Trillium Community Health Plan

Preferred Drug List (PDL)

OREGON HEALTH PLAN

TrilliumOHP.com

1-877-600-5472 TTY: 711

Approved 03/03/2022 OHP-TRIL-21-2957

INTRODUCTION

Pharmacy Benefit

This is Trillium Community Health Plan (Trillium) Preferred Drug List (PDL). The PDL lists drugs that are covered for Trillium Oregon Health Plan (OHP) members. You do not have to pay for covered drugs. Trillium does not cover all drugs and limits the use of some drugs on the PDL. A group of pharmacists and doctors (Pharmacy and Therapeutics Committee or P&T) decide which drugs are on the PDL.

Trillium only covers drugs when you are on Trillium OHP. Even if you got the drug before, Trillium will not pay if you are no longer on OHP.

Service Area

The PDL lists drugs that are covered for Trillium Oregon Health Plan (OHP) members in all service areas (Multnomah/Washington/Clackamas and Lane/Douglas/Linn counties).

Getting Your Drugs

You can find a pharmacy by calling Trillium at [541-485-2155]; Toll free: [1-877-600-5472]. You may also use the Find a Provider tool on our website at: [https://providersearch.trilliumhealthplan.com]. At the pharmacy, you will need to give them your ID card.

Prior Approval

Some drugs will need approval from Trillium before they are covered. You and your prescriber will be told if approved or denied.

Trillium may cover the drug if:

1. There is a medical reason that you need the drug
2. Other drugs on the PDL have not worked for you

Drugs newly approved by the FDA (Food and Drug Administration) need prior approval until reviewed by our P&T.

Generic Drugs

Generic drugs work the same as brand name drugs. When a generic is available you need prior approval for the brand name drug.

Specialty Drugs

You must get Specialty Drugs from Acaria Health. These drugs are not usually sold at retail stores. You may also need prior approval for coverage.

Over-the-Counter Medications

Trillium will pay for over the counter drugs that are on the PDL. To be covered, your prescriber will need to write you a prescription for the drug.

72-Hour Emergency Supply Policy

If you need a drug right away your prescriber can ask for an urgent approval. Trillium will look at these within 24 hours. If we cannot, Trillium will let you have the drug for three days.

Step Therapy

Some drugs listed on the PDL may ask you to try other drugs first. If Trillium does not have a record that you have tried that drug(s), you may need approval first.

Dispensing Limits, Quantity Limits, and Age Limits

Trillium may limit how much of a drug you can get. If your prescriber thinks you need more, they should ask for approval.

Some drugs on the PDL may have an age limit. If your prescriber thinks you should get it even if you do not meet the age limit, they should ask for approval.

Use and Safety Edits

Your health and safety are important. One way we keep you safe is Point-of-Sale (POS) changes when a prescription is filled. These changes are based on FDA to promote safe and effective drug use.

Pharmacy Benefit Exclusions

These drugs are not covered by Trillium:

- Drugs that are not listed on the PDL, unless prior authorization is approved;
- Drugs used to treat conditions that are not covered by the Oregon Health Plan;
- Drugs that are an excluded service under OHP;
- Drugs to help you get pregnant; Home pregnancy kits;
- Cosmetic or hair-growth drugs;
- Drugs used for non-medically accepted uses (experimental or investigational drugs)
- Medicare Part D covered drugs for members eligible for coverage through Medicare

Behavioral health drugs are covered through the Oregon Health Authority (OHA). Your pharmacy should bill OHA directly for these drugs.

Mail Order Program

You may be able to get some of your drugs by mail. Please contact Trillium if you have any questions.

100 Day Drug Fills

You may be able to get fills up to 100 days of your drugs. You can only get more than 31 days of drug if it is a maintenance drug. Please contact Trillium if you have any questions.

PDL Key

LEGEND	DESCRIPTION
F	Preferred Drug
NF	Non-Formulary
CO	Carve Out Drug
AL (Age Limit)	Drug is limited to specific age.
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.
Rx/OTC (Prescription/Over the Counter)	Product has both Rx and OTC National Drug Codes.
SP (Specialty Drug)	Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
ST (Step Therapy)	Requires trial and failure of one or more preferred products prior to coverage.
MP (Maintenance Product)	Maintenance medications are available for up to a 100 day supply.

Do you think Trillium Community Health Plan (Trillium) has treated you unfairly?
Trillium must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Color
- Disability
- Gender identity
- Marital status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation
- Health Status
- Need for services

You have a right to enter, exit, and use buildings and services. You have the right to get information in a way you understand. Trillium will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns, get help filing a complaint or to get more information, please contact Member Services at 541-485-2155; Toll Free: 1-877-600-5472; TTY: 1-877-600-5473, Monday through Friday, 8:00 a.m. to 5:00 p.m. You can leave a message at other times, including weekends and federal holidays. We will return your call the next business day. The call is free.

If you believe you have been discriminated against, you may also contact:

Levi Welbourne, Senior Manager, Grievance & Appeals
555 International Way, Building B
Springfield, OR 97477
Phone: 541-485-2155
Toll-free 1-877-600-5472 (TTY 711)
Email: grievances@trilliumchp.com
Web: www.trilliumohp.com/members/oregon-health-plan/for-members/member-satisfaction.html

You have a right to file a civil rights complaint with these organizations:

U.S. Department of Health and Human Services Office for Civil Rights (OCR)
Web: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Phone: (800) 368-1019, (800) 537-7697 (TDD)
Email: OCRComplaint@hhs.gov
Mail: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

Oregon Health Authority (OHA) Civil Rights
Web: www.oregon.gov/OHA/EI
Email: OHA.PublicCivilRights@odhsoha.oregon.gov
Phone: (844) 882-7889, 711 TTY
Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division
Phone: (971) 673-0764
Email: boli_help@boli.oregon.gov
Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

You can get this letter in another language, large print, or another way that is best for you. You can also have a language interpreter. This help is free. Call 1-844-867-1156 (TTY/TDD 711).

Puede recibir esta carta en otro idioma, en letra grande o en el formato que sea mejor para usted. También puede tener un intérprete de idiomas. Esta ayuda es gratuita. Llame al 1-844-867-1156 (TTY/TDD 711).

English:
ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-600-5472; TTY: 1-877-600-5473.

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-600-5472; TTY: 1-877-600-5473.

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-600-5472; TTY: 1-877-600-5473.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-600-5472; TTY: 1-877-600-5473.

Arabic:
تنبيه: إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بـ على رقم1-877-600-5472، رقم هاتف الصم والبكم: 1-877-600-5473.

Somali:
OGAYSIIN: Haddii aanad ku hadal Ingiriisi, luqadda adeegyada kaalmada, bilaash ah, ayaa adiga laguu heli karaa. Soo wac 1-877-600-5472; TTY: 1-877-600-5473.

Chinese Simplified:敬请注意：如果您不会说英文，您可以致电如下号码，获得免费的语言援助服务：1-877-600-5472； TTY： 1-877-600-5473。

Chinese Traditional:
請注意：如果您不講英文，您可以致電以下號碼以獲得免費的語言支援服務: 1-877-600-5472； TTY： 1-877-600-5473。

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-600-5472; TTY: 1-877-600-5473.

Hmong:
សម្គាល់៖ប្រសិនបើអ្នកមិននិយាយភាសាអង់គ្លេសទេសេវាជំនួយផ្នែកភាសាមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-877-600-5472; TTY: 1-877-600-5473 ។

Marshallese:
KŌJJELĀ: Elaññe kwōjab jelã Kajin Pālle, ewōr riukok ñan jibañ eok l'm ejjelok wonen. Kūrlok 1-877-600-5472; TTY: 1-877-600-5473.

Chuukese:
ASINEI NGENI KEMI: Ika pwe kose kan kapas fosun Merika, angangen aninisin fosun fonu kena, ese wor momon, ra kawor ngonuk. Kori 1-877-600-5472; TTY: 1-877-600-5473.

Tagalog:
ATENSIYON: Kung hindi ka nagsasalita ng Ingles, magagamit mo ang mga serbisyong tulong sa wika nang walang bayad. Tumawag sa 1-877-600-5472; TTY: 1-877-600-5473.

German:
ACHTUNG: Wenn Sie kein Deutsch sprechen, stehen Ihnen kostenlose telefonische Sprachhilfen zur Verfügung. Rufen Sie an unter 1-877-600-5472; Fernschreiber: 1-877-600-5473.

Portuguese:
ATENÇÃO: Caso você não fale inglês, existem serviços de assistência linguística gratuitos. Ligue para 1-877-600-5472; TTY: 1-877-600-5473.

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-600-5472; TTY: 1-877-600-5473. まで、電話にてご連絡ください

Українська (Ukrainian)
УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером. 1-877-600-5472; TTY: 1-877-600-5473.

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 *(amphetamine-dextroamphetamine)*	NF	QL(2 ea daily)
ADDERALL TABS *(amphetamine-dextroamphetamine)*	NF	
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	F	QL(2 ea daily)
amphetamine-dextroamphetamine TABS	F	
DEXEDRINE CP24 *(dextroamphetamine sulfate)*	NF	QL(2 ea daily); PA
dextroamphetamine sulfate CP24	F	QL(2 ea daily); PA
dextroamphetamine sulfate TABS 5 MG, 10 MG	F	
lisdexamfetamine dimesylate CAPS	F	QL(2 ea daily); PA
VYVANSE CAPS	F	QL(2 ea daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	CO	
clonidine hcl (adhd) TB12	CO	
guanfacine hcl (adhd)	CO	
INTUNIV *(guanfacine hcl (adhd))*	CO	
KAPVAY TB12 *(clonidine hcl (adhd))*	CO	
STRATTERA *(atomoxetine hcl)*	CO	
Stimulants - Misc.		
armodafinil	CO	
CONCERTA TBCR *(methylphenidate hcl)*	NF	QL(2 ea daily)
dexmethylphenidate hcl CP24	F	QL(2 ea daily)
dexmethylphenidate hcl TABS	F	
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	NF	QL(2 ea daily)
FOCALIN TABS *(dexmethylphenidate hcl)*	NF	
METADATE CD CPCR *(methylphenidate hcl)*	NF	QL(2 ea daily)
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	F	QL(2 ea daily)
methylphenidate hcl CPCR	F	QL(2 ea daily)
methylphenidate hcl TABS	F	
methylphenidate hcl TB24	F	QL(2 ea daily)
methylphenidate hcl TBCR	F	QL(2 ea daily)
modafinil	CO	
NUVIGIL *(armodafinil)*	CO	
PROVIGIL *(modafinil)*	CO	
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	F	QL(2 ea daily)
RITALIN LA CP24 *(methylphenidate hcl)*	NF	QL(2 ea daily)
RITALIN TABS *(methylphenidate hcl)*	NF	
ALTERNATIVE MEDICINES		
Alternative Medicine - C's		

Drug Name	Drug Tier	Requirements/ Limits
coenzyme q10 (ubidecarenone) CAPS 30 MG, 50 MG, 100 MG	F	QL(3 ea daily); PA
cranberry (vaccinium macrocarpon) TABS	F	QL(3 ea daily)
CRANBERRY EXTRACT TABS	F	QL(3 ea daily)
CRANBERRY TABS	F	QL(3 ea daily)
Alternative Medicine - M's		
MELATONIN MAXIMUM STRENGTH LIQD	F	QL(15 ml daily); AL(Up to 18 yrs old)
melatonin CAPS 5 MG, 10 MG	F	QL(1 ea daily); AL(Up to 18 yrs old)
MELATONIN CAPS 1 MG, 3 MG	F	QL(1 ea daily); AL(Up to 18 yrs old)
melatonin CHEW	F	QL(1 ea daily); AL(Up to 18 yrs old)
melatonin LIQD	F	QL(15 ml daily); AL(Up to 18 yrs old)
MELATONIN LIQD	F	QL(15 ml daily); AL(Up to 18 yrs old)
melatonin SUBL	F	QL(1 ea daily); AL(Up to 18 yrs old)
MELATONIN SUBL	F	QL(1 ea daily); AL(Up to 18 yrs old)
melatonin TABS 1 MG, 3 MG, 5 MG, 10 MG	F	QL(1 ea daily); AL(Up to 18 yrs old)
MELATONIN TABS 12 MG, 300 MCG	F	QL(1 ea daily); AL(Up to 18 yrs old)
RA MELATONIN SUBL	F	QL(1 ea daily); AL(Up to 18 yrs old)
SLEEP SOUNDLY LIQD	F	QL(15 ml daily); AL(Up to 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZARBEES SLEEP CHILDRENS/MELATONIN GUMMIES CHEW *(melatonin)*	NF	QL(1 ea daily); AL(Up to 18 yrs old)
ZARBEES SLEEP CHILDRENS/MELATONIN CHEW *(melatonin)*	NF	QL(1 ea daily); AL(Up to 18 yrs old)
Alternative Medicine - S's		
st john's wort (hypericum perforatum) CAPS	CO	
st john's wort (hypericum perforatum) TABS	CO	
ST JOHNS WORT CAPS	CO	
Alternative Medicine Combinations		
glucosamine-chondroitin CAPS	F	QL(3 ea daily)
glucosamine-chondroitin TABS 500 MG-400 MG	F	QL(3 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	F	SP; PA
HUMATIN	F	SP; ST
KITABIS PAK NEBU *(tobramycin)*	NF	SP
neomycin sulfate TABS	F	
TOBI NEBU *(tobramycin)*	NF	SP
tobramycin NEBU	F	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
XELJANZ XR TB24 22 MG	F	QL(1 ea daily); SP; PA
XELJANZ XR TB24 11 MG	F	QL(1 ea daily); SP; PA
XELJANZ TABS 5 MG	F	QL(2 ea daily); SP; PA
XELJANZ TABS 10 MG	F	QL(2 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	F	QL(0.086 ml daily); SP; PA
ADALIMUMAB-ADAZ SOSY	F	QL(0.086 ml daily); SP; PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	F	QL(0.215 ea daily); SP; PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	F	QL(0.215 ea daily); SP; PA
ADALIMUMAB-ADBM AJKT	F	QL(0.215 ea daily); SP; PA
ADALIMUMAB-ADBM PSKT	F	QL(0.215 ea daily); SP; PA
ADALIMUMAB-FKJP AJKT	F	QL(0.215 ea daily); SP; PA
ADALIMUMAB-FKJP PSKT	F	QL(0.215 ea daily); SP; PA
HADLIMA PUSHTOUCH SOAJ	F	QL(0.172 ml daily); SP; PA
HADLIMA PUSHTOUCH SOAJ	F	QL(0.086 ml daily); SP; PA
HADLIMA SOSY	F	QL(0.086 ml daily); SP; PA
HADLIMA SOSY	F	QL(0.172 ml daily); SP; PA
YUSIMRY	F	QL(0.172 ml daily); SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	F	SP; PA
ACTEMRA SOLN	F	SP; PA
ACTEMRA SOSY	F	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL MIGRAINE CAPS *(ibuprofen)*	NF	
ADVIL CAPS *(ibuprofen)*	NF	
ADVIL TABS *(ibuprofen)*	NF	
ALEVE ARTHRITIS TABS *(naproxen sodium)*	NF	
ALEVE TABS *(naproxen sodium)*	NF	
ANAPROX DS TABS *(naproxen sodium)*	NF	
CELEBREX 400 MG *(celecoxib)*	NF	QL(1 ea daily)
CELEBREX 50 MG, 100 MG, 200 MG *(celecoxib)*	NF	QL(2 ea daily)
celecoxib 400 MG	F	QL(1 ea daily)
celecoxib 50 MG, 100 MG, 200 MG	F	QL(2 ea daily)
CHILDRENS ADVIL SUSP 100 MG/5ML *(ibuprofen)*	NF	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(ibuprofen)*	NF	RX/OTC
diclofenac potassium TABS 50 MG	F	
diclofenac sodium TB24	F	
diclofenac sodium TBEC	F	
EC-NAPROSYN TBEC *(naproxen)*	NF	
flurbiprofen TABS	F	
ibuprofen CAPS	F	
ibuprofen SUSP	F	RX/OTC
ibuprofen TABS	F	
INDOCIN SUSP *(indomethacin)*	NF	
indomethacin CAPS 25 MG, 50 MG	F	
indomethacin SUSP	F	
INFANTS ADVIL SUSP *(ibuprofen)*	NF	
ketoprofen CAPS 50 MG, 75 MG	F	
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	F	PA
ketorolac tromethamine TABS	F	
meloxicam TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
MOBIC TABS *(meloxicam)*	NF	
MOTRIN INFANTS DROPS SUSP *(ibuprofen)*	NF	
nabumetone	F	
NAPROSYN SUSP *(naproxen)*	NF	
NAPROSYN TABS 500 MG *(naproxen)*	NF	
naproxen sodium TABS	F	
naproxen SUSP	F	
naproxen TABS	F	
naproxen TBEC	F	
SPRIX SOLN NA	F	PA
sulindac TABS	F	
TIVORBEX CAPS *(indomethacin)*	NF	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	F	QL(2 ea daily); SP; PA
OTEZLA TBPK	F	SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA *(leflunomide)*	NF	QL(1 ea daily)
leflunomide	F	QL(1 ea daily)
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	F	
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	F	
butalbital-acetaminophen TABS 50 MG-325 MG	F	
butalbital-aspirin-caffeine CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
ESGIC TABS *(butalbital-acetaminophen-caffeine)*	NF	
FIORICET CAPS *(butalbital-acetaminophen-caffeine)*	NF	
Analgesics Other		
acetaminophen CAPS 500 MG	F	
acetaminophen CHEW	F	
acetaminophen ELIX	F	
acetaminophen LIQD 160 MG/5ML, 500 MG/15ML	F	
acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	F	
acetaminophen SUPP 120 MG, 650 MG	F	
acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	F	
acetaminophen TABS 325 MG, 500 MG	F	
acetaminophen TBCR	F	
FEVERALL INFANTS SUPP	F	
FEVERALL JUNIOR STRENGTH SUPP	F	
INFANTS SILAPAP SOLN OR	F	
OFIRMEV SOLN IV *(acetaminophen)*	NF	
TYLENOL 8 HOUR ARTHRITISPAIN TBCR *(acetaminophen)*	NF	
TYLENOL 8 HOUR TBCR *(acetaminophen)*	NF	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW *(acetaminophen)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
TYLENOL CHILDRENS PAIN +FEVER SUSP *(acetaminophen)*	NF	
TYLENOL CHILDRENS SUSP *(acetaminophen)*	NF	
TYLENOL EXTRA STRENGTH TABS *(acetaminophen)*	NF	
TYLENOL FOR CHILDREN/ADULTS SUSP *(acetaminophen)*	NF	
TYLENOL INFANTS PAIN+FEVER SUSP *(acetaminophen)*	NF	
TYLENOL TABS *(acetaminophen)*	NF	
Salicylates		
aspirin CHEW	F	
ASPIRIN SUPP 300 MG	F	
aspirin TABS 325 MG, 500 MG	F	
aspirin TBEC 81 MG, 325 MG	F	
ECOTRIN ARTHRITIS PAIN TBEC *(aspirin)*	NF	
ECOTRIN REGULAR STRENGTH TBEC *(aspirin)*	NF	
ECOTRIN TBEC *(aspirin)*	NF	
salsalate	F	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
codeine sulfate TABS 30 MG	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily); AL(At least 12 yrs old)
DILAUDID TABS *(hydromorphone hcl)*	NF	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	F	PA
HYDROMORPHONE HCL SUPP	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
hydromorphone hcl TABS	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
meperidine hcl TABS 50 MG	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
methadone hcl TABS	F	PA
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	F	PA
morphine sulfate TABS	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
morphine sulfate TBCR 15 MG	F	QL(240 ea per 31 days retail); PA
morphine sulfate TBCR 60 MG	F	QL(60 ea per 31 days retail); PA
morphine sulfate TBCR 200 MG	F	QL(30 ea per 31 days retail); PA

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate TBCR 100 MG	F	QL(36 ea per 31 days retail); PA
morphine sulfate TBCR 30 MG	F	QL(120 ea per 31 days retail); PA
MS CONTIN TBCR 200 MG *(morphine sulfate)*	NF	QL(30 ea per 31 days retail); PA
MS CONTIN TBCR 15 MG *(morphine sulfate)*	NF	QL(240 ea per 31 days retail); PA
MS CONTIN TBCR 60 MG *(morphine sulfate)*	NF	QL(60 ea per 31 days retail); PA
MS CONTIN TBCR 30 MG *(morphine sulfate)*	NF	QL(120 ea per 31 days retail); PA
MS CONTIN TBCR 100 MG *(morphine sulfate)*	NF	QL(36 ea per 31 days retail); PA
OXAYDO TABS 5 MG	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
oxycodone hcl CAPS	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
oxycodone hcl SOLN	F	150ml/365 days; QL(150 ml per 365 days retail)
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	F	PA
oxycodone hcl TABS	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
ROXICODONE TABS *(oxycodone hcl)*	NF	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
tramadol hcl TABS 50 MG	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily); AL(At least 18 yrs old)
ULTRAM TABS *(tramadol hcl)*	NF	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily); AL(At least 18 yrs old)
Opioid Combinations		
acetaminophen w/ codeine SOLN	F	QL(500 ml per 365 days retail); AL(At least 12 yrs old)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily); AL(At least 12 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	NF	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	F	QL(500 ml per 365 days retail)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	F	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	NF	Smart PA; Max 7 days per fill, 2 fills per 180 days; QL(12 ea daily)
Opioid Partial Agonists		
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	F	QL(4 ea daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG	F	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	F	QL(4 ea daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	F	QL(3 ea daily)
buprenorphine hcl SUBL 8 MG	F	QL(4 ea daily)
buprenorphine hcl SUBL 2 MG	F	QL(3 ea daily)
SUBLOCADE SOSY 300 MG/1.5ML	F	QL(0.054 ml daily)
SUBLOCADE SOSY 100 MG/0.5ML	F	QL(0.018 ml daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(3 ea daily)
SUBOXONE FILM SL 2 MG-8 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(4 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD 1.62 % *(testosterone)*	NF	QL(150 gm per 30 days retail); AL(At least 17 yrs old)
ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM *(testosterone)*	NF	QL(150 gm per 30 days retail); AL(At least 17 yrs old)
ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM *(testosterone)*	NF	QL(300 gm per 30 days retail); AL(At least 17 yrs old)
danazol CAPS	F	
FORTESTA GEL TD *(testosterone)*	NF	QL(120 gm per 30 days retail); AL(At least 17 yrs old)
TESTIM GEL TD *(testosterone)*	NF	QL(300 gm per 30 days retail); AL(At least 17 yrs old)
testosterone cypionate SOLN IM	F	AL(At least 17 yrs old)
testosterone enanthate SOLN IM	F	AL(At least 17 yrs old)
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	F	QL(300 gm per 30 days retail); AL(At least 17 yrs old)
testosterone GEL TD 10 MG/ACT	F	QL(120 gm per 30 days retail); AL(At least 17 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM	F	QL(150 gm per 30 days retail); AL(At least 17 yrs old)
VOGELXO PUMP GEL TD *(testosterone)*	NF	QL(300 gm per 30 days retail); AL(At least 17 yrs old)
VOGELXO GEL TD *(testosterone)*	NF	QL(300 gm per 30 days retail); AL(At least 17 yrs old)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA *(hydrocortisone (intrarectal))*	NF	
CORTIFOAM EX 10 %	F	
hydrocortisone (intrarectal)	F	
Rectal Combinations		
PROCTOFOAM HC FOAM EX	F	
Rectal Steroids		
ANUSOL-HC EX *(hydrocortisone (rectal))*	NF	
hydrocortisone (rectal) EX 2.5 %	F	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG	F	
alum & mag hydrox-simethicone LIQD	F	
alum & mag hydrox-simethicone SUSP	F	
GELUSIL CHEW *(alum & mag hydrox-simethicone)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP *(alum & mag hydrox-simethicone)*	NF	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	F	
Antacids - Calcium Salts		
ANTACID SOFT CHEWS CHEW	F	
ANTACID CHEW	F	
calcium carbonate (antacid) CHEW 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG	F	
calcium carbonate (antacid) SUSP	F	
CALCIUM CARBONATE TABS 648 MG	F	
CVS ANTACID SOFT CHEWS ULTRA STRENGTH CHEW	F	
MAALOX CHEW	F	
TUMS CHEWY BITES CHEW *(calcium carbonate (antacid))*	NF	
TUMS CHEWY DELIGHTS CHEW	F	
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))*	F	

Drug Name	Drug Tier	Requirements/ Limits
TUMS SMOOTHIES CHEW *(calcium carbonate (antacid))*	NF	
TUMS ULTRA 1000 CHEW *(calcium carbonate (antacid))*	NF	
TUMS CHEW *(calcium carbonate (antacid))*	F	
Antacids - Magnesium Salts		
magnesium oxide TABS	F	
URO MAG CAPS	F	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BILTRICIDE *(praziquantel)*	NF	
ivermectin	F	PA
praziquantel	F	
pyrantel pamoate SUSP 144 MG/ML	F	
STROMECTOL *(ivermectin)*	NF	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	F	
isosorbide mononitrate TABS	F	
isosorbide mononitrate TB24	F	
NITRO-DUR PT24	F	
NITRO-DUR PT24 *(nitroglycerin)*	NF	
nitroglycerin PT24	F	
nitroglycerin SUBL	F	
NITROSTAT SUBL *(nitroglycerin)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl	CO	
droperidol SOLN 2.5 MG/ML	CO	
hydroxyzine hcl SYRP	F	
hydroxyzine hcl TABS	F	
hydroxyzine pamoate CAPS	F	
meprobamate	CO	
VISTARIL CAPS *(hydroxyzine pamoate)*	NF	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	CO	
alprazolam TABS	CO	
alprazolam TB24	CO	
alprazolam TBDP	CO	
ATIVAN TABS *(lorazepam)*	CO	
chlordiazepoxide hcl CAPS	CO	
clorazepate dipotassium TABS	CO	
diazepam CONC	CO	
DIAZEPAM SOAJ	CO	
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML	CO	
DIAZEPAM SOLN IJ 5 MG/ML	CO	
diazepam TABS	CO	
lorazepam CONC	CO	
lorazepam TABS	CO	
LOREEV XR CS24	CO	
oxazepam CAPS	CO	
TRANXENE T TABS 7.5 MG *(clorazepate dipotassium)*	CO	

Drug Name	Drug Tier	Requirements/ Limits
VALIUM TABS *(diazepam)*	CO	
XANAX XR TB24 *(alprazolam)*	CO	
XANAX TABS *(alprazolam)*	CO	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	F	
NORPACE CR CP12	F	
NORPACE CAPS *(disopyramide phosphate)*	NF	
quinidine gluconate TBCR	F	
quinidine sulfate TABS	F	
Antiarrhythmics Type I-B		
mexiletine hcl	F	
Antiarrhythmics Type I-C		
flecainide acetate	F	
propafenone hcl TABS	F	
Antiarrhythmics Type III		
amiodarone hcl TABS	F	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOLR	F	SP; PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	F	SP; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	F	
Bronchodilators - Anticholinergics		
ATROVENT HFA	F	
INCRUSE ELLIPTA	F	

Drug Name	Drug Tier	Requirements/ Limits
ipratropium bromide SOLN 0.02 %	F	
SPIRIVA HANDIHALER CAPS *(tiotropium bromide monohydrate)*	NF	
tiotropium bromide monohydrate CAPS	F	
TUDORZA PRESSAIR	F	
Leukotriene Modulators		
ACCOLATE *(zafirlukast)*	NF	
montelukast sodium CHEW	F	
montelukast sodium PACK	F	
montelukast sodium TABS	F	
SINGULAIR CHEW *(montelukast sodium)*	NF	
SINGULAIR PACK *(montelukast sodium)*	NF	
SINGULAIR TABS *(montelukast sodium)*	NF	
zafirlukast	F	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(roflumilast)*	NF	QL(1 ea daily)
roflumilast	F	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	F	QL(1 ea daily)
ASMANEX HFA AERO	F	QL(0.44 gm daily)
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML	F	AL(Up to 8 yrs old)
fluticasone propionate hfa 44 MCG/ACT	F	QL(11 gm per 25 days retail); AL(Up to 12 yrs old)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	F	

Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER AEPB	F	
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML *(budesonide (inhalation))*	NF	AL(Up to 8 yrs old)
QVAR REDIHALER	F	
Sympathomimetics		
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	NF	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
AIRDUO RESPICLICK 113/14 AEPB *(fluticasone-salmeterol)*	NF	
AIRDUO RESPICLICK 232/14 AEPB *(fluticasone-salmeterol)*	NF	
AIRDUO RESPICLICK 55/14 AEPB *(fluticasone-salmeterol)*	NF	
albuterol sulfate AERS	F	
albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	F	
ALBUTEROL SULFATE NEBU	F	
albuterol sulfate SYRP	F	
albuterol sulfate TABS	F	
budesonide-formoterol fumarate dihydrate	F	
COMBIVENT RESPIMAT AERS	F	
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	F	
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	F	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
ipratropium-albuterol SOLN	F	
levalbuterol hcl	F	
levalbuterol tartrate	F	
PROAIR HFA AERS *(albuterol sulfate)*	NF	
PROAIR RESPICLICK AEPB	F	
PROVENTIL HFA AERS *(albuterol sulfate)*	NF	
SEREVENT DISKUS	F	QL(60 ea per 30 days retail)
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	NF	
terbutaline sulfate TABS	F	
VENTOLIN HFA AERS *(albuterol sulfate)*	NF	
XOPENEX *(levalbuterol hcl)*	NF	
XOPENEX CONCENTRATE *(levalbuterol hcl)*	NF	
XOPENEX HFA *(levalbuterol tartrate)*	NF	
Xanthines		
theophylline ELIX	F	
theophylline SOLN	F	
theophylline TB12	F	
theophylline TB24	F	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	F	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	F	2 rtl MAX fill; 365 rtl day(s) supply; QL(74 ea per 30 days retail)
ELIQUIS TABS	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Heparins And Heparinoid-Like Agents		
enoxaparin sodium SOLN IJ 300 MG/3ML	F	QL(6 ml daily; 84 ml per 14 days retail); SP
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	F	QL(1.6 ml daily; 23 ml per 14 days retail); SP
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	F	QL(2 ml daily; 28 ml per 14 days retail); SP
enoxaparin sodium SOSY 30 MG/0.3ML	F	QL(0.6 ml daily; 9 ml per 14 days retail); SP
enoxaparin sodium SOSY 60 MG/0.6ML	F	QL(1.2 ml daily; 17 ml per 14 days retail); SP
enoxaparin sodium SOSY 40 MG/0.4ML	F	QL(0.8 ml daily; 12 ml per 14 days retail); SP
FRAGMIN SOSY	F	Max 10 days supply, 5 fills per 30 days; 5 rtl MAX fill; 30 rtl day(s) supply; SP
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	NF	QL(6 ml daily; 84 ml per 14 days retail); SP
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	NF	QL(0.8 ml daily; 12 ml per 14 days retail); SP
LOVENOX SOSY 30 MG/0.3ML *(enoxaparin sodium)*	NF	QL(0.6 ml daily; 9 ml per 14 days retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(enoxaparin sodium)*	NF	QL(2 ml daily; 28 ml per 14 days retail); SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(enoxaparin sodium)*	NF	QL(1.6 ml daily; 23 ml per 14 days retail); SP
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	NF	QL(1.2 ml daily; 17 ml per 14 days retail); SP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS 75 MG, 150 MG	F	
PRADAXA CAPS *(dabigatran etexilate mesylate)*	NF	
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clobazam TABS 10 MG	F	QL(4 ea daily); PA
clobazam TABS 20 MG	F	QL(2 ea daily); PA
clonazepam TABS	F	
DIASTAT ACUDIAL GEL *(diazepam (anticonvulsant))*	F	QL(1 ea per 31 days retail)
DIASTAT PEDIATRIC GEL *(diazepam (anticonvulsant))*	F	QL(1 ea per 31 days retail)
diazepam (anticonvulsant) GEL	F	QL(1 ea per 31 days retail)
KLONOPIN TABS *(clonazepam)*	NF	
NAYZILAM	F	QL(10 ea per 30 days retail); PA
ONFI TABS 20 MG *(clobazam)*	NF	QL(2 ea daily); PA
ONFI TABS 10 MG *(clobazam)*	NF	QL(4 ea daily); PA
VALTOCO 10 MG DOSE LIQD	F	QL(10 ea per 30 days retail); PA
VALTOCO 15 MG DOSE LQPK	F	QL(10 ea per 30 days retail); PA
VALTOCO 20 MG DOSE LQPK	F	QL(10 ea per 30 days retail); PA
VALTOCO 5 MG DOSE LIQD	F	QL(10 ea per 30 days retail); PA
Anticonvulsants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
BANZEL TABS 200 MG *(rufinamide)*	NF	QL(6 ea daily); SP; PA
BANZEL TABS 400 MG *(rufinamide)*	F	QL(8 ea daily); SP; PA
carbamazepine CHEW	F	
carbamazepine CP12	F	
CARBAMAZEPINE POWD	F	
carbamazepine SUSP	F	
carbamazepine TABS	F	
carbamazepine TB12	F	
CARBATROL CP12 *(carbamazepine)*	F	
gabapentin CAPS	F	QL(9 ea daily)
gabapentin TABS 800 MG	F	QL(4 ea daily)
gabapentin TABS 600 MG	F	QL(6 ea daily)
KEPPRA XR TB24 *(levetiracetam)*	F	
KEPPRA SOLN OR 100 MG/ML *(levetiracetam)*	F	
KEPPRA TABS *(levetiracetam)*	F	
lacosamide TABS 150 MG, 200 MG	F	QL(2 ea daily); PA
lacosamide TABS 50 MG, 50 MG, 100 MG	F	QL(4 ea daily); PA
LAMICTAL CHEWABLE DISPERSIBLE CHEW *(lamotrigine)*	CO	
LAMICTAL ODT KIT *(lamotrigine)*	CO	
LAMICTAL ODT KIT	CO	
LAMICTAL ODT TBDP *(lamotrigine)*	CO	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT *(lamotrigine)*	CO	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT *(lamotrigine)*	CO	

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL STARTER/TAKING VALPROATE KIT *(lamotrigine)*	CO	
LAMICTAL XR KIT	CO	
LAMICTAL XR TB24 *(lamotrigine)*	CO	
LAMICTAL TABS *(lamotrigine)*	CO	
lamotrigine CHEW	CO	
lamotrigine KIT 25 MG	CO	
lamotrigine TABS	CO	
lamotrigine TB24	CO	
lamotrigine TBDP	CO	
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	F	
levetiracetam TABS	F	
levetiracetam TB24	F	
LYRICA CAPS 50 MG, 75 MG, 100 MG, 225 MG, 300 MG *(pregabalin)*	NF	QL(2 ea daily); PA
LYRICA CAPS 25 MG, 150 MG, 200 MG *(pregabalin)*	NF	QL(3 ea daily); PA
MYSOLINE *(primidone)*	NF	
NEURONTIN CAPS *(gabapentin)*	F	QL(9 ea daily)
NEURONTIN TABS 600 MG *(gabapentin)*	F	QL(6 ea daily)
NEURONTIN TABS 800 MG *(gabapentin)*	F	QL(4 ea daily)
oxcarbazepine SUSP	F	
oxcarbazepine TABS	F	
pregabalin CAPS 25 MG, 150 MG, 200 MG	F	QL(3 ea daily); PA
pregabalin CAPS 50 MG, 75 MG, 100 MG, 225 MG, 300 MG	F	QL(2 ea daily); PA
primidone 50 MG, 250 MG	F	
primidone 125 MG	F	MP; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
rufinamide TABS 200 MG	F	QL(6 ea daily); SP; PA
rufinamide TABS 400 MG	F	QL(8 ea daily); SP; PA
TEGRETOL SUSP *(carbamazepine)*	F	
TEGRETOL TABS *(carbamazepine)*	F	
TEGRETOL-XR TB12 *(carbamazepine)*	F	
TOPAMAX SPRINKLE CPSP *(topiramate)*	F	
TOPAMAX TABS *(topiramate)*	F	
topiramate CPSP	F	
topiramate TABS	F	
TRILEPTAL SUSP *(oxcarbazepine)*	F	
TRILEPTAL TABS *(oxcarbazepine)*	F	
VIMPAT TABS 50 MG, 100 MG *(lacosamide)*	NF	QL(4 ea daily); PA
VIMPAT TABS 150 MG, 200 MG *(lacosamide)*	NF	QL(2 ea daily); PA
ZONEGRAN CAPS 25 MG, 100 MG *(zonisamide)*	NF	
zonisamide CAPS	F	
GABA Modulators		
GABITRIL *(tiagabine hcl)*	NF	
tiagabine hcl	F	
Hydantoins		
DILANTIN *(phenytoin sodium extended)*	F	
DILANTIN	F	
DILANTIN INFATABS CHEW *(phenytoin)*	NF	
DILANTIN-125 SUSP *(phenytoin)*	NF	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	F	
phenytoin CHEW	F	
phenytoin SUSP	F	
Succinimides		
ethosuximide CAPS	F	
ethosuximide SOLN	F	
ZARONTIN CAPS *(ethosuximide)*	NF	
ZARONTIN SOLN *(ethosuximide)*	NF	
Valproic Acid		
DEPAKOTE ER TB24 *(divalproex sodium)*	CO	
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	CO	
DEPAKOTE TBEC *(divalproex sodium)*	CO	
divalproex sodium CSDR	CO	
divalproex sodium TB24	CO	
divalproex sodium TBEC	CO	
valproate sodium SOLN OR 250 MG/5ML	CO	
valproic acid CAPS	CO	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	CO	
mirtazapine TBDP	CO	
REMERON SOLTAB TBDP *(mirtazapine)*	CO	
REMERON TABS 15 MG, 30 MG *(mirtazapine)*	CO	
Antidepressants - Misc.		
APLENZIN	CO	
bupropion hcl TABS	CO	
bupropion hcl TB12	CO	
bupropion hcl TB24	CO	
FORFIVO XL TB24 *(bupropion hcl)*	CO	

Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN SR TB12 *(bupropion hcl)*	CO	
WELLBUTRIN XL TB24 *(bupropion hcl)*	CO	
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	CO	SP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	CO	
MARPLAN	CO	
NARDIL *(phenelzine sulfate)*	CO	
PARNATE *(tranylcypromine sulfate)*	CO	
phenelzine sulfate	CO	
tranylcypromine sulfate	CO	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	CO	
SPRAVATO 84MG DOSE	CO	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS *(citalopram hydrobromide)*	CO	
CITALOPRAM HYDROBROMIDE CAPS	CO	
citalopram hydrobromide SOLN	CO	
citalopram hydrobromide TABS	CO	
escitalopram oxalate SOLN	CO	
escitalopram oxalate TABS	CO	
fluoxetine hcl CAPS	CO	
fluoxetine hcl CPDR	CO	
fluoxetine hcl SOLN	CO	
fluoxetine hcl TABS	CO	

Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE HYDROCHLORIDE TABS *(fluoxetine hcl)*	CO	
fluvoxamine maleate CP24	CO	
fluvoxamine maleate TABS	CO	
LEXAPRO TABS *(escitalopram oxalate)*	CO	
paroxetine hcl SUSP	CO	
paroxetine hcl TABS	CO	
paroxetine hcl TB24	CO	
PAXIL CR TB24 *(paroxetine hcl)*	CO	
PAXIL SUSP *(paroxetine hcl)*	CO	
PAXIL TABS *(paroxetine hcl)*	CO	
PEXEVA	CO	
PROZAC CAPS *(fluoxetine hcl)*	CO	
sertraline hcl CONC	CO	
sertraline hcl TABS	CO	
SERTRALINE HYDROCHLORIDE CAPS	CO	
ZOLOFT CONC *(sertraline hcl)*	CO	
ZOLOFT TABS *(sertraline hcl)*	CO	
Serotonin Modulators		
nefazodone hcl	CO	
trazodone hcl TABS	CO	
TRINTELLIX	CO	
VIIBRYD STARTER PACK KIT	CO	
VIIBRYD TABS *(vilazodone hcl)*	CO	
vilazodone hcl TABS	CO	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		

Drug Name	Drug Tier	Requirements/ Limits
CYMBALTA CPEP *(duloxetine hcl)*	CO	
DESVENLAFAXINE ER	CO	
desvenlafaxine succinate	CO	
duloxetine hcl CPEP	CO	
EFFEXOR XR CP24 *(venlafaxine hcl)*	CO	
FETZIMA TITRATION PACK C4PK	CO	
FETZIMA CP24	CO	
PRISTIQ *(desvenlafaxine succinate)*	CO	
VENLAFAXINE BESYLATE ER	CO	
venlafaxine hcl CP24	CO	
venlafaxine hcl TABS	CO	
venlafaxine hcl TB24	CO	
Tricyclic Agents		
amitriptyline hcl TABS	CO	
amoxapine	CO	
ANAFRANIL *(clomipramine hcl)*	CO	
clomipramine hcl	CO	
desipramine hcl TABS	CO	
doxepin hcl CAPS	CO	
doxepin hcl CONC	CO	
imipramine hcl TABS	CO	
imipramine pamoate	CO	
NORPRAMIN TABS 10 MG, 25 MG *(desipramine hcl)*	CO	
nortriptyline hcl CAPS	CO	
nortriptyline hcl SOLN	CO	
PAMELOR CAPS *(nortriptyline hcl)*	CO	
protriptyline hcl	CO	
trimipramine maleate CAPS	CO	

Drug Name	Drug Tier	Requirements/ Limits
Alpha-Glucosidase Inhibitors		
acarbose	F	
PRECOSE *(acarbose)*	NF	
Antidiabetic Combinations		
ACTOPLUS MET TABS *(pioglitazone hcl-metformin hcl)*	NF	
alogliptin-metformin hcl	F	Generic Required
alogliptin-pioglitazone	F	Generic Required
DUETACT *(pioglitazone hcl-glimepiride)*	NF	
JANUMET TABS	F	QL(2 ea daily); PA
KAZANO *(alogliptin-metformin hcl)*	NF	Generic Required
KOMBIGLYZE XR *(saxagliptin-metformin hcl)*	NF	QL(1 ea daily)
OSENI	F	Generic Required
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-12.5 MG, 45 MG-25 MG *(alogliptin-pioglitazone)*	NF	Generic Required
pioglitazone hcl-glimepiride	F	
pioglitazone hcl-metformin hcl TABS	F	
saxagliptin-metformin hcl	F	QL(1 ea daily)
SEGLUROMET	F	QL(2 ea daily)
SOLIQUA 100/33	F	QL(0.6 ml daily); PA
Biguanides		
metformin hcl TABS 500 MG, 850 MG, 1000 MG	F	
metformin hcl TB24 500 MG, 750 MG	F	
Diabetic Other		

ANTIDIABETICS - Drugs to Regulate Blood Sugar

Drug Name	Drug Tier	Requirements/ Limits
BAQSIMI ONE PACK POWD	F	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD	F	QL(0.069 ea daily)
BD GLUCOSE CHEW	F	
CVS GLUCOSE CHEW	F	
CVS SOFT GLUCOSE CHEW	F	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	F	
dextrose (diabetic use) GEL	F	
GLUCAGEN HYPOKIT	F	
glucagon (rdna)	F	
GLUCAGON EMERGENCY KIT *(glucagon (rdna))*	NF	
GLUCO TO GO CHEW	F	
GLUCOSE CHEW	F	
GNP GLUCOSE CHEW	F	
GNP QUICK DISSOLVE GLUCOSE CHEW	F	
GVOKE PFS SOSY	F	QL(0.02 ml daily)
LEADER QUICK DISSOLVE GLUCOSE CHEW	F	
SM GLUCOSE CHEW	F	
TRUEPLUS GLUCOSE ON THE GO CHEW	F	
TRUEPLUS GLUCOSE CHEW	F	
WALGREENS GLUCOSE CHEW	F	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	F	Generic Required
NESINA *(alogliptin benzoate)*	NF	Generic Required
ONGLYZA *(saxagliptin hcl)*	NF	QL(1 ea daily)
saxagliptin hcl	F	QL(1 ea daily)
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	F	QL(0.13 ml daily); PA
BYETTA SOPN 5 MCG/0.02ML	F	QL(0.04 ml daily); PA
BYETTA SOPN 10 MCG/0.04ML	F	QL(0.08 ml daily); PA
TRULICITY	F	QL(0.072 ml daily); PA
Insulin		
HUMULIN 70/30 KWIKPEN SUPN	F	
HUMULIN 70/30 SUSP	F	
HUMULIN N KWIKPEN SUPN	F	
HUMULIN N SUSP	F	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	F	
HUMULIN R U-500 KWIKPEN SOPN SC	F	QL(18 ml per 30 days retail)
HUMULIN R SOLN IJ	F	
INSULIN ASPART FLEXPEN SOPN	F	
INSULIN ASPART PENFILL SOCT	F	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	F	
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	F	
INSULIN ASPART SOLN IJ	F	
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	F	QL(0.9 ml daily)
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	F	QL(1.5 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
INSULIN DEGLUDEC SOLN	F	QL(1.5 ml daily)
INSULIN GLARGINE-YFGN SOLN	F	QL(1 ml daily)
INSULIN GLARGINE-YFGN SOPN	F	QL(1 ml daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	F	
INSULIN LISPRO KWIKPEN SOPN	F	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	F	
INSULIN LISPRO SOLN IJ	F	
NOVOLIN 70/30 FLEXPEN SUPN	F	
NOVOLIN 70/30 SUSP	F	
NOVOLIN N FLEXPEN SUPN	F	
NOVOLIN N SUSP	F	
NOVOLIN R SOLN IJ	F	
Insulin Sensitizing Agents		
ACTOS *(pioglitazone hcl)*	NF	
pioglitazone hcl	F	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	F	QL(1 ea daily); PA
FARXIGA	F	QL(1 ea daily); PA
STEGLATRO 15 MG	F	QL(1 ea daily)
STEGLATRO 5 MG	F	QL(2 ea daily)
Sulfonylureas		
AMARYL *(glimepiride)*	NF	
glimepiride	F	
glipizide TABS 5 MG, 10 MG	F	
glipizide TB24	F	

Drug Name	Drug Tier	Requirements/ Limits
GLUCOTROL XL TB24 *(glipizide)*	NF	
glyburide micronized 1.5 MG, 3 MG, 6 MG	F	
glyburide TABS	F	
GLYNASE *(glyburide micronized)*	NF	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	F	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	F	
bismuth subsalicylate TABS	F	
PEPTO BISMOL TABS *(bismuth subsalicylate)*	NF	
PEPTO-BISMOL MAX STRENGTH SUSP *(bismuth subsalicylate)*	NF	
PEPTO-BISMOL TO-GO CHEW *(bismuth subsalicylate)*	NF	
PEPTO-BISMOL CHEW *(bismuth subsalicylate)*	NF	
PEPTO-BISMOL SUSP *(bismuth subsalicylate)*	F	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	F	
diphenoxylate w/ atropine TABS	F	QL(8 ea daily)
IMODIUM A-D CAPS *(loperamide hcl)*	NF	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS *(loperamide hcl)*	NF	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LOMOTIL TABS *(diphenoxylate w/ atropine)*	NF	QL(8 ea daily)
loperamide hcl CAPS	F	QL(8 ea daily); RX/OTC
loperamide hcl TABS	F	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Opioid Antagonists		
naloxone hcl LIQD	F	RX/OTC
naltrexone hcl	F	
NARCAN LIQD *(naloxone hcl)*	NF	RX/OTC
VIVITROL	F	QL(1 ea per 28 days retail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ondansetron hcl SOLN OR 4 MG/5ML	F	QL(60 ml per 365 days retail)
ondansetron hcl TABS 24 MG	F	QL(1 ea daily)
ondansetron hcl TABS 4 MG, 8 MG	F	QL(4 ea daily)
ondansetron TBDP	F	QL(4 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(meclizine hcl)*	NF	RX/OTC
meclizine hcl CHEW	F	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	F	RX/OTC
Antiemetics - Miscellaneous		
dronabinol CAPS	F	PA
MARINOL CAPS 2.5 MG *(dronabinol)*	NF	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
nystatin TABS	F	
terbinafine hcl TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
Imidazole-Related Antifungals		
DIFLUCAN SUSR *(fluconazole)*	NF	QL(100 ml per 365 days retail)
DIFLUCAN TABS *(fluconazole)*	NF	QL(14 ea per 31 days retail)
fluconazole SUSR	F	QL(100 ml per 365 days retail)
fluconazole TABS	F	QL(14 ea per 31 days retail)
itraconazole CAPS	F	PA
ketoconazole	F	
SPORANOX PULSEPAK CAPS *(itraconazole)*	NF	PA
SPORANOX CAPS *(itraconazole)*	NF	PA
VFEND TABS *(voriconazole)*	NF	PA
voriconazole TABS	F	PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate TABS	F	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS CHEW *(diphenhydramine hcl)*	NF	
BENADRYL ALLERGY CHILDRENS LIQD *(diphenhydramine hcl)*	NF	
BENADRYL ALLERGY EXTRA STRENGTH TABS	F	
BENADRYL ALLERGY ULTRATABS TABS *(diphenhydramine hcl)*	NF	
BENADRYL ALLERGY CAPS *(diphenhydramine hcl)*	NF	
BENADRYL ALLERGY TABS *(diphenhydramine hcl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
diphenhydramine hcl CAPS	F	
diphenhydramine hcl CHEW 12.5 MG	F	
diphenhydramine hcl ELIX 12.5 MG/5ML	F	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	F	
diphenhydramine hcl TABS 25 MG	F	
Antihistamines - Non-Sedating		
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 SOLN OR	F	RX/OTC
cetirizine hcl SYRP OR	F	RX/OTC
cetirizine hcl TABS	F	
CLARITIN ALLERGY CHILDRENS SOLN *(loratadine)*	NF	
CLARITIN CHILDRENS CHEW *(loratadine)*	NF	
CLARITIN REDITABS JUNIORS TBDP *(loratadine)*	NF	
CLARITIN CHEW *(loratadine)*	NF	
CLARITIN SOLN *(loratadine)*	NF	
CLARITIN TABS *(loratadine)*	NF	
fexofenadine hcl TABS 180 MG	F	QL(1 ea daily)
fexofenadine hcl TABS 60 MG	F	QL(2 ea daily)
loratadine CHEW	F	
loratadine SOLN	F	
loratadine TABS	F	
loratadine TBDP 10 MG	F	
ZYRTEC ALLERGY TABS *(cetirizine hcl)*	NF	
ZYRTEC CHILDRENS ALLERGY SOLN OR *(cetirizine hcl)*	NF	RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl SOLN 6.25 MG/5ML	F	
promethazine hcl SUPP	F	
promethazine hcl SYRP	F	
promethazine hcl TABS	F	
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	F	
cyproheptadine hcl TABS	F	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	F	
VYTORIN *(ezetimibe-simvastatin)*	NF	
Antihyperlipidemics - Misc.		
LOVAZA *(omega-3-acid ethyl esters)*	NF	QL(4 ea daily)
omega-3-acid ethyl esters	F	QL(4 ea daily)
Bile Acid Sequestrants		
cholestyramine light PACK	F	
cholestyramine light POWD	F	
cholestyramine PACK	F	
cholestyramine POWD	F	
COLESTID FLAVORED GRAN *(colestipol hcl)*	NF	
COLESTID FLAVORED PACK *(colestipol hcl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
COLESTID GRAN *(colestipol hcl)*	NF	
COLESTID PACK *(colestipol hcl)*	NF	
COLESTID TABS *(colestipol hcl)*	NF	
colestipol hcl GRAN	F	
colestipol hcl PACK	F	
colestipol hcl TABS	F	
QUESTRAN LIGHT POWD *(cholestyramine light)*	NF	
QUESTRAN PACK *(cholestyramine)*	NF	
QUESTRAN POWD *(cholestyramine)*	NF	
Fibric Acid Derivatives		
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	F	
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	F	
FENOFIBRATE TABS	F	
gemfibrozil TABS	F	
LOPID TABS *(gemfibrozil)*	NF	
TRICOR TABS *(fenofibrate)*	NF	
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS 40 MG, 80 MG	F	
atorvastatin calcium TABS 10 MG, 20 MG	F	QL(1 ea daily)
CRESTOR TABS *(rosuvastatin calcium)*	NF	QL(1 ea daily)
LIPITOR TABS 10 MG, 20 MG *(atorvastatin calcium)*	NF	QL(1 ea daily)
LIPITOR TABS 40 MG, 80 MG *(atorvastatin calcium)*	NF	
lovastatin TABS	F	
pravastatin sodium	F	
rosuvastatin calcium TABS	F	QL(1 ea daily)
simvastatin TABS	F	
ZOCOR TABS 10 MG, 20 MG, 40 MG *(simvastatin)*	NF	
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	F	
ZETIA *(ezetimibe)*	NF	
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	F	
niacin (antihyperlipidemic) TBCR	F	
NIASPAN TBCR *(niacin (antihyperlipidemic))*	NF	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(quinapril hcl)*	NF	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(ramipril)*	NF	
benazepril hcl	F	
captopril	F	
enalapril maleate TABS	F	
fosinopril sodium	F	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	F	
LOTENSIN 10 MG, 20 MG, 40 MG *(benazepril hcl)*	NF	
moexipril hcl	F	
perindopril erbumine	F	
quinapril hcl	F	
ramipril CAPS	F	
trandolapril	F	

Drug Name	Drug Tier	Requirements/ Limits
VASOTEC TABS *(enalapril maleate)*	NF	
ZESTRIL TABS *(lisinopril)*	NF	
Angiotensin II Receptor Antagonists		
AVAPRO *(irbesartan)*	NF	
COZAAR *(losartan potassium)*	NF	
DIOVAN TABS *(valsartan)*	NF	QL(1 ea daily)
irbesartan	F	
losartan potassium	F	
valsartan TABS	F	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA *(doxazosin mesylate)*	NF	
CLONIDINE HCL POWD	F	
clonidine hcl TABS	F	
CLONIDINE HYDROCHLORIDE POWD	F	
doxazosin mesylate	F	
guanfacine hcl	F	
methyldopa TABS	F	
MINIPRESS CAPS *(prazosin hcl)*	NF	
prazosin hcl CAPS	F	
terazosin hcl	F	
Antihypertensive Combinations		
ACCURETIC *(quinapril-hydrochlorothiazide)*	NF	
atenolol & chlorthalidone	F	
AVALIDE *(irbesartan-hydrochlorothiazide)*	NF	
benazepril & hydrochlorothiazide	F	
bisoprolol & hydrochlorothiazide	F	
DIOVAN HCT *(valsartan-hydrochlorothiazide)*	NF	QL(1 ea daily)
enalapril maleate & hydrochlorothiazide	F	
HYZAAR *(losartan potassium & hydrochlorothiazide)*	NF	
irbesartan-hydrochlorothiazide	F	
lisinopril & hydrochlorothiazide	F	
losartan potassium & hydrochlorothiazide	F	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)*	NF	
quinapril-hydrochlorothiazide	F	
TENORETIC 100 *(atenolol & chlorthalidone)*	NF	
TENORETIC 50 *(atenolol & chlorthalidone)*	NF	
valsartan-hydrochlorothiazide	F	QL(1 ea daily)
VASERETIC 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)*	NF	
ZESTORETIC *(lisinopril & hydrochlorothiazide)*	NF	
ZIAC *(bisoprolol & hydrochlorothiazide)*	NF	
Vasodilators		
hydralazine hcl TABS	F	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS	F	
tinidazole	F	
trimethoprim TABS	F	
Anti-infective Misc. - Combinations		

Drug Name	Drug Tier	Requirements/ Limits
BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)*	NF	
BACTRIM TABS *(sulfamethoxazole-trimethoprim)*	NF	
sulfamethoxazole-trimethoprim SUSP	F	
sulfamethoxazole-trimethoprim TABS	F	
Glycopeptides		
VANCOCIN CAPS 125 MG *(vancomycin hcl)*	NF	QL(4 ea daily)
VANCOCIN CAPS 250 MG *(vancomycin hcl)*	NF	QL(2 ea daily)
vancomycin hcl CAPS 250 MG	F	QL(2 ea daily)
vancomycin hcl CAPS 125 MG	F	QL(4 ea daily)
VANCOMYCIN HCL SOLN	F	
vancomycin hcl SOLR IV 1 GM, 5 GM, 500 MG, 750 MG, 1000 MG	F	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE 1 GM/200ML-5 %, 500 MG/100ML-5 %, 750 MG/150ML-5 %	F	
VANCOMYCIN HYDROCHLORIDE/SODIUM CHLORIDE SOLN 750 MG/150ML-0.9 %	F	
VANCOMYCIN HYDROCHLORIDE SOLR IV 750 MG	F	
VANCOMYCIN SOLN	F	
Leprostatics		
dapsone	F	
Lincosamides		
CLEOCIN *(clindamycin hcl)*	NF	
CLEOCIN PEDIATRIC GRANULES *(clindamycin palmitate hydrochloride)*	NF	
clindamycin hcl	F	
clindamycin palmitate hydrochloride	F	
Oxazolidinones		
linezolid SUSR	F	PA
linezolid TABS	F	PA
ZYVOX SUSR *(linezolid)*	NF	PA
ZYVOX TABS *(linezolid)*	NF	PA
Urinary Anti-infectives		
MACROBID *(nitrofurantoin monohyd macro)*	NF	
nitrofurantoin	F	
nitrofurantoin macrocrystal 50 MG, 100 MG	F	
nitrofurantoin monohyd macro	F	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarials		
chloroquine phosphate TABS	F	
DARAPRIM *(pyrimethamine)*	NF	SP
hydroxychloroquine sulfate 200 MG	F	
KRINTAFEL	F	QL(2 ea per 30 days retail)
mefloquine hcl	F	
PLAQUENIL *(hydroxychloroquine sulfate)*	NF	
primaquine phosphate TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)*	NF	
pyrimethamine	F	SP
SOVUNA 200 MG	F	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON SOLN OR *(pyridostigmine bromide)*	NF	
MESTINON TABS *(pyridostigmine bromide)*	NF	
pyridostigmine bromide SOLN OR	F	
pyridostigmine bromide TABS 60 MG	F	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	F	
isoniazid SYRP	F	
isoniazid TABS	F	
MYAMBUTOL TABS 400 MG *(ethambutol hcl)*	NF	
MYCOBUTIN *(rifabutin)*	NF	
PRIFTIN	F	QL(72 ea per 365 days retail)
pyrazinamide	F	
rifabutin	F	
rifampin CAPS	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Antimetabolites		
cytarabine SOLN	F	SP
mercaptopurine TABS	F	
methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	F	
methotrexate sodium TABS 2.5 MG	F	
TABLOID	F	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	F	
Antineoplastic - Angiogenesis Inhibitors		
MVASI	F	SP; PA
ZIRABEV	F	SP; PA
Antineoplastic - Antibodies		
RUXIENCE	F	SP; PA
TRUXIMA	F	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	F	SP; PA
OGIVRI	F	SP; PA
TRAZIMERA	F	SP; PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	F	SP; PA
anastrozole	F	
ARIMIDEX *(anastrozole)*	NF	
FEMARA *(letrozole)*	NF	
letrozole	F	
megestrol acetate SUSP	F	
megestrol acetate TABS	F	
tamoxifen citrate TABS	F	
ZYTIGA *(abiraterone acetate)*	NF	SP; PA
Antineoplastics Misc.		
HYDREA *(hydroxyurea)*	NF	
hydroxyurea	F	
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium TABS 5 MG, 10 MG, 25 MG	F	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Anticholinergics		

Drug Name	Drug Tier	Requirements/ Limits
benztropine mesylate TABS	F	
trihexyphenidyl hcl SOLN	F	
trihexyphenidyl hcl TABS	F	
Antiparkinson COMT Inhibitors		
COMTAN *(entacapone)*	NF	
entacapone	F	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	F	
amantadine hcl SOLN	F	
amantadine hcl TABS	F	
bromocriptine mesylate CAPS	F	
bromocriptine mesylate TABS 2.5 MG	F	
carbidopa-levodopa-entacapone	F	
carbidopa-levodopa TABS	F	
carbidopa-levodopa TBCR	F	
DHIVY TABS	F	
PARLODEL CAPS *(bromocriptine mesylate)*	NF	
PARLODEL TABS *(bromocriptine mesylate)*	NF	
pramipexole dihydrochloride TABS	F	
ropinirole hydrochloride TABS	F	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)*	NF	
STALEVO 100 *(carbidopa-levodopa-entacapone)*	NF	
STALEVO 125 *(carbidopa-levodopa-entacapone)*	NF	
STALEVO 150 *(carbidopa-levodopa-entacapone)*	NF	
STALEVO 200 *(carbidopa-levodopa-entacapone)*	NF	
STALEVO 50 *(carbidopa-levodopa-entacapone)*	NF	
STALEVO 75 *(carbidopa-levodopa-entacapone)*	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
selegiline hcl CAPS	F	
selegiline hcl TABS	F	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	CO	
LITHIUM	CO	
lithium carbonate CAPS	CO	
lithium carbonate TABS	CO	
lithium carbonate TBCR	CO	
LITHOBID TBCR *(lithium carbonate)*	CO	
Antipsychotics - Misc.		
CAPLYTA	CO	
EQUETRO	CO	
GEODON *(ziprasidone hcl)*	CO	
GEODON *(ziprasidone mesylate)*	CO	
LATUDA *(lurasidone hcl)*	CO	
lurasidone hcl	CO	
NUPLAZID CAPS	CO	
NUPLAZID TABS 10 MG	CO	
VRAYLAR CAPS	CO	
VRAYLAR CPPK	CO	
ziprasidone hcl	CO	
ziprasidone mesylate	CO	

Drug Name	Drug Tier	Requirements/ Limits
Benzisoxazoles		
FANAPT	CO	
FANAPT TITRATION PACK	CO	
INVEGA *(paliperidone)*	CO	
INVEGA HAFYERA	CO	
INVEGA SUSTENNA	CO	
INVEGA TRINZA	CO	
paliperidone	CO	
PERSERIS PRSY	CO	SP
RISPERDAL CONSTA *(risperidone microspheres)*	CO	
RISPERDAL SOLN *(risperidone)*	CO	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(risperidone)*	CO	
risperidone microspheres	CO	
risperidone SOLN	CO	
risperidone TABS	CO	
risperidone TBDP	CO	
Butyrophenones		
HALDOL DECANOATE 100 *(haloperidol decanoate)*	CO	
HALDOL DECANOATE 50 *(haloperidol decanoate)*	CO	
haloperidol decanoate	CO	
haloperidol lactate CONC	CO	
haloperidol lactate SOLN	CO	
haloperidol TABS	CO	
Dibenzapines		
ADASUVE	CO	
asenapine maleate	CO	
clozapine TABS	CO	
clozapine TBDP	CO	

Drug Name	Drug Tier	Requirements/ Limits
CLOZARIL TABS *(clozapine)*	CO	
loxapine succinate	CO	
olanzapine SOLR	CO	
olanzapine TABS	CO	
olanzapine TBDP	CO	
quetiapine fumarate TABS	CO	
quetiapine fumarate TB24	CO	
SAPHRIS *(asenapine maleate)*	CO	
SAPHRIS	CO	
SECUADO	CO	
SEROQUEL XR TB24 *(quetiapine fumarate)*	CO	
SEROQUEL TABS *(quetiapine fumarate)*	CO	
VERSACLOZ SUSP	CO	
ZYPREXA RELPREVV	CO	
ZYPREXA ZYDIS TBDP *(olanzapine)*	CO	
ZYPREXA SOLR *(olanzapine)*	CO	
ZYPREXA TABS *(olanzapine)*	CO	
Dihydroindolones		
molindone hcl	CO	
Phenothiazines		
chlorpromazine hcl CONC	CO	
chlorpromazine hcl SOLN	CO	
chlorpromazine hcl TABS	CO	
fluphenazine decanoate	CO	
fluphenazine hcl CONC	CO	
fluphenazine hcl ELIX	CO	
fluphenazine hcl SOLN	CO	
fluphenazine hcl TABS	CO	
perphenazine TABS	CO	
prochlorperazine	F	

Drug Name	Drug Tier	Requirements/ Limits
prochlorperazine maleate TABS	F	
thioridazine hcl	CO	
trifluoperazine hcl TABS	CO	
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	CO	
ABILIFY MAINTENA SRER	CO	
ABILIFY MYCITE	CO	
ABILIFY TABS *(aripiprazole)*	CO	
aripiprazole SOLN OR	CO	
aripiprazole TABS	CO	
aripiprazole TBDP	CO	
ARISTADA	CO	
ARISTADA INITIO	CO	
REXULTI	CO	
Thioxanthenes		
thiothixene	CO	
ANTISEPTICS & DISINFECTANTS		
Iodine Antiseptics		
BETADINE SURGICAL SCRUB SOLN	F	
BETADINE SOLN *(povidone-iodine)*	NF	
FIRST AID ANTISEPTIC OINTMENT OINT	F	
povidone-iodine SOLN 10 %	F	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	F	QL(1 ea daily)
abacavir sulfate SOLN	F	
abacavir sulfate TABS	F	
APTIVUS CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
atazanavir sulfate CAPS	F	
BIKTARVY	F	
CIMDUO	F	
COMBIVIR *(lamivudine-zidovudine)*	NF	
COMPLERA	F	
darunavir TABS	F	
DELSTRIGO	F	QL(1 ea daily)
DESCOVY	F	
DOVATO	F	
EDURANT	F	
efavirenz CAPS	F	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	F	
efavirenz-lamivudine-tenofovir disoproxil fumarate	F	
efavirenz TABS	F	
emtricitabine CAPS	F	
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	F	QL(1 ea daily)
EMTRIVA CAPS *(emtricitabine)*	NF	
EMTRIVA SOLN	F	
EPIVIR SOLN *(lamivudine)*	NF	
EPIVIR TABS *(lamivudine)*	NF	
EPZICOM *(abacavir sulfate-lamivudine)*	NF	QL(1 ea daily)
etravirine	F	
EVOTAZ	F	
fosamprenavir calcium TABS	F	
GENVOYA	F	
INTELENCE *(etravirine)*	NF	
INTELENCE 25 MG	F	
ISENTRESS HD TABS	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS TABS	F	
JULUCA	F	
KALETRA TABS *(lopinavir-ritonavir)*	NF	
lamivudine SOLN	F	
lamivudine TABS	F	
lamivudine-zidovudine	F	
LEXIVA SUSP	F	
LEXIVA TABS *(fosamprenavir calcium)*	NF	
lopinavir-ritonavir TABS	F	
maraviroc TABS	F	
nevirapine SUSP	F	
nevirapine TABS	F	
nevirapine TB24	F	
NORVIR TABS *(ritonavir)*	NF	
ODEFSEY	F	
PIFELTRO	F	
PREZCOBIX	F	
PREZISTA TABS *(darunavir)*	NF	
PREZISTA TABS 75 MG, 150 MG	F	
RETROVIR CAPS *(zidovudine)*	NF	
RETROVIR SYRP *(zidovudine)*	NF	
REYATAZ CAPS 200 MG, 300 MG *(atazanavir sulfate)*	NF	
ritonavir TABS	F	
RUKOBIA	F	PA
SELZENTRY TABS *(maraviroc)*	NF	
stavudine CAPS	F	
STRIBILD	F	
SUSTIVA CAPS *(efavirenz)*	NF	
SUSTIVA TABS *(efavirenz)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	
SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	
tenofovir disoproxil fumarate TABS	F	
TIVICAY TABS 50 MG	F	
TRIUMEQ TABS	F	
TRIZIVIR	F	
TRUVADA 200 MG-300 MG *(emtricitabine-tenofovir disoproxil fumarate)*	NF	QL(1 ea daily)
TYBOST	F	
VIRACEPT TABS	F	
VIRAMUNE XR TB24 400 MG *(nevirapine)*	NF	
VIREAD TABS *(tenofovir disoproxil fumarate)*	NF	
VIREAD TABS 150 MG, 200 MG, 250 MG	F	
ZIAGEN SOLN *(abacavir sulfate)*	NF	
ZIAGEN TABS *(abacavir sulfate)*	NF	
zidovudine CAPS	F	
zidovudine SYRP	F	
zidovudine TABS	F	
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	F	
CMV Agents		
VALCYTE TABS *(valganciclovir hcl)*	NF	200 per lifetime
valganciclovir hcl TABS	F	200 per lifetime
Hepatitis Agents		
EPIVIR HBV SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
EPIVIR HBV TABS *(lamivudine (hbv))*	NF	
lamivudine (hbv) TABS	F	
MAVYRET TABS	F	QL(168 ea per 180 days retail); SP
PEGASYS SOLN	F	SP; PA
PEGASYS SOSY	F	SP; PA
SOFOSBUVIR/VELPATASVIR TABS	F	QL(84 ea per 180 days retail); SP
VOSEVI	F	SP; PA
Herpes Agents		
acyclovir CAPS	F	
acyclovir SUSP	F	
acyclovir TABS OR	F	
famciclovir	F	QL(2 ea daily)
valacyclovir hcl	F	QL(2 ea daily)
VALTREX *(valacyclovir hcl)*	NF	QL(2 ea daily)
ZOVIRAX SUSP *(acyclovir)*	NF	
Influenza Agents		
oseltamivir phosphate CAPS 30 MG	F	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 31 days retail)
oseltamivir phosphate CAPS 45 MG, 75 MG	F	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)
oseltamivir phosphate SUSR	F	120mls/180 days; 1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)
RELENZA DISKHALER	F	10 per 180 days; QL(20 ea per 180 days retail)
rimantadine hydrochloride TABS	F	
TAMIFLU CAPS 30 MG *(oseltamivir phosphate)*	NF	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 31 days retail)
TAMIFLU CAPS 45 MG, 75 MG *(oseltamivir phosphate)*	NF	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)
TAMIFLU SUSR *(oseltamivir phosphate)*	NF	120mls/180 days; 1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)
Misc. Antivirals		
LAGEVRIO	CO	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol	F	
carvedilol phosphate	F	QL(1 ea daily)
COREG *(carvedilol)*	NF	
COREG CR *(carvedilol phosphate)*	NF	QL(1 ea daily)
labetalol hcl TABS	F	
Beta Blockers Cardio-Selective		
atenolol TABS	F	
bisoprolol fumarate	F	
LOPRESSOR TABS *(metoprolol tartrate)*	NF	
metoprolol succinate TB24	F	QL(1 ea daily)
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	F	
TENORMIN TABS *(atenolol)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
TOPROL XL TB24 *(metoprolol succinate)*	NF	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)*	NF	
CORGARD TABS 20 MG, 40 MG, 80 MG *(nadolol)*	NF	
INDERAL LA CP24 *(propranolol hcl)*	NF	
nadolol TABS 20 MG, 40 MG, 80 MG	F	
pindolol TABS	F	
propranolol hcl CP24	F	
propranolol hcl SOLN OR 20 MG/5ML	F	QL(1000 ml per 30 days retail)
propranolol hcl SOLN OR 40 MG/5ML	F	QL(500 ml per 30 days retail)
propranolol hcl TABS	F	
sotalol hcl TABS	F	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	F	
CALAN SR TBCR *(verapamil hcl)*	NF	
CARDIZEM CD CP24 *(diltiazem hcl coated beads)*	NF	
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)*	NF	
diltiazem hcl coated beads CP24	F	
diltiazem hcl extended release beads	F	
diltiazem hcl CP12	F	
diltiazem hcl CP24	F	
diltiazem hcl TABS	F	
felodipine	F	
nicardipine hcl CAPS	F	
nifedipine CAPS	F	
nifedipine TB24	F	
NORVASC TABS *(amlodipine besylate)*	NF	
PROCARDIA XL TB24 *(nifedipine)*	NF	
TIAZAC *(diltiazem hcl extended release beads)*	NF	
verapamil hcl CP24	F	
verapamil hcl TABS	F	
verapamil hcl TBCR	F	
VERAPAMIL HYDROCHLORIDE ER CP24 *(verapamil hcl)*	F	
VERELAN PM CP24 *(verapamil hcl)*	F	
VERELAN CP24 360 MG *(verapamil hcl)*	F	
VERELAN CP24 120 MG, 180 MG, 240 MG *(verapamil hcl)*	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN OR 0.05 MG/ML	F	
digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	F	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG *(digoxin)*	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan 10 MG	F	QL(1 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ambrisentan 5 MG	F	QL(2 ea daily); SP; PA
bosentan TABS	F	QL(2 ea daily); SP; PA
LETAIRIS 5 MG *(ambrisentan)*	NF	QL(2 ea daily); SP; PA
LETAIRIS 10 MG *(ambrisentan)*	NF	QL(1 ea daily); SP; PA
TRACLEER TABS *(bosentan)*	NF	QL(2 ea daily); SP; PA
TRACLEER TBSO	F	QL(4 ea daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	NF	QL(2 ea daily); SP; PA
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	NF	QL(3 ea daily); SP; PA
sildenafil citrate (pulmonary hypertension) TABS	F	QL(3 ea daily); SP; PA
tadalafil (pulmonary hypertension) TABS	F	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	F	QL(3 ea daily); SP; PA
Transthyretin Stabilizers		
VYNDAMAX	F	QL(1 ea daily); SP; PA
VYNDAQEL	F	QL(4 ea daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	F	
cefadroxil SUSR	F	
cefadroxil TABS	F	
cephalexin CAPS	F	
cephalexin SUSR	F	
Cephalosporins - 2nd Generation		
cefaclor CAPS	F	
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	F	
cefprozil SUSR	F	
cefprozil TABS	F	
cefuroxime axetil TABS	F	
Cephalosporins - 3rd Generation		
cefdinir CAPS	F	
cefdinir SUSR	F	
cefixime CAPS	F	
cefpodoxime proxetil SUSR	F	
cefpodoxime proxetil TABS	F	
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	F	
SUPRAX CAPS *(cefixime)*	NF	
CHEMICALS		
Bulk Chemicals - L's		
LAMOTRIGINE	CO	
Bulk Chemicals - M's		
METRONIDAZOLE BENZOATE	F	
Bulk Chemicals - V's		
SODIUM VALPROATE	CO	
VALPROATE SODIUM	CO	
Liquids		
GLYCERINE LIQD	F	RX/OTC
GLYCERIN LIQD	F	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits
desogestrel & ethinyl estradiol	F	
desogestrel-ethinyl estradiol (biphasic)	F	
desogestrel-ethinyl estradiol (triphasic)	F	
drospirenone-ethinyl estradiol	F	
ESTROSTEP FE *(norethindrone acetate-ethinyl estradiol-fe)*	NF	
ethynodiol diacet & eth estrad	F	
levonorgestrel & eth estradiol TABS	F	
levonorgestrel-eth estradiol (triphasic)	F	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	F	
levonorgestrel-ethinyl estradiol (continuous)	F	
LOSEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	NF	
MIRCETTE *(desogestrel-ethinyl estradiol (biphasic))*	NF	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	F	norethin acet & estrad-fe tabs (24) is NF
norethindrone & eth estradiol	F	
norethindrone acet & eth estra	F	
norethindrone acetate-ethinyl estradiol-fe	F	
norethindrone-eth estradiol (triphasic)	F	
norgestimate-ethinyl estradiol	F	
norgestimate-ethinyl estradiol (triphasic)	F	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	F	
QUARTETTE *(levonorgestrel-ethinyl estradiol (91-day))*	NF	
SEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	NF	
TYBLUME CHEW	F	
YASMIN 28 *(drospirenone-ethinyl estradiol)*	NF	
YAZ *(drospirenone-ethinyl estradiol)*	NF	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	F	QL(10 ea per fill retail)
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol	F	
NUVARING *(etonogestrel-ethinyl estradiol)*	NF	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	F	SP
Emergency Contraceptives		
ELLA	F	
levonorgestrel (emergency oc) 1.5 MG	F	
PLAN B ONE-STEP *(levonorgestrel (emergency oc))*	NF	
Progestin Contraceptives - Implants		
NEXPLANON	F	SP
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/ Limits
DEPO-PROVERA CONTRACEPTIVE SUSP IM *(medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM *(medroxyprogesterone acetate (contraceptive))*	NF	
DEPO-SUBQ PROVERA 104 SUSY SC	F	
medroxyprogesterone acetate (contraceptive) SUSP IM	F	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) SUSY IM	F	
Progestin Contraceptives - IUD		
KYLEENA	F	SP
LILETTA 20.1 MCG/DAY	F	SP
MIRENA	F	SP
SKYLA	F	SP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	F	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide CPEP	F	
CORTEF TABS *(hydrocortisone)*	NF	
DEXAMETHASONE INTENSOL CONC	F	
dexamethasone ELIX	F	
dexamethasone SOLN	F	
dexamethasone TABS	F	
hydrocortisone TABS	F	
MEDROL DOSEPAK TBPK *(methylprednisolone)*	NF	
MEDROL TABS 4 MG, 8 MG, 16 MG *(methylprednisolone)*	NF	
MEDROL TABS	F	
methylprednisolone TABS	F	
methylprednisolone TBPK	F	
MILLIPRED TABS	F	
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	NF	
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	F	
prednisolone SOLN	F	
prednisolone TABS	F	
prednisone SOLN	F	
prednisone TABS	F	
prednisone TBPK	F	
SOLU-CORTEF	F	QL(10 ea per 365 days retail)
Mineralocorticoids		
fludrocortisone acetate TABS	F	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 100 MG, 200 MG	F	
DELSYM COUGH CHILDRENS SUER *(dextromethorphan polistirex)*	NF	
DELSYM SUER *(dextromethorphan polistirex)*	NF	
dextromethorphan polistirex LQCR	F	
dextromethorphan polistirex SUER	F	

Drug Name	Drug Tier	Requirements/ Limits
HYCODAN SOLN *(hydrocodone bitartrate-homatropine methylbromide)*	NF	AL(At least 18 yrs old)
HYCODAN TABS 1.5 MG-5 MG *(hydrocodone bitartrate-homatropine methylbromide)*	NF	AL(At least 18 yrs old)
hydrocodone bitartrate-homatropine methylbromide SOLN	F	AL(At least 18 yrs old)
hydrocodone bitartrate-homatropine methylbromide TABS	F	AL(At least 18 yrs old)
Cough/Cold/Allergy Combinations		
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 200 MG/5ML-200 MG/5ML-30 MG/5ML-30 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML	F	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	F	
guaifenesin-codeine SOLN	F	
guaifenesin-codeine SYRP	F	
INTENSE COUGH RELIEVER DOUBLE STRENGTH LIQD	F	
MAR-COF CG EXPECTORANT LIQD	F	
M-CLEAR WC SOLN	F	
promethazine w/codeine SOLN	F	AL(At least 18 yrs old)
promethazine w/codeine SYRP	F	AL(At least 18 yrs old)
promethazine-dm SYRP	F	
SUPRESS DM PEDIATRIC LIQD	F	
VICKS DAYQUIL MUCUS CONTROL DM LIQD	F	
Expectorants		
GERI-TUSSIN SYRP	F	
GILTUSS EX EXPECTORANT CHILDRENS LIQD	F	
GILTUSS EX MAXIMUM STRENGTH LIQD	F	
guaifenesin LIQD	F	
guaifenesin SYRP	F	
guaifenesin TABS	F	
guaifenesin TB12	F	
MUCINEX MAXIMUM STRENGTH TB12 *(guaifenesin)*	NF	
MUCINEX TB12 *(guaifenesin)*	NF	
Misc. Respiratory Inhalants		
HYPERSAL NEBU *(sodium chloride (inhalant))*	NF	
sodium chloride (inhalant) AERS	F	
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %	F	
Mucolytics		
acetylcysteine SOLN	F	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA *(isotretinoin)*	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
ACANYA GEL *(clindamycin phosphate-benzoyl peroxide)*	NF	PA
ACNE MEDICATION 10 LOTN	F	PA
ACNE MEDICATION 5 LOTN	F	PA
ACZONE *(dapsone (topical))*	NF	PA
adapalene-benzoyl peroxide GEL	F	PA
adapalene CREA	F	PA
adapalene GEL	F	PA
ATRALIN GEL *(tretinoin)*	NF	PA
BENZAC AC WASH LIQD 5 % *(benzoyl peroxide)*	NF	PA; RX/OTC
BENZAMYCIN GEL *(benzoyl peroxide-erythromycin)*	NF	PA
BENZEPRO CREAMY WASH LIQD	F	PA; RX/OTC
benzoyl peroxide CREA 2.5 %, 10 %	F	PA
benzoyl peroxide-erythromycin GEL	F	PA
benzoyl peroxide FOAM 5.3 %, 9.8 %	F	PA; RX/OTC
benzoyl peroxide GEL 2.5 %, 5 %, 8 %, 10 %	F	PA
benzoyl peroxide LIQD 2.5 %, 4 %, 5 %, 7 %, 10 %	F	PA
BPO GEL 8 %	F	PA; RX/OTC
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	NF	PA
CLINDAGEL GEL *(clindamycin phosphate (topical))*	NF	PA
clindamycin phosphate (topical) FOAM	F	PA
clindamycin phosphate (topical) GEL	F	PA
clindamycin phosphate (topical) LOTN	F	PA
clindamycin phosphate (topical) SOLN	F	PA
clindamycin phosphate (topical) SWAB	F	PA
clindamycin phosphate-benzoyl peroxide (refrigerate)	F	PA
clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %	F	PA
dapsone (topical)	F	PA
DIFFERIN DAILY DEEP CLEANSER LIQD *(benzoyl peroxide)*	NF	PA; RX/OTC
DIFFERIN CREA *(adapalene)*	NF	PA
DIFFERIN GEL *(adapalene)*	NF	PA; RX/OTC
DIFFERIN LOTN	F	PA
EPIDUO FORTE GEL *(adapalene-benzoyl peroxide)*	NF	PA
EPIDUO GEL *(adapalene-benzoyl peroxide)*	NF	PA
ERYGEL GEL *(erythromycin (acne aid))*	NF	PA
erythromycin (acne aid) GEL	F	PA
erythromycin (acne aid) PADS	F	PA
erythromycin (acne aid) SOLN	F	PA
EVOCLIN FOAM *(clindamycin phosphate (topical))*	NF	PA
isotretinoin	F	PA
KLARON *(sulfacetamide sodium (acne))*	NF	PA
NEUTROGENA CLEAR PORE CLEANSER/MASK LIQD	F	PA

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA ON-THE-SPOT ACNE TREATMENT CREA *(benzoyl peroxide)*	NF	PA
PANOXYL LIQD *(benzoyl peroxide)*	NF	PA
PR BENZOYL PEROXIDE WASH LIQD	F	PA; RX/OTC
RETIN-A MICRO 0.06 %	F	PA
RETIN-A MICRO *(tretinoin microsphere)*	NF	PA
RETIN-A MICRO PUMP *(tretinoin microsphere)*	NF	PA
RETIN-A CREA *(tretinoin)*	NF	PA
RETIN-A GEL *(tretinoin)*	NF	PA
sulfacetamide sodium (acne)	F	PA
tretinoin microsphere	F	PA
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	F	PA
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	F	PA
ZACLIR CLEANSING LOTN	F	PA
Antibiotics - Topical		
bacitracin (topical) OINT	F	
bacitracin zinc OINT	F	
bacitracin-polymyxin b OINT	F	
CENTANY OINT	F	
gentamicin sulfate (topical) CREA	F	
gentamicin sulfate (topical) OINT	F	
mupirocin OINT	F	
neomycin-bacitracin-polymyxin OINT	F	
NEOSPORIN ORIGINAL OINT *(neomycin-bacitracin-polymyxin)*	NF	
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM *(bacitracin-polymyxin b)*	NF	
Antifungals - Topical		
butenafine hcl	F	RX/OTC
clotrimazole (topical) CREA	F	RX/OTC
econazole nitrate CREA	F	
gentian violet SOLN	F	
GENTIAN VIOLET SOLN	F	
GNP GENTIAN VIOLET SOLN	F	
ketoconazole (topical) CREA	F	
LAMISIL AT JOCK ITCH CREA *(terbinafine hcl (topical))*	NF	
LAMISIL AT CREA *(terbinafine hcl (topical))*	NF	
LOTRIMIN AF JOCK ITCH CREA *(clotrimazole (topical))*	NF	RX/OTC
LOTRIMIN AF CREA *(clotrimazole (topical))*	NF	RX/OTC
LOTRIMIN ULTRA *(butenafine hcl)*	NF	RX/OTC
MENTAX	F	RX/OTC
MICATIN CREA *(miconazole nitrate (topical))*	NF	
miconazole nitrate (topical) CREA	F	
nystatin (topical) CREA	F	
nystatin (topical) OINT	F	
nystatin (topical) POWD EX	F	QL(2 gm daily)
nystatin-triamcinolone CREA	F	
nystatin-triamcinolone OINT	F	

Drug Name	Drug Tier	Requirements/ Limits
terbinafine hcl (topical) CREA	F	
TINACTIN CREA *(tolnaftate)*	NF	
tolnaftate CREA	F	
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) GEL EX	F	QL(6.68 gm daily); RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX *(diclofenac sodium (topical))*	NF	QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
EFUDEX CREA *(fluorouracil (topical))*	NF	
fluorouracil (topical) CREA 5 %	F	
fluorouracil (topical) SOLN	F	
Antipsoriatics		
acitretin	F	PA
calcipotriene CREA	F	
calcipotriene OINT	F	
DOVONEX CREA *(calcipotriene)*	NF	
DRITHO-CREME HP CREA	F	
SILIQ	F	SP; PA
TALTZ SOAJ	F	QL(0.67 ml daily); SP; PA
TALTZ SOSY	F	QL(0.67 ml daily); SP; PA
tazarotene CREA	F	Under 21 years of age. Age 21 and over requires PA; AL(Up to 20 yrs old)
TAZORAC CREA	F	Under 21 years of age. Age 21 and over requires PA; AL(Up to 20 yrs old)
TAZORAC CREA *(tazarotene)*	NF	Under 21 years of age. Age 21 and over requires PA; AL(Up to 20 yrs old)
Antiseborrheic Products		
OVACE PLUS WASH GEL *(sulfacetamide sodium)*	NF	PA
OVACE PLUS WASH LIQD *(sulfacetamide sodium)*	NF	PA
OVACE PLUS CREA	F	PA
OVACE WASH LIQD *(sulfacetamide sodium)*	NF	PA
sulfacetamide sodium GEL	F	PA
sulfacetamide sodium LIQD	F	PA
Burn Products		
SILVADENE *(silver sulfadiazine)*	NF	
silver sulfadiazine	F	
Corticosteroids - Topical		
ALA-SCALP LOTN	F	
APEXICON E CREA	F	
betamethasone dipropionate (topical) CREA	F	1 rtl pack lmt per fill
betamethasone dipropionate (topical) LOTN	F	
betamethasone dipropionate (topical) OINT	F	

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate augmented CREA	F	
betamethasone dipropionate augmented OINT	F	
betamethasone valerate CREA	F	
betamethasone valerate LOTN	F	
betamethasone valerate OINT	F	
desonide CREA	F	
desonide OINT	F	
DESOWEN CREA *(desonide)*	NF	
desoximetasone CREA 0.25 %	F	
desoximetasone GEL	F	
desoximetasone OINT	F	
diflorasone diacetate CREA	F	
diflorasone diacetate OINT	F	
DIPROLENE OINT *(betamethasone dipropionate augmented)*	NF	
EPIFOAM FOAM	F	
fluocinolone acetonide CREA	F	
fluocinolone acetonide OINT	F	
fluocinolone acetonide SOLN	F	
fluocinonide emulsified base	F	
fluocinonide CREA 0.05 %	F	
fluocinonide GEL	F	
fluocinonide OINT	F	
fluocinonide SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate CREA 0.05 %	F	
fluticasone propionate OINT	F	
halobetasol propionate CREA	F	
halobetasol propionate OINT	F	
hydrocortisone (topical) CREA	F	
hydrocortisone (topical) LOTN	F	
hydrocortisone (topical) OINT	F	RX/OTC
hydrocortisone acetate (topical) CREA 1 %	F	
hydrocortisone butyrate CREA	F	
hydrocortisone butyrate OINT	F	
hydrocortisone butyrate SOLN	F	
hydrocortisone valerate CREA	F	
hydrocortisone valerate OINT	F	
HYDROCORTISONE CREA	F	
mometasone furoate CREA	F	
mometasone furoate OINT	F	
mometasone furoate SOLN	F	
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH CREA *(hydrocortisone (topical))*	NF	RX/OTC
prednicarbate OINT	F	
SYNALAR CREA *(fluocinolone acetonide)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR OINT *(fluocinolone acetonide)*	NF	
SYNALAR SOLN *(fluocinolone acetonide)*	NF	
TOPICORT GEL *(desoximetasone)*	NF	
TOPICORT OINT *(desoximetasone)*	NF	
triamcinolone acetonide (topical) CREA	F	
triamcinolone acetonide (topical) LOTN	F	
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	F	
TRIDESILON CREA 0.05 % *(desonide)*	NF	
Immunomodulating Agents - Topical		
ALDARA *(imiquimod)*	NF	
imiquimod 5 %	F	
Immunosuppressive Agents - Topical		
ELIDEL *(pimecrolimus)*	NF	Under 21 years of age. Age 21 and over requires PA; AL(Up to 20 yrs old)
pimecrolimus	F	Under 21 years of age. Age 21 and over requires PA; AL(Up to 20 yrs old)
PROTOPIC OINT *(tacrolimus (topical))*	NF	Under 21 years of age. Age 21 and over requires PA; AL(Up to 20 yrs old)
tacrolimus (topical) OINT	F	Under 21 years of age. Age 21 and over requires PA; AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Keratolytic/Antimitotic Agents		
podofilox SOLN	F	
Local Anesthetics - Topical		
capsaicin CREA 0.025 %, 0.075 %, 0.1 %	F	
CAPZASIN-HP CREA *(capsaicin)*	NF	
lidocaine hcl CREA 4 %	F	QL(150 gm per 30 days retail)
lidocaine hcl GEL 2 %	F	QL(120 ml per 30 days retail)
lidocaine hcl PRSY	F	QL(120 ml per 30 days retail)
lidocaine-prilocaine CREA	F	QL(30 gm per 30 days retail); PA
lidocaine-prilocaine KIT	F	PA
RA ARTHRITIS PAIN RELIEF CREA	F	
Misc. Topical		
aluminum sulfate & calcium acetate PACK	F	
BORIC ACID GRAN	F	PA is required for compounding of 600mg capsules; RX/OTC
DOMEBORO PACK *(aluminum sulfate & calcium acetate)*	NF	
lubricants GEL	F	
Rosacea Agents		
azelaic acid GEL	F	PA
FINACEA GEL *(azelaic acid)*	NF	PA
Scabicides & Pediculicides		
ivermectin (pediculicide)	F	RX/OTC
malathion	F	
NIX CREME RINSE LIQD EX *(permethrin)*	F	

Drug Name	Drug Tier	Requirements/ Limits
OVIDE *(malathion)*	NF	
permethrin AERO	F	
permethrin CREA	F	
permethrin LIQD EX	F	
permethrin LOTN	F	
pyrethrins-piperonyl butoxide LIQD	F	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	F	
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	F	
SKLICE *(ivermectin (pediculicide))*	NF	RX/OTC
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ADVIN COVID-19 ANTIGEN HOME TEST KIT	F	
BD VERITOR AT-HOME COVID-19 TEST KIT	F	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	F	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	F	
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	F	
CHEMSTRIP UGK	F	
CHEMSTRIP-K STRP	F	
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	F	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	F	
COVID-19 AG TEST KIT	F	

Drug Name	Drug Tier	Requirements/ Limits
COVID-19 AT-HOME TEST KIT KIT	F	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	F	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	F	
CVS COVID-19 AT HOME TESTKIT KIT	F	
CVS KETONE CARE	F	
ELLUME COVID-19 HOME TEST KIT	F	
FASTEP COVID-19 ANTIGEN HOME TEST KIT	F	
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	F	
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	F	
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	F	
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	F	
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	F	
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	F	
INTELISWAB COVID-19 RAPID TEST KIT	F	
KETO-DIASTIX	F	
KETONE TEST STRIPS STRP	F	
KETONE STRP	F	
KETOSTIX STRP	F	
LUCIRA CHECK IT COVID-19TEST KIT KIT	F	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	F	
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	F	
ONETOUCH ULTRA STRP	F	INSULIN USERS LIMITED TO 450 PER 90 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	F	INSULIN USERS LIMITED TO 450 PER 90 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
PILOT COVID-19 AT-HOME TEST KIT	F	
QUICKVUE AT-HOME COVID-19 TEST KIT	F	
RAPID SARS-COV-2 ANTIGENTEST CARD KIT	F	
RELION KETONE TEST STRIPS STRP	F	
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	F	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
ELFOLATE TABS 7.5 MG	F	
L-METHYLFOLATE CALCIUM TABS 7.5 MG	F	
l-methylfolate TABS 7.5 MG	F	
Nutritional Substitutes		
SACCHARIN SODIUM POWD	F	RX/OTC
SODIUM SACCHARIN POWD	F	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	F	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	F	
acetazolamide TABS	F	
methazolamide TABS	F	
Diuretic Combinations		
ALDACTAZIDE *(spironolactone & hydrochlorothiazide)*	NF	
amiloride & hydrochlorothiazide	F	
MAXZIDE-25 TABS *(triamterene & hydrochlorothiazide)*	NF	
MAXZIDE TABS *(triamterene & hydrochlorothiazide)*	NF	
spironolactone & hydrochlorothiazide	F	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	F	
triamterene & hydrochlorothiazide TABS	F	
Loop Diuretics		
bumetanide TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
BUMEX TABS 0.5 MG *(bumetanide)*	NF	
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	F	
furosemide TABS	F	
LASIX TABS *(furosemide)*	NF	
torsemide TABS	F	
Potassium Sparing Diuretics		
ALDACTONE TABS *(spironolactone)*	NF	
amiloride hcl TABS	F	
spironolactone TABS	F	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	F	
hydrochlorothiazide CAPS	F	
hydrochlorothiazide TABS	F	
indapamide TABS 1.25 MG, 2.5 MG	F	
metolazone	F	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
alendronate sodium TABS 5 MG, 10 MG, 35 MG, 70 MG	F	
calcitonin (salmon) NA	F	
FOSAMAX TABS 70 MG *(alendronate sodium)*	NF	
TYMLOS	F	SP; PA
Growth Hormones		
OMNITROPE SOLR SC	F	PA
ZOMACTON SOLR SC	F	SP; PA
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	NF	
raloxifene hcl	F	
Metabolic Modifiers		
calcitriol CAPS	F	
CARNITOR TABS *(levocarnitine (metabolic modifiers))*	NF	
levocarnitine (metabolic modifiers) TABS	F	
ROCALTROL CAPS *(calcitriol)*	NF	
Posterior Pituitary Hormones		
DDAVP TABS *(desmopressin acetate)*	NF	
desmopressin acetate spray	F	
desmopressin acetate spray refrigerated	F	
desmopressin acetate TABS	F	
Prolactin Inhibitors		
cabergoline	F	
Somatostatic Agents		
SANDOSTATIN LAR DEPOT KIT	F	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	F	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO	F	
COMBIPATCH PTTW	F	
Estrogens		
ALORA PTTW	F	QL(8 ea per 28 days retail); AL(At least 17 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
CLIMARA PTWK *(estradiol)*	NF	QL(4 ea per 28 days retail); AL(At least 17 yrs old)
DELESTROGEN *(estradiol valerate)*	NF	AL(At least 17 yrs old)
ESTRACE TABS *(estradiol)*	NF	AL(At least 17 yrs old)
estradiol valerate	F	AL(At least 17 yrs old)
estradiol PTTW	F	QL(8 ea per 28 days retail); AL(At least 17 yrs old)
estradiol PTWK	F	QL(4 ea per 28 days retail); AL(At least 17 yrs old)
estradiol TABS	F	AL(At least 17 yrs old)
MINIVELLE PTTW *(estradiol)*	NF	QL(8 ea per 28 days retail); AL(At least 17 yrs old)
VIVELLE-DOT PTTW *(estradiol)*	NF	QL(8 ea per 28 days retail); AL(At least 17 yrs old)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS	F	
ciprofloxacin SUSR 500 MG/5ML	F	
CIPRO SUSR 500 MG/5ML	F	
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	NF	
levofloxacin TABS	F	
moxifloxacin hcl TABS	F	
ofloxacin 300 MG, 400 MG	F	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW *(simethicone)*	NF	
PHAZYME ULTRA STRENGTH CAPS *(simethicone)*	NF	
simethicone CAPS 180 MG	F	
simethicone CHEW	F	
Gallstone Solubilizing Agents		
URSO 250 TABS *(ursodiol)*	NF	
URSO FORTE TABS *(ursodiol)*	NF	
ursodiol CAPS	F	
ursodiol TABS	F	
Gastrointestinal Stimulants		
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	F	
metoclopramide hcl TABS	F	
REGLAN TABS *(metoclopramide hcl)*	NF	
Inflammatory Bowel Agents		
APRISO CP24 *(mesalamine)*	NF	
ASACOL HD TBEC *(mesalamine)*	NF	
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	NF	
AZULFIDINE TABS *(sulfasalazine)*	NF	
balsalazide disodium CAPS	F	
CANASA SUPP *(mesalamine)*	NF	
COLAZAL CAPS *(balsalazide disodium)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
DELZICOL CPDR *(mesalamine)*	NF	
DIPENTUM	F	
LIALDA TBEC *(mesalamine)*	NF	
mesalamine CP24	F	
mesalamine CPCR	F	
mesalamine CPDR	F	
mesalamine ENEM	F	
mesalamine SUPP	F	
mesalamine TBEC	F	
PENTASA CPCR 250 MG	F	
PENTASA CPCR *(mesalamine)*	NF	
sulfasalazine TABS	F	
sulfasalazine TBEC	F	
Intestinal Acidifiers		
lactulose (encephalopathy)	F	
Phosphate Binder Agents		
calcium acetate (phosphate binder) CAPS	F	
calcium acetate (phosphate binder) TABS	F	RX/OTC
RENAGEL *(sevelamer hcl)*	NF	
RENVELA TABS *(sevelamer carbonate)*	NF	QL(6 ea daily)
sevelamer carbonate TABS	F	QL(6 ea daily)
sevelamer hcl 400 MG	F	PA
sevelamer hcl 800 MG	F	QL(6 ea daily)
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	F	

Drug Name	Drug Tier	Requirements/ Limits
Alkalinizers		
potassium citrate (alkalinizer) TBCR	F	
sodium citrate & citric acid	F	RX/OTC
UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))*	NF	
UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))*	NF	
UROCIT-K 5 TBCR *(potassium citrate (alkalinizer))*	NF	
Prostatic Hypertrophy Agents		
finasteride	F	
FLOMAX *(tamsulosin hcl)*	NF	
PROSCAR *(finasteride)*	NF	
tamsulosin hcl	F	
Urinary Analgesics		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS *(phenazopyridine hcl)*	NF	
phenazopyridine hcl TABS 100 MG, 95 MG, 100 MG, 200 MG	F	
PYRIDIUM TABS *(phenazopyridine hcl)*	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	F	
Gout Agents		
allopurinol	F	
colchicine CAPS	F	1 rtl MAX fill; 30 rtl day(s) supply; QL(6 ea per fill retail)
colchicine TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
COLCRYS TABS *(colchicine)*	NF	
MITIGARE CAPS *(colchicine)*	NF	1 rtl MAX fill; 30 rtl day(s) supply; QL(6 ea per fill retail)
ZYLOPRIM *(allopurinol)*	NF	
Uricosurics		
probenecid	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	F	SP; PA
ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	F	SP; PA
ALPHANATE SOLR	F	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	F	SP; PA
ALPROLIX	F	SP; PA
BENEFIX KIT	F	SP; PA
CORIFACT	F	SP; PA
ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 5000 UNIT	F	SP; PA
FEIBA	F	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	F	SP; PA
HUMATE-P SOLR	F	SP; PA
IDELVION 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP; PA
IXINITY SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	F	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	F	SP; PA
KOATE SOLR	F	SP; PA
KOGENATE FS KIT	F	SP; PA
KOVALTRY	F	SP; PA
NOVOEIGHT 500 UNIT, 2000 UNIT, 3000 UNIT	F	SP; PA
NOVOSEVEN RT	F	SP; PA
NUWIQ KIT 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP; PA
RECOMBINATE SOLR	F	SP; PA
RIXUBIS SOLR	F	SP; PA
WILATE KIT	F	SP; PA
XYNTHA	F	SP; PA
XYNTHA SOLOFUSE	F	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(icatibant acetate)*	NF	SP; PA
icatibant acetate SOLN	F	SP; PA
icatibant acetate SOSY	F	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	F	SP; PA
Hematorheologic Agents		
pentoxifylline	F	
Plasma Proteins		
THROMBATE III	F	SP; PA
THROMBATE III W/10 ML STERILE WATER	F	SP; PA
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(anagrelide hcl)*	NF	
anagrelide hcl	F	
cilostazol	F	
clopidogrel bisulfate	F	
dipyridamole	F	
PLAVIX 75 MG *(clopidogrel bisulfate)*	NF	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/ Limits
Agents for Gaucher Disease		
CERDELGA	F	SP; PA
CEREZYME 400 UNIT	F	SP; PA
Cobalamins		
B-12 TABS 2000 MCG	F	
cyanocobalamin SOLN IJ 1000 MCG/ML	F	
cyanocobalamin SUBL 500 MCG, 1000 MCG, 3000 MCG, 5000 MCG	F	
cyanocobalamin TABS	F	
cyanocobalamin TBCR	F	
VITAMIN B-12 TR TBCR	F	
VITAMIN B-12 SUBL	F	
Folic Acid/Folates		
folic acid TABS	F	RX/OTC
Hematopoietic Growth Factors		
RETACRIT	F	SP; PA
RETACRIT	F	SP; PA
ZARXIO	F	SP; PA
Iron		
FE GLUCONATE TABS	F	
FER-IN-SOL SOLN *(ferrous sulfate)*	NF	
FERRETTS TABS	F	
FERRIMIN 150 TABS	F	
ferrous fumarate TABS 324 MG	F	
FERROUS FUMARATE TABS 29 MG	F	
ferrous gluconate TABS 27 MG, 240 MG, 324 MG	F	
FERROUS GLUCONATE TABS 324 MG	F	
ferrous sulfate SOLN	F	
ferrous sulfate TABS 65 MG, 325 MG	F	
ferrous sulfate TBCR 45 MG, 50 MG, 142 MG, 143 MG	F	
ferrous sulfate TBEC	F	
FERROUS SULFATE TBEC *(ferrous sulfate)*	NF	
HIGH POTENCY IRON CAPS	F	
IRON SLOW RELEASE TBCR	F	
IRON TABS 28 MG	F	
IRON TBCR 140 MG	F	
polysaccharide iron complex CAPS 150 MG	F	
SLOW FE TBCR 142 MG *(ferrous sulfate)*	F	
SLOW RELEASE IRON TBCR	F	
SPATONE PUR-ABSORB IRON SOLN	F	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR *(aminocaproic acid)*	NF	QL(60 ml per fill retail); SP
aminocaproic acid SOLN OR 0.25 GM/ML	F	QL(60 ml per fill retail); SP
LYSTEDA TABS *(tranexamic acid)*	NF	QL(32 ea per 28 days retail)
tranexamic acid TABS	F	QL(32 ea per 28 days retail)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) TABS 25 MG	F	
doxylamine succinate (sleep)	F	

Drug Name	Drug Tier	Requirements/ Limits
UNISOM SLEEPTABS *(doxylamine succinate (sleep))*	NF	
Barbiturate Hypnotics		
phenobarbital ELIX	F	
phenobarbital TABS	F	
Non-Barbiturate Hypnotics		
AMBIEN TABS 10 MG *(zolpidem tartrate)*	NF	QL(1 ea daily)
AMBIEN TABS 5 MG *(zolpidem tartrate)*	NF	QL(2 ea daily)
RESTORIL 22.5 MG, 30 MG *(temazepam)*	NF	QL(1 ea daily)
RESTORIL 7.5 MG, 15 MG *(temazepam)*	NF	QL(2 ea daily)
temazepam 7.5 MG, 15 MG	F	QL(2 ea daily)
temazepam 22.5 MG, 30 MG	F	QL(1 ea daily)
zaleplon	F	
zolpidem tartrate TABS 5 MG	F	QL(2 ea daily)
zolpidem tartrate TABS 10 MG	F	QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	F	
CITRUCEL FIBER LAXATIVE POWD *(methylcellulose (laxative))*	NF	
CVS DAILY FIBER PACK	F	
EVAC POWD *(psyllium)*	NF	
HYDROCIL INSTANT POWD *(psyllium)*	NF	
KONSYL DAILY FIBER PACK 100 %	F	
KONSYL ORIGINAL DAILY FIBER PACK	F	
KONSYL-D POWD	F	
METAMUCIL 4-IN-1 FIBER PACK 25 %	F	
METAMUCIL ORIGINAL TEXTURE POWD *(psyllium)*	NF	
METAMUCIL POWD *(psyllium)*	NF	
methylcellulose (laxative) POWD	F	
NATURAL FIBER LAXATIVE POWD	F	
psyllium CAPS 0.52 GM	F	
psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 95 %, 100 %	F	
Laxative Combinations		
GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NF	
MOVIPREP *(peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)*	NF	
NULYTELY *(peg 3350-potassium chloride-sod bicarbonate-sod chloride)*	NF	
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	F	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	F	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	F	
sennosides-docusate sodium TABS	F	
SENOKOT S TABS *(sennosides-docusate sodium)*	NF	
sodium sulfate-potassium sulfate-magnesium sulfate	F	

Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	NF	
Laxatives - Miscellaneous		
glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM	F	
GLYCERIN ADULT SUPP *(glycerin (laxative))*	F	
lactulose SOLN	F	
MIRALAX MIX-IN PAX PACK *(polyethylene glycol 3350)*	NF	
MIRALAX PACK *(polyethylene glycol 3350)*	NF	
MIRALAX POWD *(polyethylene glycol 3350)*	NF	
PEDIA-LAX SUPP *(glycerin (laxative))*	NF	
polyethylene glycol 3350 PACK	F	
polyethylene glycol 3350 POWD	F	
SORBITOL OR 70 %	F	
Saline Laxatives		
FLEET ENEMA ENEM *(sodium phosphates)*	F	798mls per 30 days; QL(798 ml per 31 days retail)
FLEET PEDIATRIC ENEM *(sodium phosphates)*	F	798mls per 30 days
magnesium citrate	F	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	F	
PEDIA-LAX CHEW	F	
PHILLIPS MILK OF MAGNESIA CHEWABLE CHEW	F	
PHILLIPS MILK OF MAGNESIA CONCENTRATED SUSP	F	
PHILLIPS MILK OF MAGNESIA SUSP	F	
sodium phosphates ENEM	F	798mls per 30 days; QL(798 ml per 31 days retail)
sodium phosphates ENEM 9.5 GM/59ML-3.5 GM/59ML	F	798mls per 30 days
Stimulant Laxatives		
bisacodyl SUPP	F	
bisacodyl TBEC	F	
DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)*	NF	
DULCOLAX SUPP *(bisacodyl)*	NF	
DULCOLAX TBEC *(bisacodyl)*	NF	
sennosides LIQD	F	
sennosides SYRP 8.8 MG/5ML	F	
sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG	F	
SENOKOT TABS *(sennosides)*	NF	
Surfactant Laxatives		
COLACE CLEAR CAPS *(docusate sodium)*	NF	
COLACE CAPS 100 MG *(docusate sodium)*	NF	
docusate calcium	F	
docusate sodium CAPS	F	
docusate sodium LIQD	F	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		

Drug Name	Drug Tier	Requirements/ Limits
BUPIVACAINE FISIOPHARMA SOLN IJ	F	
bupivacaine hcl SOLN IJ	F	
BUPIVACAINE HYDROCHLORIDE SOLN IJ 0.25 %	F	
MARCAINE SOLN IJ *(bupivacaine hcl)*	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	F	
azithromycin SUSR	F	
azithromycin TABS	F	
ZITHROMAX TRI-PAK TABS *(azithromycin)*	NF	
ZITHROMAX Z-PAK TABS *(azithromycin)*	NF	
ZITHROMAX PACK *(azithromycin)*	NF	
ZITHROMAX SUSR *(azithromycin)*	NF	
ZITHROMAX TABS 250 MG, 500 MG *(azithromycin)*	NF	
Clarithromycin		
clarithromycin SUSR	F	
clarithromycin TABS	F	
clarithromycin TB24	F	
Erythromycins		
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	NF	
erythromycin base CPEP	F	
erythromycin base TABS	F	
erythromycin base TBEC	F	
erythromycin ethylsuccinate SUSR 400 MG/5ML	F	
erythromycin stearate TABS 250 MG	F	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	F	QL(3.34 ea daily)
CAYA DPRH	F	
CONDOMS-MISC	F	
DUREX EXTRA SENSITIVE THIN DEVI	F	QL(3.34 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	F	QL(3.34 ea daily)
FANTASY LUBRICATED MISC	F	QL(3.34 ea daily)
FC2 FEMALE CONDOM	F	QL(36 ea per 31 days retail)
KAMELEON LUBRICATED MISC	F	QL(3.34 ea daily)
KIMONO COLORS DEVI	F	QL(3.34 ea daily)
KIMONO LUBRICATED MISC	F	QL(3.34 ea daily)
KIMONO MAXX/LARGE FLARE MISC	F	QL(3.34 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	F	QL(3.34 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	F	QL(3.34 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	F	QL(3.34 ea daily)
KIMONO PS LUBRICATED MISC	F	QL(3.34 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	F	QL(3.34 ea daily)
KIMONO SENSATION LUBRICATED MISC	F	QL(3.34 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	F	QL(3.34 ea daily)
KIMONO SPECIAL DEVI	F	QL(3.34 ea daily)
K-Y ME & YOU EXTRA LUBRICATED DEVI	F	QL(3.34 ea daily)
K-Y ME & YOU INTENSE DEVI	F	QL(3.34 ea daily)
MAXX LUBRICATED MISC	F	QL(3.34 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	F	QL(3.34 ea daily)
OMNIFLEX DIAPHRAGM	F	
PREMIUM CONDOMS LUBRICATED MISC	F	QL(3.34 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	F	QL(3.34 ea daily)
REALITY LATEX/ULTRA TEXTURED DEVI	F	QL(3.34 ea daily)
REALITY LATEX/ULTRA THIN DEVI	F	QL(3.34 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	F	QL(3.34 ea daily)
TRUSTEX LUBRICATED EXTRALARGE MISC	F	QL(3.34 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	F	QL(3.34 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	F	QL(3.34 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	F	QL(3.34 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	F	QL(3.34 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE MISC	F	QL(3.34 ea daily)
TRUSTEX LUBRICATED MISC	F	QL(3.34 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	F	QL(3.34 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	F	QL(3.34 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	F	QL(3.34 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	F	QL(3.34 ea daily)
TRUSTEX/RIA LUBRICATED MISC	F	QL(3.34 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	F	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	F	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	F	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	F	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	F	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	F	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	F	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	F	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	F	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SAFE-T-PRO LANCETS	F	QL(6.67 ea daily); RX/OTC
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	F	QL(6.67 ea daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	F	QL(6.67 ea daily); RX/OTC
ACTI-LANCE LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
ACTI-LANCE LITE SAFETY LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	F	QL(6.67 ea daily); RX/OTC
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	F	QL(6.67 ea daily); RX/OTC
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	F	QL(6.67 ea daily); RX/OTC
ADJUSTABLE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ADVANCED MOBILE LANCET 30G	F	QL(6.67 ea daily); RX/OTC
ADVOCATE LANCETS	F	QL(6.67 ea daily); RX/OTC
ADVOCATE LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
ADVOCATE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ADVOCATE SAFETY LANCETS	F	QL(6.67 ea daily); RX/OTC
ADVOCATE SAFETY LANCETS 26G	F	QL(6.67 ea daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
AIMSCO TWIST LANCETS 32G	F	QL(6.67 ea daily); RX/OTC
AIMSCO TWIST LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
AQUALANCE LANCETS ULTRA THIN 30G	F	QL(6.67 ea daily); RX/OTC
ASSURE COMFORT LANCETS ULTRA THIN 28G	F	QL(6.67 ea daily); RX/OTC
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	F	QL(6.67 ea daily); RX/OTC
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	F	QL(6.67 ea daily); RX/OTC
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	F	QL(6.67 ea daily); RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	F	QL(6.67 ea daily); RX/OTC
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	F	QL(6.67 ea daily); RX/OTC
ASSURE LANCE LANCETS	F	QL(6.67 ea daily); RX/OTC
ASSURE LANCE LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
ASSURE LANCE PLUS SAFETYLANCETS 25G	F	QL(6.67 ea daily); RX/OTC
ASSURE LANCE PLUS SAFETYLANCETS 30G	F	QL(6.67 ea daily); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	F	QL(6.67 ea daily); RX/OTC
AURORA LANCET SUPER THIN30G	F	QL(6.67 ea daily); RX/OTC
AURORA LANCET THIN 23G	F	QL(6.67 ea daily); RX/OTC
AUTO-LANCET MINI MISC	F	QL(1 ea per 180 days retail)
AUTO-LANCET MISC	F	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
AUTOLET MINI MISC	F	QL(1 ea per 180 days retail)
AUTOLET PLUS MISC	F	QL(1 ea per 180 days retail)
BD MICROTAINER LANCETS	F	QL(6.67 ea daily); RX/OTC
CARDIOCOM LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCINGDEVICE MISC	F	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
CAREONE LANCET SUPER THIN/30G	F	QL(6.67 ea daily); RX/OTC
CAREONE LANCET THIN	F	QL(6.67 ea daily); RX/OTC
CARESENS LANCETS	F	QL(6.67 ea daily); RX/OTC
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	F	QL(1 ea per 180 days retail)
CARETOUCH SAFETY LANCETS/26G	F	QL(6.67 ea daily); RX/OTC
CARETOUCH SAFETY LANCETS/28G	F	QL(6.67 ea daily); RX/OTC
CARETOUCH SAFETY LANCETS/30G	F	QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	F	QL(6.67 ea daily); RX/OTC
CLEANLET LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	F	QL(6.67 ea daily); RX/OTC
CLEVER CHEK LANCETS ULTRATHIN 30G	F	QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 21G	F	QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 23G	F	QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 28G	F	QL(6.67 ea daily); RX/OTC
COAGUCHEK LANCETS	F	QL(6.67 ea daily); RX/OTC
COMFORT ASSURED LANCETS MICRO THIN 33G	F	QL(6.67 ea daily); RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	F	QL(6.67 ea daily); RX/OTC
COMFORT LANCETS	F	QL(6.67 ea daily); RX/OTC
COMFORT TOUCH LANCETS ULTRA THIN 31G	F	QL(6.67 ea daily); RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	F	QL(6.67 ea daily); RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	F	QL(6.67 ea daily); RX/OTC
CVS LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
CVS LANCETS MICRO THIN 33G	F	QL(6.67 ea daily); RX/OTC
CVS LANCETS MICRO-THIN 33G	F	QL(6.67 ea daily); RX/OTC
CVS LANCETS ORIGINAL	F	QL(6.67 ea daily); RX/OTC
CVS LANCETS THIN 26G	F	QL(6.67 ea daily); RX/OTC
CVS LANCETS ULTRA THIN 30G	F	QL(6.67 ea daily); RX/OTC
CVS LANCETS ULTRA-THIN 30G	F	QL(6.67 ea daily); RX/OTC
CVS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS	F	QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCETS	F	QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCETS ULTRA THIN 30G	F	QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
DROPLET GENTEEL LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
DROPLET LANCETS ULTRA THIN 30G	F	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
DROPLET PERSONAL LANCETS30G	F	QL(6.67 ea daily); RX/OTC
DRUG MART ADJUSTABLE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
DRUG MART LANCETS THIN	F	QL(6.67 ea daily); RX/OTC
DRUG MART ON-THE-GO LANCETS GENTLE 30G	F	QL(6.67 ea daily); RX/OTC
DRUG MART UNILET LANCETSSUPER THIN 30G	F	QL(6.67 ea daily); RX/OTC
DRUG MART UNILET LANCETSULTRA THIN 28G	F	QL(6.67 ea daily); RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS	F	QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	F	QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	F	QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS TWIST TOP	F	QL(6.67 ea daily); RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
EASY MINI LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 28G/PULL-TOP	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 30G/PULL-TOP	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 32G/PULL-TOP	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCING DEVICE/EJECTOR MISC	F	QL(1 ea per 180 days retail)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	F	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	F	QL(6.67 ea daily); RX/OTC
EMBRACE LANCING DEVICE WITH EJECTOR MISC	F	QL(1 ea per 180 days retail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	F	QL(6.67 ea daily); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	F	QL(6.67 ea daily); RX/OTC
EQL COLOR LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	F	QL(6.67 ea daily); RX/OTC
EQL SUPER THIN LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
EQL THIN LANCETS 26G	F	QL(6.67 ea daily); RX/OTC
E-Z JECT LANCETS	F	QL(6.67 ea daily); RX/OTC
E-Z JECT LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
E-Z JECT LANCETS COLOR	F	QL(6.67 ea daily); RX/OTC
E-Z JECT LANCETS SUPER THIN 30G	F	QL(6.67 ea daily); RX/OTC
E-Z JECT LANCETS THIN 26G	F	QL(6.67 ea daily); RX/OTC
E-ZJECT LANCETS MICRO-THIN 33G	F	QL(6.67 ea daily); RX/OTC
EZ-LETS LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
EZ-LETS LANCETS 26G SUPER-SOFT	F	QL(6.67 ea daily); RX/OTC
EZ-LETS LANCETS 28G ULTRA-SOFT	F	QL(6.67 ea daily); RX/OTC
EZ-LETS LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS 32G	F	QL(6.67 ea daily); RX/OTC
FIFTY50 UNILET LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
FINE 30	F	QL(6.67 ea daily); RX/OTC
FINGERSTIX LANCETS	F	QL(6.67 ea daily); RX/OTC
FORA LANCETS	F	QL(6.67 ea daily); RX/OTC
FORA LANCING DEVICE/CLEARCAP MISC	F	QL(1 ea per 180 days retail)
FORA LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	F	QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	F	QL(6.67 ea daily); RX/OTC
FREESTYLE LANCETS	F	QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	F	QL(1 ea per 365 days retail); PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	F	QL(2 ea per 28 days retail); PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	F	QL(1 ea per 365 days retail); PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	F	QL(2 ea per 28 days retail); PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	F	QL(2 ea per 28 days retail); PA

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	F	QL(1 ea per 365 days retail); PA
FREESTYLE UNISTICK II LANCETS	F	QL(6.67 ea daily); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	F	QL(6.67 ea daily); RX/OTC
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	F	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	F	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	F	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	F	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	F	QL(1 ea per 180 days retail)
GENTLE-LET GP LANCETS	F	QL(6.67 ea daily); RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	F	QL(6.67 ea daily); RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	F	QL(6.67 ea daily); RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	F	QL(6.67 ea daily); RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	F	QL(6.67 ea daily); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
GLOBAL LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
GLUCOCOM LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
GLUCOCOM LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
GLUCOCOM LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
GNP LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
GNP LANCETS THIN 26G	F	QL(6.67 ea daily); RX/OTC
GNP LANCING SYSTEM DEVICE MISC	F	QL(1 ea per 180 days retail)
GNP STERILE LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
GNP STERILE LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
GNP STERILE LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	F	QL(1 ea per 180 days retail)
GOJJI STERILE LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	F	QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G	F	QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	F	QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	F	QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G	F	QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	F	QL(6.67 ea daily); RX/OTC
GOODSENSE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE	F	QL(6.67 ea daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	F	QL(6.67 ea daily); RX/OTC
HAEMOLANCE PLUS	F	QL(6.67 ea daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	F	QL(6.67 ea daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	F	QL(6.67 ea daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	F	QL(6.67 ea daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	F	QL(6.67 ea daily); RX/OTC
HEALTH CARE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	F	QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
H-E-B INCONTROL LANCETS MICRO THIN 33G	F	QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	F	QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	F	QL(6.67 ea daily); RX/OTC
HY-VEE LANCETS	F	QL(6.67 ea daily); RX/OTC
HY-VEE THIN LANCETS	F	QL(6.67 ea daily); RX/OTC
IN TOUCH LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
IN TOUCH STERILE LANCETS30G	F	QL(6.67 ea daily); RX/OTC
KINNEY LANCETS	F	QL(6.67 ea daily); RX/OTC
KINNEY THIN LANCETS	F	QL(6.67 ea daily); RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
KROGER HEALTHPRO TWIST LANCETS/26G	F	QL(6.67 ea daily); RX/OTC
KROGER LANCETS	F	QL(6.67 ea daily); RX/OTC
KROGER LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
KROGER LANCETS MICRO THIN33G	F	QL(6.67 ea daily); RX/OTC
KROGER LANCETS SUPER THIN	F	QL(6.67 ea daily); RX/OTC
KROGER LANCETS THIN	F	QL(6.67 ea daily); RX/OTC
KROGER LANCETS THIN 26G	F	QL(6.67 ea daily); RX/OTC
KROGER LANCETS ULTRATHIN30G	F	QL(6.67 ea daily); RX/OTC
KROGER LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LANCET DEVICE ADJUSTABLE MISC	F	QL(1 ea per 180 days retail)
LANCET DEVICE WITH EJECTOR MISC	F	QL(1 ea per 180 days retail)
LANCETS	F	QL(6.67 ea daily); RX/OTC
LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
LANCETS 30G TWIST TOP	F	QL(6.67 ea daily); RX/OTC
LANCETS 30G/TWIST TOP	F	QL(6.67 ea daily); RX/OTC
LANCETS 33G EXTRA FINE	F	QL(6.67 ea daily); RX/OTC
LANCETS 33G UNIVERSAL DESIGN	F	QL(6.67 ea daily); RX/OTC
LANCETS MICRO THIN 33G	F	QL(6.67 ea daily); RX/OTC
LANCETS SUPER THIN 28G	F	QL(6.67 ea daily); RX/OTC
LANCETS THIN	F	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LANCETS ULTRA THIN	F	QL(6.67 ea daily); RX/OTC
LANCETS ULTRA THIN 30G	F	QL(6.67 ea daily); RX/OTC
LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LANZO MISC	F	QL(1 ea per 180 days retail)
LEADER ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LIBERTY MEDICAL LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
LIBERTY MINI LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LITE TOUCH LANCETS	F	QL(6.67 ea daily); RX/OTC
LITE TOUCH LANCING PEN MISC	F	QL(1 ea per 180 days retail)
LITETOUCH LANCETS MICRO THIN 33G	F	QL(6.67 ea daily); RX/OTC
LIVE BETTER ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
LIVE BETTER LANCET SUPERTHIN 30G	F	QL(6.67 ea daily); RX/OTC
LIVE BETTER LANCET ULTRATHIN 28G	F	QL(6.67 ea daily); RX/OTC
LONGS LANCETS STANDARD	F	QL(6.67 ea daily); RX/OTC
LONGS LANCETS THIN	F	QL(6.67 ea daily); RX/OTC
LONGS LANCETS ULTRA THIN	F	QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	F	QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	F	QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	F	QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	F	QL(6.67 ea daily); RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	F	QL(6.67 ea daily); RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	F	QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS LANCETS	F	QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	F	QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS LITE LANCETS 25G	F	QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	F	QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	F	QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	F	QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS UNIVERSAL LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS/LITE 25G	F	QL(6.67 ea daily); RX/OTC
MEDLANCE/EXTRA	F	QL(6.67 ea daily); RX/OTC
MEDLANCE/LITE	F	QL(6.67 ea daily); RX/OTC
MEDLANCE/UNIVERSAL	F	QL(6.67 ea daily); RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	F	QL(6.67 ea daily); RX/OTC
MEIJER LANCETS	F	QL(6.67 ea daily); RX/OTC
MEIJER LANCETS THIN	F	QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL21G	F	QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL30G	F	QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL33G	F	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEIJER SUPER THIN LANCETS	F	QL(6.67 ea daily); RX/OTC
MICROLET LANCETS	F	QL(6.67 ea daily); RX/OTC
MICROLET NEXT MISC	F	QL(1 ea per 180 days retail)
MINI LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
MM LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
MM TWIST LANCETS	F	QL(6.67 ea daily); RX/OTC
MONOLET LANCETS	F	QL(6.67 ea daily); RX/OTC
MONOLET OPD LANCETS	F	QL(6.67 ea daily); RX/OTC
MONOLETTOR SAFETY LANCETS	F	QL(6.67 ea daily); RX/OTC
MPD SAFETY LANCET 21G/1.8MM	F	QL(6.67 ea daily); RX/OTC
MPD SAFETY LANCET 28G/1.8MM	F	QL(6.67 ea daily); RX/OTC
MPD SAFETY LANCET 30G/1.8MM	F	QL(6.67 ea daily); RX/OTC
MPD SAFETY LANCETS 23G/1.8MM	F	QL(6.67 ea daily); RX/OTC
MULTI-LANCET DEVICE MISC	F	QL(1 ea per 180 days retail)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
NOVA SAFETY LANCETS 23G	F	QL(6.67 ea daily); RX/OTC
NOVA SAFETY LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
NOVA SUREFLEX LANCETS	F	QL(6.67 ea daily); RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	F	PA
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	F	PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	F	PA
OMNIPOD DASH INTRO KIT (GEN 4) KIT	F	PA
OMNIPOD DASH PDM KIT (GEN 4) KIT	F	PA
OMNIPOD GO 10 UNITS/DAY KIT	F	PA
OMNIPOD GO 15 UNITS/DAY KIT	F	PA
OMNIPOD GO 20 UNITS/DAY KIT	F	PA
OMNIPOD GO 25 UNITS/DAY KIT	F	PA
OMNIPOD GO 30 UNITS/DAY KIT	F	PA
OMNIPOD GO 35 UNITS/DAY KIT	F	PA
OMNIPOD GO 40 UNITS/DAY KIT	F	PA
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	F	QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCETS FINE 30G	F	QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	F	QL(1 ea per 180 days retail)
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
ONETOUCH SURESOFT LANCING DEVICE/18G MISC	F	
ONETOUCH SURESOFT LANCING DEVICE/21G MISC	F	

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH SURESOFT LANCING DEVICE/28G MISC	F	
ONETOUCH ULTRA 2 KIT	F	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRA CONTROL SOLUTION LIQD	F	Limit 1 package per 90 days
ONETOUCH ULTRA CONTROL LIQD	F	Limit 1 package per 90 days
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	F	QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRASOFT LANCETS	F	QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	F	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	F	Limit 1 package per 90 days
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	F	Limit 1 package per 90 days
ONETOUCH VERIO REFLECT KIT	F	QL(1 ea per 365 days retail); RX/OTC
PC LANCETS SUPER THIN 30G	F	QL(6.67 ea daily); RX/OTC
PERFECT LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	F	QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS	F	QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	F	QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
PHARMACY COUNTER LANCETS	F	QL(6.67 ea daily); RX/OTC
PIP LANCETS/28G	F	QL(6.67 ea daily); RX/OTC
PIP LANCETS/30G	F	QL(6.67 ea daily); RX/OTC
PRECISION THINS GP LANCET	F	QL(6.67 ea daily); RX/OTC
PREFERRED PLUS LANCETS COLORED 21G	F	QL(6.67 ea daily); RX/OTC
PREFERRED PLUS LANCETS SUPER THIN 30G	F	QL(6.67 ea daily); RX/OTC
PREFERRED PLUS LANCETS THIN 26G	F	QL(6.67 ea daily); RX/OTC
PRO COMFORT LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
PRO COMFORT LANCETS 31G	F	QL(6.67 ea daily); RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
PRODIGY LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	F	QL(6.67 ea daily); RX/OTC
PRODIGY SAFETY LANCETS	F	QL(6.67 ea daily); RX/OTC
PRODIGY TWIST TOP LANCETS	F	QL(6.67 ea daily); RX/OTC
PSS SELECT GP LANCETS	F	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PSS SELECT SAFETY LANCETS	F	QL(6.67 ea daily); RX/OTC
PURE COMFORT LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
PX ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
PX LANCET AUTO INJECTOR MISC	F	QL(1 ea per 180 days retail)
PX LANCETS MICROTHIN 33G	F	QL(6.67 ea daily); RX/OTC
PX LANCETS ULTRA THIN	F	QL(6.67 ea daily); RX/OTC
PX LANCETS ULTRA THIN 28G	F	QL(6.67 ea daily); RX/OTC
QC ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
QC LANCETS SUPER THIN	F	QL(6.67 ea daily); RX/OTC
QC LANCETS ULTRA THIN	F	QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	F	QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	F	QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS THIN 26G	F	QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS THIN 28G	F	QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS ULTRATHIN 30G	F	QL(6.67 ea daily); RX/OTC
READYLANCE SAFETY LANCETS/21G/2.2MM	F	QL(6.67 ea daily); RX/OTC
READYLANCE SAFETY LANCETS/23G/1.8MM	F	QL(6.67 ea daily); RX/OTC
READYLANCE SAFETY LANCETS/26G/1.8MM	F	QL(6.67 ea daily); RX/OTC
READYLANCE SAFETY LANCETS/28G/1.8MM	F	QL(6.67 ea daily); RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	F	QL(6.67 ea daily); RX/OTC
REALITY LANCETS	F	QL(6.67 ea daily); RX/OTC
REALITY TRIGGER LANCETS	F	QL(6.67 ea daily); RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G MISC	F	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 25G MISC	F	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 30G MISC	F	QL(1 ea per 180 days retail)
RELION LANCETS MICRO-THIN33G	F	QL(6.67 ea daily); RX/OTC
RELION LANCETS THIN 26G	F	QL(6.67 ea daily); RX/OTC
RELION LANCETS ULTRA-THIN30G	F	QL(6.67 ea daily); RX/OTC
RELION LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
RELION ULTRA THIN LANCETS/30G	F	QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS30G	F	QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 32G	F	QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
REXALL LANCETS ULTRA THIN	F	QL(6.67 ea daily); RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
RIGHTEST GL300 LANCETS	F	QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE LOW FLOW 25G	F	QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE NORMAL FLOW21G	F	QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	F	QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	F	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	F	QL(6.67 ea daily); RX/OTC
SAFETY LANCET 30G/PRESSURE ACTIVATED	F	QL(6.67 ea daily); RX/OTC
SAFETY LANCETS	F	QL(6.67 ea daily); RX/OTC
SAFETY LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
SAFETY LANCETS 23G	F	QL(6.67 ea daily); RX/OTC
SAFETY LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
SAFETY LANCETS/PRESSURE ACTIVATED/28G	F	QL(6.67 ea daily); RX/OTC
SAPS HEALTH CARE TWIST TOP LANCETS	F	QL(6.67 ea daily); RX/OTC
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
SAPS HEALTH TWIST TOP LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
SAPSCARE TWIST TOP LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
SB LANCETS THIN	F	QL(6.67 ea daily); RX/OTC
SB LANCETS ULTRA THIN	F	QL(6.67 ea daily); RX/OTC
SELECT-LITE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SHOPKO AUTOLET LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SHOPKO ON-THE-GO COMFORTLANCETS 30G	F	QL(6.67 ea daily); RX/OTC
SHOPKO UNILET LANCETS SUPER THIN 30G	F	QL(6.67 ea daily); RX/OTC
SHOPKO UNILET LANCETS ULTRA THIN 28G	F	QL(6.67 ea daily); RX/OTC
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SINGLE-LET	F	QL(6.67 ea daily); RX/OTC
SM MICRO THIN LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SMART DIABETES VANTAGE LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G	F	QL(6.67 ea daily); RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	F	QL(6.67 ea daily); RX/OTC
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	F	QL(6.67 ea daily); RX/OTC
SMART SENSE THIN LANCETSUNIVERSAL 26G	F	QL(6.67 ea daily); RX/OTC
SMARTEST LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
SOLUS V2 LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
SOLUS V2 TWIST LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
STERILANCE TL	F	QL(6.67 ea daily); RX/OTC
SUPER THIN LANCETS	F	QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCETS 18G	F	QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCETS 23G	F	QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
SURE COMFORT LANCETS 30G	F	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCING PEN MISC	F	QL(1 ea per 180 days retail)
SURELITE LANCETS	F	QL(6.67 ea daily); RX/OTC
TECHLITE AST LANCETS	F	QL(6.67 ea daily); RX/OTC
TECHLITE LANCETS	F	QL(6.67 ea daily); RX/OTC
TECHLITE LANCETS 26G	F	QL(6.67 ea daily); RX/OTC
TECHLITE LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
TGT LANCET MICRO THIN 33G	F	QL(6.67 ea daily); RX/OTC
TGT LANCET THIN 26G	F	QL(6.67 ea daily); RX/OTC
TGT LANCET ULTRA THIN 30G	F	QL(6.67 ea daily); RX/OTC
TGT LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
THINLETS GP LANCETS	F	QL(6.67 ea daily); RX/OTC
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
TODAYS HEALTH SUPER THINLANCETS 30G	F	QL(6.67 ea daily); RX/OTC
TODAYS HEALTH ULTRA THINLANCETS 28G	F	QL(6.67 ea daily); RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	F	QL(6.67 ea daily); RX/OTC
TRAVEL LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
TRAVEL LANCETS ADVANCED 28G	F	QL(6.67 ea daily); RX/OTC
TRUE COMFORT SAFETY LANCETS/30G	F	QL(6.67 ea daily); RX/OTC
TRUE COMFORT TWIST TOP LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
TRUEDRAW LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G	F	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	F	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	F	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 33G MICRO THIN	F	QL(6.67 ea daily); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
TWIST TOP LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	F	QL(1 ea per 180 days retail)
ULTILET CLASSIC LANCETS	F	QL(6.67 ea daily); RX/OTC
ULTILET LANCETS	F	QL(6.67 ea daily); RX/OTC
ULTILET LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	F	QL(6.67 ea daily); RX/OTC
ULTILET SAFETY LANCETS 23G	F	QL(6.67 ea daily); RX/OTC
ULTRA THIN LANCETS 31G	F	QL(6.67 ea daily); RX/OTC
ULTRA-CARE LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
ULTRA-THIN II AUTO LANCET	F	QL(6.67 ea daily); RX/OTC
ULTRA-THIN II LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
ULTRA-THIN II LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
UNILET COMFORTOUCH LANCET	F	QL(6.67 ea daily); RX/OTC
UNILET EXCELITE	F	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNILET EXCELITE II	F	QL(6.67 ea daily); RX/OTC
UNILET G.P. LANCET	F	QL(6.67 ea daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	F	QL(6.67 ea daily); RX/OTC
UNILET GP 28 ULTRA THIN	F	QL(6.67 ea daily); RX/OTC
UNILET LANCET	F	QL(6.67 ea daily); RX/OTC
UNILET LANCETS MICRO-THIN33G	F	QL(6.67 ea daily); RX/OTC
UNILET LANCETS SUPER-THIN30G	F	QL(6.67 ea daily); RX/OTC
UNILET LANCETS ULTRA-THIN 28G	F	QL(6.67 ea daily); RX/OTC
UNILET SUPERLITE LANCET	F	QL(6.67 ea daily); RX/OTC
UNISTIK 3 GENTLE	F	QL(6.67 ea daily); RX/OTC
UNISTIK PRO SAFETY LANCET 21G	F	QL(6.67 ea daily); RX/OTC
UNISTIK PRO SAFETY LANCET 25G	F	QL(6.67 ea daily); RX/OTC
UNISTIK PRO SAFETY LANCET 28G	F	QL(6.67 ea daily); RX/OTC
UNISTIK SAFETY LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 21G	F	QL(6.67 ea daily); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 23G	F	QL(6.67 ea daily); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
UNIVERSAL 1 LANCETS THIN26G	F	QL(6.67 ea daily); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	F	QL(6.67 ea daily); RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	F	QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCETS STANDARD 21G	F	QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	F	QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCETS THIN 26G	F	QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
VALUMARK LANCET SUPER THIN 30G	F	QL(6.67 ea daily); RX/OTC
VALUMARK LANCET ULTRA THIN 28G	F	QL(6.67 ea daily); RX/OTC
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	F	QL(6.67 ea daily); RX/OTC
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	F	QL(6.67 ea daily); RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	F	QL(6.67 ea daily); RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	F	QL(6.67 ea daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	F	QL(6.67 ea daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	F	QL(6.67 ea daily); RX/OTC
V-GO 20 KIT	F	PA
V-GO 30 KIT	F	PA
V-GO 40 KIT	F	PA
VIDA MIA AUTOLET LANCINGDEVICE MISC	F	QL(1 ea per 180 days retail)
VIDA MIA UNILET LANCETS SUPER THIN 30G	F	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNILET LANCETS ULTRA THIN 28G	F	QL(6.67 ea daily); RX/OTC
VIVAGUARD LANCETS	F	QL(6.67 ea daily); RX/OTC
VIVAGUARD LANCING DEVICE MISC	F	QL(1 ea per 180 days retail)
VIVAGUARD SAFETY LANCETS/28G	F	QL(6.67 ea daily); RX/OTC
WALGREENS ADVANCED TRAVELLANCETS 28G	F	QL(6.67 ea daily); RX/OTC
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	F	QL(6.67 ea daily); RX/OTC
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	F	QL(6.67 ea daily); RX/OTC
WALGREENS LANCETS	F	QL(6.67 ea daily); RX/OTC
WALGREENS THIN LANCETS	F	QL(6.67 ea daily); RX/OTC
WALGREENS ULTRA THIN LANCETS	F	QL(6.67 ea daily); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	F	QL(6.67 ea daily); RX/OTC
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
ALCOH-GLOVE CONTOURED WIPE	F	QL(400 ea per 30 days retail); RX/OTC
ALCOHOL PADS	F	QL(400 ea per 30 days retail); RX/OTC
ALCOHOL PREP PAD	F	QL(400 ea per 30 days retail); RX/OTC
ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
ALCOHOL PREPS	F	QL(400 ea per 30 days retail); RX/OTC
ALCOHOL SWABS	F	QL(400 ea per 30 days retail); RX/OTC
ALCOHOL SWABSTICKS	F	QL(400 ea per 30 days retail); RX/OTC
AMEDA PURELY YOURS BREASTPUMP/HYGIENIKIT MISC	F	QL(1 ea per 365 days retail); RX/OTC
AMEDA PURELY YOURS ELECTRIC BREAST PUMP/HYGIENIKIT MISC	F	QL(1 ea per 365 days retail); RX/OTC
BD SWABS SINGLE USE	F	QL(400 ea per 30 days retail); RX/OTC
BD SWABS SINGLE USE BUTTERFLY	F	QL(400 ea per 30 days retail); RX/OTC
BREAST PUMP	F	QL (1 ea per 365 days retail); RX/OTC
CARETOUCH ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	F	QL(400 ea per 30 days retail); RX/OTC
CVS ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
CVS PILL SPLITTER MISC	F	QL(1 ea per 365 days retail); RX/OTC
CVS PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
DROPSAFE ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
EASY COMFORT ALCOHOL PADS	F	QL(400 ea per 30 days retail); RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	F	QL(400 ea per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL ALCOHOL SWABS	F	QL(400 ea per 30 days retail); RX/OTC
EZY DOSE DELUXE PILL CUTTER MISC	F	QL(1 ea per 365 days retail); RX/OTC
EZY DOSE PILL CUTTER ORIGNAL MISC	F	QL(1 ea per 365 days retail); RX/OTC
FIFTY50 ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	F	QL(400 ea per 30 days retail); RX/OTC
GNP ALCOHOL SWABS	F	QL(400 ea per 30 days retail); RX/OTC
HARMONY BREASTPUMP MISC	F	QL(1 ea per 365 days retail); RX/OTC
H-E-B INCONTROL ALCOHOL PADS	F	QL(400 ea per 30 days retail); RX/OTC
HM STERILE ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
KANESON BREAST PUMP/NURSER MISC	F	QL(1 ea per 365 days retail); RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	F	QL(400 ea per 30 days retail); RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	F	QL(400 ea per 30 days retail); RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
PILL SPLITTER	F	QL (1 ea per 365 days retail); RX/OTC
PILL SPLITTER MISC	F	QL(1 ea per 365 days retail); RX/OTC
PRO COMFORT ALCOHOL PADS	F	QL(400 ea per 30 days retail); RX/OTC
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP/BACKPACK MISC	F	QL(1 ea per 365 days retail); RX/OTC
PUMP IN STYLE ADVANCED DOUBLE BREASTPUMP MISC	F	QL(1 ea per 365 days retail); RX/OTC
PURE COMFORT ALCOHOL PREPPADS	F	QL(400 ea per 30 days retail); RX/OTC
QC ALCOHOL SWABS	F	QL(400 ea per 30 days retail); RX/OTC
RA ALCOHOL SWABS	F	QL(400 ea per 30 days retail); RX/OTC
REALITY SWABS	F	QL(400 ea per 30 days retail); RX/OTC
RELION ALCOHOL SWABS	F	QL(400 ea per 30 days retail); RX/OTC
SAPS CARE ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	F	QL(400 ea per 30 days retail); RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
SB ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
SIGNATURE PRO DOUBLE ELECTRIC BREAST PUMP MISC	F	RX/OTC
SIGNATURE PRO HEALTHCAREDOUBLE ELECTRIC BREAST PUMP MISC	F	QL(1 ea per 365 days retail); RX/OTC
SIMPLYGO BREAST PUMP/DUAL MISC	F	QL(1 ea per 365 days retail); RX/OTC
SIMPLYGO BREAST PUMP/SINGLE MISC	F	QL(1 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SM ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
SURE COMFORT ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
TABLET CUTTER/DELUXE SAFETY MISC	F	QL(1 ea per 365 days retail); RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
ULTICARE ALCOHOL SWABS	F	QL(400 ea per 30 days retail); RX/OTC
ULTILET ALCOHOL SWABS	F	QL(400 ea per 30 days retail); RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	F	QL(400 ea per 30 days retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	F	QL(400 ea per 30 days retail); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	F	QL(400 ea per 30 days retail); RX/OTC
ZEVRX STERILE ALCOHOL PREP PADS	F	QL(400 ea per 30 days retail); RX/OTC
Parenteral Therapy Supplies		
2-3ML SYRINGE/LUER LOCK TIP	F	RX/OTC
2-3ML SYRINGE/LUER SLIP TIP	F	RX/OTC
30-35ML SYRINGE/CATHETERTIP	F	RX/OTC
30-35ML SYRINGE/LUER LOCKTIP	F	RX/OTC
30-35ML SYRINGE/LUER SLIPTIP/ECCENTRIC TIP	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2"	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1"	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1"	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8"	F	RX/OTC
3ML LUER-LOK SYRINGE25G X 5/8"	F	RX/OTC
3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/20G X 1"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/20G X 1"/LUER SLIP TIP	F	RX/OTC
3ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/21G X 1"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/21G X 1"/LUER SLIP TIP	F	RX/OTC
3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/21G X 1-1/4"/LUER LOCK TIP	F	
3ML SYRINGE/22G 1-1/2"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/22G X 1"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/22G X 1-1/4"/LUER LOCK TIP	F	

Drug Name	Drug Tier	Requirements/ Limits
3ML SYRINGE/22G X 3/4"/LUER LOCK TIP	F	
3ML SYRINGE/22G X 3/4"/LUER SLIP TIP	F	
3ML SYRINGE/25G X 1"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/27G X 1-1/4"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/LUER LOCK TIP23GX1"	F	RX/OTC
3ML SYRINGE/LUER LOCK TIP25G X 1-1/2"	F	
3ML SYRINGE/LUER SLIP TIP23GX1"	F	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
AQ INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
AQ INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
BD 1ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25G X 5/8"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/20G X 1"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/21G X 1"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/21G X 1-1/2"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/25G X 1"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/26G X 5/8"	F	
BD 3ML SYRINGE LUER-LOK 21GX1-1/2"	F	RX/OTC
BD 3ML SYRINGE LUER-LOK 22GX1"	F	RX/OTC
BD 3ML SYRINGE LUER-LOK 22GX1-1/2"	F	RX/OTC
BD 3ML SYRINGE LUER-LOK 23GX1"	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD 3ML SYRINGE LUER-LOK 25GX1-1/2"	F	
BD 3ML SYRINGE LUER-LOK 25GX5/8"	F	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	F	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1"	F	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8"	F	RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	F	QL(6 ea daily); RX/OTC
BD BLUNT FILL NEEDLE/18GX 1-1/2"	F	RX/OTC
BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	F	RX/OTC
BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1"	F	RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK SYRINGE 3ML/23G X 1-1/2"	F	RX/OTC
BD ECLIPSE SYRINGE 3ML/21G X 1"	F	RX/OTC
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	F	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/22G X 1"	F	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/23G X 1"	F	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/25G X 5/8"	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD EXAM ROOM SHARPS COLLECTOR/NEXT GENERATION PATIENT	F	QL(2 ea per 30 days retail); RX/OTC
BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	F	RX/OTC
BD HYPODERMIC NEEDLES 16GX1"	F	RX/OTC
BD HYPODERMIC NEEDLES 18GX1"	F	RX/OTC
BD HYPODERMIC NEEDLES 18GX1.5"	F	RX/OTC
BD HYPODERMIC NEEDLES 19GX1"	F	RX/OTC
BD HYPODERMIC NEEDLES 19GX1.5"	F	RX/OTC
BD HYPODERMIC NEEDLES 21GX1"	F	RX/OTC
BD HYPODERMIC NEEDLES 21GX2"	F	RX/OTC
BD HYPODERMIC NEEDLES 22GX1"	F	RX/OTC
BD HYPODERMIC NEEDLES 22GX1.5"	F	RX/OTC
BD HYPODERMIC NEEDLES 23GX1"	F	RX/OTC
BD HYPODERMIC NEEDLES 23GX3/4"	F	RX/OTC
BD HYPODERMIC NEEDLES 25GX1.5"	F	RX/OTC
BD HYPODERMIC NEEDLES 26GX1/2"	F	RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	F	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	F	QL(6 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	F	QL(6 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	F	QL(6 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	F	QL(6 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	F	QL(6 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	F	QL(6 ea daily)
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM	F	QL(6 ea daily)
BD INTEGRA SYRINGE RETRACTING SAFETY/3ML/21G X 1"	F	RX/OTC
BD INTEGRA SYRINGE/3ML 25GX1"	F	RX/OTC
BD INTEGRA SYRINGE/3ML/21G X 1-1/2"	F	RX/OTC
BD INTEGRA SYRINGE/3ML/22G X 1.5"	F	RX/OTC
BD INTEGRA SYRINGE/3ML/23G X 1"	F	RX/OTC
BD INTEGRA SYRINGE/3ML/25G X 5/8	F	RX/OTC
BD LUER-LOK SYRINGE W/ECLIPSE NEEDLE	F	RX/OTC
BD LUER-LOK SYRINGE/3ML	F	RX/OTC
BD NEEDLE 30G X 1"	F	
BD NEEDLE/16G X 1-1/2"	F	RX/OTC
BD NEEDLE/18G 1-1/2"	F	RX/OTC
BD NEEDLE/19G X 1"	F	RX/OTC
BD NEEDLE/20G X 1"	F	RX/OTC
BD NEEDLE/20G X 1-1/2"	F	RX/OTC
BD NEEDLE/21G 1-1/2"	F	RX/OTC
BD NEEDLE/22G X 1-1/2"	F	RX/OTC
BD NEEDLE/25G X 5/8"	F	RX/OTC
BD NEEDLE/25G X 7/8"	F	
BD NEEDLE/27G X 1/2"	F	RX/OTC
BD NEEDLE/30G X 1/2"	F	RX/OTC
BD NOKOR NEEDLE ADMIX THIN WALL/18G X 1-1/2"	F	RX/OTC
BD PEN NEEDLES	F	QL (6 ea daily); RX/OTC
BD PHLEBOTOMY SHARPS COLLECTOR	F	QL(2 ea per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK	F	RX/OTC
BD PRECISIONGLIDE 23GX1-1/2"	F	RX/OTC
BD SAFETYGLIDE 21G X 1-1/2"	F	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
BD SAFETYGLIDE SYRINGE 3ML/25GX1"	F	RX/OTC
BD SHARPS COLLECTOR COUNTERBALANCED DOOR	F	QL(2 ea per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD SHARPS COLLECTOR/MULTI-USE/ONE PIECE	F	QL(2 ea per 30 days retail); RX/OTC
BD SHARPS COLLECTOR/MULTI-USE/ONE-PIECE	F	QL(2 ea per 30 days retail); RX/OTC
BD SHARPS CONTAINER HOME	F	QL(2 ea per 30 days retail); RX/OTC
BD SHARPS DISPOSAL BY MAIL 1.4 QUART	F	QL(2 ea per 30 days retail); RX/OTC
BD SLIP TIP SYRINGE/1ML	F	RX/OTC
BD SLIP TIP SYRINGE/3ML	F	RX/OTC
BD SLIP TIP SYRINGE/NEEDLE/1ML/26G X 5/8"	F	
BD SYRINGE LUER-LOK 3ML/NEEDLE BLUNT FILL 18G X 1-1/2"	F	RX/OTC
BD SYRINGE LUER-LOK/1ML	F	RX/OTC
BD SYRINGE SLIP TIP 1ML	F	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	F	QL(6 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	F	QL(6 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	F	QL(6 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	F	QL(6 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	F	QL(6 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/23G X 1"	F	
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/25G X 1"	F	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/23G X 1"	F	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1"	F	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8"	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1-1/2"	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1"	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1-1/2"	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1"	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1-1/2"	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/25GX1"	F	RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/U-100/1ML/28GX 5/16"	F	QL(6 ea daily)
CARETOUCH INSULIN SYRINGE/U-100/1ML/29GX 5/16"	F	QL(6 ea daily)
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
CARETOUCH LUER LOCK 3ML/22GX1"	F	RX/OTC
CARETOUCH LUER LOCK 3ML/22GX1-1/2"	F	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1"	F	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1-1/2'	F	RX/OTC
CARETOUCH LUER LOCK 3ML/25GX1"	F	RX/OTC
CARETOUCH LUER LOCK 3ML/25GX1-1/2"	F	
CARETOUCH LUER LOCK 3ML/25GX5/8"	F	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	F	QL(6 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
COMPLETE NEEDLE COLLECTION & DISPOSAL SYSTEM	F	QL(2 ea per 30 days retail); RX/OTC
CVS NEEDLE COLLECTION & DISPOSAL	F	QL(2 ea per 30 days retail); RX/OTC
DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 1ML/22GX1-1/2"	F	
DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2"	F	RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	F	QL(6 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	F	QL(6 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	F	QL(6 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	F	QL(6 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	F	QL(6 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	F	QL(6 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	F	QL(6 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY COMFORT SHARPS CONTAINER	F	QL(2 ea per 30 days retail); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 18GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 18GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 19GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 20GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 20GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 21GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 21GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 22GX1"	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH FLIPLOCK NEEDLES 22GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 22GX3/4"	F	
EASY TOUCH FLIPLOCK NEEDLES 23GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 23GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 23GX5/8"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 25GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 25GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 25GX5/8"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 26GX1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 27GX1"	F	
EASY TOUCH FLIPLOCK NEEDLES 27GX1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 28GX1/2"	F	
EASY TOUCH FLIPLOCK NEEDLES 29GX1/2"	F	
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 30GX5/16"	F	
EASY TOUCH FLIPLOCK NEEDLES 31GX5/16"	F	
EASY TOUCH FLIPLOCK NEEDLLES 19GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETTY SYRINGES 3ML/18GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/26GX3/8"	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2"	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/19GX1"	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/19GX1.5"	F	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1"	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2"	F	RX/OTC
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	F	RX/OTC
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX5/8"	F	RX/OTC
EASY TOUCH FLURINGE FLU TRAY SYRINGE/1ML/25G X 1"	F	RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX1"	F	RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8"	F	RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 1"	F	RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 5/8"	F	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	F	QL(6 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	F	QL(6 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
EASY TOUCH SAFETY SYRINGE/1ML/25G X 1"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/1ML/25G X 5/8"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/21G X 1"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 1"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	F	QL(6 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8"	F	RX/OTC
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/26GX5/8"	F	
EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1"	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1-1/2"	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/23 G X 1"	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/25G X 1"	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/25G X 5/8"	F	RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	F	QL(6 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	F	QL(6 ea daily)
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	F	QL(6 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGES/0.3ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/27G X 1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/27GX/1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/28GX1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
INSULIN SYRINGES-MISC	F	QL (6 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	F	QL(6 ea daily)
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	F	QL(6 ea daily)
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	F	QL(6 ea daily)
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	F	QL(6 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	F	QL(6 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MAGELLAN SYRINGE/HYPODERMIC SAFETY NEEDLE/1ML/23G X 1"	F	
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	F	QL(6 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	F	QL(6 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	F	QL(6 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
MONOJECT 1ML LUER LOCK TUBERCULIN SYRINGE/TIP CAP	F	RX/OTC
MONOJECT 3ML SYRINGE/STANDARD HYPODERMIC NEEDLE/21GX1-1/2"	F	RX/OTC
MONOJECT BLUNTIP SYRINGE/3ML/CANNULA /IV ACCESS	F	RX/OTC
MONOJECT INSULIN SYRINGE/1ML	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	F	QL(6 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML	F	QL(6 ea daily); RX/OTC
MONOJECT LIFESHIELD BLUNTCANNULA/LUER LOCK SYR/3ML/18G X 1"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/23G X 1"	F	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 1"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 5/8"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1"	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1-1/2"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1-1/2"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/23G X 1"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 1"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 5/8"	F	RX/OTC
MONOJECT SHARPS CONTAINER/14 QUART	F	QL(2 ea per 30 days retail); RX/OTC
MONOJECT SYRINGE/CATHETERTIP/35ML	F	RX/OTC
MONOJECT SYRINGE/ECCENTRIC LUER/35ML	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/35ML	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 3/4"	F	
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1"	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1"	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1"	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8"	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/27G X 1-1/4"	F	RX/OTC
MONOJECT SYRINGE/LUER-LOCK TIP/3ML	F	RX/OTC
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1"	F	RX/OTC
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1-1/2"	F	RX/OTC
MONOJECT SYRINGE/REG LUER/35ML	F	RX/OTC
MONOJECT SYRINGE/REG LUER/3ML	F	RX/OTC
MONOJECT SYRINGE/REGULARTIP/ 3ML	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/20GX1"	F	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/20GX1-1/2"	F	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/21GX1"	F	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/22GX1"	F	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/22GX1-1/2"	F	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/23GX1"	F	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/25GX1"	F	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/25GX1-1/4"	F	
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/25GX5/8"	F	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/27GX1-1/4"	F	RX/OTC
MONOJECT TUBERCULIN SYRINGE SOFTPACK 1ML REGULAR LUER TIP	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT TUBERCULIN SYRINGE/WITHOUT NEEDLE/REG LUER/1ML	F	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
MS INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	F	QL(6 ea daily); RX/OTC
SAFETY SYRINGES/NEEDLE 1ML/25GX5/8"	F	RX/OTC
SAFETY SYRINGES/NEEDLE 1ML/27GX1/2"	F	
SAFETY SYRINGES/NEEDLE 3ML/20GX1"	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/20GX1-1/2"	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/21GX1"	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFETY SYRINGES/NEEDLE 3ML/21GX1-1/2"	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/22GX1"	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/22GX1-1/2"	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/23GX1"	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/25GX5/8"	F	RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1"	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1-1/2"	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/21G X 1-1/2"	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/22G X 1-1/2"	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8"	F	RX/OTC
SHARP CONTAINER	F	QL(2 ea per 30 days retail); RX/OTC
SHARPS COLLECTOR	F	QL(2 ea per 30 days retail); RX/OTC
SHARPS CONTAINER/UNIVERSAL	F	QL(2 ea per 30 days retail); RX/OTC
SHARPS DISPOSAL BY MAIL SYSTEM	F	QL(2 ea per 30 days retail); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	F	QL(6 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
SYRINGE/LUER LOCK/3ML	F	RX/OTC
SYRINGE/LUER LOCK/3ML/20G X 1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/20GX1-1/2"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21G X 1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21G X 1-1/2"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21GX1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21GX1-1/2"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22GX1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22GX1-1/2"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/23GX1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1-1/2"	F	
SYRINGE/LUER LOCK/3ML/25G X 5/8"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX5/8"	F	RX/OTC
SYRINGE/LUER SLIP/1ML	F	RX/OTC
SYRINGE/LUER SLIP/1ML/25G X 5/8"	F	RX/OTC
SYRINGE/LUER SLIP/1ML/26G X 3/8"	F	
SYRINGE/LUER SLIP/1ML/27G X 1/2"	F	
SYRINGE/LUER SLIP/35ML	F	RX/OTC
SYRINGE/LUER SLIP/3ML	F	RX/OTC
SYRINGES/LUER LOCK/1ML/20GX1"	F	RX/OTC
SYRINGES/LUER LOCK/WITHOUT NEEDLE/3ML	F	RX/OTC
SYRINGES/LUER SLIP/1ML/25GX5/8"	F	RX/OTC
SYRINGES/LUER SLIP/WITHOUT NEEDLE/1ML	F	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	F	QL(6 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	F	QL(6 ea daily)
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/ 30G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/ 31G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/ 30G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/ 31G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/30 G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31 G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	F	QL(6 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTICARE SAFETY SYRINGE/LOW DEAD SPACE/1.5ML/22GX1-1/2"	F	
ULTICARE SYRINGE/LOW DEADSPACE/1ML/22G X1-1/2"	F	
ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2"	F	RX/OTC
ULTICARE TUBERCULIN SAFETSYRINGES/1ML/27G X 5/8"	F	
ULTICARE TUBERCULIN SAFETSYRINGES/1ML/28G X 1/2"	F	
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 1/2"	F	
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	F	QL(6 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	F	QL(6 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	F	QL(6 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	F	QL(6 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	F	QL(6 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	F	QL(6 ea daily); RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	F	QL(6 ea daily); RX/OTC
ULTILET SHARPS CONTAINER1 QUART	F	QL(2 ea per 30 days retail); RX/OTC
ULTILET SHARPS CONTAINER2 QUART	F	QL(2 ea per 30 days retail); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	F	QL(6 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	F	QL(6 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	F	QL(6 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	F	QL(6 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	F	QL(6 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	F	QL(6 ea daily)
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1-1/2"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1-1/2"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/22GX1"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/22GX1-1/2"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1-1/2"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX1"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2"	F	
VANISHPOINT SAFETY SYRINGE/3ML/25GX5/8"	F	RX/OTC
VANISHPOINT SYRINGE/1ML/25G X 1"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1-1/2"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1"	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT SYRINGE/3ML/21G X 1-1/2"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1-1/2"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1-1/2"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 1"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 1-1/2"	F	
VANISHPOINT SYRINGE/3ML/25G X 5/8"	F	RX/OTC
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	F	QL(6 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	F	QL(6 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	F	QL(6 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	F	QL(6 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	F	QL(6 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	F	QL(6 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	F	QL(6 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	F	QL(6 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	F	QL(6 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	F	QL(6 ea daily); RX/OTC
VERIFINE PERSONAL SHARPSCONTAINER	F	QL(2 ea per 30 days retail); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	F	QL(6 ea daily); RX/OTC
YALE NEEDLES 21G X 1-1/4"	F	
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2"	F	QL(6 ea daily); RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16"	F	QL(6 ea daily); RX/OTC
Respiratory Therapy Supplies		
ADULT MASK DEVI	F	RX/OTC
AEROBIKA DEVI	F	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	F	RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	F	RX/OTC
AEROCHAMBER MV MISC	F	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	F	RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	F	RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	F	RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	F	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	F	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	F	RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	F	RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	F	RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	F	RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	F	RX/OTC
BREATHE EASE/LARGE MASK DEVI	F	RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	F	RX/OTC
BREATHE EASE/SMALL MASK DEVI	F	RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	F	RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	F	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	F	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	F	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	F	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	F	RX/OTC
CO MONITOR DEVI	F	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	F	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	F	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	F	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	F	RX/OTC
EASIVENT/MASK-LARGE MISC	F	RX/OTC
EASIVENT/MASK-MEDIUM MISC	F	RX/OTC
EASIVENT/MASK-SMALL MISC	F	RX/OTC
EASIVENT MISC	F	RX/OTC
EASY FLOW BLACK/BLUE DEVI	F	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	F	RX/OTC
EASY FLOW BLACK/RED DEVI	F	RX/OTC
EASY FLOW BLACK/WHITE DEVI	F	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	F	RX/OTC
EASY FLOW WHITE/BLUE DEVI	F	RX/OTC
EASY FLOW WHITE/GREEN DEVI	F	RX/OTC
EASY FLOW WHITE/PINK DEVI	F	RX/OTC
EASY FLOW WHITE/WHITE DEVI	F	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	F	RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	F	RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	F	RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	F	RX/OTC
FLEXICHAMBER DEVI	F	RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	F	RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	F	RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	F	RX/OTC
MASK VORTEX/CHILD/FROG	F	RX/OTC
MASK VORTEX/TODDLER/LADYBUG	F	RX/OTC
MICROCHAMBER DEVI	F	RX/OTC
MICROCHAMBER MISC	F	RX/OTC
MICROSPACER MISC	F	RX/OTC
NEBULIZER CUP/TUBING DEVI	F	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	F	RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	F	RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	F	RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	F	RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	F	RX/OTC
OPTICHAMBER DIAMOND DEVI	F	RX/OTC
OPTICHAMBER DIAMOND MISC	F	RX/OTC
PANDA MASK LARGE	F	RX/OTC
PANDA MASK MEDIUM	F	RX/OTC
PANDA MASK SMALL	F	RX/OTC
PARI MANUAL INTERRUPTER DEVI	F	RX/OTC
PARI TREK S COMBO PACK DEVI	F	RX/OTC
PARI VORTEX ADULT MASK	F	RX/OTC
PEDIATRIC PANDA MASK	F	RX/OTC
POCKET CHAMBER DEVI	F	RX/OTC
POCKET SPACER DEVI	F	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	F	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	F	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	F	RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	F	RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	F	RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	F	RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	F	RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	F	RX/OTC
QUAKE DEVI	F	RX/OTC
RITEFLO DEVI	F	RX/OTC
SPACERS AND BREATHING CHAMBERS-MISC	F	RX/OTC
SPIRO PD DEVI	F	RX/OTC
THRESHOLD PEP DEVI	F	RX/OTC
VERSAPAP/UNIVERSAL TUBING DEVI	F	RX/OTC
VERSAPAP DEVI	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	F	RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	F	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	F	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS *(ergotamine w/ caffeine)*	NF	
ergotamine w/ caffeine SUPP	F	
ergotamine w/ caffeine TABS	F	
Migraine Products		
D.H.E. 45 SOLN IJ *(dihydroergotamine mesylate)*	NF	10/30 days; QL(10 ml per 31 days retail)
dihydroergotamine mesylate SOLN NA 4 MG/ML	F	
dihydroergotamine mesylate SOLN IJ 1 MG/ML	F	10/30 days; QL(10 ml per 31 days retail)
MIGRANAL SOLN NA *(dihydroergotamine mesylate)*	NF	
Serotonin Agonists		
AMERGE *(naratriptan hcl)*	NF	QL(12 ea per 31 days retail)
IMITREX 5 MG/ACT, 20 MG/ACT *(sumatriptan)*	NF	QL(6 ea per 31 days retail)
IMITREX STATDOSE REFILL SOCT *(sumatriptan succinate)*	NF	Max Fills = 3 per 31 days; QL(0.1 ml daily)
IMITREX STATDOSE SYSTEM SOAJ *(sumatriptan succinate)*	NF	Max Fills = 3 per 31 days; QL(0.1 ml daily)
IMITREX TABS *(sumatriptan succinate)*	NF	12/31 days; QL(12 ea per 31 days retail)
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	NF	QL(12 ea per 31 days retail)
MAXALT TABS 10 MG *(rizatriptan benzoate)*	NF	QL(12 ea per 31 days retail)
naratriptan hcl	F	QL(12 ea per 31 days retail)
rizatriptan benzoate TABS	F	QL(12 ea per 31 days retail)
rizatriptan benzoate TBDP	F	QL(12 ea per 31 days retail)
sumatriptan	F	QL(6 ea per 31 days retail)
sumatriptan succinate SOAJ	F	Max Fills = 3 per 31 days; QL(0.1 ml daily)
sumatriptan succinate SOCT	F	Max Fills = 3 per 31 days; QL(0.1 ml daily)
sumatriptan succinate SOLN 6 MG/0.5ML	F	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
sumatriptan succinate TABS	F	12/31 days; QL(12 ea per 31 days retail)
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium bicarbonate IV 4.2 %, 8.4 %	F	
SODIUM BICARBONATE IV	F	
Calcium		
CALCET PETITES TABS	F	
CAL-CITRATE PLUS VITAMIND TABS	F	
CALCIUM 1000 + D TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM 600+D HIGH POTENCY TABS	F	
CALCIUM CARBONATE CHEW	F	
calcium carbonate-cholecalciferol CHEW 400 UNIT-500 MG, 400 UNIT-600 MG, 600 UNIT-500 MG	F	
calcium carbonate-cholecalciferol TABS	F	
calcium carbonate TABS 500 MG, 600 MG, 1250 MG, 1500 MG	F	
calcium carbonate-vitamin d CAPS	F	
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT	F	
CALCIUM CITRATE + D3 TABS	F	
CALCIUM CITRATE W/D TABS	F	
CALCIUM CITRATE W/VITAMIN D TABS	F	
CALCIUM CITRATE+ D TABS	F	
calcium citrate TABS 200 MG	F	
CALCIUM CITRATE TABS 250 MG	F	
calcium citrate-vitamin d TABS	F	
CALCIUM/VITAMIN D TABS	F	
CALCIUM CHEW	F	
calcium TABS	F	
CAL-MINT CHEW	F	
CALTRATE 600+D3 TABS *(calcium carbonate-cholecalciferol)*	NF	
CALTRATE BONE HEALTH TABS *(calcium carbonate-cholecalciferol)*	NF	
CHELATED CALCIUM TABS 200 MG	F	
CHEWABLE CALCIUM/D3 WAFR	F	
CITRACAL + D3 MAXIMUM TABS *(calcium citrate-vitamin d)*	NF	
CITRACAL PETITES/VITAMIND TABS *(calcium citrate-vitamin d)*	NF	
EQL CALCIUM/VITAMIN D CAPS	F	
oyster shell	F	
OYSTER SHELL CALCIUM/D TABS	F	
OYSTER SHELL CALCIUM/VITAMIN D TABS	F	
PARVA-CAL	F	
QC CALCIUM 500MG/D3 TABS	F	
RA CALCIUM/BORON	F	
RA CALCIUM TABS	F	
UPCAL D POWD	F	
Electrolyte Mixtures		
BIOLYTE SOLN	F	
CERALYTE 70 SOLN	F	
CERASPORT EX1 SOLN	F	
CERASPORT SOLN	F	
ENFAMIL ENFALYTE SOLN	F	
EQUALYTE SOLN *(oral electrolytes)*	F	
HYDRALYTE FREEZER POPS SOLN	F	
HYDRALYTE SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
KINDERLYTE PREMAX SOLN	F	
KINDERLYTE SOLN	F	
oral electrolytes SOLN	F	
PEDIALYTE ADVANCED CARE SOLN *(oral electrolytes)*	F	
PEDIALYTE FREEZER POPS SOLN *(oral electrolytes)*	F	
PEDIALYTE SINGLES SOLN *(oral electrolytes)*	F	
PEDIALYTE SOLN *(oral electrolytes)*	F	
TRUELYTE SOLN	F	
Fluoride		
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	F	
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	F	RX/OTC
sodium fluoride TABS	F	
Magnesium		
MAG-200 TABS *(magnesium oxide (mg supplement))*	F	
MAG64 TBEC *(magnesium chloride)*	NF	
MAG-G TABS	F	
magnesium chloride TBEC	F	
MAGNESIUM ELEMENTAL TABS	F	
MAGNESIUM EXTRA STRENGTH CAPS	F	
magnesium gluconate TABS 27.5 MG	F	
MAGNESIUM GLUCONATE TABS 250 MG, 500 MG, 550 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
magnesium oxide (mg supplement) CAPS	F	
magnesium oxide (mg supplement) TABS 200 MG, 250 MG, 400 MG, 500 MG	F	
MAGNESIUM OXIDE CAPS	F	
MAGNESIUM CAPS 400 MG	F	
MAGNESIUM CHEW	F	
magnesium TABS 250 MG, 100 MG, 250 MG	F	
MAGNESIUM TABS 200 MG	F	
MAGOX 400 TABS *(magnesium oxide (mg supplement))*	NF	
Phosphate		
K-PHOS NEUTRAL *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	NF	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	F	
Potassium		
K-TAB TBCR *(potassium chloride)*	NF	
potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ	F	
potassium chloride CPCR	F	
potassium chloride PACK OR 20 MEQ	F	
potassium chloride SOLN OR 10 %, 20 %	F	
POTASSIUM CHLORIDE SOLN IV *(potassium chloride)*	NF	
potassium chloride TBCR	F	

Drug Name	Drug Tier	Requirements/ Limits
Sodium		
sodium chloride SOLN IV 0.9 %	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS *(penicillamine)*	NF	
penicillamine CAPS	F	
Immunosuppressive Agents		
azathioprine TABS 50 MG	F	
CELLCEPT CAPS *(mycophenolate mofetil)*	NF	
CELLCEPT SUSR *(mycophenolate mofetil)*	NF	
CELLCEPT TABS *(mycophenolate mofetil)*	NF	
cyclosporine modified (for microemulsion) CAPS	F	
cyclosporine modified (for microemulsion) SOLN	F	
cyclosporine CAPS	F	
ENSPRYNG	F	SP; PA
IMURAN TABS *(azathioprine)*	NF	
mycophenolate mofetil CAPS	F	
mycophenolate mofetil SUSR	F	
mycophenolate mofetil TABS	F	
mycophenolate sodium	F	
MYFORTIC *(mycophenolate sodium)*	NF	
NEORAL CAPS *(cyclosporine modified (for microemulsion))*	NF	
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	NF	
PROGRAF CAPS *(tacrolimus)*	NF	
RAPAMUNE SOLN *(sirolimus)*	NF	
RAPAMUNE TABS *(sirolimus)*	NF	
SANDIMMUNE CAPS *(cyclosporine)*	F	
SANDIMMUNE SOLN OR	F	
sirolimus SOLN	F	
sirolimus TABS 0.5 MG	F	
tacrolimus CAPS	F	
Irrigation Solutions		
water for irrigation, sterile	F	
Potassium Removing Agents		
sodium polystyrene sulfonate POWD	F	PA
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	F	PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	F	QL(100 ml per fill retail; 900 ml per 30 days retail)
Anti-infectives - Throat		
clotrimazole	F	
nystatin (mouth-throat)	F	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	F	
PERIDEX *(chlorhexidine gluconate (mouth-throat))*	NF	
Dental Products		
PREVIDENT 5000 PLUS CREA *(sodium fluoride (dental))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT RINSE SOLN	F	
sodium fluoride (dental) CREA	F	
sodium fluoride (dental) SOLN 0.05 %, 0.2 %	F	
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	F	
Throat Products - Misc.		
cevimeline hcl	F	
EVOXAC *(cevimeline hcl)*	NF	
pilocarpine hcl (oral)	F	
SALAGEN *(pilocarpine hcl (oral))*	NF	
MULTIVITAMINS		
B-Complex w/ C		
b complex w/ c CAPS	F	
b complex w/ c TABS	F	
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	F	RX/OTC
b-complex w/ c & folic acid TABS	F	
B-COMPLEX W/ C AND FA	F	RX/OTC
b-complex w/biotin & folic acid TABS	F	
B-COMPLEX/FOLIC ACID/VITAMIN C TBCR	F	
DIALYVITE 800/IRON	F	
DIALYVITE 800/ZINC	F	
DIALYVITE 800/ZINC 15	F	
SM B-COMPLEX/VITAMIN C TABS	F	RX/OTC
B-Complex w/ Minerals		
b-complex w/ minerals LIQD	F	
Iron w/ Vitamins		
iron w/ vitamins TABS	F	RX/OTC
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron TABS	F	
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	F	
Multiple Vitamins w/ Minerals		
ABC COMPLETE SENIOR 50+ TABS	F	RX/OTC
ABC COMPLETE SENIOR MEN'S50+ TABS	F	RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	F	RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	F	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	F	RX/OTC
ACTIVNUTRIENTS CAPS	F	RX/OTC
ADEK GUMMIES PLUS ZN CHEW	F	
ADULT ONE DAILY GUMMIES CHEW	F	
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	F	RX/OTC
AIRBORNE KIDS CHEW	F	
AIRBORNE+GOOD REST CHEW	F	
AIRBORNE+NATURAL ENERGY LIQD	F	RX/OTC
AIRBORNE+PROBIOTIC CHEW	F	
AIRBORNE CHEW	F	
ALGAE BASED CALCIUM TABS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALIVE DIABETIC MULTIVITAMIN TABS	F	RX/OTC
ALIVE ENERGY 50+ TABS	F	RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	F	RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW	F	
ALIVE MENS 50+ MULTIVITAMAMIN GUMMY CHEW	F	
ALIVE MENS 50+ TABS	F	RX/OTC
ALIVE MENS COMPLETE MULTIVITAMIN TABS	F	RX/OTC
ALIVE MENS GUMMY MULTIVITAMIN CHEW	F	
ALIVE MULTI-VITAMIN CHEW	F	
ALIVE MULTI-VITAMIN LIQD	F	RX/OTC
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	F	RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	F	RX/OTC
ALIVE WOMENS 50+ COMPLETEMULTIVITAMIN TABS	F	RX/OTC
ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	F	
ALIVE WOMENS 50+ CHEW	F	
ALIVE WOMENS ENERGY TABS	F	RX/OTC
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	F	
ANTIOXIDANT FORMULA TABS	F	RX/OTC
APETIBEX CAPS	F	RX/OTC
APPE-CURB CAPS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	F	RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS	F	RX/OTC
BACMIN TABS	F	RX/OTC
BARIATRIC FUSION CHEW	F	
BARIATRIC MULTIVITAMINS/IRON CAPS	F	RX/OTC
BASIC AM TABS	F	RX/OTC
BASIC PM TABS	F	RX/OTC
BIO-35 GLUTEN-FREE CAPS	F	RX/OTC
BIO-35 IRON FREE CAPS	F	RX/OTC
BIOCAL CAPS	F	RX/OTC
BONEUP 3 PER DAY CAPS	F	RX/OTC
BONEUP VEGETARIAN TABS	F	RX/OTC
BONEUP CAPS	F	RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	F	RX/OTC
BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX LIQD	F	RX/OTC
CAL-DAY 1000 TABS	F	RX/OTC
CELEBRATE MULTI-COMPLETE18 CAPS	F	RX/OTC
CELEBRATE MULTI-COMPLETE18 CHEW	F	
CELEBRATE MULTI-COMPLETE36 CAPS	F	RX/OTC
CELEBRATE MULTI-COMPLETE36 CHEW	F	
CELEBRATE MULTI-COMPLETE45 CAPS	F	RX/OTC
CELEBRATE MULTI-COMPLETE45 CHEW	F	

Drug Name	Drug Tier	Requirements/ Limits
CELEBRATE MULTI-COMPLETE60 CAPS	F	RX/OTC
CELEBRATE MULTI-COMPLETE60 CHEW	F	
CENTRAVITES 50 PLUS TABS	F	RX/OTC
CENTRAVITES ADULTS TABS	F	RX/OTC
CENTRUM ADULT MULTIGUMMIES CHEW	F	
CENTRUM ADULT LIQD *(multiple vitamins w/ minerals)*	F	RX/OTC
CENTRUM ADULTS 50+ MULTIGUMMIES CHEW	F	
CENTRUM ADULTS TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
CENTRUM CARDIO TABS	F	RX/OTC
CENTRUM FLAVOR BURST ADULT CHEW	F	
CENTRUM FLAVOR BURST CHEW	F	
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	F	
CENTRUM FRESH/FRUITY ADULTS CHEW	F	
CENTRUM MEN TABS	F	RX/OTC
CENTRUM MINIS ADULTS 50+ TABS	F	RX/OTC
CENTRUM MINIS MEN 50+ TABS	F	RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	F	RX/OTC
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	F	
CENTRUM SILVER 50+MEN TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
CENTRUM SILVER 50+WOMEN TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
CENTRUM SILVER ADULT 50+ TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
CENTRUM SILVER ADULTS 50+ TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	F	RX/OTC
CENTRUM SILVER CHEW	F	
CENTRUM SILVER TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
CENTRUM SPECIALIST HEART TABS	F	RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	F	RX/OTC
CENTRUM SPECIALIST VISION TABS	F	RX/OTC
CENTRUM ULTRA WOMENS TABS	F	RX/OTC
CENTRUM VITAMINTS CHEW	F	
CENTRUM WOMEN TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
CENTRUM LIQD *(multiple vitamins w/ minerals)*	F	RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	F	RX/OTC
CERTAVITE SENIOR TABS	F	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	F	RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CHOICEFUL MULTIVITAMIN CHEW	F	
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	F	
CVS ADULT 50+ EYE HEALTH CAPS	F	RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	F	
CVS EYE HEALTH ADULT 50+ CAPS	F	RX/OTC
CVS IMMUNE SUPPORT CAPS	F	RX/OTC
CVS ONE DAILY MENS 50+ ADVANCED TABS	F	RX/OTC
CVS ONE DAILY WOMENS 50+ADVANCED TABS	F	RX/OTC
CVS SPECTRAVITE ADULT 50+ CHEW	F	
CVS SPECTRAVITE ADULT 50+ TABS	F	RX/OTC
CVS SPECTRAVITE ADULTS TABS	F	RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS	F	RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	F	RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	F	RX/OTC
CVS SPECTRAVITE WOMEN CHEW	F	
CVS VISION HEALTH CAPS	F	RX/OTC
DAYAVITE TABS	F	RX/OTC
DECUBI-VITE CAPS	F	RX/OTC
DEKAS BARIATRIC CHEW	F	
DEKAS PLUS OCEAN CAPS	F	RX/OTC
DEKAS PLUS CAPS	F	RX/OTC
DEKAS PLUS CHEW	F	
DERMACINRX MULTITAM TABS	F	RX/OTC
DERMACINRX RIBOTIN-E TABS	F	RX/OTC
DERMACINRX ZINTREXYL-C TABS	F	RX/OTC
DERMAVITE TABS	F	RX/OTC
DEXATRAN CAPS	F	RX/OTC
DIALYVITE SUPREME D TABS	F	RX/OTC
DIATROL TABS	F	RX/OTC
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	F	
EMERGEN-C VITAMIN C CHEW	F	
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	F	RX/OTC
EQ MULTIVITAMINS ADULT GUMMY CHEW	F	
EQ ONE DAILY MENS 50+ TABS	F	RX/OTC
EQ ONE DAILY MENS HEALTH TABS	F	RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	F	RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	F	RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	F	RX/OTC
EQL CENTURY MENS TABS	F	RX/OTC
EQL CENTURY WOMENS TABS	F	RX/OTC
EQL ONE DAILY ADULT GUMMIES CHEW	F	
EQL ONE DAILY MENS TABS	F	RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EYE HEALTH/LUTEIN TABS	F	RX/OTC
EYE HEALTH CAPS	F	RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS	F	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	F	RX/OTC
EYE MULTIVITAMIN CAPS	F	RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	F	RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	F	RX/OTC
FOLAGENT DHA CAPS	F	RX/OTC
FOLAMAX TABS	F	RX/OTC
FOLAMED DHA CAPS	F	RX/OTC
FOLIFLEX TABS	F	RX/OTC
FOLIKA-MG TABS	F	RX/OTC
FOLITIN-Z TABS	F	RX/OTC
FREEDAVITE TABS	F	RX/OTC
GENADEK STEP 1 CAPS	F	RX/OTC
GENADEK STEP 2 CAPS	F	RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	F	RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS	F	RX/OTC
HAIR SKIN & NAILS TABS	F	RX/OTC
HAIR/SKIN/NAILS CAPS	F	RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	F	RX/OTC
HEALTHY EYES SUPERVISION2 CAPS	F	RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	F	RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	F	RX/OTC
HM COMPLETE MEN TABS	F	RX/OTC
HM HAIR/SKIN/NAILS TABS	F	RX/OTC
HYLAZINC TABS	F	RX/OTC
ICAPS AREDS FORMULA TABS	F	RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	F	RX/OTC
IMMUNE SUPPORT CHEW	F	
KEYFOLIC TABS	F	RX/OTC
KEYLOSA TABS	F	RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	F	RX/OTC
LIVER DETOX TABS	F	RX/OTC
LIVITA ADULTS LIQD	F	RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	F	RX/OTC
LYSIPLEX PLUS LIQD	F	RX/OTC
MEGA MULTI FOR MEN TABS	F	RX/OTC
MEGA MULTI FOR WOMEN TABS	F	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	F	RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	F	RX/OTC
MENATROL CAPS	F	RX/OTC
MENS 50+ ADVANCED CAPS	F	RX/OTC
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	F	RX/OTC
MENS 50+ MULTIVITAMIN TABS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MENS MULTI VITAMIN & MINERAL FORMULA TABS	F	RX/OTC
MENS MULTIVITAMIN CHEW	F	
MENS MULTIVITAMIN TABS	F	RX/OTC
MOOD FOOD ES CAPS	F	RX/OTC
MOOD FOOD CAPS	F	RX/OTC
MULTI-BETIC DIABETES TABS	F	RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS	F	RX/OTC
multiple vitamins w/ minerals CAPS	F	RX/OTC
multiple vitamins w/ minerals CHEW	F	
multiple vitamins w/ minerals LIQD	F	RX/OTC
multiple vitamins w/ minerals TABS	F	RX/OTC
MULTIVITAMIN ADULTS TABS	F	RX/OTC
MULTIVITAMIN MEN TABS	F	RX/OTC
MULTI-VITAMIN MONOCAPS TABS	F	RX/OTC
MULTIVITAMIN WOMEN TABS	F	RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS	F	RX/OTC
MULTIVITAMIN TABS	F	RX/OTC
MULTI-VITE LIQD	F	RX/OTC
MVW COMPLETE FORMULATION CAPS	F	RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS	F	RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS	F	RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS	F	RX/OTC
MVW HI-D ADEK GUMMIES CHEW	F	
MVW MODULATOR FORMULATION MINIS CAPS	F	RX/OTC
MVW MODULATOR FORMULATION CAPS	F	RX/OTC
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	F	RX/OTC
NATRUL-VITES TABS	F	RX/OTC
NEOVITE TABS	F	RX/OTC
NICADAN ZX TABS	F	RX/OTC
NICADAN TABS	F	RX/OTC
NICAZEL FORTE TABS	F	RX/OTC
NICAZEL TABS	F	RX/OTC
NO IRON MULTIPLE VITAMIN/MINERALS TABS	F	RX/OTC
NUTRICAP TABS	F	RX/OTC
OCULAR VITAMINS TABS	F	RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	F	RX/OTC
OCUVITE ADULT 50+ CAPS	F	RX/OTC
OCUVITE ADULT FORMULA CAPS	F	RX/OTC
OCUVITE LUTEIN CAPS	F	RX/OTC
ONCOVITE TABS	F	RX/OTC
ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	F	
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	F	
ONE A DAY MENS VITACRAVES CHEW	F	

Drug Name	Drug Tier	Requirements/ Limits
ONE A DAY WOMENS 50+ ADVANCED CHEW	F	
ONE DAILY MENS 50+ MULTIVITAMIN TABS	F	RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS	F	RX/OTC
ONE DAILY WOMENS TABS	F	RX/OTC
ONE DIALY MULTIVITAMIN WOMENS TABS	F	RX/OTC
ONE-A-DAY ENERGY TABS	F	RX/OTC
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	F	
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	F	
ONE-A-DAY MENOPAUSE FORMULA TABS	F	RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	F	RX/OTC
ONE-A-DAY MENS 50+ TABS	F	RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	F	RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	F	RX/OTC
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	F	
ONE-A-DAY MENS TABS	F	RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	F	RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	F	RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW	F	
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	F	
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	F	
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	F	
ONE-A-DAY VITACRAVES CHEW	F	
ONE-A-DAY WEIGHT SMART ADVANCED TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
ONE-A-DAY WOMENS 50+ TABS	F	RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
ONE-A-DAY WOMENS PETITES TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	F	
ONE-A-DAY WOMENS TABS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-DAILY MULTI CAPS CAPS	F	RX/OTC
ONEVITE TABS	F	RX/OTC
OPTIFAST POST BARIATRIC CHEW	F	
OPTIMUM AIRVITES CHEW	F	
OPTISOURCE POST BARIATRIC SURGERY CHEW	F	
OPTIVITE P.M.T. TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
OPURITY/BYPASS OPTIMIZED CHEW	F	
OPURITY TABS	F	RX/OTC
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	F	RX/OTC
PARVLEX TABS	F	RX/OTC
PHYTOMULTI TABS	F	RX/OTC
PRESCRIPTION SUPPORT CAPS	F	RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	F	RX/OTC
PRESERVISION AREDS 2 CAPS	F	RX/OTC
PRESERVISION AREDS 2 CHEW	F	
PRESERVISION AREDS CAPS	F	RX/OTC
PRESERVISION AREDS TABS	F	RX/OTC
PRESERVISION/LUTEIN CAPS	F	RX/OTC
PRO-CAL TABS	F	RX/OTC
PROCERV HP TABS	F	RX/OTC
PROFOLA TABS	F	RX/OTC
PRORENAL+D/OMEGA-3 CAPS	F	RX/OTC
PRORENAL+D TABS	F	RX/OTC
PROTECT CARDIO AF CAPS	F	RX/OTC
PROTECT PLUS SO CAPS	F	RX/OTC
PROTEGRA CAPS	F	RX/OTC
PROVIT TABS	F	RX/OTC
QC MULTI-VITE TABS	F	RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	F	RX/OTC
QUIN B STRONG TABS	F	RX/OTC
QUINTABS-M TABS	F	RX/OTC
RA CENTRAL-VITE TABS	F	RX/OTC
RAYAVIT TABS	F	RX/OTC
REMEDIENT CAPS	F	RX/OTC
RENAPLEX-D TABS	F	RX/OTC
SENTRY SENIOR/LUTEIN TABS	F	RX/OTC
SENTRY TABS	F	RX/OTC
SIDEROL TABS	F	RX/OTC
SM ONE DAILY MENS TABS	F	RX/OTC
SM ONE DAILY WOMENS TABS	F	RX/OTC
SOLO TABS	F	RX/OTC
SPECTRAVITE TABS	F	RX/OTC
STROVITE FORTE TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
STROVITE ONE TABS	F	RX/OTC
SUPER ANTIOXIDANT CAPS	F	RX/OTC
SUPERIOR MENS MULTI TABS	F	RX/OTC
SUPERIOR WOMENS MULTI TABS	F	RX/OTC
SUPPORT-500 CAPS	F	RX/OTC
SUPPORT LIQD	F	RX/OTC
SYSTANE ICAPS AREDS2 CHEW	F	

Drug Name	Drug Tier	Requirements/ Limits
SYSTANE ICAPS AREDS2 TABS	F	RX/OTC
THERA M PLUS TABS	F	RX/OTC
THERABETIC MULTI-VITAMIN TABS	F	RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	F	RX/OTC
THERAGRAN-M ADVANCED TABS	F	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	F	RX/OTC
THERAGRAN-M PREMIER TABS	F	RX/OTC
THERAGRAN-M TABS	F	RX/OTC
THERAMILL FORTE CAPS	F	RX/OTC
THERA-M TABS	F	RX/OTC
THERANATAL LACTATION ONE CAPS	F	RX/OTC
THERA-TABS M TABS	F	RX/OTC
THEREMS-M TABS	F	RX/OTC
THRIVITE 19 TABS	F	RX/OTC
T-VITES TABS	F	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	F	RX/OTC
ULTRA BONEUP TABS	F	RX/OTC
VENEXA FE TABS	F	RX/OTC
VENEXA TABS	F	RX/OTC
VENTRIXYL FE TABS	F	RX/OTC
VENTRIXYL TABS	F	RX/OTC
VISION HEALTH CAPS	F	RX/OTC
VISION OPTIMIZER CAPS	F	RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	F	RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	F	RX/OTC
VITABEX PLUS CAPS	F	RX/OTC
VITABEX CAPS	F	RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW	F	
VITAJOY MULTI GUMMIIES ADULT CHEW	F	
VITAMIN D3 COMPLETE TABS	F	RX/OTC
VITAROCA PLUS TABS *(multiple vitamins w/ minerals)*	F	RX/OTC
VITASANA TABS	F	RX/OTC
VITATRUM TABS	F	RX/OTC
VITEYES CLASSIC ADVANCED CAPS	F	RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS	F	RX/OTC
VITEYES CLASSIC MULTIIVITAMIN TABS	F	RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	F	RX/OTC
VITEYES CLASSIC/OMEGA-3 CAPS	F	RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	F	RX/OTC
VITEYES CLASSIC CAPS	F	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	F	RX/OTC
VITRAMYN TABS	F	RX/OTC
VITRANOL FE TABS	F	RX/OTC
VITRANOL TABS	F	RX/OTC
VITREXATE FE TABS	F	RX/OTC
VITREXATE TABS	F	RX/OTC
VITREXYL/IRON TABS	F	RX/OTC
VITREXYL TABS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VITRUM 50+ ADULT-MULTI IRON FREE TABS	F	RX/OTC
VITRUM 50+ SENIOR MULTI TABS	F	RX/OTC
WAL-BORN VITAMIN C CHEW	F	
WELLFOLA TABS	F	RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	F	RX/OTC
WOMENS 50+ MULTIVITAMIN TABS	F	RX/OTC
WOMENS MULTI GUMMIES CHEW	F	
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	F	RX/OTC
WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW	F	
YELETS TEENAGE FORMULA TABS	F	RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	F	
YUMVS MULTI ZERO CHEW	F	
YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	F	
ZYVANA CAPS	F	RX/OTC
Multivitamins		
AMLADEX TABS	F	RX/OTC
DAILY MULTIPLE VITAMINS TABS	F	RX/OTC
DEKAS ESSENTIAL CAPS	F	RX/OTC
DEKAS ESSENTIAL LIQD	F	
ESTROFACTORS TABS	F	RX/OTC
FOLCYTEINE TABS	F	RX/OTC
GENICIN VITA-Q TABS	F	RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTI VITAMIN/D-3 TABS	F	RX/OTC
MULTI VITAMIN TABS	F	RX/OTC
multiple vitamin TABS	F	RX/OTC
MULTIVITAMIN ADULT TABS	F	RX/OTC
NEOMULTIVITE TABS	F	RX/OTC
OMNICAP TABS	F	RX/OTC
ONE DAILY ESSENTIAL TABS	F	RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	F	RX/OTC
ONE-A-DAY ESSENTIAL TABS *(multiple vitamin)*	F	RX/OTC
ONE-A-DAY MENS TABS *(multiple vitamin)*	F	RX/OTC
QUINTABS TABS	F	RX/OTC
THERA TABS	F	RX/OTC
THEREMS MULTIVITAMIN TABS	F	RX/OTC
TM-DAILY VITE TABS	F	RX/OTC
TRUE MULTIVITAMIN TABS	F	RX/OTC
VITAZYME TABS	F	RX/OTC
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron SOLN	F	RX/OTC
Ped Multiple Vitamins w/ Minerals		
DEKAS PLUS LIQD	F	RX/OTC
MVW COMPLETE FORMULATIONPEDIATRIC SOLN	F	
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS CHEW	F	RX/OTC
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS LIQD	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS SOLN	F	RX/OTC
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN	F	RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	F	RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	F	RX/OTC
MULTI-VIT-FLOR CHEW	F	RX/OTC
pediatric multivitamins w/fl CHEW	F	RX/OTC
pediatric multivitamins w/fl SOLN	F	RX/OTC
pediatric vitamins acd w/ fluoride SOLN	F	RX/OTC
POLY-VI-FLOR CHEW	F	RX/OTC
QUFLORA PEDIATRIC CHEW	F	RX/OTC
QUFLORA PEDIATRIC SOLN	F	RX/OTC
Ped MV w/ Iron		
ANIMAL SHAPES/IRON CHEW	F	
BPROTECTED PEDIA POLY-VITE/IRON SOLN	F	
FLINTSTONES COMPLETE CHEW	F	
HONEY BEARS W/IRON AND ZINC CHEW	F	
MULTIVITAMIN PLUS IRON CHILDRENS CHEW	F	
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	F	
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	F	
pediatric multiple vitamins w/ iron CHEW	F	
POLY-VI-SOL/IRON SOLN	F	
POLY-VITA/IRON SOLN	F	
POLY-VITE/IRON SOLN	F	
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR	F	
MULTIVITAMIN INFANT & TODDLER SOLN OR	F	
MULTIVITAMIN INFANT/TODDLER SOLN OR	F	
NOVAFERRUM PEDIATRIC MULTIVITAMIN LIQD	F	
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW *(pediatric multiple vitamins)*	NF	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	F	
pediatric multiple vitamins CHEW	F	
POLY-VI-SOL SOLN OR	F	
POLY-VITA SOLN OR	F	
POLY-VITE PEDIATRIC SOLN OR	F	
Pediatric Vitamins		
HONEY BEARS	F	
MULTIVITAMIN GUMMIES CHILDRENS 3 MG-1.5 UNIT-34 MG-50 UNIT-250 UNIT-16 MG-50 MG	F	
Prenatal Vitamins		
BRAINSTRONG PRENATAL MISC	F	
CENTRUM SPECIALIST PRENATAL MISC	F	

Drug Name	Drug Tier	Requirements/ Limits
CLASSIC PRENATAL TABS	F	
CO-NATAL FA TABS	F	RX/OTC
CVS PRENATAL GUMMY/DHA/FOLIC ACID	F	
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	F	
CVS WOMENS PRENATAL+DHA MISC	F	
ENFAMIL EXPECTA MISC	F	
GNP PRENATAL TABS	F	
JENLIVA PRENATAL/POSTNATAL CAPS	F	
KP PRENATAL MULTIVITAMINS TABS	F	
KPN PRENATAL TABS	F	
M-NATAL PLUS TABS	F	RX/OTC
MULTI PRENATAL TABS	F	
NATALVIT TABS	F	
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	F	RX/OTC
NEONATAL PLUS TABS	F	RX/OTC
NEONATAL PRENATAL VITAMIN TABS	F	
NEONATAL VITAMIN TABS	F	
NIVA-PLUS TABS	F	RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	F	RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	F	
ONE-A-DAY WOMENS PRENATAL MISC	F	
PERRY PRENATAL CAPS	F	
PRENATAL AND IRON TABS	F	RX/OTC
PRENATAL COMPLETE TABS	F	
PRENATAL FORMULA A-FREE TABS	F	
PRENATAL FORTE TABS	F	RX/OTC
PRENATAL MULTI +DHA CAPS	F	
PRENATAL MULTIVITAMIN + DHA MISC	F	
PRENATAL MULTIVITAMIN PLUS DHA MISC	F	
PRENATAL ONE DAILY TABS	F	
PRENATAL PLUS VITAMIN ANDMINERAL TABS	F	RX/OTC
PRENATAL PLUS TABS	F	RX/OTC
prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG	F	
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN & MINERAL TABS	F	
PRENATAL VITAMINS PLUS LOW IRON TABS	F	RX/OTC
PRENATAL VITAMINS-MISC	F	
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	F	
PRENATAL VITAMIN TABS	F	
PRENATAL+DHA MISC	F	
PRENATAL TABS 100 MG-2.6 MG-5 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-1200 MCG-27 MG-1.5 MG-25 MG-200 MG, 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG, 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.84 MG-25 MG-200 MG-11 UNIT-160 MG	F	
PRENATAL TABS 100 MG-2.6 MG-0.8 MG-400 UNIT-4 MCG-1.7 MG-18 MG-1.84 MG-25 MG-27 MG-11 UNIT-200 MG-4000 UNIT, 100 UNIT-0.75 MG-25 MCG-200 MCG-0.5 MG-2.5 MCG-500 UNIT-0.75 MG-5 MG-2.5 MG-6.75 MG-0.5 MG-3.75 MG-15 MG-25 MG-0.5 MG-50 MG-3.75 UNIT, 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, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	F	RX/OTC
PRENATAL-U CAPS	F	
PRENATRIX TABS	F	RX/OTC
PRENATRYL TABS	F	RX/OTC
PRENATVITE RX TABS	F	RX/OTC
PREPLUS TABS	F	RX/OTC
PX PRENATAL MULTIVITAMINS TABS	F	
QC PRENATAL TABS	F	
RA PRENATAL TABS	F	
SIMILAC PRENATAL EARLY SHIELD MISC	F	
SM ONE DAILY PRENATAL MISC	F	
THERANATAL COMPLETE MISC	F	
THERANATAL CORE NUTRITION TABS	F	RX/OTC
THRIVITE RX TABS	F	RX/OTC
TRICARE TABS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRINATAL RX 1 TABS	F	
VINATE ONE TABS	F	
VITATHELY/GINGER TABS	F	RX/OTC
WESTAB PLUS TABS	F	RX/OTC
Vitamins w/ Lipotropics		
ACTIFLOVIT EAR HEALTH TABS	F	
LIPOTRIAD TABS *(vitamins w/ lipotropics)*	NF	
vitamins w/ lipotropics TABS	F	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen TABS 10 MG, 20 MG	F	
chlorzoxazone TABS 500 MG	F	
cyclobenzaprine hcl TABS 5 MG, 10 MG	F	
methocarbamol TABS 500 MG, 750 MG	F	
tizanidine hcl TABS	F	
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	NF	
dantrolene sodium CAPS	F	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Steroids		
FLONASE ALLERGY RELIEF CHILDRENS SUSP *(fluticasone propionate (nasal))*	NF	RX/OTC
FLONASE ALLERGY RELIEF SUSP *(fluticasone propionate (nasal))*	NF	RX/OTC
fluticasone propionate (nasal) SUSP	F	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO *(triamcinolone acetonide (nasal))*	NF	
NASACORT ALLERGY 24HR AERO *(triamcinolone acetonide (nasal))*	NF	
triamcinolone acetonide (nasal) AERO	F	
Sympathomimetic Decongestants		
AFRIN 12 HOUR SOLN *(oxymetazoline hcl)*	NF	
AFRIN ALL NIGHT NODRIP SOLN *(oxymetazoline hcl)*	NF	
AFRIN ALLERGY SINUS SOLN *(oxymetazoline hcl)*	NF	
AFRIN NASAL SPRAY SOLN *(oxymetazoline hcl)*	NF	
AFRIN NODRIP CHILDRENS EXTRA MOISTURIZING SOLN *(oxymetazoline hcl)*	NF	
AFRIN NODRIP EXTRA MOISTURIZING SOLN *(oxymetazoline hcl)*	NF	
AFRIN NODRIP NIGHT SOLN *(oxymetazoline hcl)*	NF	
AFRIN NODRIP ORIGINAL SOLN *(oxymetazoline hcl)*	NF	
AFRIN NODRIP SEVERE CONGESTION SOLN *(oxymetazoline hcl)*	NF	
AFRIN NODRIP SINUS SOLN *(oxymetazoline hcl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
AFRIN ORIGINAL SOLN *(oxymetazoline hcl)*	NF	
AFRIN PUMP MIST SOLN *(oxymetazoline hcl)*	NF	
AFRIN SEVERE CONGESTION SOLN *(oxymetazoline hcl)*	NF	
LITTLE REMEDIES DECONGESTANT NOSE DROPS SOLN	F	
NEO-SYNEPHRINE COLD+ALLERGY EXTRA STRENGTH SOLN *(phenylephrine hcl)*	NF	
NEO-SYNEPHRINE COLD+ALLERGY MILD STRENGTH SOLN	F	
oxymetazoline hcl SOLN 0.05 %	F	
phenylephrine hcl SOLN 1 %	F	
pseudoephedrine hcl TABS	F	
SUDAFED CONGESTION TABS *(pseudoephedrine hcl)*	NF	
SUDAFED SINUS CONGESTION TABS *(pseudoephedrine hcl)*	NF	
VICKS SINEX 12 HOUR DECONGESTANT SOLN *(oxymetazoline hcl)*	NF	
VICKS SINEX MOISTURIZING SOLN *(oxymetazoline hcl)*	NF	
VICKS SINEX SEVERE NASALDECONGESTANT SOLN *(oxymetazoline hcl)*	NF	
VICKS SINEX SEVERE SOLN *(oxymetazoline hcl)*	NF	
NUTRIENTS		
Carbohydrates		
GLUCOSE NURSETTE SOLN 5 % *(glucose)*	NF	
glucose SOLN	F	
Misc. Nutritional Substances		
FISH OIL TRIPLE STRENGTH CAPS	F	
FISH OIL ULTRA CAPS	F	
FISH OIL CAPS 875 MG-525 MG	F	
OMEGA-3 EPA FISH OIL CAPS	F	
omega-3 fatty acids CAPS	F	
OMEGA-3 FISH OIL EXTRA STRENGTH CAPS	F	
OMEGA-3 CAPS 308 MG-1400 MG-448 MG-910 MG	F	
ULTRA OMEGA-3 FISH OIL BURP-LESS CAPS	F	
Proteins		
L-CARNITINE CAPS 250 MG	F	
levocarnitine CAPS	F	
levocarnitine TABS	F	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear solution	F	
ARTIFICIAL TEARS SOLN	F	
BION TEARS	F	
carboxymethylcellulose sodium (ophth) SOLN	F	
dextran 70-hypromellose 0.3 %-0.1 %	F	
GENTEAL TEARS MODERATE PF *(dextran 70-hypromellose)*	NF	
GENTEAL TEARS MODERATEPF *(dextran 70-hypromellose)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
glycerin-hypromellose-polyethylene glycol 400	F	
MOISTURE EYES *(propylene glycol-glycerin)*	NF	
polyethylene glycol 400 (ophth) SOLN	F	
polyvinyl alcohol 1.4 %	F	
propylene glycol-glycerin	F	
REFRESH PLUS SOLN *(carboxymethylcellulose sodium (ophth))*	F	
REFRESH TEARS SOLN *(carboxymethylcellulose sodium (ophth))*	F	
SOOTHE 0.6 %-0.6 %	F	
THERATEARS EXTRA SOLN	F	
THERATEARS EXTRA SOLN *(carboxymethylcellulose sodium (ophth))*	NF	
THERATEARS SOLN *(carboxymethylcellulose sodium (ophth))*	NF	
THERATEARS SOLN	F	
VISINE DRY EYE RELIEF ALLDAY COMFORT SOLN *(polyethylene glycol 400 (ophth))*	NF	
VISINE DRY EYE RELIEF SOLN *(polyethylene glycol 400 (ophth))*	NF	
VISINE TIRED EYE RELIEF SOLN *(polyethylene glycol 400 (ophth))*	NF	
white petrolatum-mineral oil	F	
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	F	
carteolol hcl (ophth)	F	

Drug Name	Drug Tier	Requirements/ Limits
COSOPT *(dorzolamide hcl-timolol maleate)*	NF	
DORZOLAMIDE HCL/TIMOLOL MALEATE	F	
dorzolamide hcl-timolol maleate	F	
levobunolol hcl 0.5 %	F	
timolol maleate (ophth) SOLG	F	
timolol maleate (ophth) SOLN	F	
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	NF	
TIMOPTIC SOLN *(timolol maleate (ophth))*	NF	
TIMOPTIC-XE SOLG *(timolol maleate (ophth))*	F	
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) SOLN	F	
ATROPINE SULFATE SOLN 1 %	F	
ATROPINE SULFATE SOLN *(atropine sulfate (ophthalmic))*	NF	
CYCLOGYL *(cyclopentolate hcl)*	NF	
cyclopentolate hcl 1 %	F	
ISOPTO ATROPINE SOLN	F	
MYDRIACYL SOLN *(tropicamide)*	NF	
tropicamide SOLN	F	
Miotics		
ISOPTO CARPINE SOLN 1 %, 2 % *(pilocarpine hcl)*	NF	
PHOSPHOLINE IODIDE	F	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	F	
Ophthalmic Adrenergic Agents		

Drug Name	Drug Tier	Requirements/ Limits
ALPHAGAN P *(brimonidine tartrate)*	NF	
brimonidine tartrate	F	
Ophthalmic Anti-infectives		
bacitracin (ophthalmic)	F	
bacitracin-polymyxin b (ophth)	F	
BLEPH-10 SOLN *(sulfacetamide sodium (ophth))*	NF	
CILOXAN SOLN *(ciprofloxacin hcl (ophth))*	NF	
ciprofloxacin hcl (ophth) SOLN	F	
ERYTHROMYCIN	F	
erythromycin (ophth)	F	
gentamicin sulfate (ophth) OINT	F	
gentamicin sulfate (ophth) SOLN	F	
levofloxacin (ophth) 0.5 %	F	
moxifloxacin hcl (ophth) SOLN OP	F	
neomycin-bacitracin zn-polymyxin	F	
OCUFLOX *(ofloxacin (ophth))*	NF	
ofloxacin (ophth)	F	
polymyxin b-trimethoprim	F	
POLYTRIM *(polymyxin b-trimethoprim)*	NF	
sulfacetamide sodium (ophth) OINT	F	
sulfacetamide sodium (ophth) SOLN	F	
tobramycin (ophth) SOLN	F	
TOBREX OINT	F	
trifluridine	F	
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth)	F	
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	F	
BLEPHAMIDE SUSP	F	
dexamethasone sodium phosphate (ophth)	F	
FLAREX	F	
fluorometholone (ophth) SUSP	F	
FML FORTE SUSP	F	
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	NF	
FML OINT	F	
MAXITROL OINT *(neomycin-polymy-dexameth)*	NF	
MAXITROL SUSP *(neomycin-polymy-dexameth)*	NF	
neomycin-polymy-dexameth OINT	F	
neomycin-polymy-dexameth SUSP	F	
neomycin-polymyxin-hc (ophth)	F	
PRED FORTE *(prednisolone acetate (ophth))*	NF	
PRED MILD	F	
PRED-G S.O.P. OINT	F	
PRED-G SUSP	F	
prednisolone acetate (ophth)	F	
PREDNISOLONE ACETATE P-F	F	
PREDNISOLONE SODIUM PHOSPHATE	F	

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sod-prednisolone SOLN	F	
TOBRADEX OINT	F	PA
TOBRADEX SUSP *(tobramycin-dexamethasone)*	NF	PA
tobramycin-dexamethasone SUSP	F	PA
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	NF	
ACULAR LS *(ketorolac tromethamine (ophth))*	NF	
AZOPT *(brinzolamide)*	NF	
brinzolamide	F	
diclofenac sodium (ophth)	F	
dorzolamide hcl	F	
DORZOLAMIDE HCL	F	
flurbiprofen sodium	F	
ketorolac tromethamine (ophth)	F	
TRUSOPT *(dorzolamide hcl)*	NF	
Prostaglandins - Ophthalmic		
latanoprost SOLN	F	
LATANOPROST SOLN	F	
LUMIGAN SOLN 0.01 %	F	
TRAVATAN Z SOLN *(travoprost)*	NF	QL(0.2 ml daily); PA
travoprost SOLN	F	QL(0.2 ml daily); PA
XALATAN SOLN *(latanoprost)*	NF	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	F	
Otic Anti-infectives		
ofloxacin (otic)	F	

Drug Name	Drug Tier	Requirements/ Limits
Otic Combinations		
CIPRO HC	F	
CIPRODEX *(ciprofloxacin-dexamethasone)*	NF	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
ciprofloxacin-dexamethasone	F	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
neomycin-polymyxin-hc (otic) SOLN	F	
neomycin-polymyxin-hc (otic) SUSP	F	
Otic Steroids		
hydrocortisone w/acetic acid	F	
HYDROCORTISONE/ACETIC ACID *(hydrocortisone w/acetic acid)*	NF	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	F	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	F	
amoxicillin CHEW 125 MG, 250 MG	F	
amoxicillin SUSR	F	
amoxicillin TABS	F	
ampicillin CAPS 500 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
Natural Penicillins		
BICILLIN L-A SUSY	F	
penicillin v potassium SOLR	F	
penicillin v potassium TABS	F	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	F	
amoxicillin & pot clavulanate SUSR	F	
amoxicillin & pot clavulanate TABS	F	
AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)*	NF	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	F	
AUGMENTIN TABS 125 MG-500 MG *(amoxicillin & pot clavulanate)*	NF	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	F	
PHARMACEUTICAL ADJUVANTS		
Antimicrobial Agents		
METHYLPARABEN	F	RX/OTC
PROPYLPARABEN	F	RX/OTC
Flavoring Agents		
ALMOND OIL BITTER FLAVOR LIQD	F	RX/OTC
ANISE EXTRACT LIQD	F	RX/OTC
APPLE FLAVOR LIQD	F	RX/OTC
APRICOT FLAVOR LIQD	F	RX/OTC
BACON FLAVOR NATURAL LIQD	F	RX/OTC
BACON FLAVOR LIQD	F	RX/OTC
BANANA CONCENTRATE LIQD	F	RX/OTC
BANANA CREAM FLAVOR LIQD	F	RX/OTC
BANANA CREME FLAVOR LIQD	F	RX/OTC
BANANA FLAVOR LIQD	F	RX/OTC
BEEF BRAISED NATURAL FLAVOR LIQD	F	RX/OTC
BEEF FLAVOR LIQD	F	RX/OTC
BEEF TYPE FLAVOR NATURALCHLORIDE FREE LIQD	F	RX/OTC
BEEF TYPE FLAVOR NATURAL LIQD	F	RX/OTC
BEEF TYPE FLAVOR OS LIQD	F	RX/OTC
BITTER STOP FLAVOR LIQD	F	RX/OTC
BITTERNESS MASK FLAVOR LIQD	F	RX/OTC
BITTERNESS SUPPRESSOR FLAVOR LIQD	F	RX/OTC
BITTERNESS SUPRESSOR FLAVOR LIQD	F	RX/OTC
BLACKBERRY FLAVOR LIQD	F	RX/OTC
BLOOD ORANGE OS LIQD	F	RX/OTC
BLUEBERRY FLAVOR LIQD	F	RX/OTC
BUBBLE GUM CONCENTRATE LIQD	F	RX/OTC
BUBBLE GUM FLAVOR LIQD	F	RX/OTC
BUBBLE GUM OS LIQD	F	RX/OTC
BUBBLE GUM WS LIQD	F	RX/OTC
BUBBLEGUM FLAVOR LIQD	F	RX/OTC
BUTTER FLAVOR LIQD	F	RX/OTC
BUTTER RUM FLAVOR LIQD	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BUTTERSCOTCH FLAVOR LIQD	F	RX/OTC
CARAMEL FLAVOR LIQD	F	RX/OTC
CARAMEL OS LIQD	F	RX/OTC
CHEESECAKE FLAVOR LIQD	F	RX/OTC
CHERRY FLAVOR LIQD	F	RX/OTC
CHICKEN (GRILLED) FLAVOR LIQD	F	RX/OTC
CHICKEN FLAVOR OIL SOLUBLE LIQD	F	RX/OTC
CHICKEN FLAVOR WATER MISCIBLE LIQD	F	RX/OTC
CHICKEN FLAVOR LIQD	F	RX/OTC
CHICKEN ROASTED CONCENTRATE LIQD	F	RX/OTC
CHOCOLATE FLAVOR LIQD	F	RX/OTC
CHOCOLATE HAZELNUT FLAVOR LIQD	F	RX/OTC
COCONUT FLAVOR LIQD	F	RX/OTC
COFFEE FLAVOR LIQD	F	RX/OTC
COLA FLAVOR LIQD	F	RX/OTC
COTTON CANDY FLAVOR LIQD	F	RX/OTC
CRAN-RASPBERRY FLAVOR LIQD	F	RX/OTC
CREME DE MENTHE FLAVOR LIQD	F	RX/OTC
CREME DEMENTHE FLAVOR LIQD	F	RX/OTC
CREME OS LIQD	F	RX/OTC
ENGLISH TOFFEE FLAVOR LIQD	F	RX/OTC
EUGENOL FLAVOR LIQD	F	RX/OTC
FISH FLAVOR LIQD	F	RX/OTC
FLAVORING EXTRACTS-MISC	F	RX/OTC
FLAVORX LIQD	F	RX/OTC
GRAPE CONCORD OS LIQD	F	RX/OTC
GRAPE FLAVOR LIQD	F	RX/OTC
GREEN APPLE OS LIQD	F	RX/OTC
GRILLED BEEF FLAVOR NATURAL OIL SOLUBLE LIQD	F	RX/OTC
GRILLED CHICKEN FLAVOR NATURAL OIL MISCIBLE LIQD	F	RX/OTC
GUAVA FLAVOR LIQD	F	RX/OTC
HAM FLAVOR LIQD	F	RX/OTC
HONEY FLAVOR LIQD	F	RX/OTC
KAHLUA FLAVOR LIQD	F	RX/OTC
LEMON EXTRACT LIQD	F	RX/OTC
LEMON FLAVOR LIQD	F	RX/OTC
LICORICE FLAVOR LIQD	F	RX/OTC
LIVER CONCENTRATE LIQD	F	RX/OTC
LIVER FLAVOR LIQD	F	RX/OTC
MANGO FLAVOR LIQD	F	RX/OTC
MANGO PASSION FRUIT OS LIQD	F	RX/OTC
MAPLE FLAVOR LIQD	F	RX/OTC
MARSHMALLOW FLAVOR LIQD	F	RX/OTC
MARSHMALLOW OS LIQD	F	RX/OTC
MARSHMALLOW WS LIQD	F	RX/OTC
MINT CHOCOLATE CHIP FLAVOR LIQD	F	RX/OTC
NATURAL CARAMEL LIQD	F	RX/OTC
ORANGE CONCENTRATE LIQD	F	RX/OTC
ORANGE CREAM FLAVOR LIQD	F	RX/OTC
ORANGE FLAVOR LIQD	F	RX/OTC
ORANGE OIL FLAVOR LIQD	F	RX/OTC
PCCA SWEETNESS ENHANCER LIQD	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEACH FLAVOR LIQD	F	RX/OTC
PEANUT BUTTER FLAVOR LIQD	F	RX/OTC
PEPPERMINT BURST OS LIQD	F	RX/OTC
PINA COLADA FLAVOR LIQD	F	RX/OTC
PINEAPPLE FLAVOR LIQD	F	RX/OTC
PRALINES AND CREAM FLAVOR LIQD	F	RX/OTC
PUMPKIN FLAVOR LIQD	F	RX/OTC
RASPBERRY FLAVOR LIQD	F	RX/OTC
RASPBERRY OS LIQD	F	RX/OTC
ROOT BEER FLAVOR LIQD	F	RX/OTC
SARDINE FLAVOR LIQD	F	RX/OTC
SHRIMP FLAVOR LIQD	F	RX/OTC
SPEARMINT OS LIQD	F	RX/OTC
STEVIA GLYCERITE LIQUID EXTRACT LIQD	F	RX/OTC
STRAWBERRY FLAVOR LIQD	F	RX/OTC
STRAWBERRY OS LIQD	F	RX/OTC
SWEET DROPS LIQD	F	RX/OTC
SWEETENING ENHANCER/FLAVORX LIQD	F	RX/OTC
SWEETENING ENHANCER LIQD	F	RX/OTC
TROPICAL FUSION OS LIQD	F	RX/OTC
TROPICAL FUSION WS LIQD	F	RX/OTC
TROPICAL PUNCH FLAVOR LIQD	F	RX/OTC
TUNA FLAVOR LIQD	F	RX/OTC
TUNA TYPE FLAVOR OS LIQD	F	RX/OTC
TUTTI FRUTTI FLAVOR LIQD	F	RX/OTC
TUTTI-FRUTTI FLAVOR LIQD	F	RX/OTC
VANILLA BUTTERNUT FLAVOR LIQD	F	RX/OTC
VANILLA FLAVOR LIQD	F	RX/OTC
VANILLA OS LIQD	F	RX/OTC
VERY BERRY OS LIQD	F	RX/OTC
VITAMIN/IRON MASKING AGENT FLAVOR LIQD	F	RX/OTC
WATERMELON FLAVOR LIQD	F	RX/OTC
WILD CHERRY FLAVOR LIQD	F	RX/OTC
WILD CHERRY OS LIQD	F	RX/OTC
Gelatin Capsules (Empty)		
CAPSULE CONI-SNAP #0 CLEAR/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #0 DARK BLUE/DARK BLUE	F	RX/OTC
CAPSULE CONI-SNAP #0 GREEN/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #0 LIGHT BLUE/WHITE	F	RX/OTC
CAPSULE CONI-SNAP #0 PINK/PINK	F	RX/OTC
CAPSULE CONI-SNAP #0 RED/WHITE	F	RX/OTC
CAPSULE CONI-SNAP #0 WHITE/WHITE	F	RX/OTC
CAPSULE CONI-SNAP #0/PURPLE/OPAQUE/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #00 CLEAR/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #00 WHITE/WHITE	F	RX/OTC
CAPSULE CONI-SNAP #000 CLEAR/CLEAR	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAPSULE CONI-SNAP #1 AQUABLUE/AQUA BLUE	F	RX/OTC
CAPSULE CONI-SNAP #1 BLUE/BLUE	F	RX/OTC
CAPSULE CONI-SNAP #1 BLUE/PINK	F	RX/OTC
CAPSULE CONI-SNAP #1 BLUE/POWDER BLUE	F	RX/OTC
CAPSULE CONI-SNAP #1 BROWN/IVORY	F	RX/OTC
CAPSULE CONI-SNAP #1 BROWN/LIGHT BROWN	F	RX/OTC
CAPSULE CONI-SNAP #1 CLEAR/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #1 DARKGREEN/DARK GREEN	F	RX/OTC
CAPSULE CONI-SNAP #1 DARKGREEN/ORANGE	F	RX/OTC
CAPSULE CONI-SNAP #1 GREEN/YELLOW	F	RX/OTC
CAPSULE CONI-SNAP #1 LIGHT BLUE/WHITE	F	RX/OTC
CAPSULE CONI-SNAP #1 LIGHT GREY/PINK	F	RX/OTC
CAPSULE CONI-SNAP #1 ORANGE	F	RX/OTC
CAPSULE CONI-SNAP #1 PINK/AQUA BLUE	F	RX/OTC
CAPSULE CONI-SNAP #1 PINK/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #1 PINK/PINK	F	RX/OTC
CAPSULE CONI-SNAP #1 PINK/WHITE	F	RX/OTC
CAPSULE CONI-SNAP #1 PINK/YELLOW	F	RX/OTC
CAPSULE CONI-SNAP #1 PURPLE/PURPLE	F	RX/OTC
CAPSULE CONI-SNAP #1 RED/BLUE	F	RX/OTC
CAPSULE CONI-SNAP #1 RED/WHITE	F	RX/OTC
CAPSULE CONI-SNAP #1 WHITE	F	RX/OTC
CAPSULE CONI-SNAP #1 WHITE/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #1 WHITE/GREEN	F	RX/OTC
CAPSULE CONI-SNAP #1 YELLOW/GREEN	F	RX/OTC
CAPSULE CONI-SNAP #1 YELLOW/YELLOW	F	RX/OTC
CAPSULE CONI-SNAP #2 CLEAR/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #2 WHITE	F	RX/OTC
CAPSULE CONI-SNAP #3 BLUE/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #3 BROWN/LIGHT BLUE	F	RX/OTC
CAPSULE CONI-SNAP #3 CLEAR/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #3 DARKGREY/PINK	F	RX/OTC
CAPSULE CONI-SNAP #3 GRAY/YELLOW	F	RX/OTC
CAPSULE CONI-SNAP #3 GREEN/BLUE	F	RX/OTC
CAPSULE CONI-SNAP #3 MAROON/BLUE	F	RX/OTC
CAPSULE CONI-SNAP #3 MINTGREEN/MINT GREEN	F	RX/OTC
CAPSULE CONI-SNAP #3 OLIVE/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #3 ORANGE/ORANGE	F	RX/OTC
CAPSULE CONI-SNAP #3 PINK/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #3 PINK/PINK	F	RX/OTC
CAPSULE CONI-SNAP #3 RED/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #3 RED/RED	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAPSULE CONI-SNAP #3 WHITE/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #3 WHITE/WHITE	F	RX/OTC
CAPSULE CONI-SNAP #3 YELLOW/YELLOW	F	RX/OTC
CAPSULE CONI-SNAP #4 BLACK/GREEN	F	RX/OTC
CAPSULE CONI-SNAP #4 CLEAR/CLEAR	F	RX/OTC
CAPSULE CONI-SNAP #4 WHITE	F	RX/OTC
CAPSULE EZEEFIT #0 CLEAR	F	RX/OTC
CAPSULE EZEEFIT #00 CLEAR	F	RX/OTC
CAPSULE SIZE 1 LACTOSE	F	RX/OTC
DRCAPS SIZE 00 CLEAR	F	RX/OTC
DRCAPS SIZE 1 CLEAR	F	RX/OTC
EMPTY CAPSULE #0 RED TRANSLUCENT/WHITE	F	RX/OTC
EMPTY CAPSULE #00 BLACK/RED	F	RX/OTC
EMPTY CAPSULE #00 BLUE/WHITE	F	RX/OTC
EMPTY CAPSULE #00 PINK/PINK	F	RX/OTC
EMPTY CAPSULE #00 PURPLE//PURPLE	F	RX/OTC
EMPTY CAPSULE #00 PURPLE//WHITE	F	RX/OTC
EMPTY CAPSULE #00 RED/WHITE	F	RX/OTC
EMPTY CAPSULE #00 YELLOW/YELLOW	F	RX/OTC
EMPTY CAPSULE SIZE 0 BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 0 BLUE/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 0 CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 0 CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 0 FUNCAPS LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 0 GREEN LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 0 GREEN/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 0 GREEN/CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 0 MAROON/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 0 ORANGE	F	RX/OTC
EMPTY CAPSULE SIZE 0 ORANGE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 0 PINK	F	RX/OTC
EMPTY CAPSULE SIZE 0 PINK LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 0 PURPLE	F	RX/OTC
EMPTY CAPSULE SIZE 0 PURPLE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 0 PURPLE/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 0 RED	F	RX/OTC
EMPTY CAPSULE SIZE 0 RED/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 0 RED/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 0 RED/WHITE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 0 WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 0 WHITE/CLEAR	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMPTY CAPSULE SIZE 0 WHITE/OPAQUE	F	RX/OTC
EMPTY CAPSULE SIZE 0 WHITE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 0 YELLOW	F	RX/OTC
EMPTY CAPSULE SIZE 0 YELLOW/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 00 BLUE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 00 CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 00 CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 00 DARK GREEN	F	RX/OTC
EMPTY CAPSULE SIZE 00 GREEN/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 00 LIGGHT BLUE OPAQUE	F	RX/OTC
EMPTY CAPSULE SIZE 00 ORANGE	F	RX/OTC
EMPTY CAPSULE SIZE 00 ORANGE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 00 RED	F	RX/OTC
EMPTY CAPSULE SIZE 00 WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 00 WHITE OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 000 CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 000 CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 000 WHITE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 AQUABLUE TRANSLUCENT	F	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/PINK	F	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/PINK LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/PINK TRANSLUCENT	F	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/POWDER BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/RED OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 1 BLUETRANSLUCENT/PINK TRANSLUCENT	F	RX/OTC
EMPTY CAPSULE SIZE 1 BROWN/IVORY	F	RX/OTC
EMPTY CAPSULE SIZE 1 BROWN/IVORY OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 1 CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 DARKGREEN	F	RX/OTC
EMPTY CAPSULE SIZE 1 GREEN	F	RX/OTC
EMPTY CAPSULE SIZE 1 GREEN CLEAR/YELLOW LOCKING	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMPTY CAPSULE SIZE 1 GREEN TRANSLUCENT/YELLOW OPAQUE	F	RX/OTC
EMPTY CAPSULE SIZE 1 GREEN/ORANGE	F	RX/OTC
EMPTY CAPSULE SIZE 1 GREEN/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 1 GREEN/WHITE OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 GREEN/YELLOW	F	RX/OTC
EMPTY CAPSULE SIZE 1 GREY/PINK	F	RX/OTC
EMPTY CAPSULE SIZE 1 IVORY	F	RX/OTC
EMPTY CAPSULE SIZE 1 LIGHT BLUE OPAQUE	F	RX/OTC
EMPTY CAPSULE SIZE 1 MAROON TRANS/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 1 MINTGREEN	F	RX/OTC
EMPTY CAPSULE SIZE 1 ORANGE	F	RX/OTC
EMPTY CAPSULE SIZE 1 ORANGE OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 ORANGE/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 1 ORANGE/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 1 ORANGE/YELLOW	F	RX/OTC
EMPTY CAPSULE SIZE 1 PINK	F	RX/OTC
EMPTY CAPSULE SIZE 1 PINK/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 1 PINK/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 PINK/POWDER BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 1 PINK/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 1 PINK/YELLOW	F	RX/OTC
EMPTY CAPSULE SIZE 1 PINK/YELLOW OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 POWDER BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 1 POWDER BLUE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 PURPLE	F	RX/OTC
EMPTY CAPSULE SIZE 1 PURPLE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 RED	F	RX/OTC
EMPTY CAPSULE SIZE 1 RED/BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 1 RED/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 RED/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 1 WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 1 WHITE OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 1 WHITE/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 1 WHITE/OPAQUE	F	RX/OTC
EMPTY CAPSULE SIZE 1 YELLOW	F	RX/OTC
EMPTY CAPSULE SIZE 10 CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 11 CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 13 CLEAR	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMPTY CAPSULE SIZE 2 BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 2 CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 2 CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 2 GREEN	F	RX/OTC
EMPTY CAPSULE SIZE 2 WHITE OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 BLACK/GREEN	F	RX/OTC
EMPTY CAPSULE SIZE 3 BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 3 BLUE/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 3 BLUE/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 3 BLUEOPAQUE/CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 3 CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 DARKGREEN	F	RX/OTC
EMPTY CAPSULE SIZE 3 GRAY/PINK OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 GRAY/YELLOW OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 GREEN	F	RX/OTC
EMPTY CAPSULE SIZE 3 GREEN/BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 3 GREEN/BLUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 GREEN/BLUE TRANSLUCENT	F	RX/OTC
EMPTY CAPSULE SIZE 3 GREY/PINK	F	RX/OTC
EMPTY CAPSULE SIZE 3 GREY/YELLOW	F	RX/OTC
EMPTY CAPSULE SIZE 3 LIGHT BLUE OPAQUE	F	RX/OTC
EMPTY CAPSULE SIZE 3 MAROON/BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 3 MAROON/BLUE OPAQUE	F	RX/OTC
EMPTY CAPSULE SIZE 3 MAROON/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 3 MINT GREEN	F	RX/OTC
EMPTY CAPSULE SIZE 3 OLIVE/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 3 OLIVE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 ORANGE	F	RX/OTC
EMPTY CAPSULE SIZE 3 ORANGE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 ORANGE/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 3 PINK	F	RX/OTC
EMPTY CAPSULE SIZE 3 PINK/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 3 PINK/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 PINK/POWDER BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 3 PINK/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 3 PINK/YELLOW	F	RX/OTC
EMPTY CAPSULE SIZE 3 PINKOPAQUE/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 3 PINKOPAQUE/CLEAR LOCKING	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMPTY CAPSULE SIZE 3 POWDER BLUE	F	RX/OTC
EMPTY CAPSULE SIZE 3 PURPLE	F	RX/OTC
EMPTY CAPSULE SIZE 3 PURPLE/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 3 RED	F	RX/OTC
EMPTY CAPSULE SIZE 3 RED/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 3 RED/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 RED/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 3 REDOPAQUE/CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 3 WHITE OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 WHITE OPAQUE/CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 WHITE/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 3 WHITE/OPAQUE	F	RX/OTC
EMPTY CAPSULE SIZE 3 YELLOW	F	RX/OTC
EMPTY CAPSULE SIZE 3 YELLOW OPAQUE/CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 3 YELLOW/CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 3 YELLOW/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 4 BLACK/GREEN OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 4 BLUE/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 4 CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 4 CLEAR LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 4 DARK BLUE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 4 PURPLE	F	RX/OTC
EMPTY CAPSULE SIZE 4 PURPLE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 4 RED/WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 4 WHITE	F	RX/OTC
EMPTY CAPSULE SIZE 4 WHITE/OPAQUE LOCKING	F	RX/OTC
EMPTY CAPSULE SIZE 4 YELLOW	F	RX/OTC
EMPTY CAPSULE SIZE 5 CLEAR	F	RX/OTC
EMPTY CAPSULE SIZE 7 CLEAR	F	RX/OTC
EMPTY GELATIN CAPSULE/SNAP CLOSURE #0	F	RX/OTC
EMPTY GELATIN CAPSULE/SNAP CLOSURE #00	F	RX/OTC
EMPTY GELATIN CAPSULE/SNAP CLOSURE #000	F	RX/OTC
EMPTY GELATIN CAPSULE/SNAP CLOSURE #1	F	RX/OTC
EMPTY GELATIN CAPSULE/SNAP CLOSURE #2	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMPTY GELATIN CAPSULE/SNAP CLOSURE #3	F	RX/OTC
EMPTY GELATIN CAPSULE/SNAP CLOSURE #4	F	RX/OTC
Liquid Vehicles		
CHERRY CONCENTRATE	F	RX/OTC
CHERRY SYRUP	F	RX/OTC
FLAVOR BLEND SUSP	F	RX/OTC
FLAVOR PLUS LIQD	F	RX/OTC
FLAVOR SWEET-SF SYRP	F	RX/OTC
FLAVOR SWEET SYRP	F	RX/OTC
FLAVORING SYRUPS-MISC	F	RX/OTC
GRAPE SYRUP SYRP	F	RX/OTC
MX-SOL BLEND SF SUSP	F	RX/OTC
MX-SOL BLEND SUSP	F	RX/OTC
MX-SOL SF SYRP	F	RX/OTC
MX-SOL SUSPEND SUSP	F	RX/OTC
MX-SOL SYRP	F	RX/OTC
ORA-BLEND SF SUSP	F	RX/OTC
ORA-BLEND SUSP	F	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	F	RX/OTC
ORAL MIX SF SUSP	F	RX/OTC
ORAL SUSPEND LIQD	F	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	F	RX/OTC
ORAL SYRUP SF SYRP	F	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	F	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	F	RX/OTC
ORA-PLUS LIQD	F	RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	F	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	F	RX/OTC
PCCA SWEET-SF SYRP	F	RX/OTC
PCCA SYRUP VEHICLE SYRP	F	RX/OTC
PCCA-PLUS SUSP	F	RX/OTC
SIMPLE SYRUP	F	RX/OTC
SOSWEET SYRP	F	RX/OTC
SUSPENDIT ANHYDROUS SUSP	F	RX/OTC
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	F	RX/OTC
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	F	RX/OTC
SUSPENSION VEHICLE SUSP	F	RX/OTC
SYRPALTA SYRP	F	RX/OTC
SYRSPEND SF LIQD	F	RX/OTC
SYRUP NF	F	RX/OTC
SYRUP VEHICLE SF SYRP	F	RX/OTC
SYRUP VEHICLE SYRP	F	RX/OTC
UNISPEND ANHYDROUS SWEETENED SUSP	F	RX/OTC
UNISPEND ANHYDROUS UNSWEETENED SUSP	F	RX/OTC
VERSAFREE SYRP	F	RX/OTC
VERSAPLUS SYRP	F	RX/OTC
Pharmaceutical Excipients		
SODIUM BENZOATE	F	RX/OTC
XANTHAN GUM	F	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		

Drug Name	Drug Tier	Requirements/ Limits
Progestins		
hydroxyprogesterone caproate OIL	F	SP; PA
MAKENA OIL *(hydroxyprogesterone caproate)*	NF	SP; PA
MAKENA SOAJ	F	SP; PA
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	F	
progesterone CAPS	F	
PROMETRIUM CAPS *(progesterone)*	NF	
PROVERA *(medroxyprogesterone acetate)*	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	F	
disulfiram	F	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	F	SP; PA
XYREM SOLN	F	SP; PA
Antidementia Agents		
ARICEPT TABS *(donepezil hydrochloride)*	NF	QL(1 ea daily); PA
donepezil hydrochloride TABS	F	QL(1 ea daily); PA
donepezil hydrochloride TBDP	F	QL(1 ea daily); PA
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	CO	
olanzapine-fluoxetine hcl	CO	
perphenazine-amitriptyline	CO	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG *(olanzapine-fluoxetine hcl)*	CO	
Movement Disorder Drug Therapy		
tetrabenazine	F	SP; PA
XENAZINE *(tetrabenazine)*	NF	SP; PA
Multiple Sclerosis Agents		
AUBAGIO *(teriflunomide)*	NF	QL(1 ea daily); SP
AVONEX PEN AJKT	F	SP
AVONEX PSKT	F	SP
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	NF	QL(0.43 ml daily); SP
COPAXONE SOSY 20 MG/ML *(glatiramer acetate)*	NF	QL(1 ml daily); SP
dimethyl fumarate CDPK	F	SP
dimethyl fumarate CPDR	F	QL(2 ea daily); SP
EXTAVIA KIT	F	SP; PA
fingolimod hcl	F	QL(1 ea daily); SP
GILENYA 0.5 MG	F	QL(1 ea daily); SP
GILENYA *(fingolimod hcl)*	NF	QL(1 ea daily); SP
glatiramer acetate SOSY 40 MG/ML	F	QL(0.43 ml daily); SP
glatiramer acetate SOSY 20 MG/ML	F	QL(1 ml daily); SP
PLEGRIDY STARTER PACK SOPN	F	SP; PA
PLEGRIDY STARTER PACK SOSY SC	F	SP; PA
PLEGRIDY SOPN	F	QL(0.36 ml daily); SP; PA
PLEGRIDY SOSY SC	F	QL(0.36 ml daily); SP; PA
REBIF REBIDOSE TITRATIONPACK SOAJ	F	QL(0.15 ml daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
REBIF REBIDOSE SOAJ	F	QL(0.22 ml daily); SP; PA
REBIF TITRATION PACK SOSY	F	QL(0.15 ml daily); SP; PA
REBIF SOSY	F	QL(0.22 ml daily); SP; PA
TECFIDERA STARTER PACK CDPK *(dimethyl fumarate)*	NF	SP
TECFIDERA CPDR *(dimethyl fumarate)*	NF	QL(2 ea daily); SP
teriflunomide	F	QL(1 ea daily); SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	CO	
Psychotherapeutic and Neurological Agents - Misc.		
pimozide	CO	
Smoking Deterrents		
APO-VARENICLINE TABS	F	Max 6 months of Smoking Cessation Therapy per 365 days.; QL(2 ea daily)
bupropion hcl (smoking deterrent)	F	Max 6 months of Smoking Cessation Therapy per 365 days.; QL(2 ea daily)
NICODERM CQ PT24 TD *(nicotine)*	NF	QL(1 ea daily)
NICORETTE MINI LOZG *(nicotine polacrilex)*	NF	
NICORETTE STARTER KIT GUM *(nicotine polacrilex)*	NF	
NICORETTE GUM *(nicotine polacrilex)*	NF	
NICORETTE LOZG *(nicotine polacrilex)*	NF	
nicotine polacrilex GUM	F	
nicotine polacrilex LOZG	F	
nicotine MISC XX	F	QL(1 ea daily)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	F	QL(1 ea daily)
NICOTROL INHALER INHA	F	QL(16 ea daily; 504 ea per fill retail)
NICOTROL NS SOLN	F	QL(4 ml daily; 120 ml per fill retail)
varenicline tartrate TABS	F	Max 6 months of Smoking Cessation Therapy per 365 days.; QL(2 ea daily)
varenicline tartrate TBPK	F	Max 6 months of Smoking Cessation Therapy per 365 days.; QL(53 ea per fill retail)
Vasomotor Symptom Agents		
BRISDELLE *(paroxetine mesylate (vasomotor))*	CO	
paroxetine mesylate (vasomotor)	CO	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
PULMOZYME	F	SP
TRIKAFTA TBPK	F	QL(3 ea daily); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(pirfenidone)*	NF	SP; PA
ESBRIET TABS *(pirfenidone)*	NF	SP; PA
pirfenidone CAPS	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
pirfenidone TABS	F	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ACTICLATE TABS *(doxycycline hyclate)*	NF	
doxycycline (monohydrate) CAPS 50 MG, 100 MG	F	QL(2 ea daily)
doxycycline (monohydrate) SUSR	F	
doxycycline (monohydrate) TABS 50 MG, 100 MG	F	QL(2 ea daily)
doxycycline hyclate CAPS	F	QL(2 ea daily)
doxycycline hyclate TABS 20 MG, 100 MG	F	QL(2 ea daily)
minocycline hcl CAPS	F	Limited to select Diagnoses; PA may be required
tetracycline hcl CAPS	F	Max 1 fill per 365 days
VIBRAMYCIN CAPS *(doxycycline hyclate)*	NF	QL(2 ea daily)
VIBRAMYCIN SUSR *(doxycycline (monohydrate))*	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	F	
propylthiouracil	F	
Thyroid Hormones		
ADTHYZA TABS	F	
ARMOUR THYROID TABS	F	
CYTOMEL TABS *(liothyronine sodium)*	NF	
levothyroxine sodium TABS	F	
liothyronine sodium TABS	F	
NIVA THYROID TABS	F	
NP THYROID 120 TABS	F	
NP THYROID 15 TABS	F	
NP THYROID 30 TABS	F	
NP THYROID 60 TABS	F	
NP THYROID 90 TABS	F	
SYNTHROID TABS *(levothyroxine sodium)*	NF	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	F	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	F	
BOOSTRIX SUSP	F	
BOOSTRIX SUSY	F	
DAPTACEL	F	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	F	
INFANRIX	F	
KINRIX SUSY	F	
PEDIARIX SUSY	F	
PENTACEL	F	
QUADRACEL SUSP	F	
QUADRACEL SUSY	F	
TDVAX SUSP	F	
TENIVAC INJ	F	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	F	
VAXELIS SUSP	F	
VAXELIS SUSY	F	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Antispasmodics		
dicyclomine hcl CAPS	F	
dicyclomine hcl SOLN OR	F	
dicyclomine hcl TABS	F	
glycopyrrolate TABS 1 MG, 2 MG	F	
hyoscyamine sulfate ELIX	F	
hyoscyamine sulfate SOLN OR 0.125 MG/ML	F	
hyoscyamine sulfate SUBL 0.125 MG	F	
hyoscyamine sulfate TABS 0.125 MG	F	
hyoscyamine sulfate TB12 0.375 MG	F	
LEVBID TB12 *(hyoscyamine sulfate)*	NF	
LEVSIN SOLN IJ 0.5 MG/ML *(hyoscyamine sulfate)*	NF	
ROBINUL FORTE TABS *(glycopyrrolate)*	NF	
ROBINUL TABS *(glycopyrrolate)*	NF	
H-2 Antagonists		
cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	F	
cimetidine TABS	F	
famotidine SUSR	F	2 rtl MAX fill; 365 rtl day(s) supply; QL(150 ml per fill retail)
famotidine TABS	F	
nizatidine CAPS	F	
PEPCID AC MAXIMUM STRENGTH TABS *(famotidine)*	NF	RX/OTC
PEPCID AC TABS *(famotidine)*	NF	RX/OTC
PEPCID TABS *(famotidine)*	NF	RX/OTC
TAGAMET HB 200 TABS *(cimetidine)*	NF	RX/OTC
TAGAMET HB TABS *(cimetidine)*	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP *(sucralfate)*	NF	
CARAFATE TABS *(sucralfate)*	NF	
sucralfate SUSP	F	
sucralfate TABS	F	
Proton Pump Inhibitors		
FIRST-OMEPRAZOLE SUSP	F	Max 300 ml per fill; max 2 fills per year; 2 rtl MAX fill; 365 rtl day(s) supply; QL(300 ml per fill retail)
lansoprazole CPDR	F	RX/OTC
OMEPRAZOLE + SYRSPEND SFALKA SUSP	F	Max 300 ml per fill; max 2 fills per year; 2 rtl MAX fill; 365 rtl day(s) supply; QL(300 ml per fill retail)
OMEPRAZOLE TABLET	F	QL (1 ea daily, 180 ea per 365 days retail)
omeprazole CPDR 10 MG	F	QL(1 ea daily)
omeprazole CPDR 20 MG, 40 MG	F	QL(2 ea daily)
pantoprazole sodium TBEC	F	
PREVACID 24HR CPDR *(lansoprazole)*	NF	RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	NF	
PROTONIX TBEC *(pantoprazole sodium)*	NF	
Ulcer Drugs - Prostaglandins		

Drug Name	Drug Tier	Requirements/ Limits
CYTOTEC *(misoprostol)*	NF	
misoprostol	F	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	F	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL LA CP24 *(tolterodine tartrate)*	NF	
DETROL TABS *(tolterodine tartrate)*	NF	
DITROPAN XL TB24 5 MG, 10 MG *(oxybutynin chloride)*	NF	QL(1 ea daily)
oxybutynin chloride TABS 5 MG	F	
oxybutynin chloride TB24	F	QL(1 ea daily)
tolterodine tartrate CP24	F	
tolterodine tartrate TABS	F	
trospium chloride CP24	F	QL(1 ea daily)
trospium chloride TABS	F	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	F	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	F	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	F	
BCG VACCINE	F	
BEXSERO	F	
BIOTHRAX	F	
HIBERIX SOLR IJ	F	
MENACTRA	F	
MENQUADFI	F	
MENVEO SOLN	F	
MENVEO SOLR	F	
PEDVAX HIB SUSP	F	
PENBRAYA	F	
PNEUMOVAX 23	F	
PNEUMOVAX 23/1 DOSE	F	
PREVNAR 13	F	
PREVNAR 20	F	
TRUMENBA	F	
TYPHIM VI SOLN	F	
TYPHIM VI SOSY	F	
VAXCHORA	F	
VAXNEUVANCE	F	
VIVOTIF	F	
Viral Vaccines		
ABRYSVO	F	
ACAM2000	F	
AFLURIA QUADRIVALENT 2021-2022 SUSP	F	
AFLURIA QUADRIVALENT 2021-2022 SUSY	F	
AFLURIA QUADRIVALENT 2022-2023 SUSP	F	
AFLURIA QUADRIVALENT 2022-2023 SUSY	F	
AFLURIA QUADRIVALENT 2023-2024 SUSP	F	
AFLURIA QUADRIVALENT 2023-2024 SUSY	F	
AREXVY	F	AL(At least 60 yrs old)
COMIRNATY 2023-24 SUSP	F	

Drug Name	Drug Tier	Requirements/ Limits
COMIRNATY 2023-24 SUSY	F	
COMIRNATY SUSP	F	
DENGVAXIA	F	
ENGERIX-B SUSP 20 MCG/ML	F	3 rtl MAX fill; 999 rtl day(s) supply
ENGERIX-B SUSY	F	3 rtl MAX fill; 999 rtl day(s) supply
FLUAD QUADRIVALENT 2021-2022	F	
FLUAD QUADRIVALENT 2022-2023	F	
FLUAD QUADRIVALENT 2023-2024	F	
FLUARIX QUADRIVALENT 2021-2022 SUSY	F	
FLUARIX QUADRIVALENT 2022-2023 SUSY	F	
FLUARIX QUADRIVALENT 2023-2024 SUSY	F	
FLUBLOK QUADRIVALENT 2021-2022	F	
FLUBLOK QUADRIVALENT 2022-2023	F	
FLUBLOK QUADRIVALENT 2023-2024	F	
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	F	
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	F	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	F	

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	F	
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	F	
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	F	
FLULAVAL QUADRIVALENT 2021-2022 SUSY	F	
FLULAVAL QUADRIVALENT 2022-2023 SUSY	F	
FLULAVAL QUADRIVALENT 2023-2024 SUSY	F	
FLUMIST QUADRIVALENT	F	
FLUZONE HIGH-DOSE PF 2021-2022	F	
FLUZONE HIGH-DOSE PF 2022-2023	F	
FLUZONE HIGH-DOSE PF 2023-2024	F	
FLUZONE QUADRIVALENT 2021-2022 SUSP	F	
FLUZONE QUADRIVALENT 2021-2022 SUSY	F	
FLUZONE QUADRIVALENT 2022-2023 SUSP	F	
FLUZONE QUADRIVALENT 2022-2023 SUSY	F	
FLUZONE QUADRIVALENT 2023-2024 SUSP	F	
FLUZONE QUADRIVALENT 2023-2024 SUSY	F	

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSP	F	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)
GARDASIL 9 SUSY	F	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)
HAVRIX	F	
HEPLISAV-B SOSY	F	3 rtl MAX fill; 999 rtl day(s) supply
IMOVAX RABIES (H.D.C.V.) SUSR	F	
IPOL INACTIVATED IPV	F	
IXIARO	F	
JANSSEN COVID-19 VACCINE	F	
JYNNEOS	F	
M-M-R II SOLR	F	
MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	F	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	F	
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y	F	
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	F	
MODERNA COVID-19 VACCINE6-11Y SUSP	F	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	F	
MODERNA COVID-19 VACCINE SUSP	F	
NOVAVAX COVID-19 VACCINE	F	
NOVAVAX COVID-19 VACCINE/2023-24	F	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	F	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	F	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	F	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	F	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	F	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	F	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	F	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	F	
PFIZER-BIONTECH COVID-19VACCINE SUSP	F	
PREHEVBRIO	F	3 rtl MAX fill; 999 rtl day(s) supply
PRIORIX SUSR	F	
PROQUAD SUSR	F	
RABAVERT	F	
RECOMBIVAX HB SUSP	F	3 rtl MAX fill; 999 rtl day(s) supply
RECOMBIVAX HB SUSY	F	3 rtl MAX fill; 999 rtl day(s) supply
ROTARIX SUSP	F	
ROTARIX SUSR	F	

Drug Name	Drug Tier	Requirements/ Limits
ROTATEQ SOLN	F	
SHINGRIX	F	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	F	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	F	
SPIKEVAX COVID-19 VACCINE SUSP	F	
STAMARIL SUSR	F	
TICOVAC	F	
TWINRIX SUSY	F	
VAQTA	F	
VARIVAX INJ	F	2 rtl MAX fill; 999 rtl day(s) supply
YF-VAX INJ	F	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	F	
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	F	
TODAY SPONGE MISC	F	
VCF VAGINAL CONTRACEPTIVE FILM FILM	F	
VCF VAGINAL CONTRACEPTIVEGEL GEL	F	
Vaginal Anti-infectives		
CLEOCIN CREA *(clindamycin phosphate vaginal)*	NF	
clindamycin phosphate vaginal CREA	F	
CLINDESSE	F	
clotrimazole vaginal CREA	F	
metronidazole vaginal	F	
miconazole nitrate vaginal CREA	F	
miconazole nitrate vaginal KIT	F	
miconazole nitrate vaginal SUPP	F	
MONISTAT 1 COMBO PACK KIT *(miconazole nitrate vaginal)*	NF	
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT *(miconazole nitrate vaginal)*	NF	
MONISTAT 3 CREA *(miconazole nitrate vaginal)*	NF	
MONISTAT 7 SIMPLY CURE CREA *(miconazole nitrate vaginal)*	NF	
terconazole vaginal CREA	F	
tioconazole vaginal 6.5 %	F	
VANDAZOLE	F	
Vaginal Estrogens		
ESTRACE CREA *(estradiol vaginal)*	NF	
estradiol vaginal CREA	F	
estradiol vaginal TABS	F	
ESTRING RING	F	
PREMARIN	F	
VAGIFEM TABS *(estradiol vaginal)*	NF	
Vaginal Progestins		
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	F	

Drug Name	Drug Tier	Requirements/ Limits
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	F	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	F	
epinephrine (anaphylaxis) SOAJ	F	Generic Required
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	NF	
EPIPEN-JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	F	
Vasopressors		
midodrine hcl	F	
VITAMINS		
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS CAP	F	RX/OTC
MULTIPLE VITAMINS W/ MINERALS CHEW	F	RX/OTC
MULTIPLE VITAMINS W/ MINERALS LIQ	F	RX/OTC
Oil Soluble Vitamins		
BABY DDROPS LIQD OR *(cholecalciferol)*	NF	
cholecalciferol CAPS	F	
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML	F	
cholecalciferol TABS 10 MCG, 25 MCG, 50 MCG, 125 MCG, 400 UNIT, 1000 UNIT, 2000 UNIT, 5000 UNIT	F	
DRISDOL CAPS *(ergocalciferol)*	NF	
D-VI-SOL LIQD OR *(cholecalciferol)*	NF	
ergocalciferol CAPS	F	
ergocalciferol SOLN OR	F	
MAXIMUM D3 CAPS	F	
MEPHYTON TABS *(phytonadione)*	NF	
phytonadione TABS 5 MG	F	
vitamin a CAPS	F	
VITAMIN D3 LIQD OR 1200 UNIT/15ML, 5000 UNIT/ML	F	
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT, 450 MG, 1000 UNIT	F	
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT, 450 MG, 1000 UNIT	F	
VITAMIN E CAPS 200 UNIT	F	
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ascorbic acid CHEW	F	QL(3 ea daily); ST
ascorbic acid TABS	F	QL(3 ea daily); ST
B-1 TABS	F	
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B-6 TABS	F	
NIACIN TR TBCR	F	
niacin CPCR 250 MG, 500 MG	F	
niacin TABS	F	
niacin TBCR	F	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
riboflavin TABS	F	
RIBOFLAVIN TABS	F	
SLO-NIACIN TBCR *(niacin)*	NF	
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1ST TIER UNILET COMFORTOUCH LANCETS 30G 50

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BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE 68

BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1" 68

BD ECLIPSE NEEDLE/LUER-LOK SYRINGE 3ML/23G X 1-1/2" 68

BD ECLIPSE SYRINGE 3ML/21G X 1" 68

BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1" 68

BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/22G X 1" 68

BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/23G X 1" 68

BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/25G X 5/8" 68

BD EXAM ROOM SHARPS COLLECTOR/NEXT GENERATION PATIENT 68

BD GLUCOSE CHEW 17

BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2" 68

BD HYPODERMIC NEEDLES 16GX1" 68

BD HYPODERMIC NEEDLES 18GX1" 68

BD HYPODERMIC NEEDLES 18GX1.5" 68

BD HYPODERMIC NEEDLES 19GX1" 68

BD HYPODERMIC NEEDLES 19GX1.5" 68

BD HYPODERMIC NEEDLES 21GX1" 68

BD HYPODERMIC NEEDLES 21GX2" 68

BD HYPODERMIC NEEDLES 22GX1" 68

BD HYPODERMIC NEEDLES 22GX1.5" 68

BD HYPODERMIC NEEDLES 23GX1" 68

BD HYPODERMIC NEEDLES 23GX3/4" 68

BD HYPODERMIC NEEDLES 25GX1.5" 68

BD HYPODERMIC NEEDLES 26GX1/2" 68

BD INSULIN SYRINGE LUER-LOK/U-100/1ML 68

BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" 68

BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" 68

BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" 69

BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" 69

BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" 69

BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" ..69

BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" ...69

B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" 69

B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" 69

B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" 69

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B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ...69

BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM 69

BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" ..69

BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM 69

BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...69

B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...69

BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM 69

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BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM 69

BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM 69

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BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM 69
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BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" 69
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" 69
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM 69
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM 69
BD INSULIN SYRINGE/1ML/27G X 12.7MM 69
BD INSULIN SYRINGE/1ML/29G X 12.7MM 69
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" 69
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8" 70
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM 70
BD INTEGRA SYRINGE RETRACTING SAFETY/3ML/21G X 1" 70
BD INTEGRA SYRINGE/3ML 25GX1" 70
BD INTEGRA SYRINGE/3ML/21G X 1-1/2" 70
BD INTEGRA SYRINGE/3ML/22G X 1.5" 70
BD INTEGRA SYRINGE/3ML/23G X 1" 70
BD INTEGRA SYRINGE/3ML/25G X 5/8 70
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BD NEEDLE/16G X 1-1/2" 70
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BD NEEDLE/19G X 1" 70
BD NEEDLE/20G X 1" 70
BD NEEDLE/20G X 1-1/2" 70
BD NEEDLE/21G 1-1/2" 70
BD NEEDLE/22G X 1-1/2" 70
BD NEEDLE/25G X 5/8" 70
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BD NEEDLE/27G X 1/2" 70
BD NEEDLE/30G X 1/2" 70
BD NOKOR NEEDLE ADMIX THIN WALL/18G X 1-1/2" 70
BD PEN NEEDLES 70
BD PHLEBOTOMY SHARPS COLLECTOR 70
BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK 70
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BD SAFETYGLIDE 21G X 1-1/2" .70
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" 70
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ... 70
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" 70
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" 70
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" 70
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ... 70
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" 70
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" .70
BD SAFETYGLIDE SYRINGE 3ML/25GX1" 70
BD SHARPS COLLECTOR COUNTERBALANCED DOOR ... 70
BD SHARPS COLLECTOR/MULTI-USE/ONE PIECE 71
BD SHARPS COLLECTOR/MULTI-USE/ONE-PIECE 71
BD SHARPS CONTAINER HOME 71
BD SHARPS DISPOSAL BY MAIL 1.4 QUART 71
BD SLIP TIP SYRINGE/1ML 71
BD SLIP TIP SYRINGE/3ML 71
BD SLIP TIP SYRINGE/NEEDLE/1ML/26G X 5/8" 71
BD SWABS SINGLE USE 64
BD SWABS SINGLE USE BUTTERFLY 64
BD SYRINGE LUER-LOK 3ML/NEEDLE BLUNT FILL 18G X 1-1/2" 71

BD SYRINGE LUER-LOK/1ML ... 71

BD SYRINGE SLIP TIP 1ML 71

BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM 71

BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM 71

BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM 71

BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM 71

BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64" . 71

BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" ... 71

BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64" . 71

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BEEF BRAISED NATURAL FLAVOR LIQD 121

BEEF FLAVOR LIQD 121

BEEF TYPE FLAVOR NATURAL LIQD 121

BEEF TYPE FLAVOR NATURALCHLORIDE FREE LIQD 121

BEEF TYPE FLAVOR OS LIQD .. 121

BENADRYL ALLERGY CAPS (diphenhydramine hcl) 19

BENADRYL ALLERGY CHILDRENS CHEW (diphenhydramine hcl) 19

BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl) 19

BENADRYL ALLERGY EXTRA STRENGTH TABS 19

BENADRYL ALLERGY TABS (diphenhydramine hcl) 19

BENADRYL ALLERGY ULTRATABS TABS (diphenhydramine hcl) 19

benazepril & hydrochlorothiazide . 22

benazepril hcl 21

BENEFIX KIT 45

BENZAC AC WASH LIQD 5 % (benzoyl peroxide) 35

BENZAMYCIN GEL (benzoyl peroxide-erythromycin) 35

BENZEPRO CREAMY WASH LIQD . 35

benzonatate 100 MG, 200 MG 33

benzoyl peroxide CREA 2.5 %, 10 % 35

benzoyl peroxide FOAM 5.3 %, 9.8 % 35

benzoyl peroxide GEL 2.5 %, 5 %, 8 %, 10 % 35

benzoyl peroxide LIQD 2.5 %, 4 %, 5 %, 7 %, 10 % 35

benzoyl peroxide-erythromycin GEL . 35

benztropine mesylate TABS 25

BETADINE SOLN (povidone-iodine) . 27

BETADINE SURGICAL SCRUB SOLN 27

betamethasone dipropionate (topical) CREA 37

betamethasone dipropionate (topical) LOTN 37

betamethasone dipropionate (topical) OINT 37

betamethasone dipropionate augmented CREA 38

betamethasone dipropionate augmented OINT 38

betamethasone valerate CREA 38

betamethasone valerate LOTN 38

betamethasone valerate OINT 38

BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) 30

betaxolol hcl (ophth) SOLN 118

bethanechol chloride 135

BEXSERO 135

BICILLIN L-A SUSY 121

BIKTARVY 27

BILTRICIDE (praziquantel) 9

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BIO-35 IRON FREE CAPS 104

BIOCAL CAPS 104

BIOLYTE SOLN 100

BION TEARS 117

BIOTHRAX 135

bisacodyl SUPP 48

bisacodyl TBEC 48

bismuth subsalicylate CHEW 262 MG 18

bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML 18

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bisoprolol & hydrochlorothiazide .. 22

bisoprolol fumarate 29
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BITTERNESS MASK FLAVOR LIQD 121
BITTERNESS SUPPRESSOR FLAVOR LIQD 121
BITTERNESS SUPRESSOR FLAVOR LIQD 121
BLACKBERRY FLAVOR LIQD ...121
BLEPH-10 SOLN (sulfacetamide sodium (ophth)) 119
BLEPHAMIDE S.O.P. OINT 119
BLEPHAMIDE SUSP 119
BLOOD ORANGE OS LIQD 121
BLUEBERRY FLAVOR LIQD 121
BONEUP 3 PER DAY CAPS 104
BONEUP CAPS 104
BONEUP VEGETARIAN TABS .. 104
BOOSTNOW IMMUNE SUPPORT CAPS 104
BOOSTRIX SUSP 133
BOOSTRIX SUSY 133
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bosentan TABS 31
BPO GEL 8 % 35
BPROTECTED PEDIA POLY-VITE SOLN OR 113
BPROTECTED PEDIA POLY-VITE/IRON SOLN 113
BRAINSTRONG PRENATAL MISC 113
BREAST PUMP 64
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI 96
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI 96
BREATHE EASE/LARGE MASK DEVI 96
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BREATHERITE VALVED MDI CHAMBER/RIGID DEVI 96
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bromocriptine mesylate TABS 2.5 MG 25
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BUBBLE GUM FLAVOR LIQD ... 121
BUBBLE GUM OS LIQD 121
BUBBLE GUM WS LIQD 121
BUBBLEGUM FLAVOR LIQD 121
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML 10
budesonide CPEP 33
budesonide-formoterol fumarate dihydrate 11
bumetanide TABS 41
BUMEX TABS 0.5 MG (bumetanide) . 42
BUPIVACAINE FISIOPHARMA SOLN IJ 49
bupivacaine hcl SOLN IJ 49
BUPIVACAINE HYDROCHLORIDE SOLN IJ 0.25 % 49
buprenorphine hcl SUBL 2 MG 7
buprenorphine hcl SUBL 8 MG 7
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG 7
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG 7
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG 7
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG 7
bupropion hcl (smoking deterrent) 132
bupropion hcl TABS 14
bupropion hcl TB12 14
bupropion hcl TB24 14
BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX LIQD 104
buspirone hcl 9
butalbital-acetaminophen TABS 50 MG-325 MG 4
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG 4
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 4
butalbital-acetaminophen-caffeine w/

codeine 6
butalbital-aspirin-caffeine CAPS 4
butalbital-aspirin-caffeine w/cod 6
butenafine hcl 36
BUTTER FLAVOR LIQD 121
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BYETTA SOPN 10 MCG/0.04ML .. 17
BYETTA SOPN 5 MCG/0.02ML ... 17
cabergoline 42
CAFERGOT TABS (ergotamine w/ caffeine) 99
CALAN SR TBCR (verapamil hcl) . 30
CALCET PETITES TABS 99
calcipotriene CREA 37
calcipotriene OINT 37
calcitonin (salmon) NA 42
CAL-CITRATE PLUS VITAMIND TABS 99
calcitriol CAPS 42
CALCIUM 1000 + D TABS 99
CALCIUM 600+D HIGH POTENCY TABS 100
calcium acetate (phosphate binder) CAPS 44
calcium acetate (phosphate binder) TABS 44
calcium carbonate (antacid) CHEW 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG 8
calcium carbonate (antacid) SUSP . 8
CALCIUM CARBONATE CHEW . 100
calcium carbonate TABS 500 MG, 600 MG, 1250 MG, 1500 MG 100
CALCIUM CARBONATE TABS 648 MG 8
calcium carbonate-cholecalciferol CHEW 400 UNIT-500 MG, 400 UNIT-600 MG, 600 UNIT-500 MG 100
calcium carbonate-cholecalciferol TABS 100
calcium carbonate-vitamin d CAPS 100
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT 100
CALCIUM CHEW 100
CALCIUM CITRATE + D3 TABS . 100
calcium citrate TABS 200 MG 100
CALCIUM CITRATE TABS 250 MG 100
CALCIUM CITRATE W/D TABS . 100
CALCIUM CITRATE W/VITAMIN D TABS 100
CALCIUM CITRATE+ D TABS ... 100
calcium citrate-vitamin d TABS ... 100
calcium polycarbophil TABS 47
calcium TABS 100
CALCIUM/VITAMIN D TABS 100
CAL-DAY 1000 TABS 104
CAL-MINT CHEW 100
CALTRATE 600+D3 TABS (calcium carbonate-cholecalciferol) 100
CALTRATE BONE HEALTH TABS (calcium carbonate-cholecalciferol) 100
CANASA SUPP (mesalamine) 43
CAPLYTA 25
capsaicin CREA 0.025 %, 0.075 %, 0.1 % 39
CAPSULE CONI-SNAP #0 CLEAR/CLEAR 123
CAPSULE CONI-SNAP #0 DARK BLUE/DARK BLUE 123
CAPSULE CONI-SNAP #0 GREEN/CLEAR 123
CAPSULE CONI-SNAP #0 LIGHT BLUE/WHITE 123
CAPSULE CONI-SNAP #0 PINK/PINK 123
CAPSULE CONI-SNAP #0 RED/WHITE 123
CAPSULE CONI-SNAP #0 WHITE/WHITE 123
CAPSULE CONI-SNAP #0/PURPLE/OPAQUE/CLEAR .. 123
CAPSULE CONI-SNAP #00 CLEAR/CLEAR 123
CAPSULE CONI-SNAP #00 WHITE/WHITE 123
CAPSULE CONI-SNAP #000 CLEAR/CLEAR 123
CAPSULE CONI-SNAP #1 AQUABLUE/AQUA BLUE 124
CAPSULE CONI-SNAP #1 BLUE/BLUE 124
CAPSULE CONI-SNAP #1 BLUE/PINK 124
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CAPSULE CONI-SNAP #1 BROWN/LIGHT BROWN 124
CAPSULE CONI-SNAP #1 CLEAR/CLEAR 124
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CAPSULE CONI-SNAP #1 GREEN/YELLOW 124
CAPSULE CONI-SNAP #1 LIGHT BLUE/WHITE 124
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CAPSULE CONI-SNAP #1 PINK/AQUA BLUE 124
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CAPSULE CONI-SNAP #1 PINK/PINK 124
CAPSULE CONI-SNAP #1 PINK/WHITE 124
CAPSULE CONI-SNAP #1 PINK/YELLOW 124
CAPSULE CONI-SNAP #1 PURPLE/PURPLE 124
CAPSULE CONI-SNAP #1 RED/BLUE 124
CAPSULE CONI-SNAP #1 RED/WHITE 124
CAPSULE CONI-SNAP #1 WHITE 124
CAPSULE CONI-SNAP #1 WHITE/CLEAR 124
CAPSULE CONI-SNAP #1 WHITE/GREEN 124
CAPSULE CONI-SNAP #1 YELLOW/GREEN 124
CAPSULE CONI-SNAP #1 YELLOW/YELLOW 124
CAPSULE CONI-SNAP #2 CLEAR/CLEAR 124
CAPSULE CONI-SNAP #2 WHITE 124
CAPSULE CONI-SNAP #3 BLUE/CLEAR 124
CAPSULE CONI-SNAP #3 BROWN/LIGHT BLUE 124
CAPSULE CONI-SNAP #3 CLEAR/CLEAR 124
CAPSULE CONI-SNAP #3 DARKGREY/PINK 124
CAPSULE CONI-SNAP #3 GRAY/YELLOW 124
CAPSULE CONI-SNAP #3 GREEN/BLUE 124
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CAPSULE CONI-SNAP #3 MINTGREEN/MINT GREEN 124
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CAPSULE CONI-SNAP #3 ORANGE/ORANGE 124
CAPSULE CONI-SNAP #3 PINK/CLEAR 124
CAPSULE CONI-SNAP #3 PINK/PINK 124
CAPSULE CONI-SNAP #3 RED/CLEAR 124
CAPSULE CONI-SNAP #3 RED/RED 124
CAPSULE CONI-SNAP #3 WHITE/CLEAR 125
CAPSULE CONI-SNAP #3 WHITE/WHITE 125
CAPSULE CONI-SNAP #3 YELLOW/YELLOW 125
CAPSULE CONI-SNAP #4 BLACK/GREEN 125
CAPSULE CONI-SNAP #4 CLEAR/CLEAR 125
CAPSULE CONI-SNAP #4 WHITE 125
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CAPSULE EZEEFIT #00 CLEAR 125
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CARAFATE SUSP (sucralfate) ...134
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carbamazepine CP12 13
CARBAMAZEPINE POWD 13
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CARDIZEM CD CP24 (diltiazem hcl coated beads) 30

CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) 30

CARDURA (doxazosin mesylate) .22

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CAREONE LANCET THIN 52

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CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/25G X 1" 71

CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/23G X 1" 71

CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1" 71

CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8" 71

CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1" 71

CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1-1/2" 72

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CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1-1/2" 72

CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1" 72

CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1-1/2" 72

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CARESTART COVID-19 ANTIGEN HOME TEST KIT 40

CARETOUCH ALCOHOL PREP PADS 64

CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" 72

CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" 72

CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" 72

CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" 72

CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16" 72

CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16" 72

CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" 72

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CARETOUCH LUER LOCK 3ML/22GX1" 72

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CARETOUCH LUER LOCK 3ML/23GX1" 72

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CARETOUCH LUER LOCK 3ML/25GX1-1/2" 72

CARETOUCH LUER LOCK 3ML/25GX5/8" 72

CARETOUCH SAFETY LANCETS/26G 52

CARETOUCH SAFETY LANCETS/28G 52

CARETOUCH SAFETY LANCETS/30G 52

CARETOUCH TWIST LANCETS 28G 52

CARETOUCH TWIST LANCETS 30G 52

CARETOUCH TWIST LANCETS 33G 52

CARETOUCH TWIST LANCETS MULTI COLOR/30G 52

CARNITOR TABS (levocarnitine (metabolic modifiers)) 42
carteolol hcl (ophth) 118
carvedilol 29
carvedilol phosphate 29
CAYA DPRH 49
cefaclor CAPS 31
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML 31
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cefadroxil SUSR 31
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cefpodoxime proxetil SUSR 31
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ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG 31
cefuroxime axetil TABS 31
CELEBRATE MULTI-COMPLETE18 CAPS 104
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CELEBRATE MULTI-COMPLETE36 CAPS 104
CELEBRATE MULTI-COMPLETE36 CHEW 104
CELEBRATE MULTI-COMPLETE45 CAPS 104
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CELEBRATE MULTI-COMPLETE60 CAPS 105
CELEBRATE MULTI-COMPLETE60 CHEW 105
CELEBREX 400 MG (celecoxib) 3
CELEBREX 50 MG, 100 MG, 200 MG (celecoxib) 3
celecoxib 400 MG 3
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HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" 80

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hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 7
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INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 17

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INSULIN LISPRO KWIKPEN SOPN . 18

INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 18

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INSULIN SYRINGE/0.5ML/28G X 1/2" 80

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INSULIN SYRINGE/0.5ML/31G X 5/16" 80

INSULIN SYRINGE/1ML/28G X 1/2" 80

INSULIN SYRINGE/1ML/29G X 1/2" 80

INSULIN SYRINGE/1ML/30G X 5/16" 80

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INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" 80

INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" 80

INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" 80

INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" 80

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KEPPRA TABS (levetiracetam) 13
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LASIX TABS (furosemide) 42
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LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" 82
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levocarnitine TABS 117

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losartan potassium 22

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LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) 12

LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) 12

LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) 12

LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) 12

LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) 12

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LYRICA CAPS 25 MG, 150 MG, 200 MG (pregabalin) 13

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MAALOX CHEW 8

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MAGNESIUM ELEMENTAL TABS 101

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MAGNESIUM GLUCONATE TABS 250 MG, 500 MG, 550 MG 101

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magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML 48

magnesium oxide (mg supplement) CAPS 101

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MAGNESIUM TABS 200 MG 101

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