Preferred Drug List

Introduction

Meridian Medicaid Plan is pleased to provide a preferred drug list (PDL) as a reference and tool for providers and pharmacists. The purpose of the Meridian PDL is to help providers choose clinically fit and cost-effective products for their patients.This document has facts about the drugs we cover in this plan.

The Meridian Utilization Management Committee (UMC)

The Meridian UMC comprises providers, pharmacists, and health professionals. The PDL contains clinical information that was sourced primarily from medical literature and is reviewed and approved by the UMC.

Notice

The information contained in this PDL is provided by Meridian for the convenience of medical providers. This PDL is not meant to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in their choice of prescription drugs. Meridian assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should see the drug manufacturer's product literature or standard references for more detailed information.

Preface

The Meridian formulary is organized in sections. Each section includes therapeutic groups named by either drug class or disease state. Brand and common names are included as a reference to help in product recognition. Brand name drugs are capitalized (e.g., CONCERTA) and generic drugs are listed in lower case italics (e.g., *methylphenidate HCL*). Meridian will not cover prescription drugs prescribed for experimental, investigational, or non-FDA-approved indications, dosages, or routes of administration. Other exclusions include fertility-enhancing drugs, anorexia, weight loss, or weight gain drugs, Durable Medical Equipment (DME) products and medical supplies (unless listed on the PDL), drugs and other agents used for cosmetic purposes or for hair growth, erectile dysfunction drugs prescribed to treat impotence, Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective, over-the-counter (OTC) products (unless listed on the PDL), and drugs not included in the Medicaid Drug Rebate Program drug product data file (unless listed in the PDL).

PDL Components

The Meridian PDL contains medications covered without authorization, medications that must meet step therapy protocol, medications that need prior authorization, specialty medications, and medication quantity limits. Members will not be charged a co-pay for covered medications.

Generic Substitution

Meridian is a mandatory generic plan. The Illinois Department of Healthcare and Family Services (HFS) has mandated that some brand medications are covered in place of the generic medication. Generic medication will be dispensed when available.

Covered Medications without Authorization
Meridian covers many medications without requiring authorization. These medications include many prescription and over-the-counter medications (with a valid prescription).

Prior Authorization (PA)
Drugs indicated with "PA" need prior authorization for coverage. Please call the Pharmacy Help Desk at **855-580-1688** or fax a completed prior authorization form to **855-580-1695**. All prior authorization requests will be reviewed within 24 hours.

Please note: A prior authorization is **NOT** required on any anticonvulsant medications for members with a diagnosis of epilepsy or seizure disorder. Diagnosis code must be given at point of sale or within records.

Specialty Medications (SP)
All specialty medications noted as "SP" are to be filled at contracted, in-network specialty pharmacies.

Quantity Limits (QL)
Drugs with a "QL" have a set quantity limit imposed. These limits are based on FDA-recommended dosing guidelines. The quantity limit is listed next to the drug name.

Day Supply Limit (DS)
Drugs indicated with a "DS" have a set day supply limit imposed. The day supply limit is listed next to the drug name. These medications are limited to a certain day supply in a set amount of time.

Age Limit (AL)
Drugs indicated with an "AL" have a set age limit imposed. The age limit is listed next to the drug name. These medications are limited to a specific age range.

Benefit Exception
To request non-formulary medication(s), fax a completed prior authorization form asking for an exception to the formulary. This request needs to have relevant clinical documentation showing trial and failure of all formulary agents and relevant clinical information. It should also have information showing the medication is the standard of care for the indication provided (peer-reviewed journal articles may be required). Please call the Pharmacy Help Desk at 855-580-1688 or fax a completed prior authorization exception form to 855-580-1695.

Legend

P	Preferred Drug	Drug is preferred
NP	Non-Preferred	Drug is s not preferred
AL	Age Limit	Drug is limited to specific ages
PA	Prior Authorization	Prior Authorization required before prescription can be filled
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame
SP	Specialty Drug	Products that must be dispensed by a specialty pharmacy
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage
RX/OTC	Both RX and OTC NDCs	Over the Counter (OTC) products eligible for coverage with a valid prescription written by a licensed physician/clinician
MP	Maintenance Product	Products used to treat long-term conditions or illnesses, available for a 90-day (3-month) supply
NF	Non-formulary	Drug is not included on the formulary

The publication date of this preferred drug list appears at the bottom of all subsequent pages, and this list is accurate of that date. Please notify the Pharmacy Help Desk of any mistakes in the PDL. A copy of this PDL can be mailed upon request.

Contact Information
Pharmacy help desk: 855-580-1688
Prior authorization fax number: 855-580-1695
Email: pharmacy_IL@centene.com

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS *(amphetamine-dextroamphetamine)*	NP	QL(3 ea daily)
ADDERALL XR CP24 *(amphetamine-dextroamphetamine)*	NP	QL(1 ea daily)
ADZENYS ER SUER *(amphetamine)*	NF	QL(15 ml daily)
ADZENYS XR-ODT TBED	NP	QL(3 ea daily)
amphetamine sulfate tabs	NP	QL(3 ea daily)
amphetamine-dextroamphetamine cp24	P	QL(1 ea daily)
amphetamine-dextroamphetamine tabs	P	QL(3 ea daily)
DESOXYN *(methamphetamine hcl)*	NP	QL(3 ea daily)
DEXEDRINE CP24 5 MG *(dextroamphetamine sulfate)*	NF	QL(3 ea daily)
DEXEDRINE CP24 10 MG, 15 MG *(dextroamphetamine sulfate)*	NP	QL(3 ea daily)
dextroamphetamine sulfate cp24	NP	QL(3 ea daily)
dextroamphetamine sulfate tabs	NP	QL(3 ea daily)
dextroamphetamine sulfate soln	NP	QL(15 ml daily); MP
DYANAVEL XR CHER	NP	
DYANAVEL XR SUER	P	QL(15 ml daily); PA
EVEKEO TABS *(amphetamine sulfate)*	NP	QL(3 ea daily)
EVEKEO ODT TBDP	NP	QL(3 ea daily)
methamphetamine hcl	NP	QL(3 ea daily)
MYDAYIS CP24	NP	
VYVANSE CHEW	P	QL(1 ea daily)
VYVANSE CAPS	P	QL(1 ea daily)
XELSTRYM	NP	
Analeptics		
CAFCIT SOLN IV 60 MG/3ML *(caffeine citrate)*	NF	
CAFFEINE ANHYDROUS POWD	P	RX/OTC
caffeine citrate soln or	P	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	NP	QL(1 ea daily); MP
clonidine hcl (adhd) tb12	P	QL(4 ea daily); MP
guanfacine hcl (adhd)	P	QL(1 ea daily); MP
INTUNIV *(guanfacine hcl (adhd))*	NP	QL(1 ea daily); MP
QELBREE	NP	
STRATTERA *(atomoxetine hcl)*	P	QL(1 ea daily); MP
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 75 MG	NP	QL(2 ea daily)
SUNOSI 150 MG	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	NP	SP
Stimulants - Misc.		
ADHANSIA XR CP24 45 MG, 55 MG	NP	QL(2 ea daily)
ADHANSIA XR CP24 70 MG, 85 MG	NP	QL(1 ea daily)
ADHANSIA XR CP24 25 MG, 35 MG	NP	QL(3 ea daily)
APTENSIO XR CP24 *(methylphenidate hcl)*	NP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
armodafinil	NP	
AZSTARYS	NP	
CONCERTA TBCR *(methylphenidate hcl)*	P	QL(1 ea daily)
COTEMPLA XR-ODT TBED 25.9 MG	NP	QL(2 ea daily)
COTEMPLA XR-ODT TBED 8.6 MG, 17.3 MG	NP	QL(3 ea daily)
DAYTRANA PTCH *(methylphenidate)*	P	QL(1 ea daily); PA
DAYTRANA PTCH 10 MG/9HR, 20 MG/9HR *(methylphenidate)*	NP	QL(1 ea daily)
DAYTRANA PTCH 15 MG/9HR *(methylphenidate)*	NF	QL(1 ea daily)
dexmethylphenidate hcl cp24	NP	QL(1 ea daily)
dexmethylphenidate hcl tabs	P	QL(3 ea daily)
FOCALIN TABS *(dexmethylphenidate hcl)*	NP	QL(3 ea daily)
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	P	QL(1 ea daily)
JORNAY PM CP24 60 MG, 80 MG, 100 MG	P	PA
JORNAY PM CP24 20 MG, 40 MG	P	QL(2 ea daily); PA
METHYLIN SOLN *(methylphenidate hcl)*	NP	QL(15 ml daily); MP
methylphenidate ptch	NP	QL(1 ea daily)
methylphenidate hcl tabs 20 mg	P	QL(2 ea daily)
methylphenidate hcl chew	NP	QL(3 ea daily)
methylphenidate hcl tb24	NP	QL(1 ea daily)
methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg, 54 mg	NP	QL(1 ea daily)
methylphenidate hcl tabs 5 mg, 10 mg	P	QL(3 ea daily)
methylphenidate hcl cp24	NP	QL(3 ea daily)
methylphenidate hcl cp24 10 mg, 20 mg, 30 mg	NP	QL(2 ea daily)
methylphenidate hcl tbcr 10 mg, 20 mg	P	QL(1 ea daily)
methylphenidate hcl soln	NP	QL(15 ml daily); MP
methylphenidate hcl cpcr 40 mg	NP	QL(1 ea daily)
methylphenidate hcl cpcr 50 mg, 60 mg	NP	
methylphenidate hcl cp24 40 mg, 60 mg	NP	
methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg	NP	QL(2 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR	NP	
modafinil	P	QL(2 ea daily)
NUVIGIL *(armodafinil)*	NP	
PROVIGIL *(modafinil)*	NP	QL(2 ea daily)
QUILLICHEW ER CHER	NP	QL(2 ea daily)
QUILLIVANT XR SRER	NP	QL(15 ml daily)
RELEXXII TBCR	NP	
RITALIN TABS 20 MG *(methylphenidate hcl)*	NP	QL(2 ea daily)
RITALIN TABS 5 MG, 10 MG *(methylphenidate hcl)*	NP	QL(3 ea daily)
RITALIN LA CP24 10 MG, 20 MG, 30 MG *(methylphenidate hcl)*	NP	QL(2 ea daily)
RITALIN LA CP24 40 MG *(methylphenidate hcl)*	NP	
AMEBICIDES		
Amebicides		
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
BETHKIS NEBU *(tobramycin)*	NP	SP
BETHKIS NEBU *(tobramycin)*	NF	SP
KITABIS PAK NEBU *(tobramycin)*	P	SP
neomycin sulfate tabs	P	
paromomycin sulfate	P	SP
TOBI NEBU *(tobramycin)*	NF	SP
TOBI NEBU *(tobramycin)*	NP	SP
TOBI PODHALER CAPS	NP	SP
tobramycin nebu	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ	NP	SP
XELJANZ TABS	P	SP; PA
XELJANZ SOLN	NP	SP; MP
XELJANZ SOLN	P	SP; MP; PA
XELJANZ XR TB24	P	SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP; MP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	NP	SP; MP
REDITREX SOSY	NP	SP; MP
Anti-TNF-alpha - Monoclonal Antibodies		
AMJEVITA SOAJ	NP	SP
AMJEVITA SOSY 20 MG/0.4ML, 40 MG/0.8ML	NP	SP
HUMIRA PSKT	P	SP; PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	P	SP; PA
HUMIRA PEN PNKT	P	SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP; PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA
SIMPONI SOAJ	NP	SP; MP
SIMPONI SOSY	NP	SP; MP
SIMPONI ARIA SOLN	NP	SP; MP
Gold Compounds		
RIDAURA	NP	
Interleukin-1 Blockers		
ARCALYST	NP	SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP; MP
Interleukin-1beta Blockers		
ILARIS SOLN	NP	SP; MP
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	NP	SP; MP
ACTEMRA SOSY	NP	SP; MP
ACTEMRA ACTPEN SOAJ	NP	SP; MP
KEVZARA SOSY	NP	SP; MP
KEVZARA SOAJ	NP	SP; MP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC 50 TBEC *(diclofenac w/ misoprostol)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
ARTHROTEC 75 TBEC *(diclofenac w/ misoprostol)*	NP	
CELEBREX *(celecoxib)*	NP	MP
celecoxib	P	MP
celecoxib	P	MP
CHILDRENS ADVIL SUSP 100 MG/5ML *(ibuprofen)*	NF	QL(160 ml daily); MP; RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(ibuprofen)*	NF	QL(160 ml daily); MP; RX/OTC
DAYPRO *(oxaprozin)*	NP	
diclofenac potassium tabs	P	
diclofenac potassium tabs 50 mg	P	
diclofenac potassium caps	NP	
diclofenac sodium tb24	P	
diclofenac sodium tbec	P	
diclofenac w/ misoprostol tbec	NP	
DUEXIS *(ibuprofen-famotidine)*	NP	MP
etodolac tb24	P	MP
etodolac tabs	P	MP
etodolac caps	P	MP
FELDENE CAPS *(piroxicam)*	NP	
fenoprofen calcium tabs	NP	
fenoprofen calcium caps 400 mg	NP	
flurbiprofen tabs 100 mg	P	
IBUPAK KIT	NP	
ibuprofen susp 40 mg/ml, 50 mg/1.25ml	P	QL(80 ml daily)
ibuprofen tabs 600 mg	P	QL(5 ea daily); MP
ibuprofen tabs 400 mg	P	QL(8 ea daily); MP
ibuprofen susp 100 mg/5ml	P	QL(160 ml daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ibuprofen tabs 800 mg	P	QL(4 ea daily); MP
ibuprofen susp 100 mg/5ml	NP	QL(160 ml daily); MP; RX/OTC
ibuprofen-famotidine	NP	MP
indomethacin caps 25 mg, 50 mg	P	
indomethacin caps 25 mg, 50 mg	P	
indomethacin cpcr	P	
INFANTS ADVIL SUSP *(ibuprofen)*	NF	QL(80 ml daily)
ketoprofen caps 50 mg, 75 mg	P	
ketoprofen cp24	NP	
ketorolac tromethamine tabs	P	
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
meclofenamate sodium caps	NP	
mefenamic acid caps	NP	
meloxicam caps	NP	MP
meloxicam tabs	P	MP
MOBIC TABS 15 MG *(meloxicam)*	NF	MP
MOBIC TABS 7.5 MG *(meloxicam)*	NP	MP
MOTRIN INFANTS DROPS SUSP *(ibuprofen)*	NF	QL(80 ml daily)
nabumetone	P	
nabumetone	P	
NALFON CAPS *(fenoprofen calcium)*	NP	
NALFON TABS *(fenoprofen calcium)*	NP	
NAPRELAN TB24 *(naproxen sodium)*	NP	MP
NAPRELAN TB24 500 MG *(naproxen sodium)*	NF	MP

Drug Name	Drug Tier	Requirements/ Limits
naproxen susp	P	MP
naproxen susp	P	MP
naproxen tabs	P	MP
naproxen tbec	P	MP
naproxen sodium tabs 275 mg, 550 mg	P	MP
naproxen sodium tb24	NP	MP
naproxen-esomeprazole magnesium	NP	MP
oxaprozin	NP	
oxaprozin	NP	
piroxicam caps	NP	
RELAFEN DS	NP	
sulindac tabs	P	
TIVORBEX CAPS *(indomethacin)*	NF	
VIMOVO *(naproxen-esomeprazole magnesium)*	NP	MP
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TBPK	NP	SP
OTEZLA TABS	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA *(leflunomide)*	NP	QL(1 ea daily)
leflunomide	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR	NP	SP
ORENCIA SOSY	NP	SP; MP
ORENCIA CLICKJECT SOAJ	NP	SP; MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	P	SP; PA
ENBREL SOSY	P	SP; MP; PA
ENBREL SOLN	P	SP; MP; PA
ENBREL MINI SOCT	P	SP; MP; PA
ENBREL SURECLICK SOAJ	P	SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
ALLZITAL TABS	NP	
aspirin-acetaminophen-caffeine tabs	P	
butalbital-acetaminophen tabs 50 mg-325 mg	P	QL(13 ea daily)
butalbital-acetaminophen tabs 50 mg-300 mg	P	
butalbital-acetaminophen caps 50 mg-300 mg	NP	
butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg, 40 mg-50 mg-325 mg	P	
butalbital-acetaminophen-caffeine soln	NP	
butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg	P	QL(13 ea daily)
butalbital-aspirin-caffeine caps	P	QL(13 ea daily)
ESGIC TABS *(butalbital-acetaminophen-caffeine)*	NP	QL(13 ea daily)
EXCEDRIN EXTRA STRENGTH TABS *(aspirin-acetaminophen-caffeine)*	NF	
EXCEDRIN MIGRAINE TABS *(aspirin-acetaminophen-caffeine)*	NF	
FIORICET CAPS *(butalbital-acetaminophen-caffeine)*	NP	
Analgesics Other		
acetaminophen liqd 160 mg/5ml	P	QL(125 ml daily)
acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml	P	QL(125 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	P	QL(125 ml daily)
acetaminophen tabs 325 mg	P	QL(13 ea daily)
acetaminophen chew 80 mg	P	QL(50 ea daily)
acetaminophen supp 120 mg	P	QL(33 ea daily)
acetaminophen tabs 500 mg	P	QL(8 ea daily)
FEVERALL JUNIOR STRENGTH SUPP	P	QL(13 ea daily)
OFIRMEV SOLN IV *(acetaminophen)*	NF	
TYLENOL TABS *(acetaminophen)*	NF	QL(13 ea daily)
TYLENOL CHILDRENS SUSP *(acetaminophen)*	NF	QL(125 ml daily)
TYLENOL CHILDRENS PAIN +FEVER SUSP *(acetaminophen)*	NF	QL(125 ml daily)
TYLENOL EXTRA STRENGTH TABS *(acetaminophen)*	NF	QL(8 ea daily)
TYLENOL FOR CHILDREN/ADULTS SUSP *(acetaminophen)*	NF	QL(125 ml daily)
TYLENOL INFANTS PAIN+FEVER SUSP *(acetaminophen)*	NF	QL(125 ml daily)
Salicylates		
aspirin chew	P	
aspirin tbec 81 mg, 325 mg	P	
aspirin tabs 325 mg	P	
ASPIRIN SUPP 300 MG, 600 MG	P	
aspirin buffered (cal carb-mag carb-mag oxide)	P	
BUFFERIN *(aspirin buffered (cal carb-mag carb-mag oxide))*	NF	
diflunisal tabs	P	
ECOTRIN TBEC *(aspirin)*	NF	
ECOTRIN REGULAR STRENGTH TBEC *(aspirin)*	NF	
salsalate	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP *(fentanyl citrate)*	NP	
codeine sulfate tabs 30 mg	P	QL(6 ea daily); AL(At least 18 yrs old)
CODEINE SULFATE TABS	P	QL(6 ea daily); AL(At least 18 yrs old)
CONZIP CP24 *(tramadol hcl)*	NP	QL(1 ea daily); AL(At least 18 yrs old)
DILAUDID LIQD *(hydromorphone hcl)*	NP	
DILAUDID TABS 8 MG *(hydromorphone hcl)*	NP	
DILAUDID TABS 2 MG, 4 MG *(hydromorphone hcl)*	NP	QL(4 ea daily)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR *(fentanyl)*	NF	QL(0.34 ea daily)
fentanyl pt72 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NP	
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	NP	QL(0.34 ea daily)
fentanyl citrate lpop	NP	
fentanyl citrate tabs	NP	
FENTORA TABS *(fentanyl citrate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone bitartrate t24a	NP	
hydrocodone bitartrate cp12	NP	
hydromorphone hcl tb24	NP	
hydromorphone hcl tabs 8 mg	P	
hydromorphone hcl liqd	P	
hydromorphone hcl tabs 2 mg, 4 mg	P	QL(4 ea daily)
HYDROMORPHONE HCL SUPP	P	
HYSINGLA ER T24A	NP	
levorphanol tartrate tabs	NP	
meperidine hcl soln or 50 mg/5ml	NP	
meperidine hcl tabs 50 mg	NP	QL(6 ea daily)
methadone hcl tabs	NP	QL(4 ea daily)
methadone hcl conc	NP	QL(8 ml daily)
methadone hcl soln or	NP	QL(8 ml daily)
methadone hcl tbso	NP	QL(4 ea daily)
METHADOSE CONC *(methadone hcl)*	NP	QL(8 ml daily)
METHADOSE SUGAR-FREE CONC *(methadone hcl)*	NP	QL(8 ml daily)
morphine sulfate supp	P	
morphine sulfate tabs	P	QL(4 ea daily)
morphine sulfate soln or 10 mg/0.5ml, 10 mg/5ml, 20 mg/5ml, 20 mg/ml, 100 mg/5ml	P	QL(8 ea daily)
morphine sulfate cp24 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	NP	
morphine sulfate tbcr	P	QL(2 ea daily); PA
morphine sulfate beads	NP	
MS CONTIN TBCR *(morphine sulfate)*	NP	QL(2 ea daily)
NUCYNTA TABS	NP	
NUCYNTA ER TB12	NP	
oxycodone hcl tabs 5 mg	P	QL(4 ea daily)
oxycodone hcl soln	P	
oxycodone hcl t12a 10 mg, 20 mg, 40 mg, 80 mg	NP	
oxycodone hcl conc 100 mg/5ml	P	
oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 30 mg	P	
oxycodone hcl caps	P	QL(4 ea daily)
OXYCONTIN T12A	NP	
oxymorphone hcl tabs	NP	
oxymorphone hcl tb12	NP	
ROXICODONE TABS 15 MG, 30 MG *(oxycodone hcl)*	NP	
ROXICODONE TABS 5 MG *(oxycodone hcl)*	NP	QL(4 ea daily)
ROXYBOND TABA	NP	
tramadol hcl cp24 100 mg, 200 mg, 300 mg	NP	QL(1 ea daily); AL(At least 18 yrs old)
tramadol hcl tabs 100 mg	NP	QL(4 ea daily)
tramadol hcl tb24	NP	QL(1 ea daily); AL(At least 18 yrs old)
tramadol hcl tabs 50 mg	P	QL(8 ea daily)
tramadol hcl soln	NP	
TRAMADOL HYDROCHLORIDE SOLN *(tramadol hcl)*	NP	
ULTRAM TABS *(tramadol hcl)*	NF	QL(8 ea daily)
XTAMPZA ER	NP	
ZOHYDRO ER CP12 *(hydrocodone bitartrate)*	NP	
Opioid Combinations		
acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 60 mg-300 mg	P	QL(14 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine soln	P	QL(167 ml daily)
acetaminophen w/ codeine soln	P	QL(167 ml daily); AL(At least 18 yrs old)
acetaminophen-caff-dihydrocod caps 30 mg-320.5 mg-16 mg	NP	
butalbital-acetaminophen-caffeine w/ codeine	NP	QL(6 ea daily)
butalbital-aspirin-caffeine w/cod	P	QL(6 ea daily); AL(At least 18 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	NP	QL(6 ea daily); AL(At least 18 yrs old)
hydrocodone-acetaminophen tabs 300 mg-10 mg, 300 mg-5 mg, 300 mg-7.5 mg	P	
hydrocodone-acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg	P	QL(12 ea daily)
hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml	P	QL(240 ml per 30 days retail)
hydrocodone-ibuprofen 10 mg-200 mg, 5 mg-200 mg, 7.5 mg-200 mg	P	
LORTAB ELIX	NP	
NALOCET TABS	NP	
oxycodone w/ acetaminophen soln	P	
oxycodone w/ acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg	P	QL(13 ea daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG *(oxycodone w/ acetaminophen)*	NP	QL(13 ea daily)
PERCOCET TABS 325 MG-2.5 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	NP	QL(12 ea daily)
PROLATE SOLN	NP	
PROLATE TABS	NP	
SEGLENTIS	NP	
tramadol-acetaminophen	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(40 ea per fill retail); AL(At least 18 yrs old)
ULTRACET *(tramadol-acetaminophen)*	NF	1 rtl MAX fill; 30 rtl day(s) supply; QL(40 ea per fill retail); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	
buprenorphine ptwk	NP	
buprenorphine hcl subl	P	
buprenorphine hcl-naloxone hcl dihydrate film sl	P	
buprenorphine hcl-naloxone hcl dihydrate subl	P	
butorphanol tartrate na 10 mg/ml	NP	
BUTRANS PTWK *(buprenorphine)*	NP	
pentazocine w/ naloxone hcl	NP	
SUBLOCADE SOSY	P	SP

Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL *(buprenorphine hcl-naloxone hcl dihydrate)*	P	
ZUBSOLV SUBL	P	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	P	PA
ANDROGEL GEL TD *(testosterone)*	NF	PA
ANDROGEL PUMP GEL TD 1.62 % *(testosterone)*	NF	PA
AVEED SOLN	P	SP; MP; PA
danazol caps	P	
FORTESTA GEL TD *(testosterone)*	NF	PA
METHITEST TABS	P	PA
methyltestosterone caps	P	PA
TESTIM GEL TD *(testosterone)*	NF	PA
testosterone soln	P	MP; PA
testosterone gel td	P	PA
testosterone cypionate soln im	P	MP
testosterone enanthate soln im	P	
VOGELXO GEL TD *(testosterone)*	NF	PA
VOGELXO PUMP GEL TD *(testosterone)*	NF	PA
XYOSTED SOAJ	P	MP; PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	NP	
CORTENEMA *(hydrocortisone (intrarectal))*	NP	
CORTIFOAM EX 10 %	NP	
hydrocortisone (intrarectal)	P	
UCERIS *(budesonide (intrarectal))*	NP	
Rectal Combinations		
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NP	
lidocaine-hydrocortisone acetate (rectal) kit	NP	
lidocaine-hydrocortisone acetate (rectal) crea ex	NP	
phenylephrine in hard fat	P	
PROCTOFOAM HC FOAM EX	NP	
Rectal Local Anesthetics		
dibucaine (rectal) ex	P	
NUPERCAINAL EX *(dibucaine (rectal))*	NF	
Rectal Steroids		
ANUSOL-HC EX *(hydrocortisone (rectal))*	NP	
hydrocortisone (rectal) ex	P	
PROCTOCORT EX *(hydrocortisone (rectal))*	NF	
Vasodilating Agents		
RECTIV	NP	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone liqd	P	
alum & mag hydrox-simethicone susp	P	
aluminum hydroxide-mag carb susp 358 mg/15ml-95 mg/15ml	P	

Drug Name	Drug Tier	Requirements/ Limits
GAVISCON SUSP *(aluminum hydroxide-mag carb)*	NF	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP *(alum & mag hydrox-simethicone)*	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs 325 mg, 650 mg	P	
Antacids - Calcium Salts		
calcium carbonate (antacid) chew 500 mg, 750 mg, 1000 mg	P	
calcium carbonate (antacid) susp	P	
TUMS CHEW *(calcium carbonate (antacid))*	NF	
TUMS CHEWY BITES CHEW *(calcium carbonate (antacid))*	NF	
TUMS E-X 750 CHEW *(calcium carbonate (antacid))*	NF	
TUMS EXTRA STRENGTH 750 CHEW *(calcium carbonate (antacid))*	NF	
TUMS LASTING EFFECTS CHEW *(calcium carbonate (antacid))*	NF	
TUMS SMOOTHIES CHEW *(calcium carbonate (antacid))*	NF	
TUMS ULTRA 1000 CHEW *(calcium carbonate (antacid))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
Antacids - Magnesium Salts		
magnesium oxide tabs 400 mg	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	NP	
ALBENZA *(albendazole)*	NF	
BENZNIDAZOLE	NP	SP
BILTRICIDE *(praziquantel)*	NP	
EMVERM CHEW	NP	
ivermectin	NP	
praziquantel	P	
STROMECTOL *(ivermectin)*	NP	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
RANEXA TB12 *(ranolazine)*	NP	MP
ranolazine tb12	NP	MP
ranolazine tb12	NP	MP
Nitrates		
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS *(isosorbide dinitrate)*	NP	MP
isosorbide dinitrate tabs	P	MP
isosorbide mononitrate tb24	P	MP
isosorbide mononitrate tb24	P	MP
isosorbide mononitrate tabs	P	MP

Drug Name	Drug Tier	Requirements/ Limits
NITRO-BID OINT	P	
NITRO-DUR PT24	NP	
NITRO-DUR PT24 *(nitroglycerin)*	NP	MP
NITRO-DUR PT24 0.1 MG/HR *(nitroglycerin)*	NF	MP
nitroglycerin subl	P	MP
nitroglycerin pt24	P	MP
nitroglycerin soln tl 0.4 mg/spray	NP	MP
NITROLINGUAL PUMPSPRAY SOLN TL *(nitroglycerin)*	NP	MP
NITROSTAT SUBL *(nitroglycerin)*	NP	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl	P	MP
buspirone hcl 7.5 mg, 30 mg	P	MP
hydroxyzine hcl tabs	P	
hydroxyzine hcl tabs	P	
hydroxyzine hcl syrp	P	
hydroxyzine pamoate caps	P	
meprobamate	NP	
VISTARIL CAPS *(hydroxyzine pamoate)*	NP	
Benzodiazepines		
alprazolam tabs 2 mg	P	QL(3 ea daily)
alprazolam tbdp	NP	
alprazolam tb24	NP	
alprazolam tabs 0.25 mg, 0.5 mg, 1 mg	P	
ALPRAZOLAM INTENSOL CONC	P	
ATIVAN TABS *(lorazepam)*	NP	
chlordiazepoxide hcl caps	P	

Drug Name	Drug Tier	Requirements/ Limits
clorazepate dipotassium tabs	P	
diazepam soln or 5 mg/5ml	P	
diazepam conc	P	
diazepam tabs	P	
lorazepam tabs	P	
lorazepam conc	P	
LOREEV XR CS24	NP	
oxazepam caps	P	
TRANXENE T TABS 7.5 MG *(clorazepate dipotassium)*	NF	
XANAX TABS 2 MG *(alprazolam)*	NP	QL(3 ea daily)
XANAX TABS 0.25 MG, 0.5 MG, 1 MG *(alprazolam)*	NP	
XANAX XR TB24 *(alprazolam)*	NP	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	P	MP
NORPACE CAPS *(disopyramide phosphate)*	NP	MP
NORPACE CR CP12	P	MP
quinidine gluconate tbcr	P	MP
quinidine sulfate tabs	P	MP
Antiarrhythmics Type I-B		
mexiletine hcl	P	MP
Antiarrhythmics Type I-C		
flecainide acetate	P	MP
flecainide acetate	P	MP
propafenone hcl cp12	NP	MP
propafenone hcl tabs	P	MP

Drug Name	Drug Tier	Requirements/ Limits
RYTHMOL SR CP12 *(propafenone hcl)*	NP	MP
Antiarrhythmics Type III		
amiodarone hcl tabs	P	MP
dofetilide 250 mcg	P	MP
dofetilide	P	MP
MULTAQ	NP	
TIKOSYN *(dofetilide)*	NP	MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP; MP
FASENRA SOSY	P	SP; MP; PA
FASENRA PEN SOAJ	P	SP; MP; PA
NUCALA SOLR	P	SP; PA
NUCALA SOAJ	P	SP; MP; PA
NUCALA SOSY 40 MG/0.4ML	P	SP; PA
NUCALA SOSY 100 MG/ML	P	SP; MP; PA
TEZSPIRE SOSY	NP	SP; MP
TEZSPIRE SOAJ	NP	SP
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; MP; PA
Anti-Inflammatory Agents		
cromolyn sodium nebu	P	MP
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(0.516 gm daily); MP
INCRUSE ELLIPTA	P	MP
ipratropium bromide soln 0.02 %	P	MP
LONHALA MAGNAIR REFILL KIT SOLN	NP	MP
LONHALA MAGNAIR STARTER KIT SOLN	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA HANDIHALER CAPS	P	MP
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	P	QL(0.134 gm daily); MP
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	P	MP
TUDORZA PRESSAIR	NP	MP
YUPELRI	NP	MP
Leukotriene Modulators		
ACCOLATE *(zafirlukast)*	NP	QL(2 ea daily); MP
montelukast sodium tabs	P	QL(1 ea daily); MP
montelukast sodium pack	P	QL(1 ea daily); MP
montelukast sodium chew	P	QL(1 ea daily); MP
SINGULAIR TABS *(montelukast sodium)*	NP	QL(1 ea daily); MP
SINGULAIR CHEW 4 MG *(montelukast sodium)*	NF	QL(1 ea daily); MP
SINGULAIR PACK *(montelukast sodium)*	NP	QL(1 ea daily); MP
SINGULAIR PACK *(montelukast sodium)*	NF	QL(1 ea daily); MP
SINGULAIR TABS *(montelukast sodium)*	NF	QL(1 ea daily); MP
SINGULAIR CHEW *(montelukast sodium)*	NP	QL(1 ea daily); MP
zafirlukast	P	QL(2 ea daily); MP
zileuton tb12	NP	MP
ZYFLO TABS	NP	MP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(roflumilast)*	NP	
roflumilast	NP	
Steroid Inhalants		
ALVESCO	NP	MP
ARMONAIR DIGIHALER	NP	QL(0.034 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
ARNUITY ELLIPTA	NP	QL(1 ea daily); MP
ASMANEX HFA AERO 50 MCG/ACT	NP	QL(0.44 gm daily); MP
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	NP	MP
ASMANEX TWISTHALER 120 METERED DOSES AEPB	P	MP
ASMANEX TWISTHALER 14 METERED DOSES AEPB	P	MP
ASMANEX TWISTHALER 30 METERED DOSES AEPB	P	MP
ASMANEX TWISTHALER 60 METERED DOSES AEPB	P	MP
budesonide (inhalation) susp	P	QL(4 ml daily); AL(Up to 7 yrs old); MP
FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	P	150 rtl MAX fill; QL(2 ea daily); MP
FLOVENT DISKUS AEPB 50 MCG/BLIST	P	QL(2 ea daily); MP
FLOVENT HFA 44 MCG/ACT	P	QL(0.36 gm daily); MP
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(0.4 gm daily); MP
fluticasone propionate hfa 44 mcg/act	NP	QL(0.36 gm daily); MP
fluticasone propionate hfa 110 mcg/act, 220 mcg/act	NP	QL(0.4 gm daily); MP
PULMICORT SUSP *(budesonide (inhalation))*	NP	QL(4 ml daily); AL(Up to 7 yrs old); MP
PULMICORT FLEXHALER AEPB	NP	QL(0.034 ea daily); MP
QVAR REDIHALER	NP	QL(0.36 gm daily); MP
Sympathomimetics		
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	P	QL(2 ea daily); MP
ADVAIR HFA AERO	P	QL(0.4 gm daily); MP
AIRDUO DIGIHALER 113/14	P	QL(0.034 ea daily); MP
AIRDUO DIGIHALER 232/14	P	QL(0.034 ea daily); MP
AIRDUO DIGIHALER 55/14	P	QL(0.034 ea daily); MP
AIRDUO RESPICLICK 113/14 AEPB *(fluticasone-salmeterol)*	P	QL(0.034 ea daily); MP
AIRDUO RESPICLICK 232/14 AEPB *(fluticasone-salmeterol)*	P	QL(0.034 ea daily); MP
AIRDUO RESPICLICK 55/14 AEPB *(fluticasone-salmeterol)*	P	QL(0.034 ea daily); MP
albuterol sulfate nebu 0.63 mg/3ml, 1.25 mg/3ml	P	MP
albuterol sulfate aers	NP	MP
albuterol sulfate nebu 0.083 %	P	QL(13 ml daily); MP
albuterol sulfate aers	NP	1 rtl MAX fill; 15 rtl day(s) supply; QL(1.2 gm daily); MP
albuterol sulfate nebu 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	P	MP
albuterol sulfate tabs	NP	
albuterol sulfate syrp	P	MP
albuterol sulfate aers	NP	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.57 gm daily); MP
ANORO ELLIPTA	P	MP
arformoterol tartrate	NP	
BEVESPI AEROSPHERE	NP	QL(0.36 gm daily); MP
BREO ELLIPTA	NP	150 rtl MAX fill; QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
BREZTRI AEROSPHERE	NP	MP
BROVANA *(arformoterol tartrate)*	NP	
budesonide-formoterol fumarate dihydrate	NP	QL(0.34 gm daily); MP
COMBIVENT RESPIMAT AERS	NP	MP
DUAKLIR PRESSAIR	NP	MP
DULERA	P	QL(0.44 gm daily); MP
fluticasone furoate-vilanterol	NP	150 rtl MAX fill; QL(2 ea daily); MP
fluticasone-salmeterol aepb 113 mcg/act-14 mcg/act, 232 mcg/act-14 mcg/act, 55 mcg/act-14 mcg/act	NP	QL(0.034 ea daily); MP
fluticasone-salmeterol aepb 100 mcg/act-50 mcg/act, 250 mcg/act-50 mcg/act, 500 mcg/act-50 mcg/act	NP	QL(2 ea daily); MP
fluticasone-salmeterol aero	NP	QL(0.4 gm daily); MP
formoterol fumarate nebu	NP	
ipratropium-albuterol soln	P	MP
levalbuterol hcl	NP	MP
levalbuterol tartrate	NP	MP
PERFOROMIST NEBU *(formoterol fumarate)*	NP	
PROAIR DIGIHALER	NP	MP
PROAIR HFA AERS *(albuterol sulfate)*	P	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.57 gm daily); MP
PROAIR RESPICLICK AEPB	NP	MP
PROVENTIL HFA AERS *(albuterol sulfate)*	P	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.45 gm daily); MP
PROVENTIL HFA AERS *(albuterol sulfate)*	NF	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.45 gm daily); MP
SEREVENT DISKUS	P	QL(2 ea daily); MP
STIOLTO RESPIMAT	NP	MP
STRIVERDI RESPIMAT	NP	MP
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	P	QL(0.34 gm daily); MP
terbutaline sulfate tabs	P	MP
terbutaline sulfate tabs	P	MP
TRELEGY ELLIPTA	NP	150 rtl MAX fill; QL(2 ea daily); MP
VENTOLIN HFA AERS *(albuterol sulfate)*	NP	1 rtl MAX fill; 15 rtl day(s) supply; QL(0.54 gm daily); MP
XOPENEX *(levalbuterol hcl)*	NP	MP
XOPENEX CONCENTRATE *(levalbuterol hcl)*	NP	MP
XOPENEX HFA *(levalbuterol tartrate)*	NP	MP
Xanthines		
THEO-24 CP24	P	MP
theophylline soln	P	MP
theophylline tb12 300 mg, 450 mg	P	MP
theophylline elix	P	
theophylline tb24	P	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium tabs	P	MP
Direct Factor Xa Inhibitors		
ELIQUIS TABS	P	PA

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS STARTER PACK TBPK	P	PA
SAVAYSA	NP	
XARELTO TABS	P	PA
XARELTO SUSR	NP	
XARELTO STARTER PACK TBPK	P	PA
Heparins And Heparinoid-Like Agents		
ARIXTRA 5 MG/0.4ML *(fondaparinux sodium)*	NP	QL(16.8 ml per 365 days retail); SP
ARIXTRA 7.5 MG/0.6ML *(fondaparinux sodium)*	NP	QL(25.2 ml per 365 days retail); SP
ARIXTRA 2.5 MG/0.5ML *(fondaparinux sodium)*	NP	QL(21 ml per 365 days retail); SP
ARIXTRA 10 MG/0.8ML *(fondaparinux sodium)*	NP	QL(33.6 ml per 365 days retail); SP
enoxaparin sodium sosy 80 mg/0.8ml, 120 mg/0.8ml	P	QL(67.2 ml per 365 days retail); SP
enoxaparin sodium sosy 30 mg/0.3ml	P	QL(25.2 ml per 365 days retail); SP
enoxaparin sodium sosy 60 mg/0.6ml	P	QL(50.4 ml per 365 days retail); SP
enoxaparin sodium sosy 40 mg/0.4ml	P	QL(33.6 ml per 365 days retail); SP
enoxaparin sodium sosy 100 mg/ml, 150 mg/ml	P	QL(84 ml per 365 days retail); SP
enoxaparin sodium soln ij 300 mg/3ml	P	QL(252 ml per 365 days retail); SP
fondaparinux sodium 2.5 mg/0.5ml	P	QL(21 ml per 365 days retail); SP
fondaparinux sodium 7.5 mg/0.6ml	P	QL(25.2 ml per 365 days retail); SP
fondaparinux sodium 5 mg/0.4ml	P	QL(16.8 ml per 365 days retail); SP
fondaparinux sodium 10 mg/0.8ml	P	QL(33.6 ml per 365 days retail); SP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP
FRAGMIN SOSY	P	SP
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	P	
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
heparin sodium (porcine) soln ij 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	P	
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	NP	QL(252 ml per 365 days retail); SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(enoxaparin sodium)*	NP	QL(67.2 ml per 365 days retail); SP
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	NP	QL(33.6 ml per 365 days retail); SP
LOVENOX SOSY 30 MG/0.3ML *(enoxaparin sodium)*	NP	QL(25.2 ml per 365 days retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(enoxaparin sodium)*	NP	QL(84 ml per 365 days retail); SP
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	NP	QL(50.4 ml per 365 days retail); SP
Thrombin Inhibitors		
dabigatran etexilate mesylate caps	NP	
PRADAXA CAPS *(dabigatran etexilate mesylate)*	NP	
PRADAXA PACK	NP	
PRADAXA CAPS	NP	
ANTICONVULSANTS - Drugs to Treat Seizures		

Drug Name	Drug Tier	Requirements/ Limits
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	NP	MP
FYCOMPA TABS	NP	
Anticonvulsants - Benzodiazepines		
clobazam susp	NP	QL(8 ml daily); MP
clobazam tabs	NP	QL(2 ea daily)
clonazepam tabs	P	
clonazepam tbdp	NP	
DIASTAT ACUDIAL GEL *(diazepam (anticonvulsant))*	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)
DIASTAT PEDIATRIC GEL *(diazepam (anticonvulsant))*	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)
diazepam (anticonvulsant) gel	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)
KLONOPIN TABS *(clonazepam)*	NP	
NAYZILAM	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(0.067 ea daily)
ONFI TABS *(clobazam)*	NP	QL(2 ea daily)
ONFI SUSP *(clobazam)*	NP	QL(8 ml daily); MP
SYMPAZAN FILM	NP	QL(2 ea daily)
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML	NP	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	NP	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	NP	
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Misc.		
APTIOM	NP	QL(2 ea daily)
BANZEL SUSP *(rufinamide)*	NP	QL(80 ml daily); SP; MP
BANZEL TABS 200 MG *(rufinamide)*	NP	QL(4 ea daily); SP; MP
BANZEL TABS 400 MG *(rufinamide)*	NP	QL(8 ea daily); SP; MP
BRIVIACT TABS	NP	QL(2 ea daily)
BRIVIACT SOLN OR 10 MG/ML	NP	QL(20 ml daily); MP
carbamazepine tabs	P	QL(8 ea daily); MP
carbamazepine susp 100 mg/5ml	P	MP
carbamazepine tb12	P	MP
carbamazepine chew	P	MP
carbamazepine susp	P	MP
carbamazepine cp12	NP	MP
CARBATROL CP12 *(carbamazepine)*	NP	MP
DIACOMIT PACK	NP	SP
DIACOMIT CAPS	NP	SP
ELEPSIA XR TB24	NP	
EPIDIOLEX	NP	QL(20 ml daily); SP; MP
EPRONTIA SOLN	NP	MP
FINTEPLA	NP	SP; MP
gabapentin caps 300 mg	P	QL(12 ea daily); MP
gabapentin soln	P	QL(75 ml daily); MP
gabapentin tabs 800 mg	P	QL(4 ea daily); MP
gabapentin tabs 600 mg	P	QL(6 ea daily); MP
gabapentin caps 100 mg, 400 mg	P	QL(9 ea daily); MP
KEPPRA TABS *(levetiracetam)*	NP	MP
KEPPRA SOLN OR 100 MG/ML *(levetiracetam)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA XR TB24 *(levetiracetam)*	NP	MP
lacosamide soln or 10 mg/ml	NP	MP
lacosamide tabs	NP	QL(2 ea daily)
LAMICTAL TABS *(lamotrigine)*	NP	MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW *(lamotrigine)*	NP	MP
LAMICTAL ODT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.87 ea daily)
LAMICTAL ODT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)
LAMICTAL ODT TBDP *(lamotrigine)*	NP	MP
LAMICTAL ODT KIT *(lamotrigine)*	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT *(lamotrigine)*	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.64 ea daily)
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT *(lamotrigine)*	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(3.27 ea daily)
LAMICTAL STARTER/TAKING VALPROATE KIT *(lamotrigine)*	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)
LAMICTAL XR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL XR TB24 *(lamotrigine)*	NP	QL(2 ea daily); MP
LAMICTAL XR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)
lamotrigine tabs	P	MP
lamotrigine chew	P	MP
lamotrigine kit	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.64 ea daily)
lamotrigine kit	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(3.27 ea daily)
lamotrigine tabs	P	MP
lamotrigine kit	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.87 ea daily)
lamotrigine kit	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(1.17 ea daily)
lamotrigine tbdp	NP	MP
lamotrigine kit	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.94 ea daily)
lamotrigine tb24	NP	QL(2 ea daily); MP
levetiracetam soln or 100 mg/ml, 500 mg/5ml	P	MP
levetiracetam tb24	P	MP
levetiracetam tb24 750 mg	P	MP
levetiracetam tabs	P	MP
levetiracetam tabs	P	MP

Drug Name	Drug Tier	Requirements/ Limits
LYRICA CAPS *(pregabalin)*	NP	QL(2 ea daily); MP
LYRICA SOLN *(pregabalin)*	NP	QL(30 ml daily); MP
MYSOLINE *(primidone)*	NP	MP
NEURONTIN CAPS 100 MG, 400 MG *(gabapentin)*	NP	QL(9 ea daily); MP
NEURONTIN CAPS 300 MG *(gabapentin)*	NP	QL(12 ea daily); MP
NEURONTIN SOLN *(gabapentin)*	NP	QL(75 ml daily); MP
NEURONTIN TABS 600 MG *(gabapentin)*	NP	QL(6 ea daily); MP
NEURONTIN TABS 800 MG *(gabapentin)*	NP	QL(4 ea daily); MP
NEURONTIN SOLN *(gabapentin)*	NF	QL(75 ml daily); MP
oxcarbazepine tabs 150 mg, 300 mg	P	QL(9 ea daily); MP
oxcarbazepine susp	P	QL(33.4 ml daily); MP
oxcarbazepine tabs 600 mg	P	QL(4 ea daily); MP
OXTELLAR XR TB24	NP	MP
pregabalin soln	P	QL(30 ml daily); MP
pregabalin caps	P	QL(2 ea daily); MP
primidone 50 mg, 250 mg	P	MP
primidone	P	MP
QUDEXY XR CS24 *(topiramate)*	NP	QL(1 ea daily); MP
rufinamide tabs 400 mg	NP	QL(8 ea daily); SP; MP
rufinamide susp	NP	QL(80 ml daily); SP; MP
rufinamide tabs 200 mg	NP	QL(4 ea daily); SP; MP
SPRITAM TB3D	NP	MP
TEGRETOL SUSP *(carbamazepine)*	NP	MP
TEGRETOL TABS *(carbamazepine)*	NP	QL(8 ea daily); MP
TEGRETOL-XR TB12 *(carbamazepine)*	NP	MP
TOPAMAX TABS *(topiramate)*	NP	MP
TOPAMAX SPRINKLE CPSP *(topiramate)*	NP	MP
topiramate cpsp	P	MP
topiramate cp24	NP	QL(1 ea daily); MP
topiramate tabs	P	MP
topiramate tabs	P	MP
topiramate cs24	NP	QL(1 ea daily); MP
TRILEPTAL TABS 600 MG *(oxcarbazepine)*	NP	QL(4 ea daily); MP
TRILEPTAL SUSP *(oxcarbazepine)*	NP	QL(33.4 ml daily); MP
TRILEPTAL TABS 600 MG *(oxcarbazepine)*	NF	QL(4 ea daily); MP
TRILEPTAL TABS 150 MG, 300 MG *(oxcarbazepine)*	NP	QL(9 ea daily); MP
TRILEPTAL TABS 150 MG, 300 MG *(oxcarbazepine)*	NF	QL(9 ea daily); MP
TROKENDI XR CP24 *(topiramate)*	NP	QL(1 ea daily); MP
VIMPAT TABS *(lacosamide)*	NP	QL(2 ea daily)
VIMPAT SOLN OR 10 MG/ML *(lacosamide)*	NP	MP
ZONISADE SUSP	NP	
zonisamide caps	P	MP
ZTALMY	NP	
Carbamates		
felbamate susp	NP	MP
felbamate susp	NP	MP
felbamate tabs	NP	MP
felbamate tabs	NP	MP
FELBATOL TABS *(felbamate)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
FELBATOL SUSP *(felbamate)*	NP	MP
XCOPRI TBPK	P	
XCOPRI TABS	P	
GABA Modulators		
GABITRIL *(tiagabine hcl)*	NP	QL(4 ea daily); MP
SABRIL PACK *(vigabatrin)*	NP	QL(6.1 ea daily); SP; MP
SABRIL TABS *(vigabatrin)*	NP	QL(6 ea daily); SP; MP
tiagabine hcl	NP	QL(4 ea daily); MP
vigabatrin tabs	NP	QL(6 ea daily); SP; MP
vigabatrin pack	NP	QL(6.1 ea daily); SP; MP
Hydantoins		
DILANTIN	NP	MP
DILANTIN *(phenytoin sodium extended)*	NP	MP
DILANTIN INFATABS CHEW *(phenytoin)*	NP	MP
DILANTIN-125 SUSP *(phenytoin)*	NP	MP
PHENYTEK *(phenytoin sodium extended)*	NP	MP
phenytoin chew	P	MP
phenytoin chew	P	MP
phenytoin susp	P	MP
phenytoin sodium extended 100 mg, 200 mg, 300 mg	P	MP
Succinimides		
CELONTIN *(methsuximide)*	NP	
ethosuximide caps	P	MP
ethosuximide soln	P	MP
ethosuximide soln	P	MP
ZARONTIN CAPS *(ethosuximide)*	NP	MP
ZARONTIN SOLN *(ethosuximide)*	NP	MP
Valproic Acid		
DEPAKOTE TBEC 250 MG, 500 MG *(divalproex sodium)*	NP	MP
DEPAKOTE TBEC 250 MG *(divalproex sodium)*	NF	
DEPAKOTE TBEC 125 MG *(divalproex sodium)*	NF	MP
DEPAKOTE TBEC 125 MG, 500 MG *(divalproex sodium)*	NP	MP
DEPAKOTE ER TB24 250 MG *(divalproex sodium)*	NF	MP
DEPAKOTE ER TB24 500 MG *(divalproex sodium)*	NP	MP
DEPAKOTE ER TB24 500 MG *(divalproex sodium)*	NF	MP
DEPAKOTE ER TB24 *(divalproex sodium)*	NP	MP
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	NP	MP
divalproex sodium tb24	P	MP
divalproex sodium csdr	P	MP
divalproex sodium tbec	P	MP
divalproex sodium tb24	P	MP
valproate sodium soln or 250 mg/5ml	P	MP
valproate sodium soln or 250 mg/5ml	P	MP
valproic acid caps	P	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tbdp	P	QL(1 ea daily); MP
mirtazapine tabs	P	QL(1 ea daily); MP
REMERON TABS 15 MG, 30 MG *(mirtazapine)*	NP	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
REMERON SOLTAB TBDP *(mirtazapine)*	NP	QL(1 ea daily); MP
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
APLENZIN	NP	
bupropion hcl tb12	P	QL(2 ea daily); MP
bupropion hcl tabs	P	MP
bupropion hcl tb24 150 mg, 300 mg	P	QL(1 ea daily); MP
bupropion hcl tb24 450 mg	P	MP
FORFIVO XL TB24 *(bupropion hcl)*	NP	MP
WELLBUTRIN SR TB12 *(bupropion hcl)*	NP	QL(2 ea daily); MP
WELLBUTRIN XL TB24 *(bupropion hcl)*	NP	QL(1 ea daily); MP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	
MARPLAN	NP	
NARDIL *(phenelzine sulfate)*	NP	MP
phenelzine sulfate	P	MP
tranylcypromine sulfate	P	MP
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	NP	SP; MP
SPRAVATO 84MG DOSE	NP	SP; MP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS *(citalopram hydrobromide)*	NP	MP
citalopram hydrobromide soln	P	MP
citalopram hydrobromide soln	P	MP
citalopram hydrobromide tabs	P	MP
citalopram hydrobromide tabs 10 mg	P	MP
CITALOPRAM HYDROBROMIDE CAPS	NP	
escitalopram oxalate tabs 20 mg	P	QL(1 ea daily); MP
escitalopram oxalate soln	P	MP
escitalopram oxalate tabs 5 mg, 10 mg	P	QL(1.5 ea daily); MP
fluoxetine hcl soln	P	MP
fluoxetine hcl tabs 10 mg	P	QL(1 ea daily); MP
fluoxetine hcl soln	P	MP
fluoxetine hcl caps 10 mg	P	QL(1 ea daily); MP
fluoxetine hcl caps 20 mg, 40 mg	P	QL(2 ea daily); MP
fluoxetine hcl cpdr	NP	MP
fluoxetine hcl tabs 60 mg	P	MP
fluoxetine hcl tabs 20 mg	P	QL(2 ea daily); MP
FLUOXETINE HYDROCHLORIDE TABS *(fluoxetine hcl)*	P	MP
fluvoxamine maleate tabs	P	MP
fluvoxamine maleate cp24	NP	MP
LEXAPRO TABS 20 MG *(escitalopram oxalate)*	NP	QL(1 ea daily); MP
LEXAPRO TABS 5 MG, 10 MG *(escitalopram oxalate)*	NP	QL(1.5 ea daily); MP
paroxetine hcl tabs	P	MP
paroxetine hcl tb24	NP	MP
paroxetine hcl tb24	NP	MP
paroxetine hcl tabs	P	MP
paroxetine hcl susp	P	MP
PAXIL SUSP *(paroxetine hcl)*	NP	MP
PAXIL TABS *(paroxetine hcl)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
PAXIL CR TB24 *(paroxetine hcl)*	NP	MP
PEXEVA	NP	
PROZAC CAPS 20 MG *(fluoxetine hcl)*	NF	QL(2 ea daily); MP
PROZAC CAPS 20 MG, 40 MG *(fluoxetine hcl)*	NP	QL(2 ea daily); MP
PROZAC CAPS 10 MG *(fluoxetine hcl)*	NP	QL(1 ea daily); MP
sertraline hcl conc	P	MP
sertraline hcl tabs	P	MP
SERTRALINE HYDROCHLORIDE CAPS	NP	MP
ZOLOFT TABS *(sertraline hcl)*	NP	MP
ZOLOFT CONC *(sertraline hcl)*	NP	MP
Serotonin Modulators		
nefazodone hcl	NP	MP
trazodone hcl tabs	P	MP
trazodone hcl tabs 150 mg	P	MP
TRINTELLIX	NP	
VIIBRYD TABS *(vilazodone hcl)*	NP	
VIIBRYD STARTER PACK KIT	NP	
vilazodone hcl tabs	NP	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(duloxetine hcl)*	NP	QL(2 ea daily); MP
CYMBALTA CPEP 60 MG *(duloxetine hcl)*	NF	QL(2 ea daily); MP
DESVENLAFAXINE ER	NP	MP
desvenlafaxine succinate 25 mg	NP	MP
desvenlafaxine succinate	NP	MP
DRIZALMA SPRINKLE CSDR	NP	MP
duloxetine hcl cpep	P	QL(2 ea daily); MP
EFFEXOR XR CP24 *(venlafaxine hcl)*	NP	MP
EFFEXOR XR CP24 37.5 MG, 150 MG *(venlafaxine hcl)*	NF	MP
FETZIMA CP24	NP	
FETZIMA TITRATION PACK C4PK	NP	
PRISTIQ *(desvenlafaxine succinate)*	NP	MP
PRISTIQ 50 MG *(desvenlafaxine succinate)*	NF	MP
VENLAFAXINE BESYLATE ER	P	
venlafaxine hcl cp24	P	MP
venlafaxine hcl tb24	NP	QL(1 ea daily); MP
venlafaxine hcl cp24	P	MP
venlafaxine hcl tabs	P	QL(3 ea daily); MP
Tricyclic Agents		
amitriptyline hcl tabs	P	MP
amitriptyline hcl tabs 25 mg, 50 mg	P	MP
amoxapine	NP	MP
ANAFRANIL *(clomipramine hcl)*	NP	MP
clomipramine hcl	P	MP
desipramine hcl tabs	P	MP
doxepin hcl conc	P	MP
doxepin hcl caps	P	MP
doxepin hcl caps	P	MP
imipramine hcl tabs	P	MP
imipramine hcl tabs	P	MP
imipramine pamoate	NP	MP
NORPRAMIN TABS 10 MG, 25 MG *(desipramine hcl)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
nortriptyline hcl caps	P	MP
nortriptyline hcl soln	P	MP
PAMELOR CAPS *(nortriptyline hcl)*	NP	MP
protriptyline hcl	P	MP
trimipramine maleate caps	NP	MP
trimipramine maleate caps	NP	MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	QL(3 ea daily); MP
miglitol	P	MP
PRECOSE *(acarbose)*	NF	QL(3 ea daily); MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	NP	MP
SYMLINPEN 60 SOPN	NP	MP
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(pioglitazone hcl-metformin hcl)*	NP	MP
ACTOPLUS MET TABS 500 MG-15 MG *(pioglitazone hcl-metformin hcl)*	NF	MP
alogliptin-metformin hcl	NP	QL(2 ea daily); MP
alogliptin-pioglitazone 15 mg-25 mg, 30 mg-12.5 mg, 30 mg-25 mg, 45 mg-25 mg	NP	QL(1 ea daily); MP
DUETACT *(pioglitazone hcl-glimepiride)*	NP	MP
glipizide-metformin hcl	P	MP
glyburide-metformin	P	MP
GLYXAMBI	NP	
INVOKAMET TABS	NP	
INVOKAMET XR TB24	NP	
JANUMET TABS	NP	QL(2 ea daily)
JANUMET XR TB24	NP	QL(2 ea daily)
JENTADUETO TABS	NP	
JENTADUETO XR TB24	NP	
KAZANO *(alogliptin-metformin hcl)*	NP	QL(2 ea daily); MP
KOMBIGLYZE XR	NP	
OSENI 15 MG-12.5 MG, 45 MG-12.5 MG *(alogliptin-pioglitazone)*	NF	QL(1 ea daily); MP
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG *(alogliptin-pioglitazone)*	NP	QL(1 ea daily); MP
pioglitazone hcl-glimepiride	NP	MP
pioglitazone hcl-metformin hcl tabs	NP	MP
QTERN	NP	
SEGLUROMET	NP	QL(2 ea daily)
SOLIQUA 100/33	NP	MP
STEGLUJAN	NP	
SYNJARDY TABS	NP	
SYNJARDY XR TB24	NP	
TRIJARDY XR	NP	
XIGDUO XR	NP	
XULTOPHY 100/3.6	NP	MP
Biguanides		
FORTAMET TB24 *(metformin hcl)*	NF	MP
GLUMETZA TB24 *(metformin hcl)*	NP	MP
metformin hcl tabs	P	MP
metformin hcl soln	NP	QL(3 ml daily); MP
metformin hcl tb24 500 mg, 750 mg	P	MP
metformin hcl tb24 500 mg, 1000 mg	NP	MP
metformin hcl tb24 500 mg, 1000 mg	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
metformin hcl tabs	P	MP
RIOMET SOLN *(metformin hcl)*	NP	QL(3 ml daily); MP
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
CVS GLUCOSE CHEW	P	
CVS SOFT GLUCOSE CHEW	P	
DEX4	P	
DEX4 FAST ACTING GLUCOSE	P	
DEX4 NATURALS	P	
DEX4 POUCH PACK	P	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	
dextrose (diabetic use) gel	P	
diazoxide	P	MP
GLUCAGEN HYPOKIT	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)
glucagon (rdna)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)
GLUCAGON EMERGENCY KIT *(glucagon (rdna))*	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea daily; 1 ea per fill retail)
GLUCOSE CHEW	P	
GLUCOSE INSTANT ENERGY	P	

Drug Name	Drug Tier	Requirements/ Limits
GNP GLUCOSE CHEW	P	
GNP QUICK DISSOLVE GLUCOSE CHEW	P	
GOODSENSE GLUCOSE	P	
GVOKE HYPOPEN 1-PACK SOAJ	P	QL(3 ml daily)
GVOKE HYPOPEN 2-PACK SOAJ	P	QL(3 ml daily)
GVOKE KIT SOLN	P	
GVOKE PFS SOSY 1 MG/0.2ML	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.2 ml per fill retail)
GVOKE PFS SOSY 0.5 MG/0.1ML	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.1 ml per fill retail)
HY-VEE GLUCOSE	P	
KORLYM	NP	SP
KROGER GLUCOSE	P	
LEADER GLUCOSE 6 MG-4 GM	P	
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	
LONGS GLUCOSE	P	
MEIJER GLUCOSE	P	
PREFERRED PLUS GLUCOSE	P	
PROGLYCEM *(diazoxide)*	P	MP
PX GLUCOSE	P	
RA GLUCOSE	P	
RELION GLUCOSE	P	
SM GLUCOSE	P	
SMART SENSE GLUCOSE	P	
SMART SENSE GLUCOSE TABLETS	P	
TGT GLUCOSE	P	
TRUEPLUS GLUCOSE CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS GLUCOSE ON THE GO CHEW	P	
UP & UP GLUCOSE	P	
VALUE PLUS GLUCOSE	P	
WALGREENS GLUCOSE	P	
ZEGALOGUE SOSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.6 ml per fill retail)
ZEGALOGUE SOAJ	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.6 ml per fill retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	NP	QL(1 ea daily); MP
JANUVIA	P	QL(1 ea daily); MP
NESINA *(alogliptin benzoate)*	NP	QL(1 ea daily); MP
ONGLYZA	NP	
TRADJENTA	P	MP
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		
ADLYXIN SOPN	NP	MP
ADLYXIN STARTER PACK PNKT	NP	
BYDUREON BCISE AUIJ	NP	MP
BYETTA SOPN	NP	MP
MOUNJARO	NP	
OZEMPIC SOPN	NP	MP
OZEMPIC SOPN	NP	
RYBELSUS TABS	P	PA
TRULICITY	P	QL(0.072 ml daily); MP
VICTOZA	P	QL(0.3 ml daily); MP
Insulin		
ADMELOG SOLN IJ	NP	QL(2 ml daily); MP
ADMELOG SOLOSTAR SOPN	NP	QL(2 ml daily); MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	MP
APIDRA SOLN	NP	MP
APIDRA SOLOSTAR SOPN	NP	MP
BASAGLAR KWIKPEN SOPN	NP	QL(2 ml daily); MP
BASAGLAR TEMPO PEN SOPN	NP	
FIASP SOLN	NP	MP
FIASP FLEXTOUCH SOPN	NP	MP
FIASP PENFILL SOCT	NP	MP
HUMALOG SOCT	P	MP
HUMALOG SOLN IJ	P	QL(2 ml daily); MP
HUMALOG JUNIOR KWIKPEN SOPN	P	MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(2 ml daily); MP
HUMALOG MIX 50/50 SUSP	P	QL(1 ml daily); MP
HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
HUMALOG MIX 75/25 SUSP	P	QL(1 ml daily); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	P	MP
HUMALOG TEMPO PEN SOPN	NP	
HUMULIN 70/30 SUSP	P	QL(1 ml daily); MP
HUMULIN 70/30 KWIKPEN SUPN	P	MP
HUMULIN N SUSP	P	QL(1 ml daily); MP
HUMULIN N KWIKPEN SUPN	P	MP

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R SOLN IJ	P	QL(1 ml daily); MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	MP
INSULIN ASPART SOLN IJ	NP	MP
INSULIN ASPART FLEXPEN SOPN	NP	MP
INSULIN ASPART PENFILL SOCT	NP	MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	NP	MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	NP	MP
INSULIN DEGLUDEC SOLN	NP	MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	MP
INSULIN GLARGINE SOLN	NP	MP
INSULIN GLARGINE SOPN	NP	MP
INSULIN GLARGINE SOLN	NP	MP
INSULIN GLARGINE SOLOSTAR SOPN	NP	QL(2 ml daily); MP
INSULIN LISPRO SOLN IJ	P	QL(2 ml daily); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP
INSULIN LISPRO KWIKPEN SOPN	P	QL(2 ml daily); MP
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	MP
LANTUS SOLN	P	MP
LANTUS SOLOSTAR SOPN	P	QL(2 ml daily); MP
LEVEMIR SOLN	P	MP
LEVEMIR FLEXPEN SOPN	P	MP
LEVEMIR FLEXTOUCH SOPN	P	MP
LYUMJEV SOLN	NP	MP
LYUMJEV KWIKPEN SOPN	NP	MP
LYUMJEV TEMPO PEN SOPN	NP	
NOVOLIN 70/30 SUSP	NP	QL(1 ml daily); MP
NOVOLIN 70/30 FLEXPEN SUPN	NP	MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	MP
NOVOLIN 70/30 RELION SUSP	NP	QL(1 ml daily); MP
NOVOLIN N SUSP	NP	QL(1 ml daily); MP
NOVOLIN N FLEXPEN SUPN	NP	MP
NOVOLIN N FLEXPEN RELION SUPN	NP	MP
NOVOLIN N RELION SUSP	NP	QL(1 ml daily); MP
NOVOLIN R SOLN IJ	NP	QL(1 ml daily); MP
NOVOLIN R FLEXPEN SOPN IJ	NP	MP
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	MP
NOVOLIN R RELION SOLN IJ	NP	QL(1 ml daily); MP
NOVOLOG SOLN IJ	NP	MP
NOVOLOG FLEXPEN SOPN	NP	MP
NOVOLOG FLEXPEN RELION SOPN	NP	MP
NOVOLOG MIX 70/30 SUSP	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	MP
NOVOLOG MIX 70/30 RELION SUSP	NP	MP
NOVOLOG PENFILL SOCT	NP	MP
NOVOLOG RELION SOLN IJ	NP	MP
REZVOGLAR KWIKPEN	NP	
SEMGLEE SOPN	NP	MP
SEMGLEE SOLN	NP	MP
TOUJEO MAX SOLOSTAR SOPN	NP	MP
TOUJEO SOLOSTAR SOPN	NP	MP
TRESIBA SOLN	NP	MP
TRESIBA FLEXTOUCH SOPN	NP	MP
Insulin Sensitizing Agents		
ACTOS *(pioglitazone hcl)*	NP	QL(1 ea daily); MP
pioglitazone hcl	P	QL(1 ea daily); MP
Meglitinide Analogues		
nateglinide	P	MP
nateglinide	P	MP
repaglinide	NP	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	P	
INVOKANA	P	MP
JARDIANCE	P	MP
STEGLATRO	NP	QL(1 ea daily)
Sulfonylureas		
AMARYL *(glimepiride)*	NP	MP
glimepiride	P	MP
glipizide tabs	P	MP
glipizide tb24	P	MP
glipizide tabs 5 mg	P	MP
glipizide tb24	P	MP
GLUCOTROL XL TB24 *(glipizide)*	NP	MP
glyburide tabs	P	MP
glyburide micronized 1.5 mg, 3 mg, 6 mg	P	MP
GLYNASE 3 MG *(glyburide micronized)*	NF	MP
GLYNASE *(glyburide micronized)*	NP	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate susp 262 mg/15ml, 525 mg/15ml, 525 mg/30ml, 527 mg/30ml, 1050 mg/30ml	P	
bismuth subsalicylate tabs	P	
bismuth subsalicylate chew 262 mg	P	
PEPTO BISMOL TABS *(bismuth subsalicylate)*	NF	
PEPTO-BISMOL CHEW *(bismuth subsalicylate)*	NF	
PEPTO-BISMOL SUSP *(bismuth subsalicylate)*	NF	
PEPTO-BISMOL MAX STRENGTH SUSP *(bismuth subsalicylate)*	NF	
PEPTO-BISMOL TO-GO CHEW *(bismuth subsalicylate)*	NF	
Antiperistaltic Agents		
diphenoxylate w/ atropine tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
diphenoxylate w/ atropine liqd	P	QL(3.94 ml daily)
IMODIUM A-D TABS *(loperamide hcl)*	NF	
IMODIUM A-D CAPS *(loperamide hcl)*	NF	RX/OTC
LOMOTIL TABS *(diphenoxylate w/ atropine)*	NF	
loperamide hcl caps	P	RX/OTC
loperamide hcl tabs	P	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox tabs	NP	SP
deferasirox pack	NP	SP
deferasirox tbso	NP	SP
deferiprone tabs	NP	SP
EXJADE TBSO *(deferasirox)*	NP	SP
FERRIPROX SOLN	NP	SP
FERRIPROX TABS *(deferiprone)*	NP	SP
FERRIPROX TWICE-A-DAY TABS	NP	SP
JADENU TABS *(deferasirox)*	NP	SP
JADENU SPRINKLE PACK *(deferasirox)*	NP	SP
Opioid Antagonists		
KLOXXADO LIQD	P	
NALMEFENE HYDROCHLORIDE	P	
naloxone hcl sosy	P	
naloxone hcl liqd	P	
naloxone hcl soln 0.4 mg/ml, 4 mg/10ml	P	
naloxone hcl soct	P	
naltrexone hcl	P	
NARCAN LIQD *(naloxone hcl)*	P	
VIVITROL	P	SP
ZIMHI SOSY	P	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
granisetron hcl tabs	NP	
ondansetron tbdp	P	QL(1 ea daily)
ondansetron hcl tabs 4 mg, 8 mg	P	QL(1 ea daily)
ondansetron hcl soln or 4 mg/5ml	P	
SANCUSO PTCH	NP	
ZOFRAN TABS 4 MG *(ondansetron hcl)*	NF	QL(1 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(meclizine hcl)*	NP	RX/OTC
ANTIVERT TABS	NP	
dimenhydrinate tabs	P	
DRAMAMINE TABS *(dimenhydrinate)*	NF	
meclizine hcl tabs 12.5 mg, 25 mg	P	RX/OTC
scopolamine	P	
TRANSDERM-SCOP *(scopolamine)*	P	
trimethobenzamide hcl caps	NP	QL(4 ea daily)
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC *(doxylamine-pyridoxine)*	NP	
doxylamine-pyridoxine tbec	NP	

Drug Name	Drug Tier	Requirements/ Limits
dronabinol caps	NP	
EMETROL SOLN *(fructose-dextrose-phosphoric acid)*	NF	
fructose-dextrose-phosphoric acid soln	P	
MARINOL CAPS 2.5 MG *(dronabinol)*	NP	
MARINOL CAPS *(dronabinol)*	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant caps	P	
aprepitant misc	P	
EMEND SUSR	NP	
EMEND CAPS 80 MG *(aprepitant)*	NP	
EMEND TRIPACK CAPS *(aprepitant)*	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
Antifungals		
ANCOBON *(flucytosine)*	NP	
flucytosine	NP	
griseofulvin microsize tabs	P	
griseofulvin microsize susp	P	
griseofulvin ultramicrosize	P	
nystatin tabs	P	
terbinafine hcl tabs	P	
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN TABS *(fluconazole)*	NP	QL(1 ea daily)
DIFLUCAN SUSR *(fluconazole)*	NP	
fluconazole tabs	P	QL(1 ea daily)
fluconazole susr	P	
itraconazole soln	NP	
itraconazole caps	P	
ketoconazole	P	
NOXAFIL TBEC *(posaconazole)*	NP	
NOXAFIL SUSP *(posaconazole)*	NP	
NOXAFIL PACK	NP	
posaconazole susp	NP	
posaconazole tbec	NP	
SPORANOX CAPS *(itraconazole)*	NP	
SPORANOX SOLN *(itraconazole)*	NP	
SPORANOX PULSEPAK CAPS *(itraconazole)*	NF	
TOLSURA CAPS	NP	
VFEND TABS *(voriconazole)*	NP	
VFEND SUSR *(voriconazole)*	NP	
VIVJOA	NP	
voriconazole tabs	NP	
voriconazole susr	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate tabs	P	
CHLOR-TRIMETON TABS *(chlorpheniramine maleate)*	NF	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY TABS *(diphenhydramine hcl)*	NF	AL(Up to 65 yrs old)
BENADRYL ALLERGY CAPS *(diphenhydramine hcl)*	NF	AL(Up to 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
BENADRYL ALLERGY CHILDRENS LIQD *(diphenhydramine hcl)*	NF	
BENADRYL ALLERGY ULTRATABS TABS *(diphenhydramine hcl)*	NF	AL(Up to 65 yrs old)
clemastine fumarate tabs 1.34 mg, 2.68 mg	P	
diphenhydramine hcl tabs 25 mg	P	AL(Up to 65 yrs old)
diphenhydramine hcl soln 50 mg/ml	P	
diphenhydramine hcl caps	P	AL(Up to 65 yrs old)
diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml	P	
diphenhydramine hcl elix 12.5 mg/5ml	P	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 60 MG *(fexofenadine hcl)*	NF	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG *(fexofenadine hcl)*	NF	QL(1 ea daily)
cetirizine hcl chew 5 mg	P	
cetirizine hcl syrp or	P	RX/OTC
cetirizine hcl tabs	P	
cetirizine hcl soln or	P	RX/OTC
CLARITIN TABS *(loratadine)*	NF	
CLARITIN SOLN *(loratadine)*	NF	
CLARITIN CHEW *(loratadine)*	NF	
CLARITIN ALLERGY CHILDRENS SOLN *(loratadine)*	NF	
CLARITIN CHILDRENS CHEW *(loratadine)*	NF	
CLARITIN REDITABS TBDP *(loratadine)*	NF	
fexofenadine hcl tabs 180 mg	P	QL(1 ea daily)
fexofenadine hcl tabs 60 mg	P	QL(2 ea daily)
loratadine chew	P	
loratadine soln	P	
loratadine tbdp 10 mg	P	
loratadine tabs	P	
ZYRTEC ALLERGY TABS *(cetirizine hcl)*	NF	
ZYRTEC CHILDRENS ALLERGY SOLN OR *(cetirizine hcl)*	NF	RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl syrp	P	
promethazine hcl tabs	P	
promethazine hcl soln 6.25 mg/5ml	P	
Antihistamines - Piperidines		
cyproheptadine hcl tabs	P	
cyproheptadine hcl syrp	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	NP	QL(3 ea daily)
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	NP	MP
NEXLIZET	NP	
VYTORIN *(ezetimibe-simvastatin)*	NF	MP
VYTORIN *(ezetimibe-simvastatin)*	NP	MP
Antihyperlipidemics - Misc.		
icosapent ethyl	NP	

Drug Name	Drug Tier	Requirements/ Limits
LOVAZA *(omega-3-acid ethyl esters)*	NP	MP
omega-3-acid ethyl esters	NP	MP
omega-3-acid ethyl esters	NP	MP
VASCEPA 1 GM *(icosapent ethyl)*	NP	MP
VASCEPA 0.5 GM *(icosapent ethyl)*	NP	
Bile Acid Sequestrants		
cholestyramine powd	P	MP
cholestyramine powd	P	MP
cholestyramine pack	P	MP
cholestyramine pack	P	MP
cholestyramine light powd	P	MP
cholestyramine light pack	P	MP
cholestyramine light powd	P	MP
cholestyramine light pack	P	MP
colesevelam hcl tabs	NP	MP
colesevelam hcl pack	NP	MP
COLESTID GRAN *(colestipol hcl)*	NP	MP
COLESTID PACK *(colestipol hcl)*	NP	MP
COLESTID TABS *(colestipol hcl)*	NP	MP
COLESTID FLAVORED PACK *(colestipol hcl)*	NP	MP
COLESTID FLAVORED GRAN *(colestipol hcl)*	NP	MP
colestipol hcl pack	NP	MP
colestipol hcl gran	NP	MP
colestipol hcl tabs	NP	MP
QUESTRAN POWD *(cholestyramine)*	NP	MP
QUESTRAN PACK *(cholestyramine)*	NP	MP
QUESTRAN LIGHT POWD *(cholestyramine light)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
WELCHOL TABS *(colesevelam hcl)*	NP	MP
WELCHOL PACK *(colesevelam hcl)*	NP	MP
Fibric Acid Derivatives		
ANTARA 30 MG, 90 MG	NP	MP
ANTARA 30 MG, 90 MG *(fenofibrate micronized)*	NP	MP
choline fenofibrate	P	MP
fenofibrate caps	P	MP
fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg	P	MP
fenofibrate tabs	P	MP
fenofibrate micronized	P	MP
fenofibric acid	NP	MP
FENOGLIDE TABS *(fenofibrate)*	NP	MP
gemfibrozil tabs	P	MP
LIPOFEN CAPS 150 MG *(fenofibrate)*	NF	MP
LIPOFEN CAPS *(fenofibrate)*	NP	MP
LOPID TABS *(gemfibrozil)*	NP	MP
TRICOR TABS *(fenofibrate)*	NP	MP
TRILIPIX *(choline fenofibrate)*	NP	MP
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
ATORVALIQ SUSP	NP	
atorvastatin calcium tabs	P	QL(1 ea daily); MP
CRESTOR TABS *(rosuvastatin calcium)*	NP	QL(1 ea daily); MP
CRESTOR TABS 5 MG, 10 MG *(rosuvastatin calcium)*	NF	QL(1 ea daily); MP
EZALLOR SPRINKLE CPSP	NP	

Drug Name	Drug Tier	Requirements/ Limits
fluvastatin sodium tb24	NP	MP
fluvastatin sodium caps	NP	MP
fluvastatin sodium tb24	NP	MP
LESCOL XL TB24 *(fluvastatin sodium)*	NP	MP
LIPITOR TABS *(atorvastatin calcium)*	NP	QL(1 ea daily); MP
LIPITOR TABS 10 MG *(atorvastatin calcium)*	NF	QL(1 ea daily); MP
LIVALO	NP	
lovastatin tabs	P	QL(1 ea daily); MP
pravastatin sodium	P	QL(1 ea daily); MP
rosuvastatin calcium tabs	P	QL(1 ea daily); MP
simvastatin tabs	P	QL(1 ea daily); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG *(simvastatin)*	NP	QL(1 ea daily); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG *(simvastatin)*	NF	QL(1 ea daily); MP
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	MP
ZETIA *(ezetimibe)*	NP	MP
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbcr 500 mg, 1000 mg	NP	MP
niacin (antihyperlipidemic) tbcr	NP	MP
NIASPAN TBCR *(niacin (antihyperlipidemic))*	NF	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP; MP
PRALUENT SOAJ	NP	SP; MP
REPATHA SOSY	NP	SP; MP
REPATHA PUSHTRONEX SYSTEM SOCT	NP	SP; MP
REPATHA SURECLICK SOAJ	NP	SP; MP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(quinapril hcl)*	NP	MP
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(ramipril)*	NP	MP
benazepril hcl	P	MP
benazepril hcl	P	MP
captopril	P	MP
enalapril maleate tabs	P	MP
enalapril maleate tabs	P	MP
enalapril maleate soln	NP	MP
EPANED SOLN *(enalapril maleate)*	NP	MP
fosinopril sodium	P	MP
lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	P	MP
lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	P	MP
LOTENSIN 10 MG, 20 MG, 40 MG *(benazepril hcl)*	NP	MP
moexipril hcl	P	MP
perindopril erbumine	NP	MP
PRINIVIL TABS 20 MG *(lisinopril)*	NF	MP
QBRELIS SOLN	NP	QL(5 ml daily); MP
quinapril hcl	P	MP
ramipril caps	P	MP

Drug Name	Drug Tier	Requirements/ Limits
ramipril caps 2.5 mg, 5 mg, 10 mg	P	MP
trandolapril	P	MP
VASOTEC TABS *(enalapril maleate)*	NP	MP
ZESTRIL TABS *(lisinopril)*	NP	MP
Agents for Pheochromocytoma		
DEMSER *(metyrosine)*	P	SP
metyrosine	P	SP
phenoxybenzamine hcl	NP	
Angiotensin II Receptor Antagonists		
ATACAND *(candesartan cilexetil)*	NP	MP
AVAPRO *(irbesartan)*	NP	MP
BENICAR *(olmesartan medoxomil)*	NP	MP
candesartan cilexetil	NP	MP
COZAAR 50 MG, 100 MG *(losartan potassium)*	NF	MP
COZAAR *(losartan potassium)*	NP	MP
DIOVAN TABS *(valsartan)*	NP	MP
EDARBI	NP	MP
irbesartan	P	MP
losartan potassium	P	MP
losartan potassium	P	MP
MICARDIS *(telmisartan)*	NP	MP
olmesartan medoxomil	NP	MP
olmesartan medoxomil 5 mg	NP	MP
telmisartan	NP	MP
telmisartan	NP	MP
valsartan tabs	P	MP
valsartan tabs	P	MP
Antiadrenergic Antihypertensives		
CARDURA 8 MG *(doxazosin mesylate)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
CARDURA *(doxazosin mesylate)*	NP	MP
CARDURA 1 MG, 2 MG, 4 MG *(doxazosin mesylate)*	NF	MP
CATAPRES-TTS-1 *(clonidine)*	NP	MP
CATAPRES-TTS-2 *(clonidine)*	NP	MP
CATAPRES-TTS-3 *(clonidine)*	NP	MP
clonidine	P	MP
clonidine hcl tabs	P	MP
clonidine hcl tabs	P	MP
clonidine hcl tb24	NP	
doxazosin mesylate 4 mg	P	MP
doxazosin mesylate	P	MP
guanfacine hcl	P	MP
methyldopa tabs	P	MP
MINIPRESS CAPS *(prazosin hcl)*	NP	MP
prazosin hcl caps	P	MP
prazosin hcl caps	P	MP
terazosin hcl	P	MP
terazosin hcl	P	MP
Antihypertensive Combinations		
ACCURETIC	NP	MP
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(quinapril-hydrochlorothiazide)*	NF	MP
ACCURETIC *(quinapril-hydrochlorothiazide)*	NP	MP
amlodipine besylate-benazepril hcl	P	MP
amlodipine besylate-olmesartan medoxomil	NP	MP
amlodipine besylate-valsartan	NP	MP
amlodipine-valsartan-hydrochlorothiazide	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)*	NP	MP
atenolol & chlorthalidone	P	MP
AVALIDE *(irbesartan-hydrochlorothiazide)*	NP	MP
AZOR *(amlodipine besylate-olmesartan medoxomil)*	NP	MP
benazepril & hydrochlorothiazide	P	MP
BENICAR HCT *(olmesartan medoxomil-hydrochlorothiazide)*	NP	MP
bisoprolol & hydrochlorothiazide	P	MP
candesartan cilexetil-hydrochlorothiazide	NP	MP
candesartan cilexetil-hydrochlorothiazide	NP	MP
captopril & hydrochlorothiazide	P	
DIOVAN HCT *(valsartan-hydrochlorothiazide)*	NP	QL(1 ea daily); MP
EDARBYCLOR	NP	
enalapril maleate & hydrochlorothiazide	P	MP
EXFORGE *(amlodipine besylate-valsartan)*	NP	MP
EXFORGE HCT *(amlodipine-valsartan-hydrochlorothiazide)*	NP	MP
fosinopril sodium & hydrochlorothiazide	P	MP
HYZAAR *(losartan potassium & hydrochlorothiazide)*	NF	MP
HYZAAR *(losartan potassium & hydrochlorothiazide)*	NP	MP
irbesartan-hydrochlorothiazide	P	MP
lisinopril & hydrochlorothiazide	P	MP
losartan potassium & hydrochlorothiazide	P	MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)*	NP	MP
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(amlodipine besylate-benazepril hcl)*	NP	MP
metoprolol & hydrochlorothiazide tabs	P	MP
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	NP	MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	MP
olmesartan medoxomil-hydrochlorothiazide	NP	MP
quinapril-hydrochlorothiazide	P	MP
TARKA 180 MG-2 MG, 240 MG-2 MG, 240 MG-4 MG *(trandolapril-verapamil hcl)*	NF	MP
TEKTURNA HCT	NP	
telmisartan-amlodipine	NP	MP
telmisartan-hydrochlorothiazide	NP	MP
TENORETIC 100 *(atenolol & chlorthalidone)*	NP	MP
TENORETIC 50 *(atenolol & chlorthalidone)*	NP	MP
trandolapril-verapamil hcl	P	MP
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NP	MP
TWYNSTA *(telmisartan-amlodipine)*	NF	MP

Drug Name	Drug Tier	Requirements/ Limits
valsartan-hydrochlorothiazide	P	QL(1 ea daily); MP
VASERETIC 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)*	NP	MP
ZESTORETIC *(lisinopril & hydrochlorothiazide)*	NP	MP
ZIAC *(bisoprolol & hydrochlorothiazide)*	NP	MP
Antihypertensives - Misc.		
VECAMYL	NP	SP
Direct Renin Inhibitors		
aliskiren fumarate	NP	MP
TEKTURNA *(aliskiren fumarate)*	NP	MP
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	NP	MP
INSPRA *(eplerenone)*	NP	MP
Vasodilators		
hydralazine hcl tabs	P	MP
minoxidil 2.5 mg, 10 mg	P	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
FLAGYL CAPS *(metronidazole)*	NP	
metronidazole tabs	P	
metronidazole caps	NP	
NEBUPENT IN *(pentamidine isethionate)*	P	
pentamidine isethionate in	P	
tinidazole	NP	
trimethoprim tabs	P	
XIFAXAN	NP	

Drug Name	Drug Tier	Requirements/ Limits
Anti-infective Misc. - Combinations		
BACTRIM TABS *(sulfamethoxazole-trimethoprim)*	NP	
BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)*	NP	
methenamine-hyoscamine-methylene blue-sodium phosphate tabs	NP	
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal caps	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 10.8 mg-81.6 mg-36.2 mg-0.12 mg-40.8 mg	NP	
sulfamethoxazole-trimethoprim tabs	P	
sulfamethoxazole-trimethoprim susp	P	
UROGESIC-BLUE TABS *(methenamine-hyoscamine-methylene blue-sodium phosphate)*	NP	
Antiprotozoal Agents		
atovaquone	P	
LAMPIT	NP	
MEPRON *(atovaquone)*	NP	
nitazoxanide tabs	NP	
Glycopeptides		
FIRVANQ SOLR OR *(vancomycin hcl)*	NP	
VANCOCIN CAPS *(vancomycin hcl)*	NP	
vancomycin hcl solr or 25 mg/ml, 50 mg/ml	P	

Drug Name	Drug Tier	Requirements/ Limits
vancomycin hcl caps	P	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	P	
Leprostatics		
dapsone	P	
Lincosamides		
CLEOCIN *(clindamycin hcl)*	NP	
CLEOCIN PEDIATRIC GRANULES *(clindamycin palmitate hydrochloride)*	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(30 ml daily)
clindamycin hcl	P	
clindamycin palmitate hydrochloride	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(30 ml daily)
Monobactams		
CAYSTON	NP	SP
Oxazolidinones		
linezolid susr	NP	
linezolid tabs	NP	
SIVEXTRO TABS	NP	
ZYVOX TABS *(linezolid)*	NP	
ZYVOX SUSR *(linezolid)*	NP	
Pleuromutilins		
XENLETA TABS	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(20 ea per fill retail); SP
Urinary Anti-infectives		
fosfomycin tromethamine	P	
HIPREX *(methenamine hippurate)*	NF	
HIPREX *(methenamine hippurate)*	NP	
MACROBID *(nitrofurantoin monohyd macro)*	NP	
MACRODANTIN *(nitrofurantoin macrocrystal)*	NP	
methenamine hippurate	P	
methenamine mandelate 0.5 gm, 1 gm	P	
MONUROL *(fosfomycin tromethamine)*	P	
nitrofurantoin	P	
nitrofurantoin macrocrystal	P	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	P	
COARTEM	NP	
MALARONE *(atovaquone-proguanil hcl)*	NP	
Antimalarials		
chloroquine phosphate tabs	P	
DARAPRIM *(pyrimethamine)*	NP	SP
hydroxychloroquine sulfate	P	
KRINTAFEL	NP	
mefloquine hcl	P	
primaquine phosphate tabs	P	
PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)*	P	
pyrimethamine	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
QUALAQUIN CAPS *(quinine sulfate)*	NP	
quinine sulfate caps 324 mg	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	NP	SP
MESTINON SOLN OR *(pyridostigmine bromide)*	NP	MP
MESTINON TABS *(pyridostigmine bromide)*	NP	
MESTINON TIMESPAN TBCR *(pyridostigmine bromide)*	NP	
pyridostigmine bromide tbcr	P	
pyridostigmine bromide soln or	P	MP
pyridostigmine bromide tabs	P	
pyridostigmine bromide soln or	P	MP
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	P	
ethambutol hcl tabs	P	
isoniazid tabs	P	
isoniazid syrp	P	
MYAMBUTOL TABS 400 MG *(ethambutol hcl)*	NP	
MYCOBUTIN *(rifabutin)*	NP	
PRETOMANID	NP	QL(1 ea daily)
PRIFTIN	P	
pyrazinamide	P	
rifabutin	P	
rifampin caps	P	
SIRTURO	NP	

Drug Name	Drug Tier	Requirements/ Limits
TRECATOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide caps	P	
CYCLOPHOSPHAMIDE TABS	P	
LEUKERAN	P	
melphalan	P	
MYLERAN TABS	P	
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG *(temozolomide)*	NF	SP
temozolomide caps	P	SP
Antimetabolites		
capecitabine	NP	SP
mercaptopurine tabs	P	
methotrexate sodium tabs 2.5 mg	P	
methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml	P	
ONUREG TABS	NP	SP
PURIXAN SUSP	NP	MP
TABLOID	P	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
XATMEP SOLN	NP	MP
XELODA *(capecitabine)*	NP	SP
XELODA *(capecitabine)*	NF	
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	NP	SP
LENVIMA 10 MG DAILY DOSE	NP	SP
LENVIMA 12MG DAILY DOSE	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 14 MG DAILY DOSE	NP	SP
LENVIMA 18 MG DAILY DOSE	NP	SP
LENVIMA 20 MG DAILY DOSE	NP	SP
LENVIMA 24 MG DAILY DOSE	NP	SP
LENVIMA 4 MG DAILY DOSE	NP	SP
LENVIMA 8 MG DAILY DOSE	NP	SP
Antineoplastic - Anti-HER2 Agents		
TUKYSA	NP	QL(3 ea daily); SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA TABS	NP	SP
VENCLEXTA STARTING PACK TBPK	NP	SP
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	P	SP
EXKIVITY	NP	SP
gefitinib	P	SP
GILOTRIF	NP	SP
IRESSA *(gefitinib)*	P	SP
TAGRISSO	NP	SP
TARCEVA *(erlotinib hcl)*	NP	SP
VIZIMPRO	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	NP	SP
ERIVEDGE	P	SP
ODOMZO	NP	SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	P	SP
abiraterone acetate	P	SP
anastrozole	P	QL(1 ea daily); AL(At least 40 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
anastrozole	P	QL(1 ea daily)
ARIMIDEX *(anastrozole)*	NP	QL(1 ea daily); AL(At least 40 yrs old)
AROMASIN *(exemestane)*	NP	AL(At least 40 yrs old)
bicalutamide	P	
CASODEX *(bicalutamide)*	NP	
EMCYT	P	SP
ERLEADA	NP	SP
exemestane	P	
exemestane	P	AL(At least 40 yrs old)
FARESTON *(toremifene citrate)*	NP	
FEMARA *(letrozole)*	NP	QL(1 ea daily); AL(At least 40 yrs old)
flutamide	P	
letrozole	P	QL(1 ea daily)
letrozole	P	QL(1 ea daily); AL(At least 40 yrs old)
LYSODREN	P	SP
megestrol acetate susp 800 mg/20ml	P	MP
megestrol acetate tabs	P	
megestrol acetate susp 40 mg/ml, 400 mg/10ml	P	MP
nilutamide	P	
NUBEQA	NP	SP
ORGOVYX	NP	SP
ORSERDU	NP	SP
SOLTAMOX SOLN	P	MP
tamoxifen citrate tabs	P	QL(2 ea daily)
toremifene citrate	P	
XTANDI CAPS	NP	SP
XTANDI TABS	NP	SP
YONSA	NP	SP
ZYTIGA *(abiraterone acetate)*	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Immunomodulators		
POMALYST	NP	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	NP	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO	NP	SP
XPOVIO 100 MG ONCE WEEKLY	NP	SP
XPOVIO 40 MG ONCE WEEKLY	NP	SP
XPOVIO 40 MG TWICE WEEKLY	NP	SP
XPOVIO 60 MG ONCE WEEKLY	NP	SP
XPOVIO 60 MG TWICE WEEKLY	NP	SP
XPOVIO 80 MG ONCE WEEKLY	NP	SP
XPOVIO 80 MG TWICE WEEKLY	NP	SP
Antineoplastic Combinations		
INQOVI	NP	SP
KISQALI FEMARA 200 DOSE	NP	SP
KISQALI FEMARA 400 DOSE	NP	SP
KISQALI FEMARA 600 DOSE	NP	SP
LONSURF	NP	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS *(everolimus)*	NP	SP
AFINITOR DISPERZ TBSO *(everolimus)*	NP	SP
ALECENSA	NP	SP
ALUNBRIG TBPK	NP	SP
ALUNBRIG TABS	NP	SP
BALVERSA	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
BOSULIF	NP	SP
BRAFTOVI 75 MG	NP	SP
BRUKINSA	NP	SP
CABOMETYX TABS	NP	SP
CALQUENCE	NP	SP
CALQUENCE	NP	SP
CAPRELSA	P	SP
COMETRIQ KIT	NP	SP
COPIKTRA	NP	SP
COTELLIC	NP	SP
everolimus tbso	NP	SP
everolimus tabs	NP	SP
FOTIVDA	NP	SP
GAVRETO	NP	SP
GLEEVEC *(imatinib mesylate)*	NP	SP
IBRANCE CAPS	NP	SP
IBRANCE TABS	NP	SP
ICLUSIG	NP	SP
IDHIFA	NP	SP
imatinib mesylate	NP	SP
IMBRUVICA SUSP	NP	SP
IMBRUVICA TABS	NP	SP
IMBRUVICA CAPS	NP	SP
INREBIC	NP	SP
JAKAFI	P	SP
JAYPIRCA	NP	SP
KISQALI	NP	SP
KOSELUGO	NP	QL(3 ea daily); SP
KRAZATI	NP	SP
lapatinib ditosylate	NP	SP
LORBRENA	NP	SP
LUMAKRAS	NP	SP
LYNPARZA TABS	NP	SP
LYTGOBI	NP	SP
MEKINIST TABS	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
MEKTOVI	NP	SP
NERLYNX	NP	SP
NEXAVAR *(sorafenib tosylate)*	P	SP
NINLARO	NP	SP
PEMAZYRE	NP	QL(3 ea daily); SP
PIQRAY 200MG DAILY DOSE	NP	SP
PIQRAY 250MG DAILY DOSE	NP	SP
PIQRAY 300MG DAILY DOSE	NP	SP
QINLOCK	NP	SP
RETEVMO	NP	SP
REZLIDHIA	NP	SP
ROZLYTREK	NP	SP
RUBRACA	NP	SP
RYDAPT	NP	SP
SCEMBLIX	NP	SP
sorafenib tosylate	P	SP
SPRYCEL	NP	SP
STIVARGA	NP	SP
sunitinib malate	P	SP
SUTENT *(sunitinib malate)*	P	SP
TABRECTA	NP	QL(3 ea daily); SP
TAFINLAR CAPS	NP	SP
TALZENNA	NP	SP
TASIGNA	NP	SP
TAZVERIK	NP	SP
TEPMETKO	NP	SP
TIBSOVO	NP	SP
TRUSELTIQ	NP	SP
TURALIO	NP	SP
TYKERB *(lapatinib ditosylate)*	NP	SP
VERZENIO	NP	SP
VITRAKVI SOLN	NP	SP; MP
VITRAKVI CAPS	NP	SP
VONJO	NP	SP
VOTRIENT	P	SP
XALKORI	NP	SP
XOSPATA	NP	SP
ZEJULA	NP	SP
ZELBORAF	NP	SP
ZOLINZA	NP	SP
ZYDELIG	NP	SP
ZYKADIA TABS	NP	SP
Antineoplastics Misc.		
bexarotene	P	SP
HYDREA *(hydroxyurea)*	NP	
hydroxyurea	P	
MATULANE	P	SP
TARGRETIN *(bexarotene)*	NP	SP
tretinoin (chemotherapy)	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium tabs	P	
MESNEX TABS	P	SP
Mitotic Inhibitors		
etoposide caps	P	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	P	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	P	MP
LODOSYN *(carbidopa)*	NP	MP
NOURIANZ	NP	
Antiparkinson Anticholinergics		
benztropine mesylate tabs	P	MP

Drug Name	Drug Tier	Requirements/ Limits
benztropine mesylate tabs	P	MP
trihexyphenidyl hcl tabs	P	MP
trihexyphenidyl hcl soln	P	MP
Antiparkinson COMT Inhibitors		
COMTAN *(entacapone)*	NP	MP
entacapone	P	MP
ONGENTYS	NP	
TASMAR *(tolcapone)*	NP	MP
tolcapone	NP	MP
Antiparkinson Dopaminergics		
amantadine hcl caps	P	MP
amantadine hcl soln	P	MP
amantadine hcl caps	P	MP
amantadine hcl soln	P	MP
amantadine hcl tabs	P	MP
APOKYN SOCT	NP	SP; MP
apomorphine hydrochloride soct	NP	SP; MP
bromocriptine mesylate caps	P	MP
bromocriptine mesylate tabs 2.5 mg	P	MP
carbidopa-levodopa tabs	P	MP
carbidopa-levodopa tbcr	P	MP
carbidopa-levodopa tbdp	NP	MP
carbidopa-levodopa-entacapone	NP	MP
DHIVY TABS	NP	MP
GOCOVRI CP24	NP	SP; MP
INBRIJA CAPS	NP	
KYNMOBI FILM	NP	
MIRAPEX TABS 0.125 MG, 0.5 MG, 0.75 MG, 1 MG *(pramipexole dihydrochloride)*	NF	MP
MIRAPEX ER TB24 *(pramipexole dihydrochloride)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
NEUPRO	NP	
OSMOLEX ER TB24 129 MG, 193 MG	NP	MP
OSMOLEX ER TB24 129 MG	NP	MP
PARLODEL TABS *(bromocriptine mesylate)*	NP	MP
PARLODEL CAPS *(bromocriptine mesylate)*	NP	MP
pramipexole dihydrochloride tabs	P	MP
pramipexole dihydrochloride tb24	NP	MP
ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	QL(3 ea daily); MP
ropinirole hydrochloride tabs 5 mg	P	QL(5 ea daily); MP
ropinirole hydrochloride tb24	NP	MP
ropinirole hydrochloride tb24	NP	MP
RYTARY CPCR	NP	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)*	NP	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)*	NF	MP
STALEVO 100 *(carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 125 *(carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 150 *(carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 200 *(carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 50 *(carbidopa-levodopa-entacapone)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 75 *(carbidopa-levodopa-entacapone)*	NP	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(rasagiline mesylate)*	NP	MP
rasagiline mesylate	NP	MP
selegiline hcl caps	P	MP
selegiline hcl tabs	P	MP
XADAGO	NP	
ZELAPAR TBDP	NP	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps	P	MP
lithium carbonate tabs	P	MP
lithium carbonate tbcr	P	MP
LITHOBID TBCR *(lithium carbonate)*	NP	MP
Antipsychotics - Misc.		
CAPLYTA 10.5 MG, 21 MG	NP	
CAPLYTA 42 MG	NP	QL(3 ea daily)
EQUETRO	NP	
GEODON *(ziprasidone mesylate)*	NP	
GEODON *(ziprasidone hcl)*	NP	QL(2 ea daily); MP
GEODON 20 MG, 60 MG, 80 MG *(ziprasidone hcl)*	NF	QL(2 ea daily); MP
GEODON *(ziprasidone mesylate)*	NF	
LATUDA 80 MG *(lurasidone hcl)*	NF	AL(At least 8 yrs old)
LATUDA *(lurasidone hcl)*	NP	AL(At least 8 yrs old)
lurasidone hcl	NP	
NUPLAZID TABS 10 MG	NP	AL(At least 8 yrs old)
NUPLAZID CAPS	NP	AL(At least 8 yrs old)
VRAYLAR CAPS	NP	AL(At least 8 yrs old)
VRAYLAR CPPK	NP	AL(At least 8 yrs old)
ziprasidone hcl	P	QL(2 ea daily); MP
ziprasidone mesylate	NP	
Benzisoxazoles		
FANAPT	NP	QL(2 ea daily); AL(At least 8 yrs old)
FANAPT TITRATION PACK	NP	QL(0.27 ea daily); AL(At least 8 yrs old)
INVEGA *(paliperidone)*	NP	AL(At least 8 yrs old); MP
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP; MP; PA
INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP; MP; PA
INVEGA TRINZA	P	AL(At least 18 yrs old); SP; MP; PA
paliperidone	NP	MP
paliperidone	NP	AL(At least 8 yrs old); MP
PERSERIS PRSY	NP	AL(At least 8 yrs old); SP; MP
RISPERDAL SOLN *(risperidone)*	NP	MP
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(risperidone)*	NP	MP
RISPERDAL CONSTA	NP	SP
risperidone tabs	P	MP
risperidone soln	P	MP
risperidone tbdp	NP	MP
Butyrophenones		

Drug Name	Drug Tier	Requirements/ Limits
HALDOL DECANOATE 100 *(haloperidol decanoate)*	NF	
HALDOL DECANOATE 50 *(haloperidol decanoate)*	NF	
haloperidol tabs	P	MP
haloperidol tabs 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg	P	MP
haloperidol decanoate	P	
haloperidol lactate conc	P	MP
Dibenzapines		
asenapine maleate 2.5 mg	NP	MP
asenapine maleate 5 mg	NP	MP
asenapine maleate 2.5 mg, 10 mg	NP	AL(At least 8 yrs old); MP
clozapine tbdp	NP	AL(At least 8 yrs old); MP
clozapine tabs	P	MP
CLOZARIL TABS *(clozapine)*	NP	MP
loxapine succinate	P	MP
olanzapine tabs	P	MP
olanzapine solr	NP	AL(At least 8 yrs old)
olanzapine tbdp	P	MP
olanzapine tbdp 10 mg	P	AL(At least 8 yrs old); MP
olanzapine tbdp 5 mg, 15 mg, 20 mg	P	MP
quetiapine fumarate tb24	P	MP
quetiapine fumarate tb24	P	MP
quetiapine fumarate tabs 150 mg	P	
quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg	P	MP
SAPHRIS 2.5 MG, 10 MG *(asenapine maleate)*	NP	AL(At least 8 yrs old); MP
SAPHRIS 5 MG *(asenapine maleate)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
SAPHRIS 10 MG *(asenapine maleate)*	NF	AL(At least 8 yrs old); MP
SAPHRIS 5 MG *(asenapine maleate)*	NF	MP
SECUADO	NP	QL(1 ea daily)
SEROQUEL TABS *(quetiapine fumarate)*	NP	MP
SEROQUEL XR TB24 *(quetiapine fumarate)*	NP	MP
VERSACLOZ SUSP	NP	AL(At least 8 yrs old); MP
ZYPREXA SOLR *(olanzapine)*	NP	AL(At least 8 yrs old)
ZYPREXA TABS *(olanzapine)*	NP	MP
ZYPREXA RELPREVV	NP	AL(At least 8 yrs old); SP
ZYPREXA ZYDIS TBDP 5 MG, 15 MG, 20 MG *(olanzapine)*	NP	MP
ZYPREXA ZYDIS TBDP 10 MG *(olanzapine)*	NP	AL(At least 8 yrs old); MP
Dihydroindolones		
molindone hcl	NP	MP
Phenothiazines		
chlorpromazine hcl tabs 10 mg, 25 mg, 50 mg, 200 mg	P	QL(4 ea daily); MP
chlorpromazine hcl tabs 100 mg	P	QL(5 ea daily); MP
chlorpromazine hcl conc	P	MP
fluphenazine hcl elix	P	MP
fluphenazine hcl conc	P	
fluphenazine hcl tabs	P	MP
fluphenazine hcl soln	P	
fluphenazine hcl tabs	P	MP
perphenazine tabs	P	MP
perphenazine tabs	P	MP
prochlorperazine	P	

Drug Name	Drug Tier	Requirements/ Limits
prochlorperazine maleate tabs	P	
thioridazine hcl	P	MP
trifluoperazine hcl tabs	P	MP
Quinolinone Derivatives		
ABILIFY TABS *(aripiprazole)*	NP	QL(1 ea daily); AL(At least 6 yrs old); MP
ABILIFY ASIMTUFII PRSY	NP	
ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old); SP; MP; PA
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; MP; PA
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 8 yrs old); SP
ABILIFY MYCITE STARTER KIT	NP	AL(At least 8 yrs old); SP
aripiprazole tabs	P	QL(1 ea daily); MP
aripiprazole tabs	P	QL(1 ea daily); AL(At least 6 yrs old); MP
aripiprazole soln or	NP	QL(20 ml daily); AL(At least 6 yrs old); MP
aripiprazole tbdp	NP	MP
ARISTADA	P	AL(At least 8 yrs old); SP; MP; PA
ARISTADA INITIO	P	AL(At least 8 yrs old); SP; PA
REXULTI	NP	QL(1 ea daily); AL(At least 8 yrs old)
Thioxanthenes		
thiothixene	P	MP
ANTISEPTICS & DISINFECTANTS		
Iodine Antiseptics		
BETADINE SOLN *(povidone-iodine)*	NF	
FIRST AID ANTISEPTIC OINTMENT OINT	P	
povidone-iodine soln 10 %	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate soln	P	MP
abacavir sulfate tabs	P	QL(2 ea daily); MP
abacavir sulfate-lamivudine	P	MP
abacavir sulfate-lamivudine-zidovudine	P	MP
APRETUDE	P	
APRETUDE	NP	
APTIVUS CAPS	P	MP
atazanavir sulfate caps	P	MP
BIKTARVY	P	MP
CABENUVA	P	MP; PA
CIMDUO	NP	MP
COMBIVIR *(lamivudine-zidovudine)*	NP	MP
COMPLERA	P	MP
DELSTRIGO	P	MP
DESCOVY 200 MG-25 MG	P	MP
DESCOVY 120 MG-15 MG	P	
DOVATO	P	MP
EDURANT	P	MP
efavirenz caps	P	MP
efavirenz tabs	P	MP
efavirenz-emtricitabine-tenofovir disoproxil fumarate	P	MP
efavirenz-lamivudine-tenofovir disoproxil fumarate	NP	MP
emtricitabine caps	P	MP

Drug Name	Drug Tier	Requirements/ Limits
emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg	P	MP
EMTRIVA CAPS *(emtricitabine)*	P	MP
EMTRIVA SOLN	P	MP
EPIVIR SOLN *(lamivudine)*	NP	MP
EPIVIR TABS *(lamivudine)*	NP	MP
EPZICOM *(abacavir sulfate-lamivudine)*	NP	MP
etravirine	P	MP
EVOTAZ	NP	MP
fosamprenavir calcium tabs	P	MP
FUZEON SOLR	NP	SP; MP
GENVOYA	P	MP
INTELENCE *(etravirine)*	P	MP
INTELENCE	P	MP
INVIRASE TABS	P	MP
ISENTRESS CHEW	P	MP
ISENTRESS PACK	P	MP
ISENTRESS TABS	P	MP
ISENTRESS HD TABS	P	MP
JULUCA	NP	MP
KALETRA TABS *(lopinavir-ritonavir)*	P	MP
KALETRA SOLN *(lopinavir-ritonavir)*	NP	MP
lamivudine soln	P	MP
lamivudine tabs	P	MP
lamivudine-zidovudine	P	MP
LEXIVA TABS *(fosamprenavir calcium)*	P	MP
LEXIVA SUSP	P	MP
lopinavir-ritonavir tabs	P	MP
lopinavir-ritonavir soln	P	MP
maraviroc tabs	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
nevirapine susp	P	MP
nevirapine tabs	P	MP
nevirapine tb24	P	MP
NORVIR PACK	P	MP
NORVIR TABS *(ritonavir)*	NF	MP
NORVIR TABS *(ritonavir)*	P	MP
ODEFSEY	P	MP
PIFELTRO	NP	MP
PREZCOBIX	NP	MP
PREZISTA SUSP	P	MP
PREZISTA TABS *(darunavir)*	P	MP
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	MP
RETROVIR SYRP *(zidovudine)*	NP	MP
RETROVIR CAPS *(zidovudine)*	NP	MP
REYATAZ CAPS 200 MG, 300 MG *(atazanavir sulfate)*	P	MP
REYATAZ PACK	P	MP
REYATAZ CAPS 150 MG *(atazanavir sulfate)*	NF	MP
ritonavir tabs	P	MP
RUKOBIA	NP	MP
SELZENTRY TABS	NP	MP
SELZENTRY TABS *(maraviroc)*	NP	MP
SELZENTRY SOLN	NP	MP
STRIBILD	NP	MP
SUSTIVA CAPS *(efavirenz)*	P	MP
SUSTIVA TABS *(efavirenz)*	NF	MP
SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	MP

Drug Name	Drug Tier	Requirements/ Limits
SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	MP
SYMTUZA	P	MP
TEMIXYS	NP	MP
tenofovir disoproxil fumarate tabs	P	MP
TIVICAY TABS	P	MP
TIVICAY PD TBSO	P	MP
TRIUMEQ TABS	P	MP
TRIUMEQ PD TBSO	P	
TRIZIVIR	NP	MP
TROGARZO	P	SP; MP; PA
TRUVADA *(emtricitabine-tenofovir disoproxil fumarate)*	P	MP
TYBOST	NP	MP
VIRACEPT TABS	P	MP
VIRAMUNE SUSP *(nevirapine)*	NF	MP
VIRAMUNE XR TB24 400 MG *(nevirapine)*	NP	MP
VIREAD TABS *(tenofovir disoproxil fumarate)*	P	MP
VIREAD POWD	P	MP
VIREAD TABS	P	MP
ZIAGEN SOLN *(abacavir sulfate)*	P	MP
ZIAGEN TABS *(abacavir sulfate)*	NP	QL(2 ea daily); MP
zidovudine syrp	P	MP
zidovudine tabs	P	MP
zidovudine caps	P	MP
CMV Agents		
LIVTENCITY	P	SP; PA
PREVYMIS TABS	NP	SP
VALCYTE SOLR *(valganciclovir hcl)*	NP	
VALCYTE TABS *(valganciclovir hcl)*	NP	
valganciclovir hcl solr	NP	
valganciclovir hcl tabs	P	
Hepatitis Agents		
adefovir dipivoxil	NP	
BARACLUDE TABS *(entecavir)*	NP	
BARACLUDE SOLN	NP	MP
entecavir tabs	P	
EPCLUSA TABS	NP	SP
EPCLUSA PACK	NP	SP
EPCLUSA TABS	NP	SP
EPIVIR HBV SOLN	NP	MP
EPIVIR HBV TABS *(lamivudine (hbv))*	NP	
HARVONI PACK	NP	SP
HARVONI TABS	NP	SP
HARVONI TABS	NP	SP
HEPSERA *(adefovir dipivoxil)*	NP	
lamivudine (hbv) tabs	NP	
LEDIPASVIR/SOFOSBUVIR TABS	NP	SP
MAVYRET PACK	P	SP
MAVYRET TABS	P	SP
PEGASYS SOLN	NP	SP
PEGASYS SOSY	NP	SP
ribavirin (hepatitis c) tabs 200 mg	P	SP
ribavirin (hepatitis c) caps	P	SP
SOFOSBUVIR/VELPATASVIR TABS	P	SP
SOVALDI TABS	NP	SP
SOVALDI PACK	NP	SP
VEMLIDY	NP	SP
VIEKIRA PAK TBPK	NP	SP
VOSEVI	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ZEPATIER	NP	SP
Herpes Agents		
acyclovir susp	P	MP
acyclovir caps	P	
acyclovir tabs or	P	
famciclovir	NP	
SITAVIG TABS BU	NP	
valacyclovir hcl	P	
VALTREX 500 MG *(valacyclovir hcl)*	NF	
VALTREX *(valacyclovir hcl)*	NP	
ZOVIRAX SUSP *(acyclovir)*	NF	MP
Influenza Agents		
oseltamivir phosphate caps 30 mg	P	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(40 ea per fill retail)
oseltamivir phosphate caps 45 mg, 75 mg	P	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(20 ea per fill retail)
oseltamivir phosphate susr	P	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(120 ml per fill retail)
RELENZA DISKHALER	P	10 rtl MAX day(s) supply; 30 rtl lmt day(s)
rimantadine hydrochloride tabs	NP	

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU CAPS 45 MG, 75 MG *(oseltamivir phosphate)*	NP	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(20 ea per fill retail)
TAMIFLU CAPS 30 MG *(oseltamivir phosphate)*	NP	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(40 ea per fill retail)
TAMIFLU SUSR *(oseltamivir phosphate)*	NP	1 rtl MAX fill; 180 rtl day(s) supply; 10 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(120 ml per fill retail)
XOFLUZA 40 MG, 80 MG	NP	
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	P	
VIRAZOLE *(ribavirin)*	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol	P	MP
carvedilol phosphate	NP	MP
COREG *(carvedilol)*	NP	MP
COREG CR *(carvedilol phosphate)*	NP	MP
labetalol hcl tabs	P	MP
Beta Blockers Cardio-Selective		
acebutolol hcl caps	P	MP
atenolol tabs	P	MP
atenolol tabs	P	MP
betaxolol hcl	P	MP

Drug Name	Drug Tier	Requirements/ Limits
bisoprolol fumarate	P	MP
BYSTOLIC *(nebivolol hcl)*	NP	MP
BYSTOLIC 2.5 MG *(nebivolol hcl)*	NF	MP
KAPSPARGO SPRINKLE CS24	NP	MP
LOPRESSOR TABS *(metoprolol tartrate)*	NP	MP
metoprolol succinate tb24	P	QL(1 ea daily); MP
metoprolol tartrate tabs	P	MP
nebivolol hcl	NP	MP
nebivolol hcl	NP	MP
TENORMIN TABS *(atenolol)*	NP	MP
TOPROL XL TB24 *(metoprolol succinate)*	NP	QL(1 ea daily); MP
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)*	NP	MP
BETAPACE AF *(sotalol hcl (afib/afl))*	NP	MP
CORGARD TABS 20 MG, 40 MG *(nadolol)*	NP	MP
CORGARD TABS 20 MG, 40 MG, 80 MG *(nadolol)*	NF	MP
HEMANGEOL SOLN OR	P	AL(Up to 1 yrs old); SP; PA
INDERAL LA CP24 *(propranolol hcl)*	NP	MP
INDERAL XL	NP	MP
INNOPRAN XL	NP	MP
nadolol tabs 20 mg, 40 mg, 80 mg	P	MP
pindolol tabs	P	MP
propranolol hcl tabs	P	MP
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	P	MP
propranolol hcl cp24	P	MP
sotalol hcl tabs	P	MP
sotalol hcl tabs 80 mg	P	MP
sotalol hcl (afib/afl)	NP	MP
SOTYLIZE SOLN OR	NP	MP
timolol maleate tabs	P	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate tabs	P	QL(1 ea daily); MP
CALAN SR TBCR *(verapamil hcl)*	NP	QL(1 ea daily); MP
CALAN SR TBCR 120 MG *(verapamil hcl)*	NF	QL(1 ea daily); MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)*	NP	MP
CARDIZEM CD CP24 *(diltiazem hcl coated beads)*	NP	QL(1 ea daily); MP
CARDIZEM LA TB24 *(diltiazem hcl)*	NP	MP
diltiazem hcl tb24	P	
diltiazem hcl tabs	P	MP
diltiazem hcl cp12	P	QL(2 ea daily); MP
diltiazem hcl cp24 120 mg	P	MP
diltiazem hcl tabs	P	MP
diltiazem hcl cp24 180 mg, 240 mg	P	QL(1 ea daily); MP
diltiazem hcl coated beads cp24	P	QL(1 ea daily); MP
diltiazem hcl extended release beads	P	QL(1 ea daily); MP
felodipine	P	QL(1 ea daily); MP
isradipine caps	NP	MP
KATERZIA	NP	MP
levamlodipine maleate	NP	
nicardipine hcl caps	NP	MP
nicardipine hcl caps	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
nifedipine tb24	P	QL(1 ea daily); MP
nifedipine caps 20 mg	P	QL(1 ea daily); MP
nifedipine caps 10 mg	P	MP
nimodipine caps	P	
nisoldipine	NP	MP
NORLIQVA SOLN	NP	
NORVASC TABS *(amlodipine besylate)*	NP	QL(1 ea daily); MP
NYMALIZE SOLN 6 MG/ML	NP	QL(8 ml daily)
PROCARDIA XL TB24 *(nifedipine)*	NP	QL(1 ea daily); MP
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	NP	MP
TIAZAC *(diltiazem hcl extended release beads)*	NP	QL(1 ea daily); MP
verapamil hcl cp24 100 mg, 120 mg, 180 mg, 200 mg, 240 mg	P	QL(1 ea daily); MP
verapamil hcl tabs	P	MP
verapamil hcl cp24 300 mg, 360 mg	P	MP
verapamil hcl tbcr	P	QL(1 ea daily); MP
VERAPAMIL HYDROCHLORIDE ER CP24 *(verapamil hcl)*	P	QL(1 ea daily); MP
VERELAN CP24 360 MG *(verapamil hcl)*	NP	MP
VERELAN CP24 120 MG, 180 MG, 240 MG *(verapamil hcl)*	NP	QL(1 ea daily); MP
VERELAN PM CP24 100 MG, 200 MG *(verapamil hcl)*	NP	QL(1 ea daily); MP
VERELAN PM CP24 300 MG *(verapamil hcl)*	NP	MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin tabs 0.125 mg, 125 mcg, 250 mcg	P	MP
digoxin tabs 0.0625 mg, 62.5 mcg	NP	
digoxin soln or 0.05 mg/ml	P	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	NP	SP; MP
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium 10 mg-20 mg, 2.5 mg-10 mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg, 5 mg-80 mg	NP	MP
amlodipine besylate-atorvastatin calcium	NP	MP
BIDIL *(isosorbide dinitrate-hydralazine hcl)*	P	
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	NP	MP
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	NP	MP
CADUET 10 MG-10 MG *(amlodipine besylate-atorvastatin calcium)*	NF	MP
ENTRESTO	P	
isosorbide dinitrate-hydralazine hcl	P	
Impotence Agents		
CIALIS 5 MG *(tadalafil)*	NP	
tadalafil 5 mg	NP	

Drug Name	Drug Tier	Requirements/ Limits
Peripheral Vasodilators		
isoxsuprine hcl	P	QL(4 ea daily)
Prostaglandin Vasodilators		
epoprostenol sodium	P	SP; PA
FLOLAN *(epoprostenol sodium)*	P	SP; PA
ORENITRAM TBCR	NP	SP; MP
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP
treprostinil soln ij	NP	SP
TYVASO SOLN IN	NP	SP; MP
TYVASO DPI MAINTENANCE KIT POWD	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP
TYVASO REFILL SOLN IN	NP	SP; MP
TYVASO STARTER SOLN IN	NP	SP; MP
VELETRI *(epoprostenol sodium)*	NP	SP
VENTAVIS	NP	SP; MP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	NP	SP
bosentan tabs	NP	SP
LETAIRIS *(ambrisentan)*	P	SP; PA
OPSUMIT	NP	SP
TRACLEER TBSO	P	SP; PA
TRACLEER TABS *(bosentan)*	P	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	P	SP; PA
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	P	SP; PA
REVATIO SOLN *(sildenafil citrate (pulmonary hypertension))*	NP	SP
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	NP	SP
sildenafil citrate (pulmonary hypertension) soln	NP	SP
sildenafil citrate (pulmonary hypertension) tabs	P	SP; PA
sildenafil citrate (pulmonary hypertension) susr	NP	SP
tadalafil (pulmonary hypertension) tabs	P	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI SOLR	NP	SP
UPTRAVI TABS	NP	SP
UPTRAVI TITRATION PACK TBPK	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		
CORLANOR SOLN	NP	MP
CORLANOR TABS	NP	
Transthyretin Stabilizers		
VYNDAMAX	NP	SP
VYNDAQEL	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	NP	
VERQUVO	P	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil susr	P	
cefadroxil caps	P	
cefadroxil tabs	P	
cephalexin susr	P	
cephalexin caps	P	
cephalexin tabs	P	
Cephalosporins - 2nd Generation		
cefaclor caps	P	
cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	P	
CEFACLOR ER TB12	NP	
cefprozil tabs	NP	
cefprozil susr	P	
cefuroxime axetil tabs	P	
Cephalosporins - 3rd Generation		
cefdinir caps	P	
cefdinir susr	P	
cefixime caps	P	QL(1 ea daily)
cefixime susr	NP	
cefpodoxime proxetil tabs	NP	
cefpodoxime proxetil susr	NP	
SUPRAX CHEW 100 MG	NP	
SUPRAX SUSR *(cefixime)*	NP	
SUPRAX CHEW 200 MG	NP	QL(1 ea daily)
SUPRAX CAPS *(cefixime)*	NF	QL(1 ea daily)
CHEMICALS		
Bulk Chemicals - F's		
FLUPHENAZINE DECANOATE POWD	P	
Bulk Chemicals - L's		
LITHIUM CITRATE TETRAHYDRATE	P	
Bulk Chemicals - P's		
PENTOSAN POLYSULFATE SODIUM	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
BEYAZ *(drospirenone-ethinyl estradiol-levomefolate calcium)*	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
desogestrel & ethinyl estradiol	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
desogestrel-ethinyl estradiol (biphasic)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
desogestrel-ethinyl estradiol (triphasic)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
drospirenone-ethinyl estradiol 0.03 mg-3 mg	P	QL(1 ea daily); MP
drospirenone-ethinyl estradiol-levomefolate calcium	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
ESTROSTEP FE *(norethindrone acetate-ethinyl estradiol-fe)*	NF	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
ethynodiol diacet & eth estrad	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
FALESSA	P	AL(At least 10 yrs old - Up to 55 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
GENERESS FE *(norethindrone & ethinyl estradiol-fe)*	NF	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel & eth estradiol tabs	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel-eth estradiol (triphasic)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel-ethinyl estradiol (91-day) 0.03 mg-0.15 mg	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel-ethinyl estradiol (continuous)	P	QL(1 ea daily); MP
LO LOESTRIN FE TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
LOSEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
MINASTRIN 24 FE CHEW *(norethin acet & estrad-fe)*	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
MIRCETTE *(desogestrel-ethinyl estradiol (biphasic))*	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
NATAZIA	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
NEXTSTELLIS	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norethin acet & estrad-fe tabs 1.5 mg-30 mcg-75 mg	P	QL(1 ea daily); MP
norethin acet & estrad-fe chew	P	MP
norethin acet & estrad-fe caps	P	QL(1 ea daily); MP
norethindrone & eth estradiol	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norethindrone & ethinyl estradiol-fe	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norethindrone acet & eth estra	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norethindrone acetate-ethinyl estradiol-fe	P	QL(1 ea daily); MP
norethindrone-eth estradiol (triphasic)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norgestimate-ethinyl estradiol	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
norgestimate-ethinyl estradiol (triphasic)	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norgestrel & ethinyl estradiol 30 mcg-0.3 mg	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
QUARTETTE *(levonorgestrel-ethinyl estradiol (91-day))*	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
SAFYRAL *(drospirenone-ethinyl estradiol-levomefolate calcium)*	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
SEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
TAYTULLA CAPS *(norethin acet & estrad-fe)*	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
TYBLUME CHEW	P	AL(At least 10 yrs old - Up to 55 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
YASMIN 28 *(drospirenone-ethinyl estradiol)*	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
YAZ *(drospirenone-ethinyl estradiol)*	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
TWIRLA	P	QL(1 ea daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 ea per 365 days retail); AL(At least 10 yrs old - Up to 55 yrs old); MP
etonogestrel-ethinyl estradiol	P	MP
NUVARING *(etonogestrel-ethinyl estradiol)*	NF	AL(At least 10 yrs old - Up to 55 yrs old); MP
NUVARING *(etonogestrel-ethinyl estradiol)*	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
Emergency Contraceptives		
ELLA	P	QL(3 ea per fill retail); AL(At least 10 yrs old - Up to 55 yrs old)
levonorgestrel (emergency oc) 1.5 mg	P	QL(3 ea per fill retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM *(medroxyprogesterone acetate (contraceptive))*	P	QL(0.012 ml daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
DEPO-PROVERA CONTRACEPTIVE SUSY IM *(medroxyprogesterone acetate (contraceptive))*	P	QL(0.012 ml daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
DEPO-SUBQ PROVERA 104 SUSY SC	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
medroxyprogesterone acetate (contraceptive) susp im	P	QL(0.012 ml daily); MP
medroxyprogesterone acetate (contraceptive) susy im	P	QL(0.012 ml daily); MP
Progestin Contraceptives - IUD		
KYLEENA	P	1 rtl MAX fill; 365 rtl day(s) supply; SP
LILETTA 20.1 MCG/DAY	P	1 rtl MAX fill; 365 rtl day(s) supply; SP; MP
MIRENA	P	1 rtl MAX fill; 365 rtl day(s) supply; SP
SKYLA	P	1 rtl MAX fill; 365 rtl day(s) supply; SP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	QL(1 ea daily); MP
SLYND	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
ALKINDI SPRINKLE CPSP	NP	
budesonide tb24	NP	
budesonide cpep	NP	
CORTEF TABS *(hydrocortisone)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
CORTISONE ACETATE TABS	NP	
dexamethasone elix	P	
dexamethasone soln	P	
dexamethasone tbpk	NP	
dexamethasone tbpk	P	
dexamethasone tabs	P	
DEXAMETHASONE INTENSOL CONC	P	
EMFLAZA TABS	NP	SP
EMFLAZA SUSP	NP	SP; MP
ENTOCORT EC CPEP *(budesonide)*	NF	
HEMADY TABS	NP	
hydrocortisone tabs	P	
MEDROL TABS 32 MG *(methylprednisolone)*	NF	
MEDROL TABS *(methylprednisolone)*	NP	
MEDROL TABS	NP	
MEDROL DOSEPAK TBPK *(methylprednisolone)*	NP	
methylprednisolone tbpk	P	
methylprednisolone tabs	P	
MILLIPRED TABS	P	
ORTIKOS CP24	NP	
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	NF	
prednisolone soln	P	
prednisolone tabs	P	
prednisolone sodium phosphate soln	P	
prednisolone sodium phosphate tbdp	NP	
prednisone tbpk	P	
prednisone tabs	P	
prednisone soln	P	
PREDNISONE INTENSOL CONC	P	
RAYOS TBEC	NP	
TARPEYO CPDR	NP	SP
UCERIS TB24 *(budesonide)*	NP	
Mineralocorticoids		
fludrocortisone acetate tabs	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
dextromethorphan hbr liqd 15 mg/5ml, 30 mg/10ml	P	
dextromethorphan hbr syrp 15 mg/5ml	P	
Cough/Cold/Allergy Combinations		
dextromethorphan-guaifenesin syrp 100 mg/5ml-10 mg/5ml, 100 mg/5ml-100 mg/5ml-10 mg/5ml-10 mg/5ml	P	
dextromethorphan-guaifenesin liqd 100 mg/5ml-10 mg/5ml, 150 mg/7.5ml-15 mg/7.5ml, 200 mg/10ml-20 mg/10ml, 200 mg/5ml-10 mg/5ml	P	
guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml	P	
guaifenesin-codeine syrp	P	
guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml	P	
promethazine-dm syrp	P	
promethazine-phenylephrine-codeine	P	
Expectorants		
GERI-TUSSIN SYRP	P	
guaifenesin tabs 200 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
guaifenesin liqd	P	
guaifenesin syrp	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA *(isotretinoin)*	NP	AL(At least 12 yrs old)
ABSORICA LD	NP	AL(At least 10 yrs old)
ACANYA GEL *(clindamycin phosphate-benzoyl peroxide)*	NP	AL(At least 10 yrs old)
ACZONE 7.5 % *(dapsone (topical))*	NP	AL(At least 10 yrs old)
adapalene crea	NP	
adapalene gel	NP	
ADAPALENE/BENZOYL PEROXIDE PADS	NP	
adapalene-benzoyl peroxide gel 2.5 %-0.3 %	NP	
ALTRENO LOTN	NP	AL(At least 10 yrs old)
AMZEEQ	NP	
ARAZLO LOTN	NP	AL(At least 10 yrs old - Up to 20 yrs old)
ATRALIN GEL *(tretinoin)*	NP	AL(At least 10 yrs old)
AVAR LS CLEANSER LIQD *(sulfacetamide sodium w/ sulfur)*	NF	
AVAR-E LS CREA *(sulfacetamide sodium w/ sulfur)*	NF	
BENZACLIN GEL *(clindamycin phosphate-benzoyl peroxide)*	NF	AL(At least 10 yrs old)
BENZACLIN WITH PUMP GEL *(clindamycin phosphate-benzoyl peroxide)*	NF	AL(At least 10 yrs old)
BENZAMYCIN GEL *(benzoyl peroxide-erythromycin)*	NP	AL(At least 10 yrs old)
benzoyl peroxide gel 5 %, 10 %	P	
benzoyl peroxide liqd 10 %	P	
benzoyl peroxide-erythromycin gel	P	AL(At least 10 yrs old)
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	NP	AL(At least 10 yrs old)
CLINDACIN ETZ	NP	AL(At least 10 yrs old)
CLINDACIN PAC	NP	AL(At least 10 yrs old)
CLINDAGEL GEL *(clindamycin phosphate (topical))*	NP	AL(At least 10 yrs old)
clindamycin phosphate (topical) lotn	P	
clindamycin phosphate (topical) foam	NP	
clindamycin phosphate (topical) soln	P	AL(At least 10 yrs old)
clindamycin phosphate (topical) gel	P	
clindamycin phosphate (topical) swab	P	AL(At least 10 yrs old)
clindamycin phosphate-benzoyl peroxide gel	NP	AL(At least 10 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	AL(At least 10 yrs old)
clindamycin phosphate-tretinoin	NP	
dapsone (topical)	NP	AL(At least 10 yrs old)
dapsone (topical) 7.5 %	NP	
ERYGEL GEL *(erythromycin (acne aid))*	NP	AL(At least 10 yrs old)
erythromycin (acne aid) gel	P	AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
erythromycin (acne aid) soln	P	AL(At least 10 yrs old)
erythromycin (acne aid) pads	NP	AL(At least 10 yrs old)
EVOCLIN FOAM *(clindamycin phosphate (topical))*	NP	AL(At least 10 yrs old)
FABIOR FOAM	NP	AL(At least 10 yrs old - Up to 20 yrs old)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg	NP	
isotretinoin	NP	AL(At least 12 yrs old)
KLARON *(sulfacetamide sodium (acne))*	NP	AL(At least 10 yrs old)
NEUAC KIT	NP	AL(At least 10 yrs old)
ONEXTON GEL	NP	AL(At least 10 yrs old)
RETIN-A CREA *(tretinoin)*	NP	AL(At least 10 yrs old)
RETIN-A GEL *(tretinoin)*	NP	AL(At least 10 yrs old)
RETIN-A MICRO	NP	AL(At least 10 yrs old)
RETIN-A MICRO *(tretinoin microsphere)*	NP	AL(At least 10 yrs old)
RETIN-A MICRO PUMP	NP	AL(At least 10 yrs old)
RETIN-A MICRO PUMP *(tretinoin microsphere)*	NP	AL(At least 10 yrs old)
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	AL(At least 10 yrs old)
sulfacetamide sodium (acne)	NP	AL(At least 10 yrs old)
sulfacetamide sodium w/ sulfur crea 10 %-2 %, 10 %-5 %	NP	
sulfacetamide sodium w/ sulfur liqd	NP	
sulfacetamide sodium w/ sulfur emul 10 %-1 %	NP	AL(At least 10 yrs old)
sulfacetamide sodium w/ sulfur foam	NP	AL(At least 10 yrs old)
sulfacetamide sodium w/ sulfur pads 10 %-4 %	NP	AL(At least 10 yrs old)
sulfacetamide sodium w/ sulfur susp 8 %-4 %	NP	
sulfacetamide sodium-sulfur in urea vehicle emul 10 %-10 %-4 %	NP	AL(At least 10 yrs old)
SUMADAN KIT	NP	
SUMADAN WASH LIQD *(sulfacetamide sodium w/ sulfur)*	NP	
SUMADAN XLT KIT	NP	AL(At least 10 yrs old)
SUMAXIN PADS *(sulfacetamide sodium w/ sulfur)*	NP	AL(At least 10 yrs old)
SUMAXIN CP KIT	NP	AL(At least 10 yrs old)
SUMAXIN WASH LIQD *(sulfacetamide sodium w/ sulfur)*	NP	
TAZAROTENE FOAM	NP	AL(At least 10 yrs old - Up to 20 yrs old)
tretinoin crea 0.025 %, 0.05 %, 0.1 %	P	
tretinoin gel 0.01 %, 0.025 %, 0.05 %	P	AL(At least 10 yrs old)
tretinoin microsphere	NP	AL(At least 10 yrs old)
WINLEVI	NP	
ZIANA *(clindamycin phosphate-tretinoin)*	NP	AL(At least 10 yrs old)
ZMA CLEAR SUSP	NP	
Agents for External Genital and Perianal Warts		
VEREGEN	NP	
Antibiotics - Topical		
bacitracin (topical) oint	P	
bacitracin zinc oint	P	

Drug Name	Drug Tier	Requirements/ Limits
bacitracin-polymyxin b oint	P	
CENTANY OINT	NP	AL(Up to 20 yrs old)
CENTANY AT KIT	NP	
gentamicin sulfate (topical) crea	P	QL(1 gm daily)
gentamicin sulfate (topical) oint	P	
mupirocin oint	P	AL(Up to 20 yrs old)
mupirocin oint	P	
mupirocin calcium (topical)	NP	
neomycin-bacitracin-polymyxin oint	P	
NEOSPORIN ORIGINAL OINT *(neomycin-bacitracin-polymyxin)*	NF	
NEO-SYNALAR	NP	
NEO-SYNALAR KIT	NP	
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM *(bacitracin-polymyxin b)*	NF	
XEPI	NP	QL(8 gm daily)
Antifungals - Topical		
ciclopirox soln	NP	
ciclopirox sham	NP	
ciclopirox kit	NP	
ciclopirox gel	NP	
ciclopirox olamine susp	NP	
ciclopirox olamine crea	NP	
clotrimazole (topical) crea	P	RX/OTC
clotrimazole (topical) soln	NP	RX/OTC
clotrimazole w/ betamethasone lotn	NP	
clotrimazole w/ betamethasone crea	NP	
ECONASIL	NP	

Drug Name	Drug Tier	Requirements/ Limits
econazole nitrate crea	P	
ERTACZO	NP	
EXELDERM CREA *(sulconazole nitrate)*	NP	
EXELDERM SOLN *(sulconazole nitrate)*	NP	
EXTINA FOAM *(ketoconazole (topical))*	NP	
JUBLIA	NP	
KERYDIN *(tavaborole)*	NF	
KERYDIN *(tavaborole)*	NP	
ketoconazole (topical) crea	P	
ketoconazole (topical) foam	NP	
ketoconazole (topical) sham 2 %	P	QL(4 ml daily)
KETODAN KIT	NP	
LAMISIL AT CREA *(terbinafine hcl (topical))*	NF	
LAMISIL AT JOCK ITCH CREA *(terbinafine hcl (topical))*	NF	
LOPROX CREA *(ciclopirox olamine)*	NP	
LOPROX SUSP *(ciclopirox olamine)*	NP	
LOPROX	NP	
LOPROX KIT	NP	
LOPROX SHAMPOO SHAM *(ciclopirox)*	NP	
luliconazole	NP	
LUZU *(luliconazole)*	NP	
MENTAX	NP	RX/OTC
MICATIN CREA *(miconazole nitrate (topical))*	NF	
miconazole nitrate (topical) crea	P	
miconazole-zinc oxide-white petrolatum	NP	

Drug Name	Drug Tier	Requirements/ Limits
naftifine hcl crea	NP	
naftifine hcl gel	NP	
NAFTIN GEL	NP	
NAFTIN GEL *(naftifine hcl)*	NP	
nystatin (topical) crea	P	
nystatin (topical) powd ex	P	
nystatin (topical) oint	P	
nystatin-triamcinolone oint	NP	
nystatin-triamcinolone crea	NP	
oxiconazole nitrate crea	NP	
OXISTAT CREA *(oxiconazole nitrate)*	NF	
OXISTAT LOTN	NP	
QC ATHLETES FOOT RELIEF AERO	P	
sulconazole nitrate soln	NP	
sulconazole nitrate crea	NP	
tavaborole	NP	
terbinafine hcl (topical) crea	P	
TINACTIN CREA *(tolnaftate)*	NF	
TINACTIN AERP *(tolnaftate)*	NF	
TINACTIN AERO	P	
TINACTIN DEODORANT AERP *(tolnaftate)*	NF	
TINACTIN JOCK ITCH AERP *(tolnaftate)*	NF	
tolnaftate aero	P	
tolnaftate crea	P	
tolnaftate aerp	P	
VUSION *(miconazole-zinc oxide-white petrolatum)*	NP	
ZOLPAK	NP	
Anti-inflammatory Agents - Topical		
DERMACINRX LEXITRAL PHARMAPAK II *(diclofenac sodium-capsaicin (topical))*	NP	
diclofenac epolamine ptch ex	NP	
diclofenac sodium (topical) soln ex	NP	
diclofenac sodium (topical) gel ex	NP	RX/OTC
diclofenac sodium (topical) soln ex 1.5 %	NP	MP
DICLOTREX	NP	
DICLOTREX II	NP	
FLECTOR PTCH EX *(diclofenac epolamine)*	NP	
LICART PT24	NP	
PENNSAID SOLN EX 2 % *(diclofenac sodium (topical))*	NP	
VENNGEL ONE KIT	NP	RX/OTC
XRYLIX II *(diclofenac sodium & adhesive sheets)*	NP	
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	NP	
bexarotene (topical)	NP	SP
CARAC CREA *(fluorouracil (topical))*	NP	
diclofenac sodium (actinic keratoses) ex	NP	
EFUDEX CREA *(fluorouracil (topical))*	NP	
fluorouracil (topical) crea	NP	
fluorouracil (topical) soln	NP	
LEVULAN KERASTICK SOLR	P	SP
TARGRETIN *(bexarotene (topical))*	P	SP
VALCHLOR	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Antipruritics - Topical		
doxepin hcl (antipruritic)	NP	
PRUDOXIN *(doxepin hcl (antipruritic))*	NP	
ZONALON *(doxepin hcl (antipruritic))*	NP	
Antipsoriatics		
acitretin	NP	
calcipotriene crea	P	
calcipotriene oint	P	
calcipotriene soln	P	
calcipotriene foam	NP	
calcitriol (topical)	NP	
COSENTYX SOSY	P	SP; MP; PA
COSENTYX SENSOREADY PEN SOAJ	P	SP; MP; PA
DOVONEX CREA *(calcipotriene)*	NF	
DOVONEX CREA *(calcipotriene)*	NP	
ILUMYA	NP	SP; MP
methoxsalen rapid	NP	
SILIQ	NP	SP; MP
SKYRIZI SOSY	NP	SP; MP
SKYRIZI PEN SOAJ	NP	SP; MP
SORILUX FOAM	NP	
SOTYKTU	NP	SP
STELARA SOLN 45 MG/0.5ML	NP	SP; MP
STELARA SOSY	NP	SP; MP
TALTZ SOSY	NP	SP; MP
TALTZ SOAJ	NP	SP; MP
tazarotene crea	NP	
tazarotene gel	NP	
TREMFYA SOSY	NP	SP; MP
TREMFYA SOPN	NP	SP; MP
VTAMA	NP	
ZORYVE	NP	
Antiseborrheic Products		
OVACE PLUS WASH GEL *(sulfacetamide sodium)*	NF	
OVACE PLUS WASH LIQD *(sulfacetamide sodium)*	NF	
OVACE WASH LIQD *(sulfacetamide sodium)*	NF	
selenium sulfide sham 2.25 %, 2.3 %	NP	
selenium sulfide lotn 2.5 %	P	
sulfacetamide sodium liqd	NP	
sulfacetamide sodium gel	NP	
Antivirals - Topical		
acyclovir topical oint	NP	
acyclovir topical crea	NP	
DENAVIR *(penciclovir)*	NP	
penciclovir	NP	
XERESE	NP	
ZOVIRAX CREA *(acyclovir topical)*	NP	
ZOVIRAX OINT *(acyclovir topical)*	NP	
Burn Products		
mafenide acetate pack	P	
SILVADENE *(silver sulfadiazine)*	NP	
silver sulfadiazine	P	
SULFAMYLON CREA	P	
Cauterizing Agents		
SILVER NITRATE SOLN 0.5 %	NP	
Corticosteroids - Topical		
alclometasone dipropionate crea	P	

Drug Name	Drug Tier	Requirements/ Limits
alclometasone dipropionate oint	P	
amcinonide crea	NP	
APEXICON E CREA	NP	
BESER	NP	
betamethasone dipropionate (topical) oint	NP	
betamethasone dipropionate (topical) lotn	NP	
betamethasone dipropionate (topical) crea	NP	
betamethasone dipropionate augmented lotn	NP	
betamethasone dipropionate augmented gel 0.05 %	NP	
betamethasone dipropionate augmented crea	NP	
betamethasone dipropionate augmented oint	NP	
betamethasone valerate foam	NP	
betamethasone valerate lotn	P	
betamethasone valerate crea	P	
betamethasone valerate oint	P	
BRYHALI LOTN	NP	
calcipotriene-betamethasone dipropionate susp	NP	
calcipotriene-betamethasone dipropionate oint	NP	
clobetasol propionate foam	NP	
clobetasol propionate gel 0.05 %	P	
clobetasol propionate lotn	NP	

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate oint 0.05 %	P	
clobetasol propionate sham	NP	
clobetasol propionate soln 0.05 %	P	
clobetasol propionate liqd	NP	
clobetasol propionate crea 0.05 %	P	
clobetasol propionate emollient base 0.05 %	P	
clobetasol propionate emulsion	NP	
clocortolone pivalate	NP	
CLODAN KIT	NP	
CLODERM *(clocortolone pivalate)*	NP	
CUTIVATE LOTN *(fluticasone propionate)*	NF	
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	NP	
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	NP	
desonide oint	P	
desonide lotn	NP	
desonide crea	P	
desoximetasone gel	NP	
desoximetasone crea	NP	
desoximetasone oint	NP	
desoximetasone liqd	NP	
diflorasone diacetate oint	P	
diflorasone diacetate crea	P	
DIPROLENE OINT *(betamethasone dipropionate augmented)*	NP	
DIPROLENE OINT *(betamethasone dipropionate augmented)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE AF CREA *(betamethasone dipropionate augmented)*	NF	
DUOBRII	NP	
ENSTILAR FOAM	NP	
EPIFOAM FOAM	NP	
fluocinolone acetonide oil	P	
fluocinolone acetonide oint	P	
fluocinolone acetonide soln	P	
fluocinolone acetonide crea	P	
fluocinonide crea	P	
fluocinonide gel	P	
fluocinonide oint	P	
fluocinonide soln	P	
fluocinonide emulsified base	P	
FLUOPAR	NP	
flurandrenolide lotn	NP	
flurandrenolide crea	NP	
fluticasone propionate lotn	NP	
fluticasone propionate oint	P	
fluticasone propionate crea 0.05 %	P	
halcinonide crea	NP	
halobetasol propionate oint	P	
halobetasol propionate crea	P	
HALOBETASOL PROPIONATE FOAM	NP	
HALOG SOLN	NP	QL(3 ml daily)
HALOG CREA *(halcinonide)*	NP	
HALOG OINT	NP	
hydrocortisone (topical) crea 1 %, 2.5 %	P	RX/OTC
hydrocortisone (topical) lotn 2.5 %	P	
hydrocortisone (topical) oint 1 %, 2.5 %	P	RX/OTC
hydrocortisone butyrate crea	NP	
hydrocortisone butyrate oint	NP	
hydrocortisone butyrate soln	NP	
hydrocortisone butyrate lotn	NP	
hydrocortisone butyrate hydrophilic lipo base	NP	
hydrocortisone valerate crea	P	QL(1.5 gm daily)
hydrocortisone valerate oint	P	QL(1.5 gm daily)
IMPEKLO LOTN	NP	
KENALOG AERS *(triamcinolone acetonide (topical))*	NP	
LEXETTE FOAM	NP	
LOCOID LOTN *(hydrocortisone butyrate)*	NP	
LOCOID LIPOCREAM *(hydrocortisone butyrate hydrophilic lipo base)*	NP	
LUXIQ FOAM *(betamethasone valerate)*	NP	
mometasone furoate oint	P	
mometasone furoate soln	P	
mometasone furoate crea	P	
OLUX FOAM *(clobetasol propionate)*	NP	
OLUX-E *(clobetasol propionate emulsion)*	NP	
PANDEL	NP	
prednicarbate oint	NP	
RADIAURA CREA	NP	

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR SOLN *(fluocinolone acetonide)*	NP	
SYNALAR CREA *(fluocinolone acetonide)*	NP	
SYNALAR OINT *(fluocinolone acetonide)*	NP	
SYNALAR CREAM KIT	NP	
SYNALAR OINTMENT KIT	NP	
SYNALAR TS	NP	
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	NP	
TACLONEX OINT *(calcipotriene-betamethasone dipropionate)*	NF	
TACLONEX OINT *(calcipotriene-betamethasone dipropionate)*	NP	
TASOPROL KIT	NP	
TEMOVATE CREA *(clobetasol propionate)*	NF	
TEMOVATE OINT *(clobetasol propionate)*	NF	
TEXACORT SOLN 2.5 %	NP	
TOPICORT CREA *(desoximetasone)*	NP	
TOPICORT OINT 0.05 % *(desoximetasone)*	NF	
TOPICORT GEL *(desoximetasone)*	NP	
TOPICORT LIQD *(desoximetasone)*	NP	
TOPICORT OINT *(desoximetasone)*	NP	
TOVET KIT	NP	
triamcinolone acetonide (topical) lotn	P	
triamcinolone acetonide (topical) ointment 0.025 %, 0.1 %, 0.5 %	P	
triamcinolone acetonide (topical) aers	NP	
triamcinolone acetonide (topical) crea	P	
triamcinolone acetonide (topical) oint 0.05 %	NP	
TRIASIL	NP	
TRILOCICLO	NP	
ULTRAVATE LOTN	NP	
VANOS CREA *(fluocinonide)*	NP	
Eczema Agents		
ADBRY	NP	SP; MP
CIBINQO	NP	SP
DUPIXENT SOPN	P	SP; MP; PA
DUPIXENT SOSY	P	SP; MP; PA
DUPIXENT SOPN	NP	SP; MP
DUPIXENT SOSY 100 MG/0.67ML	NP	SP; MP
OPZELURA	NP	
Emollient/Keratolytic Agents		
KERALAC CREA 47 % *(urea)*	NF	
urea lotn 40 %	P	
urea crea 39 %, 40 %, 41 %	P	RX/OTC
UREA CREA	NP	
urea in lactic acid vehicle	NP	
Emollients		
lactic acid (ammonium lactate) crea	NP	RX/OTC
lactic acid (ammonium lactate) lotn 12 %	P	RX/OTC
Immunomodulating Agents - Topical		
ALDARA *(imiquimod)*	NF	AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
imiquimod 5 %	P	AL(At least 10 yrs old)
imiquimod 3.75 %	NP	AL(At least 10 yrs old)
ZYCLARA *(imiquimod)*	NP	AL(At least 10 yrs old)
ZYCLARA PUMP *(imiquimod)*	NP	AL(At least 10 yrs old)
ZYCLARA PUMP	NP	AL(At least 10 yrs old)
Immunosuppressive Agents - Topical		
ELIDEL *(pimecrolimus)*	P	PA
HYFTOR	NP	
pimecrolimus	P	PA
PROTOPIC OINT *(tacrolimus (topical))*	P	PA
tacrolimus (topical) oint	P	PA
Keratolytic/Antimitotic Agents		
BENSAL HP OINT	NP	RX/OTC
CONDYLOX GEL	P	
PODOCON-25 SOLN	NP	
podofilox soln	P	
salicylic acid foam	NP	
salicylic acid liqd 27.5 %	P	
salicylic acid gel 6 %	P	
SALICYLIC ACID OINT	P	RX/OTC
UREA/SALICYLIC ACID CREA	NP	
Local Anesthetics - Topical		
APRIZIO PAK II	NP	
capsaicin crea 0.025 %	P	QL(2 gm daily)
capsaicin crea 0.075 %	P	
DERMACINRX LIDOGEL GEL	NP	RX/OTC
EMPRICAINE II	NP	
lidocaine oint	P	
lidocaine ptch 5 %	P	
lidocaine hcl prsy	P	QL(0.67 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
lidocaine hcl gel 2 %	P	QL(1 ml daily)
lidocaine hcl crea 3 %	P	RX/OTC
lidocaine hcl soln	P	QL(1.67 ml daily)
LIDOCAINE HYDROCHLORIDE CREA	NP	
lidocaine-prilocaine crea	NP	
lidocaine-prilocaine kit	NP	
LIDODERM PTCH *(lidocaine)*	NP	
LIDOREX GEL	NP	RX/OTC
LIDOTRAL CREA	NP	
LIDOTRAN CREA	NP	
LYDEXA CREA	NP	
NUVAKAAN II	NP	
PLIAGLIS CREA	NP	
PRILO PATCH II KIT	NP	
PRIZOPAK II	NP	
PRIZOTRAL II KIT	NP	
QUTENZA	NP	
RA ARTHRITIS PAIN RELIEF CREA	P	
ZTLIDO PTCH	NP	
Misc. Dermatological Products		
ALADERM PLUS EMUL	NP	
HYLATOPIC PLUS CREA	NP	RX/OTC
NUVAIL SOLN	NP	RX/OTC
TETRIX CREA	NP	RX/OTC
Misc. Topical		
ALOE VESTA DAILY MOISTURIZER LOTN *(dimethicone (topical))*	NF	
AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT LOTN *(dimethicone (topical))*	NF	
BASIS FACIAL MOISTURIZER CREA	P	

Drug Name	Drug Tier	Requirements/ Limits
BASIS OVERNIGHT CREA	P	
CAVILON NO STING BARRIERFILM MISC	P	
EUCERIN ORIGINAL HEALING CREA *(skin protectants, misc.)*	NF	
HYCLODEX	NP	
HYDROCERIN CREA	P	
HYPOCYN SOLN	NP	RX/OTC
isopropyl alcohol (skin cleanser) misc	P	
NO-STING SKIN-PREP MISC	P	
QBREXZA	NP	
SENSI-CARE MOISTURIZING CREA	P	
skin protectants, misc. crea	P	
SORBIDON HYDRATE CREA	P	
THERASEAL HAND PROTECTION LOTN	P	
UNIVERSAL REMOVER WIPES MISC	P	
witch hazel (hamamelis virginiana) pads	P	
XERAC AC	NP	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	P	PA
Rosacea Agents		
azelaic acid gel	NP	
brimonidine tartrate (topical)	NP	
doxycycline (rosacea)	NP	
FINACEA FOAM	NP	
FINACEA GEL *(azelaic acid)*	NP	
ivermectin (rosacea)	NP	
metronidazole (topical) lotn	P	
metronidazole (topical) gel	P	
metronidazole (topical) crea	P	QL(1.5 gm daily)
NORITATE CREA	NP	
RHOFADE	NP	
ROSADAN KIT	NP	
ZILXI	NP	
Scabicides & Pediculicides		
crotamiton lotn	NP	
ivermectin (pediculicide)	NP	RX/OTC
lindane sham	NP	
malathion	NP	
NATROBA *(spinosad)*	P	QL(4 ml daily)
OVIDE *(malathion)*	NP	
permethrin lotn	P	
permethrin liqd ex	P	
permethrin crea	P	QL(2 gm daily)
pyrethrins-piperonyl butoxide sham 4 %-0.3 %-0.33 %, 4 %-0.33 %	P	
spinosad	NP	QL(4 ml daily)
Tar Products		
coal tar extract sham 0.5 %	P	
DHS TAR SHAM *(coal tar extract)*	NF	
DHS TAR GEL SHAM *(coal tar extract)*	NF	
NEUTROGENA T/GEL SHAM 0.5 % *(coal tar extract)*	NF	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE STRP	NP	QL(4 ea daily); MP; RX/OTC
ACCU-CHEK SMARTVIEW STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ACCUTREND GLUCOSE STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVANCE INTUITION TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVANCE MICRO-DRAW TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVOCATE REDI-CODE STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVOCATE REDI-CODE+ TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ADVOCATE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
AGAMATRIX AMP NO CODE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
AGAMATRIX JAZZ TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
AGAMATRIX KEYNOTE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
AGAMATRIX PRESTO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ASSURE 3 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ASSURE 4 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ASSURE II STRP	NP	QL(4 ea daily); MP; RX/OTC
ASSURE II CHECK STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC
ASSURE II TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ASSURE PLATINUM TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ASSURE PRISM MULTI TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ASSURE PRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	
BIOSCANNER GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	QL(4 ea daily); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS333 STRP	NP	QL(4 ea daily); MP; RX/OTC
BLULINK GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP	NP	QL(4 ea daily); MP; RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	QL(4 ea daily); MP; RX/OTC
CARESENS N BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CHEMSTRIP 10 MD	P	
CHEMSTRIP -10 WITH SG	P	
CHEMSTRIP 2 GP STRIPS	P	
CHEMSTRIP 5 OB	P	
CHEMSTRIP 7	P	
CHEMSTRIP 9 STRIPS	P	
CHEMSTRIP-K STRP	P	
CLEVER CHEK AUTO-CODE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLEVER CHEK TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLEVER CHOICE MICRO TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLEVER CHOICE NO CODING TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	P	
CONTOUR BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CONTOUR NEXT BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
COVID-19 AT-HOME TEST KIT KIT	P	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	P	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	P	
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
D-CARE BLOOD GLUCOSE STRP	NP	QL(4 ea daily); MP; RX/OTC
DIASTIX	P	
DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
DIATHRIVE+ BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
DUO-CARE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY PLUS II BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY STEP TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASYGLUCO STRP	NP	QL(4 ea daily); MP; RX/OTC
EASYMAX 15 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASYMAX TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASYPRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EASYPRO PLUS STRP	NP	QL(4 ea daily); MP; RX/OTC
ELEMENT COMPACT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ELEMENT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ELLUME COVID-19 HOME TEST KIT	P	
EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE EVO BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EQ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EVOLUTION AUTOCODE STRP	NP	QL(4 ea daily); MP; RX/OTC
EXACTECH R-S-G TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
EXACTECH TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	QL(4 ea daily); MP; RX/OTC
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	
FORA 6 CONNECT STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA GD20 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORACARE GD40 STRP	NP	QL(4 ea daily); MP; RX/OTC
FORACARE PREMIUM V10 TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORACARE TEST N GO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FORTISCARE BLOOD GLUCOSETEST STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FREESTYLE LITE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
FREESTYLE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GENULTIMATE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GHT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCO PERFECT 3 TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD SHINE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD VITAL TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCARD X-SENSOR STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOCOM TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCONAVII BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	QL(4 ea daily); MP; RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	QL(4 ea daily); MP; RX/OTC
GOJJI BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP	NP	QL(4 ea daily); MP; RX/OTC
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	
IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
INFINITY BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
INFINITY VOICE STRP	NP	QL(4 ea daily); MP; RX/OTC
INTELISWAB COVID-19 RAPID TEST KIT	P	
KETONE STRP	P	
KETONE TEST STRIPS STRP	P	
KETOSTIX STRP	P	
KROGER BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KROGER HEALTHPRO GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
KROGER TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
LIBERTY TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
LUCIRA CHECK IT COVID-19TEST KIT KIT	P	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	P	RX/OTC
MEIJER BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MICRODOT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MICRODOT XTRA TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MM EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
MULTISTIX 10 SG	P	
MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
NEUTEK 2TEK TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
NOVA MAX GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	
ONE DROP BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ONETOUCH ULTRA STRP	P	QL(4 ea daily); MP; RX/OTC
ONETOUCH VERIO IN VITRO MEDI-CAL STRP	NP	QL(4 ea daily); MP; RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	QL(4 ea daily); MP; RX/OTC
OPTIUM TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
OPTIUMEZ TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	QL(4 ea daily); MP; RX/OTC
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRECISION PCX STRP	NP	QL(4 ea daily); MP; RX/OTC
PRECISION PCX PLUS TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRECISION POINT OF CARE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRECISION QID TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRECISION SOF-TACT TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
PTS PANELS EGLU STRP	NP	QL(4 ea daily); MP; RX/OTC
PTS PANELS GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
QUICKTEK TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
QUICKVUE AT-HOME COVID-19 TEST KIT	P	
QUINTET AC BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
QUINTET BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
REFUAH PLUS BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RELION BLOOD GLUCOSE TESTSTRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RELION CONFIRM/MICRO TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RELION KETONE TEST STRIPS STRP	P	
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
SMARTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
SOLUS V2 AUDIBLE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
SUPREME TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	QL(4 ea daily); MP; RX/OTC
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
TRUETEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
TRUETRACK TEST STRP	NP	QL(4 ea daily); MP; RX/OTC
UNISTRIP1 GENERIC STRP	NP	QL(4 ea daily); MP; RX/OTC
VERASENS BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 ea daily); MP; RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
LACTAID TABS *(lactase)*	NF	
lactase tabs 3000 unit	P	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide tabs 250 mg	P	QL(2 ea daily); MP
acetazolamide tabs 125 mg	P	MP
acetazolamide cp12	P	QL(4 ea daily); MP
dichlorphenamide	NP	SP
KEVEYIS *(dichlorphenamide)*	NP	SP
methazolamide tabs	P	MP
Diuretic Combinations		
ALDACTAZIDE	NP	MP
ALDACTAZIDE *(spironolactone & hydrochlorothiazide)*	NP	MP
amiloride & hydrochlorothiazide	P	MP
MAXZIDE TABS *(triamterene & hydrochlorothiazide)*	NP	MP
MAXZIDE-25 TABS *(triamterene & hydrochlorothiazide)*	NP	MP
spironolactone & hydrochlorothiazide	P	MP
triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	P	MP

Drug Name	Drug Tier	Requirements/ Limits
triamterene & hydrochlorothiazide tabs	P	MP
triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	P	MP
triamterene & hydrochlorothiazide tabs	P	MP
Loop Diuretics		
bumetanide tabs	P	MP
BUMEX TABS 0.5 MG *(bumetanide)*	NP	MP
EDECRIN *(ethacrynic acid)*	NP	MP
ethacrynic acid	P	MP
furosemide tabs	P	MP
furosemide tabs	P	MP
furosemide soln or 10 mg/ml, 40 mg/5ml	P	MP
LASIX TABS *(furosemide)*	NP	MP
torsemide tabs 20 mg	P	MP
torsemide tabs	P	MP
Potassium Sparing Diuretics		
ALDACTONE TABS *(spironolactone)*	NP	MP
amiloride hcl tabs	P	MP
CAROSPIR SUSP	NP	MP
spironolactone tabs	P	MP
spironolactone tabs	P	MP
triamterene caps	P	MP
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 mg, 50 mg	P	MP
chlorthalidone 25 mg, 50 mg	P	MP
DIURIL SUSP	P	MP
hydrochlorothiazide tabs	P	MP
hydrochlorothiazide caps	P	MP
hydrochlorothiazide tabs 25 mg, 50 mg	P	MP
indapamide tabs 1.25 mg, 2.5 mg	P	MP
metolazone	P	MP
metolazone	P	MP
THALITONE	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	NP	QL(3 ea daily); SP
RECORLEV	NP	SP
Bone Density Regulators		
ACTONEL TABS 35 MG, 150 MG *(risedronate sodium)*	NP	MP
alendronate sodium tabs 35 mg, 70 mg	P	QL(0.143 ea daily); MP
alendronate sodium tabs 10 mg	P	QL(1 ea daily); MP
alendronate sodium soln	P	MP
ATELVIA TBEC *(risedronate sodium)*	NP	MP
BONIVA TABS *(ibandronate sodium)*	NP	MP
calcitonin (salmon) na	P	MP
FOSAMAX TABS 70 MG *(alendronate sodium)*	NF	QL(0.143 ea daily); MP
FOSAMAX TABS 70 MG *(alendronate sodium)*	NP	QL(0.143 ea daily); MP
FOSAMAX PLUS D	NP	
ibandronate sodium tabs	NP	MP
risedronate sodium tbec	NP	MP
risedronate sodium tabs	NP	MP
GnRH/LHRH Antagonists		
ORILISSA	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	NP	SP
Growth Hormones		
GENOTROPIN CART SC	P	SP; PA
GENOTROPIN MINIQUICK PRSY	P	SP; PA
HUMATROPE CART IJ	NP	SP
NORDITROPIN FLEXPRO SOPN	NP	SP; MP
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP; MP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP; MP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP; MP
OMNITROPE SOCT	NP	SP; MP
OMNITROPE SOLR SC	NP	
SAIZEN IJ	NP	SP
SAIZENPREP RECONSTITUTIONKIT IJ	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP; MP
ZOMACTON SOLR SC	NP	SP
ZORBTIVE SC	NP	SP
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	NF	MP
EVISTA *(raloxifene hcl)*	NP	MP
OSPHENA	NP	
raloxifene hcl	NP	MP
raloxifene hcl	NP	MP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Metabolic Modifiers		
betaine	NP	SP
BUPHENYL TABS *(sodium phenylbutyrate)*	NP	SP
BUPHENYL POWD *(sodium phenylbutyrate)*	NP	SP
calcitriol soln or	P	MP
calcitriol caps	P	
CARBAGLU *(carglumic acid)*	NP	SP
carglumic acid	P	SP; PA
carglumic acid	NP	SP
CARNITOR SOLN OR *(levocarnitine (metabolic modifiers))*	NP	MP
CARNITOR TABS *(levocarnitine (metabolic modifiers))*	NP	
CARNITOR SF SOLN OR *(levocarnitine (metabolic modifiers))*	NP	MP
cinacalcet hcl	NP	SP
CYSTADANE *(betaine)*	NP	SP
doxercalciferol caps	P	
GALAFOLD	NP	SP
KUVAN TABS *(sapropterin dihydrochloride)*	NP	SP
KUVAN PACK *(sapropterin dihydrochloride)*	NP	SP
levocarnitine (metabolic modifiers) soln or 1 gm/10ml	NP	MP
levocarnitine (metabolic modifiers) tabs	NP	
nitisinone caps 2 mg, 5 mg, 10 mg	P	SP
NITYR TABS	NP	SP
ORFADIN CAPS	P	SP

Drug Name	Drug Tier	Requirements/ Limits
ORFADIN CAPS *(nitisinone)*	P	SP
ORFADIN SUSP	NP	SP; MP
paricalcitol caps	NP	
PHEBURANE PLLT	NP	
RAVICTI	NP	SP; MP
RAYALDEE	NP	
ROCALTROL CAPS *(calcitriol)*	NP	
ROCALTROL SOLN OR *(calcitriol)*	NP	MP
sapropterin dihydrochloride tabs	NP	SP
sapropterin dihydrochloride pack	NP	SP
SENSIPAR *(cinacalcet hcl)*	NP	SP
sodium phenylbutyrate tabs	NP	SP
sodium phenylbutyrate powd	NP	SP
ZEMPLAR CAPS 1 MCG, 2 MCG *(paricalcitol)*	NP	
Mineralocorticoid Receptor Antagonists		
KERENDIA	P	PA
Posterior Pituitary Hormones		
DDAVP TABS *(desmopressin acetate)*	NP	QL(6 ea daily); MP
desmopressin acetate tabs	P	QL(6 ea daily); MP
desmopressin acetate spray	P	MP
desmopressin acetate spray refrigerated	P	MP
NOCDURNA SUBL	NP	
Progesterone Receptor Antagonists		
MIFEPREX *(mifepristone)*	NP	
mifepristone	NP	

Drug Name	Drug Tier	Requirements/ Limits
Prolactin Inhibitors		
cabergoline	P	
Somatostatic Agents		
LANREOTIDE ACETATE	NP	SP; MP
MYCAPSSA CPDR	NP	SP
octreotide acetate sosy	NP	SP; MP
octreotide acetate soln	NP	SP; MP
octreotide acetate soln 100 mcg/ml, 500 mcg/ml	NP	SP; MP
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(octreotide acetate)*	NP	SP; MP
SANDOSTATIN LAR DEPOT KIT	NP	SP
SIGNIFOR	NP	SP; MP
SIGNIFOR LAR	NP	SP
SOMATULINE DEPOT	NP	SP; MP
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	NP	SP
JYNARQUE TABS	NP	SP
SAMSCA TABS *(tolvaptan)*	NP	SP
tolvaptan tabs	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(estradiol & norethindrone acetate)*	NP	
ANGELIQ	NP	
BIJUVA	NP	
CLIMARA PRO	NP	
COMBIPATCH PTTW	P	
DUAVEE	NP	
esterified estrogens & methyltestosterone	P	

Drug Name	Drug Tier	Requirements/ Limits
estradiol & norethindrone acetate tabs	P	
FEMHRT *(norethindrone acetate-ethinyl estradiol)*	NF	QL(1 ea daily)
MYFEMBREE	P	PA
norethindrone acetate-ethinyl estradiol	NP	QL(1 ea daily)
ORIAHNN	P	PA
PREFEST	NP	
PREMPHASE	P	QL(1 ea daily)
PREMPRO 1.5 MG-0.3 MG, 1.5 MG-0.45 MG	P	
PREMPRO 2.5 MG-0.625 MG, 5 MG-0.625 MG	P	QL(1 ea daily)
Estrogens		
CLIMARA PTWK *(estradiol)*	NP	
DELESTROGEN *(estradiol valerate)*	NP	
DEPO-ESTRADIOL	NP	
DIVIGEL GEL *(estradiol)*	NP	
ELESTRIN GEL	NP	
ESTRACE TABS *(estradiol)*	NP	
estradiol ptwk	P	
estradiol tabs	P	
estradiol pttw	P	
estradiol gel	NP	
estradiol valerate	NP	
EVAMIST SOLN	NP	MP
MENEST	P	
MENOSTAR PTWK	NP	
MINIVELLE PTTW *(estradiol)*	NP	
PREMARIN TABS	P	
VIVELLE-DOT PTTW *(estradiol)*	NF	
VIVELLE-DOT PTTW *(estradiol)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(28 ea per fill retail); AL(At least 16 yrs old)
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	NP	
CIPRO SUSR	NP	
ciprofloxacin susr 5 gm/100ml, 500 mg/5ml	P	
ciprofloxacin hcl tabs	P	
levofloxacin tabs	P	
levofloxacin soln or	P	
moxifloxacin hcl tabs	P	
ofloxacin 300 mg, 400 mg	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	NP	
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW *(simethicone)*	NF	
MYLICON INFANTS GAS RELIEF SUSP *(simethicone)*	NF	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP *(simethicone)*	NF	
PHAZYME ULTRA STRENGTH CAPS *(simethicone)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
simethicone caps 125 mg, 180 mg	P	
simethicone susp	P	
simethicone chew	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	SP
Gallstone Solubilizing Agents		
CHENODAL	NP	SP
RELTONE CAPS	NP	
URSO 250 TABS *(ursodiol)*	NP	
URSO FORTE TABS *(ursodiol)*	NP	
ursodiol caps	P	
ursodiol tabs	NP	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	P	
GASTROCROM *(cromolyn sodium (mastocytosis))*	NP	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(lubiprostone)*	NP	
lubiprostone	NP	
Gastrointestinal Stimulants		
metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml	P	
metoclopramide hcl tbdp	NP	
metoclopramide hcl tabs	P	
METOCLOPRAMIDE ODT TBDP	NP	
REGLAN TABS *(metoclopramide hcl)*	NP	
Inflammatory Bowel Agents		

Drug Name	Drug Tier	Requirements/ Limits
APRISO CP24 *(mesalamine)*	NP	
ASACOL HD TBEC *(mesalamine)*	NP	
AVSOLA	NP	SP
AZULFIDINE TABS *(sulfasalazine)*	NP	
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	NP	
balsalazide disodium caps	P	
CANASA SUPP *(mesalamine)*	NP	QL(1 ea daily)
CIMZIA KIT	NP	SP
CIMZIA PSKT	P	SP; PA
CIMZIA STARTER KIT PSKT	P	SP; PA
COLAZAL CAPS *(balsalazide disodium)*	NP	
DELZICOL CPDR *(mesalamine)*	NP	
DIPENTUM	NP	
ENTYVIO	NP	SP
INFLECTRA	NP	SP
INFLIXIMAB	NP	SP
LIALDA TBEC *(mesalamine)*	NP	
LIALDA TBEC *(mesalamine)*	NF	
mesalamine supp	P	QL(1 ea daily)
mesalamine enem	P	
mesalamine cpdr	NP	
mesalamine tbec	NP	
mesalamine cp24	NP	
mesalamine cpcr	P	QL(8 ea daily)
mesalamine w/ cleanser	NP	
PENTASA CPCR	P	QL(8 ea daily)
PENTASA CPCR *(mesalamine)*	P	QL(8 ea daily)
REMICADE	NP	SP
RENFLEXIS	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ROWASA *(mesalamine w/ cleanser)*	NP	
SFROWASA ENEM	P	
SKYRIZI SOCT	NP	SP
SKYRIZI SOLN	NP	SP
STELARA 130 MG/26ML	NP	SP
sulfasalazine tbec	P	
sulfasalazine tabs	P	
Intestinal Acidifiers		
lactulose (encephalopathy)	P	MP
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	NP	
IBSRELA	NP	
LINZESS	NP	
LOTRONEX *(alosetron hcl)*	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
alvimopan	NP	
ENTEREG *(alvimopan)*	NP	
MOVANTIK	NP	
RELISTOR TABS	NP	
RELISTOR SOLN	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA	NP	
calcium acetate (phosphate binder) caps	P	
calcium acetate (phosphate binder) tabs	P	RX/OTC
FOSRENOL PACK	P	
FOSRENOL CHEW *(lanthanum carbonate)*	NP	
lanthanum carbonate chew	P	
PHOSLYRA SOLN	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
RENAGEL *(sevelamer hcl)*	NP	
RENVELA PACK *(sevelamer carbonate)*	NP	
RENVELA TABS *(sevelamer carbonate)*	NP	QL(8 ea daily)
sevelamer carbonate pack	NP	
sevelamer carbonate tabs	P	QL(8 ea daily)
sevelamer hcl	P	
VELPHORO	NP	
Short Bowel Syndrome (SBS) Agents		
GATTEX	NP	SP
Tryptophan Hydroxylase Inhibitors		
XERMELO	NP	SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	NP	
Alkalinizers		
ORACIT	P	
pot & sod citrates w/citric ac soln	NP	
potassium citrate (alkalinizer) tbcr 15 meq, 540 mg, 1080 mg, 1620 mg	NP	
potassium citrate-citric acid soln	NP	RX/OTC
potassium citrate-citric acid pack	NP	
sodium citrate & citric acid	P	RX/OTC
UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))*	NP	
UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))*	NP	

Drug Name	Drug Tier	Requirements/ Limits
UROCIT-K 5 TBCR *(potassium citrate (alkalinizer))*	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP
PROCYSBI PACK	NP	SP
PROCYSBI CPDR	NP	SP
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	NP	QL(3 ea daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl	P	MP
alfuzosin hcl	P	MP
AVODART *(dutasteride)*	NP	MP
CARDURA XL 4 MG	NP	MP
CARDURA XL 8 MG	NP	MP
dutasteride	NP	MP
dutasteride-tamsulosin hcl	NP	MP
ENTADFI	NP	
finasteride	P	MP
finasteride	P	MP
FLOMAX *(tamsulosin hcl)*	NF	MP
FLOMAX *(tamsulosin hcl)*	NP	MP
JALYN *(dutasteride-tamsulosin hcl)*	NP	MP
PROSCAR *(finasteride)*	NF	MP
PROSCAR *(finasteride)*	NP	MP
RAPAFLO 8 MG *(silodosin)*	NF	MP
RAPAFLO *(silodosin)*	NP	MP
silodosin	NP	MP
tamsulosin hcl	P	MP
tamsulosin hcl	P	MP
Urinary Analgesics		
phenazopyridine hcl tabs 100 mg, 100 mg, 200 mg	P	
PYRIDIUM TABS *(phenazopyridine hcl)*	NP	
Urinary Stone Agents		
LITHOSTAT	NP	
THIOLA TABS *(tiopronin)*	NP	SP
THIOLA EC TBEC	NP	SP
tiopronin tabs	NP	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	P	MP
Gout Agents		
allopurinol	P	MP
allopurinol	P	MP
ALLOPURINOL	P	
colchicine tabs	NP	MP
colchicine caps	NP	MP
colchicine tabs	NP	MP
COLCRYS TABS *(colchicine)*	NP	MP
febuxostat	NP	MP
MITIGARE CAPS *(colchicine)*	NP	MP
ULORIC *(febuxostat)*	NP	MP
ZYLOPRIM *(allopurinol)*	NF	MP
Uricosurics		
probenecid	P	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA	P	SP; PA
AFSTYLA	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
COAGADEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
HEMLIBRA	P	SP; MP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HUMATE-P SOLR	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR	P	SP; PA
JIVI	P	SP; PA
KOATE SOLR	P	SP; PA
KOATE-DVI SOLR 1000 UNIT	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
NOVOEIGHT	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(icatibant acetate)*	NP	SP
icatibant acetate sosy	NP	SP
Complement Inhibitors		
BERINERT KIT	P	SP; PA
CINRYZE SOLR IV	NP	SP
EMPAVELI	NP	SP
ENJAYMO	NP	SP
HAEGARDA SOLR SC	NP	SP
RUCONEST	NP	SP
SOLIRIS	NP	SP
TAVNEOS	NP	SP
ULTOMIRIS	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP
Hematorheologic Agents		
pentoxifylline	P	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
KALBITOR	NP	SP
ORLADEYO	NP	SP
TAKHZYRO SOSY	NP	SP
TAKHZYRO SOLN	NP	SP; MP
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(anagrelide hcl)*	NP	
anagrelide hcl	P	
aspirin-dipyridamole	P	
BRILINTA	P	
cilostazol	NP	
clopidogrel bisulfate	P	
dipyridamole	P	
EFFIENT *(prasugrel hcl)*	NP	QL(1 ea daily)
EFFIENT *(prasugrel hcl)*	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PLAVIX 75 MG *(clopidogrel bisulfate)*	NP	
PLAVIX 75 MG *(clopidogrel bisulfate)*	NF	
prasugrel hcl	NP	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Cobalamins		
cyanocobalamin soln ij	P	
Folic Acid/Folates		
folic acid tabs 1 mg	P	RX/OTC
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	NP	SP; MP
ARANESP ALBUMIN FREE SOSY	NP	SP; MP
DOPTELET	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; MP; PA
FULPHILA	NP	SP
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP
GRANIX SOSY	NP	SP
LEUKINE SOLR IJ	P	QL(0.47 ea daily); SP
MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML	NP	SP; MP
MIRCERA 120 MCG/0.3ML	NP	SP
MULPLETA	NP	SP
NEULASTA SOSY	NP	SP
NEULASTA ONPRO KIT PSKT	NP	SP
NEUPOGEN SOLN 300 MCG/ML	P	QL(0.47 ml daily); SP
NEUPOGEN SOSY 480 MCG/0.8ML	P	QL(0.38 ml daily); SP
NEUPOGEN SOSY 300 MCG/0.5ML	P	QL(0.24 ml daily); SP
NEUPOGEN SOLN 480 MCG/1.6ML	P	QL(0.75 ml daily); SP
NIVESTYM SOLN	NP	SP
NIVESTYM SOSY	NP	SP
NPLATE	NP	SP
NYVEPRIA	NP	SP
PROCRIT	P	SP; MP; PA
PROCRIT	P	SP; MP; PA
PROMACTA TABS	NP	SP
PROMACTA PACK	NP	SP
REBLOZYL	NP	SP
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	NP	SP; MP
RETACRIT	NP	SP; MP
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA SOSY	NP	SP
ZARXIO	NP	SP
ZIEXTENZO	NP	SP
Iron		
FEOSOL TABS *(ferrous sulfate dried)*	NF	
FER-IN-SOL SOLN *(ferrous sulfate)*	NF	
FERROUS GLUCONATE TABS 324 MG	P	
ferrous sulfate tabs 65 mg, 325 mg	P	
ferrous sulfate tbec	P	
ferrous sulfate syrp	P	

Drug Name	Drug Tier	Requirements/ Limits
ferrous sulfate elix	P	
ferrous sulfate soln	P	
FERROUS SULFATE TBEC	P	
ferrous sulfate dried tabs 200 mg	P	
polysaccharide iron complex caps 150 mg	P	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) tabs 25 mg	P	AL(Up to 65 yrs old)
diphenhydramine hcl (sleep) caps	P	
UNISOM SLEEPGELS CAPS *(diphenhydramine hcl (sleep))*	NF	
ZZZQUIL CAPS *(diphenhydramine hcl (sleep))*	NF	
Barbiturate Hypnotics		
phenobarbital elix	P	MP
phenobarbital tabs	P	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	NP	
SILENOR *(doxepin hcl (sleep))*	NP	
Non-Barbiturate Hypnotics		
AMBIEN TABS *(zolpidem tartrate)*	NP	QL(1 ea daily)
AMBIEN CR TBCR *(zolpidem tartrate)*	NP	QL(1 ea daily)
DORAL *(quazepam)*	NP	
EDLUAR SUBL	NP	
estazolam	P	
eszopiclone	NP	
HALCION 0.25 MG *(triazolam)*	NP	
LUNESTA *(eszopiclone)*	NP	
LUNESTA 2 MG, 3 MG *(eszopiclone)*	NF	
midazolam hcl syrp	NP	
quazepam	P	
RESTORIL *(temazepam)*	NP	
temazepam	P	
triazolam	P	
zaleplon	NP	QL(1 ea daily)
zolpidem tartrate tbcr	NP	QL(1 ea daily)
zolpidem tartrate tabs	P	QL(1 ea daily)
zolpidem tartrate subl	NP	
Orexin Receptor Antagonists		
BELSOMRA	NP	
DAYVIGO	NP	QL(3 ea daily)
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS *(tasimelteon)*	NP	SP
HETLIOZ LQ SUSP	NP	SP; MP
ramelteon	NP	
ROZEREM *(ramelteon)*	NP	
tasimelteon caps	NP	SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
BENEFIBER POWD *(wheat dextrin)*	NF	
BENEFIBER FOR CHILDREN POWD *(wheat dextrin)*	NF	
BENEFIBER HEALTHY SHAPE POWD *(wheat dextrin)*	NF	
calcium polycarbophil tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
CITRUCEL TABS *(methylcellulose (laxative))*	NF	
CITRUCEL FIBER LAXATIVE POWD *(methylcellulose (laxative))*	NF	
HYDROCIL INSTANT POWD *(psyllium)*	NF	
KONSYL DAILY FIBER PACK 100 %	P	
KONSYL DAILY FIBER POWD *(psyllium)*	NF	
KONSYL ORIGINAL DAILY FIBER PACK	P	
METAMUCIL POWD *(psyllium)*	NF	
METAMUCIL CAPS *(psyllium)*	NF	
METAMUCIL ORIGINAL TEXTURE POWD *(psyllium)*	NF	
methylcellulose (laxative) tabs	P	
methylcellulose (laxative) powd	P	
psyllium powd 28.3 %, 48.57 %, 58.6 %, 95 %	P	
psyllium caps 0.52 gm	P	
wheat dextrin powd	P	
Laxative Combinations		
NULYTELY *(peg 3350-potassium chloride-sod bicarbonate-sod chloride)*	NF	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	
sennosides-docusate sodium tabs	P	
SENOKOT S TABS *(sennosides-docusate sodium)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
Laxatives - Miscellaneous		
glycerin (laxative) supp 1 gm, 1.2 gm, 2 gm, 80.7 %	P	
GLYCERIN ADULT SUPP *(glycerin (laxative))*	NF	
MIRALAX POWD *(polyethylene glycol 3350)*	NF	
MIRALAX PACK *(polyethylene glycol 3350)*	NF	
MIRALAX MIX-IN PAX PACK *(polyethylene glycol 3350)*	NF	
PEDIA-LAX SUPP *(glycerin (laxative))*	NF	
polyethylene glycol 3350 powd	P	
polyethylene glycol 3350 pack	P	
Saline Laxatives		
FLEET ENEMA ENEM *(sodium phosphates)*	NF	
magnesium citrate	P	
magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml	P	
sodium phosphates enem	P	
Stimulant Laxatives		
bisacodyl supp	P	
bisacodyl tbec	P	
DULCOLAX TBEC *(bisacodyl)*	NF	
DULCOLAX SUPP *(bisacodyl)*	NF	
DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)*	NF	
SENNA SYRP	P	
sennosides tabs 8.6 mg, 15 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
SENOKOT TABS *(sennosides)*	NF	
Surfactant Laxatives		
COLACE CAPS 100 MG *(docusate sodium)*	NF	
COLACE CLEAR CAPS *(docusate sodium)*	NF	
docusate calcium	P	
docusate sodium tabs	P	
docusate sodium syrp	P	
docusate sodium caps	P	
docusate sodium liqd	P	
DOCUSATE SODIUM SYRP	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin tabs 250 mg	P	QL(60 ea per 180 days retail)
azithromycin tabs 600 mg	P	
azithromycin pack	P	
azithromycin tabs 500 mg	P	QL(3 ea per fill retail; 60 ea per 180 days retail)
azithromycin susr	P	
ZITHROMAX TABS 500 MG *(azithromycin)*	NP	QL(3 ea per fill retail; 60 ea per 180 days retail)
ZITHROMAX PACK *(azithromycin)*	P	
ZITHROMAX SUSR *(azithromycin)*	NP	
ZITHROMAX TABS 250 MG *(azithromycin)*	NP	QL(60 ea per 180 days retail)
ZITHROMAX TABS 250 MG *(azithromycin)*	NF	QL(60 ea per 180 days retail)
ZITHROMAX TRI-PAK TABS *(azithromycin)*	NP	QL(3 ea per fill retail; 60 ea per 180 days retail)
ZITHROMAX Z-PAK TABS *(azithromycin)*	NP	QL(60 ea per 180 days retail)
Clarithromycin		
clarithromycin tabs	P	
clarithromycin susr	P	
clarithromycin tb24	P	
Erythromycins		
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	P	
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	P	
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	P	
erythromycin base tbec	P	
erythromycin base cpep	P	
erythromycin base tabs	P	
erythromycin ethylsuccinate tabs	P	
erythromycin ethylsuccinate susr	P	
erythromycin stearate tabs 250 mg	P	
Fidaxomicin		
DIFICID SUSR	NP	
DIFICID TABS	NP	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
AMD FOAM DRESSING 4"X4" PADS	P	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	P	RX/OTC
BAND-AID GAUZE PADS LARGE4" X 4" PADS	P	RX/OTC
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	P	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	P	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
CURITY COVER SPONGE 4"X4" PADS	P	RX/OTC
CURITY COVER SPONGES 4"X4" PADS	P	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
CURITY GAUZE PADS 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	P	RX/OTC
CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	P	RX/OTC
CVS GAUZE PADS 4"X4" 12-PLY PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	P	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	P	RX/OTC
DRYMAX EXTRA PADS	P	RX/OTC
EQ GAUZE PADS 4"X4" PADS	P	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	P	RX/OTC
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	P	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
GAUZE DRESSING 4"X4" PADS	P	RX/OTC
GAUZE PADS PADS	P	RX/OTC
GAUZE PADS 4"X4" PADS	P	RX/OTC
HM STERILE PADS PADS	P	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	P	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	P	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY4" X 4" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	P	RX/OTC
KERLIX SPONGES 4" X 4" 12 PLY PADS	P	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS	P	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	P	RX/OTC
NU GAUZE 4PLY 4"X4" PADS	P	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	P	RX/OTC
POLYMEM NON-ADHESIVE PAD PADS	P	RX/OTC
QC ALL PURPOSE DRESSINGS4"X4" PADS	P	RX/OTC
QC STERILE PADS PADS	P	RX/OTC
RA STERILE PADS 4"X4" PADS	P	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	P	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	P	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	P	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	P	RX/OTC
SILIGENTLE SILICONE FOAMDRESSING/BORDERED PADS	P	RX/OTC
SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	P	RX/OTC
SM GAUZE PADS 4"X4" PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SM STERILE PADS PADS	P	RX/OTC
SOF-WICK 4"X4" PADS	P	RX/OTC
STERILE PADS 4"X4" PADS	P	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	P	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	P	RX/OTC
Blood Pressure Devices		
3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/EXTRA LARGE DEVI	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/LARGE DEVI	P	QL(0.034 ea daily)
ADVOCATE ARM BLOOD PRESSURE MONITOR/SMALL/MEDIUM DEVI	P	QL(0.034 ea daily)
AUTOMATIC BLOOD PRESSUREMONITOR DEVI	P	QL(0.034 ea daily)
BD ASSIRE BPM/PORTABLE WRISTWATCH STYLE MISC	P	QL(0.034 ea daily)
BD ASSURE BPM/AUTO INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)
BD ASSURE BPM/AUTO INFLATE WRIST CUFF MISC	P	QL(0.034 ea daily)
BD ASSURE BPM/DELUXE AUTO INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)
BD ASSURE BPM/MANUAL INFLATE ARM CUFF MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE KIT/MANUALINFLATE DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR 3SERIES DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC WRIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC/ARM MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR AUTOMATIC/WRIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR PREMIUM ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR PREMIUM ARM/VOICE ASSIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR UPPER ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTO ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC DELUXE MISC	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BLOOD PRESSURE MONITOR/AUTOMATIC QUICK READ MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC ULTRA-DELUXE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/AUTOMATIC/ WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/BASIC ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE ARM MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PREMIUM ARM DEVI	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PULSE/DIGITAL/MEMORY/LCD/MODEL #1060 MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/PULSE/DIGITAL/MEMORY/MODEL #1085M MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/UPPER ARM MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITOR/WRIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORDIGITAL/AUTO-INFLATION MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORDIGITAL/AUTOMATIC MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORDIGITAL/MANUAL INFLATE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORDIGITAL/WRIST MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORMANUAL INFLATE MISC	P	QL(0.034 ea daily)
BLOOD PRESSURE MONITORMODEL#1083 MISC	P	QL(0.034 ea daily)
CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)
CARETOUCH BLOOD PRESSUREMONITOR/AUTOMATIC/WRIST DEVI	P	QL(0.034 ea daily)
CARETOUCH SLIM BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CARETOUCH VERSA BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE BLOOD PRESSURE MONITOR/TALKING WRIST/PREMIUM DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE ELECTRONICBLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CLEVER CHOICE PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
CVS ADVANCED BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR PREMIUM/WRIST MISC	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR PROFESSIONAL/ARM MISC	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)
CVS BLOOD PRESSURE MONITOR/MANUAL MISC	P	QL(0.034 ea daily)
CVS SERIES 100 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
CVS SERIES 400 BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
CVS SERIES 400W BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CVS SERIES 600 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
CVS SERIES 600W BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
CVS SERIES 800 BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
EQ BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
FORA P20 BLOOD PRESSURE MONITORING SYSTEM DEVI	P	QL(0.034 ea daily)
FORA TEST N' GO BP BLOODPRESSURE MONITORING SYSTEM DEVI	P	QL(0.034 ea daily)
GNP BLOOD PRESSURE MONITOR ADVANCED AUTOMATIC/ARM DEVI	P	QL(0.034 ea daily)
HEALTH SENSE BLOOD PRESSURE MONITOR/UPPER-ARM DEVI	P	QL(0.034 ea daily)
HEALTH SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	P	QL(0.034 ea daily)
HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/PREMIUM TALKING DEVI	P	QL(0.034 ea daily)
HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/STANDARD DEVI	P	QL(0.034 ea daily)
HEALTHSMART BLOOD PRESSURE MONITOR/WRIST/WOMENS DEVI	P	QL(0.034 ea daily)
HEART CHECK BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
H-E-B INCONTROL DELUXE AUTO WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
H-E-B INCONTROL FULLY AUTOMATIC BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
H-E-B INCONTROL PREMIUM AUTOMATIC BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HM ADVANCED BLOOD PRESSURE MONITOR AUTOMATIC DEVI	P	QL(0.034 ea daily)
HM AUTOMATIC BLOOD PRESSURE MONITOR DELUXE DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITOR/SERIES 200/ARM DEVI	P	QL(0.034 ea daily)
HM BLOOD PRESSURE MONITORFULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)
HM DELUXE BLOOD PRESSUREMONITOR/WRIST DEVI	P	QL(0.034 ea daily)
KROGER BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)
KROGER BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)
KROGER BLOOD PRESSURE MONITOR/PREMIUM AUTOMATIC DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED AUTOMATIC DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/ADVANCED WRIST DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)
MICROLIFE BLOOD PRESSUREMONITOR/AUTOMATIC DELUXE DEVI	P	QL(0.034 ea daily)
MICROLIFE BPM 6 PREMIUM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
MICROLIFE DELUXE BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
OMRON 10 SERIES BLOOD PRESSURE MONITOR/ARM/BLUETOOTH SMART DEVI	P	QL(0.034 ea daily)
OMRON 10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
OMRON 3 SERIES BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
OMRON 3 SERIES BLOOD PRESSURE MONITOR/WRIST DEVI	P	QL(0.034 ea daily)
OMRON 5 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
OMRON 7 SERIES BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
OMRON 7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM/BLUETOOTH DEVI	P	QL(0.034 ea daily)
OMRON 7 SERIES BLOOD PRESSURE MONITOR/WRIST/BLUETOOTH DEVI	P	QL(0.034 ea daily)
PRO HEALTH MINI TALKING BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
PRO HEALTH TRACK BLUETOOTH BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PROCARE UPPER ARM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
PROCARE WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
QC BLOOD PRESSURE MONITOR/AUTOMATIC MISC	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR AUTOMATIC MISC	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC MISC	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR DELUXE AUTOMATIC DEVI	P	QL(0.034 ea daily)
RA BLOOD PRESSURE CUFF MONITOR PREMIUM AUTOMATIC DEVI	P	QL(0.034 ea daily)
RELION BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)
RELION BP100 UPPER ARM BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
RELION BP200W WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
RELION BP300W WRIST BLOOD PRESSURE MONITOR DEVI	P	QL(0.034 ea daily)
RELION PREMIUM BLOOD PRESSURE MONITOR/UPPER ARM DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR SERIES 200W/WRIST DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR SERIES 600W/WRIST DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR SERIES 800/ARM DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/ADVANCED AUTOMATIC DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/AUTOMATIC INFLATION MISC	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/DELUXE AUTOMATIC DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/DELUXE WRIST DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/FULLY AUTOMATIC DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITOR/MANUAL INFLATION DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITORSERIES 200 DEVI	P	QL(0.034 ea daily)
SM BLOOD PRESSURE MONITORSERIES 600 DEVI	P	QL(0.034 ea daily)
SM WRIST CUFF BLOOD PRESSURE MONITOR MISC	P	QL(0.034 ea daily)
SPHYGMOMANOMETER ANEROID MISC	P	QL(0.034 ea daily)
SURELIFE BLOOD PRESSURE MONITOR/ARM DEVI	P	QL(0.034 ea daily)
SURELIFE BLOOD PRESSURE MONITOR/ARM/PREMIUM DEVI	P	QL(0.034 ea daily)
SURELIFE BLOOD PRESSURE MONITOR/WRIST/CLASSIC DEVI	P	QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SURELIFE BLOOD PRESSURE MONITOR/WRIST/PREMIUM DEVI	P	QL(0.034 ea daily)
TALKING SENSE BLOOD PRESSURE MONITOR/REGULAR SIZE CUFF DEVI	P	QL(0.034 ea daily)
TALKING SENSE BLOOD PRESSURE MONITOR/XL SIZE CUFF DEVI	P	QL(0.034 ea daily)
TGT BLOOD PRESSURE MONITOR/AUTOMATIC DEVI	P	QL(0.034 ea daily)
WRIST CUFF BLOOD PRESSUREUNIT MISC	P	QL(0.034 ea daily)
Contraceptives		
AIMSCO LUBRICATED MISC	P	
DUREX EXTRA SENSITIVE THIN DEVI	P	
FANTASY LUBRICATED MISC	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P	
KAMELEON LUBRICATED MISC	P	
KIMONO COLORS DEVI	P	
KIMONO LUBRICATED MISC	P	
KIMONO MICRO THIN MISC	P	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	
KIMONO PS LUBRICATED MISC	P	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	
KIMONO SENSATION LUBRICATED MISC	P	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	
KIMONO SPECIAL DEVI	P	
K-Y ME & YOU EXTRA LUBRICATED DEVI	P	
K-Y ME & YOU INTENSE DEVI	P	
MAXX LUBRICATED MISC	P	
MAXX PLUS SPERMICIDE LUBRICATED MISC	P	
PREMIUM CONDOMS LUBRICATED MISC	P	
REALITY LATEX CONDOMS/LUBRICATED MISC	P	
REALITY LATEX/ULTRA TEXTURED DEVI	P	
REALITY LATEX/ULTRA THIN DEVI	P	
TRUSTEX COLOR CONDOMS + LUBE MISC	P	
TRUSTEX LUBRICATED MISC	P	
TRUSTEX LUBRICATED EXTRALARGE MISC	P	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	P	
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	
TRUSTEX NON-LUBRICATED MISC	P	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	P	
TRUSTEX/RIA LUBRICATED MISC	P	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P	
TRUSTEX/RIA NON-LUBRICATED MISC	P	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	QL(4.45 ea daily); MP
1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	QL(4.45 ea daily); MP
ACCU-CHEK AVIVA SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ACCU-CHEK AVIVA PLUS KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
ACCU-CHEK FASTCLIX LANCETS	P	QL(4.45 ea daily); MP
ACCU-CHEK GUIDE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ACCU-CHEK GUIDE ME KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS	P	QL(4.45 ea daily); MP
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P	QL(4.45 ea daily); MP
ACCU-CHEK SMARTVIEW CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
ACCU-CHEK SOFTCLIX LANCETS	P	QL(4.45 ea daily); MP
ACCUTREND GLUCOSE CONTROL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE LANCETS 28G	P	QL(4.45 ea daily); MP
ACTI-LANCE LITE SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	QL(4.45 ea daily); MP
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	P	QL(4.45 ea daily); MP
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP
ADJUSTABLE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ADVANCE INTUITION BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ADVANCE MICRO-DRAW CONTROL LEVEL 1-2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ADVANCE MICRO-DRAW METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ADVANCE MICRO-DRAW NORMAL CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ADVANCED MOBILE LANCET 30G	P	QL(4.45 ea daily); MP
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ADVOCATE CONTROL SOLUTIONHIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ADVOCATE CONTROL SOLUTIONLOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ADVOCATE LANCETS	P	QL(4.45 ea daily); MP
ADVOCATE LANCETS 30G	P	QL(4.45 ea daily); MP
ADVOCATE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ADVOCATE REDI-CODE DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ADVOCATE REDI-CODE/TALKING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE SAFETY LANCETS	P	QL(4.45 ea daily); MP
ADVOCATE SAFETY LANCETS 26G	P	QL(4.45 ea daily); MP
AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
AGAMATRIX CONTROL HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
AGAMATRIX CONTROL NORMAL& HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
AGAMATRIX PRESTO KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
AGAMATRIX PRESTO PRO METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
AGAMATRIX ULTRA-THIN LANCETS 33G	P	QL(4.45 ea daily); MP
AIMSCO TWIST LANCETS 32G	P	QL(4.45 ea daily); MP
AIMSCO TWIST LANCETS 33G	P	QL(4.45 ea daily); MP
AMBI-TRAY MISC	P	RX/OTC
AQUALANCE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
ASSURE 3 CONTROL LEVEL 1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ASSURE 3 METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
ASSURE 4 BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ASSURE 4 CONTROL LEVEL 1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ASSURE COMFORT LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP
ASSURE DOSE NORMAL/HIGH CONTROL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	P	QL(4.45 ea daily); MP
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P	QL(4.45 ea daily); MP
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	P	QL(4.45 ea daily); MP
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	P	QL(4.45 ea daily); MP
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
ASSURE II CONTROL LEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ASSURE II CONTROL LEVEL 1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ASSURE LANCE LANCETS	P	QL(4.45 ea daily); MP
ASSURE LANCE LANCETS 21G	P	QL(4.45 ea daily); MP
ASSURE LANCE PLUS SAFETYLANCETS 25G	P	QL(4.45 ea daily); MP
ASSURE LANCE PLUS SAFETYLANCETS 30G	P	QL(4.45 ea daily); MP
ASSURE LANCE SAFETY LANCET 28G	P	QL(4.45 ea daily); MP
ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ASSURE PRISM CONTROL LEVEL 1/2 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ASSURE PRO BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ASSURE PRO CONTROL LEVEL1/2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
AURORA LANCET SUPER THIN30G	P	QL(4.45 ea daily); MP
AURORA LANCET THIN 23G	P	QL(4.45 ea daily); MP
AUTO-LANCET MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
AUTO-LANCET MINI MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
AUTOLET II CLINISAFE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
AUTOLET IMPRESSION LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
AUTOLET LITE CLINISAFE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
AUTOLET LITE STARTER PACK KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
AUTOLET MINI MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
AUTOLET PLATFORMS MISC	P	MP
AUTOLET PLUS MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
BD LANCET ULTRAFINE 30G	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
BD LANCET ULTRAFINE 33G	P	QL(4.45 ea daily); MP
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BD MICROTAINER LANCETS	P	QL(4.45 ea daily); MP
BIGFOOT UNITY PEN CAP FOR ADMELOG MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR APIDRA MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR ASPART MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR BASAGLAR MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR FIASP MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR HUMALOG MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR LANTUS MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR LISPRO MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR LYUMJEV MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR NOVOLOG MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR TOUJEO MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR TOUJEO MAX MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP FOR TRESIBA MISC	P	RX/OTC
BIGFOOT UNITY PROGRAM KIT KIT	NP	RX/OTC
BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BLOOD GLUCOSE MONITORINGSYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BLOOD GLUCOSE SYSTEM PAK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
CARDIOCOM LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
CAREONE ADVANCED LANCINGDEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CAREONE LANCET SUPER THIN/30G	P	QL(4.45 ea daily); MP
CAREONE LANCET THIN	P	QL(4.45 ea daily); MP
CARESENS CONTROL A SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
CARESENS LANCETS	P	QL(4.45 ea daily); MP
CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
CARETOUCH SAFETY LANCETS/26G	P	QL(4.45 ea daily); MP
CARETOUCH SAFETY LANCETS/28G	P	QL(4.45 ea daily); MP
CARETOUCH SAFETY LANCETS/30G	P	QL(4.45 ea daily); MP
CARETOUCH TWIST LANCETS 28G	P	QL(4.45 ea daily); MP
CARETOUCH TWIST LANCETS 30G	P	QL(4.45 ea daily); MP
CARETOUCH TWIST LANCETS 33G	P	QL(4.45 ea daily); MP
CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	QL(4.45 ea daily); MP
CLEANLET LANCETS 28G	P	QL(4.45 ea daily); MP
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	P	QL(4.45 ea daily); MP
CLEVER CHEK LANCETS ULTRATHIN 30G	P	QL(4.45 ea daily); MP
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CLEVER CHOICE COMFORT EZLANCETS 21G	P	QL(4.45 ea daily); MP
CLEVER CHOICE COMFORT EZLANCETS 23G	P	QL(4.45 ea daily); MP
CLEVER CHOICE COMFORT EZLANCETS 28G	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CLEVER CHOICE GLUCOSE CONTROL LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
COAGUCHEK LANCETS	P	QL(4.45 ea daily); MP
COMFORT ASSURED LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP
COMFORT ASSURED LANCETS SUPER THIN 28G	P	QL(4.45 ea daily); MP
COMFORT LANCETS	P	QL(4.45 ea daily); MP
COMFORT TOUCH LANCETS ULTRA THIN 31G	P	QL(4.45 ea daily); MP
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	QL(4.45 ea daily); MP
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	QL(4.45 ea daily); MP
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
CONTOUR HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CONTOUR LOW CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CONTOUR NEXT CONTROL LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
COOL BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
COOL CONTROL SOLUTION A SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
COOL CONTROL SOLUTION B SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
CVS ADVANCED GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
CVS LANCETS 21G	P	QL(4.45 ea daily); MP
CVS LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP
CVS LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP
CVS LANCETS ORIGINAL	P	QL(4.45 ea daily); MP
CVS LANCETS THIN 26G	P	QL(4.45 ea daily); MP
CVS LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
CVS LANCETS ULTRA-THIN 30G	P	QL(4.45 ea daily); MP
CVS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
CVS ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	MP
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	MP
DEXCOM G4 PLATINUM RECEIVER KIT	NP	MP
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	MP
DEXCOM G4 PLATINUM TRANSMITTER KIT	NP	MP
DEXCOM G5 MOBILE RECEIVERKIT	NP	MP
DEXCOM G5 MOBILE TRANSMITTER KIT	NP	MP
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	NP	MP
DEXCOM G5 RECEIVER KIT	NP	MP
DEXCOM G6 RECEIVER	P	MP; PA
DEXCOM G6 SENSOR	P	MP; PA
DEXCOM G6 TRANSMITTER	P	MP; PA
DEXCOM G7 RECEIVER	P	MP; PA
DEXCOM G7 SENSOR	P	MP; PA
DIABETES MONITORING DIGITAL SOLUTION KIT	NP	RX/OTC
DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	NP	RX/OTC
DIATHRIVE BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
DIATHRIVE GLUCOSE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
DIATHRIVE LANCETS	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
DIATHRIVE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
DIATHRIVE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DIATHRIVE+ BLOOD GLUCOSEMONITORING SYSTEM/BLUETOOTH DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
DROPLET GENTEEL LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DROPLET LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
DROPLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DROPLET PERSONAL LANCETS30G	P	QL(4.45 ea daily); MP
DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
DRUG MART LANCETS THIN	P	QL(4.45 ea daily); MP
DRUG MART ON-THE-GO LANCETS GENTLE 30G	P	QL(4.45 ea daily); MP
DRUG MART UNILET LANCETSSUPER THIN 30G	P	QL(4.45 ea daily); MP
DRUG MART UNILET LANCETSULTRA THIN 28G	P	QL(4.45 ea daily); MP
DRUG MART UNILET MICRO THIN LANCETS 33G	P	QL(4.45 ea daily); MP
DUO-CARE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASY COMFORT LANCETS	P	QL(4.45 ea daily); MP
EASY COMFORT LANCETS 30G/PULL TOP	P	QL(4.45 ea daily); MP
EASY COMFORT LANCETS 30G/THIN TOP	P	QL(4.45 ea daily); MP
EASY COMFORT LANCETS TWIST TOP	P	QL(4.45 ea daily); MP
EASY MINI EJECT LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
EASY MINI LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EASY PLUS II CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY PLUS II CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY STEP BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EASY STEP CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
EASY STEP CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EASY TALK CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY TALK CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY TALK PLUS II CONTROLHIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY TALK PLUS II CONTROLLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY TOUCH CONTROL SOLUTION/HIGH & LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC	P	RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 26G/PULL-TOP	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 28G/PULL-TOP	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 28G/TWIST	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 30G/PULL-TOP	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 30G/TWIST	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 32G/PULL-TOP	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 32G/TWIST	P	QL(4.45 ea daily); MP
EASY TOUCH LANCETS 33G/TWIST	P	QL(4.45 ea daily); MP
EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS26G/PRESSUR E ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P	QL(4.45 ea daily); MP
EASY TOUCH SAFETY LANCETS28G/PRESSUR E ACTIVATED	P	QL(4.45 ea daily); MP
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EASY TRAK GLUCOSE CONTROLSOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY TRAK GLUCOSE CONTROLSOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EASYGLUCO KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
EASYGLUCO STARTER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EASYPRO PLUS KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ELEMENT AUTOCODE SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ELEMENT COMPACT CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
ELEMENT HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ELEMENT LOW CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EMBRACE CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EMBRACE EVO GLUCOSE CONTROL SOLUTION LEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EMBRACE LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	QL(4.45 ea daily); MP
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	QL(4.45 ea daily); MP
EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EMBRACE PRO GLUCOSE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ENLITE GLUCOSE SENSOR	NP	MP
EQL COLOR LANCETS 21G	P	QL(4.45 ea daily); MP
EQL COLOR LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP
EQL SUPER THIN LANCETS 30G	P	QL(4.45 ea daily); MP
EQL THIN LANCETS 26G	P	QL(4.45 ea daily); MP
EVERSENSE E3 SENSOR/HOLDER	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
EVERSENSE E3 SMART TRANSMITTER	NP	MP
EVERSENSE SENSOR/HOLDER	NP	MP
EVERSENSE SMART TRANSMITTER	NP	MP
EVOLUTION AUTOCODE DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
E-Z JECT LANCETS	P	QL(4.45 ea daily); MP
E-Z JECT LANCETS 21G	P	QL(4.45 ea daily); MP
E-Z JECT LANCETS COLOR	P	QL(4.45 ea daily); MP
E-Z JECT LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP
E-Z JECT LANCETS THIN 26G	P	QL(4.45 ea daily); MP
E-ZJECT LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP
EZ-LETS LANCETS 21G	P	QL(4.45 ea daily); MP
EZ-LETS LANCETS 26G SUPER-SOFT	P	QL(4.45 ea daily); MP
EZ-LETS LANCETS 28G ULTRA-SOFT	P	QL(4.45 ea daily); MP
EZ-LETS LANCETS 30G	P	QL(4.45 ea daily); MP
FIFTY50 GLUCOSE METER 2.0 KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G	P	QL(4.45 ea daily); MP
FIFTY50 SAFETY SEAL LANCETS 32G	P	QL(4.45 ea daily); MP
FIFTY50 UNILET LANCETS 33G	P	QL(4.45 ea daily); MP
FINE 30	P	QL(4.45 ea daily); MP
FINGERSTIX LANCETS	P	QL(4.45 ea daily); MP
FORA CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORA CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA LANCETS	P	QL(4.45 ea daily); MP
FORA LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
FORA LANCING DEVICE/CLEARCAP MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORACARE GDH CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORACARE GDH CONTROL SOLUTION LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FORTISCARE CONTROL SOLUTIONS HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORTISCARE CONTROL SOLUTIONS LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP
FREESTYLE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE FREEDOM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE FREEDOM LITE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE LANCETS	P	QL(4.45 ea daily); MP
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	MP; PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	MP; PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	MP; PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	MP; PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	MP; PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	NP	MP
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE SIDEKICK II VALUEPACK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
FREESTYLE UNISTICK II LANCETS	P	QL(4.45 ea daily); MP
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	P	QL(4.45 ea daily); MP
GENTEEL CONTACT TIPS/BLUE MISC	P	MP
GENTEEL CONTACT TIPS/CLEAR MISC	P	MP
GENTEEL CONTACT TIPS/GREEN MISC	P	MP
GENTEEL CONTACT TIPS/ORANGE MISC	P	MP
GENTEEL CONTACT TIPS/RAINBOW MISC	P	MP
GENTEEL CONTACT TIPS/VIOLET MISC	P	MP
GENTEEL CONTACT TIPS/YELLOW MISC	P	MP
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
GENTEEL NOZZLES MISC	P	MP
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
GENTLE-LET GP LANCETS	P	QL(4.45 ea daily); MP
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	QL(4.45 ea daily); MP
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P	QL(4.45 ea daily); MP
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P	QL(4.45 ea daily); MP
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P	QL(4.45 ea daily); MP
GENTLE-LET PLATFORMS 2.4MM MISC	P	MP
GENTLE-LET PLATFORMS 3.0MM MISC	P	MP
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	P	QL(4.45 ea daily); MP
GLOBAL INJECT EASE LANCETS 30G	P	QL(4.45 ea daily); MP
GLOBAL LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GLUCOCARD SHINE DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GLUCOCARD SHINE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD SHINE XL DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCARD X-METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOCOM HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
GLUCOCOM LANCETS 28G	P	QL(4.45 ea daily); MP
GLUCOCOM LANCETS 30G	P	QL(4.45 ea daily); MP
GLUCOCOM LANCETS 33G	P	QL(4.45 ea daily); MP
GLUCONAVII BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GNP EASY TOUCH CONTROL SOLUTION HIGH/LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
GNP LANCETS 21G	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
GNP LANCETS THIN 26G	P	QL(4.45 ea daily); MP
GNP LANCING SYSTEM DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
GNP STERILE LANCETS 28G	P	QL(4.45 ea daily); MP
GNP STERILE LANCETS 30G	P	QL(4.45 ea daily); MP
GNP STERILE LANCETS 33G	P	QL(4.45 ea daily); MP
GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
GOJJI STERILE LANCETS 30G	P	QL(4.45 ea daily); MP
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(4.45 ea daily); MP
GOODSENSE LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(4.45 ea daily); MP
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	QL(4.45 ea daily); MP
GOODSENSE LANCETS ULTRA-THIN 30G	P	QL(4.45 ea daily); MP
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	QL(4.45 ea daily); MP
GOODSENSE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	NP	MP
GUARDIAN 4 TRANSMITTER KIT	NP	MP
GUARDIAN CONNECT TRANSMITTER	NP	MP
GUARDIAN CONNECT TRANSMITTER KIT	NP	MP
GUARDIAN LINK 3	NP	MP
GUARDIAN LINK 3 TRANSMITTER KIT	NP	MP
GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	NP	RX/OTC
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	MP
GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	NP	RX/OTC
GUARDIAN SENSOR (3)	NP	MP
GUARDIAN SENSOR 3	NP	MP
HAEMOLANCE	P	QL(4.45 ea daily); MP
HAEMOLANCE LOW FLOW LANCETS	P	QL(4.45 ea daily); MP
HAEMOLANCE PLUS	P	QL(4.45 ea daily); MP
HAEMOLANCE PLUS HIGH FLOW	P	QL(4.45 ea daily); MP
HAEMOLANCE PLUS LOW FLOW	P	QL(4.45 ea daily); MP
HAEMOLANCE PLUS MAX FLOW	P	QL(4.45 ea daily); MP
HAEMOLANCE PLUS PEDIATRIC FLOW	P	QL(4.45 ea daily); MP
HEALTH CARE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

Drug Name	Drug Tier	Requirements/ Limits
HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
H-E-B INCONTROL LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
HYPOLANCE AST LANCING KIT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
HY-VEE LANCETS	P	QL(4.45 ea daily); MP
HY-VEE THIN LANCETS	P	QL(4.45 ea daily); MP
IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
IN TOUCH DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
IN TOUCH GLUCOSE CONTROLSOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
IN TOUCH LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
IN TOUCH STERILE LANCETS30G	P	QL(4.45 ea daily); MP
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
INFINITY VOICE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
INSUL-CAP MISC	P	RX/OTC
INSUL-EZE MISC	P	RX/OTC
KINNEY LANCETS	P	QL(4.45 ea daily); MP
KINNEY THIN LANCETS	P	QL(4.45 ea daily); MP
KROGER AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
KROGER BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
KROGER HEALTHPRO GLUCOSECONTROL SOLUTION/HIGH/LOW LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
KROGER HEALTHPRO TWIST LANCETS/26G	P	QL(4.45 ea daily); MP
KROGER LANCETS	P	QL(4.45 ea daily); MP
KROGER LANCETS 21G	P	QL(4.45 ea daily); MP
KROGER LANCETS MICRO THIN33G	P	QL(4.45 ea daily); MP
KROGER LANCETS SUPER THIN	P	QL(4.45 ea daily); MP
KROGER LANCETS THIN	P	QL(4.45 ea daily); MP
KROGER LANCETS THIN 26G	P	QL(4.45 ea daily); MP
KROGER LANCETS ULTRATHIN30G	P	QL(4.45 ea daily); MP
KROGER LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
LANCET DEVICE ADJUSTABLE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LANCET DEVICE WITH EJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LANCET TRANSPORTER CASE MISC	P	MP
LANCETS	P	QL(4.45 ea daily); MP
LANCETS 30G	P	QL(4.45 ea daily); MP
LANCETS 30G TWIST TOP	P	QL(4.45 ea daily); MP
LANCETS 30G/TWIST TOP	P	QL(4.45 ea daily); MP
LANCETS 33G EXTRA FINE	P	QL(4.45 ea daily); MP
LANCETS 33G UNIVERSAL DESIGN	P	QL(4.45 ea daily); MP
LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP
LANCETS SUPER THIN 28G	P	QL(4.45 ea daily); MP
LANCETS THIN	P	QL(4.45 ea daily); MP
LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP
LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LANZO MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LEADER ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LIBERTY BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
LIBERTY CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
LIBERTY GLUCOSE CONTROL MID SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
LIBERTY MEDICAL LANCETS 30G	P	QL(4.45 ea daily); MP
LIBERTY MINI LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
LITE TOUCH LANCETS	P	QL(4.45 ea daily); MP
LITE TOUCH LANCING PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH LANCETS MICRO THIN 33G	P	QL(4.45 ea daily); MP
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
LIVE BETTER LANCET SUPERTHIN 30G	P	QL(4.45 ea daily); MP
LIVE BETTER LANCET ULTRATHIN 28G	P	QL(4.45 ea daily); MP
LONGS LANCETS STANDARD	P	QL(4.45 ea daily); MP
LONGS LANCETS THIN	P	QL(4.45 ea daily); MP
LONGS LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	P	QL(4.45 ea daily); MP
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	P	QL(4.45 ea daily); MP
MEDICHOICE SAFETY LANCETEXTRA	P	QL(4.45 ea daily); MP
MEDICHOICE SAFETY LANCETNORMAL	P	QL(4.45 ea daily); MP
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-LOW,1-MED,1 HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
MEDISENSE GLUCOSE KETONECONTROL SOLUTION 1-NORMAL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
MEDISENSE HIGH/LOW CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
MEDISENSE MID CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
MEDISENSE THIN LANCETS	P	QL(4.45 ea daily); MP
MEDLANCE PLUS EXTRA LANCETS 21G	P	QL(4.45 ea daily); MP
MEDLANCE PLUS LANCETS	P	QL(4.45 ea daily); MP
MEDLANCE PLUS LANCETS LITE 25G	P	QL(4.45 ea daily); MP
MEDLANCE PLUS LITE LANCETS 25G	P	QL(4.45 ea daily); MP
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	P	QL(4.45 ea daily); MP
MEDLANCE PLUS SUPERLITE 30G	P	QL(4.45 ea daily); MP
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	P	QL(4.45 ea daily); MP
MEDLANCE PLUS UNIVERSAL LANCETS 21G	P	QL(4.45 ea daily); MP
MEDLANCE PLUS/LITE 25G	P	QL(4.45 ea daily); MP
MEDLANCE/EXTRA	P	QL(4.45 ea daily); MP
MEDLANCE/LITE	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE/UNIVERSAL	P	QL(4.45 ea daily); MP
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	P	QL(4.45 ea daily); MP
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MEIJER LANCETS	P	QL(4.45 ea daily); MP
MEIJER LANCETS THIN	P	QL(4.45 ea daily); MP
MEIJER LANCETS UNIVERSAL21G	P	QL(4.45 ea daily); MP
MEIJER LANCETS UNIVERSAL30G	P	QL(4.45 ea daily); MP
MEIJER LANCETS UNIVERSAL33G	P	QL(4.45 ea daily); MP
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MEIJER SUPER THIN LANCETS	P	QL(4.45 ea daily); MP
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MICRODOT CONTROL SOLUTIONHIGH/LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
MICROLET LANCETS	P	QL(4.45 ea daily); MP
MICROLET NEXT MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
MINI LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
MINILINK REAL-TIME TRANSMITTER	NP	MP
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	NP	MP
MM EASY TOUCH BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MM LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
MM TWIST LANCETS	P	QL(4.45 ea daily); MP
MONOLET LANCETS	P	QL(4.45 ea daily); MP
MONOLET OPD LANCETS	P	QL(4.45 ea daily); MP
MONOLETTOR SAFETY LANCETS	P	QL(4.45 ea daily); MP
MPD SAFETY LANCET 21G/1.8MM	P	QL(4.45 ea daily); MP
MPD SAFETY LANCET 28G/1.8MM	P	QL(4.45 ea daily); MP
MPD SAFETY LANCET 30G/1.8MM	P	QL(4.45 ea daily); MP
MPD SAFETY LANCETS 23G/1.8MM	P	QL(4.45 ea daily); MP
MULTI-LANCET DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

Drug Name	Drug Tier	Requirements/ Limits
MULTI-LANCET DEVICE 2 KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P	QL(4.45 ea daily); MP
NEUTEK 2TEK CONTROL SOLUTIONS SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
NOVA SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP
NOVA SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
NOVA SUREFLEX LANCETS	P	QL(4.45 ea daily); MP
NOVA SUREFLEX LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	P	PA
OMNIPOD 5 G6 PODS (GEN 5) MISC	P	MP; PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	P	QL(1 ea per 365 days retail); PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	P	MP; PA
OMNIPOD DASH INTRO KIT (GEN 4) KIT	P	PA
OMNIPOD DASH PDM KIT (GEN 4) KIT	P	QL(1 ea per 365 days retail); PA
OMNIPOD DASH PODS (GEN 4) MISC	P	MP; PA
OMNIPOD GO 10 UNITS/DAY KIT	NP	
OMNIPOD GO 15 UNITS/DAY KIT	NP	
OMNIPOD GO 20 UNITS/DAY KIT	NP	
OMNIPOD GO 25 UNITS/DAY KIT	NP	
OMNIPOD GO 30 UNITS/DAY KIT	NP	
OMNIPOD GO 35 UNITS/DAY KIT	NP	
OMNIPOD GO 40 UNITS/DAY KIT	NP	
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	QL(4.45 ea daily); MP
ONETOUCH DELICA PLUS LANCETS FINE 30G	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	MP
ONETOUCH SURESOFT LANCING DEVICE/18G MISC	P	MP
ONETOUCH SURESOFT LANCING DEVICE/21G MISC	P	MP
ONETOUCH SURESOFT LANCING DEVICE/28G MISC	P	MP
ONETOUCH ULTRA 2 KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH ULTRA CONTROL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	P	QL(4.45 ea daily); MP
ONETOUCH ULTRASOFT LANCETS	P	QL(4.45 ea daily); MP
ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ONETOUCH VERIO MID CONTROL SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
ONETOUCH VERIO REFLECT KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
OVAL TAPE MISC	NP	RX/OTC
PARADIGM REAL-TIME TRANSMITTER	NP	MP
PC LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP
PERFECT LANCETS 30G	P	QL(4.45 ea daily); MP
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	P	QL(4.45 ea daily); MP
PHARMACIST CHOICE ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	P	QL(4.45 ea daily); MP
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	P	QL(4.45 ea daily); MP
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	P	QL(4.45 ea daily); MP
PHARMACY COUNTER LANCETS	P	QL(4.45 ea daily); MP
PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PIP GLUCOSE CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
PIP LANCETS/28G	P	QL(4.45 ea daily); MP
PIP LANCETS/30G	P	QL(4.45 ea daily); MP
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
POCKETCHEM EZ CONTROL LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PRECISION GLUCOSE CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
PRECISION GLUCOSE CONTROLSOLUTION (TRI-LEVEL/HI/LO/NORMAL) SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
PRECISION GLUCOSE KETONECONTROL SOLUTION 1-LOW, 1-HIGH LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
PRECISION GLUCOSE/KETONECONTROL SOLUTIONS 1-HI 1-LO LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
PRECISION LINK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PRECISION QID MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PRECISION SOF-TACT MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PRECISION THINS GP LANCET	P	QL(4.45 ea daily); MP
PRECISION XTRA KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PRECISION XTRA DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PRECISION XTRA MONITOR DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PREFERRED PLUS LANCETS COLORED 21G	P	QL(4.45 ea daily); MP
PREFERRED PLUS LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS LANCETS THIN 26G	P	QL(4.45 ea daily); MP
PRO COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP
PRO COMFORT LANCETS 31G	P	QL(4.45 ea daily); MP
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PRODIGY CONTROL SOLUTIONHIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
PRODIGY CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
PRODIGY COUNT-A-DOSE MISC	P	RX/OTC
PRODIGY LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
PRODIGY NO CODING BLOOD GLUCOSE KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P	QL(4.45 ea daily); MP
PRODIGY SAFETY LANCETS	P	QL(4.45 ea daily); MP
PRODIGY TWIST TOP LANCETS	P	QL(4.45 ea daily); MP
PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
PSS SELECT GP LANCETS	P	QL(4.45 ea daily); MP
PSS SELECT PLATFORMS MISC	P	MP
PSS SELECT SAFETY LANCETS	P	QL(4.45 ea daily); MP
PURE COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP
PX ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
PX LANCET AUTO INJECTOR MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
PX LANCETS MICROTHIN 33G	P	QL(4.45 ea daily); MP
PX LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP
PX LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP
QC ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
QC LANCETS SUPER THIN	P	QL(4.45 ea daily); MP
QC LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
QC UNILET LANCETS 28G/ULTRA THIN	P	QL(4.45 ea daily); MP
QC UNILET LANCETS 33G/MICRO THIN	P	QL(4.45 ea daily); MP
QUICKTEK KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
QUICKTEK CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
QUINTET AC BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
QUINTET GLUCOSE CONTROL/HIGH/NORMAL SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
RA E-ZJECT LANCETS 28G	P	QL(4.45 ea daily); MP
RA E-ZJECT LANCETS THIN 26G	P	QL(4.45 ea daily); MP
RA E-ZJECT LANCETS THIN 28G	P	QL(4.45 ea daily); MP
RA E-ZJECT LANCETS ULTRATHIN 30G	P	QL(4.45 ea daily); MP
READYLANCE SAFETY LANCETS/21G/2.2MM	P	QL(4.45 ea daily); MP
READYLANCE SAFETY LANCETS/23G/1.8MM	P	QL(4.45 ea daily); MP
READYLANCE SAFETY LANCETS/26G/1.8MM	P	QL(4.45 ea daily); MP
READYLANCE SAFETY LANCETS/28G/1.8MM	P	QL(4.45 ea daily); MP
READYLANCE SAFETY LANCETS/30G/1.6MM	P	QL(4.45 ea daily); MP
REALITY LANCETS	P	QL(4.45 ea daily); MP
REALITY TRIGGER LANCETS	P	QL(4.45 ea daily); MP
REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
RELION 2-IN-1 LANCET DEVICES 30G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RELION 2-IN-1 LANCING DEVICE 25G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RELION 2-IN-1 LANCING DEVICE 30G MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION LANCETS MICRO-THIN33G	P	QL(4.45 ea daily); MP
RELION LANCETS THIN 26G	P	QL(4.45 ea daily); MP
RELION LANCETS ULTRA-THIN30G	P	QL(4.45 ea daily); MP
RELION LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RELION LANCING DEVICE KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RELION ULTRA THIN LANCETS/30G	P	QL(4.45 ea daily); MP
RELION ULTRA THIN LANCETS30G	P	QL(4.45 ea daily); MP
RELION ULTRA THIN PLUS LANCETS 32G	P	QL(4.45 ea daily); MP
RELION ULTRA THIN PLUS LANCETS 33G	P	QL(4.45 ea daily); MP
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
REXALL LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP
RIGHTEST GC300 HIGH CONTROL LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
RIGHTEST GD500 LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
RIGHTEST GD-L500 ALTERNATE SITE ADAPTER MISC	P	MP
RIGHTEST GL300 LANCETS	P	QL(4.45 ea daily); MP
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
SAFE-T-LANCE LOW FLOW 25G	P	QL(4.45 ea daily); MP
SAFE-T-LANCE NORMAL FLOW21G	P	QL(4.45 ea daily); MP
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	P	QL(4.45 ea daily); MP
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	P	QL(4.45 ea daily); MP
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCET 30G/PRESSURE ACTIVATED	P	QL(4.45 ea daily); MP
SAFETY LANCETS	P	QL(4.45 ea daily); MP
SAFETY LANCETS 21G	P	QL(4.45 ea daily); MP
SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP
SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
SAFETY LANCETS/PRESSURE ACTIVATED/28G	P	QL(4.45 ea daily); MP
SAPS HEALTH CARE TWIST TOP LANCETS	P	QL(4.45 ea daily); MP
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP
SAPS HEALTH TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP
SAPSCARE TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP
SB LANCETS THIN	P	QL(4.45 ea daily); MP
SB LANCETS ULTRA THIN	P	QL(4.45 ea daily); MP
SELECT-LITE DEVICE/LANCETS KIT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily)
SELECT-LITE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SHOPKO AUTOLET LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SHOPKO ON-THE-GO COMFORTLANCETS 30G	P	QL(4.45 ea daily); MP
SHOPKO UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP
SHOPKO UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SINGLE-LET	P	QL(4.45 ea daily); MP
SM MICRO THIN LANCETS 33G	P	QL(4.45 ea daily); MP
SM TRUEDRAW LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SMART DIABETES VANTAGE LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	QL(4.45 ea daily); MP
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	QL(4.45 ea daily); MP
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	QL(4.45 ea daily); MP
SMART SENSE THIN LANCETSUNIVERSAL 26G	P	QL(4.45 ea daily); MP
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SMARTEST CONTROL SOLUTIONMEDIUM SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
SMARTEST EJECT STARTER KIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SMARTEST LANCETS 28G	P	QL(4.45 ea daily); MP
SMARTEST PERSONA STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SMARTEST PRONTO STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
SMARTEST PROTEGE STARTERKIT KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SOLARTEK GLUCOSE CONTROLSOLUTIONS LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
SOLUS V2 CONTROL HIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
SOLUS V2 CONTROL LOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
SOLUS V2 LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
SOLUS V2 TWIST LANCETS 30G	P	QL(4.45 ea daily); MP
STERILANCE PA MISC	P	MP
STERILANCE TL	P	QL(4.45 ea daily); MP
SUPER THIN LANCETS	P	QL(4.45 ea daily); MP
SUPREME II HIGH/LOW CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
SURE COMFORT LANCETS 18G	P	QL(4.45 ea daily); MP
SURE COMFORT LANCETS 21G	P	QL(4.45 ea daily); MP
SURE COMFORT LANCETS 23G	P	QL(4.45 ea daily); MP
SURE COMFORT LANCETS 28G	P	QL(4.45 ea daily); MP
SURE COMFORT LANCETS 30G	P	QL(4.45 ea daily); MP
SURE COMFORT LANCING PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
SURE-LANCE FLAT LANCETS	P	QL(4.45 ea daily); MP
SURE-LANCE LANCETS 26G	P	QL(4.45 ea daily); MP
SURE-LANCE THIN LANCETS 28G	P	QL(4.45 ea daily); MP
SURE-LANCE ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP
SURELITE LANCETS	P	QL(4.45 ea daily); MP
SURE-PEN MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP

Drug Name	Drug Tier	Requirements/ Limits
SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
SURE-TOUCH LANCETS UNIVERSAL	P	QL(4.45 ea daily); MP
TECHLITE AST LANCETS	P	QL(4.45 ea daily); MP
TECHLITE LANCETS	P	QL(4.45 ea daily); MP
TECHLITE LANCETS 30G	P	QL(4.45 ea daily); MP
TEMPO REFILL KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
TEMPO WELCOME KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; RX/OTC
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TGT LANCET MICRO THIN 33G	P	QL(4.45 ea daily); MP
TGT LANCET THIN 26G	P	QL(4.45 ea daily); MP
TGT LANCET ULTRA THIN 30G	P	QL(4.45 ea daily); MP
TGT LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
THINLETS GP LANCETS	P	QL(4.45 ea daily); MP
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
TODAYS HEALTH SUPER THINLANCETS 30G	P	QL(4.45 ea daily); MP
TODAYS HEALTH ULTRA THINLANCETS 28G	P	QL(4.45 ea daily); MP
TOPCARE LANCETS MICRO-THIN 33G	P	QL(4.45 ea daily); MP
TRAVEL LANCETS 30G	P	QL(4.45 ea daily); MP
TRAVEL LANCETS ADVANCED 28G	P	QL(4.45 ea daily); MP
TRUE COMFORT SAFETY LANCETS/30G	P	QL(4.45 ea daily); MP
TRUE COMFORT TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP
TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
TRUE METRIX DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
TRUEDRAW LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
TRUEPLUS LANCETS 26G	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 28G	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 28G SUPER THIN	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 30G	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 30G ULTRA THIN	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 33G	P	QL(4.45 ea daily); MP
TRUEPLUS LANCETS 33G MICRO THIN	P	QL(4.45 ea daily); MP
TRUEPLUS SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TRUETRACK SMART SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
ULTILET CLASSIC LANCETS	P	QL(4.45 ea daily); MP
ULTILET LANCETS	P	QL(4.45 ea daily); MP
ULTILET LANCETS 33G	P	QL(4.45 ea daily); MP
ULTILET SAFETY LANCETS 21G X 2.2MM	P	QL(4.45 ea daily); MP
ULTILET SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP
ULTIMA KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply
ULTRA THIN LANCETS 31G	P	QL(4.45 ea daily); MP
ULTRA-CARE LANCETS 30G	P	QL(4.45 ea daily); MP
ULTRA-THIN II AUTO LANCET	P	QL(4.45 ea daily); MP
ULTRA-THIN II LANCETS 28G	P	QL(4.45 ea daily); MP
ULTRA-THIN II LANCETS 30G	P	QL(4.45 ea daily); MP
UNILET COMFORTOUCH LANCET	P	QL(4.45 ea daily); MP
UNILET EXCELITE	P	QL(4.45 ea daily); MP
UNILET EXCELITE II	P	QL(4.45 ea daily); MP
UNILET G.P. LANCET	P	QL(4.45 ea daily); MP
UNILET G.P. SUPERLITE LANCET	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
UNILET GP 28 ULTRA THIN	P	QL(4.45 ea daily); MP
UNILET LANCET	P	QL(4.45 ea daily); MP
UNILET LANCETS MICRO-THIN33G	P	QL(4.45 ea daily); MP
UNILET LANCETS SUPER-THIN30G	P	QL(4.45 ea daily); MP
UNILET LANCETS ULTRA-THIN 28G	P	QL(4.45 ea daily); MP
UNILET SUPERLITE LANCET	P	QL(4.45 ea daily); MP
UNISTIK 1 MISC	P	MP
UNISTIK 2 MISC	P	MP
UNISTIK 2 COMFORT MISC	P	MP
UNISTIK 2 EXTRA MISC	P	MP
UNISTIK 2 NEONATAL MISC	P	MP
UNISTIK 2 NORMAL MISC	P	MP
UNISTIK 2 SUPER MISC	P	MP
UNISTIK 3 MISC	P	MP
UNISTIK 3 COMFORT MISC	P	MP
UNISTIK 3 EXTRA MISC	P	MP
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G MISC	P	MP
UNISTIK 3 GENTLE	P	QL(4.45 ea daily); MP
UNISTIK 3 NEONATAL MISC	P	MP
UNISTIK 3 NORMAL MISC	P	MP
UNISTIK CZT COMFORT MISC	P	MP
UNISTIK CZT NORMAL MISC	P	MP
UNISTIK NORMAL MISC	P	MP
UNISTIK PRO SAFETY LANCET 21G	P	QL(4.45 ea daily); MP
UNISTIK PRO SAFETY LANCET 25G	P	QL(4.45 ea daily); MP
UNISTIK PRO SAFETY LANCET 28G	P	QL(4.45 ea daily); MP
UNISTIK SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
UNISTIK SAFETY LANCETS 30G	P	QL(4.45 ea daily); MP
UNISTIK TOUCH SAFETY LANCETS 21G	P	QL(4.45 ea daily); MP
UNISTIK TOUCH SAFETY LANCETS 23G	P	QL(4.45 ea daily); MP
UNISTIK TOUCH SAFETY LANCETS 28G	P	QL(4.45 ea daily); MP
UNISTIK TOUCH SAFETY LANCETS 30G	P	QL(4.45 ea daily); MP
UNISTRIP CONTROL SOLUTIONHIGH SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
UNISTRIP CONTROL SOLUTIONLOW SOLN	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail)
UNIVERSAL 1 LANCETS THIN26G	P	QL(4.45 ea daily); MP
UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	QL(4.45 ea daily); MP
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P	QL(4.45 ea daily); MP
VALUE PLUS LANCETS STANDARD 21G	P	QL(4.45 ea daily); MP
VALUE PLUS LANCETS SUPERTHIN 30G	P	QL(4.45 ea daily); MP
VALUE PLUS LANCETS THIN 26G	P	QL(4.45 ea daily); MP
VALUE PLUS LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
VALUMARK LANCET SUPER THIN 30G	P	QL(4.45 ea daily); MP
VALUMARK LANCET ULTRA THIN 28G	P	QL(4.45 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
VERASENS GLUCOSE CONTROLLEVEL 1 LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
VERIFINE UNIVERSAL LANCETS 28G	P	QL(4.45 ea daily); MP
VERIFINE UNIVERSAL LANCETS 30G	P	QL(4.45 ea daily); MP
VERIFINE UNIVERSAL LANCETS 33G	P	QL(4.45 ea daily); MP
V-GO 20 KIT	NP	QL(1 ea per 365 days retail)
V-GO 30 KIT	NP	QL(1 ea per 365 days retail)
V-GO 40 KIT	NP	QL(1 ea per 365 days retail)
VIDA MIA AUTOLET LANCINGDEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	QL(4.45 ea daily); MP
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	QL(4.45 ea daily); MP
VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
VIVAGUARD INO CONTROL SOLUTION LIQD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily; 1 ea per fill retail)
VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NP	1 rtl MAX fill; 365 rtl day(s) supply; QL(0.034 ea daily); MP
VIVAGUARD LANCETS	P	QL(4.45 ea daily); MP
VIVAGUARD LANCING DEVICE MISC	P	1 rtl MAX fill; 365 rtl day(s) supply; MP
VIVAGUARD SAFETY LANCETS/28G	P	QL(4.45 ea daily); MP
VIVI CAP MISC	P	RX/OTC
VIVI CAP1 MISC	P	RX/OTC
WALGREENS ADVANCED TRAVELLANCETS 28G	P	QL(4.45 ea daily); MP
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	P	QL(4.45 ea daily); MP
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	P	QL(4.45 ea daily); MP
WALGREENS LANCETS	P	QL(4.45 ea daily); MP
WALGREENS THIN LANCETS	P	QL(4.45 ea daily); MP
WALGREENS ULTRA THIN LANCETS	P	QL(4.45 ea daily); MP
WAVESENSE AMP KIT	NP	1 rtl MAX fill; 365 rtl day(s) supply; MP; RX/OTC
ZEVRX TWIST TOP LANCETS 30G	P	QL(4.45 ea daily); MP
Misc. Devices		
14-COUNT WARMER MISC	P	RX/OTC
2-WAY FOLEY STABILIZATIONDEVICE MISC	P	RX/OTC
ADAPTER CAP BLUE A 18MM MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADAPTER CAP BLUE B 20MM MISC	P	RX/OTC
ADAPTER CAP BLUE C 22MM MISC	P	RX/OTC
ADAPTER CAP BLUE D 24MM MISC	P	RX/OTC
ADAPTER CAP BLUE E 28MM/SHORT NECK MISC	P	RX/OTC
ADAPTER CAP BLUE F 28MM/LONG NECK MISC	P	RX/OTC
ADAPTER CAP BLUE K 28MM/MEDIUM NECK MISC	P	RX/OTC
ADAPTER CAP BLUE M 24MM MISC	P	RX/OTC
ADAPTER CAP GREEN A 18MM MISC	P	RX/OTC
ADAPTER CAP GREEN B 20MM MISC	P	RX/OTC
ADAPTER CAP GREEN C 22MM MISC	P	RX/OTC
ADAPTER CAP GREEN D 24MM MISC	P	RX/OTC
ADAPTER CAP GREEN E 28MM/SHORT NECK MISC	P	RX/OTC
ADAPTER CAP GREEN F 28MM/LONG NECK MISC	P	RX/OTC
ADAPTER CAP GREEN K 28MM/MEDIUM NECK MISC	P	RX/OTC
ADAPTER CAP GREEN M 24MM MISC	P	RX/OTC
ADAPTER CAP RED A 18MM MISC	P	RX/OTC
ADAPTER CAP RED B 20MM MISC	P	RX/OTC
ADAPTER CAP RED C 22MM MISC	P	RX/OTC
ADAPTER CAP RED D 24MM MISC	P	RX/OTC
ADAPTER CAP RED E 28MM/SHORT NECK MISC	P	RX/OTC
ADAPTER CAP RED F 28MM/LONG NECK MISC	P	RX/OTC
ADAPTER CAP RED K 28MM/MEDIUM NECK MISC	P	RX/OTC
ADAPTER CAP RED M 24MM MISC	P	RX/OTC
ADAPTER CAP WHITE B 20MM MISC	P	RX/OTC
ADAPTER CAP WHITE C 22MM MISC	P	RX/OTC
ADD-VANTAGE ADDAPTOR CONNECTOR MISC	P	RX/OTC
ADJUST ALUMINUM CANE/ROUND HANDLE/7/8" MISC	P	RX/OTC
ADJUST ALUMINUM OFFSET CANE/CUSH HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC
ADJUST FOLD CANE/BLACK FIN/WALNUT PISTOL GRIP DERBY HANDLE MISC	P	RX/OTC
ADJUSTABLE BATH/SHOWER SEAT/BACK MISC	P	RX/OTC
ADJUSTABLE FOLDING CANE/YORK HANDLE MISC	P	RX/OTC
ADVOCATE ALCOHOL PREP PADS	P	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC
ALCOHOL PADS	P	RX/OTC
ALCOHOL PREP PAD	P	RX/OTC
ALCOHOL PREP PADS	P	RX/OTC
ALCOHOL PREPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALCOHOL SWABS	P	RX/OTC
ALHPAMOP FOAM REPLACEMENTPADS MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/RED MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/ROYAL BLUE MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/13MM/YELLOW MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/BLACK MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/GREEN MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/MIST GRAY MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/ROYAL BLUE MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/WHITE MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS BLANK TOP/20MM/YELLOW MISC	P	RX/OTC
AMBER GLASS VIALS 2ML MISC	P	RX/OTC
AMBER GLASS VIALS 2ML/13MM MISC	P	RX/OTC
AMEDA CUSTOMFIT BREAST FLANGE/25MM/STANDARD MISC	P	RX/OTC
AMEDA CUSTOMFIT BREAST FLANGE/30.5MM/LARGE MISC	P	RX/OTC
AMEDA DIAPHRAGMS MISC	P	RX/OTC
AMEDA DUAL HYGIENIKIT MILK COLLECTION SYSTEM MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/DOTTIE TOTE MISC	P	RX/OTC
AMEDA FINESSE DOUBLE ELECTRIC BREAST PUMP/SHOULDER BAG MISC	P	RX/OTC
AMEDA FLEXISHIELD MISC	P	RX/OTC
AMEDA MYA JOY DOUBLE ELECTRIC BREAST PUMP/LARGE TOTE MISC	P	RX/OTC
AMEDA PLATINUM MULTI-USER ELECTRIC BREAST PUMP MISC	P	RX/OTC
AMEDA PURELY YOURS BREASTPUMP/HYGIENIKIT MISC	P	RX/OTC
AMEDA PURELY YOURS ELECTRIC BREAST PUMP/HYGIENIKIT MISC	P	RX/OTC
AMEDA SILICONE TUBING MISC	P	RX/OTC
AMEDA TUBING ADAPTER MISC	P	RX/OTC
AMEDA VALVES MISC	P	RX/OTC
AMIELLE RESTORE VAGINAL EXERCISERS MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AMIELLE VAGINAL TRAINER MISC	P	RX/OTC
ANGEL WING BLOOD COLLECTION SET/HOLDER/25GX3/4" MISC	P	RX/OTC
ANGEL WING LUER ADAPTER/TUBE HOLDER SET/FEMALE MISC	P	RX/OTC
ARGYLE SARATOGA SUMP DRAIN/24FR/20" MISC	P	RX/OTC
ARGYLE TRACHEOSTOMY TUBEHOLDER MISC	P	RX/OTC
AUTOCLAVE AIR FILTER MISC	P	RX/OTC
BAMBOO CANE MISC	P	RX/OTC
BANDAGE SCISSORS MISC	P	RX/OTC
BATH BENCH WITH BACK MISC	P	RX/OTC
BATH/SHOWER SEAT/ADJUSTABLE MISC	P	RX/OTC
BATHTUB SAFETY RAIL MISC	P	RX/OTC
BD SAFE CLIP NEEDLE CLIPPER MISC	P	RX/OTC
BD SWABS SINGLE USE	P	RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	RX/OTC
BED WEDGE/12" MISC	P	RX/OTC
BED WEDGE/7" MISC	P	RX/OTC
BEDSIDE COMMODE MISC	P	RX/OTC
BI-FOCAL MAGNIFIER MISC	P	RX/OTC
BLOOD COLLECTION TUBE HOLDER/WITH NEEDLE MISC	P	RX/OTC
BLOOD COLLECTION TUBE HOLDER/WITHOUT NEEDLE MISC	P	RX/OTC
BLOW MOLDED BATHTUB TRANSFER BENCH MISC	P	RX/OTC
BOTTLE 2OZ/BLUE GLASS/DROPPER MISC	P	RX/OTC
BOTTLE ADAPTERS/24MM/PRESS-IN MISC	P	RX/OTC
BOTTLE AMBER 16OZ/GRADUATED/OVAL PET/28-400/CAP MISC	P	RX/OTC
BOTTLE AMBER 8OZ/GRADUATED/OVAL PET/24-400/CAP MISC	P	RX/OTC
BOTTLE AMBER GLASS 33OZ/BOSTON ROUND/33/430 NECK/RIBBED CAP MISC	P	RX/OTC
BOTTLE/AMBER GLASS/500ML/BOSTON RND/BLK PHENOLIC POLYSEAL CA MISC	P	RX/OTC
BOTTLE/AMBER GLASS/BOSTONROUND/ 8OZ/BLACK PHENOLIC CAP MISC	P	RX/OTC
BOTTLETOP DISPENSER 0.25-2.0ML MISC	P	RX/OTC
BOTTLETOP DISPENSER ADAPTER/38MM MISC	P	RX/OTC
BOULES QUIES EAR PLUGS MISC	P	RX/OTC
BREAST PUMP MISC	P	RX/OTC
BREATHE COMFORT NASAL ASPIRATOR (ELECTRONIC) MISC	P	RX/OTC
CANE TIPS 7/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CANE TIPS FOR WOOD 1" MISC	P	RX/OTC
CANE TIPS FOR WOOD/3/4" MISC	P	RX/OTC
CANE TIPS/1" MISC	P	RX/OTC
CANE TIPS/3/4" MISC	P	RX/OTC
CANE TIPS/5/8" QUAD SUCTION TYPE MISC	P	RX/OTC
CANE TIPS/BLACK/3/4" MISC	P	RX/OTC
CANE TIPS/GREY/3/4" MISC	P	RX/OTC
CANE WITH STRAP/BLACK MISC	P	RX/OTC
CANE WRIST STRAP MISC	P	RX/OTC
CANE/ADJUSTABLE/ALUMINUM/ROUND HANDLE MISC	P	RX/OTC
CANE/ADJUSTABLE/PAISLEY MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/LADIES HANDLE MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/MENS HANDLE MISC	P	RX/OTC
CANE/ALUMINUM/ADJUSTABLE/OFFSET HANDLE/VIOLET MISC	P	RX/OTC
CANE/ALUMINUM/BLACK/DEVONHANDLE/7/8" MISC	P	RX/OTC
CANE/ALUMINUM/BRONZE/OFFSET HANDLE/CUSH GRIP/WRIST STRAP/3/4 MISC	P	RX/OTC
CANE/ALUMINUM/BRONZE/ORTHO HANDLE/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/BRONZE-TONE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CANE/ALUMINUM/FOLDING/36"BLACK MISC	P	RX/OTC
CANE/ALUMINUM/FOLDING/ADJUSTABLE/BLACK MISC	P	RX/OTC
CANE/ALUMINUM/MED PEWTERBLUE/ORTHO HANDLE/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/OFFSET CUSHIONED HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/OFFSET ORTHO MISC	P	RX/OTC
CANE/ALUMINUM/OFFSET ORTHO GRIP/BLACK MISC	P	RX/OTC
CANE/ALUMINUM/OFFSET ORTHO HANDLE/WRIST STRAP/3/4" MISC	P	RX/OTC
CANE/ALUMINUM/TELESCOPIC/BRONZE/MEDIUM HANDLE/7/8" MISC	P	RX/OTC
CANE/DESIGNER OFFSET HANDLE MISC	P	RX/OTC
CANE/MENS MISC	P	RX/OTC
CANE/OFFSET HANDLE/GREENPAISLEY MISC	P	RX/OTC
CANE/STANDARD/BLACK HANDLE MISC	P	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/EBONY FINISH/13/16" MISC	P	RX/OTC
CANE/WOOD/LADIES STANDARDHANDLE/ROSEWOOD FINISH/13/16" MISC	P	RX/OTC
CANE/WOOD/LADIES/T-HANDLEBLACK WOOD MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CANE/WOOD/LADIES/T-HANDLEWALNUT/3/4" MISC	P	RX/OTC
CANE/WOOD/MENS STANDARD HANDLE/EBONY FINISH/1" MISC	P	RX/OTC
CANE/WOOD/STANDARD/BLACKFINISH/7/8" MISC	P	RX/OTC
CANE/WOOD/STANDARD/NATURAL FINISH/7/8" MISC	P	RX/OTC
CANE/WOOD/T-HANDLE/WALNUT3/4" MISC	P	RX/OTC
CANE/WOOD/T-HANDLE/WALNUTFINISH/13/16" MISC	P	RX/OTC
CANE/WOOD/WALNUT/7/8" MISC	P	RX/OTC
CANE/WOOD/WALNUT/PISTOL GRIP DERBY HANDLE/7/8" MISC	P	RX/OTC
CANE/WOOD/WALNUT/ROUND HANDLE/7/8" MISC	P	RX/OTC
CARETOUCH ALCOHOL PREP PADS	P	RX/OTC
CARETOUCH PULSE OXIMETER MISC	P	RX/OTC
CAREX ULTRA GRABBER 32" MISC	P	RX/OTC
CAREX WHEELCHAIR MISC	P	RX/OTC
CERVICAL PILLOW/COVER MISC	P	RX/OTC
CERVICAL ROLL PILLOW/CONTOUR MISC	P	RX/OTC
CHEMO TRANSFER PIN MISC	P	RX/OTC
CINIS PREEMIE HALO LARGE MISC	P	RX/OTC
CINIS PREEMIE HALO SMALL MISC	P	RX/OTC
CLASSICS ROLLING WALKER MISC	P	RX/OTC
CLEANROOM TACKY MAT 18" X36"/60 LAYER MISC	P	RX/OTC
CLEAR GLASS VIALS 2ML MISC	P	RX/OTC
CLEVER CHOICE ELECTRIC BREAST PUMP MISC	P	RX/OTC
CLEVER CHOICE HYDROTHERAPY SYSTEM FOOT BATH MISC	P	RX/OTC
CLEVER CHOICE PULSE OXIMETER MISC	P	RX/OTC
CLINERE EARWAX REMOVER MISC	P	RX/OTC
COMFORT CURVE MASSAGE CUSHION MISC	P	RX/OTC
COMFORT MASSAGER/CORDLESS MISC	P	RX/OTC
COMFORT PERSONAL CLEANSING MICROWAVE MISC	P	RX/OTC
COMFORT PERSONAL CLEANSING WARMER/28-COUNT MISC	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	P	RX/OTC
COMMODE BEDSIDE MISC	P	RX/OTC
COMMODE BEDSIDE/BACK MISC	P	RX/OTC
COMMODE SPLASH GUARD MISC	P	RX/OTC
CONTOUR FITTED SHEETS MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR MATTRESS COVER MISC	P	RX/OTC
COTTON SWABS SWAB	P	
COVERALL W/ HOOD/SMALL/DISPOSABLE MISC	P	RX/OTC
COVERALL W/HOOD/3XL/DISPOSABLE MISC	P	RX/OTC
COVERALLS MEDIUM/ELASTICBACK/ WRIST/ANKLES MISC	P	RX/OTC
CRUTCH ACCESSORY KIT MISC	P	RX/OTC
CRUTCH ACCESSORY KIT/ARMPADS/HAND GRIPS/TIPS MISC	P	RX/OTC
CRUTCH HANDGRIPS MISC	P	RX/OTC
CRUTCH HANDGRIPS PREMIUM MISC	P	RX/OTC
CRUTCH HANDGRIPS/SPLIT MISC	P	RX/OTC
CRUTCH SET/WOOD/ADULT MISC	P	RX/OTC
CRUTCH SET/WOOD/MEDIUM MISC	P	RX/OTC
CRUTCH TIPS/SUPER MISC	P	RX/OTC
CRUTCH TIPS/SUPER GRIP/BROWN MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/ARMPADS/TIPS/GRIPS MISC	P	RX/OTC
CRUTCH/ALUMINUM/ADULT/TALL MISC	P	RX/OTC
CRUTCH/ALUMINUM/MEDIUM MISC	P	RX/OTC
CRUTCH/ALUMINUM/TALL/PUSHBUTTON MISC	P	RX/OTC
CRUTCH/ALUMINUM/TALL/PUSHBUTTON ADJ MISC	P	RX/OTC
CRUTCH/ALUMINUM/YOUTH MISC	P	RX/OTC
CRUTCH/ALUMINUM/YOUTH/PUSH BUTTON MISC	P	RX/OTC
CRUTCH/FOREARM/ADULT MISC	P	RX/OTC
CRUTCH/FOREARM/YOUTH MISC	P	RX/OTC
CRUTCH/STANDARD FOREARM/ADULT MISC	P	RX/OTC
CRUTCH/WOOD/ADULT/ ARMPADS/TIPS/GRIPS MISC	P	RX/OTC
CRUTCH/WOOD/YOUTH/ 34"-42" MISC	P	RX/OTC
CRUTCH-MATE/ADULT FOREARM MISC	P	RX/OTC
CRUTCH-MATE/ADULT HAND GRIPS MISC	P	RX/OTC
CUFF ACCESSORIES DISPOSABLE SINGE HEAD STETHOSCOPE MISC	P	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	RX/OTC
CURITY COTTON TIPPED APPLICATOR MISC	P	
CURITY COTTON TIPPED APPLICATOR 6" MISC	P	
CUSTOM-FLEX MISC	P	RX/OTC
CVS ALCOHOL PREP PADS	P	RX/OTC
CVS BABY SAFETY SWABS SWAB	P	
CVS COTTON SWABS SWAB	P	

Drug Name	Drug Tier	Requirements/ Limits
CVS CRUTCHES UNIVERSAL MISC	P	RX/OTC
CVS EAR PLUGS MISC	P	RX/OTC
CVS FOLDING CANE GEL GRIP MISC	P	RX/OTC
CVS PILL SPLITTER MISC	P	RX/OTC
CVS PLASTIC SWABS SWAB	P	
CVS PREP PADS	P	RX/OTC
CVS QUAD CANE MISC	P	RX/OTC
CVS READY SET GO DELUXE ALIMINUM BATH BENCH MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/29"-32" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/36"-38" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/42"-44" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/49"-51" MISC	P	RX/OTC
DDS 300 LUMBAR TRACTION BELT/52"-55" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/29"-32" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/33"-35" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/39"-41" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/49"-51" MISC	P	RX/OTC
DDS 500 LUMBAR TRACTION BELT/PANELS/56"-59" MISC	P	RX/OTC
DELUXE VINYL PADDED BATHTUB TRANSFER BENCH/FULL SEAT MISC	P	RX/OTC
DEODORANT PLASTIC TUBES2.65OZ/CAPS MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 15ML/TIPS MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 30ML/TIPS MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 60ML/TIPS MISC	P	RX/OTC
DIFFUSER ULTRA SONIC/LAVENDER OIL MISC	P	RX/OTC
DIGITAL GLASS SCALE MISC	P	RX/OTC
DISPENSER BOTTLES 50ML/FOAMER PUMPS MISC	P	RX/OTC
DISPENSER MD JAR 50ML/AIRLESS/VIEW WINDOW MISC	P	RX/OTC
DISPENSER MD PEN 6.5ML/AIRLESS/CLICK MISC	P	RX/OTC
DISPENSER MD PUMP 0.5ML/ACTUATOR A MISC	P	RX/OTC
DISPENSER MD PUMP 0.5ML/ACTUATOR A/BLUE MISC	P	RX/OTC
DISPENSER MD PUMP 0.5ML/ACTUATOR A/GREEN MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DISPENSER MD PUMP 0.5ML/ACTUATOR A/PINK MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/BLUE MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/GREEN MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML/ACTUATOR B/PINK MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/BLUE MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/GREEN MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML/ACTUATOR C/PINK MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE100ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE150ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE15ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE200ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE240ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE30ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE50ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE80ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MD SYRINGE 10ML/VIEW WINDOW/AIRLESS MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/OVAL/30ML/0.3ML/T-FILL/CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/ROUND/100ML/1.5ML/B-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/ROUND/150ML/1.5ML/B-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/ROUND/150ML/1ML/B-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/AIRLESS/ROUND/15ML/0.3ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/MEZZOROUND/30ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/MEZZOROUND/50ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/MEZZOROUND/50ML/0.5ML/T-FILL/CAP MISC	P	RX/OTC
DISPENSER MEGAPUMP/MEZZOROUND/75ML/0.5ML/T-FILL WITH CAP MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DISPENSER TIP CAP/PRECISEDOSE/SELF-RIGHTING MISC	P	RX/OTC
DISPENSER/MD FOAMER WITHACTUATOR 0.5ML/50ML MISC	P	RX/OTC
DISPENSER/MD FOAMER WITHACTUATOR 0.7ML/110ML MISC	P	RX/OTC
DOVER MIDSTREAM SPECIMENCATCH KIT MISC	P	RX/OTC
DROPPER & SCREW CAP 4OZ MISC	P	RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC
DROPTAINER TIP CAPS MISC	P	RX/OTC
DROPTAINERS 10ML MISC	P	RX/OTC
DROPTAINERS 15ML/OPHTHALMIC MISC	P	RX/OTC
DROPTAINERS 3ML/OPHTHALMIC MISC	P	RX/OTC
DROPTAINERS 7ML/OPHTHALMIC MISC	P	RX/OTC
DUAL PADDLE FOLDING WALKER/ADULT MISC	P	RX/OTC
DUNLAP FOAM RING CUSHION/LARGE MISC	P	RX/OTC
EAR SYRINGE/INFANT MISC	P	RX/OTC
EARPLUGS MISC	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC
EASY FEED DOUBLE ELECTRIC BREAST FEEDING PUMP MISC	P	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	RX/OTC
EGG CRATE BED PAD/2" CALKING SIZE MISC	P	RX/OTC
EGG CRATE BED PAD/2" FULLSIZE MISC	P	RX/OTC
ELON PROFESSIONAL NAIL CARE SYSTEM MISC	P	RX/OTC
ELONGATED TOILET SEAT ELEVATOR MISC	P	RX/OTC
EMPTY VIAL 3ML MISC	P	RX/OTC
ENDOSCOPIC DELIVERY SYSTEM MISC	P	RX/OTC
ENDURANCE FOUR LEG SEAT CANE MISC	P	RX/OTC
EQ FOLDING WALKER MISC	P	RX/OTC
EQ WHEELCHAIR FOLDING BLACK MISC	P	RX/OTC
EQL ALCOHOL SWABS	P	RX/OTC
EQL COTTON SWABS SWAB	P	
EQL EAR PLUGS/SILICONE MISC	P	RX/OTC
EQL SKIN CARE TOOL MISC	P	RX/OTC
EYE/EAR DROPPER MISC	P	RX/OTC
E-Z LOCK RAISED TOILET SEAT MISC	P	RX/OTC
E-Z LOCK RAISED TOILET SEAT/ARMS MISC	P	RX/OTC
EZY DOSE ADULT-LOCK PILLCUTTER MISC	P	RX/OTC
EZY DOSE DELUXE PILL CUTTER MISC	P	RX/OTC
EZY DOSE MEDICINE CUPS MISC	P	RX/OTC
EZY DOSE PILL CUTTER ORIGNAL MISC	P	RX/OTC
FACE SHIELD FULL LENGTH MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FACE SHIELD FULL LENGTH/CLEAR MISC	P	RX/OTC
FETAL DOPPLER MISC	P	RX/OTC
FIFTY50 ALCOHOL PREP PADS	P	RX/OTC
FILTER 0.2 MICRON/25MM MISC	P	RX/OTC
FILTER 0.2 MICRON/25MM/DOUBLE LUER LOCK MISC	P	RX/OTC
FILTER 0.2 MICRON/32MM MISC	P	RX/OTC
FILTER 0.2 MICRON/47MM MISC	P	RX/OTC
FILTER ATTACHMENT MISC	P	RX/OTC
FILTER FLUORODYNE/0.22 MICRON MISC	P	RX/OTC
FILTER, POSIDYNE ELD/0.2UM/LUER LOCK CONNECTORS/NYLON MEMBRA MISC	P	RX/OTC
FLA ADJUSTABLE AIR ANKLEWALKER/LOW/SM ALL MISC	P	RX/OTC
FLEX & GO FOLDING CANE MISC	P	RX/OTC
FLEX THERAPY MISC	P	RX/OTC
FOAM CRUTCH PAD MISC	P	RX/OTC
FOAM CUSHION MISC	P	RX/OTC
FOAM EAR PLUGS MISC	P	RX/OTC
FOIL WRAPPER 3" X 3" MISC	P	RX/OTC
FOLDING CANE MISC	P	RX/OTC
FOLDING PADDLE WALKER/5"WHEELS MISC	P	RX/OTC
FOLDING REACHER MISC	P	RX/OTC
FOLDING WALKER/5" WHEELS/ADULT MISC	P	RX/OTC
FOLDING WALKING CANE MISC	P	RX/OTC
FOOT MASSAGER/HEAT/AERATION MISC	P	RX/OTC
FORA GATEWAY MISC	P	RX/OTC
FORA GW9014 TELEHEALTH GATEWAY MISC	P	RX/OTC
FREE SPIRIT KNEE AND LEGWALKER MISC	P	RX/OTC
GLASS BOTTLE 30ML/BLACK PHENOLIC BRUSH CAP MISC	P	RX/OTC
GLASS BOTTLE 30ML/BLACK PHENOLIC POLYSEAL CAP MISC	P	RX/OTC
GLASS BOTTLE 60ML MISC	P	RX/OTC
GLASS SERUM BOTTLES/30ML/TYPE 1 MISC	P	RX/OTC
GLASS SERUM BOTTLES/5ML/TYPE 1 MISC	P	RX/OTC
GLASS VIAL AMBER 3ML/13MM/TYPE 1 MISC	P	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	P	RX/OTC
GNP ALCOHOL SWABS	P	RX/OTC
GNP COTTON SWABS SWAB	P	
GNP DELUXE PULSE OXIMETER MISC	P	RX/OTC
GNP DIGITAL WEIGHT SCALE MISC	P	RX/OTC
GNP REACHER 32" MISC	P	RX/OTC
GOJJI WEIGHT SCALE MISC	P	RX/OTC
GRADUATED BOTTLE 2OZ W/CAP MISC	P	RX/OTC
GRADUATED BOTTLE 4OZ W/CAP MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GROOVE ROLLING WALKER MISC	P	RX/OTC
HAND HELD SHOWER SPRAY MISC	P	RX/OTC
HARMONY BREASTPUMP MISC	P	RX/OTC
HEAD LICE COMB MISC	P	RX/OTC
HEAT THERAPY MISC	P	RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	RX/OTC
HEELBOOT LINER REGULAR MISC	P	RX/OTC
HEELBOOT REGULAR MISC	P	RX/OTC
HEELBOOT WALK PAD MISC	P	RX/OTC
HIBICLENS DISPENSER NOZZLE MISC	P	RX/OTC
HIBICLENS HAND PUMP/16OZ MISC	P	RX/OTC
HIBICLENS HAND PUMP/32OZ MISC	P	RX/OTC
HIBICLENS PUMP ASSEMBLY MISC	P	RX/OTC
HIBICLENS WALL DISPENSER/HAND MISC	P	RX/OTC
HIP/FRACTURE RAISED TOILET SEAT/RIGHT MISC	P	RX/OTC
HM COTTON SWABS SWAB	P	
HM STERILE ALCOHOL PREP PADS	P	RX/OTC
HURRICAINE LIQUID DISPENSER MISC	P	RX/OTC
HURRIPAK PERIODONTAL ANESTHETIC REFILL KIT MISC	P	RX/OTC
HURRIPAK PERIODONTAL IRRIGATION TIPS MISC	P	RX/OTC
HURRYCANE FREEDOM EDITIONCANE/BLACK MISC	P	RX/OTC
ICY DIAMOND TOTE CANVAS MISC	P	RX/OTC
ICY DIAMOND TOTE NON GENUINE LEATHER MISC	P	RX/OTC
ILLUSIONS AA WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
ILLUSIONS C WEIGHTED OFFTHE SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
INFLATABLE CUSHION/VINYL MISC	P	RX/OTC
INFLATABLE NECK REST MISC	P	RX/OTC
INHALATION VIAL CAP/BLUE MISC	P	RX/OTC
INHALATION VIAL CAP/GREEN MISC	P	RX/OTC
INHALATION VIAL CAP/ORANGE MISC	P	RX/OTC
INHALATION VIAL CAP/RED MISC	P	RX/OTC
INHALATION VIAL CAP/WHITE MISC	P	RX/OTC
INHALATION VIAL CAP/YELLOW MISC	P	RX/OTC
INHALATION VIAL W/CAP/BLUE/3.5ML STOCKWELL MISC	P	RX/OTC
INHALATION VIAL W/CAP/GREEN/3.5ML STOCKWELL MISC	P	RX/OTC
INHALATION VIAL W/CAP/ORANGE/3.5ML STOCKWELL MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INHALATION VIAL W/CAP/RED/3.5ML STOCKWELL MISC	P	RX/OTC
INHALATION VIAL W/CAP/WHITE/3.5ML STOCKWELL MISC	P	RX/OTC
INHALATION VIAL W/CAP/YELLOW/3.5ML STOCKWELL MISC	P	RX/OTC
INHALATION VIAL W/O CAP/AMBER/3.5ML STOCKWELL MISC	P	RX/OTC
ITOUCH SURE MISC	P	RX/OTC
J & J TOURNIQUET 36"X3/4" MISC	P	RX/OTC
JAR/8OZ/WHITE LID MISC	P	RX/OTC
JOHNSON & JOHNSON INSTANTCOLD PACK MISC	P	RX/OTC
JOHNSONS SAFETY SWABS SWAB	P	
JOURNEY SERIES ROLLING WALKER/4205BL-R/BLUE MISC	P	RX/OTC
KABOOTI MISC	P	RX/OTC
KABOOTI ICE MISC	P	RX/OTC
KABOOTI LARGE MISC	P	RX/OTC
KANGAROO RIGID CONTAINERPUMP SET 1200ML MISC	P	RX/OTC
KEGEL BALL TRAINER MISC	P	RX/OTC
KEGEL FIT MISC	P	RX/OTC
L.O.S. YANKAUER HOLDER MISC	P	RX/OTC
LAB COAT/DISPOSABLE/LARGE MISC	P	RX/OTC
LAB COAT/DISPOSABLE/SMALL MISC	P	RX/OTC
LAB COAT/DISPOSABLE/XX-LARGE MISC	P	RX/OTC
LADYCARE MENOPAUSE MISC	P	RX/OTC
LANSINOH BREASTFEEDING PILLOW MISC	P	RX/OTC
LANSINOH PUMP ADAPTERS MISC	P	RX/OTC
LANSINOH SMARTPUMP 2.0 MISC	P	RX/OTC
LANSINOH SMARTPUMP DOUBLEELECTRIC MISC	P	RX/OTC
LATCH ASSIST NIPPLE EVERTER MISC	P	RX/OTC
LULLABY DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
LUMBAR CUSHION MISC	P	RX/OTC
LUMBAR SUPPORT CUSHION MISC	P	RX/OTC
MAD NASAL INTRANASAL MUCOSAL ATOMIZATION DEVICE MISC	P	RX/OTC
MAGNIFIER HANDS-FREE MISC	P	RX/OTC
MASSAGER MULTI-PURPOSE/RECHARGEABLE MISC	P	RX/OTC
MASSAGER/FIVE IN ONE/HEAT MISC	P	RX/OTC
MASSAGER/SWEDISH/1 SPEED MISC	P	RX/OTC
MATTRESS COVER/DELUXE MISC	P	RX/OTC
MATTRESS PAD/35"X74"/EGGCRATE 2" MISC	P	RX/OTC
MATTRESS PAD/35"X74"/EGGCRATE 4" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MAZERUSTAR KK-250S/KK-300SS MIXER/DISPOSABLE MIXING CONTAINE MISC	P	RX/OTC
MEDELA LACTINA DOUBLE PUMPING KIT MISC	P	RX/OTC
MEDELA PUMP IN STYLE ADVANCED STARTER SET MISC	P	RX/OTC
MEDICINE DROPPER MISC	P	RX/OTC
MEDICINE DROPPER/CALIBRATED MISC	P	RX/OTC
MEDICINE SPOON MISC	P	RX/OTC
MEDI-FRIDGE IIX MISC	P	RX/OTC
MEDI-RDT BLISTER PACKS/LABELS & SLEEVE MISC	P	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	RX/OTC
METAL REACHER/27" MISC	P	RX/OTC
METERED NASAL SPRAY PUMP15ML/SAFETY CLIP MISC	P	RX/OTC
MIXER/MAZERUSTAR KK-250S/KK-300SS/STANDARD MIXING CONTAINER MISC	P	RX/OTC
MIXER/MAZERUSTAR KK-250S/KK-300SS/YELLOW STD MIX CONTAINER MISC	P	RX/OTC
MIXER/MAZERUSTAR KK-400W/STANDARD/MIXING CONTAINER MISC	P	RX/OTC
MIXER/MAZERUSTAR/EMP/JARMIXING/ADAPTER SET/15ML-50ML/100ML MISC	P	RX/OTC
MIXER/MAZERUSTAR/UNODOSEMIXING ADAPTER MISC	P	RX/OTC
MIXING/MAZERUSTAR/EMP/JAR MIXING ADAPTER/15ML-50ML MISC	P	RX/OTC
MOIST-SURE REPLACEMENT COVER/LARGE/14" X 27" MISC	P	RX/OTC
MOIST-SURE REPLACEMENT COVER/PETITE/4" X 17" MISC	P	RX/OTC
MOISTUREPLUS COVER/LARGE/14" X 27" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/BLUE STOPPER/4.5ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/GRAY STOPPER/10ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/GREEN STOPPER/2ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/10ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/3ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/LAVENDER STOPPER/5ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/15ML MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/4ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/5ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/RED STOPPER/7ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE/ROYAL BLUE STOPPER/7ML MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/19GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/23GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/FEMALE LUER/25GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION/INFUSION SET/MULTI-SAMPLE/21GX3/4" MISC	P	RX/OTC
MONOJECT BLOOD TUBE HOLDER MISC	P	RX/OTC
MONOJECT LUER ADAPTER MISC	P	RX/OTC
MONOJECT MULTI-SAMPLE COLLECTION SET/HOLDER/SAFETY CAP/MALE MISC	P	RX/OTC
MUCOSAL ATOMIZATION NASALDEVICE MISC	P	RX/OTC
NAIL POLISH BOTTLE/BRUSH15ML MISC	P	RX/OTC
NASAL SPRAY PUMP 30ML/METERED/0.1ML DOSAGE MISC	P	RX/OTC
NEXCARE REUSABLE EAR PLUGS MISC	P	RX/OTC
NG SECURE NASOGASTRIC TUBE HOLDER MISC	P	RX/OTC
NIX PREMIUM METAL TWO-SIDED COMB MISC	P	RX/OTC
NOURI AUTO MISC	P	RX/OTC
NOVA CUSHION GEL/FOAM SEAT PAD/18X16X3 MISC	P	RX/OTC
NOVA QUAD TIP/FOUR PRONGS 3/4" SHAFT CANE MISC	P	RX/OTC
NUASKIN SKIN TAG REMOVER MISC	P	RX/OTC
NUASKIN VACUUM PRO MISC	P	RX/OTC
NVZZLER PRO DOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
OFFSET CANE/BLACK/300LBCAPACITY MISC	P	RX/OTC
OFFSET CANE/BROQUE TEAL/300LB CAPACITY MISC	P	RX/OTC
OFFSET CANE/CHROME/300LBCAPACITY MISC	P	RX/OTC
OFFSET CANE/GREEN ICE/300LB CAPACITY MISC	P	RX/OTC
OFFSET CANE/ROSE PRINT/300LB CAPACITY MISC	P	RX/OTC
OFFSET CANE/STRAP MISC	P	RX/OTC
OINTMENT TUBE OPHTHALMICTIP 1/8OZ/METAL MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OINTMENT TUBE/METAL/1OZ MISC	P	RX/OTC
OINTMENT TUBE/METAL/2OZ MISC	P	RX/OTC
OINTMENT TUBE/METAL/4OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC W/SCREW CAP/8OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/1OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/2OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/4OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC/6OZ MISC	P	RX/OTC
ONE OUNCE MEDICINE CUPS MISC	P	RX/OTC
ORAL MEDICINE DROPPER MISC	P	RX/OTC
ORIGINAL MCKENZIE CERVICAL ROLL MISC	P	RX/OTC
PELVIC MUSCLE TRAINER MISC	P	RX/OTC
PERSONAL BLOOD PRESSURE SMART CARD MISC	P	RX/OTC
PH ACCESSORIES STORAGE SOLUTION 230ML MISC	P	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	P	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	P	RX/OTC
PILL CRUSHER MISC	P	RX/OTC
PILL SPLITTER MISC	P	RX/OTC
PILLGUARD REFILL CARTRIDGE MISC	P	RX/OTC
PLASTIC BED PAN MISC	P	RX/OTC
PLASTIC BOTTLES/30ML/TWIST TOP SIFTER CAPS MISC	P	RX/OTC
PLATFORM WALKER ATTACHMENT MISC	P	RX/OTC
POCKET PRO+ REPLACEMENT SENSOR/TESTER MISC	P	RX/OTC
POLYPROPYLENE CAP/LINER MISC	P	RX/OTC
POSTURE SEAT MISC	P	RX/OTC
PRECISION CATHETER URINESPECIMEN SYSTEM KIT KIT	P	RX/OTC
PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR MISC	P	RX/OTC
PRECISION SPECIMEN CONTAINER/POSITIVE SEAL INDICATOR/118ML MISC	P	RX/OTC
PRECISION SPUTUM COLLECTOR KIT WITH TUBE MISC	P	RX/OTC
PRECISION TISSUE GRINDER MISC	P	RX/OTC
PRECISION TISSUE GRINDER/50ML MISC	P	RX/OTC
PREMIUM PILL CRUSHER MISC	P	RX/OTC
PRO COMFORT ALCOHOL PADS	P	RX/OTC
PRO COMFORT PULSE OXIMETER/FINGER MISC	P	RX/OTC
PROTECTIVE SAFETY EYEWARE MISC	P	RX/OTC
PULSE OXIMETER FOR FINGER MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP MISC	P	RX/OTC
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP/BACKPAC K MISC	P	RX/OTC
PUMP IN STYLE DOUBLE BREAST PUMP W/MAXFLOW MISC	P	RX/OTC
PUMP IN STYLE/MAXFLOW TUBING MISC	P	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	P	RX/OTC
QC ALCOHOL SWABS	P	RX/OTC
Q-TIPS/SINGLE-TIP 6" SWAB	P	
Q-TIPS/SINGLE-TIP APPLICATOR/6"/STERILE SWAB	P	
QUAD CANE TIPS 5/8" MISC	P	RX/OTC
QUAD CANE TIPS/BLACK/5/8" MISC	P	RX/OTC
QUAD CANE TIPS/GREY/5/8" MISC	P	RX/OTC
QUAD CANE/LARGE BASE/CUSHIONED HANDLE/5/8" MISC	P	RX/OTC
QUAD CANE/LARGE BASE/SHOVEL HANDLE MISC	P	RX/OTC
QUAD CANE/LARGE LOW BASE/DEVON HANDLE MISC	P	RX/OTC
QUAD CANE/SMALL BASE MISC	P	RX/OTC
QUAD CANE/SMALL BASE/BRONZE ALUMINUM MISC	P	RX/OTC
QUAD CANE/SMALL BASE/CUSHIONED HANDLE/1/2" MISC	P	RX/OTC
QUAD CANE/SMALL BASE/OFFSET HANDLE MISC	P	RX/OTC
RA ALCOHOL SWABS	P	RX/OTC
RA EXTRA COMFORT NIGHT PROTECTOR ORAL CARE MISC	P	RX/OTC
RAISED TOILET SEAT MISC	P	RX/OTC
RAISED TOILET SEAT/LOCK MISC	P	RX/OTC
REALITY SWABS	P	RX/OTC
RECONSTITUBE MISC	P	RX/OTC
REFLECTIONS AA LIGHTWEIGHT OFF SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
REFLECTIONS C LIGHTWEIGHTOFF SHELF BREAST PROSTHESIS FORM MISC	P	RX/OTC
RELION ALCOHOL SWABS	P	RX/OTC
REMOVABLE BACK ALUMINUM COMMODE/PADDED ARMRESTS MISC	P	RX/OTC
REPLACEMENT NECKBAND STRAPS FOR TUBE ATTACHMENT DEVICE MISC	P	RX/OTC
RING CUSHION 14" MISC	P	RX/OTC
RING CUSHION 16" MISC	P	RX/OTC
RING CUSHION 18" MISC	P	RX/OTC
ROLLATOR ULTRA-LIGHT MISC	P	RX/OTC
ROUND SHOWER STOOL MISC	P	RX/OTC
SAFE-SENSE BEARD NET MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFE-SENSE COVERALL/HOOD/L MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/S MISC	P	RX/OTC
SAFE-SENSE HEAD COVER/BOUFFANT CAP 21" MISC	P	RX/OTC
SAFE-SENSE HEAD COVER/BOUFFANT CAP/CIRCULAR/ 21" MISC	P	RX/OTC
SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/LARGE MISC	P	RX/OTC
SAFE-SENSE LAB COAT/KNITTED COLLAR/CUFFS/SMALL MISC	P	RX/OTC
SAFE-SENSE SHOE COVER/NON-SKID MISC	P	RX/OTC
SAPS CARE ALCOHOL PREP PADS	P	RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	P	RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	P	RX/OTC
SB ALCOHOL PREP PADS	P	RX/OTC
SEALS/ALUMINUM/FLIP OFF/13MM/BLANK TOP MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT HAND MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG ARM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT LONG LEG MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/ADULT WIDE SHORT LEG MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED LARGE ARM MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED MEDIUM LEG MISC	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE PROTECTOR/PED SMALL ARM MISC	P	RX/OTC
SEAL-TIGHT MID-ARM PROTECTOR MISC	P	RX/OTC
SERUM BOTTLE/250ML MISC	P	RX/OTC
SERUM BOTTLES/AMBER GLASS/20ML/20MM MISC	P	RX/OTC
SERUM BOTTLES/AMBER GLASS/30ML/20MM MISC	P	RX/OTC
SETTLING PLATE SDA/29ML/100X15MM MISC	P	RX/OTC
SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/AFRICAN AMERICAN MISC	P	RX/OTC
SIGNATURE PRO HEALTHCAREDOUBLE ELECTRIC BREAST PUMP MISC	P	RX/OTC
SILICONE EAR PLUGS MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SIMPLE WISHES PUMPING BRAXS-L HANDS-FREE/ADJUSTABLE MISC	P	RX/OTC
SIMPLYGO BREAST PUMP/SINGLE MISC	P	RX/OTC
SITZ BATH MISC	P	RX/OTC
SLEEPRIGHT INTRA-NASAL BREATHE AID MISC	P	RX/OTC
SLEEPRIGHT INTRA-NASAL VAPOR INHALER MISC	P	RX/OTC
SM ALCOHOL PREP PADS	P	RX/OTC
SM COTTON SWABS SWAB	P	
SM FOAM EAR PLUGS MISC	P	RX/OTC
SM WALKER/YOUTH/FOLDING/DUAL WHEELS MISC	P	RX/OTC
SNAP-ON CHLOROBUTYL STOPPER/13MM/GREY MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE/EXTRA LARGE MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE/SMALL-MEDIUM MISC	P	RX/OTC
SOOTHIES COOLING GEL PADS MISC	P	RX/OTC
SOOTHIES GEL PADS/REUSABLE MISC	P	RX/OTC
SPLASH SHIELD/FULL FACE MISC	P	RX/OTC
SPLASH SHIELD/SHORT FACE MISC	P	RX/OTC
SPLIT HANDGRIPS MISC	P	RX/OTC
SPRAY APPLICATOR KIT MISC	P	RX/OTC
SPRAY BOTTLE 120ML/PLASTIC MISC	P	RX/OTC
STANDARD CRUTCH TIP MISC	P	RX/OTC
STEEL ROLLING WALKER MISC	P	RX/OTC
STEP COUNTER MISC	P	RX/OTC
STEP N' REST MISC	P	RX/OTC
STEP N' REST II WALKER MISC	P	RX/OTC
STEP N' REST WALKER MISC	P	RX/OTC
STETHOSCOPE SINGLE HEAD MISC	P	RX/OTC
STIRRING ROD/GLASS 12X1/4" MISC	P	RX/OTC
STOCKING APPLICATOR/REGULAR MISC	P	RX/OTC
SUPPOSITORY MOLDS 1.3ML/PEEL-AWAY MISC	P	RX/OTC
SUPPOSITORY MOLDS 2.25ML/PEEL-AWAY MISC	P	RX/OTC
SUPPOSITORY MOLDS 2CC/V-NOTCH MISC	P	RX/OTC
SUPPOSITORY MOLDS 2GM MISC	P	RX/OTC
SUPPOSITORY MOLDS 3ML/PEEL-AWAY MISC	P	RX/OTC
SUPPOSITORY SHELL 2.0ML MISC	P	RX/OTC
SUPPOSITORY SHELLS 2.4ML MISC	P	RX/OTC
SURE COMFORT ALCOHOL PREP PADS	P	RX/OTC
SURELIFE CLEARWAVE II PULSE OXIMETER MISC	P	RX/OTC
SURE-PREP ALCOHOL PREP PADS	P	RX/OTC
SWIM EARPLUGS MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SYRINGE ACCESSORIES/LEURTIP CAP TRAY MISC	P	RX/OTC
SYRINGE DIAL-A-DOSE MISC	P	RX/OTC
TABLET CUTTER/CRUSHER MISC	P	RX/OTC
TABLET CUTTER/SAFETY-SHIELD MISC	P	RX/OTC
TAKEAWAY ENVIRONMENTAL RETURN SYSTEM MISC	P	RX/OTC
TAKEAWAY ENVIRONMENTAL RETURN SYSTEM ENVELOPE MISC	P	RX/OTC
TEXTURE WALL GRAB BAR/12" MISC	P	RX/OTC
TEXTURE WALL GRAB BAR/18" MISC	P	RX/OTC
TEXTURE WALL GRAB BAR/32" MISC	P	RX/OTC
THE SIDE RESTER CUSHION IMPERMEABLE COVER MISC	P	RX/OTC
TIP RECTAL/VAGINAL W/PERFORATIONS MISC	P	RX/OTC
TOILET SAFETY FRAME MISC	P	RX/OTC
TOMMEE TIPPEE BREAST PUMP ADAPTERS/UNIVERSAL PUMP AND GO MISC	P	RX/OTC
TOMMEE TIPPEE SILICONE BREAST PUMP MADE FOR ME MISC	P	RX/OTC
TOMMEE TIPPEE SINGLE ELECTRIC BREAST PUMP MADE FOR ME MISC	P	RX/OTC
TONGUE CLEANER/COMFORT CURVE MISC	P	RX/OTC
TONGUE DEPRESSORS MISC	P	RX/OTC
TOPI-CLICK 140/BLUE MISC	P	RX/OTC
TOPI-CLICK 140/GREEN MISC	P	RX/OTC
TOPI-CLICK 140/SILVER MISC	P	RX/OTC
TOPI-CLICK 140/WHITE MISC	P	RX/OTC
TOPI-CLICK 35 USP671 UV BLOCKING/ORANGE BODY/CAP/BASE MISC	P	RX/OTC
TOPI-CLICK 35 VAGINAL DOSE APPLICATOR MISC	P	RX/OTC
TOPI-CLICK 35 VAGINAL DOSING SYSTEM/APPLICATOR MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/35ML MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/MICRO/PIN POINT/9ML/0.05ML/BLUE MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/MICRO/ROUNDED/9ML/0.05ML/BLUE MISC	P	RX/OTC
TOPI-CLICK APPLICATOR/MICRO/SOFT ANGLED/9ML/0.05ML/BLUE MISC	P	RX/OTC
TOPI-CLICK MICRO/PIN POINT APPLICATOR/BLUE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TOPI-CLICK MICRO/SOFT ANGLED APPLICATOR/BLUE MISC	P	RX/OTC
TOPI-CLICK NOZZLE MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL APPLICATOR DOSE LOADER/35ML MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL DOSE APPLICATOR/4ML MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL DOSING SYSTEM/VAGINAL APPLICATOR 35 MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/BLACK MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/GOLD MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/PINK MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/PURPLE MISC	P	RX/OTC
TOPI-CLICK/35ML/1 PORT/RED MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/BLACK MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/GOLD MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/PINK MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/PURPLE MISC	P	RX/OTC
TOPI-CLICK/35ML/3 PORT/RED MISC	P	RX/OTC
TOTAL COMFORT WHEELCHAIRBACK CUSHION MISC	P	RX/OTC
TRACTION FLOOR STAND/ECONOMY MODEL MISC	P	RX/OTC
TRACTION HEAD HALTER ROPE10' MISC	P	RX/OTC
TRACTION WEIGHT BAG/20LB MISC	P	RX/OTC
TRANSFER BENCH MISC	P	RX/OTC
TRANSFER BOARD/28"X8-1/4" MISC	P	RX/OTC
TRANSFER PIN MISC	P	RX/OTC
TRAVEL POUCH MISC	P	RX/OTC
TRAVELER 3 WHEEL ROLLINGWALKER MISC	P	RX/OTC
TROCHE MOLD 30 CAVITY MISC	P	RX/OTC
TRU FIT MAGNETIX ANKLE/2SMALL DISKS MISC	P	RX/OTC
TRU FIT MAGNETIX BACK MISC	P	RX/OTC
TRU FIT MAGNETIX ELBOW/2SMALL DISKS MISC	P	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS	P	RX/OTC
TUB TRANSFER BOARD MISC	P	RX/OTC
TWIN MEDICINE SPOON MISC	P	RX/OTC
ULTICARE ALCOHOL SWABS	P	RX/OTC
ULTILET ALCOHOL SWABS	P	RX/OTC
ULTRA COMFORT BODY MASSAGER MISC	P	RX/OTC
ULTRA FIT SMART BODY SCALE MISC	P	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC
UNGUATOR 100/200/57MM/DISPOSABLE BLADES MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNGUATOR 15/20/30/36MM/DISPOSABLE BLADES MISC	P	RX/OTC
UNGUATOR APPLICATOR 1"/SHORT/CAP MISC	P	RX/OTC
UNGUATOR JAR 100/140 BLUELID MISC	P	RX/OTC
UNGUATOR JAR 100/140 REDLID MISC	P	RX/OTC
UNGUATOR JAR 15/20 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 15/20 RED LID MISC	P	RX/OTC
UNGUATOR JAR 15/28 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 20/33 BLUE MISC	P	RX/OTC
UNGUATOR JAR 200/280 BLUELID MISC	P	RX/OTC
UNGUATOR JAR 200/280 GREEN LID MISC	P	RX/OTC
UNGUATOR JAR 200/280 REDLID MISC	P	RX/OTC
UNGUATOR JAR 200/280 WHITE MISC	P	RX/OTC
UNGUATOR JAR 30/42 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 BLUE/BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 GREENLID MISC	P	RX/OTC
UNGUATOR JAR 30/42 RED LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 TURQUOISE/TURQUOISE LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 WHITELID MISC	P	RX/OTC
UNGUATOR JAR 30/42 YELLOW MISC	P	RX/OTC
UNGUATOR JAR 50/70 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 BLUE/BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 GREENLID MISC	P	RX/OTC
UNGUATOR JAR 50/70 PINK/PINK LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 RED LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 TURQUOISE MISC	P	RX/OTC
UNGUATOR JAR 50/70 WHITELID MISC	P	RX/OTC
UNGUATOR JAR 50/70 YELLOW MISC	P	RX/OTC
UNGUATOR JAR FOR AIRDYNAMIK 1000/1250 MISC	P	RX/OTC
UNGUATOR JAR FOR AIRDYNAMIK 300/390 MISC	P	RX/OTC
UNGUATOR JAR FOR AIRDYNAMIK 500/600 WHITE MISC	P	RX/OTC
UNGUATOR JAR W/SPINDLE 300/390 MISC	P	RX/OTC
UNGUATOR JAR W/SPINDLE 500/600 MISC	P	RX/OTC
UNGUATOR LID 1000ML MISC	P	RX/OTC
UNGUATOR VARIONOZZLE 1MM MISC	P	RX/OTC
VAGINAL SUPPOSITORY APPLICATOR MISC	P	RX/OTC
VANISHPOINT BLOOD COLLECTION SET 21G X 3/4" X 12" MISC	P	RX/OTC
VANISHPOINT BLOOD COLLECTION SET 23G X 3/4" X 12" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT BLOOD COLLECTION SET 25G X 3/4" X 12" MISC	P	RX/OTC
VARITHENA ADMINISTRATIONPACK MISC	P	RX/OTC
VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	P	RX/OTC
VERSAJET II EXACT HYDROSURGERY SYSTEM HANDPIECE 8MM MISC	P	RX/OTC
VERSAJET II PLUS HYDROSURGERY SYSTEM HANDPIECE 14MM MISC	P	RX/OTC
VIBRATING FOOT BATH/HEAT MISC	P	RX/OTC
VIDA CELLULAR SCALE MISC	P	RX/OTC
VINYL INFLATABLE CUSHION MISC	P	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS LIGHTWEIGHT THICKNESS MISC	P	RX/OTC
VIRAGE CUSTOM BREAST PROSTHESIS WEIGHTED THICKNESS MISC	P	RX/OTC
VIVI EPI MISC	P	RX/OTC
WALKER AUTO GLIDES/5 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC
WALKER BASKET MISC	P	RX/OTC
WALKER GLIDE WHEELS/5 ADJUSTMENT HOLES/1-1/8" MISC	P	RX/OTC
WALKER SKI GLIDES/1" MISC	P	RX/OTC
WALKER SWIVEL WHEELS/5 ADJUSTMENT HOLES/3" MISC	P	RX/OTC
WALKER TALL EXTENSION LEGS MISC	P	RX/OTC
WALKER TIPS/BLACK/1-1/8" MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/3" MISC	P	RX/OTC
WALKER WHEELS/FIXED WITH8 ADJUSTMENT HOLES/5" MISC	P	RX/OTC
WALKER/YOUTH/FOLDING MISC	P	RX/OTC
WASH GLOVES PRE-MOISTENED MISC	P	RX/OTC
WATERPROOF SHEETING/36" X66" MISC	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	RX/OTC
WEIGH BOAT/PLASTIC/ANTI-STATIC MISC	P	RX/OTC
WHEELCHAIR MISC	P	RX/OTC
WHITE WALL GRAB BAR/12" MISC	P	RX/OTC
WHITE WALL GRAB BAR/18" MISC	P	RX/OTC
WOODEN CANE/ROUND HANDLE/7/8" MISC	P	RX/OTC
WORK BELT MISC	P	RX/OTC
YOUTH PUSH BUTTON ALUMINUM CRUTCH MISC	P	RX/OTC
ZEVRX STERILE ALCOHOL PREP PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Oral Hygiene Products		
ORAL SWAB PETITE SWAB	P	
TOOTHETTE ORAL SWABS/DENTIFRICE SWAB	P	
TOOTHETTE ORAL SWABS/UNTREATED SWAB	P	
TOOTHETTE PLUS ORAL SWABS/UNTREATED SWAB	P	
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	NP	MP
1ST TIER UNIFINE PENTIPS33GX4MM	NP	MP
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	NP	MP
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM	NP	MP; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	NP	MP; RX/OTC
3ML SYRINGE/20G X 1"/LUER LOCK TIP	P	QL(3.34 ea daily); RX/OTC
3ML SYRINGE/20G X 1"/LUER SLIP TIP	P	QL(3.34 ea daily); RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32"	NP	MP; RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16"	NP	MP
ABOUTTIME PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC
ADVOCATE INSULIN PEN NEEDLES	NP	MP
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	NP	MP
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	NP	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	NP	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	NP	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	NP	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	NP	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	NP	MP; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	MP; RX/OTC
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
AQ INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
AQ INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
AQINJECT PEN NEEDLE/31G X 3/16"	NP	MP; RX/OTC
AQINJECT PEN NEEDLE/32G X 5/32"	NP	MP; RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	NP	MP; RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	NP	MP; RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	NP	MP
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX4MM	NP	MP
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	MP; RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	NP	MP; RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX5MM	NP	MP; RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	NP	MP
AUM MINI INSULIN PEN NEEDLE/32GX8MM	NP	MP
AUM MINI INSULIN PEN NEEDLE/33GX4MM	NP	MP
AUM MINI INSULIN PEN NEEDLE/33GX5MM	NP	MP
AUM MINI INSULIN PEN NEEDLE/33GX6MM	NP	MP
AUM PEN NEEDLE/32GX4MM	NP	MP; RX/OTC
AUM PEN NEEDLE/32GX5MM	NP	MP; RX/OTC
AUM PEN NEEDLE/32GX6MM	NP	MP
AUM PEN NEEDLE/33GX4MM	NP	MP
AUM PEN NEEDLE/33GX5MM	NP	MP
AUM PEN NEEDLE/33GX6MM	NP	MP
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	NP	MP; RX/OTC
AUM SAFETY PEN NEEDLE/31G X 4MM	NP	MP
AUM SAFETY PEN NEEDLE/31G X 5MM	NP	MP; RX/OTC
AURORA PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
AURORA PEN NEEDLES 31G X6MM	NP	MP; RX/OTC
AURORA PEN NEEDLES 31G X8MM	NP	MP; RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32"	NP	MP; RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AUTOPEN DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	NP	MP; RX/OTC
BD 3ML LUER-LOK SYRINGE/20G X 1"	P	QL(3.34 ea daily); RX/OTC
BD AUTOSHIELD 29G X 3/16"	NP	MP
BD AUTOSHIELD 29G X 5/16"	NP	MP
BD AUTOSHIELD DUO 30G X 5MM	NP	MP; RX/OTC
BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	P	QL(3.34 ea daily); RX/OTC
BD ECLIPSE 23G X 1" NEEDLE	P	QL(3.34 ea daily); RX/OTC
BD ECLIPSE NEEDLE/25G X5/8"	P	QL(3.34 ea daily); RX/OTC
BD HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	NP	MP
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	NP	MP
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	NP	MP; RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	NP	MP; RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	NP	MP; RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	NP	MP; RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	NP	MP
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	NP	MP
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	NP	MP
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	MP; RX/OTC
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	NP	MP
BD INTEGRA RETRACTABLE NEEDLE 23G X 1"	P	QL(3.34 ea daily); RX/OTC
BD LUER LOCK SYRINGE/1ML/20G X 1"	P	QL(3.34 ea daily)
BD NEEDLE/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
BD PEN MISC	P	QL(1 ea per 365 days retail); MP; RX/OTC
BD PEN MINI MISC	P	QL(1 ea per 365 days retail); MP; RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	NP	MP
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	NP	MP; RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	NP	MP; RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	NP	MP; RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	NP	MP; RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	NP	MP
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	NP	MP; RX/OTC
BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	P	QL(3.34 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	NP	MP; RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC
CAREFINE PEN NEEDLE 32GX4MM	NP	MP; RX/OTC
CAREFINE PEN NEEDLES 29GX1/2"	NP	MP; RX/OTC
CAREFINE PEN NEEDLES 30GX5/16"	NP	MP
CAREFINE PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
CAREFINE PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
CAREFINE PEN NEEDLES 32GX5MM	NP	MP; RX/OTC
CAREFINE PEN NEEDLES 32GX6MM	NP	MP
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	NP	MP; RX/OTC
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	NP	MP; RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	MP; RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	MP; RX/OTC
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS 29GX12MM	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	NP	MP
CAREPOINT PRECISION POLYHUB NEEDLE/23GX1"	P	QL(3.34 ea daily); RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/25GX5/8"	P	QL(3.34 ea daily); RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 23GX1"	P	QL(3.34 ea daily); RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE/23GX1"	P	QL(3.34 ea daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE/25GX5/8"	P	QL(3.34 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	NP	MP; RX/OTC
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	NP	MP; RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	NP	MP; RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	NP	MP; RX/OTC
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	NP	MP
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	NP	MP
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	NP	MP; RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2"	NP	MP; RX/OTC
CARETOUCH PEN NEEDLE 33GX5/32"	NP	MP
CARETOUCH PEN NEEDLES 31G X 6 MM	NP	MP; RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM	NP	MP; RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM	NP	MP; RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM	NP	MP; RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CEQUR SIMPLICITY 2U DEVI	P	QL(0.34 ea daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	NP	MP
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	NP	MP; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	NP	MP
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	NP	MP
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM	NP	MP
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM	NP	MP
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM	NP	MP
CLICKFINE PEN NEEDLE 32GX5/32"	NP	MP; RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	NP	MP; RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4"	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32"	NP	MP; RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
COMFORT EZ MICRO/32G X 4MM	NP	MP; RX/OTC
COMFORT EZ SHORT/31G X 8MM	NP	MP; RX/OTC
COMFORT EZ/31G X 5MM	NP	MP; RX/OTC
COMFORT EZ/31G X 6MM	NP	MP; RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 4MM	NP	MP
COMFORT TOUCH PEN NEEDLES/31G X 5MM	NP	MP; RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 6 MM	NP	MP; RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 8 MM	NP	MP; RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 5MM	NP	MP; RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 6MM	NP	MP
COMFORT TOUCH PEN NEEDLES/32G X 8MM	NP	MP
COMFORT TOUCH PEN NEEDLES/33G X 5/32"	NP	MP
COMFORT TOUCH PEN NEEDLES/33GX 3/16"	NP	MP
COMFORT TOUCH PEN NEEDLES/33GX1/4"	NP	MP
DIATHRIVE PEN NEEDLE/31 G X 6MM	NP	MP; RX/OTC
DIATHRIVE PEN NEEDLE/31 GX 8MM	NP	MP; RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM	NP	MP; RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	NP	MP
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	NP	MP
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	NP	MP
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
DROPLET MICRON 34G X 9/64"	NP	MP
DROPLET PEN NEEDLES 29G X1/2"	NP	MP; RX/OTC
DROPLET PEN NEEDLES 29GX10MM	NP	MP
DROPLET PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 30G X 5/16"	NP	MP
DROPLET PEN NEEDLES 31G X3/16"	NP	MP; RX/OTC
DROPLET PEN NEEDLES 31G X5/16"	NP	MP; RX/OTC
DROPLET PEN NEEDLES 31GX5MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32G X 1/4"	NP	MP
DROPLET PEN NEEDLES 32G X 3/16"	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32G X 5/16"	NP	MP
DROPLET PEN NEEDLES 32G X 5/32"	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX5MM	NP	MP; RX/OTC
DROPLET PEN NEEDLES 32GX6MM	NP	MP
DROPLET PEN NEEDLES 32GX8MM	NP	MP
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	NP	MP; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	NP	MP; RX/OTC
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	NP	MP; RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM	NP	MP; RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM	NP	MP; RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM	NP	MP; RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM	NP	MP; RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	NP	MP
EASY COMFORT PEN NEEDLES31GX1/4"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	NP	MP; RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM	NP	MP
EASY COMFORT PEN NEEDLES33G X 5MM	NP	MP
EASY COMFORT PEN NEEDLES33G X 6MM	NP	MP
EASY GLIDE PEN NEEDLES 33G X 5/32"	NP	MP
EASY TOUCH 32GX5MM	NP	MP; RX/OTC
EASY TOUCH 32GX6MM	NP	MP
EASY TOUCH FLIPLOCK NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	NP	MP
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLE 30G X 5/16"	NP	MP
EASY TOUCH PEN NEEDLE/30G X 3/16"	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2"	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	NP	MP
EASY TOUCH PEN NEEDLES 32GX3/16"	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32"	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	NP	MP
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	NP	MP
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	NP	MP
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	NP	MP
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	MP; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	MP; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	MP; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	NP	MP; RX/OTC
EASYPOINT NEEDLE 23G X 1"	P	QL(3.34 ea daily); RX/OTC
EASYPOINT NEEDLE 25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
EMBRACE PEN NEEDLES/29G X 12MM	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/30G X 5MM	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/30G X 8MM	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE PEN NEEDLES/31G X 5MM	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/31G X 8MM	NP	MP; RX/OTC
EMBRACE PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	NP	MP
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	NP	MP; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	NP	MP; RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM	NP	MP; RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	MP; RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	MP; RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	MP; RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGES/1ML/28GX1/2"	NP	MP; RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2"	NP	MP; RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	NP	MP; RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES/31GX5/16"	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32"	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4"	NP	MP
GNP ULTICARE PEN NEEDLES31G X 5MM	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	NP	MP
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	NP	MP; RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	NP	MP; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	NP	MP; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	NP	MP; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	NP	MP
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	NP	MP; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	NP	MP; RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	NP	MP; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	NP	MP
H-E-B INCONTROL PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP; RX/OTC
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	NP	MP; RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
HYPODERMIC NEEDLE 23GX1"	P	QL(3.34 ea daily); RX/OTC
HYPODERMIC NEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
HYPODERMIC NEEDLES 23GX1"	P	QL(3.34 ea daily); RX/OTC
HYPODERMIC NEEDLES 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	NP	MP; RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC
INPEN 100/BLUE/LILLY/HUMALOG DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC
INPEN 100/BLUE/NOVOLOG/FIASP DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC
INPEN 100/GREY/LILLY/HUMALOG DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INPEN 100/GREY/NOVOLOG/FIASP DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC
INPEN 100/PINK/LILLY/HUMALOG DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC
INPEN 100/PINK/NOVOLOG/FIASP DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC
INSULIN SYRINGE 1ML/31G X1/4"	NP	MP; RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/27G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
INSULIN SYRINGES 0.3ML/31G X 1/4"	NP	MP; RX/OTC
INSULIN SYRINGES 0.5ML/31G X 1/4"	NP	MP; RX/OTC
INSULIN SYRINGES/0.5ML/28GX1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16"	NP	MP; RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/1ML/27GX/1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/1ML/28GX1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	NP	MP; RX/OTC
INSULIN SYRINGES/U-100/1ML/31GX5/16"	NP	MP; RX/OTC
INSUPEN 29G X 12MM	NP	MP; RX/OTC
INSUPEN 31G X 5MM	NP	MP; RX/OTC
INSUPEN 31G X 8MM	NP	MP; RX/OTC
INSUPEN 32G X 4MM	NP	MP; RX/OTC
INSUPEN 33GX4MM	NP	MP
INSUPEN PEN NEEDLES 32G X4MM	NP	MP; RX/OTC
INSUPEN SENSITIVE 32GX6MM	NP	MP
INSUPEN SENSITIVE 32GX8MM	NP	MP
INSUPEN ULTRAFIN 30GX8MM	NP	MP
INSUPEN ULTRAFIN 31GX6MM	NP	MP; RX/OTC
INSUPEN ULTRAFIN 31GX8MM	NP	MP; RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	NP	MP; RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	NP	MP; RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	NP	MP; RX/OTC
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	NP	MP
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	NP	MP
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	NP	MP
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	NP	MP; RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
KROGER PEN NEEDLES 29G X12MM	NP	MP; RX/OTC
KROGER PEN NEEDLES 31G X8MM	NP	MP; RX/OTC
KROGER PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
KROGER PEN NEEDLES/31G X1/4"	NP	MP; RX/OTC
KROGER PEN NEEDLES/31G X3/16"	NP	MP; RX/OTC
KROGER PEN NEEDLES/31G X5/16"	NP	MP; RX/OTC
KROGER PEN NEEDLES/32G X5/32"	NP	MP; RX/OTC
KROGER PEN NEEDLES/33G X5/32"	NP	MP
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	NP	MP; RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	NP	MP; RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	NP	MP; RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32"	NP	MP; RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	NP	MP; RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM	NP	MP
LITETOUCH PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	NP	MP; RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM	NP	MP; RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM	NP	MP; RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM	NP	MP; RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM	NP	MP; RX/OTC
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	NP	MP; RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	NP	MP; RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	NP	MP
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	NP	MP
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	NP	MP; RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
MEIJER PEN NEEDLES 29G X12MM	NP	MP; RX/OTC
MEIJER PEN NEEDLES 31G X6MM	NP	MP; RX/OTC
MEIJER PEN NEEDLES 31G X8MM	NP	MP; RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM	NP	MP; RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	NP	MP; RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM	NP	MP
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	NP	MP; RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	NP	MP; RX/OTC
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
MM PEN NEEDLES 31G X 1/4"	NP	MP; RX/OTC
MM PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
MM PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC
MM PEN NEEDLES 32G X 5/32"	NP	MP; RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/23G X 1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/INTM BEVEL/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/23G X 1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	NP	MP
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML	NP	MP; RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 23GX1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 25GX5/8"	P	QL(3.34 ea daily); RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/23GX1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/25GX5/8"	P	QL(3.34 ea daily); RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
MS INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	NP	MP
NOVOFINE PEN NEEDLE 32G X 6MM	NP	MP
NOVOFINE PLUS PEN NEEDLE32G X 4MM	NP	MP; RX/OTC
NOVOPEN ECHO DEVI	P	QL(1 ea per 365 days retail); MP; RX/OTC
NOVOTWIST PEN NEEDLE 32GX 5MM	NP	MP; RX/OTC
PC UNIFINE PENTIPS 29G X1/2"	NP	MP; RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI	NP	MP; RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	NP	MP; RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT	NP	MP; RX/OTC
PEN NEEDLES	NP	MP
PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
PEN NEEDLES 30GX5MM	NP	MP; RX/OTC
PEN NEEDLES 30GX8MM	NP	MP
PEN NEEDLES 31G X 3/16"	NP	MP; RX/OTC
PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC
PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
PEN NEEDLES 31GX6MM (1/4")	NP	MP; RX/OTC
PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
PEN NEEDLES 31GX8MM (5/16")	NP	MP; RX/OTC
PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
PEN NEEDLES 32G X 5MM	NP	MP; RX/OTC
PEN NEEDLES 32G X 6MM	NP	MP
PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
PEN NEEDLES 33G X 5/32"	NP	MP
PEN NEEDLES/29G X 1/2"	NP	MP; RX/OTC
PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC
PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PENTIPS 29G X 12MM	NP	MP; RX/OTC
PENTIPS 29GX12MM	NP	MP; RX/OTC
PENTIPS 31G X 5MM	NP	MP; RX/OTC
PENTIPS 31G X 8MM	NP	MP; RX/OTC
PENTIPS 31GX5MM	NP	MP; RX/OTC
PENTIPS 31GX6MM	NP	MP; RX/OTC
PENTIPS 31GX8MM	NP	MP; RX/OTC
PENTIPS 32G X 4MM	NP	MP; RX/OTC
PENTIPS 32GX4MM	NP	MP; RX/OTC
PENTIPS 32GX6MM	NP	MP
PIP PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC
PIP PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
POLY HUB NEEDLE/23G X 1"	P	QL(3.34 ea daily); RX/OTC
POLY HUB NEEDLE/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"	NP	MP
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	NP	MP; RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	NP	MP; RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	NP	MP; RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	NP	MP; RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	NP	MP; RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM	NP	MP
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	NP	MP; RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM	NP	MP
PURE COMFORT PEN NEEDLE 32G X8MM	NP	MP
PURE COMFORT PEN NEEDLE/32G X 5MM	NP	MP; RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM	NP	MP; RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
PX MINI PEN NEEDLES 31GX5MM	NP	MP; RX/OTC
PX PEN NEEDLE 29GX12MM	NP	MP; RX/OTC
PX PEN NEEDLE 31GX8MM	NP	MP; RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM	NP	MP; RX/OTC
QC PEN NEEDLES 29G X 12MM	NP	MP; RX/OTC
QC PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
QC PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
QC UNIFINE PENTIPS 32GX4MM	NP	MP; RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	NP	MP; RX/OTC
RA PEN NEEDLES 31G X 5MM3/16"	NP	MP; RX/OTC
RA PEN NEEDLES 31G X 8MM5/16"	NP	MP; RX/OTC
RAYA SURE PEN NEEDLE 29GX 12MM	NP	MP; RX/OTC
RAYA SURE PEN NEEDLE 31GX 4MM	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
RAYA SURE PEN NEEDLE 31GX 5MM	NP	MP; RX/OTC
RAYA SURE PEN NEEDLE 31GX 6MM	NP	MP; RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	NP	MP; RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	MP; RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
RELION MINI PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
RELION PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
RELION PEN NEEDLES 31G X6MM	NP	MP; RX/OTC
RELION PEN NEEDLES 31G X8MM	NP	MP; RX/OTC
RELION PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
RELION PEN NEEDLES 31GX6MM	NP	MP; RX/OTC
RELION PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
RELION PEN NEEDLES 32G X4MM	NP	MP; RX/OTC
RELION PEN NEEDLES 32G X5/32"	NP	MP; RX/OTC
RELION PEN NEEDLES 32GX4MM	NP	MP; RX/OTC
RELION PEN NEEDLES/31G X1/4"	NP	MP; RX/OTC
RELION SHORT PEN NEEDLES31GX8MM	NP	MP; RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	NP	MP; RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	NP	MP; RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	NP	MP; RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	NP	MP; RX/OTC
SAFETY PEN NEEDLES/30G X3/16"	NP	MP; RX/OTC
SAFETY PEN NEEDLES/30G X5/16"	NP	MP
SAFETY SYRINGES/NEEDLE 3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/23G X 1"	P	QL(3.34 ea daily); RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/25G X 5/8"	P	QL(3.34 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	MP; RX/OTC
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	NP	MP
SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM	NP	MP; RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM	NP	MP; RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	NP	MP; RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	NP	MP; RX/OTC
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	NP	MP
SURE COMFORT PEN NEEDLES30GX5/16" SHORT	NP	MP
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32"	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	MP; RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM	NP	MP
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	NP	MP
SURE-FINE PEN NEEDLES 31GX3/16" 5MM	NP	MP; RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	MP; RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
SYRINGE/LUER LOCK/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
SYRINGES/LUER LOCK/1ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	NP	MP; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	NP	MP; RX/OTC
TECHLITE PEN NEEDLES 29GX 10MM	NP	MP
TECHLITE PEN NEEDLES 29GX 12 MM	NP	MP; RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM	NP	MP; RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM	NP	MP; RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM	NP	MP; RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM	NP	MP; RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM	NP	MP; RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM	NP	MP
TECHLITE PEN NEEDLES/32GX 8MM	NP	MP
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	NP	MP; RX/OTC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	NP	MP; RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	NP	MP; RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	NP	MP; RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM	NP	MP; RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM	NP	MP; RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM	NP	MP; RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	NP	MP
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	NP	MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"	NP	MP
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	NP	MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	NP	MP
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	NP	MP
TRUE COMFORT PRO PEN NEEDLES 33G X 5MM	NP	MP
TRUE COMFORT PRO PEN NEEDLES 33G X 6MM	NP	MP
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	P	MP
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	P	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	MP; RX/OTC
TRUEPLUS PEN NEEDLES 29GX12MM	P	MP; RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM	P	MP; RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM	P	MP; RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM	P	MP; RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM	P	MP; RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/ 30G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/ 31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/ 30G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/ 31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/30 G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31 G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	NP	MP; RX/OTC
ULTICARE MICRO PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM	NP	MP; RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	NP	MP; RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	MP; RX/OTC
ULTICARE MINI PEN NEEDLES/32G X 1/4"	NP	MP
ULTICARE MINI PEN NEEDLES31GX6MM	NP	MP; RX/OTC
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	NP	MP; RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	NP	MP
ULTICARE PEN NEEDLES 31GX 5MM/MINI	NP	MP; RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM	NP	MP
ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	MP; RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	NP	MP; RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM	NP	MP; RX/OTC
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	NP	MP
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	NP	MP; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4"	NP	MP; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	NP	MP; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	NP	MP; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X1/4"	NP	MP; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	NP	MP; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	NP	MP; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	NP	MP; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	NP	MP; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	NP	MP; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	NP	MP; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	NP	MP; RX/OTC
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	MP; RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	NP	MP
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	NP	MP
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	NP	MP; RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE 31X6MM	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM	NP	MP; RX/OTC
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	MP; RX/OTC
ULTILET PEN NEEDLE 29GX12.7MM	NP	MP
ULTILET PEN NEEDLE 31GX5MM	NP	MP; RX/OTC
ULTILET PEN NEEDLE 31GX8MM	NP	MP; RX/OTC
ULTILET PEN NEEDLE 32GX4MM	NP	MP; RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTILET SHORT PEN NEEDLES 31GX5/16"	NP	MP; RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16"	NP	MP; RX/OTC
ULTILET U-100 INSULIN SYRINGES/1ML/31G X 6MM	NP	MP; RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	NP	MP; RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	NP	MP; RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	NP	MP
ULTRA FLO INSULIN PEN NEEDLES	NP	MP; RX/OTC
ULTRA FLO INSULIN PEN NEELE 31GX8MM	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	NP	MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE PEN NEEDLES/31G X 1/4"	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16"	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16"	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14"	NP	MP
ULTRACARE PEN NEEDLES/32G X 3/16"	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32"	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32"	NP	MP
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	MP; RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16"	NP	MP; RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2"	NP	MP
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	NP	MP; RX/OTC
UNIFINE PEN NEEDLE/32G X4MM	NP	MP; RX/OTC
UNIFINE PENTIPS 29GX12MM	NP	MP; RX/OTC
UNIFINE PENTIPS 31G X 3/16"	NP	MP; RX/OTC
UNIFINE PENTIPS 31GX5MM	NP	MP; RX/OTC
UNIFINE PENTIPS 31GX6MM	NP	MP; RX/OTC
UNIFINE PENTIPS 31GX8MM	NP	MP; RX/OTC
UNIFINE PENTIPS 32GX4MM	NP	MP; RX/OTC
UNIFINE PENTIPS 32GX6MM	NP	MP
UNIFINE PENTIPS 33GX4MM	NP	MP
UNIFINE PENTIPS PLUS 29GX12MM	NP	MP; RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM	NP	MP; RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM	NP	MP; RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM	NP	MP; RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM	NP	MP; RX/OTC
UNIFINE PENTIPS PLUS 33GX 5/32"	NP	MP
UNIFINE PENTIPS PLUS 33GX4MM	NP	MP
UNIFINE PENTIPS PLUS/30GX 3/16"	NP	MP; RX/OTC
UNIFINE PENTIPS/30G X 3/16"	NP	MP; RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	NP	MP; RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	NP	MP
UNIFINE ULTRA PEN NEEDLE/31GX5MM	NP	MP; RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX6MM	NP	MP; RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX8MM	NP	MP; RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM	NP	MP; RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	MP; RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	MP; RX/OTC
VALUMARK PEN NEEDLES 29GX12MM	NP	MP; RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM	NP	MP; RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	NP	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	NP	MP
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	P	QL(3.34 ea daily); RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1"	P	QL(3.34 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP	MP
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	NP	MP; RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM	NP	MP; RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	NP	MP; RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	NP	MP; RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	NP	MP; RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	NP	MP; RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	NP	MP; RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	NP	MP; RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	NP	MP; RX/OTC
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	MP; RX/OTC
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	MP; RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2"	NP	MP; RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16"	NP	MP; RX/OTC
ZEVRX PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC
ZEVRX PEN NEEDLES 31G X 6MM	NP	MP; RX/OTC
ZEVRX PEN NEEDLES 31G X 8MM	NP	MP; RX/OTC
ZEVRX PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ACTIVITY POUCH MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ADULT AEROSOL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ADULT MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ADULT MASK LARGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROBIKA DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER MV MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROTRACH PLUS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
AIRZONE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ASSESS PEAK FLOW METER FULL RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ASSESS PEAK FLOW METER LOW RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ml per fill retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CO MONITOR DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASIVENT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASIVENT/MASK-LARGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASIVENT/MASK-SMALL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW BLACK/ORANGE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/RED DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW HEPA FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW WHITE/PINK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EBASE CONTROLLER KIT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FILTER AIR PP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FLEXICHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLYP HYPERSONIQ CARTRIDGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
FULL KIT NEBULIZER SET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
LITETOUCH MASK LARGE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
LUNG PERFORMANCE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MASK VORTEX/CHILD/FROG	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MASK VORTEX/TODDLER/LADYBUG	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MICROCHAMBER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MICROCHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MICROLIFE DIGITAL PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MICROSPACER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINI WRIGHT PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
NOSE CLIP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
OPTICHAMBER DIAMOND MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PANDA MASK LARGE	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PANDA MASK MEDIUM	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PANDA MASK SMALL	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI MASK SET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI TREK S COMBO PACK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PARI VORTEX ADULT MASK	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PEAK A-I-R FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PEDIATRIC PANDA MASK	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PERSONAL BEST FULL RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PFLEX MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PIKO 1 ELECTRONIC	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PILLOW MASK/ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PILLOW MASK/CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKET CHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKET PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKET SPACER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PURE COMFORT PEAK FLOW METER ADULT	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
PURE COMFORT PEAK FLOW METER CHILD	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QUAKE DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
REPLACEMENT AIR FILTER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
REPLACEMENT FILTERS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
RITEFLO DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
SPIRO PD DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
THRESHOLD IMT MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
THRESHOLD PEP DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
TRUZONE PEAK FLOW METER	P	1 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
TUBING/WING TIP MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
WINDMILL TRAINER MISC	P	2 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per fill retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	P	SP; MP; PA
AJOVY SOSY	P	SP; MP; PA
AJOVY SOAJ	P	SP; MP; PA
EMGALITY SOSY 100 MG/ML	NP	SP
EMGALITY SOAJ	NP	SP; MP
EMGALITY SOSY 120 MG/ML	NP	SP; MP
NURTEC	P	QL(0.27 ea daily); PA
QULIPTA	P	PA
UBRELVY	P	QL(0.34 ea daily); PA
VYEPTI	NP	SP; MP
Migraine Combinations		
ergotamine w/ caffeine supp	P	QL(0.72 ea daily)
SUMANSETRON	NP	
sumatriptan-naproxen sodium	NP	
TREXIMET *(sumatriptan-naproxen sodium)*	NP	
Migraine Products		
D.H.E. 45 SOLN IJ *(dihydroergotamine mesylate)*	NF	
dihydroergotamine mesylate soln na 4 mg/ml	NP	
MIGRANAL SOLN NA *(dihydroergotamine mesylate)*	NP	
TRUDHESA	NP	
Migraine Products - NSAIDs		
diclofenac potassium (migraine)	NP	
ELYXYB	NP	
Serotonin Agonists		
almotriptan malate	NP	
AMERGE *(naratriptan hcl)*	NF	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)
eletriptan hydrobromide	NP	
FROVA *(frovatriptan succinate)*	NP	
frovatriptan succinate	NP	

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS *(sumatriptan succinate)*	NP	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)
IMITREX SOLN 6 MG/0.5ML *(sumatriptan succinate)*	NF	QL(0.067 ml daily)
IMITREX 5 MG/ACT, 20 MG/ACT *(sumatriptan)*	NP	
IMITREX STATDOSE REFILL SOCT *(sumatriptan succinate)*	NP	
IMITREX STATDOSE SYSTEM SOAJ *(sumatriptan succinate)*	NP	
MAXALT TABS 10 MG *(rizatriptan benzoate)*	NF	
MAXALT TABS 10 MG *(rizatriptan benzoate)*	NP	
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	NP	
naratriptan hcl	NP	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)
ONZETRA XSAIL EXHP	NP	QL(3 ea daily)
RELPAX *(eletriptan hydrobromide)*	NP	
REYVOW	NP	QL(0.134 ea daily)
rizatriptan benzoate tbdp	P	
rizatriptan benzoate tabs	P	
sumatriptan	P	
sumatriptan succinate soln 6 mg/0.5ml	P	QL(0.067 ml daily)
sumatriptan succinate soct	P	
sumatriptan succinate soaj	P	
sumatriptan succinate tabs	P	1 rtl MAX fill; 23 rtl day(s) supply; QL(0.3 ea daily)
TOSYMRA	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
zolmitriptan tbdp	NP	
zolmitriptan tabs	NP	
zolmitriptan soln	NP	
ZOMIG TABS 2.5 MG, 5 MG *(zolmitriptan)*	NP	
ZOMIG SOLN *(zolmitriptan)*	NP	
ZOMIG TABS 2.5 MG, 5 MG *(zolmitriptan)*	NF	
ZOMIG SOLN	NP	
ZOMIG ZMT TBDP *(zolmitriptan)*	NP	
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate soln	P	
SODIUM ACETATE SOLN *(sodium acetate)*	NF	
Calcium		
calcium carbonate tabs 600 mg, 1500 mg	P	
calcium carbonate-cholecalciferol tabs	P	
calcium carbonate-vitamin d w/ minerals tabs	P	
calcium citrate tabs 200 mg	P	
calcium citrate-vitamin d tabs 250 unit-200 mg, 250 unit-315 mg, 6.25 mcg-200 mg, 6.25 mcg-315 mg	P	
calcium gluconate soln	P	PA
CALCIUM GLUCONATE SOLN *(calcium gluconate)*	NF	PA
CITRACAL + D3 MAXIMUM TABS *(calcium citrate-vitamin d)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
CITRACAL PETITES/VITAMIND TABS *(calcium citrate-vitamin d)*	NF	
oyster shell	P	
OYSTER SHELL CALCIUM/D TABS	P	
Electrolyte Mixtures		
BIOLYTE SOLN	P	
CERALYTE 70 SOLN	P	
CERASPORT SOLN	P	
CERASPORT EX1 SOLN	P	
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	P	
DEXTROSE 2.5%/NACL 0.45% *(dextrose w/ sodium chloride)*	NF	
DEXTROSE 5%/NACL 0.3% *(dextrose w/ sodium chloride)*	NF	
dextrose in lactated ringers	P	
dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %	P	
DEXTROSE/SODIUM CHLORIDE *(dextrose w/ sodium chloride)*	NF	
ENFAMIL ENFALYTE SOLN	P	
EQUALYTE SOLN *(oral electrolytes)*	NF	
HYDRALYTE SOLN	P	
HYDRALYTE FREEZER POPS SOLN	P	
KINDERLYTE SOLN	P	
KINDERLYTE PREMAX SOLN	P	
oral electrolytes soln	P	
PEDIALYTE SOLN *(oral electrolytes)*	NF	
PEDIALYTE ADVANCED CARE SOLN *(oral electrolytes)*	NF	
PEDIALYTE FREEZER POPS SOLN *(oral electrolytes)*	NF	
PEDIALYTE SINGLES SOLN *(oral electrolytes)*	NF	
Fluoride		
sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg	P	
Magnesium		
magnesium tabs 250 mg, 250 mg	P	
magnesium oxide (mg supplement) tabs 400 mg, 500 mg	P	
magnesium sulfate ij 50 %	P	
MAGNESIUM SULFATE IJ 50 %	P	
MAGOX 400 TABS *(magnesium oxide (mg supplement))*	NF	
Phosphate		
PHOS-NAK POWDER CONCENTRATE PACK *(potassium & sodium phosphates)*	NF	
potassium & sodium phosphates pack	P	
potassium phosphates 236 mg/ml-224 mg/ml	P	
POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML	P	
sodium phosphates (sodium phosphate dibasic & monobasic) 142 mg/ml-276 mg/ml	P	PA

Drug Name	Drug Tier	Requirements/ Limits
Potassium		
K-TAB TBCR *(potassium chloride)*	NF	
potassium acetate soln 2 meq/ml	P	
POTASSIUM ACETATE SOLN 2 MEQ/ML	P	
potassium chloride soln iv 2 meq/ml	P	PA
potassium chloride soln or 10 %	P	
potassium chloride tbcr 8 meq, 10 meq	P	
potassium chloride microencapsulated crystals er 10 meq, 20 meq	P	
Sodium		
sodium chloride soln iv 0.45 %, 0.9 %, 3 %, 5 %	P	
sodium chloride flush	P	
Zinc		
zinc sulfate soln 1 mg/ml	P	PA
ZINC SULFATE SOLN 1 MG/ML *(zinc sulfate)*	NF	PA
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS *(penicillamine)*	NP	QL(4 ea daily)
DEPEN TITRATABS TABS *(penicillamine)*	P	QL(4 ea daily)
penicillamine caps	P	QL(4 ea daily)
penicillamine tabs	P	QL(4 ea daily)
SYPRINE *(trientine hcl)*	NP	SP
trientine hcl	P	SP
Immunomodulators		
JOENJA	NP	
lenalidomide	NP	SP
REVLIMID	NP	SP
REZUROCK	NP	SP
THALOMID	NP	SP
VYVGART	NP	SP; MP
Immunosuppressive Agents		
ASTAGRAF XL CP24	NP	
azathioprine tabs 75 mg, 100 mg	NP	
azathioprine tabs 50 mg	P	MP
CELLCEPT SUSR *(mycophenolate mofetil)*	NP	MP
CELLCEPT TABS *(mycophenolate mofetil)*	NP	MP
CELLCEPT CAPS *(mycophenolate mofetil)*	NP	MP
cyclosporine caps	P	
cyclosporine modified (for microemulsion) caps	P	MP
cyclosporine modified (for microemulsion) soln	P	MP
ENVARSUS XR TB24	NP	
everolimus (immunosuppressant)	NP	
IMURAN TABS *(azathioprine)*	NP	MP
LUPKYNIS	NP	SP
mycophenolate mofetil tabs	P	MP
mycophenolate mofetil caps	P	MP
mycophenolate mofetil tabs	P	MP
mycophenolate mofetil susr	P	MP
mycophenolate mofetil susr	P	MP
mycophenolate mofetil caps	P	MP
mycophenolate sodium	P	MP
mycophenolate sodium	P	MP

Drug Name	Drug Tier	Requirements/ Limits
MYFORTIC *(mycophenolate sodium)*	NP	MP
NEORAL CAPS *(cyclosporine modified (for microemulsion))*	NP	MP
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	NP	MP
PROGRAF PACK	NP	
PROGRAF CAPS *(tacrolimus)*	NP	MP
RAPAMUNE TABS *(sirolimus)*	NP	MP
RAPAMUNE SOLN *(sirolimus)*	NP	MP
SANDIMMUNE CAPS *(cyclosporine)*	NP	
SANDIMMUNE SOLN OR	P	MP
sirolimus tabs	P	MP
sirolimus tabs 1 mg, 2 mg	P	MP
sirolimus soln	P	MP
tacrolimus caps	P	MP
ZORTRESS *(everolimus (immunosuppressant))*	NP	
Potassium Removing Agents		
LOKELMA	NP	
sodium polystyrene sulfonate susp or 15 gm/60ml	NP	
sodium polystyrene sulfonate powd	P	
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOSY	NP	SP; MP
BENLYSTA SOAJ	NP	SP; MP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	P	QL(6.67 ml daily)
lidocaine hcl (mouth-throat) 4 %	P	QL(1.67 ml daily)
Anti-infectives - Throat		
clotrimazole	P	
nystatin (mouth-throat)	P	
ORAVIG	NP	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	P	
Dental Products		
LISTERINE HEALTHY WHITE VIBRANT SOLN *(sodium fluoride (dental))*	NF	
LISTERINE TOTAL CARE SOLN *(sodium fluoride (dental))*	NF	
LISTERINE TOTAL CARE PLUSWHITENING SOLN *(sodium fluoride (dental))*	NF	
LISTERINE WHITENING/RESTORING SOLN *(sodium fluoride (dental))*	NF	
PREVIDENT 5000 DRY MOUTH GEL *(sodium fluoride (dental))*	NF	MP
PREVIDENT FLUORIDE GEL *(sodium fluoride (dental))*	NF	MP
sodium fluoride (dental) crea	NP	
sodium fluoride (dental) gel	NP	MP
sodium fluoride (dental) soln 0.2 %	NP	MP
sodium fluoride (dental) gel	NP	MP
sodium fluoride (dental) pste dt	NP	MP
sodium fluoride-potassium nitrate gel	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	P	QL(0.17 gm daily)
Throat Products - Misc.		
AQUORAL SOLN	NP	RX/OTC
cevimeline hcl	NP	
EVOXAC *(cevimeline hcl)*	NP	
GELX GEL	NP	
pilocarpine hcl (oral)	P	
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins tabs	P	
B-Complex w/ C		
b complex w/ c tabs	P	
b-complex w/ c & calcium	P	
b-complex w/ c & e + zn	P	
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid tabs 60 mg-10 mg-300 mcg-800 mcg-1.5 mg-6 mcg-10 mg-1.7 mg-20 mg, 60 mg-10 mg-300 mcg-800 mcg-6 mcg-1.7 mg-20 mg-10 mg-1.5 mg, 60 mg-300 mcg-800 mcg-1.5 mg-20 mg-10 mg-10 mg-1.7 mg-6 mcg	P	
FULL SPECTRUM B/VITAMIN C TABS	P	
NEPHRO-VITE TABS *(b-complex w/ c & folic acid)*	NF	
WEST-VITE W/FOLIC ACID TABS	P	
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	
Multiple Vitamins w/ Minerals		
ABC COMPLETE SENIOR 50+ TABS	P	RX/OTC
ABC COMPLETE SENIOR MEN'S50+ TABS	P	RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	RX/OTC
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	P	RX/OTC
ALGAE BASED CALCIUM TABS	P	RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	P	RX/OTC
ALIVE ENERGY 50+ TABS	P	RX/OTC
ALIVE MENS 50+ TABS	P	RX/OTC
ALIVE MENS ENERGY TABS	P	RX/OTC
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	P	RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	RX/OTC
ALIVE WOMENS 50+ TABS	P	RX/OTC
ALIVE WOMENS ENERGY TABS	P	RX/OTC
ANTIOXIDANT FORMULA TABS	P	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	P	RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS	P	RX/OTC
BACMIN TABS	P	RX/OTC
BASIC AM TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BASIC PM TABS	P	RX/OTC
CAL-DAY 1000 TABS	P	RX/OTC
CENTRAVITES 50 PLUS TABS	P	RX/OTC
CENTRAVITES ADULTS TABS	P	RX/OTC
CENTRUM ADULTS TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
CENTRUM CARDIO TABS	P	RX/OTC
CENTRUM MEN TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
CENTRUM MEN TABS	P	RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	P	RX/OTC
CENTRUM SILVER TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
CENTRUM SILVER 50+MEN TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
CENTRUM SILVER 50+WOMEN TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
CENTRUM SILVER ADULT 50+ TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
CENTRUM SILVER ADULTS 50+ TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	P	RX/OTC
CENTRUM SPECIALIST HEART TABS	P	RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	P	RX/OTC
CENTRUM SPECIALIST VISION TABS	P	RX/OTC
CENTRUM ULTRA WOMENS TABS	P	RX/OTC
CENTRUM WOMEN TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
CERTAVITE SENIOR TABS	P	RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	P	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	P	RX/OTC
CVS ONE DAILY MENS 50+ ADVANCED TABS	P	RX/OTC
CVS ONE DAILY WOMENS 50+ADVANCED TABS	P	RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	P	RX/OTC
CVS SPECTRAVITE ADULTS TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS	P	RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS	P	RX/OTC
DAYAVITE TABS	P	RX/OTC
DERMACINRX MULTITAM TABS	P	RX/OTC
DERMACINRX RIBOTIN-E TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DERMACINRX ZINTREXYL-C TABS	P	RX/OTC
DERMAVITE TABS	P	RX/OTC
DIALYVITE SUPREME D TABS	P	RX/OTC
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	P	RX/OTC
EQ ONE DAILY MENS 50+ TABS	P	RX/OTC
EQ ONE DAILY MENS HEALTH TABS	P	RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	P	RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	P	RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	P	RX/OTC
EQL CENTURY MENS TABS	P	RX/OTC
EQL CENTURY WOMENS TABS	P	RX/OTC
EQL ONE DAILY MENS TABS	P	RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	RX/OTC
EYE HEALTH/LUTEIN TABS	P	RX/OTC
EYE MULTIVITAMIN/LUTEIN TABS	P	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	P	RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	P	RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	P	RX/OTC
FOLAMAX TABS	P	RX/OTC
FOLIFLEX TABS	P	RX/OTC
FOLIKA-CI TABS	P	RX/OTC
FOLIKA-MG TABS	P	RX/OTC
FOLITIN-Z TABS	P	RX/OTC
FOSFREE TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
FREEDAVITE TABS	P	RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	P	RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS	P	RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	P	RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	P	RX/OTC
HM COMPLETE MEN TABS	P	RX/OTC
HM HAIR/SKIN/NAILS TABS	P	RX/OTC
HYLAZINC TABS	P	RX/OTC
ICAPS AREDS FORMULA TABS	P	RX/OTC
KEYFOLIC TABS	P	RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	P	RX/OTC
LIVER DETOX TABS	P	RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	P	RX/OTC
MEGA MULTI FOR MEN TABS	P	RX/OTC
MEGA MULTI FOR WOMEN TABS	P	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	P	RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	P	RX/OTC
MENS 50+ MULTIVITAMIN TABS	P	RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC
MENS MULTIVITAMIN TABS	P	RX/OTC
MULTI-BETIC DIABETES TABS	P	RX/OTC
MULTI-BETIC DIABETES SUPPORT TABS	P	RX/OTC
multiple vitamins w/ minerals tabs	P	RX/OTC
MULTIVITAMIN TABS	P	RX/OTC
MULTIVITAMIN ADULTS TABS	P	RX/OTC
MULTIVITAMIN MEN TABS	P	RX/OTC
MULTI-VITAMIN MONOCAPS TABS	P	RX/OTC
MULTIVITAMIN WOMEN TABS	P	RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS	P	RX/OTC
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	P	RX/OTC
NATRUL-VITES TABS	P	RX/OTC
NEOVITE TABS	P	RX/OTC
NICADAN TABS	P	RX/OTC
NICADAN ZX TABS	P	RX/OTC
NICAZEL TABS	P	RX/OTC
NICAZEL FORTE TABS	P	RX/OTC
NO IRON MULTIPLE VITAMIN/MINERALS TABS	P	RX/OTC
NUTRICAP TABS	P	RX/OTC
OCULAR VITAMINS TABS	P	RX/OTC
ONCOVITE TABS	P	RX/OTC
ONE DAILY MENS 50+ MULTIVITAMIN TABS	P	RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS	P	RX/OTC
ONE DAILY WOMENS TABS	P	RX/OTC
ONE DIALY MULTIVITAMIN WOMENS TABS	P	RX/OTC
ONE-A-DAY ENERGY TABS	P	RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	P	RX/OTC
ONE-A-DAY MENS TABS	P	RX/OTC
ONE-A-DAY MENS 50+ TABS	P	RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	P	RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	P	RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	P	RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	P	RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCED TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
ONE-A-DAY WOMENS TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ TABS	P	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
ONE-A-DAY WOMENS PETITES TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
ONEVITE TABS	P	RX/OTC
OPTIVITE P.M.T. TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
OPURITY TABS	P	RX/OTC
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	P	RX/OTC
PARVLEX TABS	P	RX/OTC
PHYTOMULTI TABS	P	RX/OTC
PRESERVISION AREDS TABS	P	RX/OTC
PRO-CAL TABS	P	RX/OTC
PROCERV HP TABS	P	RX/OTC
PROFOLA TABS	P	RX/OTC
PRORENAL+D TABS	P	RX/OTC
PROVIT TABS	P	RX/OTC
QC MULTI-VITE TABS	P	RX/OTC
QUIN B STRONG TABS	P	RX/OTC
QUINTABS-M TABS	P	RX/OTC
RA CENTRAL-VITE TABS	P	RX/OTC
RAYAVIT TABS	P	RX/OTC
RENAPLEX-D TABS	P	RX/OTC
REQ 49+ TABS	P	RX/OTC
SENTRY TABS	P	RX/OTC
SENTRY SENIOR/LUTEIN TABS	P	RX/OTC
SIDEROL TABS	P	RX/OTC
SM ONE DAILY MENS TABS	P	RX/OTC
SM ONE DAILY WOMENS TABS	P	RX/OTC
SOLO TABS	P	RX/OTC
SPECTRAVITE TABS	P	RX/OTC
STROVITE FORTE TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
STROVITE ONE TABS	P	RX/OTC
SYSTANE ICAPS AREDS2 TABS	P	RX/OTC
THERA M PLUS TABS	P	RX/OTC
THERABETIC MULTI-VITAMIN TABS	P	RX/OTC
THERAGRAN-M TABS	P	RX/OTC
THERAGRAN-M ADVANCED TABS	P	RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	RX/OTC
THERAGRAN-M PREMIER TABS	P	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	P	RX/OTC
THERA-M TABS	P	RX/OTC
THERA-TABS M TABS	P	RX/OTC
THEREMS-M TABS	P	RX/OTC
THRIVITE 19 TABS	P	RX/OTC
T-VITES TABS	P	RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	P	RX/OTC
VENEXA TABS	P	RX/OTC
VENEXA FE TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VENTRIXYL TABS	P	RX/OTC
VENTRIXYL FE TABS	P	RX/OTC
VITAMIN D3 COMPLETE TABS	P	RX/OTC
VITAROCA PLUS TABS *(multiple vitamins w/ minerals)*	NF	RX/OTC
VITASANA TABS	P	RX/OTC
VITATRUM TABS	P	RX/OTC
VITEYES CLASSIC MULTIIVITAMIN TABS	P	RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	P	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	P	RX/OTC
VITRAMYN TABS	P	RX/OTC
VITRANOL TABS	P	RX/OTC
VITRANOL FE TABS	P	RX/OTC
VITREXATE TABS	P	RX/OTC
VITREXATE FE TABS	P	RX/OTC
VITREXYL TABS	P	RX/OTC
VITREXYL/IRON TABS	P	RX/OTC
VITRUM 50+ ADULT-MULTI IRON FREE TABS	P	RX/OTC
VITRUM 50+ SENIOR MULTI TABS	P	RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	P	RX/OTC
WOMENS 50+ MULTIVITAMIN TABS	P	RX/OTC
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	P	RX/OTC
YELETS TEENAGE FORMULA TABS	P	RX/OTC
Multivitamins		
AMLADEX TABS	P	RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	RX/OTC
ESTROFACTORS TABS	P	RX/OTC
GENICIN VITA-Q TABS	P	RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	RX/OTC
MULTI VITAMIN TABS	P	RX/OTC
MULTI VITAMIN/D-3 TABS	P	RX/OTC
multiple vitamin tabs	P	RX/OTC
MULTIVITAMIN ADULT TABS	P	RX/OTC
NEOMULTIVITE TABS	P	RX/OTC
OMNICAP TABS	P	RX/OTC
ONE DAILY ESSENTIAL TABS	P	RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	RX/OTC
ONE-A-DAY ESSENTIAL TABS *(multiple vitamin)*	NF	RX/OTC
ONE-A-DAY MENS TABS *(multiple vitamin)*	NF	RX/OTC
QUINTABS TABS	P	RX/OTC
THERA TABS	P	RX/OTC
THEREMS MULTIVITAMIN TABS	P	RX/OTC
Ped MV w/ Fluoride		
MULTIVITAMIN + FLUORIDE CHEW	P	AL(Up to 10 yrs old); RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	P	AL(Up to 10 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	P	AL(Up to 10 yrs old); RX/OTC
MULTI-VIT-FLOR CHEW	P	AL(Up to 10 yrs old); RX/OTC
pediatric multivitamins w/fl chew	P	AL(Up to 10 yrs old); RX/OTC
POLY-VI-FLOR CHEW	P	AL(Up to 10 yrs old); RX/OTC
QUFLORA PEDIATRIC CHEW	P	AL(Up to 10 yrs old); RX/OTC
Ped MV w/ Iron		

Drug Name	Drug Tier	Requirements/ Limits
ANIMAL SHAPES/IRON CHEW	P	
MULTIVITAMIN PLUS IRON CHILDRENS CHEW	P	
pediatric multiple vitamins w/ iron chew	P	
Pediatric Multiple Vitamins		
MULTIVITAMIN CHILDRENS CHEW	P	
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW *(pediatric multiple vitamins)*	NF	
pediatric multiple vitamins chew	P	
Prenatal Vitamins		
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL ASSURE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL BLOOM	NP	AL(At least 10 yrs old - Up to 55 yrs old)
CITRANATAL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL ESSENCE	NP	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL MEDLEY	NP	
C-NATE DHA CAPS	NP	MP
COMPLETE NATAL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
COMPLETENATE CHEW	P	QL(1 ea daily); MP
DERMACINRX PRETRATE TABS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
ENBRACE HR	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
FOLIVANE-OB	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
M-NATAL PLUS TABS	P	QL(1 ea daily); MP; RX/OTC
MULTI-MAC	NP	
NATAL PNV TABS	NP	
NESTABS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
NESTABS DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
NESTABS ONE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
NIVA-PLUS TABS	P	QL(1 ea daily); MP; RX/OTC
OB COMPLETE TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
OB COMPLETE ONE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
OB COMPLETE PETITE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
OB COMPLETE PREMIER	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
OB COMPLETE/DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PNV TABS 29-1 TABS	P	MP; RX/OTC
PNV-DHA+DOCUSATE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
PNV-OMEGA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PREMESISRX	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENAISSANCE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENAISSANCE PLUS CAPS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	P	QL(1 ea daily); MP; RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	P	QL(1 ea daily); MP; RX/OTC
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
prenatal vit w/ iron carbonyl-folic acid tabs 120 mg-10 mg-1.25 mg-315 unit-15 mcg-3.4 mg-10 mg-1 mg-2 mg-15 mg-10 mg-20 unit-2100 unit-50 mg	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE AM	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE ENHANCE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE PIXIE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE RESTORE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATRIX TABS	NP	QL(1 ea daily); MP; RX/OTC
PRENATRYL TABS	NP	QL(1 ea daily); MP; RX/OTC
PREPLUS TABS	P	QL(1 ea daily); MP; RX/OTC
PRETAB TABS	P	MP; RX/OTC
PRIMACARE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
RELNATE DHA CAPS	NP	MP
SELECT-OB CHEW	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
SELECT-OB+DHA MISC	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
SE-NATAL 19 CHEW	P	QL(1 ea daily); MP
SE-NATAL 19 TABS	P	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TARON-C DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
TARON-PREX	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
THRIVITE RX TABS	P	MP; RX/OTC
TRICARE TABS	P	QL(1 ea daily); MP; RX/OTC
TRINATAL RX 1 TABS	P	QL(1 ea daily); MP
TRISTART DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
TRISTART FREE	NP	
TRISTART ONE	NP	
VINATE DHA RF	NP	MP
VIRT-C DHA	NP	MP
VIRT-NATE DHA CAPS	NP	MP
VIRT-PN DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VIRT-PN PLUS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL FE+	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL GUMMIES	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL STRIPS	NP	
VITAFOL ULTRA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-NANO	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-OB TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-OB+DHA MISC	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-ONE CAPS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VP-PNV-DHA CAPS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
WESCAP-C DHA	NP	MP
WESCAP-PN DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
WESNATAL DHA COMPLETE	NP	MP
WESNATE DHA CAPS	NP	MP
WESTAB PLUS TABS	P	QL(1 ea daily); MP; RX/OTC
WESTGEL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
ZATEAN-PN DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
ZATEAN-PN PLUS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(cyclobenzaprine hcl)*	NP	
baclofen soln or 5 mg/5ml	NP	
baclofen tabs	P	
baclofen susp	P	
carisoprodol tabs	NP	
chlorzoxazone tabs	P	
cyclobenzaprine hcl tabs	P	
cyclobenzaprine hcl cp24	NP	
FLEQSUVY SUSP *(baclofen)*	NP	
LYVISPAH PACK	NP	
metaxalone	NP	
methocarbamol tabs	P	
orphenadrine citrate tb12	P	
SKELAXIN *(metaxalone)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
SOMA TABS *(carisoprodol)*	NP	
tizanidine hcl caps	NP	
tizanidine hcl tabs	P	
ZANAFLEX CAPS *(tizanidine hcl)*	NP	
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	NP	
DANTRIUM CAPS 50 MG *(dantrolene sodium)*	NF	
dantrolene sodium caps	P	
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine	NP	AL(At least 18 yrs old)
NORGESIC FORTE *(orphenadrine w/ aspirin & caff)*	NP	
orphenadrine w/ aspirin & caff	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate susp	NP	
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
AYR NASAL DROPS SOLN	P	
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	
OCEAN NASAL SPRAY SOLN *(saline)*	NF	
saline soln	P	
Nasal Antiallergy		
azelastine hcl 0.1 %, 0.15 %, 137 mcg/spray	P	MP; RX/OTC
cromolyn sodium (nasal) 5.2 mg/act	P	
NASALCROM *(cromolyn sodium (nasal))*	NF	
olopatadine hcl (nasal)	P	
PATANASE *(olopatadine hcl (nasal))*	NF	
PATANASE *(olopatadine hcl (nasal))*	NP	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.06 %	NP	QL(0.5 ml daily)
ipratropium bromide (nasal) 0.03 %	NP	QL(1 ml daily); MP
Nasal Steroids		
BECONASE AQ	NP	MP
flunisolide (nasal) 0.025 %	P	QL(0.84 ml daily); MP
fluticasone propionate (nasal) susp	P	QL(0.54 gm daily); MP; RX/OTC
mometasone furoate (nasal) susp	NP	MP
NASONEX SUSP *(mometasone furoate (nasal))*	NF	MP
OMNARIS SUSP	NP	MP
PROPEL MINI/STRAIGHT DELIVERY SYSTEM IMPL	NP	
QNASL	NP	MP
QNASL CHILDRENS	NP	MP
SINUVA IMPL	NP	
XHANCE EXHU	NP	
ZETONNA AERS	NP	MP
Sympathomimetic Decongestants		

Drug Name	Drug Tier	Requirements/ Limits
pseudoephedrine hcl tabs 30 mg	P	QL(8 ea daily)
pseudoephedrine hcl tabs 60 mg	P	QL(4 ea daily)
SUDAFED CHILDRENS LIQD	P	
SUDAFED CONGESTION TABS *(pseudoephedrine hcl)*	NF	QL(8 ea daily)
SUDAFED SINUS CONGESTION TABS *(pseudoephedrine hcl)*	NF	QL(8 ea daily)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	NP	SP
RADICAVA ORS SUSP	NP	SP
RADICAVA ORS STARTER KIT SUSP	NP	SP
RELYVRIO	NP	SP
RILUTEK TABS *(riluzole)*	NP	
riluzole tabs	P	
TIGLUTIK SUSP	NP	SP; MP
Rett Syndrome Agents		
DAYBUE	NP	SP
NUTRIENTS		
Carbohydrates		
dextrose soln 10 %	P	
DEXTROSE SOLN 20 %	P	
Lipids		
INTRALIPID 20 GM/100ML	P	PA
NUTRILIPID	P	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear solution	P	
dextran 70-hypromellose 0.3 %-0.1 %	P	
LACRISERT	P	
polyvinyl alcohol 1.4 %	P	
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 mg/ml-6 mg/ml	P	
white petrolatum-mineral oil	P	
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) soln	P	MP
BETIMOL	NP	MP
BETOPTIC-S SUSP	NP	MP
brimonidine tartrate-timolol maleate	NP	MP
carteolol hcl (ophth)	P	MP
COMBIGAN *(brimonidine tartrate-timolol maleate)*	NP	MP
COSOPT *(dorzolamide hcl-timolol maleate)*	NP	MP
COSOPT PF *(dorzolamide hcl-timolol maleate)*	NP	MP
dorzolamide hcl-timolol maleate 0.5 %-2 %	NP	MP
dorzolamide hcl-timolol maleate	P	MP
ISTALOL SOLN *(timolol maleate (ophth))*	NP	MP
levobunolol hcl 0.5 %	P	MP
timolol maleate (ophth) soln	NP	MP
timolol maleate (ophth) solg	P	MP
timolol maleate (ophth) soln	P	MP
TIMOPTIC SOLN *(timolol maleate (ophth))*	NP	MP
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC OCUDOSE SOLN 0.5 % *(timolol maleate (ophth))*	NP	MP
TIMOPTIC-XE SOLG *(timolol maleate (ophth))*	NP	MP
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN 1 %	P	MP
atropine sulfate (ophthalmic) oint	P	
atropine sulfate (ophthalmic) soln	P	MP
CYCLOGYL *(cyclopentolate hcl)*	NP	
CYCLOGYL	NP	
CYCLOMYDRIL	P	
cyclopentolate hcl	P	
MYDRIACYL SOLN *(tropicamide)*	NP	
phenylephrine hcl (mydriatic) soln	NP	
tropicamide soln	P	
Miotics		
ISOPTO CARPINE SOLN *(pilocarpine hcl)*	NF	MP
PHOSPHOLINE IODIDE	NP	
pilocarpine hcl soln 1 %, 2 %, 4 %	P	MP
VUITY SOLN	NP	MP
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(brimonidine tartrate)*	P	MP
ALPHAGAN P	P	MP
apraclonidine hcl	NP	
brimonidine tartrate 0.2 %	P	MP
brimonidine tartrate	P	MP
IOPIDINE	NP	
SIMBRINZA	NP	MP
Ophthalmic Anti-infectives		
AZASITE	NP	
bacitracin (ophthalmic)	P	
bacitracin-polymyxin b (ophth)	P	
BESIVANCE	NP	
BETADINE OPHTHALMIC PREP	NP	
BLEPH-10 SOLN *(sulfacetamide sodium (ophth))*	NF	
CILOXAN SOLN *(ciprofloxacin hcl (ophth))*	NF	
CILOXAN OINT	P	
ciprofloxacin hcl (ophth) soln	P	
erythromycin (ophth)	P	
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) soln	P	
gentamicin sulfate (ophth) oint	P	
levofloxacin (ophth) 0.5 %	P	
MOXEZA SOLN OP *(moxifloxacin hcl (ophth))*	NF	
moxifloxacin hcl (ophth) soln op	NP	
NATACYN	NP	
neomycin-bacitracin zn-polymyxin	P	
neomycin-polymyxin-gramicidin	P	
OCUFLOX *(ofloxacin (ophth))*	NP	
ofloxacin (ophth)	P	
polymyxin b-trimethoprim	P	
POLYTRIM *(polymyxin b-trimethoprim)*	NP	
sulfacetamide sodium (ophth) soln	P	
sulfacetamide sodium (ophth) oint	P	

Drug Name	Drug Tier	Requirements/ Limits
tobramycin (ophth) soln	P	
TOBREX SOLN *(tobramycin (ophth))*	NF	
TOBREX OINT	P	
trifluridine	P	
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	NP	
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	NF	
ZIRGAN GEL	P	
ZYMAXID *(gatifloxacin (ophth))*	NP	
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	MP
cyclosporine (ophth) emul	NP	MP
RESTASIS EMUL *(cyclosporine (ophth))*	NP	MP
RESTASIS MULTIDOSE EMUL	NP	MP
VERKAZIA EMUL	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	NP	MP
Ophthalmic Kinase Inhibitors		
RHOPRESSA	NP	MP
ROCKLATAN	NP	MP
Ophthalmic Local Anesthetics		
AKTEN	NP	
ALCAINE *(proparacaine hcl)*	NP	
proparacaine hcl	NP	
tetracaine hcl (ophth)	NP	
Ophthalmic Nerve Growth Factors		
OXERVATE	NP	SP
Ophthalmic Steroids		
ALREX SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits
bacitracin-poly-neomycin-hc	P	
dexamethasone sodium phosphate (ophth)	P	
DEXTENZA INST	NP	SP
difluprednate	NP	
DUREZOL *(difluprednate)*	NF	
DUREZOL *(difluprednate)*	NP	
EYSUVIS SUSP	NP	
FLAREX	P	
fluorometholone (ophth) susp	P	
FML FORTE SUSP	P	
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	NP	
INVELTYS SUSP	NP	
LOTEMAX SUSP *(loteprednol etabonate)*	NP	
LOTEMAX GEL *(loteprednol etabonate)*	NP	
LOTEMAX OINT	NP	
LOTEMAX SM GEL	NP	
loteprednol etabonate susp	P	
loteprednol etabonate gel	NP	
MAXIDEX SUSP OP	P	QL(0.17 ml daily)
MAXITROL SUSP *(neomycin-polymy-dexameth)*	NP	
MAXITROL OINT *(neomycin-polymy-dexameth)*	NP	
neomycin-polymy-dexameth susp	P	
neomycin-polymy-dexameth oint	P	
neomycin-polymyxin-hc (ophth)	P	

Drug Name	Drug Tier	Requirements/ Limits
PRED FORTE *(prednisolone acetate (ophth))*	NP	
PRED MILD	P	
prednisolone acetate (ophth)	P	
PREDNISOLONE SODIUM PHOSPHATE	P	
sulfacetamide sod-prednisolone soln	NP	
TOBRADEX OINT	NP	
TOBRADEX SUSP *(tobramycin-dexamethasone)*	NP	
TOBRADEX ST SUSP	NP	
tobramycin-dexamethasone susp	P	
ZYLET	NP	
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	NP	
ACULAR LS *(ketorolac tromethamine (ophth))*	NP	
ACUVAIL	NP	
ALOCRIL	NP	
ALOMIDE	NP	
azelastine hcl (ophth)	P	QL(0.2 ml daily)
AZOPT *(brinzolamide)*	NP	MP
bepotastine besilate	NP	
BEPREVE *(bepotastine besilate)*	NP	
brinzolamide	NP	MP
bromfenac sodium (ophth)	NP	
BROMSITE	NP	
cromolyn sodium (ophth)	P	
CYSTADROPS	NP	SP; MP
CYSTARAN	NP	SP; MP
diclofenac sodium (ophth)	P	
dorzolamide hcl	P	MP
epinastine hcl (ophth)	NP	
fluorescein sodium topical strp 1 mg	NP	
FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE	NP	
flurbiprofen sodium	P	
FUL-GLO STRP	NP	
GLOSTRIPS STRP 1 MG	NP	
ILEVRO	NP	
ketorolac tromethamine (ophth)	P	
MURO 128 OINT *(sodium chloride hypertonic)*	NF	
MURO 128 SOLN	P	
MURO 128 SOLN *(sodium chloride hypertonic)*	NF	
NEVANAC	NP	
olopatadine hcl	NP	RX/OTC
PAREMYD	NP	
PATADAY *(olopatadine hcl)*	NF	RX/OTC
PROLENSA	NP	
sodium chloride hypertonic soln	P	
sodium chloride hypertonic oint	P	
TRUSOPT *(dorzolamide hcl)*	NF	MP
ZERVIATE	NP	QL(3 ea daily)
Prostaglandins - Ophthalmic		
bimatoprost soln	NP	MP
latanoprost soln	P	MP
LUMIGAN SOLN 0.01 %	NP	MP
tafluprost	NP	MP
TRAVATAN Z *(travoprost)*	NP	MP
travoprost	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
VYZULTA	NP	MP
XALATAN SOLN *(latanoprost)*	NP	MP
XELPROS EMUL	NP	MP
ZIOPTAN *(tafluprost)*	NP	MP
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	
carbamide peroxide (otic) 6.5 %	P	
DEBROX 6.5 % *(carbamide peroxide (otic))*	NF	
Otic Anti-infectives		
ciprofloxacin hcl (otic)	NP	
ofloxacin (otic)	P	
Otic Combinations		
CIPRO HC	NP	
CIPRODEX *(ciprofloxacin-dexamethasone)*	P	
ciprofloxacin-dexamethasone	P	
ciprofloxacin-fluocinolone acetonide	NP	
CORTISPORIN-TC	NP	
neomycin-polymyxin-hc (otic) soln	P	
neomycin-polymyxin-hc (otic) susp	P	
OTOVEL *(ciprofloxacin-fluocinolone acetonide)*	NF	
Otic Steroids		
DERMOTIC *(fluocinolone acetonide (otic))*	NP	
fluocinolone acetonide (otic)	NP	
hydrocortisone w/acetic acid	NP	

Drug Name	Drug Tier	Requirements/ Limits
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY IM 1500 UNIT	P	QL(2 ea per 270 days retail); SP
HYPERRHO S/D MINI-DOSE SOSY IM	P	QL(2 ea per 270 days retail); SP
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	QL(2 ea per 270 days retail); SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	QL(2 ea per 270 days retail); SP
RHOPHYLAC SOSY IJ	P	QL(4 ml per 270 days retail); SP
WINRHO SDF SOLN 2500 UNIT/2.2ML	P	QL(4.4 ml per 270 days retail); SP
WINRHO SDF SOLN 15000 UNIT/13ML	P	QL(26 ml per 270 days retail); SP
WINRHO SDF SOLN 5000 UNIT/4.4ML	P	QL(8.8 ml per 270 days retail); SP
WINRHO SDF SOLN 1500 UNIT/1.3ML	P	QL(2.6 ml per 270 days retail); SP
Monoclonal Antibodies		
CASIRIVIMAB	P	
IMDEVIMAB	P	
REGEN-COV 1332 MG/11.1ML-1332 MG/11.1ML, 1332 MG/11.1ML-300 MG/2.5ML, 300 MG/2.5ML-1332 MG/11.1ML, 300 MG/2.5ML-300 MG/2.5ML, 600 MG/10ML-600 MG/10ML	P	
PENICILLINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Aminopenicillins		
amoxicillin caps	P	
amoxicillin tabs	P	
amoxicillin susr	P	
amoxicillin chew 125 mg, 250 mg	P	
ampicillin caps 500 mg	P	
Natural Penicillins		
penicillin v potassium solr	P	
penicillin v potassium tabs	P	
Penicillin Combinations		
amoxicillin & pot clavulanate tabs	P	
amoxicillin & pot clavulanate tb12	NP	
amoxicillin & pot clavulanate susr	P	
amoxicillin & pot clavulanate chew	P	
AUGMENTIN TABS 125 MG-500 MG *(amoxicillin & pot clavulanate)*	NF	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)*	NP	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	P	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
water for injection, sterile ij	P	
Pharmaceutical Excipients		
METHYLCELLULOSE POWD	P	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS *(norethindrone acetate)*	NP	QL(1 ea daily)
medroxyprogesterone acetate 2.5 mg, 5 mg, 10 mg	P	
megestrol acetate (appetite)	NP	MP
norethindrone acetate tabs	NP	QL(1 ea daily)
progesterone caps	P	QL(2 ea daily)
progesterone oil	P	QL(0.67 ml daily)
PROMETRIUM CAPS *(progesterone)*	NF	QL(2 ea daily)
PROMETRIUM CAPS *(progesterone)*	NP	QL(2 ea daily)
PROVERA 10 MG *(medroxyprogesterone acetate)*	NF	
PROVERA *(medroxyprogesterone acetate)*	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	P	
disulfiram	P	
LUCEMYRA	P	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	NP	SP; MP
XYREM SOLN	NP	SP; MP
XYWAV	NP	SP; MP
Antidementia Agents		
ADLARITY PTWK	NP	

Drug Name	Drug Tier	Requirements/ Limits
ADUHELM	NP	SP; MP
ARICEPT TABS 5 MG, 10 MG *(donepezil hydrochloride)*	NP	QL(2 ea daily); MP
ARICEPT TABS 23 MG *(donepezil hydrochloride)*	NP	MP
donepezil hydrochloride tabs 5 mg, 10 mg	P	QL(2 ea daily); MP
donepezil hydrochloride tabs 23 mg	P	MP
donepezil hydrochloride tbdp	P	MP
EXELON *(rivastigmine)*	NP	
galantamine hydrobromide soln	NP	QL(2 ml daily); MP
galantamine hydrobromide cp24	NP	QL(2 ea daily); MP
galantamine hydrobromide tabs	NP	QL(2 ea daily); MP
LEQEMBI	NP	SP
memantine hcl soln 2 mg/ml	NP	MP
memantine hcl tabs	NP	
memantine hcl cp24	NP	MP
memantine hcl soln 2 mg/ml	NP	MP
memantine hcl tabs	P	QL(2 ea daily); MP
NAMENDA TABS *(memantine hcl)*	NP	QL(2 ea daily); MP
NAMENDA TITRATION PAK TABS *(memantine hcl)*	NP	
NAMENDA XR CP24 *(memantine hcl)*	NP	MP
NAMZARIC C4PK	NP	
NAMZARIC CP24	NP	
RAZADYNE ER CP24 8 MG, 24 MG *(galantamine hydrobromide)*	NP	QL(2 ea daily); MP
RAZADYNE ER CP24 16 MG *(galantamine hydrobromide)*	NF	QL(2 ea daily); MP
rivastigmine	NP	
rivastigmine tartrate caps	NP	QL(2 ea daily); MP
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	P	
LYBALVI	NP	
olanzapine-fluoxetine hcl	NP	
perphenazine-amitriptyline	P	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG *(olanzapine-fluoxetine hcl)*	NP	
Fibromyalgia Agents		
SAVELLA TABS	NP	
SAVELLA TITRATION PACK MISC	NP	
Movement Disorder Drug Therapy		
AUSTEDO TABS	P	SP; PA
AUSTEDO XR TB24	NP	SP
INGREZZA CPPK	P	SP; PA
INGREZZA CAPS	P	SP; PA
tetrabenazine	NP	SP
XENAZINE *(tetrabenazine)*	NP	SP
Multiple Sclerosis Agents		
AMPYRA *(dalfampridine)*	NP	SP
AUBAGIO *(teriflunomide)*	NF	SP
AUBAGIO *(teriflunomide)*	NP	SP
AVONEX PSKT	NP	QL(0.034 ea daily); SP
AVONEX PEN AJKT	NP	SP
BAFIERTAM	NP	SP
BETASERON KIT	P	SP
BRIUMVI	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
COPAXONE SOSY *(glatiramer acetate)*	P	SP; MP
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	NF	SP; MP
dalfampridine	NP	SP
dimethyl fumarate cpdr	NP	SP
dimethyl fumarate misc	NP	SP
dimethyl fumarate cpdr	NP	SP
EXTAVIA KIT	NP	SP
fingolimod hcl	NP	SP; MP
GILENYA *(fingolimod hcl)*	P	SP; PA
GILENYA 0.25 MG	NP	SP
glatiramer acetate sosy	NP	SP; MP
KESIMPTA	NP	SP; MP
LEMTRADA	NP	SP; MP
MAVENCLAD	NP	SP
MAYZENT TABS	NP	SP
MAYZENT STARTER PACK TBPK	NP	SP
OCREVUS	NP	SP; MP
PLEGRIDY SOSY IM	NP	SP; MP
PLEGRIDY SOPN	NP	SP; MP
PLEGRIDY SOSY SC	NP	SP; MP
PLEGRIDY STARTER PACK SOPN	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PONVORY TABS	NP	SP
PONVORY 14-DAY STARTER PACK TBPK	NP	SP
REBIF SOSY	P	SP; MP
REBIF REBIDOSE SOAJ	P	SP; MP
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP
REBIF TITRATION PACK SOSY	P	SP
TASCENSO ODT	NP	SP
TECFIDERA CPDR *(dimethyl fumarate)*	P	SP
TECFIDERA STARTER PACK MISC *(dimethyl fumarate)*	P	SP
teriflunomide	NP	SP
TYSABRI	NP	SP; MP
VUMERITY	NP	SP
ZEPOSIA CAPS	NP	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
GRALISE TABS 450 MG, 750 MG, 900 MG	NP	
GRALISE TABS 300 MG, 600 MG	NP	
LYRICA CR *(pregabalin (once-daily))*	NP	MP
pregabalin (once-daily)	NP	MP
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) tabs 20 mg	NP	QL(2 ea daily)
fluoxetine hcl (pmdd) tabs 10 mg	NP	QL(1 ea daily); MP
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	NP	
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates tabs	P	
pimozide	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl (smoking deterrent)	P	QL(2 ea daily)
CHANTIX TABS *(varenicline tartrate)*	P	
CHANTIX CONTINUING MONTHPAK TABS *(varenicline tartrate)*	P	
CHANTIX STARTING MONTH PAK TBPK *(varenicline tartrate)*	P	
nicotine pt24 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	P	QL(1 ea daily)
nicotine polacrilex lozg	P	QL(12 ea daily)
nicotine polacrilex gum	P	QL(11.2 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	
NICOTROL INHALER INHA	P	
NICOTROL NS SOLN	P	
varenicline tartrate tbpk	P	
varenicline tartrate tabs	P	
Transthyretin Amyloidosis Agents		
AMVUTTRA	NP	SP
TEGSEDI	NP	SP; MP
Vasomotor Symptom Agents		
BRISDELLE *(paroxetine mesylate (vasomotor))*	NF	
paroxetine mesylate (vasomotor)	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
BRONCHITOL	NP	SP
BRONCHITOL TOLERANCE TEST	NP	SP
KALYDECO TABS	NP	SP
KALYDECO PACK 25 MG, 50 MG, 75 MG	NP	SP
ORKAMBI PACK	NP	SP
ORKAMBI TABS	NP	SP
PULMOZYME	P	QL(2.5 ml daily); SP; MP
SYMDEKO	NP	SP
TRIKAFTA TBPK	NP	SP
TRIKAFTA THPK	NP	
Pulmonary Fibrosis Agents		
ESBRIET TABS *(pirfenidone)*	NP	SP; MP
ESBRIET CAPS *(pirfenidone)*	NP	SP
OFEV	NP	SP
pirfenidone tabs	NP	SP; MP
pirfenidone caps	NP	SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine tabs	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	QL(6 ea per 30 days retail)
Tetracyclines		
demeclocycline hcl tabs 300 mg	P	QL(2 ea daily)
demeclocycline hcl tabs 150 mg	P	QL(4 ea daily)
DORYX TBEC 50 MG, 80 MG, 200 MG *(doxycycline hyclate)*	NP	
DORYX MPC TBEC	NP	
doxycycline (monohydrate) susr	P	
doxycycline (monohydrate) caps	P	

Drug Name	Drug Tier	Requirements/ Limits
doxycycline (monohydrate) tabs	P	
doxycycline hyclate caps	P	
doxycycline hyclate tbec	NP	
doxycycline hyclate tabs	P	
minocycline hcl cp24	NP	
minocycline hcl caps	P	
minocycline hcl tb24	NP	
minocycline hcl tabs	P	
MINOLIRA TB24	NP	
MORGIDOX 1X100MG	NP	
MORGIDOX 2X100MG	NP	
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG *(minocycline hcl)*	NP	
tetracycline hcl caps	P	
VIBRAMYCIN SUSR *(doxycycline (monohydrate))*	NF	
VIBRAMYCIN CAPS *(doxycycline hyclate)*	NP	
XIMINO CP24 *(minocycline hcl)*	NP	
XIMINO CP24 *(minocycline hcl)*	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	P	MP
methimazole tabs	P	MP
propylthiouracil	P	MP
Thyroid Hormones		
ADTHYZA TABS	P	
ARMOUR THYROID TABS	P	MP
CYTOMEL TABS *(liothyronine sodium)*	NP	MP
ERMEZA SOLN OR	NP	

Drug Name	Drug Tier	Requirements/ Limits
levothyroxine sodium caps	NP	MP
levothyroxine sodium tabs	P	MP
levothyroxine sodium tabs	P	MP
liothyronine sodium tabs	P	MP
NP THYROID 120 TABS	P	MP
NP THYROID 15 TABS	P	MP
NP THYROID 30 TABS	P	MP
NP THYROID 60 TABS	P	MP
NP THYROID 90 TABS	P	MP
SYNTHROID TABS *(levothyroxine sodium)*	NP	MP
THYQUIDITY SOLN OR	NP	MP
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	NP	
TIROSINT CAPS *(levothyroxine sodium)*	NP	MP
TIROSINT-SOL SOLN OR	NP	MP
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSY	P	
BOOSTRIX SUSP	P	
DAPTACEL	P	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
INFANRIX	P	
KINRIX SUSP	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSY	P	
QUADRACEL SUSP	P	
TDVAX SUSP	P	
TENIVAC INJ	P	
VAXELIS SUSY	P	
VAXELIS SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BELLADONNA/OPIUM	P	
chlordiazepoxide hcl-clidinium bromide	NP	
CUVPOSA SOLN OR *(glycopyrrolate)*	NP	MP
DARTISLA ODT TBDP	NP	
dicyclomine hcl soln or	P	MP
dicyclomine hcl caps	P	
dicyclomine hcl tabs	P	
GLYCATE TABS	NP	
glycopyrrolate soln or 1 mg/5ml	P	MP
glycopyrrolate tabs 1 mg, 2 mg	P	
hyoscyamine sulfate subl 0.125 mg	P	
hyoscyamine sulfate tbdp 0.125 mg	P	
hyoscyamine sulfate tb12 0.375 mg	P	
hyoscyamine sulfate tabs 0.125 mg	P	
hyoscyamine sulfate elix	P	MP
hyoscyamine sulfate soln or 0.125 mg/ml	P	MP
LEVBID TB12 *(hyoscyamine sulfate)*	NF	
LEVSIN SOLN IJ 0.5 MG/ML *(hyoscyamine sulfate)*	NF	
LEVSIN TABS *(hyoscyamine sulfate)*	NP	
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	NP	
LIBRAX *(chlordiazepoxide hcl-clidinium bromide)*	NP	
methscopolamine bromide	NP	
ROBINUL TABS *(glycopyrrolate)*	NP	
ROBINUL FORTE TABS *(glycopyrrolate)*	NP	
H-2 Antagonists		
cimetidine tabs	P	RX/OTC
cimetidine hcl or 300 mg/5ml	P	MP
famotidine susr	P	
famotidine tabs 20 mg, 40 mg	P	RX/OTC
nizatidine caps	P	
PEPCID TABS *(famotidine)*	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP *(sucralfate)*	P	MP
CARAFATE TABS *(sucralfate)*	NP	
sucralfate susp	P	MP
sucralfate susp	P	MP
sucralfate tabs	P	
Proton Pump Inhibitors		
ACIPHEX TBEC *(rabeprazole sodium)*	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
DEXILANT 30 MG *(dexlansoprazole)*	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
DEXILANT 60 MG *(dexlansoprazole)*	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
dexlansoprazole 60 mg	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
dexlansoprazole 30 mg	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
esomeprazole magnesium cpdr	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC
esomeprazole magnesium pack	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
lansoprazole cpdr	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
lansoprazole tbdd	P	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily); RX/OTC
NEXIUM PACK	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
NEXIUM PACK *(esomeprazole magnesium)*	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
NEXIUM CPDR *(esomeprazole magnesium)*	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC
NEXIUM 24HR CPDR *(esomeprazole magnesium)*	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR *(esomeprazole magnesium)*	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC
omeprazole cpdr	P	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
pantoprazole sodium pack	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea daily)
pantoprazole sodium tbec	P	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
PREVACID CPDR 15 MG *(lansoprazole)*	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
PREVACID 24HR CPDR *(lansoprazole)*	NF	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily); RX/OTC
PREVACID SOLUTAB TBDD *(lansoprazole)*	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily); RX/OTC
PRILOSEC PACK	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea daily)
PROTONIX PACK *(pantoprazole sodium)*	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(4 ea daily)
PROTONIX TBEC *(pantoprazole sodium)*	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea daily)
rabeprazole sodium tbec	NP	6 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC *(misoprostol)*	NP	
misoprostol	P	
Ulcer Therapy Combinations		

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin-clarithromycin w/ lansoprazole thpk	NP	
bismuth subcitrate potassium-metronidazole-tetracycline	NP	
KONVOMEP SUSR	NP	
OMECLAMOX-PAK	NP	
omeprazole-sodium bicarbonate caps	NP	RX/OTC
omeprazole-sodium bicarbonate pack	NP	
PYLERA *(bismuth subcitrate potassium-metronidazole-tetracycline)*	NP	
TALICIA	NP	QL(3 ea daily)
ZEGERID CAPS *(omeprazole-sodium bicarbonate)*	NP	RX/OTC
ZEGERID PACK 1680 MG-40 MG *(omeprazole-sodium bicarbonate)*	NF	
ZEGERID PACK *(omeprazole-sodium bicarbonate)*	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	NP	MP
DETROL TABS *(tolterodine tartrate)*	NP	MP
DETROL LA CP24 *(tolterodine tartrate)*	NP	MP
DITROPAN XL TB24 10 MG *(oxybutynin chloride)*	NF	MP
DITROPAN XL TB24 5 MG *(oxybutynin chloride)*	NP	MP
fesoterodine fumarate	NP	
GELNIQUE GEL 10 %	NP	MP
oxybutynin chloride tb24	P	MP
oxybutynin chloride tb24	P	MP
oxybutynin chloride syrp	P	MP
oxybutynin chloride tabs 5 mg	P	MP
oxybutynin chloride tabs	P	
OXYBUTYNIN CHLORIDE SOLN	P	
OXYTROL PTTW	NP	RX/OTC
solifenacin succinate tabs	P	MP
tolterodine tartrate tabs 2 mg	NP	MP
tolterodine tartrate cp24	NP	MP
tolterodine tartrate tabs	NP	MP
TOVIAZ *(fesoterodine fumarate)*	NP	
trospium chloride tabs	NP	MP
trospium chloride cp24	NP	MP
VESICARE TABS *(solifenacin succinate)*	NP	MP
VESICARE TABS 10 MG *(solifenacin succinate)*	NF	MP
VESICARE LS SUSP	NP	MP
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
MYRBETRIQ TB24	NP	
MYRBETRIQ SRER	NP	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	P	MP
bethanechol chloride	P	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	NP	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BEXSERO	P	

Drug Name	Drug Tier	Requirements/ Limits
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PNEUMOVAX 23	P	
PNEUMOVAX 23/1 DOSE	P	
PREVNAR 13	P	
PREVNAR 20	P	
TRUMENBA	P	
VAXNEUVANCE	P	
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
AFLURIA QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
ENGERIX-B SUSP 20 MCG/ML	P	
ENGERIX-B SUSY	P	
FLUAD 2020-2021	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
FLUAD QUADRIVALENT 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUAD QUADRIVALENT 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUARIX QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUARIX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUBLOK QUADRIVALENT 2020-2021	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUBLOK QUADRIVALENT 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUBLOK QUADRIVALENT 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLULAVAL QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUMIST QUADRIVALENT	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ea per fill retail)
FLUZONE HIGH-DOSE PF 2020-2021	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUZONE HIGH-DOSE PF 2021-2022	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUZONE HIGH-DOSE PF 2022-2023	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUZONE QUADRIVALENT 2020-2021 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUZONE QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUZONE QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUZONE QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUZONE QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
FLUZONE QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(1 ml per fill retail)
GARDASIL 9 SUSY	P	QL(1.5 ml per 9999 days retail); AL(At least 9 yrs old)
GARDASIL 9 SUSP	P	QL(1.5 ml per 9999 days retail); AL(At least 9 yrs old)
HAVRIX	P	
HEPLISAV-B SOSY	P	
IPOL INACTIVATED IPV	P	
M-M-R II SOLR	P	
PREHEVBRIO	P	
PROQUAD SUSR	P	
RECOMBIVAX HB SUSP	P	
RECOMBIVAX HB SUSY	P	
ROTARIX SUSR	P	
ROTATEQ SOLN	P	
SHINGRIX	P	
TWINRIX SUSY	P	
VAQTA	P	
VARIVAX INJ	P	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	NP	
TRIMO-SAN	NP	

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Anti-infectives		
CLEOCIN CREA *(clindamycin phosphate vaginal)*	NP	
CLEOCIN SUPP	P	
clindamycin phosphate vaginal crea	P	
CLINDESSE	NP	
GYNAZOLE-1	NP	
metronidazole vaginal	P	
miconazole nitrate vaginal supp 200 mg	P	
NUVESSA	NP	
terconazole vaginal crea	P	
terconazole vaginal supp	P	
VANDAZOLE	NP	
XACIATO GEL	NP	
Vaginal Contraceptive - pH Modulators		
PHEXXI	P	
Vaginal Estrogens		
ESTRACE CREA *(estradiol vaginal)*	NP	MP
estradiol vaginal tabs	NP	MP
estradiol vaginal crea	P	MP
ESTRING RING 2 MG	NP	MP
FEMRING	NP	MP
IMVEXXY MAINTENANCE PACK INST	NP	MP
IMVEXXY STARTER PACK INST	NP	
PREMARIN	P	MP
VAGIFEM TABS *(estradiol vaginal)*	NP	MP
Vaginal Progestins		
CRINONE GEL	NP	QL(1.125 gm daily)
ENDOMETRIN INST	P	

Drug Name	Drug Tier	Requirements/ Limits
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.1 MG/0.1ML	NP	
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)
epinephrine (anaphylaxis) soaj	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)
EPIPEN-JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(2 ea per fill retail)
SYMJEPI SOSY	NP	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	NP	SP
NORTHERA *(droxidopa)*	NP	SP
Vasopressors		
midodrine hcl	P	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol tabs 25 mcg, 400 unit, 1000 unit	P	
cholecalciferol liqd or 10 mcg/ml, 400 unit/ml	P	
DRISDOL CAPS *(ergocalciferol)*	NF	QL(0.143 ea daily)
D-VI-SOL LIQD OR *(cholecalciferol)*	NF	
ergocalciferol caps	P	QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
vitamin a caps 3000 mcg, 10000 unit	P	
Water Soluble Vitamins		
ascorbic acid chew 500 mg, 500 mg-7.5 mg, 500 mg	P	
ascorbic acid tabs	P	
niacin cpcr 250 mg	P	
niacin cpcr 500 mg	P	MP
niacin tabs 100 mg, 500 mg	P	
niacin tbcr 500 mg	P	
pyridoxine hcl tabs 25 mg, 100 mg	P	
SLO-NIACIN TBCR 500 MG *(niacin)*	NF	
thiamine hcl tabs 50 mg, 100 mg	P	

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