ambetter. FROM peach state health plan

2017 Prescription Drug List

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Formulary Introduction

FORMULARY

The Ambetter from Peach State Health Plan Formulary, or Preferred Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

Please note, the Formulary is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered. This list is periodically reviewed and updated and may be subject to change. Drugs may be added or removed, or additional requirements may be added in order to approve continued usage of a specific drug.

Specific prescription benefit plan designs may not cover certain products or categories, regardless of their appearance in this document. Please check your benefits for coverage limitations and your share of cost for your drugs.

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.
Drugs are covered under different copay tiers depending on your benefit:

Tier 0 - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age or gender limits apply.

Tier 1 - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC), generic or brand name drugs may be covered under this tier.

Tier 2 - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.

Tier 3 - Highest copayment covers higher cost brand name drugs. This tier may also cover non-specialty drugs that are not on the Preferred Drug List but approval has been granted for coverage.

Tier 4 - Coverage for this tier is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. For members who do not have a Tier 4 plan, these drugs may be covered under Tier 3.

Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

Formulary Abbreviations:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS 5MG-5MG-5MG-5MG, 1.875MG-1.875MG-1.875MG-1.875MG, 3.75MG-3.75MG-3.75MG-3.75MG, 1.25MG-1.25MG-1.25MG-1.25MG, 3.125MG-3.125MG-3.125MG-3.125MG, 2.5MG-2.5MG-2.5MG-2.5MG (*Use Amphetamine-Dextroamphetamine*)	NF	QL(3 ea daily)
ADDERALL TABS 7.5MG-7.5MG-7.5MG-7.5MG (*Use Amphetamine-Dextroamphetamine*)	NF	
ADDERALL XR CP24 1.25MG-1.25MG-1.25MG-1.25MG, 2.5MG-2.5MG-2.5MG-2.5MG (*Use Amphetamine-Dextroamphetamine*)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75MG-3.75MG-3.75MG-3.75MG (*Use Amphetamine-Dextroamphetamine*)	NF	
ADDERALL XR CP24 5MG-5MG-5MG-5MG, 7.5MG-7.5MG-7.5MG-7.5MG, 6.25MG-6.25MG-6.25MG-6.25MG (*Use Amphetamine-Dextroamphetamine*)	NF	QL(2 ea daily)
amphetamine-dextroamphetamine cp24 1.25mg-1.25mg-1.25mg-1.25mg, 2.5mg-2.5mg-2.5mg-2.5mg	1	QL(1 ea daily)
amphetamine-dextroamphetamine cp24 3.75mg-3.75mg-3.75mg-3.75mg	1	
amphetamine-dextroamphetamine cp24 6.25mg-6.25mg-6.25mg-6.25mg, 7.5mg-7.5mg-7.5mg-7.5mg, 5mg-5mg-5mg-5mg	1	QL(2 ea daily)
amphetamine-dextroamphetamine tabs 1.25mg-1.25mg-1.25mg-1.25mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg, 3.75mg-3.75mg-3.75mg-3.75mg, 2.5mg-2.5mg-2.5mg-2.5mg, 5mg-5mg-5mg-5mg	1	QL(3 ea daily)
amphetamine-dextroamphetamine tabs 7.5mg-7.5mg-7.5mg-7.5mg	1	
DESOXYN TABS (*Use Methamphetamine HCl*)	3	QL(5 ea daily); AL; At least 6 yrs old
DEXEDRINE CP24 15 MG, 10 MG (*Use Dextroamphetamine Sulfate*)	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (*Use Dextroamphetamine Sulfate*)	NF	
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(4 ea daily)
dextroamphetamine sulfate cp24 5 mg	1	
dextroamphetamine sulfate tabs 10 mg, 5 mg	1	QL(4 ea daily)
methamphetamine hcl tabs	3	QL(5 ea daily); AL; At least 6 yrs old
VYVANSE CAPS 30 MG, 70 MG, 50 MG, 10 MG, 20 MG, 60 MG, 40 MG	2	QL(1 ea daily)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (*Use Phentermine HCl*)	NF	PA
BONTRIL PDM TABS (*Use Phendimetrazine Tartrate*)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
phendimetrazine tartrate tabs	1	PA
phentermine hcl caps 30 mg, 15 mg, 37.5 mg	1	PA
Anti-Obesity Agents		
BELVIQ TABS	3	PA
CONTRAVE TB12	3	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps 10 mg, 40 mg, 25 mg, 18 mg	1	QL(2 ea daily); AL; At least 6 yrs old
atomoxetine hcl caps 60 mg, 80 mg, 100 mg	1	QL(1 ea daily); AL; At least 6 yrs old
guanfacine hcl (adhd) tb24	1	QL(1 ea daily); AL; At least 6 yrs old
INTUNIV TB24 (*Use Guanfacine HCl (ADHD)*)	NF	QL(1 ea daily); AL; At least 6 yrs old
STRATTERA CAPS 25 MG, 18 MG, 10 MG, 40 MG (*Use Atomoxetine HCl*)	2	PA; QL(2 ea daily); AL; At least 6 yrs old
STRATTERA CAPS 80 MG, 60 MG, 100 MG (*Use Atomoxetine HCl*)	2	PA; QL(1 ea daily); AL; At least 6 yrs old
Stimulants - Misc.		
armodafinil tabs	1	PA; QL(1 ea daily); AL; At least 17 yrs old
CONCERTA TBCR 18 MG, 27 MG (*Use Methylphenidate HCl*)	NF	QL(1 ea daily); AL; At least 6 yrs old
CONCERTA TBCR 36 MG, 54 MG (*Use Methylphenidate HCl*)	NF	QL(2 ea daily); AL; At least 6 yrs old
dexmethylphenidate hcl tabs 10 mg, 5 mg, 2.5 mg	1	QL(2 ea daily); AL; At least 6 yrs old
FOCALIN TABS (*Use Dexmethylphenidate HCl*)	NF	QL(2 ea daily); AL; At least 6 yrs old
METADATE CD CPCR (*Use Methylphenidate HCl*)	NF	QL(1 ea daily); AL; At least 6 yrs old
METHYLIN SOLN 5 MG/5ML, 10 MG/5ML (*Use Methylphenidate HCl*)	NF	QL(30 ml daily); AL; At least 6 yrs old
methylphenidate hcl cp24 30 mg	1	QL(3 ea daily); AL; At least 6 yrs old
methylphenidate hcl cp24 40 mg, 20 mg	1	AL; At least 6 yrs old
methylphenidate hcl cpcr 10 mg, 40 mg, 20 mg, 60 mg, 30 mg, 50 mg	1	QL(1 ea daily); AL; At least 6 yrs old
METHYLPHENIDATE HCL ER TB24 18 MG, 27 MG	1	QL(1 ea daily); AL; At least 6 yrs old
METHYLPHENIDATE HCL ER TB24 54 MG, 36 MG	1	QL(2 ea daily); AL; At least 6 yrs old
METHYLPHENIDATE HCL ER TBCR 18 MG	2	QL(1 ea daily); AL; At least 6 yrs old
methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml	1	QL(30 ml daily); AL; At least 6 yrs old
methylphenidate hcl tabs 20 mg, 10 mg, 5 mg	1	QL(5 ea daily); AL; At least 6 yrs old
methylphenidate hcl tbcr 10 mg, 20 mg	1	QL(3 ea daily); AL; At least 6 yrs old
methylphenidate hcl tbcr 18 mg, 27 mg	1	QL(1 ea daily); AL; At least 6 yrs old
methylphenidate hcl tbcr 36 mg, 54 mg	1	QL(2 ea daily); AL; At least 6 yrs old
modafinil tabs 100 mg	1	PA; QL(1 ea daily); AL; At least 16 yrs old
modafinil tabs 200 mg	1	PA; QL(2 ea daily); AL; At least 16 yrs old
NUVIGIL TABS (*Use Armodafinil*)	2	PA; QL(1 ea daily); AL; At least 17 yrs old
PROVIGIL TABS 100 MG (*Use Modafinil*)	NF	PA; QL(1 ea daily); AL; At least 16 yrs old

Drug Name	Drug Tier	Requirements/ Limits
PROVIGIL TABS 200 MG (*Use Modafinil*)	NF	PA; QL(2 ea daily); AL; At least 16 yrs old
RITALIN LA CP24 30 MG (*Use Methylphenidate HCl*)	NF	QL(3 ea daily); AL; At least 6 yrs old
RITALIN LA CP24 40 MG, 20 MG (*Use Methylphenidate HCl*)	NF	AL; At least 6 yrs old
RITALIN TABS (*Use Methylphenidate HCl*)	NF	QL(5 ea daily); AL; At least 6 yrs old
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
Biologicals Misc		
ADAGEN SOLN	4	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate soln	1	
gentamicin in saline soln	1	
gentamicin sulfate soln ij 40 mg/ml	1	
gentamicin sulfate soln iv 10 mg/ml	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-0.9MG/ML, 0.9%-1.4MG/ML	1	
KITABIS PAK NEBU	4	PA
neomycin sulfate tabs	1	
paromomycin sulfate caps	1	
STREPTOMYCIN SULFATE SOLR	3	
TOBI NEBU (*Use Tobramycin*)	4	PA
TOBRAMYCIN NEBU	4	PA
tobramycin nebu	4	PA
TOBRAMYCIN SULFATE SOLN 10 MG/ML	1	
tobramycin sulfate soln 40 mg/ml, 80 mg/2ml, 10 mg/ml	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	PA
HUMIRA PEN PNKT	4	PA
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	4	PA
HUMIRA PEN-PSORIASIS STARTER PNKT	4	PA
HUMIRA PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	PA
SIMPONI SOAJ	4	PA
SIMPONI SOSY	4	PA
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	4	PA
Antirheumatic Antimetabolites		
RHEUMATREX TABS	4	PA
Gold Compounds		
RIDAURA CAPS	3	
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	4	PA
Interleukin-6 Receptor Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA SOLN	4	PA
ACTEMRA SOSY	4	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (*Use Naproxen Sodium*)	NF	
ARTHROTEC 50 TBEC (*Use Diclofenac w/ Misoprostol*)	NF	
ARTHROTEC 75 TBEC (*Use Diclofenac w/ Misoprostol*)	NF	
CELEBREX CAPS 400 MG (*Use Celecoxib*)	3	PA; QL(1 ea daily)
CELEBREX CAPS 50 MG, 100 MG, 200 MG (*Use Celecoxib*)	3	PA; QL(2 ea daily)
celecoxib caps 100 mg, 200 mg, 50 mg	1	PA; QL(2 ea daily)
celecoxib caps 400 mg	1	PA; QL(1 ea daily)
CHILDRENS ADVIL SUSP (*Use Ibuprofen*)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (*Use Ibuprofen*)	NF	RX/OTC
DAYPRO TABS (*Use Oxaprozin*)	NF	
diclofenac potassium tabs	1	
diclofenac sodium tb24 or 100 mg	1	
diclofenac sodium tbec or 50 mg, 25 mg, 75 mg	1	
diclofenac w/ misoprostol tbec	1	
EC-NAPROSYN TBEC 500 MG (*Use Naproxen*)	NF	
etodolac caps 300 mg, 200 mg	1	
etodolac tabs 400 mg, 500 mg	1	
FELDENE CAPS (*Use Piroxicam*)	NF	
fenoprofen calcium tabs 600 mg	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
flurbiprofen tabs	1	
ibuprofen susp 100 mg/5ml	1	RX/OTC
ibuprofen tabs 400 mg, 600 mg, 800 mg	1	
indomethacin caps	1	
indomethacin cpcr	1	
ketoprofen caps	1	
ketorolac tromethamine tabs	1	QL(0.667 ea daily)
LODINE TABS (*Use Etodolac*)	NF	
MECLOFENAMATE SODIUM CAPS 50 MG	1	
mefenamic acid caps	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
meloxicam tabs 7.5 mg, 15 mg	1	QL(1 ea daily)
MOBIC SUSP 7.5 MG/5ML	1	
MOBIC TABS 15 MG, 7.5 MG (*Use Meloxicam*)	NF	QL(1 ea daily)
nabumetone tabs	1	
NAPROSYN SUSP 125 MG/5ML (*Use Naproxen*)	1	
NAPROSYN TABS 500 MG (*Use Naproxen*)	NF	
naproxen sodium tabs 550 mg	1	
naproxen susp 125 mg/5ml	1	
NAPROXEN SUSP 125 MG/5ML	1	
naproxen tabs 500 mg, 250 mg, 375 mg	1	
naproxen tbec 500 mg	1	
oxaprozin tabs	1	
piroxicam caps	1	

Drug Name	Drug Tier	Requirements/ Limits
PONSTEL CAPS (*Use Mefenamic Acid*)	NF	
sulindac tabs	1	
TOLMETIN SODIUM CAPS 400 MG	1	
tolmetin sodium caps 400 mg	1	
TOLMETIN SODIUM TABS 600 MG, 200 MG	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA
OTEZLA TBPK	4	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (*Use Leflunomide*)	NF	QL(1 ea daily)
leflunomide tabs	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR	4	PA
ORENCIA SOSY	4	PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA
ENBREL SOLR 25 MG	4	
ENBREL SOSY 25 MG/0.5ML, 50 MG/ML	4	PA
ENBREL SURECLICK SOAJ	4	PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs 325mg-50mg	1	
butalbital-acetaminophen-caffeine caps	1	
butalbital-acetaminophen-caffeine tabs	1	
butalbital-aspirin-caffeine caps	1	

Drug Name	Drug Tier	Requirements/ Limits
ESGIC TABS (*Use Butalbital-Acetaminophen-Caffeine*)	NF	
FIORICET CAPS (*Use Butalbital-Acetaminophen-Caffeine*)	NF	
FIORINAL CAPS (*Use Butalbital-Aspirin-Caffeine*)	NF	
Salicylates		
aspirin chew or 81 mg	0	AL; At least 45 yrs old - Up to 79 yrs old
ASPIRIN LOW DOSE TABS	0	AL; At least 45 yrs old - Up to 79 yrs old
aspirin tabs or 325 mg	0	AL; At least 45 yrs old - Up to 79 yrs old
aspirin tbec or 81 mg	0	AL; At least 45 yrs old - Up to 79 yrs old
diflunisal tabs	1	
DISALCID TABS (*Use Salsalate*)	NF	
salsalate tabs	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (*Use Fentanyl Citrate*)	NF	PA; QL(4 ea daily)
codeine sulfate tabs 60 mg, 15 mg, 30 mg	1	
CODEINE SULFATE TABS 60 MG, 30 MG, 15 MG (*Use Codeine Sulfate*)	1	
DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML (*Use Meperidine HCl*)	NF	
DEMEROL TABS OR 50 MG, 100 MG (*Use Meperidine HCl*)	NF	QL(6 ea daily)
DILAUDID LIQD 1 MG/ML (*Use Hydromorphone HCl*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DILAUDID TABS 2 MG, 8 MG, 4 MG (*Use Hydromorphone HCl*)	NF	QL(8 ea daily)
DILAUDID-HP SOLN (*Use Hydromorphone HCl*)	NF	
DOLOPHINE TABS 10 MG (*Use Methadone HCl*)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (*Use Methadone HCl*)	NF	QL(4 ea daily)
DURAGESIC PT72 (*Use Fentanyl*)	NF	QL(0.34 ea daily)
EMBEDA CPCR	3	PA; QL(2 ea daily)
EXALGO T24A 32 MG (*Use Hydromorphone HCl*)	2	PA; QL(1 ea daily)
EXALGO T24A 8 MG, 16 MG, 12 MG (*Use Hydromorphone HCl*)	NF	PA; QL(2 ea daily)
fentanyl citrate lpop bu 1600 mcg, 800 mcg, 200 mcg, 600 mcg, 400 mcg, 1200 mcg	1	PA; QL(4 ea daily)
fentanyl pt72 50 mcg/hr, 25 mcg/hr, 75 mcg/hr, 12 mcg/hr, 100 mcg/hr	1	QL(0.34 ea daily)
hydromorphone hcl liqd or 1 mg/ml	1	
hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml	1	
hydromorphone hcl t24a or 32 mg	1	PA; QL(1 ea daily)
hydromorphone hcl t24a or 8mg, 16 mg, 12 mg, 8 mg	1	PA; QL(2 ea daily)
hydromorphone hcl tabs or 2 mg, 8 mg, 4 mg	1	QL(8 ea daily)
KADIAN CP24 80 MG, 100 MG, 30 MG, 60 MG, 50 MG, 20 MG (*Use Morphine Sulfate*)	NF	PA; QL(2 ea daily)
LEVORPHANOL TARTRATE TABS	1	
meperidine hcl soln ij 25 mg/ml, 100 mg/ml, 50 mg/ml	1	
MEPERIDINE HCL SOLN OR 50 MG/5ML	1	QL(500 ml per fill retail)
meperidine hcl tabs or 100 mg, 50 mg	1	QL(6 ea daily)
methadone hcl conc or 10 mg/ml	1	QL(10 ml daily)
methadone hcl soln ij 10 mg/ml	1	
METHADONE HCL SOLN IJ 10 MG/ML (*Use Methadone HCl*)	1	
methadone hcl soln or 10 mg/5ml	1	QL(50 ml daily)
METHADONE HCL SOLN OR 10 MG/5ML (*Use Methadone HCl*)	1	QL(50 ml daily)
methadone hcl soln or 5 mg/5ml	1	QL(100 ml daily)
METHADONE HCL SOLN OR 5 MG/5ML (*Use Methadone HCl*)	1	QL(100 ml daily)
methadone hcl tabs or 10 mg	1	QL(10 ea daily)
methadone hcl tabs or 5 mg	1	QL(4 ea daily)
methadone hcl tbso or 40 mg	1	QL(2 ea daily)
METHADOSE CONC (*Use Methadone HCl*)	1	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (*Use Methadone HCl*)	1	QL(10 ml daily)
morphine sulfate cp24 or 20 mg, 50 mg, 30 mg, 80 mg, 60 mg, 100 mg	1	PA; QL(2 ea daily)
morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml	1	
morphine sulfate soln or 10 mg/5ml	1	QL(100 ml daily)
morphine sulfate soln or 20 mg/5ml	1	QL(50 ml daily)
MORPHINE SULFATE TABS OR 30 MG, 15 MG	1	QL(6 ea daily)
morphine sulfate tbcr or 15 mg, 100 mg, 200 mg, 60 mg, 30 mg	1	QL(2 ea daily)
MS CONTIN TBCR (*Use Morphine Sulfate*)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (*Use Oxymorphone HCl*)	NF	QL(12 ea daily)
OXYCODONE HCL ER T12A	1	PA; QL(2 ea daily)
oxycodone hcl tabs 10 mg, 20 mg, 5 mg, 15 mg	1	QL(12 ea daily)
oxycodone hcl tabs 30 mg	1	QL(24 ea daily)
OXYCONTIN T12A	1	PA; QL(2 ea daily)
oxymorphone hcl tabs 5 mg, 10 mg	1	QL(12 ea daily)
oxymorphone hcl tb12 20 mg, 7.5 mg, 15 mg, 5 mg, 10 mg, 30 mg	3	PA; QL(2 ea daily)
oxymorphone hcl tb12 40 mg	3	PA; QL(4 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 15 MG, 5 MG, 7.5 MG, 20 MG, 30 MG, 10 MG	3	PA; QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 40 MG	3	PA; QL(4 ea daily)
ROXICODONE TABS 30 MG (*Use Oxycodone HCl*)	NF	QL(24 ea daily)
ROXICODONE TABS 5 MG, 15 MG (*Use Oxycodone HCl*)	NF	QL(12 ea daily)
tramadol hcl tabs 50 mg	1	QL(8 ea daily)
tramadol hcl tb24 300 mg, 100 mg, 200 mg	1	QL(1 ea daily)
ULTRAM ER TB24 (*Use Tramadol HCl*)	NF	QL(1 ea daily)
ULTRAM TABS (*Use Tramadol HCl*)	NF	QL(8 ea daily)
ZOHYDRO ER C12A	3	PA; QL(2 ea daily)
Opioid Combinations		
acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml	1	QL(75 ml daily)
acetaminophen w/ codeine tabs 300mg-15mg	1	QL(13 ea daily)
acetaminophen w/ codeine tabs 300mg-30mg	1	QL(12 ea daily)
acetaminophen w/ codeine tabs 300mg-60mg	1	QL(6 ea daily)
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAPS	1	
butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg	1	
butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg	1	QL(6 ea daily)
butalbital-aspirin-caffeine w/cod caps	1	QL(6 ea daily)
FIORICET/CODEINE CAPS (*Use Butalbital-Acetaminophen-Caffeine w/ Codeine*)	NF	
FIORINAL/CODEINE #3 CAPS (*Use Butalbital-Aspirin-Caffeine w/Cod*)	NF	QL(6 ea daily)
HYCET SOLN (*Use Hydrocodone-Acetaminophen*)	NF	QL(180 ml daily)
hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml	1	
hydrocodone-acetaminophen soln 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml, 2.5mg/5ml-108mg/5ml	1	QL(180 ml daily)
hydrocodone-acetaminophen tabs 2.5mg-325mg	1	
hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg	1	QL(13 ea daily)
hydrocodone-acetaminophen tabs 7.5mg-325mg, 5mg-325mg, 10mg-325mg	1	QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-ibuprofen tabs 200mg-5mg, 200mg-10mg	1	
hydrocodone-ibuprofen tabs 200mg-7.5mg	1	QL(5 ea daily)
IBUDONE TABS (*Use Hydrocodone-Ibuprofen*)	NF	
LORTAB ELIX	2	
NORCO TABS (*Use Hydrocodone-Acetaminophen*)	NF	QL(12 ea daily)
oxycodone w/ acetaminophen tabs 5mg-325mg, 7.5mg-325mg, 10mg-325mg	1	QL(12 ea daily)
OXYCODONE/IBUPROFEN TABS	1	QL(1 ea daily)
PERCOCET TABS 5MG-325MG, 7.5MG-325MG, 10MG-325MG (*Use Oxycodone w/ Acetaminophen*)	NF	QL(12 ea daily)
REPREXAIN TABS (*Use Hydrocodone-Ibuprofen*)	NF	
tramadol-acetaminophen tabs	1	QL(8 ea daily)
TREZIX CAPS	3	PA
TYLENOL/CODEINE #3 TABS (*Use Acetaminophen w/ Codeine*)	NF	QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (*Use Acetaminophen w/ Codeine*)	NF	QL(6 ea daily)
ULTRACET TABS (*Use Tramadol-Acetaminophen*)	NF	QL(8 ea daily)
VICOPROFEN TABS (*Use Hydrocodone-Ibuprofen*)	NF	QL(5 ea daily)
XODOL TABS (*Use Hydrocodone-Acetaminophen*)	NF	QL(13 ea daily)
Opioid Partial Agonists		
BUPRENEX SOLN (*Use Buprenorphine HCl*)	NF	
buprenorphine hcl soln ij 0.3 mg/ml	1	
buprenorphine hcl subl sl 8 mg, 2 mg	1	PA; QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate subl	3	PA; QL(3 ea daily)
BUPRENORPHINE PTWK	3	PA; QL(0.143 ea daily)
butorphanol tartrate soln ij 2 mg/ml	1	
butorphanol tartrate soln na 10 mg/ml	1	PA
BUTRANS PTWK	3	PA; QL(0.143 ea daily)
nalbuphine hcl soln	1	QL(8 ml daily)
pentazocine w/ naloxone tabs	1	
SUBOXONE FILM 4MG-1MG, 2MG-0.5MG	3	PA; QL(3 ea daily)
SUBOXONE FILM 8MG-2MG, 12MG-3MG	3	PA; QL(2 ea daily)
TALWIN SOLN	3	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS (*Use Oxandrolone*)	NF	
oxandrolone tabs	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROXY TABS	3	
danazol caps	1	
DEPO-TESTOSTERONE SOLN (*Use Testosterone Cypionate*)	NF	
METHITEST TABS	3	
testosterone cypionate soln	1	

Drug Name	Drug Tier	Requirements/ Limits
testosterone enanthate soln	1	
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (*Use Hydrocortisone (Intrarectal)*)	NF	
hydrocortisone (intrarectal) enem	1	
UCERIS FOAM RE 2 MG/ACT	4	PA
Rectal Steroids		
ANUSOL-HC CREA (*Use Hydrocortisone (Rectal)*)	NF	
hydrocortisone (rectal) crea	1	
hydrocortisone acetate (rectal) supp	1	
PROCTOCORT CREA (*Use Hydrocortisone (Rectal)*)	NF	
PROCTOCORT SUPP (*Use Hydrocortisone Acetate (Rectal)*)	NF	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
ALBENZA TABS	3	
BILTRICIDE TABS	3	
EMVERM CHEW	1	
ivermectin tabs	1	
STROMECTOL TABS (*Use Ivermectin*)	3	PA
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
AZACTAM SOLR (*Use Aztreonam*)	NF	
AZACTAMIN ISO-OSMOTIC DEXTROSE SOLN	3	
aztreonam solr	1	
bacitracin solr im 50000 unit	3	
CAYSTON SOLR	4	PA
FLAGYL TABS 250 MG, 500 MG (*Use Metronidazole*)	NF	
metronidazole tabs or 500 mg, 250 mg	1	
NEBUPENT SOLR	3	
PENTAM 300 SOLR	3	
trimethoprim tabs	1	
VANCOCIN HCL CAPS (*Use Vancomycin HCl*)	NF	QL(4 ea daily,40 ea per fill retail)
vancomycin hcl caps or 250 mg, 125 mg	1	QL(4 ea daily,40 ea per fill retail)
vancomycin hcl solr iv 1000 mg, 10 gm, 500 mg	1	
VIBATIV SOLR	3	
XIFAXAN TABS	3	PA; AL; At least 12 yrs old
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (*Use Sulfamethoxazole-Trimethoprim*)	NF	
BACTRIM TABS (*Use Sulfamethoxazole-Trimethoprim*)	NF	
sulfamethoxazole-trimethoprim soln	1	
sulfamethoxazole-trimethoprim susp	1	
sulfamethoxazole-trimethoprim tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
Antiprotozoal Agents		
ALINIA SUSR	2	
ALINIA TABS	2	
atovaquone susp or	1	
MEPRON SUSP (*Use Atovaquone*)	NF	
Carbapenems		
imipenem-cilastatin solr	1	
INVANZ SOLR	3	
meropenem solr	1	
MERREM SOLR (*Use Meropenem*)	NF	
PRIMAXIN IV ADD-VANTAGE SOLR (*Use Imipenem-Cilastatin*)	NF	
PRIMAXIN IV SOLR (*Use Imipenem-Cilastatin*)	NF	
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	PA
Cyclic Lipopeptides		
CUBICIN RF SOLR (*Use Daptomycin*)	NF	
CUBICIN SOLR (*Use Daptomycin*)	NF	
daptomycin solr	1	
Glycylcyclines		
TIGECYCLINE SOLR	3	
TYGACIL SOLR	3	
Ketolides		
KETEK TABS	3	QL(2 ea daily,20 ea per fill retail)
Leprostatics		
dapsone tabs	3	
Lincosamides		
CLEOCIN CAPS OR 300 MG, 75 MG, 150 MG (*Use Clindamycin HCl*)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (*Use Clindamycin Palmitate Hydrochloride*)	NF	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 900 MG/6ML, 600 MG/4ML (*Use Clindamycin Phosphate*)	NF	
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML (*Use Clindamycin Phosphate*)	1	
CLEOCIN PHOSPHATE SOLN IV 900 MG/6ML, 600 MG/4ML (*Use Clindamycin Phosphate*)	NF	
clindamycin hcl caps	1	
clindamycin palmitate hydrochloride solr	1	
clindamycin phosphate soln ij 300 mg/2ml, 900 mg/6ml, 9000 mg/60ml, 150 mg/ml, 600 mg/4ml	1	
CLINDAMYCIN PHOSPHATE SOLN IV 150 MG/ML	1	
clindamycin phosphate soln iv 150 mg/ml, 900 mg/6ml, 300 mg/2ml, 600 mg/4ml	1	
LINCOCIN SOLN (*Use Lincomycin HCl*)	3	
lincomycin hcl soln	1	
Oxazolidinones		
linezolid susr 100 mg/5ml	1	
linezolid tabs 600 mg	1	PA; QL(2 ea daily)
SIVEXTRO TABS	3	PA

Drug Name	Drug Tier	Requirements/ Limits
ZYVOX SUSR 100 MG/5ML (*Use Linezolid*)	3	
ZYVOX TABS 600 MG (*Use Linezolid*)	NF	PA; QL(2 ea daily)
Polymyxins		
polymyxin b sulfate solr	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG	2	
RANEXA TB12 500 MG	2	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (*Use Isosorbide Dinitrate*)	NF	
ISOSORBIDE DINITRATE ER TBCR	1	
isosorbide dinitrate tabs	1	
isosorbide mononitrate tabs	1	
isosorbide mononitrate tb24	1	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.2 MG/HR, 0.6 MG/HR, 0.1 MG/HR, 0.4 MG/HR (*Use Nitroglycerin*)	2	
nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg	1	QL(4 ea daily)
nitroglycerin pt24 td 0.2 mg/hr, 0.6 mg/hr, 0.4 mg/hr, 0.1 mg/hr	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
nitroglycerin subl sl 0.6 mg, 0.4 mg, 0.3 mg	1	
NITROSTAT SUBL (*Use Nitroglycerin*)	2	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl tabs 5 mg	1	QL(1 ea daily)
buspirone hcl tabs 7.5 mg, 10 mg, 15 mg, 30 mg	1	
hydroxyzine hcl soln	1	
hydroxyzine hcl syrp	1	
hydroxyzine hcl tabs	1	
HYDROXYZINE PAMOATE CAPS 100 MG	1	
hydroxyzine pamoate caps 50 mg, 25 mg	1	
meprobamate tabs	1	
VISTARIL CAPS (*Use Hydroxyzine Pamoate*)	NF	
Benzodiazepines		
alprazolam tabs 0.25 mg, 2 mg, 1 mg	1	QL(4 ea daily)
alprazolam tabs 0.5 mg	1	
alprazolam tb24 1 mg, 0.5 mg, 2 mg, 3 mg	1	
alprazolam tbdp 0.5 mg, 1 mg, 0.25 mg, 2 mg	1	
ATIVAN TABS 1 MG (*Use Lorazepam*)	NF	QL(4 ea daily)
ATIVAN TABS 2 MG, 0.5 MG (*Use Lorazepam*)	NF	QL(3 ea daily)
chlordiazepoxide hcl caps	1	
clorazepate dipotassium tabs	1	
diazepam conc or 5 mg/ml	1	
DIAZEPAM SOLN OR 1 MG/ML	1	
diazepam tabs or 5 mg, 2 mg, 10 mg	1	QL(4 ea daily)
lorazepam conc 2 mg/ml	1	
lorazepam tabs 1 mg	1	QL(4 ea daily)
lorazepam tabs 2 mg, 0.5 mg	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
oxazepam caps	1	
TRANXENE T TABS (*Use Clorazepate Dipotassium*)	NF	
VALIUM TABS (*Use Diazepam*)	NF	QL(4 ea daily)
XANAX TABS 0.25 MG, 2 MG, 1 MG (*Use Alprazolam*)	NF	QL(4 ea daily)
XANAX TABS 0.5 MG (*Use Alprazolam*)	NF	
XANAX XR TB24 (*Use Alprazolam*)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	1	
NORPACE CAPS (*Use Disopyramide Phosphate*)	NF	
procainamide hcl soln	1	
QUINIDINE SULFATE ER TBCR	1	
QUINIDINE SULFATE TABS	1	
Antiarrhythmics Type I-B		
mexiletine hcl caps	1	
Antiarrhythmics Type I-C		
flecainide acetate tabs	1	
propafenone hcl cp12	1	
propafenone hcl tabs	1	
RYTHMOL SR CP12 (*Use Propafenone HCl*)	NF	
RYTHMOL TABS (*Use Propafenone HCl*)	NF	
Antiarrhythmics Type III		
amiodarone hcl soln	1	
amiodarone hcl tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
CORDARONE TABS (*Use Amiodarone HCl*)	NF	
dofetilide caps	1	
MULTAQ TABS	3	
TIKOSYN CAPS (*Use Dofetilide*)	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium nebu	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOLR	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	QL(0.067 gm daily)
INCRUSE ELLIPTA AEPB	2	
ipratropium bromide soln	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	
TUDORZA PRESSAIR AEPB	3	
Leukotriene Modulators		
ACCOLATE TABS (*Use Zafirlukast*)	NF	QL(2 ea daily)
montelukast sodium chew	1	QL(1 ea daily)
montelukast sodium pack	1	QL(1 ea daily)
montelukast sodium tabs	1	QL(1 ea daily)
SINGULAIR CHEW (*Use Montelukast Sodium*)	NF	QL(1 ea daily)
SINGULAIR PACK (*Use Montelukast Sodium*)	NF	QL(1 ea daily)
SINGULAIR TABS (*Use Montelukast Sodium*)	NF	QL(1 ea daily)
zafirlukast tabs	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
zileuton tb12	1	QL(4 ea daily)
ZYFLO CR TB12 (*Use Zileuton*)	3	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	3	
Steroid Inhalants		
ALVESCO AERS	3	PA
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	
budesonide (inhalation) susp	1	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	3	
FLOVENT HFA AERO	3	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP (*Use Budesonide (Inhalation)*)	NF	PA; QL(4 ml daily)
QVAR AERS	2	
Sympathomimetics		
ADVAIR DISKUS AEPB	2	
ADVAIR HFA AERO	2	
albuterol sulfate nebu in 0.5 %	1	
albuterol sulfate nebu in 1.25 mg/3ml, 0.083 %, 0.63 mg/3ml	1	QL(15 ml daily)
albuterol sulfate syrp or 2 mg/5ml	1	
albuterol sulfate tabs or 2 mg, 4 mg	1	
albuterol sulfate tb12 or 4 mg, 8 mg	1	
ANORO ELLIPTA AEPB	3	PA
ARCAPTA NEOHALER CAPS	2	PA
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)
epinephrine hcl soln	1	
FORADIL AEROLIZER CAPS	2	QL(2 ea daily)
ipratropium-albuterol soln	1	QL(18 ml daily)
levalbuterol hcl nebu 0.63 mg/3ml, 1.25 mg/3ml, 0.31 mg/3ml	1	QL(12 ml daily)
levalbuterol hcl nebu 1.25 mg/0.5ml	1	
LEVALBUTEROL TARTRATE HFA AERO	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
METAPROTERENOL SULFATE SYRP OR 10 MG/5ML	1	
METAPROTERENOL SULFATE TABS OR 20 MG, 10 MG	1	
PROAIR HFA AERS	2	
PROVENTIL HFA AERS	2	
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	3	PA
SYMBICORT AERO	2	
terbutaline sulfate soln	1	

Drug Name	Drug Tier	Requirements/ Limits
terbutaline sulfate tabs	1	
VENTOLIN HFA AERS	2	
VOSPIRE ER TB12 (*Use Albuterol Sulfate*)	NF	
XOPENEX CONCENTRATE NEBU (*Use Levalbuterol HCl*)	NF	
XOPENEX HFA AERO	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
XOPENEX NEBU (*Use Levalbuterol HCl*)	NF	QL(12 ml daily)
Xanthines		
aminophylline soln	1	
ELIXOPHYLLIN ELIX	1	
theophylline tb12 450 mg, 300 mg, 100 mg, 200 mg	1	
theophylline tb24 600 mg, 400 mg	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (*Use Warfarin Sodium*)	2	
warfarin sodium tabs	1	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO TABS 15 MG	2	QL(2 ea daily)
XARELTO TABS 20 MG, 10 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (*Use Fondaparinux Sodium*)	NF	QL(7.2 ml per 30 days retail,7.2 ml per 30 days mail)
ARIXTRA SOLN 2.5 MG/0.5ML (*Use Fondaparinux Sodium*)	NF	QL(4.5 ml per 30 days retail,4.5 ml per 30 days mail)
ARIXTRA SOLN 5 MG/0.4ML (*Use Fondaparinux Sodium*)	NF	QL(3.6 ml per 30 days retail,3.6 ml per 30 days mail)
ARIXTRA SOLN 7.5 MG/0.6ML (*Use Fondaparinux Sodium*)	NF	QL(5.4 ml per 30 days retail,5.4 ml per 30 days mail)
enoxaparin sodium soln ij 300 mg/3ml	4	QL(6 ml daily)
enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml	4	QL(2 ml daily)
enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml	4	QL(1.6 ml daily)
enoxaparin sodium soln sc 30 mg/0.3ml	4	QL(0.6 ml daily)
enoxaparin sodium soln sc 40 mg/0.4ml	4	QL(0.8 ml daily,30 day(s) limit)
enoxaparin sodium soln sc 60 mg/0.6ml	4	QL(1.2 ml daily,30 day(s) limit)
fondaparinux sodium soln 10 mg/0.8ml	4	QL(7.2 ml per 30 days retail,7.2 ml per 30 days mail)
fondaparinux sodium soln 2.5 mg/0.5ml	4	QL(4.5 ml per 30 days retail,4.5 ml per 30 days mail)
fondaparinux sodium soln 5 mg/0.4ml	4	QL(3.6 ml per 30 days retail,3.6 ml per 30 days mail)
fondaparinux sodium soln 7.5 mg/0.6ml	4	QL(5.4 ml per 30 days retail,5.4 ml per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOLN 10000 UNIT/ML, 5000 UNIT/0.2ML, 2500 UNIT/0.2ML, 18000 UNT/0.72ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 7500 UNIT/0.3ML	4	PA
heparin sod (porcine) in d5w soln	1	
heparin sodium (porcine) soln	1	
HEPARIN SODIUM/NACL 0.45% SOLN	1	
LOVENOX SOLN IJ 300 MG/3ML (*Use Enoxaparin Sodium*)	NF	QL(6 ml daily)
LOVENOX SOLN SC 150 MG/ML, 100 MG/ML (*Use Enoxaparin Sodium*)	NF	QL(2 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (*Use Enoxaparin Sodium*)	NF	QL(0.6 ml daily)
LOVENOX SOLN SC 40 MG/0.4ML (*Use Enoxaparin Sodium*)	NF	QL(0.8 ml daily,30 day(s) limit)
LOVENOX SOLN SC 60 MG/0.6ML (*Use Enoxaparin Sodium*)	NF	QL(1.2 ml daily,30 day(s) limit)
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (*Use Enoxaparin Sodium*)	NF	QL(1.6 ml daily)
Thrombin Inhibitors		
PRADAXA CAPS 75 MG, 150 MG	2	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 10 MG, 12 MG, 4 MG, 8 MG, 6 MG, 2 MG	3	PA
Anticonvulsants - Benzodiazepines		
clonazepam tabs 1 mg, 0.5 mg, 2 mg	1	
DIASTAT ACUDIAL GEL	3	PA
DIASTAT PEDIATRIC GEL	3	PA
DIAZEPAM GEL RE 20 MG, 2.5 MG, 10 MG	3	PA
DIAZEPAM RECTAL GEL GEL	3	PA
KLONOPIN TABS (*Use Clonazepam*)	NF	
ONFI SUSP 2.5 MG/ML	3	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG	3	PA; QL(2 ea daily)
Anticonvulsants - Misc.		
APTIOM TABS	3	PA
BANZEL SUSP 40 MG/ML	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG	2	PA; QL(8 ea daily)
carbamazepine chew 100 mg	1	
carbamazepine cp12 100 mg	1	ST
carbamazepine cp12 200 mg	1	ST; QL(6 ea daily)
carbamazepine cp12 300 mg	1	ST; QL(4 ea daily)
carbamazepine susp 100 mg/5ml	1	
carbamazepine tabs 200 mg	1	
carbamazepine tb12 100 mg, 400 mg	1	ST; QL(4 ea daily)
carbamazepine tb12 200 mg	1	ST; QL(6 ea daily)
CARBATROL CP12 100 MG (*Use Carbamazepine*)	NF	ST
CARBATROL CP12 200 MG (*Use Carbamazepine*)	NF	ST; QL(6 ea daily)
CARBATROL CP12 300 MG (*Use Carbamazepine*)	NF	ST; QL(4 ea daily)
gabapentin caps 100 mg, 400 mg, 300 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
gabapentin soln 300 mg/6ml, 250 mg/5ml	1	QL(60 ml daily)
gabapentin tabs 800 mg, 600 mg	1	
KEPPRA SOLN IV 500 MG/5ML (*Use Levetiracetam*)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (*Use Levetiracetam*)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (*Use Levetiracetam*)	NF	QL(3 ea daily)
KEPPRA TABS OR 500 MG, 750 MG, 250 MG (*Use Levetiracetam*)	NF	QL(4 ea daily)
KEPPRA XR TB24 (*Use Levetiracetam*)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (*Use Lamotrigine*)	NF	
LAMICTAL TABS (*Use Lamotrigine*)	NF	
lamotrigine chew 5 mg, 25 mg	1	
lamotrigine tabs 25 mg, 200 mg, 100 mg, 150 mg	1	
levetiracetam soln iv 500 mg/5ml	1	QL(30 ml daily)
levetiracetam soln or 500 mg/5ml, 100 mg/ml	1	QL(30 ml daily)
levetiracetam tabs or 1000 mg	1	QL(3 ea daily)
levetiracetam tabs or 750 mg, 250 mg, 500 mg	1	QL(4 ea daily)
levetiracetam tb24 or 750 mg, 500 mg	1	QL(4 ea daily)
LYRICA CAPS 150 MG, 50 MG, 75 MG, 100 MG, 25 MG, 200 MG	2	PA; QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG	2	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML	2	QL(30 ml daily)
MYSOLINE TABS (*Use Primidone*)	NF	
NEURONTIN CAPS 300 MG, 100 MG, 400 MG (*Use Gabapentin*)	NF	
NEURONTIN SOLN 250 MG/5ML (*Use Gabapentin*)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (*Use Gabapentin*)	NF	
oxcarbazepine susp 60 mg/ml, 300 mg/5ml	1	QL(40 ml daily)
oxcarbazepine tabs 300 mg, 150 mg	1	QL(3 ea daily)
oxcarbazepine tabs 600 mg	1	QL(4 ea daily)
POTIGA TABS	3	PA; QL(3 ea daily)
primidone tabs	1	
TEGRETOL SUSP (*Use Carbamazepine*)	2	
TEGRETOL TABS (*Use Carbamazepine*)	2	
TEGRETOL-XR TB12 200 MG (*Use Carbamazepine*)	NF	ST; QL(6 ea daily)
TEGRETOL-XR TB12 400 MG, 100 MG (*Use Carbamazepine*)	NF	ST; QL(4 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (*Use Topiramate*)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (*Use Topiramate*)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG, 200 MG (*Use Topiramate*)	NF	QL(2 ea daily)
TOPAMAX TABS 25 MG, 50 MG (*Use Topiramate*)	NF	QL(4 ea daily)
topiramate cpsp 15 mg	1	QL(6 ea daily)
topiramate cpsp 25 mg	1	QL(8 ea daily)
topiramate tabs 100 mg, 200 mg	1	QL(2 ea daily)
topiramate tabs 25 mg, 50 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRILEPTAL SUSP 300 MG/5ML (*Use Oxcarbazepine*)	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG (*Use Oxcarbazepine*)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (*Use Oxcarbazepine*)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 50 MG, 200 MG, 100 MG, 150 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (*Use Zonisamide*)	NF	QL(6 ea daily)
zonisamide caps	1	QL(6 ea daily)
Carbamates		
felbamate susp 600 mg/5ml	1	QL(30 ml daily)
felbamate tabs 400 mg	1	QL(9 ea daily)
felbamate tabs 600 mg	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (*Use Felbamate*)	NF	QL(30 ml daily)
FELBATOL TABS 400 MG (*Use Felbamate*)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (*Use Felbamate*)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS 4 MG, 2 MG (*Use Tiagabine HCl*)	NF	
SABRIL PACK (*Use Vigabatrin*)	4	PA; QL(6 ea daily)
SABRIL TABS	4	PA; QL(6 ea daily)
tiagabine hcl tabs	1	
vigabatrin pack	4	PA; QL(6 ea daily)
Hydantoins		
CEREBYX SOLN (*Use Fosphenytoin Sodium*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN CAPS 100 MG (*Use Phenytoin Sodium Extended*)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (*Use Phenytoin*)	2	
DILANTIN-125 SUSP (*Use Phenytoin*)	2	
fosphenytoin sodium soln	1	
PEGANONE TABS	3	
PHENYTEK CAPS (*Use Phenytoin Sodium Extended*)	2	
phenytoin chew	1	
phenytoin sodium extended caps	1	
phenytoin sodium soln	1	
phenytoin susp	1	
Succinimides		
CELONTIN CAPS	3	QL(4 ea daily)
ethosuximide caps 250 mg	1	QL(6 ea daily)
ethosuximide soln 250 mg/5ml	1	QL(30 ml daily)
ZARONTIN CAPS 250 MG (*Use Ethosuximide*)	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (*Use Ethosuximide*)	NF	QL(30 ml daily)
Valproic Acid		
DEPACON SOLN (*Use Valproate Sodium*)	NF	
DEPAKENE CAPS (*Use Valproic Acid*)	NF	
DEPAKENE SOLN (*Use Valproate Sodium*)	NF	
DEPAKOTE ER TB24 (*Use Divalproex Sodium*)	NF	
DEPAKOTE TBEC (*Use Divalproex Sodium*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
divalproex sodium tb24 500 mg, 250 mg	1	
divalproex sodium tbec 250 mg, 500 mg, 125 mg	1	
valproate sodium soln	1	
valproic acid caps	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs 15 mg, 30 mg, 45 mg, 7.5 mg	1	QL(1 ea daily)
mirtazapine tbdp 15 mg, 30 mg	1	QL(1 ea daily)
mirtazapine tbdp 45 mg	1	
REMERON SOLTAB TBDP 30 MG, 15 MG (*Use Mirtazapine*)	NF	QL(1 ea daily)
REMERON SOLTAB TBDP 45 MG (*Use Mirtazapine*)	NF	
REMERON TABS (*Use Mirtazapine*)	NF	QL(1 ea daily)
Antidepressants - Misc.		
bupropion hcl tabs 75 mg, 100 mg	1	QL(3 ea daily)
bupropion hcl tb12 150 mg, 200 mg, 100 mg	1	QL(2 ea daily)
bupropion hcl tb24 300 mg, 150 mg	1	QL(1 ea daily)
MAPROTILINE HCL TABS	3	
WELLBUTRIN SR TB12 (*Use Bupropion HCl*)	NF	QL(2 ea daily)
WELLBUTRIN TABS (*Use Bupropion HCl*)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 (*Use Bupropion HCl*)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (*Use Phenelzine Sulfate*)	NF	
PARNATE TABS (*Use Tranylcypromine Sulfate*)	NF	
phenelzine sulfate tabs	1	
tranylcypromine sulfate tabs	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 20 MG, 10 MG (*Use Citalopram Hydrobromide*)	NF	QL(1.5 ea daily)
CELEXA TABS 40 MG (*Use Citalopram Hydrobromide*)	NF	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	1	QL(20 ml daily)
citalopram hydrobromide tabs 20 mg, 10 mg	1	QL(1.5 ea daily)
citalopram hydrobromide tabs 40 mg	1	QL(1 ea daily)
escitalopram oxalate soln 5 mg/5ml	1	QL(20 ml daily)
escitalopram oxalate tabs 10 mg, 5 mg	1	QL(1.5 ea daily)
escitalopram oxalate tabs 20 mg	1	QL(1 ea daily)
fluoxetine hcl caps 10 mg	1	QL(1 ea daily)
fluoxetine hcl caps 20 mg	1	QL(3 ea daily)
fluoxetine hcl caps 40 mg	1	QL(2 ea daily)
fluoxetine hcl cpdr 90 mg	1	
fluoxetine hcl soln 20 mg/5ml	1	QL(20 ml daily)
fluoxetine hcl tabs 10 mg	1	QL(1 ea daily)
fluoxetine hcl tabs 20 mg	1	QL(3 ea daily)
FLUOXETINE HCL TABS 60 MG	1	QL(1 ea daily)
FLUOXETINE HCL TABS 60 MG (*Use Fluoxetine HCl*)	1	QL(1 ea daily)
fluvoxamine maleate tabs 100 mg	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
fluvoxamine maleate tabs 25 mg, 50 mg	1	QL(2 ea daily)
LEXAPRO SOLN 5 MG/5ML (*Use Escitalopram Oxalate*)	NF	QL(20 ml daily)
LEXAPRO TABS 10 MG, 5 MG (*Use Escitalopram Oxalate*)	NF	QL(1.5 ea daily)
LEXAPRO TABS 20 MG (*Use Escitalopram Oxalate*)	NF	QL(1 ea daily)
paroxetine hcl tabs 20 mg, 10 mg, 40 mg	1	QL(1 ea daily)
paroxetine hcl tabs 30 mg	1	QL(2 ea daily)
paroxetine hcl tb24 12.5 mg	1	QL(1 ea daily)
paroxetine hcl tb24 25 mg, 37.5 mg	1	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (*Use Paroxetine HCl*)	NF	QL(1 ea daily)
PAXIL CR TB24 37.5 MG, 25 MG (*Use Paroxetine HCl*)	NF	QL(2 ea daily)
PAXIL SUSP 10 MG/5ML	3	QL(30 ml daily)
PAXIL TABS 10 MG, 20 MG, 40 MG (*Use Paroxetine HCl*)	NF	QL(1 ea daily)
PAXIL TABS 30 MG (*Use Paroxetine HCl*)	NF	QL(2 ea daily)
PROZAC CAPS 10 MG (*Use Fluoxetine HCl*)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (*Use Fluoxetine HCl*)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (*Use Fluoxetine HCl*)	NF	QL(2 ea daily)
PROZAC WEEKLY CPDR (*Use Fluoxetine HCl*)	NF	
sertraline hcl conc 20 mg/ml	1	QL(10 ml daily)
sertraline hcl tabs 100 mg	1	QL(2 ea daily)
sertraline hcl tabs 50 mg, 25 mg	1	QL(1.5 ea daily)
ZOLOFT CONC 20 MG/ML (*Use Sertraline HCl*)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (*Use Sertraline HCl*)	NF	QL(2 ea daily)
ZOLOFT TABS 50 MG, 25 MG (*Use Sertraline HCl*)	NF	QL(1.5 ea daily)
Serotonin Modulators		
BRINTELLIX TABS	3	QL(1 ea daily)
NEFAZODONE HCL TABS 100 MG, 150 MG, 200 MG	3	
nefazodone hcl tabs 50 mg, 250 mg	3	
trazodone hcl tabs	1	
TRINTELLIX TABS	3	QL(1 ea daily)
VIIBRYD STARTER PACK KIT	2	
VIIBRYD TABS	2	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (*Use Duloxetine HCl*)	NF	QL(2 ea daily)
desvenlafaxine succinate tb24 100 mg	1	ST; QL(4 ea daily)
desvenlafaxine succinate tb24 50 mg, 25 mg	1	ST; QL(1 ea daily)
duloxetine hcl cpep 30 mg, 60 mg, 20 mg	1	QL(2 ea daily)
DULOXETINE HCL CPEP 40 MG	1	
EFFEXOR XR CP24 150 MG (*Use Venlafaxine HCl*)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG, 75 MG (*Use Venlafaxine HCl*)	NF	QL(1 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
PRISTIQ TB24 100 MG (*Use Desvenlafaxine Succinate*)	2	ST; QL(4 ea daily)
PRISTIQ TB24 50 MG, 25 MG (*Use Desvenlafaxine Succinate*)	2	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg, 75 mg	1	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 150 MG (*Use Venlafaxine HCl*)	1	QL(2 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	1	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 37.5 MG, 75 MG (*Use Venlafaxine HCl*)	3	QL(1 ea daily)
venlafaxine hcl tabs 25 mg, 100 mg, 37.5 mg, 50 mg, 75 mg	1	QL(3 ea daily)
venlafaxine hcl tb24 150 mg	1	QL(2 ea daily)
venlafaxine hcl tb24 225 mg, 75 mg, 37.5 mg	1	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	1	
AMOXAPINE TABS	3	
ANAFRANIL CAPS (*Use Clomipramine HCl*)	NF	
clomipramine hcl caps	1	
desipramine hcl tabs	1	
doxepin hcl caps	1	
doxepin hcl conc	1	
ELAVIL TABS (*Use Amitriptyline HCl*)	NF	
imipramine hcl tabs	1	
imipramine pamoate caps	1	
NORPRAMIN TABS (*Use Desipramine HCl*)	NF	
nortriptyline hcl caps 10 mg, 75 mg, 50 mg, 25 mg	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	1	

Drug Name	Drug Tier	Requirements/ Limits
PAMELOR CAPS (*Use Nortriptyline HCl*)	NF	
protriptyline hcl tabs	1	
SURMONTIL CAPS (*Use Trimipramine Maleate*)	NF	
TOFRANIL TABS (*Use Imipramine HCl*)	NF	
TOFRANIL-PM CAPS (*Use Imipramine Pamoate*)	NF	
trimipramine maleate caps	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose tabs	1	QL(3 ea daily)
GLYSET TABS (*Use Miglitol*)	3	
miglitol tabs	1	
PRECOSE TABS (*Use Acarbose*)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (*Use Pioglitazone HCl-Metformin HCl*)	NF	QL(2 ea daily)
glipizide-metformin hcl tabs 2.5mg-250mg, 2.5mg-500mg	1	QL(2 ea daily)
glipizide-metformin hcl tabs 5mg-500mg	1	QL(4 ea daily)
GLUCOVANCE TABS 2.5MG-500MG (*Use Glyburide-Metformin*)	NF	QL(2 ea daily)
GLUCOVANCE TABS 5MG-500MG (*Use Glyburide-Metformin*)	NF	QL(4 ea daily)
glyburide-metformin tabs 1.25mg-250mg, 2.5mg-500mg	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
glyburide-metformin tabs 5mg-500mg	1	QL(4 ea daily)
GLYXAMBI TABS	3	PA
INVOKAMET TABS	3	PA
pioglitazone hcl-metformin hcl tabs	1	QL(2 ea daily)
PRANDIMET TABS (*Use Repaglinide-Metformin HCl*)	1	QL(2 ea daily)
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	1	QL(2 ea daily)
SYNJARDY TABS	3	PA
XIGDUO XR TB24	3	PA
Biguanides		
FORTAMET TB24 1000 MG (*Use Metformin HCl*)	NF	QL(2 ea daily)
GLUCOPHAGE TABS 1000 MG (*Use Metformin HCl*)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (*Use Metformin HCl*)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (*Use Metformin HCl*)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 500 MG (*Use Metformin HCl*)	NF	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG (*Use Metformin HCl*)	NF	QL(2 ea daily)
metformin hcl tabs 1000 mg	1	QL(2.5 ea daily)
metformin hcl tabs 500 mg	1	QL(5 ea daily)
metformin hcl tabs 850 mg	1	QL(3 ea daily)
metformin hcl tb24 1000 mg, 750 mg	1	QL(2 ea daily)
metformin hcl tb24 500 mg	1	QL(4 ea daily)
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT	3	QL(0.035 ea daily)
PROGLYCEM SUSP	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS	3	PA
JANUVIA TABS	2	PA; QL(1 ea daily)
NESINA TABS	3	PA
ONGLYZA TABS	3	QL(1 ea daily)
TRADJENTA TABS	2	QL(1 ea daily)
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor		
BYETTA SOPN 10 MCG/0.04ML	2	PA; QL(0.04 ml daily)
BYETTA SOPN 5 MCG/0.02ML	2	PA; QL(0.08 ml daily)
TANZEUM PEN	3	PA
TRULICITY SOPN	3	PA
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (*Use Pioglitazone HCl*)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
pioglitazone hcl tabs	1	QL(1 ea daily)
Insulin		
APIDRA SOLN	2	
APIDRA SOLOSTAR SOPN	3	
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	

Drug Name	Drug Tier	Requirements/ Limits
FIASP SOLN	2	
HUMALOG JUNIOR KWIKPEN SOPN	2	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	
HUMALOG MIX 50/50 KWIKPEN SUPN	2	
HUMALOG MIX 50/50 SUSP	2	
HUMALOG MIX 75/25 KWIKPEN SUPN	2	
HUMALOG MIX 75/25 SUSP	2	
HUMALOG SOCT	2	
HUMALOG SOLN	2	
HUMULIN 70/30 KWIKPEN SUPN	2	
HUMULIN 70/30 SUSP	2	
HUMULIN N KWIKPEN SUPN	2	
HUMULIN N SUSP	2	
HUMULIN R SOLN	2	
HUMULIN R U-500 (*CONCENTRATED*) SOLN	2	
LANTUS SOLN	2	
LANTUS SOLOSTAR SOPN	2	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 RELION SUSP	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN N SUSP	2	
NOVOLIN R RELION SOLN	2	
NOVOLIN R SOLN	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	
NOVOLOG MIX 70/30 SUSP	2	
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	
Meglitinide Analogues		
nateglinide tabs	1	QL(3 ea daily)
PRANDIN TABS (*Use Repaglinide*)	NF	QL(4 ea daily)
repaglinide tabs	1	QL(4 ea daily)
STARLIX TABS (*Use Nateglinide*)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA
INVOKANA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	3	PA
Sulfonylureas		
AMARYL TABS 2 MG, 1 MG (*Use Glimepiride*)	NF	QL(1 ea daily)
AMARYL TABS 4 MG (*Use Glimepiride*)	NF	QL(2 ea daily)
CHLORPROPAMIDE TABS 100 MG	1	QL(3 ea daily)
DIABETA TABS 5 MG	1	QL(4 ea daily)
glimepiride tabs 2 mg, 1 mg	1	QL(1 ea daily)
glimepiride tabs 4 mg	1	QL(2 ea daily)
glipizide tabs 5 mg, 10 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
glipizide tb24 2.5 mg, 10 mg, 5 mg	1	QL(2 ea daily)
GLUCOTROL TABS (*Use Glipizide*)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (*Use Glipizide*)	NF	QL(2 ea daily)
glyburide micronized tabs	1	QL(4 ea daily)
glyburide tabs	1	QL(4 ea daily)
GLYNASE TABS (*Use Glyburide Micronized*)	NF	QL(4 ea daily)
TOLAZAMIDE TABS	1	QL(4 ea daily)
TOLBUTAMIDE TABS	1	QL(6 ea daily)
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
diphenoxylate w/ atropine tabs	1	
DIPHENOXYLATE/ATROPINE LIQD	1	
IMODIUM A-D CAPS 2 MG (*Use Loperamide HCl*)	NF	RX/OTC
LOMOTIL TABS (*Use Diphenoxylate w/ Atropine*)	NF	
loperamide hcl caps 2 mg	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
EXJADE TBSO	4	PA
FERRIPROX TABS 500 MG	3	
JADENU TABS	4	PA
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	
Opioid Antagonists		
naloxone hcl soln	1	
naltrexone hcl tabs	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN	3	
ANZEMET SOLN IV 20 MG/ML	3	
ANZEMET TABS OR 100 MG, 50 MG	3	PA; QL(0.167 ea daily)
granisetron hcl soln iv 0.1 mg/ml, 1 mg/ml	1	
granisetron hcl tabs or 1 mg	1	QL(0.34 ea daily)
ondansetron hcl soln ij 4 mg/2ml	1	
ondansetron hcl soln or 4 mg/5ml	1	QL(3.34 ml daily)
ondansetron hcl tabs or 24 mg	1	QL(0.143 ea daily)
ondansetron hcl tabs or 4 mg, 8 mg	1	QL(1 ea daily)
ondansetron tbdp 4 mg	1	QL(1 ea daily)
ondansetron tbdp 8 mg	1	
ZOFRAN ODT TBDP 4 MG (*Use Ondansetron*)	NF	QL(1 ea daily)
ZOFRAN ODT TBDP 8 MG (*Use Ondansetron*)	NF	
ZOFRAN SOLN 4 MG/5ML (*Use Ondansetron HCl*)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG, 8 MG (*Use Ondansetron HCl*)	NF	QL(1 ea daily)
Antiemetics - Anticholinergic		
meclizine hcl tabs 12.5 mg, 25 mg	1	RX/OTC
scopolamine pt72	1	
TIGAN CAPS (*Use Trimethobenzamide HCl*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
TRANSDERM-SCOP PT72	2	
TRANSDERM-SCOP PT72 (*Use Scopolamine*)	2	
trimethobenzamide hcl caps	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS	3	PA
CESAMET CAPS	3	
dronabinol caps	1	
MARINOL CAPS (*Use Dronabinol*)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps 125 mg, 40 mg	1	PA; QL(0.067 ea daily)
aprepitant caps 80 mg	1	PA; QL(0.134 ea daily)
EMEND CAPS 40 MG, 125 MG (*Use Aprepitant*)	2	PA; QL(0.067 ea daily)
EMEND CAPS 80 MG (*Use Aprepitant*)	2	PA; QL(0.134 ea daily)
VARUBI TABS	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (*Use Caspofungin Acetate*)	3	
CASPOFUNGIN ACETATE SOLR 50 MG, 70 MG	3	
caspofungin acetate solr 70 mg, 50 mg	1	
ERAXIS SOLR	3	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
AMPHOTEC SUSR	3	

Drug Name	Drug Tier	Requirements/ Limits
AMPHOTERICIN B SOLR	3	
ANCOBON CAPS (*Use Flucytosine*)	NF	
flucytosine caps	1	
GRIFULVIN V TABS (*Use Griseofulvin Microsize*)	NF	
GRIS-PEG TABS (*Use Griseofulvin Ultramicrosize*)	NF	
griseofulvin microsize susp 125 mg/5ml	1	AL; At least 2 yrs old
griseofulvin microsize tabs 500 mg	1	
griseofulvin ultramicrosize tabs	1	
LAMISIL TABS (*Use Terbinafine HCl*)	NF	QL(1 ea daily)
nystatin tabs	1	
terbinafine hcl tabs	1	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS	3	PA
DIFLUCAN SUSR (*Use Fluconazole*)	NF	
DIFLUCAN TABS (*Use Fluconazole*)	NF	
fluconazole susr	1	
fluconazole tabs	1	
itraconazole caps	1	PA; QL(4 ea daily)
ketoconazole tabs	1	
NOXAFIL SUSP 40 MG/ML	3	QL(20 ml daily)
SPORANOX CAPS 100 MG (*Use Itraconazole*)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (*Use Itraconazole*)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML	3	PA; QL(20 ml daily)
VFEND TABS 50 MG, 200 MG (*Use Voriconazole*)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
voriconazole tabs 200 mg, 50 mg	1	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate soln	1	
carbinoxamine maleate tabs	1	
CLEMASTINE FUMARATE TABS 2.68 MG	1	
clemastine fumarate tabs 2.68 mg	1	
diphenhydramine hcl caps or 50 mg	1	RX/OTC
diphenhydramine hcl elix or 12.5 mg/5ml	1	RX/OTC
diphenhydramine hcl soln ij 50 mg/ml	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (*Use Fexofenadine HCl*)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (*Use Fexofenadine HCl*)	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (*Use Fexofenadine HCl*)	1	QL(2 ea daily)
cetirizine hcl caps 10 mg	1	QL(1 ea daily)
cetirizine hcl chew 10 mg, 5 mg	1	QL(1 ea daily)
cetirizine hcl soln 5 mg/5ml, 1 mg/ml	1	QL(10 ml daily); RX/OTC
cetirizine hcl syrp 5 mg/5ml, 1 mg/ml	1	QL(10 ml daily); RX/OTC
cetirizine hcl tabs 10 mg, 5 mg	1	QL(1 ea daily)
CLARINEX TABS 5 MG (*Use Desloratadine*)	NF	QL(1 ea daily)
CLARITIN CAPS 10 MG (*Use Loratadine*)	1	

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN CHEW 5 MG	1	
CLARITIN CHILDRENS CHEW	1	
CLARITIN REDITABS TBDP 10 MG (*Use Loratadine*)	1	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP 5 MG/5ML (*Use Loratadine*)	1	
CLARITIN TABS 10 MG (*Use Loratadine*)	1	
DESLORATADINE ODT TBDP	1	QL(1 ea daily)
desloratadine tabs	1	QL(1 ea daily)
fexofenadine hcl susp 30 mg/5ml	1	QL(30 ml daily)
fexofenadine hcl tabs 180 mg	1	QL(1 ea daily)
fexofenadine hcl tabs 60 mg	1	QL(2 ea daily)
levocetirizine dihydrochloride soln 2.5 mg/5ml	1	QL(10 ml daily); RX/OTC
levocetirizine dihydrochloride tabs 5 mg	1	QL(1 ea daily); RX/OTC
loratadine caps	1	
loratadine soln	1	
loratadine syrp	1	
loratadine tabs	1	
loratadine tbdp	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (*Use Levocetirizine Dihydrochloride*)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (*Use Levocetirizine Dihydrochloride*)	NF	QL(1 ea daily); RX/OTC
XYZAL SOLN 2.5 MG/5ML (*Use Levocetirizine Dihydrochloride*)	NF	QL(10 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
XYZAL TABS 5 MG (*Use Levocetirizine Dihydrochloride*)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (*Use Cetirizine HCl*)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (*Use Cetirizine HCl*)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SYRP (*Use Cetirizine HCl*)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (*Use Promethazine HCl*)	NF	
promethazine hcl soln	1	
promethazine hcl supp	1	
promethazine hcl syrp	1	
promethazine hcl tabs	1	
Antihistamines - Piperidines		
cyproheptadine hcl syrp	1	
cyproheptadine hcl tabs	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	1	ST; QL(1 ea daily)
VYTORIN TABS (*Use Ezetimibe-Simvastatin*)	2	ST; QL(1 ea daily)
Antihyperlipidemics - Misc.		
LOVAZA CAPS (*Use Omega-3-acid Ethyl Esters*)	NF	QL(4 ea daily)
omega-3-acid ethyl esters caps	1	QL(4 ea daily)
VASCEPA CAPS 1 GM	3	PA
Bile Acid Sequestrants		
cholestyramine light pack 4 gm	1	QL(6 ea daily)
cholestyramine light powd 4 gm/dose	1	QL(24 gm daily)
cholestyramine pack 4 gm	1	QL(6 ea daily)
cholestyramine powd 4 gm/dose	1	QL(25.2 gm daily)
COLESTID FLAVORED GRAN 5 GM (*Use Colestipol HCl*)	NF	QL(6 gm daily)
COLESTID GRAN 5 GM (*Use Colestipol HCl*)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (*Use Colestipol HCl*)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (*Use Colestipol HCl*)	NF	QL(16 ea daily)
colestipol hcl gran 5 gm	1	QL(6 gm daily)
colestipol hcl pack 5 gm	1	QL(6 ea daily)
colestipol hcl tabs 1 gm	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (*Use Cholestyramine Light*)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (*Use Cholestyramine*)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (*Use Cholestyramine*)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM	2	QL(1 ea daily)
WELCHOL TABS 625 MG	2	QL(7 ea daily)
Fibric Acid Derivatives		
fenofibrate micronized caps 134 mg, 200 mg, 67 mg	1	QL(1 ea daily)
fenofibrate tabs 54 mg, 160 mg, 48 mg, 145 mg	1	QL(1 ea daily)
gemfibrozil tabs	1	QL(2 ea daily)
LOFIBRA CAPS (*Use Fenofibrate Micronized*)	NF	QL(1 ea daily)
LOFIBRA TABS (*Use Fenofibrate*)	NF	QL(1 ea daily)
LOPID TABS (*Use Gemfibrozil*)	NF	QL(2 ea daily)
TRICOR TABS (*Use Fenofibrate*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HMG CoA Reductase Inhibitors		
ADVICOR TB24 20MG-1000MG	3	PA; QL(2 ea daily)
ADVICOR TB24 40MG-1000MG, 20MG-750MG, 20MG-500MG	3	PA; QL(1 ea daily)
ALTOPREV TB24 40 MG, 20 MG	3	ST; QL(1 ea daily)
ALTOPREV TB24 60 MG	3	QL(1 ea daily)
atorvastatin calcium tabs	1	QL(1 ea daily)
CRESTOR TABS (*Use Rosuvastatin Calcium*)	2	ST; QL(1 ea daily)
fluvastatin sodium caps 20 mg	3	QL(1 ea daily)
fluvastatin sodium caps 40 mg	3	QL(2 ea daily)
LIPITOR TABS (*Use Atorvastatin Calcium*)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
lovastatin tabs 10 mg, 20 mg	1	$0 copay for generic only, age 40 to 76;QL(1 ea daily); PV
lovastatin tabs 40 mg	1	$0 copay for generic only, age 40 to 76;QL(2 ea daily); PV
MEVACOR TABS (*Use Lovastatin*)	NF	$0 copay for generic only, age 40 to 76;QL(2 ea daily); PV
PRAVACHOL TABS (*Use Pravastatin Sodium*)	NF	QL(1 ea daily)
pravastatin sodium tabs	1	QL(1 ea daily)
rosuvastatin calcium tabs	1	ST; QL(1 ea daily)
SIMCOR TB24 20MG-1000MG	2	PA; QL(2 ea daily)
SIMCOR TB24 20MG-750MG, 20MG-500MG, 40MG-500MG, 40MG-1000MG	2	PA; QL(1 ea daily)
simvastatin tabs	1	QL(1 ea daily)
ZOCOR TABS (*Use Simvastatin*)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	1	ST; QL(1 ea daily)
ZETIA TABS (*Use Ezetimibe*)	2	ST; QL(1 ea daily)
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbcr	1	QL(2 ea daily)
NIASPAN TBCR (*Use Niacin (Antihyperlipidemic)*)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA SOSY	4	PA
REPATHA SURECLICK SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (*Use Quinapril HCl*)	NF	
ACEON TABS (*Use Perindopril Erbumine*)	NF	
ALTACE CAPS (*Use Ramipril*)	NF	
benazepril hcl tabs	1	
captopril tabs	1	
enalapril maleate tabs	1	
fosinopril sodium tabs	1	
lisinopril tabs	1	
LOTENSIN TABS (*Use Benazepril HCl*)	NF	
MAVIK TABS (*Use Trandolapril*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
moexipril hcl tabs	1	
perindopril erbumine tabs	1	
PRINIVIL TABS (*Use Lisinopril*)	NF	
quinapril hcl tabs	1	
ramipril caps	1	
trandolapril tabs	1	
VASOTEC TABS (*Use Enalapril Maleate*)	NF	
ZESTRIL TABS (*Use Lisinopril*)	NF	
Agents for Pheochromocytoma		
DIBENZYLINE CAPS (*Use Phenoxybenzamine HCl*)	3	
phenoxybenzamine hcl caps	3	
Angiotensin II Receptor Antagonists		
ATACAND TABS (*Use Candesartan Cilexetil*)	NF	QL(1 ea daily)
AVAPRO TABS (*Use Irbesartan*)	NF	QL(1 ea daily)
BENICAR TABS (*Use Olmesartan Medoxomil*)	2	QL(1 ea daily)
candesartan cilexetil tabs	1	QL(1 ea daily)
COZAAR TABS (*Use Losartan Potassium*)	NF	QL(1 ea daily)
DIOVAN TABS (*Use Valsartan*)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
EPROSARTAN MESYLATE TABS	1	QL(1 ea daily)
irbesartan tabs	1	QL(1 ea daily)
losartan potassium tabs	1	QL(1 ea daily)
MICARDIS TABS (*Use Telmisartan*)	NF	QL(1 ea daily)
olmesartan medoxomil tabs	1	QL(1 ea daily)
telmisartan tabs	1	QL(1 ea daily)
valsartan tabs	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (*Use Doxazosin Mesylate*)	NF	
CATAPRES TABS (*Use Clonidine HCl*)	NF	QL(8 ea daily)
clonidine hcl tabs or 0.2 mg, 0.1 mg, 0.3 mg	1	QL(8 ea daily)
doxazosin mesylate tabs	1	
guanfacine hcl tabs	1	
methyldopa tabs	1	QL(6 ea daily)
METHYLDOPATE HCL SOLN	3	
MINIPRESS CAPS (*Use Prazosin HCl*)	NF	QL(4 ea daily)
prazosin hcl caps	1	QL(4 ea daily)
RESERPINE TABS	1	PA
TENEX TABS (*Use Guanfacine HCl*)	NF	
terazosin hcl caps	1	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (*Use Quinapril-Hydrochlorothiazide*)	NF	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (*Use Quinapril-Hydrochlorothiazide*)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (*Use Quinapril-Hydrochlorothiazide*)	NF	QL(2 ea daily)
amlodipine besylate-benazepril hcl caps	1	
ATACAND HCT TABS (*Use Candesartan Cilexetil-Hydrochlorothiazide*)	NF	
atenolol & chlorthalidone tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
AVALIDE TABS (*Use Irbesartan-Hydrochlorothiazide*)	NF	
benazepril & hydrochlorothiazide tabs	1	
BENICAR HCT TABS (*Use Olmesartan Medoxomil-Hydrochlorothiazide*)	NF	
candesartan cilexetil-hydrochlorothiazide tabs	1	
DIOVAN HCT TABS (*Use Valsartan-Hydrochlorothiazide*)	NF	
enalapril maleate & hydrochlorothiazide tabs	1	
fosinopril sodium & hydrochlorothiazide tabs	1	
HYZAAR TABS (*Use Losartan Potassium & Hydrochlorothiazide*)	NF	QL(1 ea daily)
irbesartan-hydrochlorothiazide tabs	1	
lisinopril & hydrochlorothiazide tabs	1	
losartan potassium & hydrochlorothiazide tabs	1	QL(1 ea daily)
LOTENSIN HCT TABS (*Use Benazepril & Hydrochlorothiazide*)	NF	
LOTREL CAPS (*Use Amlodipine Besylate-Benazepril HCl*)	NF	
MICARDIS HCT TABS (*Use Telmisartan-Hydrochlorothiazide*)	NF	
olmesartan medoxomil-hydrochlorothiazide tabs	1	
quinapril-hydrochlorothiazide tabs 10mg-12.5mg	1	QL(3 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-12.5mg	1	QL(4 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-25mg	1	QL(2 ea daily)
telmisartan-hydrochlorothiazide tabs	1	
TENORETIC 100 TABS (*Use Atenolol & Chlorthalidone*)	NF	
TENORETIC 50 TABS (*Use Atenolol & Chlorthalidone*)	NF	
valsartan-hydrochlorothiazide tabs	1	
VASERETIC TABS (*Use Enalapril Maleate & Hydrochlorothiazide*)	NF	
ZESTORETIC TABS (*Use Lisinopril & Hydrochlorothiazide*)	NF	
Antihypertensives - Misc.		
VECAMYL TABS	3	PA
Direct Renin Inhibitors		
TEKTURNA TABS	2	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	1	
INSPRA TABS (*Use Eplerenone*)	NF	
Vasodilators		
hydralazine hcl soln	1	
hydralazine hcl tabs	1	
minoxidil tabs	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	1	QL(12 ea per 3 days retail)
COARTEM TABS	2	QL(24 ea per fill retail,24 ea per fill mail,72 ea per 144 days retail,72 ea per 144 days mail)

Drug Name	Drug Tier	Requirements/ Limits
MALARONE TABS (*Use Atovaquone-Proguanil HCl*)	NF	QL(12 ea per 3 days retail)
Antimalarials		
chloroquine phosphate tabs 250 mg, 500 mg	1	
DARAPRIM TABS	3	QL(3 ea daily)
hydroxychloroquine sulfate tabs	1	
mefloquine hcl tabs	1	
PLAQUENIL TABS (*Use Hydroxychloroquine Sulfate*)	NF	
PRIMAQUINE PHOSPHATE TABS	3	
QUALAQUIN CAPS (*Use Quinine Sulfate*)	NF	
quinine sulfate caps	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	2	
MESTINON SYRP 60 MG/5ML	2	
MESTINON TABS 60 MG (*Use Pyridostigmine Bromide*)	NF	
MESTINON TIMESPAN TBCR (*Use Pyridostigmine Bromide*)	NF	
pyridostigmine bromide tabs	1	
pyridostigmine bromide tbcr	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	3	
CYCLOSERINE CAPS	3	QL(4 ea daily)
ethambutol hcl tabs	1	
ISONIAZID SOLN IJ 100 MG/ML	1	
ISONIAZID SYRP OR 50 MG/5ML	1	
isoniazid tabs or 300 mg, 100 mg	1	
MYAMBUTOL TABS (*Use Ethambutol HCl*)	NF	
MYCOBUTIN CAPS (*Use Rifabutin*)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
pyrazinamide tabs	1	
rifabutin caps	1	PA
RIFADIN CAPS (*Use Rifampin*)	NF	
RIFADIN SOLR (*Use Rifampin*)	NF	
rifampin caps	1	
rifampin solr	1	
SIRTURO TABS	3	PA
TRECATOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (*Use Melphalan HCl*)	NF	
ALKERAN TABS OR 2 MG (*Use Melphalan*)	2	
BICNU SOLR	4	PA
busulfan soln	4	PA

Drug Name	Drug Tier	Requirements/ Limits
BUSULFEX SOLN (*Use Busulfan*)	4	PA
carboplatin soln	4	PA
cisplatin soln	4	PA
CYCLOPHOSPHAMIDE CAPS OR 50 MG, 25 MG	4	PA
cyclophosphamide solr ij 500 mg, 1 gm, 2 gm	4	PA
GLEOSTINE CAPS 40 MG, 100 MG, 10 MG	4	PA
HEXALEN CAPS	4	PA
IFEX SOLR (*Use Ifosfamide*)	4	PA
ifosfamide soln	4	PA
ifosfamide solr	4	PA
LEUKERAN TABS	4	PA
LOMUSTINE CAPS	4	PA
melphalan hcl solr	1	
melphalan tabs	1	
MUSTARGEN SOLR	4	PA
MYLERAN TABS	4	PA
oxaliplatin soln	4	PA
TEMODAR CAPS OR 140 MG, 180 MG, 20 MG, 5 MG, 100 MG, 250 MG (*Use Temozolomide*)	4	PA
TEMODAR SOLR IV 100 MG	4	PA
temozolomide caps	4	PA
TEPADINA SOLR 15 MG (*Use Thiotepa*)	4	PA
thiotepa solr	4	PA
TREANDA SOLR	4	PA
ZANOSAR SOLR	4	PA
Antimetabolites		
ALIMTA SOLR	4	PA
ARRANON SOLN	4	PA
azacitidine susr	4	PA
capecitabine tabs	4	PA
clofarabine soln	4	PA
CLOLAR SOLN (*Use Clofarabine*)	4	PA
cytarabine soln	4	PA
DACOGEN SOLR (*Use Decitabine*)	4	PA
decitabine solr	4	PA
DEPOCYT SUSP	4	PA
FLOXURIDINE SOLR	4	PA
fludarabine phosphate soln	4	PA
fludarabine phosphate solr	4	PA
fluorouracil soln iv 500 mg/10ml	4	PA
FOLOTYN SOLN	4	PA
gemcitabine hcl solr	4	PA
GEMZAR SOLR (*Use Gemcitabine HCl*)	4	PA
mercaptopurine tabs	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	1	
methotrexate sodium soln ij 50 mg/2ml	1	
methotrexate sodium solr ij 1 gm	1	
methotrexate sodium tabs or 2.5 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
TABLOID TABS	4	PA
TREXALL TABS	4	PA
VIDAZA SUSR (*Use Azacitidine*)	4	PA
XELODA TABS (*Use Capecitabine*)	4	PA
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	4	PA
ZALTRAP SOLN	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA
ARZERRA CONC	4	PA
CAMPATH SOLN	4	PA
ERBITUX SOLN	4	PA
HERCEPTIN SOLR 440 MG	4	PA
PERJETA SOLN	4	PA
RITUXAN SOLN	4	PA
VECTIBIX SOLN	4	PA
YERVOY SOLN	4	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	4	PA
ODOMZO CAPS	4	PA
Antineoplastic - Hormonal and Related Agents		
anastrozole tabs	1	
ARIMIDEX TABS (*Use Anastrozole*)	4	
AROMASIN TABS (*Use Exemestane*)	4	
bicalutamide tabs	4	PA
CASODEX TABS (*Use Bicalutamide*)	4	PA
ELIGARD KIT	4	PA
EMCYT CAPS	4	PA
exemestane tabs	4	
FARESTON TABS	2	
FASLODEX SOLN	4	PA
FEMARA TABS (*Use Letrozole*)	4	
FIRMAGON SOLR	4	PA
flutamide caps	4	PA
letrozole tabs	1	
leuprolide acetate kit	4	PA
LUPRON DEPOT (*1-MONTH*) KIT	4	PA
LUPRON DEPOT (*3-MONTH*) KIT	4	PA
LUPRON DEPOT (*4-MONTH*) KIT	4	PA
LUPRON DEPOT (*6-MONTH*) KIT	4	PA
LYSODREN TABS	4	PA
MEGACE ORAL SUSP (*Use Megestrol Acetate*)	NF	
megestrol acetate susp	1	
megestrol acetate tabs	1	
NILANDRON TABS (*Use Nilutamide*)	3	QL(2 ea daily)
nilutamide tabs	1	QL(2 ea daily)
tamoxifen citrate tabs	0	
TRELSTAR MIXJECT SUSR	4	PA
TRELSTAR SUSR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
XTANDI CAPS	4	PA
ZOLADEX IMPL	4	PA
ZYTIGA TABS	4	PA
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA
Antineoplastic Antibiotics		
bleomycin sulfate solr	4	PA
COSMEGEN SOLR	4	PA
daunorubicin hcl inj	4	PA
DAUNOXOME INJ	4	PA
DOXIL INJ (*Use Doxorubicin HCl Liposomal*)	4	PA
doxorubicin hcl liposomal inj	4	PA
doxorubicin hcl soln 2 mg/ml	4	PA
DOXORUBICIN HCL SOLR 50 MG, 10 MG	4	PA
ELLENCE SOLN (*Use Epirubicin HCl*)	4	PA
epirubicin hcl soln	4	PA
IDAMYCIN PFS SOLN (*Use Idarubicin HCl*)	4	PA
idarubicin hcl soln	4	PA
mitomycin solr	4	PA
mitoxantrone hcl conc	4	PA
VALSTAR SOLN	4	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS	4	PA
BOSULIF TABS	4	PA
CAPRELSA TABS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT	4	PA
GILOTRIF TABS	4	PA
GLEEVEC TABS (*Use Imatinib Mesylate*)	4	PA
imatinib mesylate tabs	4	PA
IMBRUVICA CAPS	4	PA
INLYTA TABS	4	PA
ISTODAX (*OVERFILL*) SOLR	4	PA
ISTODAX SOLR	4	PA
JAKAFI TABS	4	PA
KYPROLIS SOLR	4	PA
LENVIMA 10 MG DAILY DOSE CPPK	4	PA
LENVIMA 14 MG DAILY DOSE CPPK	4	PA
LENVIMA 20 MG DAILY DOSE CPPK	4	PA
LENVIMA 24 MG DAILY DOSE CPPK	4	PA
LYNPARZA CAPS	4	PA
LYNPARZA TABS	4	PA
NEXAVAR TABS	4	PA
NINLARO CAPS	4	PA; QL(0.143 ea daily)
SPRYCEL TABS	4	PA
STIVARGA TABS	4	PA
SUTENT CAPS 25 MG, 12.5 MG, 50 MG	4	PA
TAFINLAR CAPS	4	PA
TARCEVA TABS	4	PA
TASIGNA CAPS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
TORISEL SOLN	4	PA
TYKERB TABS	4	PA
VELCADE SOLR	4	PA
VOTRIENT TABS	4	PA
XALKORI CAPS	4	PA
ZELBORAF TABS	4	PA
ZOLINZA CAPS	4	PA
ZYDELIG TABS	4	PA
ZYKADIA CAPS	4	PA
Antineoplastic Enzymes		
ERWINAZE SOLR	4	PA
ONCASPAR SOLN	4	PA
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA
bexarotene caps	4	PA
dacarbazine solr	4	PA
HYDREA CAPS (*Use Hydroxyurea*)	NF	
hydroxyurea caps	1	
INTRON A SOLR	4	PA
INTRON A W/DILUENT SOLR	4	PA
MATULANE CAPS	4	PA
NIPENT SOLR	4	PA
PHOTOFRIN SOLR	4	PA
PROLEUKIN SOLR	4	PA
SYLATRON KIT	4	PA
SYNRIBO SOLR	4	PA
TARGRETIN CAPS OR 75 MG (*Use Bexarotene*)	4	PA
tretinoin (chemotherapy) caps	1	
TRISENOX SOLN	4	PA
UVADEX SOLN	4	PA
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA
Chemotherapy Rescue/Antidote Agents		
leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg	1	
LEUCOVORIN CALCIUM SOLR IJ 500 MG	1	
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	1	
leucovorin calcium tabs or 5 mg, 25 mg	1	
VORAXAZE SOLR	4	PA
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA
DOCEFREZ SOLR	4	PA
DOCETAXEL CONC 20 MG/0.5ML, 20 MG/ML	4	PA
docetaxel conc 20 mg/ml	4	PA
DOCETAXEL SOLN 20 MG/2ML	4	PA
ETOPOPHOS SOLR	4	PA
ETOPOSIDE CAPS OR 50 MG	4	PA
etoposide soln iv 100 mg/5ml, 500 mg/25ml, 1 gm/50ml	4	PA
HALAVEN SOLN	4	PA
IXEMPRA KIT SOLR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
JEVTANA SOLN	4	PA
NAVELBINE SOLN (*Use Vinorelbine Tartrate*)	4	PA
paclitaxel conc 100 mg/16.7ml	4	PA
PACLITAXEL CONC 150 MG/25ML	4	PA
TAXOTERE CONC (*Use Docetaxel*)	4	PA
TENIPOSIDE SOLN	4	PA
vincristine sulfate soln	4	PA
vinorelbine tartrate soln	4	PA
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN (*Use Irinotecan HCl*)	4	PA
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA
HYCAMTIN SOLR IV 4 MG (*Use Topotecan HCl*)	4	PA
irinotecan hcl soln	4	PA
topotecan hcl solr	4	PA
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
carbidopa tabs	1	
LODOSYN TABS (*Use Carbidopa*)	3	
Antiparkinson Anticholinergics		
benztropine mesylate soln	1	
benztropine mesylate tabs	1	
COGENTIN SOLN (*Use Benztropine Mesylate*)	NF	
trihexyphenidyl hcl elix	1	
trihexyphenidyl hcl tabs	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (*Use Entacapone*)	NF	QL(8 ea daily)
entacapone tabs	1	QL(8 ea daily)
TASMAR TABS (*Use Tolcapone*)	3	
tolcapone tabs	3	
Antiparkinson Dopaminergics		
amantadine hcl caps	1	
amantadine hcl syrp	1	
amantadine hcl tabs	1	
bromocriptine mesylate caps	1	
bromocriptine mesylate tabs	1	
carbidopa-levodopa tabs	1	
carbidopa-levodopa tbcr	1	
carbidopa-levodopa tbdp	1	
CARBIDOPA/LEVODOPA/ ENTACAPONE TABS	1	
MIRAPEX TABS 0.125 MG (*Use Pramipexole Dihydrochloride*)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.75 MG, 1 MG, 0.5 MG, 1.5 MG (*Use Pramipexole Dihydrochloride*)	NF	
NEUPRO PT24	2	
PARLODEL CAPS 5 MG (*Use Bromocriptine Mesylate*)	1	
PARLODEL TABS 2.5 MG (*Use Bromocriptine Mesylate*)	NF	
pramipexole dihydrochloride tabs 0.125 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride tabs 1 mg, 0.25 mg, 1.5 mg, 0.5 mg, 0.75 mg	1	
REQUIP TABS (*Use Ropinirole Hydrochloride*)	NF	
REQUIP XL TB24 6 MG, 4 MG, 2 MG (*Use Ropinirole Hydrochloride*)	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (*Use Ropinirole Hydrochloride*)	NF	ST; QL(2 ea daily)
ropinirole hydrochloride tabs 0.25 mg, 1 mg, 3 mg, 4 mg, 2 mg, 0.5 mg, 5 mg	1	
ropinirole hydrochloride tb24 4 mg, 6 mg, 2 mg	1	ST; QL(1 ea daily)
ropinirole hydrochloride tb24 8 mg, 12 mg	1	ST; QL(2 ea daily)
SINEMET CR TBCR (*Use Carbidopa-Levodopa*)	NF	
SINEMET TABS (*Use Carbidopa-Levodopa*)	NF	
STALEVO 100 TABS	1	
STALEVO 125 TABS	1	
STALEVO 150 TABS	1	
STALEVO 200 TABS	1	
STALEVO 50 TABS	1	
STALEVO 75 TABS	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (*Use Rasagiline Mesylate*)	2	PA; QL(1 ea daily)
ELDEPRYL CAPS (*Use Selegiline HCl*)	NF	
rasagiline mesylate tabs	1	PA; QL(1 ea daily)
selegiline hcl caps	1	
selegiline hcl tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps 150 mg, 300 mg, 600 mg	1	
LITHIUM CARBONATE CAPS 150 MG, 600 MG (*Use Lithium Carbonate*)	1	
lithium carbonate tabs 300 mg	1	
lithium carbonate tbcr 300 mg, 450 mg	1	
LITHIUM SOLN	1	
LITHOBID TBCR (*Use Lithium Carbonate*)	NF	
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	QL(2 ea daily)
EQUETRO CP12 200 MG	3	QL(8 ea daily)
EQUETRO CP12 300 MG	3	QL(4 ea daily)
GEODON CAPS (*Use Ziprasidone HCl*)	NF	QL(2 ea daily); AL; At least 18 yrs old
LATUDA TABS	3	PA; QL(1 ea daily)
ziprasidone hcl caps	1	QL(2 ea daily); AL; At least 18 yrs old
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 6 MG (*Use Paliperidone*)	NF	QL(2 ea daily)
INVEGA TB24 9 MG, 3 MG, 1.5 MG (*Use Paliperidone*)	NF	QL(1 ea daily)
paliperidone tb24 6 mg	1	QL(2 ea daily)
paliperidone tb24 9 mg, 3 mg, 1.5 mg	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA SUSR	2	PA; QL(0.072 ea daily)
RISPERDAL M-TAB TBDP (*Use Risperidone*)	NF	PA; QL(2 ea daily)
RISPERDAL SOLN 1 MG/ML (*Use Risperidone*)	NF	PA; QL(8 ml daily)
RISPERDAL TABS 3 MG, 1 MG, 2 MG, 0.25 MG, 0.5 MG (*Use Risperidone*)	NF	QL(2 ea daily)
RISPERDAL TABS 4 MG (*Use Risperidone*)	NF	QL(4 ea daily)
risperidone soln 1 mg/ml	1	PA; QL(8 ml daily)
risperidone tabs 3 mg, 2 mg, 0.25 mg, 1 mg, 0.5 mg	1	QL(2 ea daily)
risperidone tabs 4 mg	1	QL(4 ea daily)
risperidone tbdp 3 mg, 4 mg, 0.25 mg, 1 mg, 2 mg, 0.5 mg	1	PA; QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (*Use Haloperidol Decanoate*)	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 SOLN (*Use Haloperidol Decanoate*)	NF	QL(0.036 ml daily)
HALDOL SOLN (*Use Haloperidol Lactate*)	NF	
haloperidol decanoate soln	1	QL(0.036 ml daily)
haloperidol lactate conc	1	
haloperidol lactate soln	1	
haloperidol tabs	1	
Dibenzapines		
CLOZAPINE ODT TBDP	1	
clozapine tabs	1	
clozapine tbdp	1	
CLOZARIL TABS (*Use Clozapine*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
FAZACLO TBDP 100 MG, 25 MG (*Use Clozapine*)	NF	
FAZACLO TBDP 150 MG, 200 MG, 12.5 MG	1	
loxapine succinate caps	1	
olanzapine solr im 10 mg	1	QL(0.215 ea daily)
olanzapine tabs or 10 mg, 7.5 mg, 2.5 mg, 5 mg	1	QL(1 ea daily)
olanzapine tabs or 15 mg, 20 mg	1	QL(2 ea daily)
olanzapine tbdp or 10 mg, 20 mg, 15 mg, 5 mg	1	
quetiapine fumarate tabs 50 mg, 400 mg, 25 mg, 300 mg, 100 mg, 200 mg	1	QL(2 ea daily); AL; At least 10 yrs old
quetiapine fumarate tb24 300 mg, 400 mg	1	PA; QL(2 ea daily); AL; At least 10 yrs old
quetiapine fumarate tb24 50 mg, 200 mg, 150 mg	1	PA; QL(1 ea daily); AL; At least 10 yrs old
SAPHRIS SUBL 2.5 MG	2	
SAPHRIS SUBL 5 MG, 10 MG	2	PA; QL(2 ea daily)
SEROQUEL TABS (*Use Quetiapine Fumarate*)	NF	QL(2 ea daily); AL; At least 10 yrs old
SEROQUEL XR TB24 150 MG, 200 MG, 50 MG (*Use Quetiapine Fumarate*)	2	PA; QL(1 ea daily); AL; At least 10 yrs old
SEROQUEL XR TB24 300 MG (*Use Quetiapine Fumarate*)	2	PA; QL(2 ea daily); AL; At least 10 yrs old
SEROQUEL XR TB24 400 MG (*Use Quetiapine Fumarate*)	NF	PA; QL(2 ea daily); AL; At least 10 yrs old
ZYPREXA SOLR IM 10 MG (*Use Olanzapine*)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 15 MG, 20 MG (*Use Olanzapine*)	NF	QL(2 ea daily)
ZYPREXA TABS OR 5 MG, 7.5 MG, 10 MG, 2.5 MG (*Use Olanzapine*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA ZYDIS TBDP (*Use Olanzapine*)	NF	
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML, 50 MG/2ML	3	
chlorpromazine hcl tabs or 10 mg, 50 mg, 100 mg, 25 mg, 200 mg	1	
FLUPHENAZINE HCL CONC OR 5 MG/ML	1	
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	1	
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	1	
fluphenazine hcl tabs or 5 mg, 1 mg, 10 mg, 2.5 mg	1	
perphenazine tabs	1	
prochlorperazine maleate tabs	1	
prochlorperazine supp	1	
thioridazine hcl tabs	1	
trifluoperazine hcl tabs	1	
Quinolinone Derivatives		
ABILIFY TABS (*Use Aripiprazole*)	NF	QL(1 ea daily); AL; At least 6 yrs old
aripiprazole soln 1 mg/ml	3	PA; QL(30 ml daily); AL; At least 6 yrs old
aripiprazole tabs 30 mg, 20 mg, 2 mg, 5 mg, 10 mg, 15 mg	1	QL(1 ea daily); AL; At least 6 yrs old
REXULTI TABS	3	PA
Thioxanthenes		
thiothixene caps	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		

Drug Name	Drug Tier	Requirements/ Limits
abacavir sulfate soln 20 mg/ml	1	
abacavir sulfate tabs 300 mg	1	QL(2 ea daily)
abacavir sulfate-lamivudine tabs	1	QL(1 ea daily)
abacavir sulfate-lamivudine-zidovudine tabs	1	QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	QL(10 ml daily)
ATRIPLA TABS	3	QL(1 ea daily)
COMBIVIR TABS (*Use Lamivudine-Zidovudine*)	NF	QL(2 ea daily)
COMPLERA TABS	3	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DESCOVY TABS	2	QL(1 ea daily)
didanosine cpdr 200 mg, 125 mg	1	QL(2 ea daily)
didanosine cpdr 250 mg, 400 mg	1	QL(1 ea daily)
EDURANT TABS	2	QL(1 ea daily)
EMTRIVA CAPS 200 MG	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (*Use Lamivudine*)	3	QL(30 ml daily)
EPIVIR TABS 150 MG (*Use Lamivudine*)	3	QL(2 ea daily)
EPIVIR TABS 300 MG (*Use Lamivudine*)	3	QL(1 ea daily)
EPZICOM TABS (*Use Abacavir Sulfate-Lamivudine*)	2	QL(1 ea daily)
fosamprenavir calcium tabs	1	QL(4 ea daily)
FUZEON SOLR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
GENVOYA TABS	3	QL(1 ea daily)
INTELENCE TABS 100 MG	2	QL(4 ea daily)
INTELENCE TABS 200 MG	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE CAPS 200 MG	2	QL(10 ea daily)
INVIRASE TABS 500 MG	2	QL(4 ea daily)
ISENTRESS CHEW 25 MG, 100 MG	2	
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
KALETRA SOLN 400MG/5ML-100MG/5ML (*Use Lopinavir-Ritonavir*)	2	QL(12.5 ml daily)
KALETRA TABS 100MG-25MG, 200MG-50MG	2	QL(4 ea daily)
lamivudine soln 10 mg/ml	1	QL(30 ml daily)
lamivudine tabs 150 mg	1	QL(2 ea daily)
lamivudine tabs 300 mg	1	QL(1 ea daily)
lamivudine-zidovudine tabs	1	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG (*Use Fosamprenavir Calcium*)	2	QL(4 ea daily)
lopinavir-ritonavir soln	1	QL(12.5 ml daily)
NEVIRAPINE SUSP 50 MG/5ML	1	QL(40 ml daily)
nevirapine tabs 200 mg	1	QL(2 ea daily)
nevirapine tb24 100 mg	1	QL(3 ea daily)
nevirapine tb24 400 mg	1	QL(1 ea daily)
NORVIR CAPS 100 MG	2	QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG	2	QL(12 ea daily)
ODEFSEY TABS	3	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 75 MG, 600 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	2	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	2	QL(6 ea daily)
RETROVIR CAPS 100 MG (*Use Zidovudine*)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML (*Use Zidovudine*)	NF	QL(60 ml daily)
REYATAZ CAPS 200 MG, 150 MG	2	QL(2 ea daily)
REYATAZ CAPS 300 MG	2	QL(1 ea daily)
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
stavudine caps 40 mg, 30 mg, 15 mg, 20 mg	1	QL(2 ea daily)
stavudine solr 1 mg/ml	1	QL(80 ml daily)
STRIBILD TABS	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG	2	QL(2 ea daily)
SUSTIVA CAPS 50 MG	2	QL(3 ea daily)
SUSTIVA TABS 600 MG	2	QL(1 ea daily)
TIVICAY TABS	3	
TRIUMEQ TABS	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRIZIVIR TABS (*Use Abacavir Sulfate-Lamivudine-Zidovudine*)	2	QL(2 ea daily)
TRUVADA TABS 200MG-133MG, 250MG-167MG, 150MG-100MG	2	PA; QL(1 ea daily,30 day(s) limit)
TRUVADA TABS 300MG-200MG	2	PA; QL(1 ea daily)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG, 200 MG (*Use Didanosine*)	NF	QL(2 ea daily)
VIDEX EC CPDR 400 MG, 250 MG (*Use Didanosine*)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML	1	QL(40 ml daily)
VIRAMUNE TABS 200 MG (*Use Nevirapine*)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (*Use Nevirapine*)	2	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (*Use Nevirapine*)	2	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 200 MG, 150 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG	2	
VITEKTA TABS	3	
ZERIT CAPS 40 MG, 15 MG, 20 MG, 30 MG (*Use Stavudine*)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (*Use Abacavir Sulfate*)	2	
ZIAGEN TABS 300 MG (*Use Abacavir Sulfate*)	NF	QL(2 ea daily)
zidovudine caps 100 mg	1	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	1	QL(60 ml daily)
zidovudine tabs 300 mg	1	QL(2 ea daily)
CMV Agents		
cidofovir soln	3	
CYTOVENE SOLR (*Use Ganciclovir Sodium*)	NF	
ganciclovir sodium solr	1	
VALCYTE TABS 450 MG (*Use Valganciclovir HCl*)	3	PA; QL(4 ea daily)
valganciclovir hcl tabs 450 mg	1	PA; QL(4 ea daily)
Hepatitis Agents		
adefovir dipivoxil tabs	4	PA; QL(1 ea daily)
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily)
BARACLUDE TABS 0.5 MG, 1 MG (*Use Entecavir*)	4	PA; QL(1 ea daily)
COPEGUS TABS (*Use Ribavirin (Hepatitis C)*)	NF	PA; QL(7 ea daily)
DAKLINZA TABS 30 MG, 60 MG	4	PA
entecavir tabs	4	PA; QL(1 ea daily)
EPCLUSA TABS	4	PA
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily)
EPIVIR HBV TABS 100 MG (*Use Lamivudine (HBV)*)	NF	PA; QL(3 ea daily)
HARVONI TABS	4	PA; QL(1 ea daily)
HEPSERA TABS (*Use Adefovir Dipivoxil*)	4	PA; QL(1 ea daily)
lamivudine (hbv) tabs	1	PA; QL(3 ea daily)
MAVYRET TABS	4	PA; QL(3 ea daily)
PEG-INTRON KIT	4	PA; QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PEG-INTRON REDIPEN KIT	4	PA; QL(0.143 ea daily)
PEG-INTRON REDIPEN PAK 4 KIT	4	PA; QL(0.143 ea daily)
PEGASYS PROCLICK SOLN	4	PA
PEGASYS SOLN	4	PA
PEGINTRON KIT	4	PA; QL(0.143 ea daily)
REBETOL CAPS 200 MG (*Use Ribavirin (Hepatitis C)*)	NF	PA; QL(7 ea daily)
REBETOL SOLN 40 MG/ML	4	PA; QL(35 ml daily)
ribavirin (hepatitis c) caps	1	PA; QL(7 ea daily)
ribavirin (hepatitis c) tabs	1	PA; QL(7 ea daily)
SOVALDI TABS	4	PA; QL(1 ea daily)
TYZEKA TABS	4	PA; QL(1 ea daily)
VICTRELIS CAPS	4	PA; QL(12 ea daily)
Herpes Agents		
acyclovir caps 200 mg	1	QL(1.67 ea daily)
acyclovir susp 200 mg/5ml	1	QL(13.34 ml daily)
acyclovir tabs 800 mg, 400 mg	1	QL(5 ea daily)
famciclovir tabs 125 mg, 250 mg	1	PA; QL(3 ea daily)
famciclovir tabs 500 mg	1	PA; QL(4 ea daily)
FAMVIR TABS 250 MG, 125 MG (*Use Famciclovir*)	NF	PA; QL(3 ea daily)
FAMVIR TABS 500 MG (*Use Famciclovir*)	NF	PA; QL(4 ea daily)
valacyclovir hcl tabs 1000 mg, 1 gm	1	QL(4 ea daily)
valacyclovir hcl tabs 500 mg	1	QL(2 ea daily)
VALTREX TABS 1 GM (*Use Valacyclovir HCl*)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (*Use Valacyclovir HCl*)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (*Use Acyclovir*)	NF	QL(1.67 ea daily)
ZOVIRAX SUSP OR 200 MG/5ML (*Use Acyclovir*)	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG, 800 MG (*Use Acyclovir*)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (*Use Rimantadine Hydrochloride*)	NF	QL(2 ea daily)
oseltamivir phosphate caps 30 mg	1	QL(0.667 ea daily)
oseltamivir phosphate caps 45 mg	1	QL(0.34 ea daily)
oseltamivir phosphate caps 75 mg	1	Limit 1 every 3 months;QL(10 ea per 90 days retail)
oseltamivir phosphate susr 6 mg/ml	1	Limit 1 every 3 months;QL(120 ml per 90 days retail)
RELENZA DISKHALER AEPB	2	
rimantadine hydrochloride tabs	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG (*Use Oseltamivir Phosphate*)	2	QL(0.667 ea daily)
TAMIFLU CAPS 45 MG (*Use Oseltamivir Phosphate*)	2	QL(0.34 ea daily)
TAMIFLU CAPS 75 MG (*Use Oseltamivir Phosphate*)	2	Limit 1 every 3 months;QL(10 ea per 90 days retail)
TAMIFLU SUSR 6 MG/ML (*Use Oseltamivir Phosphate*)	2	Limit 1 every 3 months;QL(120 ml per 90 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		

Drug Name	Drug Tier	Requirements/ Limits
carvedilol tabs	1	
COREG TABS (*Use Carvedilol*)	NF	
labetalol hcl soln	1	
labetalol hcl tabs	1	
Beta Blockers Cardio-Selective		
acebutolol hcl caps	1	
atenolol tabs	1	
betaxolol hcl tabs	1	
bisoprolol fumarate tabs	1	
BYSTOLIC TABS 10 MG, 2.5 MG, 5 MG	2	QL(1 ea daily)
BYSTOLIC TABS 20 MG	2	QL(2 ea daily)
LOPRESSOR TABS (*Use Metoprolol Tartrate*)	NF	
metoprolol succinate tb24	1	
metoprolol tartrate soln iv 5 mg/5ml	1	
metoprolol tartrate tabs or 50 mg, 25 mg, 100 mg	1	
SECTRAL CAPS (*Use Acebutolol HCl*)	NF	
TENORMIN TABS (*Use Atenolol*)	NF	
TOPROL XL TB24 (*Use Metoprolol Succinate*)	NF	
ZEBETA TABS (*Use Bisoprolol Fumarate*)	NF	
Beta Blockers Non-Selective		
BETAPACE TABS (*Use Sotalol HCl*)	NF	QL(2 ea daily)
CORGARD TABS (*Use Nadolol*)	NF	
HEMANGEOL SOLN	4	PA
INDERAL LA CP24 (*Use Propranolol HCl*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
nadolol tabs	1	
pindolol tabs	1	
propranolol hcl cp24 or 60 mg, 160 mg, 80 mg, 120 mg	1	
propranolol hcl soln iv 1 mg/ml	1	
PROPRANOLOL HCL SOLN OR 40 MG/5ML, 20 MG/5ML	1	
propranolol hcl tabs or 80 mg, 40 mg, 10 mg, 20 mg, 60 mg	1	
sotalol hcl tabs 160 mg, 120 mg, 80 mg	1	QL(2 ea daily)
sotalol hcl tabs 240 mg	1	
TIMOLOL MALEATE TABS	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (*Use Nifedipine*)	NF	
amlodipine besylate tabs	1	
CALAN SR TBCR (*Use Verapamil HCl*)	NF	
CALAN TABS (*Use Verapamil HCl*)	NF	
CARDIZEM CD CP24 (*Use Diltiazem HCl Coated Beads*)	NF	
CARDIZEM LA TB24 360 MG, 240 MG, 180 MG, 420 MG, 300 MG (*Use Diltiazem HCl Coated Beads*)	NF	
CARDIZEM TABS (*Use Diltiazem HCl*)	NF	
diltiazem hcl coated beads cp24	1	
diltiazem hcl coated beads tb24	1	

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg	1	
diltiazem hcl cp24 or 180 mg, 240 mg, 120 mg	1	
diltiazem hcl extended release beads cp24 240 mg, 120 mg, 300 mg, 180 mg, 360 mg	1	
diltiazem hcl soln iv 50 mg/10ml	1	
DILTIAZEM HCL SOLR IV 100 MG	1	
diltiazem hcl tabs or 30 mg, 90 mg, 60 mg, 120 mg	1	
felodipine tb24	1	
isradipine caps	1	
nicardipine hcl caps	1	
nicardipine hcl soln	1	
nifedipine caps	1	
nifedipine tb24	1	
nimodipine caps	1	
NISOLDIPINE ER TB24 30 MG, 40 MG, 20 MG	1	
nisoldipine tb24	1	
NORVASC TABS (*Use Amlodipine Besylate*)	NF	
PROCARDIA CAPS (*Use Nifedipine*)	NF	
PROCARDIA XL TB24 (*Use Nifedipine*)	NF	
SULAR TB24 (*Use Nisoldipine*)	NF	
TIAZAC CP24 300 MG, 240 MG, 120 MG, 180 MG, 360 MG (*Use Diltiazem HCl Extended Release Beads*)	NF	
verapamil hcl cp24	1	
verapamil hcl soln	1	
verapamil hcl tabs	1	
verapamil hcl tbcr	1	
VERELAN CP24 (*Use Verapamil HCl*)	NF	
VERELAN PM CP24 (*Use Verapamil HCl*)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln ij 0.25 mg/ml	1	
DIGOXIN SOLN OR 0.05 MG/ML	1	
digoxin tabs or 125 mcg, 0.125 mg, 0.25 mg, 250 mcg	1	
LANOXIN SOLN IJ 0.25 MG/ML (*Use Digoxin*)	2	
LANOXIN TABS OR 125 MCG, 250 MCG (*Use Digoxin*)	2	
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
BIDIL TABS	2	
ENTRESTO TABS	3	PA
Impotence Agents		
CIALIS TABS 5 MG	3	PA; BPH Only;QL(1 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
VIAGRA TABS	3	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		

Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM TBCR 0.125 MG, 1 MG, 2.5 MG, 0.25 MG	3	PA
REMODULIN SOLN	4	PA
VENTAVIS SOLN	4	PA
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	4	PA
OPSUMIT TABS	4	PA
TRACLEER TABS 125 MG	4	PA; QL(2 ea daily)
TRACLEER TABS 62.5 MG	4	PA; QL(1 ea daily)
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS	4	PA
REVATIO SOLN IV 10 MG/12.5ML (*Use Sildenafil Citrate (Pulmonary Hypertension)*)	4	PA
REVATIO TABS OR 20 MG (*Use Sildenafil Citrate (Pulmonary Hypertension)*)	4	PA
sildenafil citrate (pulmonary hypertension) soln	4	PA
sildenafil citrate (pulmonary hypertension) tabs	4	PA
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 2.5 MG, 1.5 MG, 2 MG, 0.5 MG	4	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	1	
cefadroxil susr	1	
cefadroxil tabs	1	
cefazolin sodium solr ij 10 gm, 500 mg, 1 gm	1	
CEFAZOLIN SODIUM SOLR IJ 20 GM	1	
cephalexin caps 250 mg, 500 mg, 750 mg	1	
cephalexin susr 125 mg/5ml, 250 mg/5ml	1	
CEPHALEXIN TABS 250 MG, 500 MG	1	
KEFLEX CAPS (*Use Cephalexin*)	NF	
Cephalosporins - 2nd Generation		
cefaclor caps 250 mg, 500 mg	1	
CEFACLOR ER TB12	1	
CEFACLOR SUSR 250 MG/5ML, 375 MG/5ML, 125 MG/5ML	1	
CEFOTAN SOLR (*Use Cefotetan Disodium*)	NF	
cefotetan disodium solr	1	
CEFOTETAN SOLR	3	
cefoxitin sodium solr	1	
cefprozil susr	1	
cefprozil tabs	1	
CEFTIN SUSR 125 MG/5ML	1	
CEFTIN TABS 500 MG, 250 MG (*Use Cefuroxime Axetil*)	NF	
cefuroxime axetil tabs	1	
cefuroxime sodium solr	1	
ZINACEF SOLR (*Use Cefuroxime Sodium*)	NF	
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	1	
CEDAX SUSR 180 MG/5ML	3	
cefdinir caps	1	

Drug Name	Drug Tier	Requirements/ Limits
cefdinir susr	1	
CEFDITOREN PIVOXIL TABS 200 MG	3	
cefixime susr	1	
CEFOTAXIME SODIUM SOLR 1 GM	1	
cefpodoxime proxetil susr	1	
cefpodoxime proxetil tabs	1	
ceftazidime solr	1	
CEFTIBUTEN CAPS 400 MG	1	
CEFTIBUTEN SUSR 180 MG/5ML	3	
ceftriaxone sodium solr	1	
CLAFORAN SOLR 1 GM (*Use Cefotaxime Sodium*)	1	
FORTAZ SOLR (*Use Ceftazidime*)	NF	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (*Use Cefixime*)	NF	
Cephalosporins - 4th Generation		
cefepime hcl solr	1	
MAXIPIME SOLR (*Use Cefepime HCl*)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CHEMICALS		
Bulk Chemicals - C's		
CLINDAMYCIN PHOSPHATE POWD XX	1	
Solids		
STANNOUS FLUORIDE POWD XX	0	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		

Drug Name	Drug Tier	Requirements/ Limits
Combination Contraceptives - Oral		
BEYAZ TABS (*Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium*)	0	
BREVICON-28 TABS (*Use Norethindrone & Eth Estradiol*)	0	
CYCLESSA TABS (*Use Desogestrel-Ethinyl Estradiol (Triphasic)*)	0	
DESOGEN TABS (*Use Desogestrel & Ethinyl Estradiol*)	0	
desogestrel & ethinyl estradiol tabs	0	
desogestrel-ethinyl estradiol (biphasic) tabs	0	
desogestrel-ethinyl estradiol (triphasic) tabs	0	
drospirenone-ethinyl estradiol tabs	0	
drospirenone-ethinyl estradiol-levomefolate calcium tabs	0	
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM TABS	0	
ESTROSTEP FE TABS (*Use Norethindrone Acetate-Ethinyl Estradiol-Fe*)	0	
ethynodiol diacet & eth estrad tabs	0	
FEMCON FE CHEW (*Use Norethindrone & Ethinyl Estradiol-Fe*)	0	
GENERESS FE CHEW (*Use Norethindrone & Ethinyl Estradiol-Fe*)	0	
levonorgestrel & eth estradiol tabs	0	
LEVONORGESTREL AND ETHINYL ESTRADIOL TABS	0	

Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel-eth estradiol (triphasic) tabs	0	
levonorgestrel-ethinyl estradiol (91-day) tabs	0	
levonorgestrel-ethinyl estradiol (continuous) tabs	0	
LO LOESTRIN FE TABS	0	
LOESTRIN 1.5/30-21 TABS (*Use Norethindrone Acet & Eth Estra*)	0	
LOESTRIN 1/20-21 TABS (*Use Norethindrone Acet & Eth Estra*)	0	
LOESTRIN FE 1.5/30 TABS (*Use Norethin Acet & Estrad-Fe*)	0	
LOESTRIN FE 1/20 TABS (*Use Norethin Acet & Estrad-Fe*)	0	
LOSEASONIQUE TABS (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	0	
MINASTRIN 24 FE CHEW (*Use Norethin Acet & Estrad-Fe*)	0	
MIRCETTE TABS (*Use Desogestrel-Ethinyl Estradiol (Biphasic)*)	0	
MODICON TABS (*Use Norethindrone & Eth Estradiol*)	0	
NATAZIA TABS	0	
NECON 1/50-28 TABS	0	
NECON 10/11-28 TABS	0	
norethin acet & estrad-fe chew	0	
norethin acet & estrad-fe tabs	0	
norethindrone & eth estradiol tabs	0	
norethindrone & ethinyl estradiol-fe chew	0	

Drug Name	Drug Tier	Requirements/ Limits
norethindrone acet & eth estra tabs	0	
norethindrone acetate-ethinyl estradiol-fe tabs	0	
norethindrone-eth estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol tabs	0	
norgestrel & ethinyl estradiol tabs	0	
NORINYL 1+35 TABS (*Use Norethindrone & Eth Estradiol*)	0	
NORINYL 1+50 TABS	0	
OGESTREL TABS	0	
ORTHO TRI-CYCLEN LO TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	0	
ORTHO TRI-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	0	
ORTHO-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol*)	0	
ORTHO-NOVUM 1/35 TABS (*Use Norethindrone & Eth Estradiol*)	0	
ORTHO-NOVUM 7/7/7 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	0	
OVCON-35 TABS (*Use Norethindrone & Eth Estradiol*)	0	
SAFYRAL TABS	0	
SEASONIQUE TABS (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	0	
TRI-NORINYL 28 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	0	

Drug Name	Drug Tier	Requirements/ Limits
YASMIN 28 TABS (*Use Drospirenone-Ethinyl Estradiol*)	0	
YAZ TABS (*Use Drospirenone-Ethinyl Estradiol*)	0	
Combination Contraceptives - Transdermal		
XULANE PTWK	0	
Combination Contraceptives - Vaginal		
NUVARING RING	0	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
levonorgestrel (emergency oc) tabs	0	
PLAN B ONE-STEP TABS (*Use Levonorgestrel (Emergency OC)*)	0	
Progestin Contraceptives - IUD		
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (*Use Medroxyprogesterone Acetate (Contraceptive)*)	0	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (*Use Medroxyprogesterone Acetate (Contraceptive)*)	NF	QL(1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	

Drug Name	Drug Tier	Requirements/ Limits
medroxyprogesterone acetate (contraceptive) susp	0	QL(1 ml per 90 days retail)
medroxyprogesterone acetate (contraceptive) susy	0	QL(1 ml per 90 days retail)
Progestin Contraceptives - Oral		
NOR-QD TABS (*Use Norethindrone (Contraceptive)*)	0	
norethindrone (contraceptive) tabs	0	
ORTHO MICRONOR TABS (*Use Norethindrone (Contraceptive)*)	0	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide cpep	1	
CORTEF TABS (*Use Hydrocortisone*)	NF	
CORTISONE ACETATE TABS	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (*Use Methylprednisolone Acetate*)	NF	
dexamethasone elix 0.5 mg/5ml	1	
DEXAMETHASONE INTENSOL CONC	1	
dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml	1	
DEXAMETHASONE SOLN 0.5 MG/5ML	1	
dexamethasone tabs 0.75 mg, 1.5 mg, 4 mg, 0.5 mg, 6 mg	1	
DEXAMETHASONE TABS 1 MG, 2 MG	1	
ENTOCORT EC CPEP (*Use Budesonide*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone tabs	1	
KENALOG-40 SUSP	3	
MEDROL DOSEPAK TBPK (*Use Methylprednisolone*)	NF	
MEDROL TABS 2 MG	3	
MEDROL TABS 8 MG, 16 MG, 32 MG, 4 MG (*Use Methylprednisolone*)	NF	
methylprednisolone acetate susp	1	
methylprednisolone sod succ solr	1	
methylprednisolone tabs	1	
methylprednisolone tbpk	1	
MILLIPRED DP TBPK	3	
MILLIPRED SOLN 10 MG/5ML (*Use Prednisolone Sodium Phosphate*)	3	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (*Use Prednisolone Sodium Phosphate*)	3	
PEDIAPRED SOLN (*Use Prednisolone Sodium Phosphate*)	NF	
prednisolone sodium phosphate soln or 20 mg/5ml, 6.7 mg/5ml, 5 mg/5ml, 10 mg/5ml, 15 mg/5ml	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	1	
prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg	3	
prednisolone soln	1	
prednisolone syrp	1	
PREDNISONE SOLN 5 MG/5ML	1	
prednisone tabs 10 mg, 1 mg, 2.5 mg, 5 mg, 20 mg	1	
PREDNISONE TABS 50 MG	1	
PREDNISONE TBPK 5 MG, 10 MG	1	
SOLU-CORTEF SOLR	3	
SOLU-MEDROL SOLR 1000 MG, 125 MG, 40 MG (*Use Methylprednisolone Sod Succ*)	NF	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG	1	
VERIPRED 20 SOLN (*Use Prednisolone Sodium Phosphate*)	3	
Mineralocorticoids		
fludrocortisone acetate tabs	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate caps 100 mg	1	QL(6 ea daily)
benzonatate caps 200 mg	1	QL(3 ea daily)
TESSALON PERLES CAPS (*Use Benzonatate*)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (*Use Fexofenadine-Pseudoephedrine*)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (*Use Fexofenadine-Pseudoephedrine*)	NF	QL(1 ea daily)
cetirizine-pseudoephedrine tb12	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN-D 12 HOUR TB12 (*Use Loratadine & Pseudoephedrine*)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (*Use Loratadine & Pseudoephedrine*)	1	QL(1 ea daily)
fexofenadine-pseudoephedrine tb12 60mg-120mg	1	QL(2 ea daily)
fexofenadine-pseudoephedrine tb24 180mg-240mg	1	QL(1 ea daily)
FLOWTUSS SOLN	2	
loratadine & pseudoephedrine tb12 5mg-120mg	1	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10mg-10mg-240mg-240mg, 10mg-240mg	1	QL(1 ea daily)
OBREDON SOLN	2	
VITUZ SOLN	3	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (*Use Cetirizine-Pseudoephedrine*)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (*Use Sodium Chloride (Inhalant)*)	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (*Use Sodium Chloride (Inhalant)*)	NF	
NEBUSAL NEBU	1	
sodium chloride (inhalant) nebu 7 %	1	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
adapalene crea 0.1 %	1	PA; AL; At least 12 yrs old
adapalene gel 0.1 %	1	PA; AL; At least 12 yrs old; RX/OTC
adapalene gel 0.3 %	1	ST; AL; At least 12 yrs old
ADAPALENE LOTN 0.1 %	1	ST; AL; At least 12 yrs old
adapalene-benzoyl peroxide gel	1	ST; AL; At least 12 yrs old
AZELEX CREA	3	ST; AL; At least 12 yrs old
BENZACLIN GEL (*Use Clindamycin Phosphate-Benzoyl Peroxide*)	NF	PA; AL; At least 12 yrs old
BENZACLIN WITH PUMP GEL (*Use Clindamycin Phosphate-Benzoyl Peroxide*)	NF	PA; AL; At least 12 yrs old
BENZAMYCIN GEL (*Use Benzoyl Peroxide-Erythromycin*)	NF	PA; AL; At least 12 yrs old
BENZEFOAM FOAM (*Use Benzoyl Peroxide*)	NF	AL; At least 12 yrs old; RX/OTC
BENZEFOAM ULTRA FOAM (*Use Benzoyl Peroxide*)	NF	AL; At least 12 yrs old
BENZEFOAMULTRA FOAM (*Use Benzoyl Peroxide*)	NF	AL; At least 12 yrs old
benzoyl peroxide foam 5.3 %	1	AL; At least 12 yrs old; RX/OTC
benzoyl peroxide foam 9.8 %	1	AL; At least 12 yrs old
benzoyl peroxide gel 10 %	1	AL; At least 12 yrs old; RX/OTC
benzoyl peroxide gel 5 %	1	AL; At least 12 yrs old
benzoyl peroxide liqd 10 %	1	AL; At least 12 yrs old; RX/OTC
benzoyl peroxide liqd 4 %, 7 %	1	AL; At least 12 yrs old

Drug Name	Drug Tier	Requirements/ Limits
benzoyl peroxide lotn 6 %	1	AL; At least 12 yrs old; RX/OTC
benzoyl peroxide-erythromycin gel	1	PA; AL; At least 12 yrs old
BP CLEANSING WASH EMUL	2	AL; At least 12 yrs old
CLEOCIN-T GEL (*Use Clindamycin Phosphate (Topical)*)	NF	AL; At least 12 yrs old
CLEOCIN-T LOTN (*Use Clindamycin Phosphate (Topical)*)	NF	AL; At least 12 yrs old
CLEOCIN-T SOLN (*Use Clindamycin Phosphate (Topical)*)	NF	AL; At least 12 yrs old
CLEOCIN-T SWAB (*Use Clindamycin Phosphate (Topical)*)	NF	AL; At least 12 yrs old
clindamycin phosphate (topical) foam	1	AL; At least 12 yrs old
clindamycin phosphate (topical) gel	1	AL; At least 12 yrs old
clindamycin phosphate (topical) lotn	1	AL; At least 12 yrs old
clindamycin phosphate (topical) soln	1	AL; At least 12 yrs old
clindamycin phosphate (topical) swab	1	AL; At least 12 yrs old
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	1	PA; AL; At least 12 yrs old
clindamycin phosphate-benzoyl peroxide gel	1	PA; AL; At least 12 yrs old
clindamycin phosphate-tretinoin gel	1	ST; AL; At least 12 yrs old
CLINDAP-T CREA	3	PA; AL; At least 12 yrs old
DESQUAM-X WASH LIQD 10 % (*Use Benzoyl Peroxide*)	NF	AL; At least 12 yrs old; RX/OTC
DIFFERIN CREA 0.1 % (*Use Adapalene*)	NF	PA; AL; At least 12 yrs old
DIFFERIN GEL 0.1 % (*Use Adapalene*)	NF	PA; AL; At least 12 yrs old; RX/OTC
DIFFERIN GEL 0.3 % (*Use Adapalene*)	NF	ST; AL; At least 12 yrs old
DIFFERIN LOTN 0.1 %	1	ST; AL; At least 12 yrs old
DUAC GEL (*Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)*)	NF	PA; AL; At least 12 yrs old
EPIDUO GEL (*Use Adapalene-Benzoyl Peroxide*)	3	ST; AL; At least 12 yrs old
erythromycin (acne aid) pads	1	AL; At least 12 yrs old
erythromycin (acne aid) soln	1	AL; At least 12 yrs old
EVOCLIN FOAM (*Use Clindamycin Phosphate (Topical)*)	NF	AL; At least 12 yrs old
isotretinoin caps	3	PA; AL; At least 12 yrs old
KLARON LOTN (*Use Sulfacetamide Sodium (Acne)*)	NF	AL; At least 12 yrs old
PANOXYL-4 CREAMY WASH LIQD (*Use Benzoyl Peroxide*)	NF	AL; At least 12 yrs old
RETIN-A CREA (*Use Tretinoin*)	NF	AL; At least 12 yrs old
RETIN-A GEL (*Use Tretinoin*)	NF	AL; At least 12 yrs old
RETIN-A MICRO GEL 0.1 % (*Use Tretinoin Microsphere*)	NF	PA; AL; At least 12 yrs old
RETIN-A MICRO PUMP GEL 0.1 % (*Use Tretinoin Microsphere*)	NF	PA; AL; At least 12 yrs old
sulfacetamide sodium (acne) lotn	1	AL; At least 12 yrs old
sulfacetamide sodium (acne) susp	1	AL; At least 12 yrs old
sulfacetamide sodium w/ sulfur crea 5%-10%	1	ST; AL; At least 12 yrs old
sulfacetamide sodium w/ sulfur emul 5%-10%	1	AL; At least 12 yrs old
sulfacetamide sodium w/ sulfur liqd 4.5%-9%	1	ST; AL; At least 12 yrs old

Drug Name	Drug Tier	Requirements/ Limits
SUMADAN WASH LIQD (*Use Sulfacetamide Sodium w/ Sulfur*)	NF	ST; AL; At least 12 yrs old
tretinoin crea 0.1 %, 0.025 %, 0.05 %	1	AL; At least 12 yrs old
tretinoin gel 0.025 %, 0.01 %	1	AL; At least 12 yrs old
tretinoin microsphere gel 0.1 %	1	PA; AL; At least 12 yrs old
TRISEON CREA	3	PA; AL; At least 12 yrs old
VELTIN GEL	3	ST; AL; At least 12 yrs old
ZIANA GEL (*Use Clindamycin Phosphate-Tretinoin*)	3	ST; AL; At least 12 yrs old
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) gel 1 %	1	
FLECTOR PTCH	3	PA; QL(2 ea daily)
VOLTAREN GEL (*Use Diclofenac Sodium (Topical)*)	2	
Antibiotics - Topical		
ALTABAX OINT	2	
BACTROBAN CREA (*Use Mupirocin Calcium (Topical)*)	NF	
BACTROBAN OINT (*Use Mupirocin*)	NF	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
mupirocin calcium (topical) crea	1	
mupirocin oint	1	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
butenafine hcl crea	1	RX/OTC
ciclopirox gel 0.77 %	1	
ciclopirox olamine crea	1	
ciclopirox olamine susp	1	
ciclopirox sham 1 %	1	
ciclopirox soln 8 %	1	
clotrimazole (topical) crea	1	RX/OTC
clotrimazole (topical) soln	1	RX/OTC
clotrimazole w/ betamethasone crea	1	
clotrimazole w/ betamethasone lotn	1	
econazole nitrate crea	1	
ERTACZO CREA	3	
EXELDERM CREA	3	
EXELDERM SOLN	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN	3	PA
ketoconazole (topical) crea	1	
ketoconazole (topical) sham	1	
LOPROX CREA 0.77 % (*Use Ciclopirox Olamine*)	NF	
LOPROX SHAMPOO SHAM (*Use Ciclopirox*)	NF	
LOPROX SUSP 0.77 % (*Use Ciclopirox Olamine*)	NF	
LOTRIMIN AF CREA 1 % (*Use Clotrimazole (Topical)*)	NF	RX/OTC
LOTRIMIN AF FOR HER CREA (*Use Clotrimazole (Topical)*)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF JOCK ITCH CREA (*Use Clotrimazole (Topical)*)	NF	RX/OTC
LOTRIMIN ULTRA CREA	1	RX/OTC
LOTRIMIN ULTRA CREA (*Use Butenafine HCl*)	1	RX/OTC
LOTRISONE CREA (*Use Clotrimazole w/ Betamethasone*)	NF	
LUZU CREA	3	PA
MENTAX CREA	1	RX/OTC
naftifine hcl crea	1	
NAFTIN CREA 2 % (*Use Naftifine HCl*)	3	
NAFTIN GEL 1 %	3	
NIZORAL SHAM (*Use Ketoconazole (Topical)*)	NF	
nystatin (topical) crea	1	
nystatin (topical) oint	1	
nystatin (topical) powd	1	
nystatin-triamcinolone crea	1	
nystatin-triamcinolone oint	1	
oxiconazole nitrate crea	1	
OXISTAT CREA (*Use Oxiconazole Nitrate*)	2	
OXISTAT LOTN	2	
PENLAC NAIL LACQUER SOLN (*Use Ciclopirox*)	NF	
Antineoplastic or Premalignant Lesion Agents -		
diclofenac sodium (actinic keratoses) gel	1	
EFUDEX CREA (*Use Fluorouracil (Topical)*)	NF	
fluorouracil (topical) crea	1	
fluorouracil (topical) soln	1	
PANRETIN GEL	3	
PICATO GEL	2	
SOLARAZE GEL (*Use Diclofenac Sodium (Actinic Keratoses)*)	NF	
TARGRETIN GEL EX 1 %	4	PA
Antipruritics - Topical		
DOXEPIN HYDROCHLORIDE CREA	3	
PRUDOXIN CREA	3	
ZONALON CREA	3	
Antipsoriatics		
8-MOP CAPS	3	PA; QL(4 ea daily)
acitretin caps 10 mg, 17.5 mg	1	QL(1 ea daily)
acitretin caps 25 mg	1	QL(2 ea daily)
calcipotriene crea	1	
calcipotriene oint	1	
calcipotriene soln	1	
CALCITRIOL OINT EX 3 MCG/GM	1	
COSENTYX SENSOREADY PEN SOAJ	4	PA
COSENTYX SOSY	4	PA
DOVONEX CREA (*Use Calcipotriene*)	NF	
methoxsalen rapid caps	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (*Use Methoxsalen Rapid*)	NF	QL(4 ea daily)
SORIATANE CAPS 17.5 MG, 10 MG (*Use Acitretin*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SORIATANE CAPS 25 MG (*Use Acitretin*)	NF	QL(2 ea daily)
STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML	4	PA
tazarotene crea	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (*Use Tazarotene*)	2	
TAZORAC GEL 0.05 %, 0.1 %	2	
VECTICAL OINT	1	
Antiseborrheic Products		
selenium sulfide lotn 2.5 %	1	
Antivirals - Topical		
acyclovir topical oint	1	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 %	3	
ZOVIRAX OINT EX 5 % (*Use Acyclovir Topical*)	NF	
Burn Products		
mafenide acetate pack	3	
SILVADENE CREA (*Use Silver Sulfadiazine*)	NF	
silver sulfadiazine crea	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (*Use Mafenide Acetate*)	3	
Corticosteroids - Topical		
ACLOVATE CREA (*Use Alclometasone Dipropionate*)	NF	
alclometasone dipropionate crea	1	
alclometasone dipropionate oint	1	

Drug Name	Drug Tier	Requirements/ Limits
AMCINONIDE CREA	1	
AMCINONIDE LOTN	3	
AMCINONIDE OINT	3	
betamethasone dipropionate (topical) crea	1	
betamethasone dipropionate (topical) lotn	1	
betamethasone dipropionate (topical) oint	1	
betamethasone dipropionate augmented crea	1	
betamethasone dipropionate augmented lotn	1	
betamethasone dipropionate augmented oint	1	
betamethasone valerate crea	1	
betamethasone valerate foam	1	
betamethasone valerate lotn	1	
betamethasone valerate oint	1	
calcipotriene-betamethasone dipropionate oint	1	ST
clobetasol propionate crea	1	
clobetasol propionate emollient base crea	1	
clobetasol propionate foam	1	
clobetasol propionate gel	1	
clobetasol propionate oint	1	
clobetasol propionate soln	1	
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	

Drug Name	Drug Tier	Requirements/ Limits
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (*Use Flurandrenolide*)	2	
CORDRAN TAPE 4 MCG/SQCM	3	
CORDRAN TAPE TAPE	3	
CUTIVATE CREA (*Use Fluticasone Propionate*)	NF	
CUTIVATE LOTN (*Use Fluticasone Propionate*)	NF	
DERMA-SMOOTHE/FS SCALP OIL (*Use Fluocinolone Acetonide*)	NF	
DERMACINRX SILAPAK KIT (*Use Triamcinolone Acetonide-Dimethicone-Silicone*)	NF	PA
DERMATOP CREA (*Use Prednicarbate*)	NF	
DERMATOP OINT (*Use Prednicarbate*)	NF	
desonide crea	1	
desonide lotn	1	
desonide oint	1	
DESOWEN CREA (*Use Desonide*)	NF	
DESOWEN LOTN (*Use Desonide*)	NF	
desoximetasone crea 0.25 %	1	
desoximetasone gel 0.05 %	1	
desoximetasone oint 0.25 %	1	
DIFLORASONE DIACETATE CREA	2	
DIFLORASONE DIACETATE OINT	1	

Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE AF CREA (*Use Betamethasone Dipropionate Augmented*)	NF	
DIPROLENE LOTN (*Use Betamethasone Dipropionate Augmented*)	NF	
DIPROLENE OINT (*Use Betamethasone Dipropionate Augmented*)	NF	
ELOCON CREA (*Use Mometasone Furoate*)	NF	
ELOCON OINT (*Use Mometasone Furoate*)	NF	
fluocinolone acetonide crea 0.025 %, 0.01 %	1	
fluocinolone acetonide oil 0.01 %	1	
fluocinolone acetonide oint 0.025 %	1	
fluocinolone acetonide soln 0.01 %	1	
fluocinonide crea 0.05 %	1	
fluocinonide emulsified base crea	1	
fluocinonide gel 0.05 %	1	
fluocinonide oint 0.05 %	1	
fluocinonide soln 0.05 %	1	
flurandrenolide crea	2	
flurandrenolide lotn	2	QL(2 ml daily)
fluticasone propionate crea ex 0.05 %	1	
fluticasone propionate lotn ex 0.05 %	1	
fluticasone propionate oint ex 0.005 %	1	
halobetasol propionate crea	1	
halobetasol propionate oint	1	
HALOG CREA	3	

Drug Name	Drug Tier	Requirements/ Limits
HALOG OINT	3	
hydrocortisone (topical) crea 1 %, 1%	1	RX/OTC
hydrocortisone (topical) crea 2.5 %	1	
hydrocortisone (topical) lotn 2.5 %	1	
hydrocortisone (topical) oint 1 %	1	RX/OTC
hydrocortisone (topical) oint 2.5 %	1	
hydrocortisone butyrate crea	1	
hydrocortisone butyrate oint	1	
hydrocortisone butyrate soln	1	
hydrocortisone valerate crea	1	
hydrocortisone valerate oint	1	
LOCOID CREA (*Use Hydrocortisone Butyrate*)	NF	
LOCOID OINT (*Use Hydrocortisone Butyrate*)	NF	
LOCOID SOLN (*Use Hydrocortisone Butyrate*)	NF	
LUXIQ FOAM (*Use Betamethasone Valerate*)	NF	
mometasone furoate crea	1	
mometasone furoate oint	1	
mometasone furoate soln	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (*Use Hydrocortisone (Topical)*)	NF	RX/OTC
OLUX FOAM (*Use Clobetasol Propionate*)	NF	
prednicarbate crea	1	
prednicarbate oint	1	

Drug Name	Drug Tier	Requirements/ Limits
PSORCON CREA	2	
SYNALAR CREA (*Use Fluocinolone Acetonide*)	NF	
SYNALAR OINT (*Use Fluocinolone Acetonide*)	NF	
SYNALAR SOLN (*Use Fluocinolone Acetonide*)	NF	
TACLONEX OINT (*Use Calcipotriene-Betamethasone Dipropionate*)	NF	ST
TACLONEX SUSP	3	ST
TEMOVATE CREA (*Use Clobetasol Propionate*)	NF	
TEMOVATE E CREA (*Use Clobetasol Propionate Emollient Base*)	NF	
TEMOVATE GEL (*Use Clobetasol Propionate*)	NF	
TEMOVATE OINT (*Use Clobetasol Propionate*)	NF	
TEMOVATE SOLN (*Use Clobetasol Propionate*)	NF	
TOPICORT CREA 0.25 % (*Use Desoximetasone*)	NF	
TOPICORT GEL 0.05 % (*Use Desoximetasone*)	NF	
TOPICORT OINT 0.25 % (*Use Desoximetasone*)	NF	
triamcinolone acetonide (topical) crea 0.1 %, 0.025 %, 0.5 %	1	
triamcinolone acetonide (topical) lotn 0.1 %, 0.025 %	1	
triamcinolone acetonide (topical) oint 0.5 %, 0.1 %, 0.025 %	1	
triamcinolone acetonide-dimethicone-silicone kit	1	PA
TRIDESILON CREA (*Use Desonide*)	NF	
ULTRAVATE CREA (*Use Halobetasol Propionate*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ULTRAVATE OINT (*Use Halobetasol Propionate*)	NF	
WESTCORT OINT (*Use Hydrocortisone Valerate*)	NF	
Emollients		
LAC-HYDRIN CREA (*Use Lactic Acid (Ammonium Lactate)*)	NF	RX/OTC
LAC-HYDRIN LOTN (*Use Lactic Acid (Ammonium Lactate)*)	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (*Use Lactic Acid (Ammonium Lactate)*)	NF	RX/OTC
lactic acid (ammonium lactate) crea 12 %	1	RX/OTC
lactic acid (ammonium lactate) lotn 12 %	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	
Hair Growth Agents		
finasteride (alopecia) tabs	1	
PROPECIA TABS (*Use Finasteride (Alopecia)*)	NF	
Immunomodulating Agents - Topical		
ALDARA CREA (*Use Imiquimod*)	NF	QL(12 ea per fill retail,12 ea per fill mail)
imiquimod crea	1	QL(12 ea per fill retail,12 ea per fill mail)
Immunosuppressive Agents - Topical		
ELIDEL CREA	2	PA; AL; At least 2 yrs old
PROTOPIC OINT (*Use Tacrolimus (Topical)*)	NF	AL; At least 2 yrs old
tacrolimus (topical) oint	1	AL; At least 2 yrs old
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (*Use Podofilox*)	NF	
podofilox soln	1	

Drug Name	Drug Tier	Requirements/ Limits
Local Anesthetics - Topical		
EMLA CREA (*Use Lidocaine-Prilocaine*)	NF	
lidocaine hcl gel ex 2 %	1	RX/OTC
lidocaine hcl soln ex 4 %	1	
lidocaine oint 5 %	1	
lidocaine ptch 5 %	1	
lidocaine-prilocaine crea	1	
LIDODERM PTCH (*Use Lidocaine*)	NF	
SYNERA PTCH	3	
XYLOCAINE SOLN (*Use Lidocaine HCl*)	NF	
Pigmenting-Depigmenting Agents		
OXSORALEN LOTN	2	
Rosacea Agents		
FINACEA GEL	2	
METROCREAM CREA (*Use Metronidazole (Topical)*)	NF	
METROGEL GEL (*Use Metronidazole (Topical)*)	NF	
METROLOTION LOTN (*Use Metronidazole (Topical)*)	NF	
metronidazole (topical) crea	1	
metronidazole (topical) gel	1	
metronidazole (topical) lotn	1	
Scabicides & Pediculicides		
ELIMITE CREA (*Use Permethrin*)	NF	
EURAX CREA	3	
EURAX LOTN	3	

Drug Name	Drug Tier	Requirements/ Limits
LINDANE LOTN	3	
lindane lotn	3	
lindane sham	3	
LINDANE SHAM	3	
malathion lotn	1	
NATROBA SUSP	1	
OVIDE LOTN (*Use Malathion*)	NF	
permethrin crea ex 5 %	1	
SKLICE LOTN	3	
SPINOSAD SUSP	1	
ULESFIA LOTN	3	
Wound Care Products		
REGRANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
Diagnostic Tests		
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	1	
CHEK-STIX CONTROL STRP	1	
CHEMSTRIP-K STRP	1	
KETOCARE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1	
PRECISION XTRA STRP VI	1	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE STRP	1	
RELION KETONE TEST STRIPS STRP	1	
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUETEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		

Drug Name	Drug Tier	Requirements/ Limits
CREON CPEP	2	
PANCREAZE CPEP 35500UNIT-10500UNIT-61500UNIT, 14200UNIT-4200UNIT-24600UNIT, 56800UNIT-16800UNIT-98400UNIT, 54700UNIT-21000UNIT-83900UNIT	2	
SUCRAID SOLN	3	
ZENPEP CPEP 17000UNIT-5000UNIT-27000UNIT	1	
ZENPEP CPEP 85000UNIT-25000UNIT-136000UNIT, 136000UNIT-40000UNIT-218000UNIT, 34000UNIT-10000UNIT-55000UNIT, 68000UNIT-20000UNIT-109000UNIT, 51000UNIT-15000UNIT-82000UNIT, 10000UNIT-3000UNIT-16000UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12 500 mg	1	QL(2 ea daily)
acetazolamide sodium solr	1	
acetazolamide tabs 125 mg	1	QL(8 ea daily)
acetazolamide tabs 250 mg	1	QL(4 ea daily)
DIAMOX CP12 (*Use Acetazolamide*)	NF	QL(2 ea daily)
KEVEYIS TABS	4	PA
methazolamide tabs	1	QL(6 ea daily)
NEPTAZANE TABS (*Use Methazolamide*)	NF	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (*Use Spironolactone & Hydrochlorothiazide*)	NF	
amiloride & hydrochlorothiazide tabs	1	
DYAZIDE CAPS (*Use Triamterene & Hydrochlorothiazide*)	NF	
MAXZIDE TABS (*Use Triamterene & Hydrochlorothiazide*)	NF	
MAXZIDE-25 TABS (*Use Triamterene & Hydrochlorothiazide*)	NF	
spironolactone & hydrochlorothiazide tabs	1	
triamterene & hydrochlorothiazide caps	1	
triamterene & hydrochlorothiazide tabs	1	
Loop Diuretics		
bumetanide soln ij 0.25 mg/ml	1	
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	1	QL(5 ea daily)
BUMEX TABS (*Use Bumetanide*)	NF	QL(5 ea daily)
DEMADEX TABS (*Use Torsemide*)	NF	
EDECRIN TABS (*Use Ethacrynic Acid*)	3	QL(16 ea daily)
ethacrynic acid tabs	1	QL(16 ea daily)
furosemide soln ij 10 mg/ml	1	
furosemide soln or 10 mg/ml	1	
FUROSEMIDE SOLN OR 8 MG/ML	1	
furosemide tabs or 80 mg, 40 mg, 20 mg	1	
LASIX TABS (*Use Furosemide*)	NF	
torsemide tabs	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (*Use Spironolactone*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
amiloride hcl tabs	1	
DYRENIUM CAPS	3	QL(3 ea daily)
spironolactone tabs	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	1	
chlorothiazide tabs 500 mg	1	
chlorthalidone tabs	1	
hydrochlorothiazide caps	1	QL(2 ea daily)
hydrochlorothiazide tabs	1	QL(2 ea daily)
indapamide tabs 1.25 mg	1	QL(1 ea daily)
indapamide tabs 2.5 mg	1	QL(2 ea daily)
METHYCLOTHIAZIDE TABS	1	
metolazone tabs	1	QL(2 ea daily)
MICROZIDE CAPS (*Use Hydrochlorothiazide*)	NF	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (*Use Risedronate Sodium*)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (*Use Risedronate Sodium*)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG, 30 MG (*Use Risedronate Sodium*)	NF	PA; QL(1 ea daily)
alendronate sodium tabs 10 mg, 5 mg	1	QL(1 ea daily)
ALENDRONATE SODIUM TABS 40 MG	1	QL(1 ea daily)
alendronate sodium tabs 70 mg, 35 mg	1	QL(0.143 ea daily)
ATELVIA TBEC (*Use Risedronate Sodium*)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
BONIVA SOLN IV 3 MG/3ML (*Use Ibandronate Sodium*)	4	PA
BONIVA TABS OR 150 MG (*Use Ibandronate Sodium*)	NF	QL(0.036 ea daily)
calcitonin (salmon) soln	1	
ETIDRONATE DISODIUM TABS 200 MG	1	
FORTEO SOLN	4	PA; QL(0.08 ml daily)
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (*Use Alendronate Sodium*)	NF	QL(0.143 ea daily)
ibandronate sodium soln iv 3 mg/3ml	4	PA
ibandronate sodium tabs or 150 mg	1	QL(0.036 ea daily)
MIACALCIN SOLN (*Use Calcitonin (Salmon)*)	NF	
pamidronate disodium soln 30 mg/10ml, 90 mg/10ml	4	PA
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA
pamidronate disodium solr 90 mg, 30 mg	4	PA
PROLIA SOLN	4	PA
RECLAST SOLN (*Use Zoledronic Acid*)	4	PA
risedronate sodium tabs 150 mg	1	PA; QL(0.036 ea daily)
risedronate sodium tabs 35 mg	1	PA; QL(0.143 ea daily)
risedronate sodium tabs 5 mg, 30 mg	1	PA; QL(1 ea daily)
risedronate sodium tbec 35 mg	1	PA
TYMLOS SOPN	4	PA
XGEVA SOLN	4	PA
zoledronic acid conc 4 mg/5ml	4	PA

Drug Name	Drug Tier	Requirements/ Limits
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA
zoledronic acid soln 5 mg/100ml	4	PA
ZOLEDRONIC ACID SOLR 4 MG	4	PA
ZOMETA CONC 4 MG/5ML (*Use Zoledronic Acid*)	4	PA
ZOMETA SOLN 4 MG/100ML	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA
NOVAREL SOLR	4	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
GANIRELIX ACETATE SOLN	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA
GENOTROPIN SOLR 5 MG	4	PA
HUMATROPE COMBO PACK SOLR	4	PA
HUMATROPE SOLR	4	PA
NORDITROPIN FLEXPRO SOLN 15 MG/1.5ML, 10 MG/1.5ML, 5 MG/1.5ML	4	PA
NUTROPIN AQ NUSPIN 10 SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	4	PA
SAIZEN CLICK.EASY SOLR	4	PA
SAIZEN SOLR	4	PA
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA
SEROSTIM SOLR	4	PA
ZOMACTON SOLR	4	PA
ZORBTIVE SOLR	4	PA
Hormone Receptor Modulators		
EVISTA TABS (*Use Raloxifene HCl*)	2	QL(1 ea daily)
OSPHENA TABS	3	PA
raloxifene hcl tabs	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA
LHRH/GnRH Agonist Analog Pituitary		
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (*1-MONTH*) KIT	4	PA
LUPRON DEPOT-PED (*3-MONTH*) KIT	4	PA
SYNAREL SOLN	4	PA
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA
BUPHENYL POWD 3 GM/TSP (*Use Sodium Phenylbutyrate*)	3	
BUPHENYL TABS 500 MG	3	
BUPHENYL TABS 500 MG (*Use Sodium Phenylbutyrate*)	3	
calcitriol caps or 0.25 mcg, 0.5 mcg	1	

Drug Name	Drug Tier	Requirements/ Limits
calcitriol soln iv 1 mcg/ml	1	
calcitriol soln or 1 mcg/ml	1	
CARBAGLU TABS	4	PA
CYSTADANE POWD	4	PA
doxercalciferol caps	1	
doxercalciferol soln	1	
ELAPRASE SOLN	4	PA
FABRAZYME SOLR	4	PA
HECTOROL CAPS (*Use Doxercalciferol*)	NF	
HECTOROL SOLN (*Use Doxercalciferol*)	NF	
KUVAN TBSO 100 MG	4	PA
LUMIZYME SOLR	4	PA
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA
ORFADIN CAPS 10 MG, 2 MG, 5 MG	4	PA
paricalcitol caps	1	
paricalcitol soln	1	
ROCALTROL CAPS (*Use Calcitriol*)	NF	
ROCALTROL SOLN (*Use Calcitriol*)	NF	
SENSIPAR TABS	4	PA
sodium phenylbutyrate powd 3 gm/tsp	3	
sodium phenylbutyrate tabs 500 mg	1	
ZEMPLAR CAPS OR 1 MCG, 2 MCG (*Use Paricalcitol*)	3	
ZEMPLAR SOLN IV 5 MCG/ML, 2 MCG/ML (*Use Paricalcitol*)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (*Use Desmopressin Acetate*)	NF	PA
DDAVP SOLN NA 0.01 % (*Use Desmopressin Acetate Spray*)	NF	
DDAVP TABS OR 0.1 MG (*Use Desmopressin Acetate*)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (*Use Desmopressin Acetate*)	NF	QL(8 ea daily)
desmopressin acetate soln ij 4 mcg/ml	1	PA
desmopressin acetate spray refrigerated soln	1	
desmopressin acetate spray soln	1	
desmopressin acetate tabs or 0.1 mg	1	QL(6 ea daily)
desmopressin acetate tabs or 0.2 mg	1	QL(8 ea daily)
STIMATE SOLN	4	PA
Prolactin Inhibitors		
cabergoline tabs	1	
Somatostatic Agents		
octreotide acetate soln	4	PA
SANDOSTATIN SOLN (*Use Octreotide Acetate*)	4	PA
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN	4	PA
Vasopressin Receptor Antagonists		
SAMSCA TABS	4	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		

Drug Name	Drug Tier	Requirements/ Limits
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
ALORA PTTW	3	
CLIMARA PTWK (*Use Estradiol*)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 40 MG/ML, 20 MG/ML (*Use Estradiol Valerate*)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ENJUVIA TABS	3	
ESTRACE TABS OR 2 MG, 1 MG, 0.5 MG (*Use Estradiol*)	NF	
estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr	1	
estradiol ptwk td 0.025 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr, 0.075 mg/24hr, 0.06 mg/24hr	1	
estradiol tabs or 0.5 mg, 1 mg, 2 mg	1	
estradiol valerate oil	1	
ESTROGEL GEL	3	
ESTROPIPATE TABS	1	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (*Use Estradiol*)	3	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (*Use Moxifloxacin HCl*)	NF	
AVELOX SOLN IV 400MG/250ML-0.8%	3	
AVELOX SOLN IV 400MG/250ML-0.8% (*Use Moxifloxacin HCl in Sodium Chloride*)	3	
AVELOX TABS OR 400 MG (*Use Moxifloxacin HCl*)	NF	
CIPRO SUSR 500 MG/5ML (*Use Ciprofloxacin*)	NF	
CIPRO TABS 250 MG, 500 MG (*Use Ciprofloxacin HCl*)	NF	
CIPRO XR TB24 (*Use Ciprofloxacin-Ciprofloxacin HCl*)	NF	
CIPROFLOXACIN HCL TABS 100 MG	1	
ciprofloxacin hcl tabs 750 mg, 500 mg, 250 mg	1	
ciprofloxacin in d5w soln	3	
CIPROFLOXACIN SOLN IV 400 MG/40ML	1	
ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml	1	
ciprofloxacin-ciprofloxacin hcl tb24	1	

Drug Name	Drug Tier	Requirements/ Limits
FACTIVE TABS	3	
LEVAQUIN TABS (*Use Levofloxacin*)	NF	
levofloxacin in d5w soln	1	
levofloxacin soln iv 25 mg/ml	1	
levofloxacin soln or 25 mg/ml	1	
levofloxacin tabs or 500 mg, 250 mg, 750 mg	1	
moxifloxacin hcl in sodium chloride soln	1	
moxifloxacin hcl tabs	1	
ofloxacin tabs 400 mg	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (*Use Ursodiol*)	NF	
URSO 250 TABS (*Use Ursodiol*)	NF	
URSO FORTE TABS (*Use Ursodiol*)	NF	
ursodiol caps	1	
ursodiol tabs	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	PA; QL(2 ea daily)
Gastrointestinal Stimulants		
metoclopramide hcl soln ij 5 mg/ml	1	
metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml	1	QL(60 ml daily)
metoclopramide hcl tabs or 10 mg, 5 mg	1	QL(6 ea daily)
REGLAN TABS (*Use Metoclopramide HCl*)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24	2	
ASACOL HD TBEC	2	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (*Use Sulfasalazine*)	NF	
AZULFIDINE TABS (*Use Sulfasalazine*)	NF	
balsalazide disodium caps	1	
CANASA SUPP	2	
CIMZIA KIT	4	PA
CIMZIA STARTER KIT KIT	4	PA
COLAZAL CAPS (*Use Balsalazide Disodium*)	NF	
DIPENTUM CAPS	2	
LIALDA TBEC (*Use Mesalamine*)	2	
MESALAMINE DR TBEC	2	QL(6 ea daily)
mesalamine enem	1	
mesalamine tbec	1	
PENTASA CPCR	2	
REMICADE SOLR	4	PA
sulfasalazine tabs	1	
sulfasalazine tbec	1	
Intestinal Acidifiers		
lactulose (encephalopathy) soln	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl tabs	1	
LINZESS CAPS 145 MCG, 290 MCG	3	PA

Drug Name	Drug Tier	Requirements/ Limits
LINZESS CAPS 72 MCG	3	PA; QL(1 ea daily)
LOTRONEX TABS (*Use Alosetron HCl*)	3	
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	2	
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	1	
calcium acetate (phosphate binder) tabs	1	RX/OTC
ELIPHOS TABS (*Use Calcium Acetate (Phosphate Binder)*)	NF	RX/OTC
FOSRENOL CHEW 1000 MG, 750 MG, 500 MG (*Use Lanthanum Carbonate*)	2	
lanthanum carbonate chew	1	
PHOSLYRA SOLN	2	
RENAGEL TABS	3	
RENVELA PACK (*Use Sevelamer Carbonate*)	NF	
RENVELA TABS (*Use Sevelamer Carbonate*)	NF	
sevelamer carbonate pack	1	
sevelamer carbonate tabs	1	
VELPHORO CHEW	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbcr 1080 mg	1	
SHOHLS SOLUTION MODIFIED SOLN (*Use Sodium Citrate & Citric Acid*)	NF	RX/OTC
sodium citrate & citric acid soln	1	RX/OTC
UROCIT-K 10 TBCR (*Use Potassium Citrate (Alkalinizer)*)	1	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
acetic acid soln	1	
glycine (gu irrigant) soln	1	
RESECTISOL SOLN	1	
sodium chloride (gu irrigant) soln	1	
SORBITOL SOLN IR 3.3 %, 3 %	1	
SORBITOL-MANNITOL SOLN	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
alfuzosin hcl tb24	1	QL(1 ea daily)
AVODART CAPS (*Use Dutasteride*)	NF	QL(1 ea daily)
dutasteride caps	1	QL(1 ea daily)
finasteride tabs	1	
FLOMAX CAPS (*Use Tamsulosin HCl*)	NF	
PROSCAR TABS (*Use Finasteride*)	NF	
RAPAFLO CAPS	2	
tamsulosin hcl caps	1	
UROXATRAL TB24 (*Use Alfuzosin HCl*)	NF	QL(1 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs 200 mg, 100 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
PYRIDIUM TABS 100 MG (*Use Phenazopyridine HCl*)	3	PA
PYRIDIUM TABS 200 MG (*Use Phenazopyridine HCl*)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	1	
Gout Agents		
allopurinol tabs	1	
COLCHICINE TABS	2	QL(6 ea per fill retail,6 ea per fill mail)
COLCRYS TABS	2	QL(6 ea per fill retail,6 ea per fill mail)
ULORIC TABS	3	PA; QL(1 ea daily)
ZYLOPRIM TABS (*Use Allopurinol*)	NF	
Uricosurics		
probenecid tabs	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	4	PA
Hematorheologic Agents		
pentoxifylline tbcr	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (*Use Aspirin-Dipyridamole*)	1	PA; QL(2 ea daily)
AGRYLIN CAPS (*Use Anagrelide HCl*)	NF	
anagrelide hcl caps	1	
aspirin-dipyridamole cp12	1	PA; QL(2 ea daily)
BRILINTA TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
cilostazol tabs	1	
clopidogrel bisulfate tabs 300 mg	1	
clopidogrel bisulfate tabs 75 mg	1	QL(1 ea daily)
dipyridamole tabs	1	
EFFIENT TABS (*Use Prasugrel HCl*)	2	QL(1 ea daily)
PERSANTINE TABS (*Use Dipyridamole*)	NF	
PLAVIX TABS 300 MG (*Use Clopidogrel Bisulfate*)	NF	
PLAVIX TABS 75 MG (*Use Clopidogrel Bisulfate*)	NF	QL(1 ea daily)
PLETAL TABS (*Use Cilostazol*)	NF	
prasugrel hcl tabs	1	QL(1 ea daily)
REOPRO SOLN	3	
ZONTIVITY TABS	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	4	PA
CEREZYME SOLR	4	PA
ELELYSO SOLR	4	PA
VPRIV SOLR	4	PA
ZAVESCA CAPS	4	PA
Agents for Sickle Cell Anemia		
DROXIA CAPS	3	
Folic Acid/Folates		
folic acid tabs 1 mg	0	RX/OTC
folic acid tabs 400 mcg	0	
Hematopoietic Growth Factors		

Drug Name	Drug Tier	Requirements/ Limits
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	
ARANESP ALBUMIN FREE SOLN 60 MCG/ML, 100 MCG/ML, 40 MCG/ML	4	PA
ARANESP ALBUMIN FREE SOSY 300 MCG/0.6ML, 500 MCG/ML, 200 MCG/0.4ML, 150 MCG/0.3ML	4	PA
EPOGEN SOLN	3	PA
LEUKINE SOLR	4	PA
MIRCERA SOSY 75 MCG/0.3ML, 50 MCG/0.3ML, 200 MCG/0.3ML, 100 MCG/0.3ML	4	
NEULASTA ONPRO KIT PSKT	4	PA
NEULASTA SOSY	4	PA
NEUPOGEN SOLN	4	PA
NEUPOGEN SOSY	4	PA
NPLATE SOLR	4	PA
PROCRIT SOLN 2000 UNIT/ML, 20000 UNIT/ML, 10000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT SOLN 40000 UNIT/ML	4	PA
PROMACTA TABS	4	PA
Hematopoietic Mixtures		
ferrous fumarate-folic acid tabs	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (*Use Ferrous Sulfate*)	0	AL; Up to 1 yrs old
ferrous sulfate soln 15 mg/ml	0	AL; Up to 1 yrs old
ferrous sulfate tabs 65 mg, 325 mg	0	
ferrous sulfate tbec 325 mg	0	
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
CYKLOKAPRON SOLN (*Use Tranexamic Acid*)	1	
LYSTEDA TABS (*Use Tranexamic Acid*)	NF	
tranexamic acid soln	1	
tranexamic acid tabs	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital elix 20 mg/5ml	1	
phenobarbital soln 20 mg/5ml	1	
PHENOBARBITAL TABS 100 MG, 30 MG	1	
phenobarbital tabs 32.4 mg, 64.8 mg, 16.2 mg, 97.2 mg	1	
Non-Barbiturate Hypnotics		
AMBIEN TABS (*Use Zolpidem Tartrate*)	NF	QL(1 ea daily); AL; At least 18 yrs old
estazolam tabs	1	
eszopiclone tabs	1	ST; QL(1 ea daily); AL; At least 18 yrs old
HALCION TABS (*Use Triazolam*)	NF	
LUNESTA TABS (*Use Eszopiclone*)	NF	ST; QL(1 ea daily); AL; At least 18 yrs old
SONATA CAPS 10 MG (*Use Zaleplon*)	NF	QL(2 ea daily); AL; At least 18 yrs old

Drug Name	Drug Tier	Requirements/ Limits
SONATA CAPS 5 MG (*Use Zaleplon*)	NF	QL(1 ea daily); AL; At least 18 yrs old
TRIAZOLAM TABS 0.125 MG	1	
triazolam tabs 0.25 mg	1	
zaleplon caps 10 mg	1	QL(2 ea daily); AL; At least 18 yrs old
zaleplon caps 5 mg	1	QL(1 ea daily); AL; At least 18 yrs old
zolpidem tartrate tabs or 5 mg, 10 mg	1	QL(1 ea daily); AL; At least 18 yrs old
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA
ROZEREM TABS	3	ST; QL(1 ea daily); AL; At least 18 yrs old
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs	1	
FIBERCON TABS (*Use Calcium Polycarbophil*)	NF	
Laxative Combinations		
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	0	
MOVIPREP SOLR	2	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236gm-22.74gm-5.86gm-2.97gm-6.74gm	0	
PREPOPIK PACK	3	
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
lactulose soln	1	
Saline Laxatives		
OSMOPREP TABS	3	
Stimulant Laxatives		
bisacodyl tbec or 5 mg	1	
DULCOLAX TBEC OR 5 MG (*Use Bisacodyl*)	NF	
Surfactant Laxatives		
COLACE CAPS (*Use Docusate Sodium*)	NF	
docusate calcium caps	1	
docusate sodium caps or 100 mg, 250 mg	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
lidocaine hcl (local anesth.) soln	1	
XYLOCAINE SOLN (*Use Lidocaine HCl (Local Anesth.)*)	NF	
XYLOCAINE-MPF SOLN (*Use Lidocaine HCl (Local Anesth.)*)	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	1	
azithromycin solr iv 500 mg	1	
azithromycin susr or 200 mg/5ml, 100 mg/5ml	1	
azithromycin tabs or 250 mg	1	QL(6 ea per fill retail,6 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
azithromycin tabs or 500 mg	1	QL(4 ea per fill retail,4 ea per fill mail)
azithromycin tabs or 600 mg	1	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM	1	
ZITHROMAX SOLR IV 500 MG (*Use Azithromycin*)	NF	
ZITHROMAX SUSR OR 200 MG/5ML, 100 MG/5ML (*Use Azithromycin*)	NF	
ZITHROMAX TABS OR 250 MG (*Use Azithromycin*)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (*Use Azithromycin*)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (*Use Azithromycin*)	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (*Use Azithromycin*)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (*Use Azithromycin*)	NF	QL(6 ea per fill retail,6 ea per fill mail)
Clarithromycin		
BIAXIN SUSR (*Use Clarithromycin*)	NF	
BIAXIN TABS (*Use Clarithromycin*)	NF	
clarithromycin susr 125 mg/5ml, 250 mg/5ml	1	
clarithromycin tabs 500 mg, 250 mg	1	
clarithromycin tb24 500 mg	1	
Erythromycins		
E.E.S. 400 TABS	3	
E.E.S. GRANULES SUSR (*Use Erythromycin Ethylsuccinate*)	3	
ERY-TAB TBEC	3	
ERYPED 200 SUSR (*Use Erythromycin Ethylsuccinate*)	3	
ERYPED 400 SUSR	3	
erythromycin base cpep 250 mg	3	
ERYTHROMYCIN BASE TABS 250 MG, 500 MG	3	
erythromycin ethylsuccinate susr 200 mg/5ml	1	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	
ATLAS COLORED LUBRICATEDCONDOM DEVI	0	
ATLAS LUBRICATED CONDOM DEVI	0	
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	0	
CAYA DPRH	0	
CLASS ACT LUBRICATED MISC	0	
DUREX EXTRA SENSITIVE DEVI	0	
ELEXA NATURAL FEEL MISC	0	
ELEXA STIMULATING MISC	0	
ELEXA ULTRA SENSITIVE MISC	0	
EXTRA SENSITIVE SPERMICIDAL DEVI	0	

Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED MISC	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0	
FC FEMALE CONDOM MISC	0	
FC2 FEMALE CONDOM MISC	0	
FEMCAP DEVI	0	
HIGH SENSATION SPERMICIDAL DEVI	0	
INTENSE SENSATION DEVI	0	
KAMELEON LUBRICATED MISC	0	
KIMONO COLORS DEVI	0	
KIMONO LUBRICATED MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	
KIMONO PS LUBRICATED MISC	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	
KIMONO SENSATION LUBRICATED MISC	0	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO SPECIAL DEVI	0	
MAXX LUBRICATED MISC	0	
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	

Drug Name	Drug Tier	Requirements/ Limits
OMNIFLEX DIAPHRAGM DPRH	0	
PREMIUM CONDOMS LUBRICATED MISC	0	
REALITY LATEX CONDOMS/LUBRICATED MISC	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0	
REALITY LATEX/ULTRA THIN DEVI	0	
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	0	
TROJAN MAGNUM MISC	0	
TROJAN MAGNUM WARM SENSATIONS DEVI	0	
TROJAN MAGNUM XL LUBRICATED DEVI	0	
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	0	
TROJAN RIBBED W/SPERMICIDAL MISC	0	
TROJAN SHARED SENSATION/LUBRICATED DEVI	0	
TROJAN SUPRAS SPERMICIDAL DEVI	0	
TROJAN TWISTED PLEASURE DEVI	0	
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	0	
TROJAN VERY SENSITIVE LUBRICATED MISC	0	
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	0	
TROJAN VERY THIN LUBRICATED MISC	0	
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	0	

Drug Name	Drug Tier	Requirements/ Limits
TROJAN-ENZ LUBRICANT MISC	0	
TROJAN-ENZ LUBRICATED MISC	0	
TROJAN-ENZ W/SPERMICIDAL MISC	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0	
TRUSTEX LUBRICATED EXTRALARGE MISC	0	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	
TRUSTEX LUBRICATED MISC	0	
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	0	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	0	
TRUSTEX/RIA LUBRICATED MISC	0	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	
ULTIMATE FEELING DEVI	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		
1ST CHOICE LANCETS SUPERTHIN MISC	1	QL(6.6667 ea daily)
1ST CHOICE LANCETS THIN MISC	1	QL(6.6667 ea daily)
1ST CHOICE LANCETS ULTRATHIN MISC	1	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SOFT TOUCH LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SOFTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP MISC	1	QL(6.6667 ea daily)
ADJUSTABLE LANCING DEVICE MISC	1	
ADVOCATE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1	
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
ASSURE COMFORT LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS 21G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	1	QL(6.6667 ea daily)
ASSURE LANCETS MISC	1	QL(6.6667 ea daily)
AT LAST LANCETS MISC	1	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN30G MISC	1	QL(6.6667 ea daily)
AURORA LANCET THIN 23G MISC	1	QL(6.6667 ea daily)
AUTO-LANCET MINI MISC	1	
AUTO-LANCET MISC	1	
AUTOLET IMPRESSION LANCING DEVICE MISC	1	
AUTOLET LANCING DEVICE MISC	1	
AUTOLET MINI MISC	1	
AUTOLET PLUS MISC	1	
BAYER MICROLET 2 LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
BAYER MICROLET LANCETS MISC	1	QL(6.6667 ea daily)
BD LANCET DEVICE MISC	1	
BD LANCET ULTRAFINE 30G MISC	1	QL(6.6667 ea daily)
BD LANCET ULTRAFINE 33G MISC	1	QL(6.6667 ea daily)
BD MICROTAINER LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
CARDIOCOM LANCING DEVICE MISC	1	
CAREONE ADVANCED LANCINGDEVICE MISC	1	
CAREONE LANCET THIN MISC	1	QL(6.6667 ea daily)
CAREONE LANCET ULTRA THIN MISC	1	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	1	
CARETOUCH TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC	1	QL(6.6667 ea daily)
CLOSERCARE MISC	1	
COAGUCHEK LANCETS MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
CVS LANCETS 21G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ORIGINAL MISC	1	QL(6.6667 ea daily)
CVS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCING DEVICE MISC	1	
CVS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
DIASTAR EASY TEST II LANCETS 30G MISC	1	QL(6.6667 ea daily)
DIASTAR EASY TEST LANCETS30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	
DRUG MART LANCETS THIN MISC	1	QL(6.6667 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DUANE READE LANCET ALTERNATE SITE 26G MISC	1	QL(6.6667 ea daily)
DUANE READE LANCET SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
DUANE READE LANCET ULTRATHIN 28G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS 21G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS COLOR MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS 30G/PULL TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS 30G/THIN TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	1	
EASY MINI LANCING DEVICE MISC	1	
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EASYTEST II LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASYTEST LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
EQL COLOR LANCETS 21G MISC	1	QL(6.6667 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
EQL THIN LANCETS 26G MISC	1	QL(6.6667 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 23G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 LANCING DEVICE MISC	1	
FIFTY50 SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	1	QL(6.6667 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
FINE 30 MISC	1	QL(6.6667 ea daily)
FINGERSTIX LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1	
FORA LANCING DEVICE/CLEARCAP MISC	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
FREESTYLE LANCETS MISC	1	QL(6.6667 ea daily)
FREESTYLE UNISTICK II LANCETS MISC	1	QL(6.6667 ea daily)
GENTLE-LET GP LANCETS MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLOBAL LANCING DEVICE MISC	1	
GLUCOCOM LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 33G MISC	1	QL(6.6667 ea daily)
GLUCOLET 2 AUTOMATIC LANCING DEVICE MISC	1	
GLUCOSOURCE LANCET DEVICE MISC	1	
GLUCOSOURCE LANCETS MISC	1	QL(6.6667 ea daily)
GMATE LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GMATE LANCING DEVICE MISC	1	
GNP LANCETS 21G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MISC	1	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1	QL(6.6667 ea daily)
GNP MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP SUPER THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	1	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1	QL(6.6667 ea daily)
HEALTH CARE LANCING DEVICE MISC	1	
HEALTHWISE LANCETS 30G MISC	1	QL(6.6667 ea daily)
HEALTHWISE LANCING PEN MISC	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
HY-VEE LANCETS MISC	1	QL(6.6667 ea daily)
HY-VEE THIN LANCETS MISC	1	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1	
IN TOUCH STERILE LANCETS30G MISC	1	QL(6.6667 ea daily)
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN33G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS 26G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 28G MISC	1	QL(6.6667 ea daily)
LANCETS 30G MISC	1	QL(6.6667 ea daily)
LANCETS 30G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 30G/TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 31G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 33G UNIVERSAL DESIGN MISC	1	QL(6.6667 ea daily)
LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LANCETS MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 21G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 26G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 28G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 30G MISC	1	QL(6.6667 ea daily)
LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
LANCETS THIN MISC	1	QL(6.6667 ea daily)
LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
LANCETSBULLSEYE SAFETY MISC	1	QL(6.6667 ea daily)
LANCING DEVICE ADJUSTABLE MISC	1	
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LIBERTY MEDICAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
LIBERTY MINI LANCING DEVICE MISC	1	
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	1	QL(6.6667 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCING DEVICE MISC	1	
LITE TOUCH LANCING PEN MISC	1	
LITETOUCH LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LIVE BETTER ADVANCED LANCING DEVICE MISC	1	
LIVE BETTER LANCET SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	1	QL(6.6667 ea daily)
LONGS LANCETS STANDARD MISC	1	QL(6.6667 ea daily)
LONGS LANCETS THIN MISC	1	QL(6.6667 ea daily)
LONGS LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCETEXTRA MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	1	QL(6.6667 ea daily)
MEDISENSE THIN LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS/LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE/EXTRA MISC	1	QL(6.6667 ea daily)
MEDLANCE/LITE MISC	1	QL(6.6667 ea daily)
MEDLANCE/UNIVERSAL MISC	1	QL(6.6667 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS THIN MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	1	QL(6.6667 ea daily)
MEIJER SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET NEXT MISC	1	
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE MISC	1	QL(6.6667 ea daily)
MINI LANCING DEVICE MISC	1	
MONOLET LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET OPD LANCETS MISC	1	QL(6.6667 ea daily)
MONOLETTOR SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
MULTI-LANCET DEVICE MISC	1	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	1	QL(6.6667 ea daily)
NETGROUP LANCETS MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCETS MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	1	
ON CALL LANCETS MISC	1	QL(6.6667 ea daily)
ON CALL LANCING DEVICE MISC	1	
ON CALL PLUS LANCETS MISC	1	QL(6.6667 ea daily)
ON CALL PLUS LANCING DEVICE MISC	1	
ONETOUCH CLUB LANCETS FINE POINT MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH COMBO PACK MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	1	
ONETOUCH FINEPOINT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	1	QL(6.6667 ea daily)
PC LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PERFECT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
PHARMACY COUNTER LANCETS MISC	1	QL(6.6667 ea daily)
PRECISION THIN LANCETS MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1	QL(6.6667 ea daily)
PRECISION ULTRA LANCET MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	1	QL(6.6667 ea daily)
PRO COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PRO COMFORT LANCETS 31G MISC	1	QL(6.6667 ea daily)
PRODIGY LANCING DEVICE MISC	1	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT GP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PX ADVANCED LANCING DEVICE MISC	1	
PX LANCET AUTO INJECTOR MISC	1	
PX LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
PX LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC ADVANCED LANCING DEVICE MISC	1	
QC LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
QC LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
QC UNILET LANCETS 28G/ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1	QL(6.6667 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
RA LANCING DEVICE MISC	1	
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	1	QL(6.6667 ea daily)
REALITY LANCETS MISC	1	QL(6.6667 ea daily)
REALITY TRIGGER LANCETS MISC	1	QL(6.6667 ea daily)
RELION 2-IN-1 LANCING DEVICE 25G MISC	1	
RELION 2-IN-1 LANCING DEVICE 30G MISC	1	
RELION LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
RELION LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
RELION LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	QL(6.6667 ea daily)
RELION LANCING DEVICE MISC	1	
RELION ULTRA THIN LANCETS30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
RIGHTEST GD500 LANCING DEVICE MISC	1	
RIGHTEST GL300 LANCETS MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPSCARE TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1	QL(6.6667 ea daily)
SB LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
SELECT-LITE LANCING DEVICE MISC	1	
SHOPKO AUTOLET LANCING DEVICE MISC	1	
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	1	QL(6.6667 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1	
SINGLE-LET MISC	1	QL(6.6667 ea daily)
SM MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	1	
SMART DIABETES VANTAGE LANCING DEVICE MISC	1	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1	QL(6.6667 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1	QL(6.6667 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1	QL(6.6667 ea daily)
SMARTEST LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 LANCING DEVICE MISC	1	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
STERILANCE TL MISC	1	QL(6.6667 ea daily)
SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 18G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 21G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 23G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCING PEN MISC	1	
SURE-LANCE FLAT LANCETS MISC	1	QL(6.6667 ea daily)
SURE-LANCE LANCETS 26G MISC	1	QL(6.6667 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE-PEN MISC	1	
SURE-TOUCH LANCETS UNIVERSAL MISC	1	QL(6.6667 ea daily)
SURELITE LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE AST LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE LANCETS MISC	1	QL(6.6667 ea daily)
TGT ADVANCED LANCING DEVICE MISC	1	
TGT LANCET ALTERNATE SITE MISC	1	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
TGT LANCET SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 23G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 26G MISC	1	QL(6.6667 ea daily)
TGT LANCET ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
TGT LANCET ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
TGT LANCING DEVICE MISC	1	
THINLETS GP LANCETS MISC	1	QL(6.6667 ea daily)
THINLETS LANCET MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1	QL(6.6667 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	1	QL(6.6667 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
TRUEDRAW LANCING DEVICE MISC	1	
TRUEPLUS LANCETS 26G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	1	
ULTICARE THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
ULTILET CLASSIC LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ULTRA THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTRA THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II AUTO LANCET MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 30G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II SAFETY AUTOLANCETS 26G MISC	1	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE II MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNILET G.P. LANCET MISC	1	QL(6.6667 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNILET GP 28 ULTRA THIN MISC	1	QL(6.6667 ea daily)
UNILET LANCET MISC	1	QL(6.6667 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1	QL(6.6667 ea daily)
UNILET SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNISTIK 3 GENTLE MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCING DEVICE MISC	1	
VALUMARK LANCET SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	1	
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VITALET PRO LANCETS MISC	1	QL(6.6667 ea daily)
VITALET PRO PLUS LANCETS MISC	1	QL(6.6667 ea daily)
W&F LANCETS 26G MISC	1	QL(6.6667 ea daily)
W&F LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G MISC	1	QL(6.6667 ea daily)
WALGREENS LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS THIN LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
AURORA PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD AUTOSHIELD 29G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE II/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1" MISC	1	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/ULTRAFINE/29G X1/2" 12.7MM MISC	1	QL(5 ea daily)
BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G MISC	1	QL(5 ea daily)
CAREFINE PEN NEEDLE 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLES/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DUANE READE UNIFINE PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	1	QL(5 ea daily)
DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH 32GX6MM MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLES 32GX3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL SHORT PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL ULTRA COMFORT INSULINSYRINGE/0.3ML/ 31G X 5/16" MISC	1	QL(5 ea daily)
EQL ULTRA COMFORT INSULINSYRINGE/1ML/30 G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL ULTRA SHORT PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (*5MM*) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (*8MM*) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
HEALTHWISE PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/27GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX/1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN PEN NEEDLES 32G X4MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	1	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC	1	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC	1	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
LITE TOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 31G X 12MM MISC	1	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
MM PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1M L/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVOFINE 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
NOVOFINE PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
NOVOTWIST 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	1	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (*1/4"*) MISC	1	QL(5 ea daily)
PEN NEEDLES 31GX8MM (*5/16"*) MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	1	QL(5 ea daily)
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
QC PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SM INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC	1	QL(5 ea daily)
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (*5MM*) MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (*8MM*) MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM MISC	1	QL(5 ea daily)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	1	QL(5 ea daily)
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC	1	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC	1	QL(5 ea daily)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" MISC	1	QL(5 ea daily)
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	1	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	1	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	1	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	1	QL(5 ea daily)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (*Use Ergotamine w/ Caffeine*)	2	
ergotamine w/ caffeine tabs	1	
Migraine Products		
D.H.E. 45 SOLN (*Use Dihydroergotamine Mesylate*)	NF	
dihydroergotamine mesylate soln ij 1 mg/ml	1	
dihydroergotamine mesylate soln na 4 mg/ml	1	ST; QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (*Use Dihydroergotamine Mesylate*)	1	ST; QL(0.267 ml daily)
Serotonin Agonists		
almotriptan malate tabs 12.5 mg	3	ST; QL(0.4 ea daily); AL; At least 12 yrs old
almotriptan malate tabs 6.25 mg	3	ST; QL(0.3 ea daily); AL; At least 12 yrs old
AMERGE TABS (*Use Naratriptan HCl*)	NF	QL(0.3 ea daily); AL; At least 18 yrs old
AXERT TABS 12.5 MG (*Use Almotriptan Malate*)	3	ST; QL(0.4 ea daily); AL; At least 12 yrs old
AXERT TABS 6.25 MG (*Use Almotriptan Malate*)	3	ST; QL(0.3 ea daily); AL; At least 12 yrs old
eletriptan hydrobromide tabs	1	ST; QL(0.2 ea daily); AL; At least 18 yrs old
FROVA TABS (*Use Frovatriptan Succinate*)	3	ST; QL(0.4 ea daily); AL; At least 18 yrs old
frovatriptan succinate tabs	1	ST; QL(0.4 ea daily); AL; At least 18 yrs old
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (*Use Sumatriptan*)	1	QL(0.2 ea daily); AL; At least 18 yrs old
IMITREX SOLN SC 6 MG/0.5ML (*Use Sumatriptan Succinate*)	NF	QL(0.134 ml daily); AL; At least 18 yrs old
IMITREX STATDOSE REFILL SOCT (*Use Sumatriptan Succinate*)	NF	QL(0.134 ml daily); AL; At least 18 yrs old
IMITREX STATDOSE SYSTEM SOAJ (*Use Sumatriptan Succinate*)	NF	QL(0.134 ml daily); AL; At least 18 yrs old
IMITREX TABS OR 50 MG, 100 MG, 25 MG (*Use Sumatriptan Succinate*)	NF	QL(0.3 ea daily); AL; At least 18 yrs old
MAXALT TABS 10 MG (*Use Rizatriptan Benzoate*)	NF	QL(0.6 ea daily); AL; At least 6 yrs old
MAXALT TABS 5 MG (*Use Rizatriptan Benzoate*)	NF	QL(0.4 ea daily); AL; At least 6 yrs old
MAXALT-MLT TBDP 10 MG (*Use Rizatriptan Benzoate*)	NF	QL(0.6 ea daily); AL; At least 6 yrs old
MAXALT-MLT TBDP 5 MG (*Use Rizatriptan Benzoate*)	NF	QL(0.4 ea daily); AL; At least 6 yrs old

Drug Name	Drug Tier	Requirements/ Limits
naratriptan hcl tabs	1	QL(0.3 ea daily); AL; At least 18 yrs old
RELPAX TABS (*Use Eletriptan Hydrobromide*)	3	ST; QL(0.2 ea daily); AL; At least 18 yrs old
rizatriptan benzoate tabs 10 mg	1	QL(0.6 ea daily); AL; At least 6 yrs old
rizatriptan benzoate tabs 5 mg	1	QL(0.4 ea daily); AL; At least 6 yrs old
rizatriptan benzoate tbdp 10 mg	1	QL(0.6 ea daily); AL; At least 6 yrs old
rizatriptan benzoate tbdp 5 mg	1	QL(0.4 ea daily); AL; At least 6 yrs old
sumatriptan soln	1	QL(0.2 ea daily); AL; At least 18 yrs old
sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml	1	QL(0.134 ml daily); AL; At least 18 yrs old
sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml	1	QL(0.134 ml daily); AL; At least 18 yrs old
sumatriptan succinate soln sc 6 mg/0.5ml	1	QL(0.134 ml daily); AL; At least 18 yrs old
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	1	QL(0.134 ml daily); AL; At least 18 yrs old
sumatriptan succinate tabs or 25 mg, 100 mg, 50 mg	1	QL(0.3 ea daily); AL; At least 18 yrs old
zolmitriptan tabs	1	ST; QL(0.3 ea daily); AL; At least 12 yrs old
zolmitriptan tbdp	1	ST; QL(0.3 ea daily); AL; At least 12 yrs old
ZOMIG SOLN NA 2.5 MG, 5 MG	2	ST; QL(0.2 ea daily); AL; At least 12 yrs old
ZOMIG TABS OR 5 MG, 2.5 MG (*Use Zolmitriptan*)	NF	ST; QL(0.3 ea daily); AL; At least 12 yrs old
ZOMIG ZMT TBDP (*Use Zolmitriptan*)	NF	ST; QL(0.3 ea daily); AL; At least 12 yrs old
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate soln	1	
Calcium		
calcium chloride (dihydrate) soln	1	
calcium gluconate soln iv 10 %	1	
Electrolyte Mixtures		
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX SOLN	1	
dextrose in lactated ringers soln	1	
IONOSOL-B/DEXTROSE 5% SOLN	1	
IONOSOL-MB/DEXTROSE 5% SOLN	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
lactated ringer's soln	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
parenteral electrolytes conc	1	
parenteral electrolytes soln	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
PLASMA-LYTE-56/D5W SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride in dextrose & sodium chloride soln	1	
potassium chloride in dextrose soln	1	
potassium chloride in nacl soln	1	
POTASSIUM CHLORIDE/DEXTROSE SOLN	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN	1	
ringer's soln	1	
Iodine Products		
SSKI SOLN	3	PA
Magnesium		
magnesium sulfate soln ij 50 %	1	
MAGNESIUM SULFATE SOLN IV 20 GM/500ML, 40 GM/1000ML, 4 GM/100ML, 4 GM/50ML, 2 GM/50ML (*Use Magnesium Sulfate*)	1	
magnesium sulfate soln iv 4 gm/50ml, 40 gm/1000ml, 4 gm/100ml, 20 gm/500ml, 2 gm/50ml	1	
Phosphate		
potassium phosphates soln	1	
POTASSIUM PHOSPHATES SOLN	1	
Potassium		
K-TAB TBCR 10 MEQ (*Use Potassium Chloride*)	NF	
K-TAB TBCR 8 MEQ	1	
KLOR-CON M15 TBCR	1	
MICRO-K CPCR (*Use Potassium Chloride*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
potassium acetate soln 2 meq/ml	1	
POTASSIUM ACETATE SOLN 2 MEQ/ML (*Use Potassium Acetate*)	NF	
potassium bicarb & chloride tbef	1	
potassium bicarbonate tbef	1	
potassium chloride cpcr or 8 meq, 10 meq	1	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	1	
potassium chloride microencapsulated crystals er tbcr	1	
potassium chloride pack or 20 meq	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1	
potassium chloride soln iv 20 meq/50ml, 10 meq/100ml, 2 meq/ml, 0.4 meq/ml	1	
potassium chloride soln or 10 %	1	
potassium chloride tbcr or 8 meq, 10 meq	1	
Sodium		
sodium chloride soln ij 2.5 meq/ml	1	
sodium chloride soln iv 5 %, 0.9 %, 4 meq/ml, 3 %, 0.45 %	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	3	
SYPRINE CAPS	4	PA
Immunomodulators		
REVLIMID CAPS 15 MG, 10 MG, 2.5 MG, 5 MG, 25 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
THALOMID CAPS	4	PA
Immunosuppressive Agents		
ATGAM INJ	4	PA
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	1	
azathioprine tabs or 50 mg	1	
CELLCEPT CAPS 250 MG (*Use Mycophenolate Mofetil*)	NF	
CELLCEPT INTRAVENOUS SOLR (*Use Mycophenolate Mofetil HCl*)	3	
CELLCEPT TABS 500 MG (*Use Mycophenolate Mofetil*)	NF	
cyclosporine caps	1	
cyclosporine modified (for microemulsion) caps	1	
cyclosporine modified (for microemulsion) soln	1	
CYCLOSPORINE MODIFIED CAPS (*Use Cyclosporine Modified (For Microemulsion)*)	1	
cyclosporine soln	1	
IMURAN TABS (*Use Azathioprine*)	NF	
mycophenolate mofetil caps 250 mg	1	
mycophenolate mofetil hcl solr	3	
mycophenolate mofetil tabs 500 mg	1	
mycophenolate sodium tbec	1	
MYFORTIC TBEC (*Use Mycophenolate Sodium*)	2	

Drug Name	Drug Tier	Requirements/ Limits
NEORAL CAPS (*Use Cyclosporine Modified (For Microemulsion)*)	NF	
NEORAL SOLN (*Use Cyclosporine Modified (For Microemulsion)*)	NF	
NULOJIX SOLR	4	PA
PROGRAF CAPS OR 0.5 MG, 5 MG (*Use Tacrolimus*)	NF	
PROGRAF CAPS OR 1 MG (*Use Tacrolimus*)	2	
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 2 MG, 0.5 MG, 1 MG (*Use Sirolimus*)	NF	
SANDIMMUNE CAPS OR 100 MG, 25 MG (*Use Cyclosporine*)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (*Use Cyclosporine*)	NF	
SIMULECT SOLR	3	
sirolimus tabs	1	
tacrolimus caps	1	
THYMOGLOBULIN SOLR	4	PA
ZORTRESS TABS	4	PA
Irrigation Solutions		
irrigation solutions, physiological soln	1	
lactated ringer's (irrigation) soln	1	
ringer's irrigation soln	1	
water for irrigation, sterile soln	1	
Peritoneal Dialysis Solutions		
DELFLEX-LC/1.5% DEXTROSE SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
DIANEAL LOW CALCIUM/1.5%DEXTROSE SOLN	1	
DIANEAL PD-2/1.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL LOW CALCIUM/1.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL PD-2/1.5% DEXTROSE SOLN	1	
Potassium Removing Agents		
KAYEXALATE POWD (*Use Sodium Polystyrene Sulfonate*)	NF	
sodium polystyrene sulfonate powd or	1	
sodium polystyrene sulfonate susp or 15 gm/60ml	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln	1	QL(4 ml daily)
LIDOCAINE HCL SOLN MT 4 %	1	
Anti-infectives - Throat		
clotrimazole lozg	1	
clotrimazole troc	1	
nystatin (mouth-throat) susp	1	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat) soln	1	
DEBACTEROL SOLN	2	
PERIDEX SOLN (*Use Chlorhexidine Gluconate (Mouth-Throat)*)	NF	
Dental Products		
GEL-KAM ORAL CARE RINSE CONC (*Use Stannous Fluoride*)	0	RX/OTC
stannous fluoride conc mt 0.63 %	0	RX/OTC
Steroids - Mouth/Throat		
triamcinolone acetonide (mouth) pste	1	
Throat Products - Misc.		
cevimeline hcl caps	1	
EVOXAC CAPS (*Use Cevimeline HCl*)	NF	
pilocarpine hcl (oral) tabs	1	
SALAGEN TABS (*Use Pilocarpine HCl (Oral)*)	NF	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen tabs or 20 mg, 10 mg	1	
carisoprodol tabs	1	
chlorzoxazone tabs	1	
cyclobenzaprine hcl tabs	1	QL(3 ea daily)
FEXMID TABS (*Use Cyclobenzaprine HCl*)	NF	QL(3 ea daily)
metaxalone tabs 800 mg	1	QL(4 ea daily)
methocarbamol tabs	1	
orphenadrine citrate tb12	1	QL(2 ea daily)
PARAFON FORTE DSC TABS (*Use Chlorzoxazone*)	NF	
ROBAXIN TABS (*Use Methocarbamol*)	NF	
ROBAXIN-750 TABS (*Use Methocarbamol*)	NF	
SKELAXIN TABS (*Use Metaxalone*)	NF	QL(4 ea daily)
SOMA TABS (*Use Carisoprodol*)	NF	
tizanidine hcl caps	1	

Drug Name	Drug Tier	Requirements/ Limits
tizanidine hcl tabs	1	
ZANAFLEX CAPS (*Use Tizanidine HCl*)	NF	
ZANAFLEX TABS (*Use Tizanidine HCl*)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (*Use Dantrolene Sodium*)	NF	QL(4 ea daily)
dantrolene sodium caps	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
ASTEPRO SOLN (*Use Azelastine HCl*)	NF	
azelastine hcl soln	1	
olopatadine hcl (nasal) soln	1	
PATANASE SOLN (*Use Olopatadine HCl (Nasal)*)	NF	
Nasal Anticholinergics		
ATROVENT SOLN 0.03 % (*Use Ipratropium Bromide (Nasal)*)	NF	QL(1 ml daily)
ATROVENT SOLN 0.06 % (*Use Ipratropium Bromide (Nasal)*)	NF	
ipratropium bromide (nasal) soln 0.03 %	1	QL(1 ml daily)
ipratropium bromide (nasal) soln 0.06 %	1	
Nasal Steroids		
budesonide (nasal) susp	1	RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (*Use Fluticasone Propionate (Nasal)*)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (*Use Fluticasone Propionate (Nasal)*)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLUNISOLIDE SOLN	1	
fluticasone propionate (nasal) susp	1	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
mometasone furoate (nasal) susp	1	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO (*Use Triamcinolone Acetonide (Nasal)*)	NF	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (*Use Triamcinolone Acetonide (Nasal)*)	NF	RX/OTC
NASONEX SUSP (*Use Mometasone Furoate (Nasal)*)	2	PA; QL(1.14 gm daily)
RHINOCORT AQUA SUSP (*Use Budesonide (Nasal)*)	NF	RX/OTC
triamcinolone acetonide (nasal) aero	1	RX/OTC
Sympathomimetic Decongestants		
TYZINE PEDIATRIC NASAL DROPS SOLN	3	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (*Use Riluzole*)	3	
riluzole tabs	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORT SOLR	3	PA
XEOMIN SOLR	3	PA
NUTRIENTS		
Proteins		

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 2.75%/DEXTROSE 5% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (*Use Levobunolol HCl*)	NF	
betaxolol hcl (ophth) soln	1	
carteolol hcl (ophth) soln	1	
COMBIGAN SOLN	2	
COSOPT SOLN (*Use Dorzolamide HCl-Timolol Maleate*)	NF	
dorzolamide hcl-timolol maleate soln	1	
levobunolol hcl soln	1	
METIPRANOLOL SOLN	1	
timolol maleate (ophth) solg	1	
timolol maleate (ophth) soln	1	
TIMOPTIC SOLN (*Use Timolol Maleate (Ophth)*)	NF	
TIMOPTIC-XE SOLG (*Use Timolol Maleate (Ophth)*)	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (*Use Tropicamide*)	NF	
tropicamide soln	1	
Miotics		
ISOPTO CARPINE SOLN (*Use Pilocarpine HCl*)	NF	
PHOSPHOLINE IODIDE SOLR	3	
pilocarpine hcl soln	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (*Use Brimonidine Tartrate*)	NF	
apraclonidine hcl soln	1	
brimonidine tartrate soln	1	
IOPIDINE SOLN 0.5 % (*Use Apraclonidine HCl*)	NF	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
BACITRACIN OINT OP 500 UNIT/GM	3	
BESIVANCE SUSP	3	
BLEPH-10 SOLN (*Use Sulfacetamide Sodium (Ophth)*)	NF	
CILOXAN SOLN (*Use Ciprofloxacin HCl (Ophth)*)	NF	
ciprofloxacin hcl (ophth) soln	1	
erythromycin (ophth) oint	1	
gatifloxacin (ophth) soln	1	

Drug Name	Drug Tier	Requirements/ Limits
gentamicin sulfate (ophth) oint	1	
gentamicin sulfate (ophth) soln	1	
levofloxacin (ophth) soln	1	
MOXEZA SOLN	2	
moxifloxacin hcl (ophth) soln	1	
NATACYN SUSP	2	
neomycin-bacitracin zn-polymyxin oint	1	
OCUFLOX SOLN (*Use Ofloxacin (Ophth)*)	NF	
ofloxacin (ophth) soln	1	
polymyxin b-trimethoprim soln	1	
POLYTRIM SOLN (*Use Polymyxin B-Trimethoprim*)	NF	
sulfacetamide sodium (ophth) soln	1	
tobramycin (ophth) soln	1	
TOBREX SOLN (*Use Tobramycin (Ophth)*)	NF	
trifluridine soln	1	
VIGAMOX SOLN (*Use Moxifloxacin HCl (Ophth)*)	2	
VIROPTIC SOLN (*Use Trifluridine*)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (*Use Gatifloxacin (Ophth)*)	3	
Ophthalmic Decongestants		
NAPHAZOLINE HCL SOLN	1	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	
RESTASIS MULTIDOSE EMUL	2	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Local Anesthetics		
ALCAINE SOLN (*Use Proparacaine HCl*)	NF	
proparacaine hcl soln	1	
Ophthalmic Steroids		
ALREX SUSP	2	
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	1	
DUREZOL EMUL	2	
fluorometholone (ophth) susp	1	
FML FORTE SUSP	3	
FML LIQUIFILM SUSP (*Use Fluorometholone (Ophth)*)	NF	
FML OINT	3	
LOTEMAX GEL	2	
LOTEMAX OINT	2	
LOTEMAX SUSP	2	
MAXIDEX SUSP	3	
MAXITROL OINT (*Use Neomycin-Polymy-Dexameth*)	NF	
MAXITROL SUSP (*Use Neomycin-Polymy-Dexameth*)	NF	
neomycin-polymy-dexameth oint	1	
neomycin-polymy-dexameth susp	1	
NEOMYCIN/POLYMYXIN/ HYDROCORTISONE SUSP	1	
OMNIPRED SUSP (*Use Prednisolone Acetate (Ophth)*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PRED FORTE SUSP (*Use Prednisolone Acetate (Ophth)*)	NF	
PRED MILD SUSP	3	
prednisolone acetate (ophth) susp	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (*Use Tobramycin-Dexamethasone*)	NF	
tobramycin-dexamethasone susp	1	
VEXOL SUSP	3	
Ophthalmics - Misc.		
ACULAR LS SOLN (*Use Ketorolac Tromethamine (Ophth)*)	NF	
ACULAR SOLN (*Use Ketorolac Tromethamine (Ophth)*)	NF	
ALOCRIL SOLN	3	
ALOMIDE SOLN	3	
azelastine hcl (ophth) soln	1	
AZOPT SUSP	2	
BEPREVE SOLN	3	
bromfenac sodium (ophth) soln	1	
BROMFENAC SOLN	1	
cromolyn sodium (ophth) soln	1	
CYSTARAN SOLN	2	
diclofenac sodium (ophth) soln	1	
dorzolamide hcl soln	1	

Drug Name	Drug Tier	Requirements/ Limits
ELESTAT SOLN (*Use Epinastine HCl (Ophth)*)	NF	
EMADINE SOLN	3	
epinastine hcl (ophth) soln	1	
flurbiprofen sodium soln	1	
ILEVRO SUSP	3	
ketorolac tromethamine (ophth) soln	1	
ketotifen fumarate (ophth) soln	1	
LASTACAFT SOLN	2	
NEVANAC SUSP	3	
OCUFEN SOLN (*Use Flurbiprofen Sodium*)	NF	
olopatadine hcl soln	1	
PATADAY SOLN (*Use Olopatadine HCl*)	2	
PATANOL SOLN (*Use Olopatadine HCl*)	3	
TRUSOPT SOLN (*Use Dorzolamide HCl*)	NF	
ZADITOR SOLN (*Use Ketotifen Fumarate (Ophth)*)	1	
Prostaglandins - Ophthalmic		
BIMATOPROST SOLN	3	
latanoprost soln	1	
LUMIGAN SOLN	3	ST
RESCULA SOLN	3	PA
TRAVATAN Z SOLN	2	
XALATAN SOLN (*Use Latanoprost*)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		

Drug Name	Drug Tier	Requirements/ Limits
Otic Agents - Miscellaneous		
acetic acid (otic) soln	1	
Otic Anti-infectives		
CETRAXAL SOLN	1	
CIPROFLOXACIN SOLN OT 0.2 %	1	
FLOXIN OTIC SOLN (*Use Ofloxacin (Otic)*)	NF	
ofloxacin (otic) soln	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
neomycin-polymyxin-hc (otic) soln	1	
neomycin-polymyxin-hc (otic) susp	1	
Otic Steroids		
DERMOTIC OIL (*Use Fluocinolone Acetonide (Otic)*)	NF	
fluocinolone acetonide (otic) oil	1	
hydrocortisone w/acetic acid soln	1	
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	4	PA
GAMMAGARD LIQUID SOLN	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA
GAMMAKED SOLN	4	PA
GAMUNEX-C SOLN	4	PA
HIZENTRA SOLN	4	PA
Passive Immunizing Agents - Combinations		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps 500 mg, 250 mg	1	
AMOXICILLIN CHEW 250 MG, 125 MG	1	
amoxicillin susr 125 mg/5ml, 400 mg/5ml, 200 mg/5ml, 250 mg/5ml	1	
amoxicillin tabs 875 mg, 500 mg	1	
ampicillin caps 500 mg, 250 mg	1	
ampicillin sodium solr ij 1 gm	1	
ampicillin sodium solr iv 10 gm	1	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN	1	
penicillin g potassium solr	1	
PENICILLIN G PROCAINE SUSP	3	
PENICILLIN G SODIUM SOLR	3	
penicillin v potassium solr 250 mg/5ml, 125 mg/5ml	1	
penicillin v potassium tabs 250 mg, 500 mg	1	
PFIZERPEN-G SOLR (*Use Penicillin G Potassium*)	NF	
Penicillin Combinations		

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin & pot clavulanate susr	1	
amoxicillin & pot clavulanate tabs	1	
amoxicillin & pot clavulanate tb12	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	1	
ampicillin & sulbactam sodium solr	1	
AUGMENTIN ES-600 SUSR (*Use Amoxicillin & Pot Clavulanate*)	NF	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (*Use Amoxicillin & Pot Clavulanate*)	NF	
AUGMENTIN TABS 875MG-125MG, 500MG-125MG (*Use Amoxicillin & Pot Clavulanate*)	NF	
AUGMENTIN XR TB12 (*Use Amoxicillin & Pot Clavulanate*)	NF	
piperacillin sodium-tazobactam sodium solr	1	
UNASYN SOLR (*Use Ampicillin & Sulbactam Sodium*)	NF	
ZOSYN SOLR (*Use Piperacillin Sodium-Tazobactam Sodium*)	NF	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	1	
nafcillin sodium solr	1	
oxacillin sodium solr	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (*Use Norethindrone Acetate*)	0	
medroxyprogesterone acetate tabs	1	
MEGACE ES SUSP (*Use Megestrol Acetate (Appetite)*)	3	
megestrol acetate (appetite) susp	3	
norethindrone acetate tabs	0	
progesterone micronized caps	1	
PROMETRIUM CAPS (*Use Progesterone Micronized*)	NF	
PROVERA TABS (*Use Medroxyprogesterone Acetate*)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium tbec	1	
ANTABUSE TABS (*Use Disulfiram*)	NF	
disulfiram tabs	1	
Anti-Cataplectic Agents		
XYREM SOLN	4	PA; QL(18 ml daily)
Antidementia Agents		
ARICEPT TABS 10 MG (*Use Donepezil Hydrochloride*)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (*Use Donepezil Hydrochloride*)	NF	QL(1 ea daily)
donepezil hydrochloride tabs 10 mg	1	QL(2 ea daily)
donepezil hydrochloride tabs 5 mg	1	QL(1 ea daily)
donepezil hydrochloride tbdp 10 mg	1	QL(2 ea daily)
donepezil hydrochloride tbdp 5 mg	1	QL(1 ea daily)
EXELON CAPS OR 3 MG, 6 MG, 1.5 MG, 4.5 MG (*Use Rivastigmine Tartrate*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
galantamine hydrobromide cp24 8 mg, 24 mg, 16 mg	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	1	QL(6 ml daily)
galantamine hydrobromide tabs 12 mg, 8 mg, 4 mg	1	QL(2 ea daily)
memantine hcl tabs	1	
memantine hcl tabs 10 mg	1	QL(2 ea daily)
memantine hcl tabs 5 mg	1	QL(1 ea daily)
NAMENDA TABS 10 MG (*Use Memantine HCl*)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (*Use Memantine HCl*)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (*Use Memantine HCl*)	2	
RAZADYNE ER CP24 (*Use Galantamine Hydrobromide*)	NF	QL(1 ea daily)
RAZADYNE TABS (*Use Galantamine Hydrobromide*)	NF	QL(2 ea daily)
rivastigmine tartrate caps	1	
Combination Psychotherapeutics		
PERPHENAZINE/AMITRIPTYLINE TABS	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
tetrabenazine tabs	4	PA
XENAZINE TABS (*Use Tetrabenazine*)	4	PA
Multiple Sclerosis Agents		
AMPYRA TB12	4	PA
AUBAGIO TABS	3	PA

Drug Name	Drug Tier	Requirements/ Limits
AVONEX KIT	4	PA
AVONEX PEN AJKT	4	PA
AVONEX PSKT	4	PA
BETASERON KIT	4	PA
COPAXONE SOSY (*Use Glatiramer Acetate*)	4	PA
EXTAVIA KIT	4	PA
GILENYA CAPS	4	PA
glatiramer acetate sosy	4	PA
PLEGRIDY SOPN	4	PA
PLEGRIDY SOSY	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
PLEGRIDY STARTER PACK SOSY	4	PA
REBIF REBIDOSE SOAJ	4	PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA
REBIF SOSY	4	PA
REBIF TITRATION PACK SOSY	4	PA
TECFIDERA CPDR	4	PA
TECFIDERA STARTER PACK MISC	4	PA
TYSABRI CONC	4	PA
ZINBRYTA SOSY	4	
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS 10 MG	1	QL(1 ea daily)
FLUOXETINE CAPS 20 MG	1	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	

Drug Name	Drug Tier	Requirements/ Limits
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	3	
ORAP TABS (*Use Pimozide*)	3	
pimozide tabs	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR 600 MG	3	
Smoking Deterrents		
bupropion hcl (smoking deterrent) tb12	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
FOLDING PADDLE WALKER/5"WHEELS MISC	0	QL(1 ea daily)
NICODERM CQ PT24 (*Use Nicotine*)	0	QL(1 ea daily)
NICORETTE GUM (*Use Nicotine Polacrilex*)	0	
NICORETTE LOZG (*Use Nicotine Polacrilex*)	0	
NICORETTE MINI LOZG (*Use Nicotine Polacrilex*)	0	
NICORETTE STARTER KIT GUM (*Use Nicotine Polacrilex*)	0	
nicotine polacrilex gum	0	
nicotine polacrilex lozg	0	
nicotine pt24	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
ZYBAN TB12 (*Use Bupropion HCl (Smoking Deterrent)*)	0	QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR	4	PA
PROLASTIN-C SOLR	4	PA
ZEMAIRA SOLR	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA
PULMOZYME SOLN	4	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (*Use Doxycycline (Monohydrate)*)	NF	QL(2 ea daily)
ADOXA PAK 2/100 TABS (*Use Doxycycline (Monohydrate)*)	NF	QL(2 ea daily)
ADOXA TABS 100 MG (*Use Doxycycline (Monohydrate)*)	NF	QL(2 ea daily)
demeclocycline hcl tabs	1	
doxycycline (monohydrate) caps 100 mg, 50 mg	1	QL(2 ea daily)
doxycycline (monohydrate) caps 75 mg	1	
doxycycline (monohydrate) tabs 100 mg	1	QL(2 ea daily)
doxycycline hyclate caps or 50 mg, 100 mg	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
doxycycline hyclate solr iv 100 mg	1	
doxycycline hyclate tabs or 100 mg, 20 mg	1	QL(2 ea daily)
MINOCIN CAPS (*Use Minocycline HCl*)	NF	QL(3 ea daily)
minocycline hcl caps 75 mg, 50 mg, 100 mg	1	QL(3 ea daily)
minocycline hcl tabs 75 mg, 100 mg, 50 mg	1	QL(3 ea daily)
MONODOX CAPS 100 MG (*Use Doxycycline (Monohydrate)*)	NF	QL(2 ea daily)
MONODOX CAPS 75 MG (*Use Doxycycline (Monohydrate)*)	NF	
tetracycline hcl caps 500 mg, 250 mg	1	QL(8 ea daily)
TETRACYCLINE HCL CAPS 500 MG, 250 MG (*Use Tetracycline HCl*)	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (*Use Doxycycline Hyclate*)	NF	QL(2 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	1	
propylthiouracil tabs	1	
TAPAZOLE TABS (*Use Methimazole*)	NF	
Thyroid Hormones		
CYTOMEL TABS (*Use Liothyronine Sodium*)	NF	
LEVOTHYROXINE SODIUM SOLR IV 100 MCG, 500 MCG	1	
levothyroxine sodium tabs or 175 mcg, 100 mcg, 75 mcg, 137 mcg, 50 mcg, 25 mcg, 150 mcg, 112 mcg, 88 mcg, 200 mcg, 125 mcg, 300 mcg	1	
liothyronine sodium soln	1	
liothyronine sodium tabs	1	
NATURE-THROID TABS 81.25 MG, 113.75 MG	3	PA
SYNTHROID TABS (*Use Levothyroxine Sodium*)	NF	
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (*Use Liothyronine Sodium*)	NF	
WP THYROID TABS 81.25 MG, 113.75 MG	3	PA
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
atropine sulfate soln ij 1 mg/ml	1	
BENTYL CAPS (*Use Dicyclomine HCl*)	NF	
BENTYL TABS (*Use Dicyclomine HCl*)	NF	
CANTIL TABS	3	
chlordiazepoxide hcl-clidinium bromide caps	1	
dicyclomine hcl caps	1	
dicyclomine hcl soln	1	

Drug Name	Drug Tier	Requirements/ Limits
dicyclomine hcl tabs	1	
glycopyrrolate soln ij 4 mg/20ml	1	
glycopyrrolate tabs or 1 mg, 2 mg	1	
LIBRAX CAPS (*Use Chlordiazepoxide HCl-Clidinium Bromide*)	NF	
methscopolamine bromide tabs	1	
PAMINE FORTE TABS (*Use Methscopolamine Bromide*)	NF	
PAMINE TABS (*Use Methscopolamine Bromide*)	NF	
ROBINUL FORTE TABS (*Use Glycopyrrolate*)	NF	
ROBINUL SOLN (*Use Glycopyrrolate*)	NF	
ROBINUL TABS (*Use Glycopyrrolate*)	NF	
H-2 Antagonists		
cimetidine hcl soln	1	QL(20 ml daily)
cimetidine tabs 200 mg	1	RX/OTC
cimetidine tabs 300 mg, 400 mg, 800 mg	1	
FAMOTIDINE PREMIXED SOLN	1	
famotidine soln iv 40 mg/4ml, 200 mg/20ml, 20 mg/2ml	1	
famotidine susr or 40 mg/5ml	1	QL(10 ml daily)
famotidine tabs or 20 mg	1	RX/OTC
famotidine tabs or 40 mg	1	
nizatidine caps 150 mg, 300 mg	1	
NIZATIDINE SOLN 15 MG/ML	1	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS (*Use Famotidine*)	NF	RX/OTC
PEPCID SUSR 40 MG/5ML (*Use Famotidine*)	NF	QL(10 ml daily)
PEPCID TABS 20 MG (*Use Famotidine*)	NF	RX/OTC
PEPCID TABS 40 MG (*Use Famotidine*)	NF	
ranitidine hcl caps or 300 mg, 150 mg	1	
ranitidine hcl soln ij 150 mg/6ml	1	
ranitidine hcl syrp or 75 mg/5ml, 150 mg/10ml, 15 mg/ml	1	QL(20 ml daily)
ranitidine hcl tabs or 150 mg	1	RX/OTC
ranitidine hcl tabs or 300 mg	1	
TAGAMET HB TABS (*Use Cimetidine*)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (*Use Ranitidine HCl*)	NF	RX/OTC
ZANTAC TABS OR 150 MG (*Use Ranitidine HCl*)	NF	RX/OTC
ZANTAC TABS OR 300 MG (*Use Ranitidine HCl*)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(40 ml daily)
CARAFATE TABS 1 GM (*Use Sucralfate*)	NF	QL(4 ea daily)
sucralfate tabs	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (*Use Rabeprazole Sodium*)	NF	QL(1 ea daily)
CVS OMEPRAZOLE TBEC	1	QL(2 ea daily)
DEXILANT CPDR	3	ST; QL(1 ea daily)
EQ OMEPRAZOLE TBEC	1	QL(2 ea daily)
EQL OMEPRAZOLE TBEC	1	QL(2 ea daily)
esomeprazole magnesium cpdr 20 mg	1	QL(2 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
esomeprazole magnesium cpdr 40 mg	3	ST; QL(1 ea daily)
GNP OMEPRAZOLE TBEC	1	QL(2 ea daily)
HM OMEPRAZOLE TBEC	1	QL(2 ea daily)
KLS OMEPRAZOLE TBEC	1	QL(2 ea daily)
lansoprazole cpdr 15 mg	1	QL(1 ea daily); RX/OTC
lansoprazole cpdr 30 mg	1	
NEXIUM CPDR 20 MG (*Use Esomeprazole Magnesium*)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (*Use Esomeprazole Magnesium*)	NF	ST; QL(1 ea daily)
omeprazole cpdr 10 mg, 40 mg, 20 mg	1	QL(2 ea daily)
omeprazole magnesium cpdr	1	QL(4 ea daily)
OMEPRAZOLE TBEC 20 MG	1	QL(2 ea daily)
pantoprazole sodium tbec 20 mg	1	QL(1 ea daily)
pantoprazole sodium tbec 40 mg	1	
PREVACID 24HR CPDR (*Use Lansoprazole*)	1	QL(1 ea daily); RX/OTC
PREVACID CPDR 15 MG (*Use Lansoprazole*)	1	QL(1 ea daily); RX/OTC
PREVACID CPDR 30 MG (*Use Lansoprazole*)	NF	
PRILOSEC CPDR 40 MG, 10 MG, 20 MG (*Use Omeprazole*)	NF	QL(2 ea daily)
PRILOSEC OTC TBEC	1	QL(4 ea daily)
PROTONIX TBEC 20 MG (*Use Pantoprazole Sodium*)	NF	QL(1 ea daily)
PROTONIX TBEC 40 MG (*Use Pantoprazole Sodium*)	NF	
PX OMEPRAZOLE TBEC	1	QL(2 ea daily)
RA OMEPRAZOLE TBEC	1	QL(2 ea daily)
rabeprazole sodium tbec	1	QL(1 ea daily)
SB OMEPRAZOLE TBEC	1	QL(2 ea daily)
SM OMEPRAZOLE TBEC	1	QL(2 ea daily)
SW OMEPRAZOLE TBEC	1	QL(2 ea daily)
TGT OMEPRAZOLE TBEC	1	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (*Use Misoprostol*)	NF	QL(4 ea daily)
misoprostol tabs	1	QL(4 ea daily)
Ulcer Therapy Combinations		
omeprazole-sodium bicarbonate caps 20mg-1100mg	1	QL(1 ea daily); RX/OTC
ZEGERID CAPS 20MG-1100MG (*Use Omeprazole-Sodium Bicarbonate*)	NF	RX/OTC
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (*Use Nitrofurantoin*)	NF	
HIPREX TABS (*Use Methenamine Hippurate*)	NF	
MACROBID CAPS (*Use Nitrofurantoin Monohyd Macro*)	NF	
MACRODANTIN CAPS 100 MG, 50 MG (*Use Nitrofurantoin Macrocrystal*)	NF	
methenamine hippurate tabs	1	
MONUROL PACK	3	
nitrofurantoin macrocrystal caps 100 mg, 50 mg	1	
nitrofurantoin monohyd macro caps	1	

Drug Name	Drug Tier	Requirements/ Limits
nitrofurantoin susp	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	1	QL(1 ea daily)
DETROL LA CP24 (*Use Tolterodine Tartrate*)	NF	QL(1 ea daily)
DETROL TABS (*Use Tolterodine Tartrate*)	NF	
DITROPAN XL TB24 (*Use Oxybutynin Chloride*)	NF	
ENABLEX TB24 (*Use Darifenacin Hydrobromide*)	3	PA; QL(1 ea daily)
oxybutynin chloride syrp	1	
oxybutynin chloride tabs	1	
oxybutynin chloride tb24	1	
tolterodine tartrate cp24 4 mg, 2 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 2 mg, 1 mg	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
trospium chloride cp24 60 mg	1	QL(1 ea daily)
trospium chloride tabs 20 mg	1	
VESICARE TABS	2	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs 25 mg	1	
bethanechol chloride tabs 50 mg, 5 mg, 10 mg	1	QL(4 ea daily)
URECHOLINE TABS 25 MG (*Use Bethanechol Chloride*)	NF	
URECHOLINE TABS 5 MG, 50 MG, 10 MG (*Use Bethanechol Chloride*)	NF	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	1	
VACCINES		
Bacterial Vaccines		
MENACTRA INJ	0	
MENOMUNE-A/C/Y/W-135 INJ	0	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
Viral Vaccines		
AFLURIA 2015-2016 SUSP	0	
AFLURIA 2016-2017 SUSP	0	
AFLURIA 2017-2018 SUSP	0	
AFLURIA PF 2015-2016 SUSY	0	
AFLURIA PF 2016-2017 SUSY	0	
AFLURIA PF 2017-2018 SUSY	0	
AFLURIA QUADRIVALENT 2016-2017 SUSY	0	
AFLURIA QUADRIVALENT 2017-2018 SUSP	0	
AFLURIA QUADRIVALENT 2017-2018 SUSY	0	
FLUARIX QUADRIVALENT 2015-2016 SUSY	0	
FLUARIX QUADRIVALENT 2016-2017 SUSY	0	
FLUARIX QUADRIVALENT 2017-2018 SUSY	0	

Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK QUADRIVALENT 2017-2018 SOSY	0	PV
FLUCELVAX 2015-2016 SUSY	0	
FLUCELVAX QUADRIVALENT 2016-2017 SUSY	0	
FLUCELVAX QUADRIVALENT 2017-2018 SUSP	0	
FLUCELVAX QUADRIVALENT 2017-2018 SUSY	0	
FLULAVAL QUADRIVALENT 2014-2015 SUSY	0	
FLULAVAL QUADRIVALENT 2015-2016 SUSP	0	
FLULAVAL QUADRIVALENT 2016-2017 SUSP	0	
FLULAVAL QUADRIVALENT 2016-2017 SUSY	0	
FLULAVAL QUADRIVALENT 2017-2018 SUSP	0	
FLULAVAL QUADRIVALENT 2017-2018 SUSY	0	
FLUVIRIN 2015-2016 SUSP	0	
FLUVIRIN 2015-2016 SUSY	0	
FLUVIRIN 2016-2017 SUSP	0	
FLUVIRIN 2016-2017 SUSY	0	
FLUVIRIN 2017-2018 SUSP	0	
FLUVIRIN 2017-2018 SUSY	0	
FLUZONE HIGH-DOSE PF 2015-2016 SUSY	0	
FLUZONE HIGH-DOSE PF 2016-2017 SUSY	0	
FLUZONE HIGH-DOSE PF 2017-2018 SUSY	0	
FLUZONE QUADRIVALENT 2015-2016 SUSP	0	
FLUZONE QUADRIVALENT 2015-2016 SUSY	0	
FLUZONE QUADRIVALENT 2016-2017 SUSP	0	
FLUZONE QUADRIVALENT 2016-2017 SUSY	0	
FLUZONE QUADRIVALENT 2017-2018 SUSP	0	
FLUZONE QUADRIVALENT 2017-2018 SUSY	0	
FLUZONE SPLIT 2015-2016 SUSP	0	
ZOSTAVAX SUSR	0	AL; At least 50 yrs old
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (*Use Clindamycin Phosphate Vaginal*)	NF	
clindamycin phosphate vaginal crea	1	
clotrimazole vaginal crea 1 %	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (*Use Clotrimazole Vaginal*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
METROGEL-VAGINAL GEL (*Use Metronidazole Vaginal*)	NF	
metronidazole vaginal gel	1	
MICONAZOLE 3 SUPP	3	
TERAZOL 3 CREA (*Use Terconazole Vaginal*)	NF	
TERAZOL 7 CREA (*Use Terconazole Vaginal*)	NF	
terconazole vaginal crea	1	
terconazole vaginal supp	1	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM	3	
FEMRING RING	3	
PREMARIN CREA	2	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENACLICK SOAJ	2	
epinephrine (anaphylaxis) soaj	2	
EPIPEN 2-PAK SOAJ	2	
EPIPEN-JR 2-PAK SOAJ	2	
Vasopressors		
midodrine hcl tabs	1	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 50000 unit	1	
cholecalciferol tabs 400 unit	0	
DRISDOL CAPS 50000 UNIT (*Use Ergocalciferol*)	0	
DRISDOL SOLN 8000 UNIT/ML (*Use Ergocalciferol*)	1	
ergocalciferol caps 50000 unit	0	
ergocalciferol soln 8000 unit/ml	1	
VITAMIN D2 TABS 400 UNIT	0	AL; At least 65 yrs old
Water Soluble Vitamins		
niacin cpcr 250 mg, 500 mg	1	
niacin tabs 500 mg, 50 mg, 100 mg, 250 mg	1	
niacin tbcr 500 mg, 750 mg, 250 mg	1	
NIACIN TR TBCR	1	
niacinamide tabs	1	
SLO-NIACIN TBCR (*Use Niacin*)	1	

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