(Allowed 2 per 1 day)

Drug Name	Tier	Drug Restriction
vitamin E 400 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E acetate 200 unit capsule	P	QL(Allowed 2 per 1 day)
vitamin E mixed 400 unit capsule	P	QL(Allowed 2 per 1 day)
VITAMINS - FOLIC ACID AND DERIVATIVES		
Deplin (algal oil) 15 mg-90.314 mg capsule	P	
Deplin (algal oil) 7.5 mg-90.314 mg capsule	P	
Elfolate 15 mg tablet	P	
Elfolate 7.5 mg tablet	P	
FA-8 800 mcg tablet	P	QL(Allowed 1 per 1 day)
folic acid 1 mg tablet	P	MT
folic acid 400 mcg tablet	P	QL(Allowed 1 per 1 day)
folic acid 800 mcg tablet	P	QL(Allowed 1 per 1 day)
levomefolate 15 mg-algal oil 90.314 mg capsule	P	
levomefolate 7.5 mg-algal oil 90.314 mg capsule	P	

Drug Name	Tier	Drug Restriction
levomefolate calcium 15 mg tablet	P	
levomefolate calcium 7.5 mg tablet	P	
L-Methylfolate 15 mg tablet	P	
L-Methylfolate 7.5 mg tablet	P	
L-Methylfolate Formula 15 mg-90.314 mg capsule	P	
L-Methylfolate Formula 7.5 mg-90.314 mg capsule	P	
L-Methylfolate Forte 15 mg-90.314 mg capsule	P	
L-Methylfolate Forte 7.5 mg-90.314 mg capsule	P	
VITAMINS - K, PHYTONADIONE AND DERIVATIVES		
phytonadione (vitamin K1) 5 mg tablet	P	
ENDOCRINE		
ANTIDIURETIC AND VASOPRESSOR HORMONES		
DDAVP 0.1 mg/mL (refrigerate) nasal solution	P	QL(Allowed 5 per Rx)
desmopressin 0.1 mg tablet	P	QL(Allowed 3 per 1 day)

Drug Name	Tier	Drug Restriction
desmopressin 0.2 mg tablet	P	QL(Allowed 3 per 1 day)
desmopressin 10 mcg/spray (0.1 mL) nasal spray	P	QL(Allowed 5 per Rx)
desmopressin 10 mcg/spray (0.1 mL) nasal spray (non-refrigerated)	P	QL(Allowed 5 per Rx)
desmopressin 4 mcg/mL injection solution	P	PA; SP
ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES		
methimazole 10 mg tablet	P	MT
methimazole 5 mg tablet	P	MT
ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES		
propylthiouracil 50 mg tablet	P	MT
GLUCOCORTICOIDS		
dexamethasone sodium phosphate 4 mg/mL injection solution	P	QL(Allowed 5 per 1 day)
dexamethasone sodium phosphate 4 mg/mL injection syringe	P	QL(Allowed 5 per 1 day)
INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)		
Increlex 10 mg/mL subcutaneous solution	P	PA; SP
GASTROINTESTINAL THERAPY AGENTS		
ANTACID - ALGINATE COMBINATIONS		

Drug Name	Tier	Drug Restriction
Antacid Tablet 80 mg-20 mg chewable tablet	P	
ANTACID - ALUMINUM		
aluminum hydroxide gel 320 mg/5 mL oral suspension	P	
ANTACID - BICARBONATE		
sodium bicarbonate 325 mg tablet	P	
sodium bicarbonate 650 mg tablet	P	
ANTACID - CALCIUM		
Antacid (calcium carbonate) 200 mg calcium (500 mg) chewable tablet	P	
Antacid (calcium carbonate) 215 mg calcium (500 mg) chewable tablet	P	
Antacid (calcium carbonate) 320 mg calcium (750 mg) chewable tablet	P	
Antacid Calcium 215 mg calcium (500 mg) chewable tablet	P	
Antacid Extra Strength (calcium carb) 300 mg (750 mg) chewable tablet	P	

Drug Name	Tier	Drug Restriction
Antacid Extra-Strength 200 mg calcium (500 mg) chewable tablet	P	
Antacid Extra-Strength 300 mg (750 mg) chewable tablet	P	
Antacid Ultra Strength 400 mg calcium (1,000 mg) chewable tablet	P	
Antacid Ultra Strength 430 mg calcium (1,000 mg) chewable tablet	P	
Calcium Antacid 200 mg calcium (500 mg) chewable tablet	P	
Calcium Antacid 300 mg (750 mg) chewable tablet	P	
Calcium Antacid 320 mg calcium (750 mg) chewable tablet	P	
Calcium Antacid 400 mg calcium (1,000 mg) chewable tablet	P	
Calcium Antacid 430 mg calcium (1,000 mg) chewable tablet	P	

Drug Name	Tier	Drug Restriction
Calcium Antacid Ultra Max St 400 mg calcium (1,000 mg) chewable tablet	P	
calcium carbonate 200 mg calcium (500 mg) chewable tablet	P	
calcium carbonate 300 mg (750 mg) chewable tablet	P	
calcium carbonate 400 mg calcium (1,000 mg) chewable tablet	P	
Cal-Gest Antacid 200 mg calcium (500 mg) chewable tablet	P	
Flavor Chews Antacid 300 mg (750 mg) tablet	P	
Smooth Antacid 300 mg (750 mg) chewable tablet	P	
Tame The Flame 195 mg calcium (500 mg) chewable tablet	P	
Tums Extra Strength Smoothies 300 mg (750 mg) chewable tablet	P	
Tums Freshers 200 mg calcium (500 mg) chewable tablet	P	

Drug Name	Tier	Drug Restriction
Ultra Strength Antacid 400 mg calcium (1,000 mg) chewable tablet	P	
ANTACID - SIMETHICONE COMBINATIONS		
Advanced Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Almacone 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Almacone 200 mg-200 mg-25 mg chewable tablet	P	
Antacid 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid Anti-Gas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid Extra-Strength 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid I 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid Liquid 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid M 200 mg-200 mg-20 mg/5 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Antacid Plus Anti-Gas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid Regular Strength 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid with Simethicone 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Comfort Gel 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Geri-Lanta 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Geri-Mox Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Liquid Antacid 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Mag-Al Plus 200 mg-200 mg-20 mg/5 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Mi-Acid 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Milantex 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Mintox 200 mg-200 mg-20 mg/5 mL oral suspension	P	
Mintox Plus 200 mg-200 mg-25 mg chewable tablet	P	
Rulox 200 mg-200 mg-20 mg/5 mL oral suspension	P	
ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS		
Anti-Diarrhea 2 mg tablet	P	
Anti-Diarrheal (loperamide) 1 mg/5 mL oral liquid	P	
Anti-Diarrheal (loperamide) 2 mg capsule	P	
Anti-Diarrheal (loperamide) 2 mg tablet	P	
Diamode 2 mg tablet	P	
loperamide 1 mg/5 mL oral liquid	P	
loperamide 2 mg capsule	P	

Drug Name	Tier	Drug Restriction
loperamide 2 mg tablet	P	
ANTIDIARRHEAL - BISMUTH AGENTS		
Anti-Diarrheal 262 mg/15 mL oral suspension	P	
Bismatrol 262 mg chewable tablet	P	
Bismatrol 262 mg/15 mL oral suspension	P	
Bismatrol 525 mg/15 mL oral suspension	P	
Bismuth 262 mg chewable tablet	P	
Bismuth 262 mg tablet	P	
Bismuth Maximum Strength 525 mg/15 mL oral suspension	P	
bismuth subsalicylate 262 mg chewable tablet	P	
Diarrhea Relief (bismuth subsalicylate) 262 mg/15 mL oral suspension	P	
Digestive Relief 262 mg tablet	P	
Geri-Pectate 262 mg/15 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Kaopectate (bismuth subsalicylate) 262 mg tablet	P	
Kaopectate (bismuth subsalicylate) 262 mg/15 mL oral suspension	P	
Kaopectate Ex Str (bismuth ss) 525 mg/15 mL oral suspension	P	
Kao-Tin (bismuth subsalicylate) 262 mg/15 mL oral suspension	P	
K-Pec Antidiarrheal (bism sub) 262 mg/15 mL oral suspension	P	
Medi-Bismuth 262 mg chewable tablet	P	
Peptic Relief 262 mg chewable tablet	P	
Peptic Relief 262 mg/15 mL oral suspension	P	
Pink Bismuth 262 mg chewable tablet	P	
Pink Bismuth 262 mg tablet	P	
Pink Bismuth 262 mg/15 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Pink Bismuth 525 mg/15 mL oral suspension	P	
Pink Bismuth Maximum Strength 525 mg/15 mL oral suspension	P	
Soothe (bismuth subsalicylate) 262 mg chewable tablet	P	
Soothe (bismuth subsalicylate) 262 mg tablet	P	
Soothe Maximum Strength 525 mg/15 mL oral suspension	P	
Soothe Regular Strength 262 mg/15 mL oral suspension	P	
Stomach Relief 262 mg chewable tablet	P	
Stomach Relief 262 mg tablet	P	
Stomach Relief 262 mg/15 mL oral suspension	P	
Stomach Relief 525 mg/15 mL oral suspension	P	
Stomach Relief Max Strength 525 mg/15 mL oral suspension	P	
Stomach Relief Original 262 mg/15 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Stomach Relief Plus 525 mg/15 mL oral suspension	P	
ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS		
diphenoxylate-atropine 2.5 mg-0.025 mg tablet	P	
diphenoxylate-atropine 2.5 mg-0.025 mg/5 mL oral liquid	P	
COLONIC ACIDIFIER (AMMONIA INHIBITOR)		
lactulose 10 gram/15 mL (15 mL) oral solution	P	
GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS		
misoprostol 100 mcg tablet	P	
misoprostol 200 mcg tablet	P	
GASTROINTESTINAL ANTIFLATULENTS		
Gas Relief (simethicone) 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
Gas Relief (simethicone) 80 mg chewable tablet	P	
Gas Relief 80 80 mg chewable tablet	P	
Infants Gas Relief 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)

Drug Name	Tier	Drug Restriction
Little Remedies Gas Relief 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
Little Tummys Gas Relief 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
Mi-Acid Gas Relief (simethicone) 80 mg chewable tablet	P	
Mytab Gas (simethicone) 80 mg chewable tablet	P	
Simeped 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
simethicone 40 mg/0.6 mL oral drops,suspension	P	QL(Allowed 30 per Rx)
simethicone 80 mg chewable tablet	P	
GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS		
glycopyrrolate 1 mg tablet	P	QL(Allowed 4 per 1 day)
glycopyrrolate 2 mg tablet	P	QL(Allowed 4 per 1 day)
GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES		
dicyclomine 10 mg capsule	P	
dicyclomine 10 mg/5 mL oral solution	P	QL(Allowed 40 per 1 day)

Drug Name	Tier	Drug Restriction
dicyclomine 20 mg tablet	P	
INFLAMMATORY BOWEL AGENT - GLUCOCORTICIDS		
hydrocortisone 100 mg/60 mL enema	P	
LAXATIVE - BULK FORMING		
calcium polycarbophil 625 mg tablet	P	QL(Allowed 10 per 1 day)
Daily Fiber (psyllium-sucrose) 3.4 gram/7 gram oral powder	P	
Daily Fiber 0.52 gram capsule	P	
Fiber (calcium polycarbophil) 625 mg tablet	P	QL(Allowed 10 per 1 day)
Fiber (psyllium husk) 0.52 gram capsule	P	
Fiber (psyllium husk/sugar) 3.4 gram/11 gram oral powder	P	
Fiber (psyllium husk/sugar) 3.4 gram/12 gram oral powder	P	
Fiber (psyllium husk/sugar) 3.4 gram/7 gram oral powder	P	

Drug Name	Tier	Drug Restriction
Fiber (with aspartame) 3.4 gram/5.8 gram oral powder	P	
Fiber Laxative (calcium polycarbophil) 625 mg tablet	P	QL(Allowed 10 per 1 day)
Fiber Laxative (psyllium husk) 0.52 gram capsule	P	
Fiber Laxative (psyllium husk/sugar) 3.4 gram/7 gram oral powder	P	
Fiber Laxative (psyllium) Sugar Free oral powder	P	
Fiber Laxative-Orange oral powder	P	
fiber oral powder	P	
Fiber Smooth (with sucrose) oral powder	P	
Fiber Smooth oral powder	P	
Fiber Supplement oral powder	P	
Fiber Therapy (ca polycarbophil) 625 mg tablet	P	QL(Allowed 10 per 1 day)

Drug Name	Tier	Drug Restriction
Fiber Therapy Laxative (psyllium husk) 0.52 gram capsule	P	
Fiber-Caps (psyllium husk) 0.52 gram capsule	P	
FiberGen 625 mg tablet	P	QL(Allowed 10 per 1 day)
Fiber-Lax 625 mg tablet	P	QL(Allowed 10 per 1 day)
Fibertab 625 mg tablet	P	QL(Allowed 10 per 1 day)
Fiber-Tabs 625 mg tablet	P	QL(Allowed 10 per 1 day)
Konsyl (sugar) 3.4 gram/11 gram oral powder	P	
Konsyl (sugar) 3.4 gram/12 gram oral powder	P	
Konsyl Fiber 625 mg tablet	P	QL(Allowed 10 per 1 day)
Konsyl Sugar-Free 0.52 gram capsule	P	
Konsyl Sugar-Free 6 gram oral powder packet	P	
Medi-Mucil 0.52 gram capsule	P	
Metamucil (with sugar) 3.4 gram/12 gram oral powder	P	

Drug Name	Tier	Drug Restriction
Metamucil MultiHealth Fiber 3.4 gram/5.8 gram oral powder	P	
Metamucil Sugar- Free (aspartame) 3.4 gram/5.8 gram oral powder	P	
Multihealth Fiber (sugar) 3.4 gram/7 gram oral powder	P	
Multihealth Fiber 3.4 gram/5.8 gram oral powder	P	
Natural Daily Fiber 3.4 gram/5.8 gram oral powder	P	
Natural Fiber Laxative (aspartame) 3.4 gram/5.8 gram oral powder	P	
Natural Fiber Laxative (aspartame) oral powder	P	
Natural Fiber Laxative (sugar) 3.4 gram/11 gram oral powder	P	
Natural Fiber Laxative (sugar) 3.4 gram/12 gram oral powder	P	
Natural Fiber Laxative (sugar) 3.4 gram/7 gram oral powder	P	

Drug Name	Tier	Drug Restriction
Natural Fiber Laxative (sugar) oral powder	P	
Natural Fiber Laxative 0.52 gram capsule	P	
Natural Fiber Laxative S/F 3.4 gram/5.8 gram oral powder	P	
Natural Fiber Laxative Smooth Texture 3.4 gram/5.8 gram oral powder	P	
Natural Fiber Laxative Therapy oral powder	P	
Natural Fiber oral powder	P	
Natural Psyllium Fiber 3.4 gram/5.8 gram oral powder	P	
Natural Vegetable Fiber (with dextrose) oral powder	P	
Psyl dex oral powder	P	
psyllium husk 0.52 gram capsule	P	
psyllium husk 2.6 gram/4.1 gram oral powder	P	
Reguloid, Sugar Free oral powder	P	

Drug Name	Tier	Drug Restriction
Wal-Mucil Fiber (aspartame) 3.4 gram/5.8 gram oral powder	P	
Wal-Mucil Fiber (psyllium seed) oral powder	P	
Wal-Mucil Fiber (sugar) 3.4 gram/7 gram oral powder	P	
Wal-Mucil Fiber 0.52 gram capsule	P	
Wal-Mucil Natural Fiber Laxative 3.4 gram/12 gram oral powder	P	
LAXATIVE - LUBRICANT		
mineral oil enema	P	
LAXATIVE - SALINE AND OSMOTIC		
Citrate of Magnesia oral	P	
Citroma oral solution	P	
ClearLax 17 gram oral powder packet	P	
ClearLax 17 gram/dose oral powder	P	
Gavilax 17 gram/dose oral powder	P	
GentleLax 17 gram/dose oral powder	P	

Drug Name	Tier	Drug Restriction
glycerin (adult) rectal suppository	P	
glycerin (child) rectal suppository	P	
GlycoLax 17 gram/dose oral powder	P	
HealthyLax 17 gram oral powder packet	P	
lactulose 10 gram/15 mL oral solution	P	
lactulose 20 gram/30 mL oral solution	P	
LaxaClear 17 gram/dose oral powder	P	
Laxative (glycerin-pediatric) rectal suppository	P	
Laxative PEG 3350 17 gram oral powder packet	P	
Laxative PEG 3350 17 gram/dose oral powder	P	
magnesium citrate oral solution	P	
magnesium hydroxide 400 mg/5 mL oral suspension	P	
Milk of Magnesia 400 mg/5 mL oral suspension	P	

Drug Name	Tier	Drug Restriction
Milk Of Magnesia Concentrated 2,400 mg/10 mL oral suspension	P	
Natura-LAX 17 gram/dose oral powder	P	
Pedia-Lax 2.8 gram/2.7 mL rectal solution	P	
Phillips Milk of Magnesia 400 mg/5 mL oral suspension	P	
polyethylene glycol 3350 17 gram oral powder packet	P	
polyethylene glycol 3350 17 gram/dose oral powder	P	
Powderlax 17 gram/dose oral	P	
Purelax 17 gram oral powder packet	P	
Purelax 17 gram/dose oral powder	P	
SmoothLax 17 gram oral powder packet	P	
SmoothLax 17 gram/dose oral powder	P	
Suppository Adult rectal	P	
LAXATIVE - SALINE/OSMOTIC MIXTURES		

Drug Name	Tier	Drug Restriction
Enema 19 gram-7 gram/118 mL	P	
Enema Disposable 19 gram-7 gram/118 mL	P	
Pediatric Enema 9.5 gram-3.5 gram/59 mL	P	
peg 3350 240 gram-electrolytes 22.72 gram-6.72 g-5.84 g powdr for soln	P	
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	P	
peg-electrolyte solution 420 gram oral solution	P	
Ready-To-Use Enema 19 gram-7 gram/118 mL	P	
LAXATIVE - STIMULANT		
Alophen (bisacodyl) 5 mg tablet,delayed release	P	
Bisac-Evac 10 mg rectal suppository	P	
bisacodyl 10 mg rectal suppository	P	
bisacodyl 5 mg tablet,delayed release	P	

Drug Name	Tier	Drug Restriction
Bisa-Lax (bisacodyl) 5 mg tablet, delayed release	P	
Biscolax 10 mg rectal suppository	P	
Carter's Little Pills 5 mg tablet, delayed release	P	
castor oil 100 % oral	P	
Correct 5 mg tablet, delayed release	P	
Correctol 5 mg tablet	P	
Ducodyl (bisacodyl) 5 mg tablet, delayed release	P	
Evac-U-Gen (sennosides) 8.6 mg tablet	P	
Ex-Lax Ultra 5 mg tablet	P	
Feen-A-Mint 5 mg tablet	P	
Fleet Laxative (bisacodyl) 5 mg tablet, delayed release	P	
Gentle Laxative (bisacodyl) 10 mg rectal suppository	P	

Drug Name	Tier	Drug Restriction
Gentle Laxative (bisacodyl) 5 mg tablet, delayed release	P	
Geri-kot 8.6 mg tablet	P	
Laxative (bisacodyl) 10 mg rectal suppository	P	
Laxative (bisacodyl) 5 mg tablet	P	
Laxative (bisacodyl) 5 mg tablet, delayed release	P	
Laxative (sennosides) 17.2 mg tablet	P	
Laxative Feminine 5 mg tablet	P	
Laxative Pills Regular 15 mg tablet	P	
Medi-Lax 15 mg tablet	P	
Medi-Natural 8.6 mg tablet	P	
Natural Vegetable Laxative (sennosides) 8.6 mg tablet	P	
Perdiem Overnight Relief 15 mg tablet	P	
Senexon 8.6 mg tablet	P	

Drug Name	Tier	Drug Restriction
senna 176 mg/5 mL oral syrup	P	
senna 8.6 mg tablet	P	
senna 8.8 mg/5 mL oral syrup	P	
Senna Lax 8.6 mg tablet	P	
Senna Laxative 8.6 mg tablet	P	
Senna Soft 15 mg tablet	P	
Sennacon 8.6 mg tablet	P	
Senna-Extra 17.2 mg tablet	P	
Senno 8.6 mg tablet	P	
Senokot Extra Strength 17.2 mg tablet	P	
Stimulant Laxative 5 mg tablet	P	
The Magic Bullet 10 mg rectal suppository	P	
Vegetable Laxative 8.6 mg tablet	P	
Woman's Laxative (bisacodyl) 5 mg tablet	P	

Drug Name	Tier	Drug Restriction
Woman's Laxative (bisacodyl) 5 mg tablet, delayed release	P	
Women's Gentle Laxative (bisacodyl) 5 mg tablet	P	
Women's Gentle Laxative (bisacodyl) 5 mg tablet, delayed release	P	
Women's Laxative (bisacodyl) 5 mg tablet	P	
Women's Laxative (bisacodyl) 5 mg tablet, delayed release	P	
LAXATIVE - STIMULANT AND SURFACTANT COMBINATIONS		
casanthranol-docusate sodium 30 mg-100 mg capsule	P	
Colace 2-In-1 8.6 mg-50 mg tablet	P	
DOK Plus 8.6 mg-50 mg tablet	P	
Easy-Lax Plus 8.6 mg-50 mg tablet	P	
Laxacin 8.6 mg-50 mg tablet	P	
Laxative Plus Stool Softener 8.6 mg-50 mg tablet	P	

Drug Name	Tier	Drug Restriction
Medi-Natural Senna-Stool 8.6 mg- 50 mg tablet	P	
P-COL RITE 8.6 mg-50 mg tablet	P	
Senexon-S 8.6 mg- 50 mg tablet	P	
Senna Laxative- Stool Softener 8.6 mg-50 mg tablet	P	
Senna Plus 8.6 mg- 50 mg tablet	P	
Senna with Docusate Sodium 8.6 mg-50 mg tablet	P	
Senna-S 8.6 mg-50 mg tablet	P	
Senna-Time S 8.6 mg-50 mg tablet	P	
sennosides 8.6 mg- docusate sodium 50 mg tablet	P	
Stimulant Laxative Plus 8.6 mg-50 mg tablet	P	
Stool Softener- Laxative 8.6 mg-50 mg tablet	P	
Stool Softener- Stimulant Laxative 8.6 mg-50 mg tablet	P	
LAXATIVE - STIMULANT MIXTURES		
Veracolate tablet	P	

Drug Name	Tier	Drug Restriction
LAXATIVE - SURFACTANT		
Col-Rite 100 mg capsule	P	
Col-Rite 250 mg capsule	P	
Correctol Extra Gentle 100 mg capsule	P	
Diocto 50 mg/5 mL oral liquid	P	
Diocto 60 mg/15 mL oral syrup	P	
Doc-Q-Lace 100 mg capsule	P	
Docu 50 mg/5 mL oral liquid	P	
Docu Soft 100 mg capsule	P	
Docuprene 100 mg tablet	P	
docusate calcium 240 mg capsule	P	
docusate sodium 100 mg capsule	P	
docusate sodium 100 mg tablet	P	
docusate sodium 250 mg capsule	P	
docusate sodium 50 mg/5 mL oral liquid	P	

Drug Name	Tier	Drug Restriction
Docusil 100 mg capsule	P	
DOK 100 mg capsule	P	
DOK 100 mg tablet	P	
DOK 250 mg capsule	P	
DSS 100 mg capsule	P	
DSS 250 mg capsule	P	
DulcoEase 100 mg capsule	P	
Dulcolax Stool Softener (docusate) 100 mg capsule	P	
Kao-Tin (docusate calcium) 240 mg capsule	P	
Laxa Basic 100 mg capsule	P	
Move It Along 100 mg tablet	P	
Phillips' Liqui-Gels 100 mg capsule	P	
Promolaxin 100 mg tablet	P	
Silace 50 mg/5 mL oral liquid	P	

Drug Name	Tier	Drug Restriction
Silace 60 mg/15 mL oral syrup	P	
Sof-Lax 100 mg capsule	P	
Stool Softener (docusate calcium) 240 mg capsule	P	
Stool Softener 100 mg capsule	P	
Stool Softener 100 mg tablet	P	
Stool Softener 250 mg capsule	P	
Stool Softener 50 mg/5 mL oral liquid	P	
Stool Softener 60 mg/15 mL oral syrup	P	
Surfak 240 mg capsule	P	
PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES		
Carafate 100 mg/mL oral suspension	P	
sucralfate 1 gram tablet	P	
GENITOURINARY THERAPY		
INTERSTITIAL CYSTITIS AGENTS		
Elmiron 100 mg capsule	P	QL(Allowed 3 per 1 day)
URINARY ACIDIFIER - PHOSPHATES		

Drug Name	Tier	Drug Restriction
Av-Phos 250 Neutral 250 mg tablet	P	QL(Allowed 8 per 1 day)
Phospha 250 Neutral 250 mg tablet	P	QL(Allowed 8 per 1 day)
Phosphorous 250 mg tablet	P	QL(Allowed 8 per 1 day)
Phospho-Trin 250 Neutral 250 mg tablet	P	QL(Allowed 8 per 1 day)
Virt-Phos 250 Neutral 250 mg tablet	P	QL(Allowed 8 per 1 day)
URINARY ALKALINIZER - CITRATES		
Cytra K Crystals 3,300 mg-1,002 mg oral packet	P	
Cytra-2 500 mg-334 mg/5 mL oral solution	P	
potassium citrate ER 10 mEq (1,080 mg) tablet,extended release	P	
potassium citrate ER 5 mEq (540 mg) tablet,extended release	P	
potassium citrate-citric acid 3,300 mg-1,002 mg oral packet	P	
sodium citrate-citric acid 500 mg-334 mg/5 mL oral solution	P	

Drug Name	Tier	Drug Restriction
Taron-Crystals 3,300 mg-1,002 mg oral packet	P	
Virtrate-2 500 mg-334 mg/5 mL oral solution	P	
URINARY ANALGESICS		
phenazopyridine 100 mg tablet	P	
phenazopyridine 200 mg tablet	P	
URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS		
bethanechol chloride 10 mg tablet	P	MT
bethanechol chloride 25 mg tablet	P	MT
bethanechol chloride 5 mg tablet	P	MT
bethanechol chloride 50 mg tablet	P	MT
HEMATOLOGICAL AGENTS		
CXCR4 CHEMOKINE RECEPTOR ANTAGONISTS		
Mozobil 24 mg/1.2 mL (20 mg/mL) subcutaneous solution	P	PA; SP
DIRECT FACTOR XA INHIBITORS		
Bevyxxa 40 mg capsule	P	QL(QL Overtime: Allowed 42 over 42 days);\$0 Copay
Bevyxxa 80 mg capsule	P	QL(QL Overtime: Allowed 42 over 42 days);\$0 Copay

Drug Name	Tier	Drug Restriction
FACTOR IX COMPLEX (PROTHROMBIN COMPLEX CONCENTRATE) PREPARATIONS		
Bebulin 700 (+/-) unit intravenous solution	P	PA;\$0 Copay
FACTOR XIII PREPARATIONS		
Corifact 1,000 unit-1,600 unit intravenous solution	P	PA; SP;\$0 Copay
Tretten 2,500 unit intravenous solution	P	PA; SP;\$0 Copay
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER 400 mg tablet,extended release	P	MT;\$0 Copay
HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS		
Fibryga 1 gram (700 mg-1,300 mg) intravenous solution	P	PA;\$0 Copay
RiaSTAP 1 gram (900 mg-1,300 mg) intravenous solution	P	PA; SP;\$0 Copay
tranexamic acid 650 mg tablet	P	QL(QL Overtime: Allowed 30 over 5 days)
HEPARINS		
heparin (porcine) 1,000 unit/mL injection solution	P	\$0 Copay
heparin (porcine) 10,000 unit/mL injection solution	P	\$0 Copay
heparin (porcine) 20,000 unit/mL injection solution	P	\$0 Copay

Drug Name	Tier	Drug Restriction
heparin (porcine) 5,000 unit/mL (1 mL) injection cartridge	P	\$0 Copay
heparin (porcine) 5,000 unit/mL injection solution	P	\$0 Copay
heparin (porcine) 5,000 unit/mL injection syringe	P	\$0 Copay
heparin, porcine (PF) 1,000 unit/mL injection solution	P	\$0 Copay
heparin, porcine (PF) 5,000 unit/0.5 mL injection solution	P	\$0 Copay
heparin, porcine (PF) 5,000 unit/0.5 mL injection syringe	P	\$0 Copay
PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS		
cilostazol 100 mg tablet	P	QL(Allowed 2 per 1 day); MT;\$0 Copay
cilostazol 50 mg tablet	P	QL(Allowed 2 per 1 day); MT;\$0 Copay
PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS		
anagrelide 0.5 mg capsule	P	\$0 Copay
anagrelide 1 mg capsule	P	\$0 Copay
PLATELET AGGREGATION INHIBITORS - SALICYLATES		

Drug Name	Tier	Drug Restriction
Adult Aspirin Regimen 81 mg tablet, delayed release	P	
Aspir-81 mg tablet, delayed release	P	
aspirin 81 mg chewable tablet	P	
aspirin 81 mg tablet, delayed release	P	
Aspirin Childrens 81 mg chewable tablet	P	
Aspirin Low Dose 81 mg tablet, delayed release	P	
Aspir-Low 81 mg tablet, delayed release	P	
Bayer Chewable Low Dose Aspirin 81 mg tablet	P	
Children's Aspirin 81 mg chewable tablet	P	
Ecotrin Low Strength 81 mg tablet, enteric coated	P	
Enteric Coated Aspirin 81 mg tablet, delayed release	P	

Drug Name	Tier	Drug Restriction
Lo-Dose Aspirin 81 mg tablet, delayed release	P	
Miniprin 81 mg tablet, delayed release	P	
St Joseph Aspirin 81 mg chewable tablet	P	
SICKLE CELL ANEMIA AGENTS, OTHERS		
Droxia 200 mg capsule	P	
Droxia 300 mg capsule	P	
Droxia 400 mg capsule	P	
IMMUNOSUPPRESSIVE AGENTS		
IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS		
Prograf 5 mg/mL intravenous solution	P	PA
IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
mycophenolate 500 mg intravenous solution	P	
LOCOMOTOR SYSTEM		
ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS		
pyridostigmine bromide 60 mg tablet	P	
pyridostigmine bromide ER 180 mg tablet, extended release	P	

Drug Name	Tier	Drug Restriction
MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)		
MEDICAL SUPPLIES AND DME - GAUZE BANDAGES		
Band-Aid Gauze Pads 2" X 2" bandage	P	
Band-Aid Gauze Pads 4" X 4" bandage	P	
Band-Aid Mirasorb Gauze 4" X 4" sponge	P	
Bordered Gauze 4" X 4" bandage	P	
Curad Gauze Pad 2" X 2" bandage	P	
Curity Gauze 2" X 2" bandage	P	
Curity Gauze 2" X 2" sponge	P	
Curity Gauze 4" X 4" bandage	P	
Curity Gauze 4" X 4" sponge	P	
Dermacea 2" X 2" bandage	P	
Dermacea 2" X 2" sponge	P	
Dermacea 4" X 4" bandage	P	
Dermacea 4" X 4" sponge	P	

Drug Name	Tier	Drug Restriction
Dermacea Non-Woven 2" X 2" sponge	P	
Dermacea Non-Woven 4" X 4" sponge	P	
gauze bandage 2" X 2"	P	
gauze bandage 4" X 4"	P	
Gauze Pad 2" X 2" bandage	P	
Gauze Pad 4" X 4" bandage	P	
J and J Gauze 2" X 2" sponge	P	
J and J Gauze 4" X 4" sponge	P	
Kerlix 4" X 4" sponge	P	
Lisco 2" X 2" sponge	P	
Lisco 4" X 4" sponge	P	
Sof-Wick 4" X 4" sponge	P	
Sterile Pads 2" X 2" bandage	P	
Sterile Pads 4" X 4" bandage	P	

Drug Name	Tier	Drug Restriction
Topper Dressing Sponges 4" X 4"	P	
Versalon 2" X 2" sponge	P	
Versalon 4" X 4" sponge	P	
Versalon Nonwoven All-Purpose 2" X 2" sponge	P	
Versalon Nonwoven All-Purpose 4" X 4" sponge	P	
MEDICAL SUPPLIES AND DME - GAUZE PADS AND DRESSINGS		
Curity Cover 4" X 4" sponge	P	
Dermacea I.V. 2" X 2" sponge	P	
Excilon 4" X 4" sponge	P	
Excilon Drain 4" X 4" sponge	P	
Excilon I.V. 2" X 2" sponge	P	
Nu Gauze 4ply 4" X 4" sponge	P	
Polymem Dressing 4" X 4"	P	
Restore 2" X 2" bandage	P	

Drug Name	Tier	Drug Restriction
Restore Odor-Absorbent 4" X 4" bandage	P	
MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES		
Accu-Chek Fastclix Lancet Drum	P	
Accu-Chek Softclix Lancets	P	
Acti-Lance Lancets 17 gauge	P	
Acti-Lance Lancets 23 gauge	P	
Acti-Lance Lancets 28 gauge	P	
Adjustable Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Advanced Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Advanced Travel Lancets 30 gauge	P	
Advocate Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Advocate Rapid-Safe Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Alternate Site Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Aqua Lance Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Assure Haemolance Plus 1.2 mm	P	

Drug Name	Tier	Drug Restriction
Assure Haemolance Plus 18 gauge	P	
Assure Haemolance Plus 21 gauge	P	
Assure Haemolance Plus 25 gauge	P	
Assure Haemolance Plus 28 gauge	P	
Assure Lance 25 gauge	P	
Assure Lance 28 gauge	P	
Assure Lance Plus 21 gauge	P	
Assure Lance Plus 25 gauge	P	
Assure Lance Plus 30 gauge	P	
Auto-Lancet Mini	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Impression Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Mini kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Autolet Plus Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
BD Microtainer Lancet 1.5 mm X 2 mm	P	

Drug Name	Tier	Drug Restriction
BD Microtainer Lancet 21 gauge	P	
BD Microtainer Lancet 30 gauge	P	
BD Ultra-Fine II Lancets 30 gauge	P	
Bullseye Mini Safety Lancets 21 gauge	P	
Bullseye Mini Safety Lancets 25 gauge	P	
Bullseye Mini Safety Lancets 28 gauge	P	
Careone Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Careone Ultra Thin Lancet	P	
CareTouch Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
CareTouch Twist Lancet 30 gauge	P	
Comfort Lancets	P	
Droplet Lancets 30 gauge	P	
Droplet Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Easy Click Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Easy Mini Eject Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)

Drug Name	Tier	Drug Restriction
Easy Touch Lancets 28 gauge	P	
Easy Touch Lancets 30 gauge	P	
Easy Touch Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Easy Touch Safety Lancets 21 gauge	P	
Easy Touch Safety Lancets 28 gauge	P	
Easy Touch Safety Lancets 30 gauge	P	
Easy Touch Safety Lancets 32 gauge	P	
Easy Touch Twist Lancets 30 gauge	P	
Easy Twist and Cap Lancets 28 gauge	P	
E-Z Ject Lancets	P	
E-Z Ject Lancets 26 gauge	P	
E-Z Ject Lancets 30 gauge	P	
E-Z Ject Lancets 33 gauge	P	
E-Z Ject Thin Lancets 28 gauge	P	
Fifty50 Safety Seal Lancets 32 gauge	P	

Drug Name	Tier	Drug Restriction
Fine 30 Universal Lancets 30 gauge	P	
Fingerstix Lancets	P	
Fora Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
ForaCare Lancets 30 gauge	P	
Glucocom Lancets 33 gauge	P	
Healthy Accents Autolet Impression Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
inControl Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
inControl Super Thin Lancets 30 gauge	P	
inControl Ultra Thin Lancets 28 gauge	P	
lancets	P	
lancets 26 gauge	P	
lancets 28 gauge	P	
lancets 33 gauge	P	
Lancets, Super Thin	P	

Drug Name	Tier	Drug Restriction
Lancets,Thin	P	
Lancets,Thin 23 gauge	P	
Lancets,Ultra Thin	P	
Lancets,Ultra Thin 26 gauge	P	
lancing device	P	QL(QL Overtime: Allowed 1 over 180 days)
lancing device with lancets	P	QL(QL Overtime: Allowed 1 over 180 days)
lancing device with lancets kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Lanzo Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Lite Touch Lancets 28 gauge	P	
Lite Touch Lancets 33 gauge	P	
Lite Touch Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Medlance Plus Lancets 21 gauge	P	
Medlance Plus Lancets 25 gauge	P	
Medlance Plus Lancets 30 gauge	P	
Medlance Plus Special Blade 0.8 mm X 2 mm misc	P	

Drug Name	Tier	Drug Restriction
Micro Thin Lancets 33 gauge	P	
Microlet Lancet	P	
Microlet Next Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Mini Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Multi-Lancet Device	P	QL(QL Overtime: Allowed 1 over 180 days)
On Call Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
On Call Plus Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
OneTouch Delica Lancets 30 gauge	P	
OneTouch Delica Lancets 33 gauge	P	
OneTouch Delica Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
OneTouch UltraSoft Lancets	P	
On-The-Go Lancets 30 gauge	P	
Prodigy Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
ReliaMed Lancet 28 gauge	P	
ReliaMed Lancet 30 gauge	P	

Drug Name	Tier	Drug Restriction
ReliaMed Mini Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
ReliaMed Safety Seal Lancets 28 gauge	P	
ReliaMed Safety Seal Lancets 30 gauge	P	
ReliOn Thin Lancets 26 gauge	P	
Righest GD500 Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Righest GL300 Lancets 30 gauge	P	
Safety Lancets 28 gauge	P	
Safety Seal Lancets 30 gauge	P	
Safety-Let Lancets 30 gauge	P	
Select-Lite Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Smart Sense Lancets 21 gauge	P	
Smart Sense Lancets 26 gauge	P	
Smart Sense Lancets 33 gauge	P	
SmartDiabetes Vantage	P	QL(QL Overtime: Allowed 1 over 180 days)

Drug Name	Tier	Drug Restriction
Smartest Lancet	P	
Solus V2 Lancing Device kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Super Thin Lancets 28 gauge	P	
Super Thin Lancets 30 gauge	P	
Sure Comfort Lancing Pen	P	QL(QL Overtime: Allowed 1 over 180 days)
Sureflex Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
Sureflex Lancing Device with Lancets kit	P	QL(QL Overtime: Allowed 1 over 180 days)
Sure-Lance 28 gauge	P	
Sure-Lance Ultra Thin 30 gauge	P	
Sure-Touch Lancet	P	
TechLITE Lancets 25 gauge	P	
TechLITE Lancets 30 gauge	P	
Thin Lancets 26 gauge	P	
Topcare Universal1 Lancet	P	
True Metrix Level 1 solution	P	

Drug Name	Tier	Drug Restriction
True Metrix Level 2 solution	P	
True Metrix Level 3 solution	P	
TrueControl Level 0 solution	P	
TrueControl Level 1 solution	P	
TRUEdraw Lancing Device	P	QL(QL Overtime: Allowed 1 over 180 days)
TRUEplus Lancets 26 gauge	P	
TRUEplus Lancets 28 gauge	P	
TRUEplus Lancets 30 gauge	P	
Twist Lancets 30 gauge	P	
Twist Lancets 32 gauge	P	
Ulti-Lance misc	P	QL(QL Overtime: Allowed 1 over 180 days)
Ultilet Classic Lancets	P	
Ultilet Classic Lancets 28 gauge	P	
Ultilet Classic Lancets 30 gauge	P	
Ultilet Classic Lancets 33 gauge	P	

Drug Name	Tier	Drug Restriction
Ultilet Lancets 28 gauge	P	
Ultilet Lancets 30 gauge	P	
Ultilet Lancets 33 gauge	P	
Ultra Thin Lancets	P	
Ultra Thin Lancets 28 gauge	P	
Ultra Thin Lancets 30 gauge	P	
Ultra Thin Plus Lancets 33 gauge	P	
Unilet ComforTouch Lancet 26 gauge	P	
Unilet GP Lancet	P	
Unilet Lancet 28 gauge	P	
Unilet Lancet 33 gauge	P	
Unilet Lancets 30 gauge	P	
Unilet Super Thin Lancets 30 gauge	P	
Unistik Touch Lancets 23 gauge	P	
Universal 1 Lancets 21 gauge	P	

Drug Name	Tier	Drug Restriction
Universal 1 Lancets 26 gauge	P	
Universal 1 Lancets 30 gauge	P	
Universal 1 Lancets 33 gauge	P	
MEDICAL SUPPLIES AND DME - INSULIN NEEDLES-SYRINGES AND ADMIN SUPPLIES		
1st Tier Unifine Pentips 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
1st Tier Unifine Pentips Plus 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Advocate Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Advocate Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Advocate Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Advocate Syringes 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Advocate Syringes 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Anti-Stick Insulin 1/2 mL syringe	P	QL(Allowed 5 per 1 day)
Anti-Stick Insulin Syringe 1cc/29G	P	QL(Allowed 5 per 1 day)
Assure ID Insulin Safety 0.5 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Assure ID Insulin Safety 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Assure ID Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Assure ID Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
BD Autosield Pen Needle 29 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
BD Insulin Syringe 1 mL 25 gauge x 5/8"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 25 x 1"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 26 x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Half Unit Ultra-Fine 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Micro-Fine 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Micro-Fine 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Safety-Lok 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
BD Insulin Syringe Ultra-Fine 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Lo-Dose Micro-Fine IV 1/2 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
BD Lo-Dose Ultra-Fine 0.3 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
BD Lo-Dose Ultra-Fine 0.5 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
BD SafetyGlide Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)
BD Ultra Fine II Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Ultra Fine II Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Ultra-Fine Micro Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
BD Ultra-Fine Mini Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
BD Ultra-Fine Nano Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
BD Ultra-Fine Original Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
BD Ultra-Fine Short Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
BD Veo Insulin Syringe Ultra-Fine 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
CareFine Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
CareFine Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
CareTouch Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
CareTouch Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
CareTouch Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
CareTouch Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
CareTouch Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Clickfine Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Clickfine Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Clickfine Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Comfort EZ Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Droplet Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe Half Unit 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Insulin Syringe Half Unit 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Droplet Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
DropSafe Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
DropSafe Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Easy Comfort Pen Needles 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Easy Comfort Pen Needles 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Pen Needles 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Comfort Pen Needles 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Easy Touch 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 32 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 32 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Easy Touch 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Easy Touch FlipLock Insulin 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Easy Touch FlipLock Insulin 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Easy Touch FlipLock Insulin syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch FlipLock Insulin syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Safety Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Safety Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Safety Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1/2 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Easy Touch Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Easy Touch SheathLock Insulin 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Elite-Thin 1/2 mL 30 X 3/4" syringe	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Elite-Thin Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Elite-Thin Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Exel Insulin 0.3 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Exel Insulin 0.5 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Exel Insulin 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Exel Insulin 1/2 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
FreeStyle Precision 0.5 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
FreeStyle Precision 0.5 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
FreeStyle Precision 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
FreeStyle Precision 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 0.3 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 0.3 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 0.3 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
GlucoPro 0.5 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 0.5 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 0.5 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 1 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
GlucoPro 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
inControl Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
inControl Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 0.3 mL 29 X 1"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 0.5cc/28G	P	QL(Allowed 5 per 1 day)
Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Insulin Syringe 1/2 mL 29 X 1"	P	QL(Allowed 5 per 1 day)
Insulin Syringe MicroFine 1 mL 27 gauge x 5/8"	P	QL(Allowed 5 per 1 day)
Insulin Syringe MicroFine 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
insulin syringe U-100 with needle	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 29 gauge	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 30	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
insulin syringe U-100 with needle 1 mL 28 gauge	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 29 gauge x 7/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 30 gauge x 7/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1/2 mL 28 gauge	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1/2 mL 29	P	QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1/2 mL 30 gauge	P	QL(Allowed 5 per 1 day)
Insulin Syringe Ultrafine 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insulin Syringe Ultrafine 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insulin Syringe/Needle 1/2 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Insumed 0.3 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Insupen 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Insupen 30 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Insupen 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Insupen 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Insupen 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Insupen 32 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Insupen 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 28 gauge	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Lite Touch Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 29 gauge	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 30 gauge x 7/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 29	P	QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 30 gauge	P	QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 0.3 mL 29 x 1/2"	P	QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Magellan Insulin Safety Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Magellan Syringe 0.3 mL 30 x 5/16"	P	QL(Allowed 5 per 1 day)
Magellan Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Maxi-Comfort Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Maxi-Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Mini Ultra-Thin II 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Monoject Insulin Safety Syringe 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 25 gauge x 5/8"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 27 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Monoject Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Monoject Syringe 1/2 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Monoject Ultra Comfort Insulin 1/2 mL 28 gauge syringe	P	QL(Allowed 5 per 1 day)
NovoFine 30 30 gauge x 1/3" needle	P	QL(Allowed 5 per 1 day)
Novofine 32 32 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Novofine Autocover 30 gauge x 1/3" needle	P	QL(Allowed 5 per 1 day)
NovoFine Plus 32 gauge x 1/6" needle	P	QL(Allowed 5 per 1 day)
NovoTwist 32 gauge x 1/5" needle	P	QL(Allowed 5 per 1 day)
Pen Needle 29 gauge	P	QL(Allowed 5 per 1 day)
Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 1/3"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Pentips 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Pentips 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Pentips 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Pentips 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Pentips 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Precision 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Precision 1/2 mL 30 x 3/8" syringe	P	QL(Allowed 5 per 1 day)
Precision Sure-Dose 0.3 mL 30 x 3/8" syringe	P	QL(Allowed 5 per 1 day)
Precision Sure-Dose 1/2 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Precision Sure-Dose Insulin 0.5 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Precision Sure-Dose Insulin 1 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Precision SureDose Plus 0.3 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Pro Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 32 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Reality 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Reality Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Reality Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Reality Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
ReliOn Needles 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
ReliOn Pen Needles 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe U-100 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Sure Comfort Pen Needle 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Sure-Fine Pen Needles 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Fine Pen Needles 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Sure-Fine Pen Needles 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Sure-Ject Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 31 gauge x 15/64"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
TechLITE Pen Needle 32 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
TechLITE Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Topcare Clickfine 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Topcare Clickfine 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.3 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.3 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.3 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.5 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.5 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.5 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Topcare Ultra Comfort 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
True Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
True Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.3 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.3 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.3 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.5 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.5 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.5 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 1 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
TRUEplus Insulin 1 mL 29 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 1 mL 30 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Insulin 1/2 mL 28 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Ultracare 0.3 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Ultracare 0.3 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Ultracare 0.5 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Ultracare 0.5 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Ultracare 1 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Ultracare 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Ultracare Pen Needle 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultracare Pen Needle 31 gauge x 1/4"	P	QL(Allowed 5 per 1 day)
Ultracare Pen Needle 31 gauge x 3/16"	P	QL(Allowed 5 per 1 day)
Ultracare Pen Needle 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultracare Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Ultrilet Pen Needle 32 gauge x 5/32"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.3 mL 30	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Ultra Comfort Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 29 gauge	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 30 gauge x 7/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Ultra Comfort Insulin Syringe 1/2 mL 28 gauge	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 29	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 30 gauge	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra Fine II Insulin 1 mL 31 gauge x 5/16" syringe	P	QL(Allowed 5 per 1 day)
Ultra Fine Insulin 0.3 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Ultra Fine Insulin 0.5 mL 30 gauge x 1/2" syringe	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 0.3 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Ultra-Thin II (Short) Insulin syringe 0.3 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 0.5 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 0.5 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 1 mL 30 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 1 mL 31 gauge x 5/16"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Pen NDL 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Ultra-Thin II Insulin Pen Needles 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
Ultra-Thin II Insulin Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
Unifine Pentips 29 gauge needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 29 gauge x 1/2" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 31 gauge x 1/4" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 31 gauge x 3/16" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 31 gauge x 5/16" needle	P	QL(Allowed 5 per 1 day)
Unifine Pentips Plus 32 gauge x 5/32" needle	P	QL(Allowed 5 per 1 day)
VanishPoint Syringe 0.5 mL 30 gauge x 1/2"	P	QL(Allowed 5 per 1 day)

Drug Name	Tier	Drug Restriction
VanishPoint Syringe 1 mL 29 gauge x 1/2"	P	QL(Allowed 5 per 1 day)
MEDICAL SUPPLIES AND DME - MALE CONDOMS		
Aimscos Latex Condom	P	QL(Allowed 36 per Rx);\$0 Copay
Atlas Color Lubricated Condom	P	QL(Allowed 36 per Rx);\$0 Copay
Atlas Lub Condom- Spermicide	P	QL(Allowed 36 per Rx);\$0 Copay
Atlas Lubricated Condom	P	QL(Allowed 36 per Rx);\$0 Copay
Class Act Lubricated Condom	P	QL(Allowed 36 per Rx);\$0 Copay
Condoms-Prem Lubricated	P	QL(Allowed 36 per Rx);\$0 Copay
Fantasy Condom	P	QL(Allowed 36 per Rx);\$0 Copay
Kimono Condoms(Non- lubricated)	P	QL(Allowed 36 per Rx);\$0 Copay
Kimono Lubricated Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Kimono Maxx Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Kimono MicroThin Aqua Lube Condom	P	QL(Allowed 36 per Rx);\$0 Copay
Kimono MicroThin Large Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Kimono Textured Condoms	P	QL(Allowed 36 per Rx);\$0 Copay

Drug Name	Tier	Drug Restriction
Kimono with Aqua Lube Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Maxx Plus Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Reality Latex Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trojan Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trojan Magnum Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trojan Ribbed/Spermicidal Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trojan Very Sensistive Lubricated Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trojan Very Sensitive Spermicid Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trojan Very Thin Lubricated Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trojan Very Thin Spermicide Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trojan-Enz Lubricated Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trojan- Enz/Spermicidal Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trustex Latex Condom	P	QL(Allowed 36 per Rx);\$0 Copay

Drug Name	Tier	Drug Restriction
Trustex Lubricated Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trustex-RIA Lubricated Condoms	P	QL(Allowed 36 per Rx);\$0 Copay
Trustex-RIA Lubricated/Spermicide Condom	P	QL(Allowed 36 per Rx);\$0 Copay
MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES		
Aerochamber Mini	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber MV spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Flow-Vu	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Flow-Vu, Large Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Flow-Vu, Medium Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Flow-Vu, Small Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Z Stat Large Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
AeroChamber Plus Z Stat Medium Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
AeroChamber Plus Z Stat Small Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Z Stat spacer	P	QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Tier	Drug Restriction
Aerochamber with Flowsignal	P	QL(QL Overtime: Allowed 2 over 360 days)
AeroChamber Z-Stat Plus-Flow Signal	P	QL(QL Overtime: Allowed 2 over 360 days)
Aerovent Plus spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite MDI Spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Adult	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Child	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Infant	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Neonate	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Small Child	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite with Mask, Large	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite with Mask, Medium	P	QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite with Mask, Small	P	QL(QL Overtime: Allowed 2 over 360 days)
Clever Choice Holding Chamber- Large Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Clever Choice Holding Chamber- Medium Mask	P	QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Tier	Drug Restriction
Clever Choice Holding Chamber-Small Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber	P	QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber-Lrg Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber-Med Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber-Sm Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
EasiVent Holding Chamber	P	QL(QL Overtime: Allowed 2 over 360 days)
EasiVent Mask Large	P	QL(QL Overtime: Allowed 2 over 360 days)
EasiVent Mask Medium	P	QL(QL Overtime: Allowed 2 over 360 days)
EasiVent Mask Small	P	QL(QL Overtime: Allowed 2 over 360 days)
Flexichamber spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
InspiraChamber spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
InspiraChamber with Mask-Large	P	QL(QL Overtime: Allowed 2 over 360 days)
InspiraChamber with Mask-Med	P	QL(QL Overtime: Allowed 2 over 360 days)
InspiraChamber with Mask-Small	P	QL(QL Overtime: Allowed 2 over 360 days)
Inspirease Reservoir Bags device	P	QL(QL Overtime: Allowed 3 over 180 days)

Drug Name	Tier	Drug Restriction
Inspirease spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
LiteAire MDI Chamber	P	QL(QL Overtime: Allowed 2 over 360 days)
Microchamber spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
Microspacer	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Advantage-Lg Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Advantage-Med Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Advantage-Sml Msk device	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC with Large Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC with Medium Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC with Small Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Large Face Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Medium Face Mask	P	QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Tier	Drug Restriction
OptiChamber Small Face Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
OptiHaler Drug Delivery System spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
POCKET CHAMBER spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
Pocket Spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
Pro Comfort Spacer-Adult Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
Pro Comfort Spacer-Child Mask	P	QL(QL Overtime: Allowed 2 over 360 days)
ProChamber	P	QL(QL Overtime: Allowed 2 over 360 days)
RiteFlo Aerochamber	P	QL(QL Overtime: Allowed 2 over 360 days)
Vortex Holding Chamber	P	QL(QL Overtime: Allowed 2 over 360 days)
Vortex VHC Frog Mask-Child	P	QL(QL Overtime: Allowed 2 over 360 days)
Watchhaler spacer	P	QL(QL Overtime: Allowed 2 over 360 days)
MEDICAL SUPPLIES AND DME - URINARY CATHETERS AND RELATED DEVICES		
Curity Urethral Catheter 14 Fr	P	
MEDICAL SUPPLIES AND DME - URINE KETONE TESTS		
Chek-Stix Control strips	P	
Chemstrip K	P	

Drug Name	Tier	Drug Restriction
Ketone Urine Test strips	P	
Ketostix strips	P	
TRUEplus Ketone strips	P	
METABOLIC DISEASE ENZYME REPLACEMENT AGENTS		
METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DISEASE		
Fabrazyme 35 mg intravenous solution	P	PA; SP
Fabrazyme 5 mg intravenous solution	P	PA; SP
METABOLIC MODIFIERS		
METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS		
levocarnitine (with sugar) 100 mg/mL oral solution	P	
PHARMACOLOGICAL CHAPERONE TX - ALPHA-GALACTOSIDASE A ENZYME STABILIZER		
Galafold 123 mg capsule	P	PA; QL(Allowed 0.5 per 1 day)
MOUTH-THROAT-DENTAL - PREPARATIONS		
DENTAL PRODUCT - FLUORIDE PREPARATIONS		
Caverest 1.1 % dental gel	P	QL(Allowed 60 per Rx)
Denta 5000 Plus 1.1 % cream	P	QL(Allowed 60 per Rx)
DentaGel 1.1 %	P	QL(Allowed 60 per Rx)

Drug Name	Tier	Drug Restriction
Fluor-a-day 2.5 mg fluoride (5.56 mg sodium fluoride)/mL oral drops	P	AL(Maximum Age 15)
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15)
fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15)
fluoride 0.5 mg (1.1 mg sodium fluoride)/mL oral drops	P	AL(Maximum Age 15)
fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15)
Fluoritab 0.125 mg (0.275 mg sodium fluoride)/drop oral drops	P	AL(Maximum Age 15)
Fluoritab 0.25 mg fluoride (0.55 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15)
Fluoritab 0.5 mg fluoride (1.1 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15)
Fluoritab 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15)

Drug Name	Tier	Drug Restriction
Ludent Fluoride 0.25 mg fluoride (0.55 mg sod.fluorid) chewable tablet	P	AL(Maximum Age 15)
Ludent Fluoride 0.5 mg fluoride (1.1 mg sod.fluoride) chewable tablet	P	AL(Maximum Age 15)
Ludent Fluoride 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15)
Nafrinse 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet	P	AL(Maximum Age 15)
Nafrinse Pediatric 0.25 mg fluoride (0.55 mg sod.fluoride)/drop oral	P	AL(Maximum Age 15)
NeutraGard Advanced 1.1 % dental gel	P	QL(Allowed 60 per Rx)
SF 1.1 % dental gel	P	QL(Allowed 60 per Rx)
SF 5000 Plus 1.1 % dental cream	P	QL(Allowed 60 per Rx)
sodium fluoride 0.2 % dental solution	P	
MOUTH AND THROAT - ANTISEPTICS		
chlorhexidine gluconate 0.12 % mouthwash	P	
MOUTH AND THROAT - ARTIFICIAL SALIVA		

Drug Name	Tier	Drug Restriction
Aquoral mucosal spray	P	QL(Allowed 900 per Rx)
Caphosol mucosal solution	P	QL(Allowed 900 per Rx)
Moi-Stir mucosal spray with pump	P	QL(Allowed 900 per Rx)
Mouth Kote Spray	P	QL(Allowed 900 per Rx)
Numoisyn oral mucosal liquid	P	QL(Allowed 900 per Rx)
Oral Relief Dry Mouth mucosal spray with pump	P	QL(Allowed 900 per Rx)
MOUTH AND THROAT - GLUCOCORTICOIDS		
triamcinolone acetonide 0.1 % dental paste	P	QL(Allowed 5 per Rx)
MOUTH AND THROAT - SALIVA STIMULANTS		
Biotene Moisturizing Mouth mucosal spray	P	QL(Allowed 900 per Rx)
Dry Mouth mucosal spray	P	QL(Allowed 900 per Rx)
pilocarpine 5 mg tablet	P	QL(Allowed 6 per 1 day)
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANT COMBINATIONS		
ALTALUBE eye ointment	P	QL(Allowed 4 per Rx)
Artificial Tears (petrolatum/mineral oil) 83 %-15 % eye ointment	P	QL(Allowed 4 per Rx)

Drug Name	Tier	Drug Restriction
Artificial Tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops	P	
For Sty Relief eye ointment	P	QL(Allowed 4 per Rx)
GenTeal PM 94 %-3 % eye ointment	P	QL(Allowed 4 per Rx)
GenTeal Tears Moderate 0.1 %-0.3 %-0.2 % eye drops	P	
Hypotears eye ointment	P	QL(Allowed 4 per Rx)
Just Tears eye drops	P	
Lubricant Eye 56.8 %-41.5 % ointment	P	QL(Allowed 4 per Rx)
Lubricant Eye 57.3 %-42.5 % ointment	P	QL(Allowed 4 per Rx)
Lubricant Eye 57.7 %-31.9 % ointment	P	QL(Allowed 4 per Rx)
Lubricant Eye 83 %-15 % ointment	P	QL(Allowed 4 per Rx)
Lubrifresh PM 83 %-15 % eye ointment	P	QL(Allowed 4 per Rx)
Puralube 85 %-15 % eye ointment	P	QL(Allowed 4 per Rx)
Refresh Lacri-Lube 56.8 %-42.5 % eye ointment	P	QL(Allowed 4 per Rx)

Drug Name	Tier	Drug Restriction
Refresh P.M. 57.3 %-42.5 % eye ointment	P	QL(Allowed 4 per Rx)
Restore PM 57.3 %-42.5 % eye ointment	P	QL(Allowed 4 per Rx)
Retaine PM 80 %-20 % eye ointment	P	QL(Allowed 4 per Rx)
Soothe Night Time Lubricant 80 %-20 % eye ointment	P	QL(Allowed 4 per Rx)
Stye Lubricant 57.7 %-31.9 % eye ointment	P	QL(Allowed 4 per Rx)
Systane Nighttime 94 %-3 % eye ointment	P	QL(Allowed 4 per Rx)
Tears Again 80 %-20 % eye ointment	P	QL(Allowed 4 per Rx)
Tears Again MC eye drops	P	
Ultra Fresh PM eye ointment	P	QL(Allowed 4 per Rx)
ARTIFICIAL TEARS AND LUBRICANT SINGLE AGENTS		
Artificial Tears (polyvinyl alcohol) 1.4 % eye drops	P	QL(Allowed 15 per Rx)
LiquiTears 1.4 % eye drops	P	QL(Allowed 15 per Rx)
polyvinyl alcohol 1.4 % eye drops	P	QL(Allowed 15 per Rx)
Soothe Hydration 1.25 % eye drops	P	

Drug Name	Tier	Drug Restriction
Tears Again (PVA) 1.4 % eye drops	P	
CONTACT LENS PREPARATION - HARD/SOFT/GAS PERMEABLE PRODUCTS		
Systane Contacts eye drops	P	
OPHTHALMIC - ANTICHOLINERGICS		
atropine 1 % eye drops	P	QL(Allowed 15 per Rx)
atropine 1 % eye ointment	P	QL(Allowed 4 per Rx)
cyclopentolate 0.5 % eye drops	P	QL(Allowed 15 per Rx)
cyclopentolate 1 % eye drops	P	QL(Allowed 15 per Rx)
cyclopentolate 2 % eye drops	P	
Isopto Atropine 1 % eye drops	P	QL(Allowed 15 per Rx)
tropicamide 0.5 % eye drops	P	QL(Allowed 15 per Rx)
tropicamide 1 % eye drops	P	QL(Allowed 15 per Rx)
OPHTHALMIC - DECONGESTANTS		
Altafrin 2.5 % eye drops	P	QL(Allowed 15 per Rx)
phenylephrine 2.5 % eye drops	P	QL(Allowed 15 per Rx)
OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS		
metipranolol 0.3 % eye drops	P	\$0 Copay
OPHTHALMIC ANTIVIRALS		

Drug Name	Tier	Drug Restriction
trifluridine 1 % eye drops	P	QL(Allowed 8 per Rx)
OPHTHALMIC OTHERS		
Soothe XP 1 %-4.5 % eye drops	P	
OTIC (EAR)		
OTIC (EAR) - ANTI-INFECTIVES OTHER		
acetic acid 2 % ear solution	P	QL(Allowed 15 per Rx)
OTIC (EAR) - GLUCOCORTICOIDS		
fluocinolone acetone oil 0.01 % ear drops	P	PL(QL (Limit 1 package(s) per 30 days))
hydrocortisone-acetic acid 1 %-2 % ear drops	P	QL(Allowed 10 per Rx)
RESPIRATORY THERAPY AGENTS		
1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS		
Brotapp 1 mg-15 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 120 per Rx)
Children's Cold-Allergy (phenylephrine) 1 mg-2.5 mg/5 mL oral solution	P	AL(Maximum Age 20); QL(Allowed 120 per Rx)
Children's Dibromm Cold and Allergy 1 mg-2.5 mg/5 mL oral solution	P	AL(Maximum Age 20); QL(Allowed 120 per Rx)
Children's Wal-Tap 1 mg-15 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 120 per Rx)

Drug Name	Tier	Drug Restriction
Children's Wal-Tap Cold-Allergy 1 mg-2.5 mg/5 mL oral solution	P	AL(Maximum Age 20); QL(Allowed 120 per Rx)
Cold and Allergy (bromphen-PE) 1 mg-2.5 mg/5 mL oral solution	P	AL(Maximum Age 20); QL(Allowed 120 per Rx)
Dimaphen (PE) 1 mg-2.5 mg/5 mL oral solution	P	AL(Maximum Age 20); QL(Allowed 120 per Rx)
LoHist - D 2 mg-30 mg/5 mL oral liquid	P	AL(Maximum Age 20)
promethazine-phenylephrine 6.25 mg-5 mg/5 mL oral syrup	P	AL(Between 2 And 20); QL(Allowed 240 per Rx)
Rynex PE 1 mg-2.5 mg/5 mL oral solution	P	AL(Maximum Age 20); QL(Allowed 120 per Rx)
Rynex PSE 1 mg-15 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 120 per Rx)
Valu-Tapp 1 mg-15 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 120 per Rx)
ANTIHISTAMINES - 1ST GENERATION		
Aler-Cap 25 mg capsule	P	QL(Allowed 4 per 1 day)
Aler-Tab 25 mg tablet	P	QL(Allowed 4 per 1 day)
Aller-Chlor 4 mg tablet	P	QL(Allowed 120 per Rx)
Aller-G-Time 25 mg tablet	P	QL(Allowed 4 per 1 day)

Drug Name	Tier	Drug Restriction
Allergy (chlorpheniramine) 4 mg tablet	P	QL(Allowed 120 per Rx)
Allergy (diphenhydramine) 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Allergy (diphenhydramine) 25 mg capsule	P	QL(Allowed 4 per 1 day)
Allergy (diphenhydramine) 25 mg tablet	P	QL(Allowed 4 per 1 day)
Allergy 4-Hour 4 mg tablet	P	QL(Allowed 120 per Rx)
Allergy Medication 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Allergy Medication 25 mg capsule	P	QL(Allowed 4 per 1 day)
Allergy Medicine 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Allergy Medicine 25 mg capsule	P	QL(Allowed 4 per 1 day)
Allergy Medicine 25 mg tablet	P	QL(Allowed 4 per 1 day)
Allergy Relief (chlorpheniramine) 4 mg tablet	P	QL(Allowed 120 per Rx)
Allergy Relief (clemastine) 1.34 mg tablet	P	QL(Allowed 2 per 1 day)

Drug Name	Tier	Drug Restriction
Allergy Relief (diphenhydramine) 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Allergy Relief (diphenhydramine) 25 mg capsule	P	QL(Allowed 4 per 1 day)
Allergy Relief (diphenhydramine) 25 mg tablet	P	QL(Allowed 4 per 1 day)
Allergy-Time 4 mg tablet	P	QL(Allowed 120 per Rx)
Allerhist (clemastine) 1.34 mg tablet	P	QL(Allowed 2 per 1 day)
Anti-Hist 25 mg tablet	P	QL(Allowed 4 per 1 day)
Antihistamine Allergy 25 mg capsule	P	QL(Allowed 4 per 1 day)
Banophen 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Banophen 25 mg capsule	P	QL(Allowed 4 per 1 day)
Banophen 25 mg tablet	P	QL(Allowed 4 per 1 day)
Banophen 50 mg capsule	P	QL(Allowed 4 per 1 day)
Banophen Allergy 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)

Drug Name	Tier	Drug Restriction
Children's Allergy (diphenhydramine) 12.5 mg/5 mL oral elixir	P	QL(Allowed 240 per Rx)
Children's Allergy (diphenhydramine) 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Children's Wal-Dryl Allergy 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Children's Wal-Dryl Allergy 12.5 mg/5 mL prefilled spoon	P	QL(Allowed 240 per Rx)
ChlorHist 4 mg tablet	P	QL(Allowed 120 per Rx)
chlorpheniramine 4 mg tablet	P	QL(Allowed 120 per Rx)
ChlorTabs 4 mg tablet	P	QL(Allowed 120 per Rx)
Complete Allergy 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Complete Allergy 25 mg capsule	P	QL(Allowed 4 per 1 day)
Complete Allergy 25 mg tablet	P	QL(Allowed 4 per 1 day)
Complete Allergy Medicine 25 mg capsule	P	QL(Allowed 4 per 1 day)
Complete Allergy Medicine 25 mg tablet	P	QL(Allowed 4 per 1 day)

Drug Name	Tier	Drug Restriction
Complete Allergy Relief 25 mg tablet	P	QL(Allowed 4 per 1 day)
cyproheptadine 2 mg/5 mL oral syrup	P	
cyproheptadine 4 mg tablet	P	MT
Dayhist 1.34 mg tablet	P	QL(Allowed 2 per 1 day)
Dayhist Allergy 1.34 mg tablet	P	QL(Allowed 2 per 1 day)
Diphedryl 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Diphedryl 25 mg capsule	P	QL(Allowed 4 per 1 day)
Diphedryl 25 mg tablet	P	QL(Allowed 4 per 1 day)
Diphedryl Allergy 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Diphen 25 mg tablet	P	QL(Allowed 4 per 1 day)
Diphenhist 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Diphenhist 25 mg capsule	P	QL(Allowed 4 per 1 day)
Diphenhist 25 mg tablet	P	QL(Allowed 4 per 1 day)
diphenhydramine 12.5 mg/5 mL oral elixir	P	QL(Allowed 240 per Rx)

Drug Name	Tier	Drug Restriction
diphenhydramine 25 mg capsule	P	QL(Allowed 4 per 1 day)
diphenhydramine 25 mg tablet	P	QL(Allowed 4 per 1 day)
diphenhydramine 50 mg capsule	P	QL(Allowed 4 per 1 day)
ED Chlorped Jr 2 mg/5 mL oral syrup	P	QL(Allowed 60 per 1 day)
Ed-Chlortan 4 mg tablet	P	QL(Allowed 120 per Rx)
Genahist 25 mg capsule	P	QL(Allowed 4 per 1 day)
Geri-Dryl 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Geri-Dryl 25 mg capsule	P	QL(Allowed 4 per 1 day)
Geri-Dryl 25 mg tablet	P	QL(Allowed 4 per 1 day)
Medi-Phedryl 25 mg capsule	P	QL(Allowed 4 per 1 day)
Naramin 12.5 mg/5 mL oral liquid in packet	P	QL(Allowed 240 per Rx)
Nighttime Allergy Relief 25 mg tablet	P	QL(Allowed 4 per 1 day)
Pediacare Allergy 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Pharbechlor 4 mg tablet	P	QL(Allowed 120 per Rx)

Drug Name	Tier	Drug Restriction
Pharbedryl 25 mg capsule	P	QL(Allowed 4 per 1 day)
Pharbedryl 50 mg capsule	P	QL(Allowed 4 per 1 day)
Ryclora 2 mg/5 mL oral solution	P	
Scot-Tussin Allergy Relief 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Siladryl SA 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Silphen Cough 12.5 mg/5 mL oral syrup	P	QL(Allowed 240 per Rx)
Total Allergy Medicine 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Total Allergy Medicine 25 mg tablet	P	QL(Allowed 4 per 1 day)
Valu-Dryl Allergy 25 mg capsule	P	QL(Allowed 4 per 1 day)
Wal-Dryl Allergy 12.5 mg/5 mL oral liquid	P	QL(Allowed 240 per Rx)
Wal-Dryl Allergy 25 mg capsule	P	QL(Allowed 4 per 1 day)
Wal-Dryl Allergy 25 mg tablet	P	QL(Allowed 4 per 1 day)
Wal-Finate 4 mg tablet	P	QL(Allowed 120 per Rx)
ANTITUSSIVES - NON-OPIOID		
benzonatate 100 mg capsule	P	AL(Between 10 And 20)

Drug Name	Tier	Drug Restriction
benzonatate 200 mg capsule	P	AL(Between 10 And 20)
Children's Cough DM ER 30 mg/5 mL oral suspension,extended release	P	AL(Maximum Age 20)
Children's Robitussin ER 30 mg/5 mL oral suspension,extended release	P	AL(Maximum Age 20)
Cough DM ER 30 mg/5 mL oral suspension,extended release	P	AL(Maximum Age 20)
dextromethorphan polistirex ER 30 mg/5 mL oral susp ext.release 12hr	P	AL(Maximum Age 20)
ASTHMA THERAPY - MAST CELL STABILIZERS		
cromolyn 20 mg/2 mL solution for nebulization	P	QL(Allowed 8 per 1 day)
ASTHMA THERAPY - XANTHINES		
Elixophyllin 80 mg/15 mL oral elixir	P	
Theo-24 100 mg capsule,extended release	P	
Theo-24 200 mg capsule,extended release	P	
Theo-24 300 mg capsule,extended release	P	

Drug Name	Tier	Drug Restriction
Theo-24 400 mg capsule,extended release	P	
theophylline 80 mg/15 mL oral elixir	P	QL(Allowed 475 per Rx); MT
theophylline 80 mg/15 mL oral solution	P	QL(Allowed 475 per Rx); MT
theophylline ER 100 mg tablet,extended release,12 hr	P	MT
theophylline ER 200 mg tablet,extended release,12 hr	P	MT
theophylline ER 300 mg tablet,extended release,12 hr	P	MT
theophylline ER 400 mg tablet,extended release 24 hr	P	MT
theophylline ER 450 mg tablet,extended release,12 hr	P	
theophylline ER 600 mg tablet,extended release 24 hr	P	MT
CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR		
Kalydeco 150 mg tablet	P	PA; SP
Kalydeco 50 mg oral granules in packet	P	PA; SP

Drug Name	Tier	Drug Restriction
Kalydeco 75 mg oral granules in packet	P	PA; SP
CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB		
Orkambi 100 mg-125 mg oral granules in packet	P	PA; SP
Orkambi 100 mg-125 mg tablet	P	PA; SP
Orkambi 150 mg-188 mg oral granules in packet	P	PA; SP
Orkambi 200 mg-125 mg tablet	P	PA; SP
Symdeko 100 mg-150 mg (day)/150 mg (night) tablets	P	PA
DECONGESTANT-EXPECTORANT COMBINATIONS		
ED Bron GP 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Mucus D 60 mg-600 mg tablet,extended release	P	AL(Maximum Age 20)
Mucus Relief D (pseudoephed) 60 mg-600 mg tablet,extended release	P	AL(Maximum Age 20)
pseudoephedrine-guaifenesin ER 60 mg-600 mg tablet,extend release 12hr	P	AL(Maximum Age 20)
DECONGESTANT-NSAID ANALGESIC, COX NON-SPECIFIC		

Drug Name	Tier	Drug Restriction
Cold and Sinus Pain Relief 30 mg-200 mg tablet	P	AL(Maximum Age 20)
Cold-Sinus Relief 30 mg-200 mg tablet	P	AL(Maximum Age 20)
Ibuprofen Cold-Sinus (with pseudoephedrine) 30 mg-200 mg tablet	P	AL(Maximum Age 20)
Wal-Profen Cold-Sinus 30 mg-200 mg tablet	P	AL(Maximum Age 20)
Wal-Profen D Cold and Sinus 30 mg-200 mg tablet	P	AL(Maximum Age 20)
EXPECTORANTS - SINGLE AGENTS, GENERAL		
Adult Tussin Chest Congestion 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Adult Wal-Tussin 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Altarussin 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Buckley's Chest Congestion Mixture 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Child Mucus Relief Expectorant 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Children's Chest Congestion 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Children's Mucinex Chest Congestion 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Cough Control (guaifenesin) 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Cough Syrup 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Diabetic Siltussin DAS-Na 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Diabetic Tussin EX 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Expectorant 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Expectorant Cough Syrup 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Geri-Tussin 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
guaifenesin 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
guaifenesin ER 1,200 mg tablet, extended release 12 hr	P	AL(Maximum Age 20)
Medifin Expectorant Mucus Rlf 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Mucus Relief 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Mucus Relief ER 1,200 mg tablet, extended release	P	AL(Maximum Age 20)
Mucus Relief ER 600 mg tablet, extended release	P	AL(Maximum Age 20)
Mucus Relief ER 600 mg tablet,extended release	P	AL(Maximum Age 20)
Mucus-ER MAX 1,200 mg tablet, extended release	P	AL(Maximum Age 20)
Robafen 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Robitussin Mucus- Chest Congestion 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Scot-Tussin Expectorant 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Siltussin DAS 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Siltussin SA 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Tussin 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Tussin Chest Congestion 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Tussin Expectorant 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Tussin Mucus-Chest Congestion 100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
MUCOLYTICS		
acetylcysteine 100 mg/mL (10 %) solution	P	
acetylcysteine 200 mg/mL (20 %) solution	P	
Pulmozyme 1 mg/mL solution for inhalation	P	PA; SP
NASAL ANTIBIOTICS		
Bactroban Nasal 2 % ointment	P	
NASAL SYMPATHOMIMETIC DECONGESTANTS (INTRANASAL)		
Adrenalin 1 mg/mL nasal solution	P	AL(Maximum Age 20)
NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHIST.-DECONGEST-ANALGESIC, NON-SALICYLAT		
Daytime-Nighttime 10-5-325mg(d)/15-325-6.25mg capsules	P	QL(Allowed 2 per 1 day)
NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE-ANALGESIC, NON-SALICYLATE		
Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL(Maximum Age 20)
Contac Cold-Flu Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Cough-Sore Throat Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL(Maximum Age 20)
Night Time Cold 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL(Maximum Age 20)
Night Time Cold-Flu 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL(Maximum Age 20)
Night Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL(Maximum Age 20)
Nighttime Cold Medicine 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL(Maximum Age 20)
Nite Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL(Maximum Age 20)
Nite-Time 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL(Maximum Age 20)
Nitetime Multi-Symptom 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	AL(Maximum Age 20)
NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE-DECONGESTANT COMBINATIONS		
brompheniramine-pseudoephedrine-DM 2 mg-30 mg-10 mg/5 mL oral syrup	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Brotapp DM 1 mg-15 mg-5 mg/5 mL oral elixir	P	AL(Maximum Age 20)
Ed A-Hist DM 4 mg-10 mg-15 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Kidkare Cough/Cold 1 mg-15 mg-5 mg/5 mL oral liquid	P	AL(Maximum Age 20)
NoHist-DM 4 mg-10 mg-15 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Pedia Relief Cough-Cold 1 mg-15 mg-5 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Pediatric Cough and Cold 1 mg-15 mg-5 mg/5 mL oral liquid	P	AL(Maximum Age 20)
NON-OPIOID ANTTUSSIVE-ANALGESIC, NON-SALICYLATE COMBINATIONS		
Child Cough and Sore Throat 160 mg-5 mg/5 mL oral suspension	P	AL(Maximum Age 20)
NON-OPIOID ANTTUSSIVE-ANTIHISTAMINE COMBINATIONS		
promethazine-DM 6.25 mg-15 mg/5 mL oral syrup	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
NON-OPIOID ANTTUSSIVE-DECONGESTANT COMBINATIONS		
Children's Cold-Cough Daytime 2.5 mg-5 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
Cold and Cough (pe-dm) 2.5 mg-5 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)

Drug Name	Tier	Drug Restriction
Pediacare Multi-Symptom Cold 2.5 mg-5 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
Triacting Cough and Cold 2.5 mg-5 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
Triaminic Cold and Cough (PE) 2.5 mg-5 mg/5 mL oral liquid	P	AL(Maximum Age 20)
NON-OPIOID ANTTUSSIVE-DECONGESTANT-ANALGESIC, NON-SALICYLATE COMB		
Alka-Seltzer Plus Day 5 mg-10 mg-325 mg capsule	P	AL(Maximum Age 20)
Alka-Seltzer Plus Sinus-Cough 5 mg-10 mg-325 mg capsule	P	AL(Maximum Age 20)
Cold-Flu Relief 5 mg-10 mg-325 mg capsule	P	AL(Maximum Age 20)
Day Time PE 5 mg-10 mg-325 mg capsule	P	AL(Maximum Age 20)
DayTime 5 mg-10 mg-325 mg capsule	P	AL(Maximum Age 20)
Daytime Cold and Flu Relief (phenylephrine) 5 mg-10 mg-325 mg capsule	P	AL(Maximum Age 20)
Mucinex Fast-Max Congestion-Headache 5 mg-10 mg-325 mg capsule	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Mucinex Fast-Max Severe Cold and Sinus 5 mg-10 mg-325 mg capsule	P	AL(Maximum Age 20)
Robitussin Cold-Flu Day 5 mg-10 mg-325 mg capsule	P	AL(Maximum Age 20)
Vicks DayQuil Cold and Flu Relief 5 mg-10 mg-325 mg capsule	P	AL(Maximum Age 20)
NON-OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS		
Adult Cough Formula DM Max 10 mg-200 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Adult Robitussin Peak Cold DM 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Adult Tussin Cough Congestion DM 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Adult Tussin DM 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Adult Wal-Tussin DM Max 10 mg-200 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Altarussin DM 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Antitussive DM 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Antitussive DM 15 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Biocotron 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Chest Congestion Relief DM 20 mg-400 mg tablet	P	AL(Maximum Age 20)
Chest Congestion-Cough Relief 20 mg-400 mg tablet	P	AL(Maximum Age 20)
Child Chest Congestion-Cough 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Child Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Child Robitussin Cough-Chest DM 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Children Delsym Cough+Chest Congestion DM 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Children's Cough 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Children's Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Children's Mucinex Cough 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Cough Control DM 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Cough Control DM Max 10 mg-200 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Cough Formula DM 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Cough Suppressant-Expectorant 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Cough Syrup DM 10 mg-100 mg/5 mL	P	AL(Maximum Age 20)
Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Delsym Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
dextromethorphan-guaifenesin 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
dextromethorphan-guaifenesin 20 mg-400 mg tablet	P	AL(Maximum Age 20)
Diabetic Siltussin-DM 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Diabetic Siltussin-DM Max Str 10 mg-200 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Diabetic Tussin DM 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Diabetic Tussin DM 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Diabetic Tussin DM 10 mg-200 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Diabetic Tussin Max St 10 mg-200 mg/5 mL oral liquid	P	AL(Maximum Age 20)
DM Max 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Fenesin DM IR 20 mg-400 mg tablet	P	AL(Maximum Age 20)
Geri-Tussin DM 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
G-Tron 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Guaiaorb DM 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Guaicon DMS 20 mg-200 mg/10 mL oral liquid in packet	P	AL(Maximum Age 20)
Medi-Tussin DM 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Medi-Tussin DM Diabetic 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Mucinex Fast-Max DM Max 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Mucosa DM 20 mg-400 mg tablet	P	AL(Maximum Age 20)
Mucus and Cough Relief 20 mg-400 mg tablet	P	AL(Maximum Age 20)
Mucus DM 30 mg-600 mg tablet,extended release	P	AL(Maximum Age 20)
Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Mucus Relief DM 20 mg-400 mg tablet	P	AL(Maximum Age 20)
Mucus Relief DM Cough 20 mg-400 mg tablet	P	AL(Maximum Age 20)
Mucus Relief DM Max 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Recofen D 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Refenesen DM 20 mg-400 mg tablet	P	AL(Maximum Age 20)
Robafen DM 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Robafen DM Cough 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Robafen DM Cough-Chest Congestion 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Robitussin Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Safe Tussin DM 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Siltussin DM DAS 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Siltussin-DM 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Sorbugen NR 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Tab Tussin DM 20 mg-400 mg tablet	P	AL(Maximum Age 20)
Tolu-Sed DM 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Tusnel Diabetic 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Tussin Cough and Chest Congestion 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Tussin DM 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Tussin DM 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Tussin DM 20 mg-400 mg tablet	P	AL(Maximum Age 20)
Tussin DM Clear 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Tussin DM Cough 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Tussin DM Cough and Chest 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Tussin DM Max 10 mg-200 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Wal-Tussin DM 10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20)
Zyncof 20 mg-400 mg tablet	P	AL(Maximum Age 20)
OPIOID ANTTUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS		
promethazine 6.25 mg-codeine 10 mg/5 mL syrup	P	AL(Between 2 And 20); QL(Allowed 240 per Rx)
OPIOID ANTTUSSIVE-1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMB.		
Promethazine VC-Codeine 6.25 mg-5 mg-10 mg/5 mL oral syrup	P	AL(Between 2 And 20); QL(Allowed 240 per Rx)

Drug Name	Tier	Drug Restriction
promethazine-phenylephrine-codeine 6.25 mg-5 mg-10 mg/5 mL oral syrup	P	AL(Between 2 And 20); QL(Allowed 240 per Rx)
OPIOID ANTTUSSIVE-ANTICHOLINERGIC COMBINATIONS		
hydrocodone-homatropine 5 mg-1.5 mg/5 mL (5 mL) oral syrup	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
hydrocodone-homatropine 5 mg-1.5 mg/5 mL oral syrup	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
OPIOID ANTTUSSIVE-DECONGESTANT-EXPECTORANT COMBINATIONS		
Guaifenesin DAC 30 mg-10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
Virtussin DAC 30 mg-10 mg-100 mg/5 mL oral syrup	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
OPIOID ANTTUSSIVE-EXPECTORANT COMBINATIONS		
Cheratussin AC 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
codeine 10 mg-guaifenesin 100 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
G Tussin AC 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
Guaiatussin AC 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)

Drug Name	Tier	Drug Restriction
Guaifenesin AC 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
Robafen AC 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
Virtussin AC 10 mg-100 mg/5 mL oral liquid	P	AL(Maximum Age 20); QL(Allowed 240 per Rx)
SYSTEMIC SYMPATHOMIMETIC DECONGESTANTS		
12 Hour Decongestant ER 120 mg tablet,extended release	P	AL(Maximum Age 20); QL(Allowed 2 per 1 day)
12 Hour Nasal Decongestant (PSE) 120 mg tablet,extended release	P	AL(Maximum Age 20); QL(Allowed 2 per 1 day)
Children's Silfedrine 15 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Decongestant (pseudoephedrine) 30 mg tablet	P	AL(Maximum Age 20)
Genaphed 30 mg tablet	P	AL(Maximum Age 20)
Nasal Decongestant (phenylephrine) 10 mg tablet	P	AL(Maximum Age 20); QL(Allowed 24 per Rx)
Nasal Decongestant (pseudoephedrine) 120 mg tablet,extended release	P	AL(Maximum Age 20); QL(Allowed 2 per 1 day)

Drug Name	Tier	Drug Restriction
Nasal Decongestant (pseudoephedrine) 30 mg tablet	P	AL(Maximum Age 20)
Nasal Decongestant (pseudoephedrine) 30 mg/5 mL oral liquid	P	AL(Maximum Age 20)
pseudoephedrine 30 mg tablet	P	AL(Maximum Age 20)
pseudoephedrine 30 mg/5 mL oral liquid	P	AL(Maximum Age 20)
pseudoephedrine 60 mg tablet	P	AL(Maximum Age 20)
pseudoephedrine ER 120 mg tablet,extended release	P	AL(Maximum Age 20); QL(Allowed 2 per 1 day)
Sinus 12 Hour 120 mg tablet,extended release	P	AL(Maximum Age 20); QL(Allowed 2 per 1 day)
Sinus Decongestant (PE) 10 mg tablet	P	AL(Maximum Age 20); QL(Allowed 24 per Rx)
Sinus PE Decongestant 10 mg tablet	P	AL(Maximum Age 20); QL(Allowed 24 per Rx)
Sudafed 12 Hour 120 mg tablet,extended release	P	AL(Maximum Age 20); QL(Allowed 2 per 1 day)
Sudogest 12-hour 120 mg tablet,extended release	P	AL(Maximum Age 20); QL(Allowed 2 per 1 day)
Sudogest 30 mg tablet	P	AL(Maximum Age 20)

Drug Name	Tier	Drug Restriction
Sudogest 60 mg tablet	P	AL(Maximum Age 20)
Sudogest PE 10 mg tablet	P	AL(Maximum Age 20); QL(Allowed 24 per Rx)
Suphedrin 12 Hour 120 mg tablet,extended release	P	AL(Maximum Age 20); QL(Allowed 2 per 1 day)
Suphedrin 15 mg/5 mL oral liquid	P	AL(Maximum Age 20)
Suphedrin 30 mg tablet	P	AL(Maximum Age 20)
Suphedrine 12 Hour 120 mg tablet,extended release	P	AL(Maximum Age 20); QL(Allowed 2 per 1 day)
Suphedrine 30 mg tablet	P	AL(Maximum Age 20)
Suphedrine PE 10 mg tablet	P	AL(Maximum Age 20); QL(Allowed 24 per Rx)
Wal-phed 12 hour 120 mg tablet,extended release	P	AL(Maximum Age 20); QL(Allowed 2 per 1 day)
Wal-phed 30 mg tablet	P	AL(Maximum Age 20)
Wal-Phed D 120 mg tablet,extended release	P	AL(Maximum Age 20); QL(Allowed 2 per 1 day)
Wal-phed PE 10 mg tablet	P	AL(Maximum Age 20); QL(Allowed 24 per Rx)
VAGINAL PRODUCTS		
VAGINAL ESTROGENS		

Drug Name	Tier	Drug Restriction
estradiol 0.01% (0.1 mg/gram) vaginal cream	P	
estradiol 10 mcg vaginal tablet	P	
Premarin 0.625 mg/gram vaginal cream	P	

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Senna Plus 8.6 mg-50 mg tablet.....	69	sodium chloride 0.9 % (flush) injection syringe	50	Stimulant Laxative Plus 8.6 mg-50 mg tablet	69
Senna Soft 15 mg tablet	68	sodium chloride 0.9 % for nebulization....	29	Stomach Relief 262 mg chewable tablet....	61
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TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 1/2	97
TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16	97
TechLITE Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16	97
TechLITE Insulin Syringe Half Unit 0.5 mL 29 gauge x 1/2	97
TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2	97
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Topcare Ultra Comfort 0.3 mL 31 gauge x 5/16.....	98	Tri-Vite With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops.....	50	TRUEplus Pen Needle 31 gauge x 1/4....	99
Topcare Ultra Comfort 0.5 mL 29 gauge x 1/2	98	Tri-Vite With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	50	TRUEplus Pen Needle 31 gauge x 3/16...99	99
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UltiCare 0.3 mL 31 gauge x 5/16	99
UltiCare 0.5 mL 30 gauge x 1/2.....	99
UltiCare 0.5 mL 31 gauge x 5/16	99
UltiCare 1 mL 30 gauge x 1/2.....	99
UltiCare 1 mL 31 gauge x 5/16	99
UltiCare Pen Needle 29 gauge x 1/2	99
UltiCare Pen Needle 31 gauge x 1/4	99
UltiCare Pen Needle 31 gauge x 3/16	99
UltiCare Pen Needle 31 gauge x 5/16	99
UltiCare Pen Needle 32 gauge x 5/32	99
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Ultra Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16.....	99

Ultra Comfort Insulin Syringe 0.5 mL 29 gauge x 1/2.....	100
Ultra Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16	100
Ultra Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16	100
Ultra Comfort Insulin Syringe 1 mL 28 gauge	100
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Ultra Comfort Insulin Syringe 1 mL 29 gauge	100
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Ultra Comfort Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16.....	100
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16.....	100
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Ultra-Thin II (Short) Insulin syringe 0.3 mL 31 gauge x 5/16	101
Ultra-Thin II (Short) Insulin syringe 0.5 mL 30 gauge x 5/16	101

Ultra-Thin II (Short) Insulin syringe 0.5 mL 31 gauge x 5/16	101
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Vaqta (PF) 50 unit/mL intramuscular syringe	21
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Vegetable Laxative 8.6 mg tablet	68
Veletri 0.5 mg intravenous solution	28
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Vitamin D3 25 mcg (1,000 unit) capsule	54
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Vitamin D3 50 mcg (2,000 unit) capsule	54
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vitamin E (dl, acetate) 400 unit capsule	55
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vitamin E 200 unit capsule	55
vitamin E 400 unit capsule	55
vitamin E acetate 200 unit capsule	55
vitamin E mixed 400 unit capsule	55
Vitamins A,C,D and Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	50
Vitamins A,C,D and Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	50
Vitamins B Complex capsule	36
Vitamins B Complex tablet	36
Vita-Plus E capsule	46
Vitatum 3,500 unit-18 mg-0.4 mg chewable tablet	45
Vol-Care Rx 1 mg-60 mg-300 mcg tablet	36
Vortex Holding Chamber	105
Vortex VHC Frog Mask-Child	105
VP-Vite Rx 1 mg-60 mg-300 mcg tablet	36

W

Wal-Dryl Allergy 12.5 mg/5 mL oral liquid	112
Wal-Dryl Allergy 25 mg capsule	112
Wal-Dryl Allergy 25 mg tablet	112
Wal-Finate 4 mg tablet	112
Wal-Mucil Fiber (aspartame) 3.4 gram/5.8 gram oral powder	65
Wal-Mucil Fiber (psyllium seed) oral powder	65
Wal-Mucil Fiber (sugar) 3.4 gram/7 gram oral powder	65
Wal-Mucil Fiber 0.52 gram capsule	65
Wal-Mucil Natural Fiber Laxative 3.4 gram/12 gram oral powder	65
Wal-phed 12 hour 120 mg tablet,extended release	123
Wal-phed 30 mg tablet	123
Wal-Phed D 120 mg tablet,extended release	123
Wal-phed PE 10 mg tablet	123
Wal-Profen Cold-Sinus 30 mg-200 mg tablet	114
Wal-Profen D Cold and Sinus 30 mg-200 mg tablet	114
Wal-Tussin DM 10 mg-100 mg/5 mL oral syrup	121
Watchhaler spacer	105
Webcol topical pads	20
Woman's Laxative (bisacodyl) 5 mg tablet	68
Woman's Laxative (bisacodyl) 5 mg tablet,delayed release	68
Women's 50+ Advanced 400 mcg capsule	45
Womens Daily Gummies 200 mcg chewable tablet	45
Women's Gentle Laxative (bisacodyl) 5 mg tablet	68
Women's Gentle Laxative (bisacodyl) 5 mg tablet,delayed release	68
Women's Laxative (bisacodyl) 5 mg tablet	68
Women's Laxative (bisacodyl) 5 mg tablet,delayed release	68
Women's Multi 18 mg-600 mcg capsule	45
Women's Multivitamin Gummies 200 mcg chewable tablet	45

Y

YF-Vax (PF) 10 exp4.74 unit/0.5 mL subcutaneous suspension	24
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Z

zinc oxide 20 % topical ointment	34
zinc oxide topical ointment	34
zinc sulfate 220 mg (50 mg) capsule	41

Zinc-220 220 mg (50 mg) capsule.....41
Zoo Friends chewable tablet48

Zoo Friends Original 300 mcg chewable
tablet.....48
Zoo Friends Plus Iron 15 mg chewable
tablet.....48

Zostavax (PF) 19,400 unit/0.65 mL
subcutaneous suspension24
Zyncof 20 mg-400 mg tablet121