ambetter. FROM nh healthy families

2020 Prescription Drug List

Effective December 1, 2020

AMB19-NH-C-00236

Ambetter.NHhealthyfamilies.com

Formulary Introduction

FORMULARY

The Ambetter from NH Healthy Families 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 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 5 MG-5 MG-5 MG-5 MG (*Use amphetamine-dextroamphetamine*)	NF	QL(3 ea daily)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG (*Use amphetamine-dextroamphetamine*)	NF	QL(2 ea daily)
ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG (*Use amphetamine-dextroamphetamine*)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG (*Use amphetamine-dextroamphetamine*)	NF	
ADDERALL XR CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG (*Use amphetamine-dextroamphetamine*)	NF	QL(2 ea daily)
ADZENYS ER SUER (*Use amphetamine*)	NF	
amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg	1	QL(1 ea daily)
amphetamine-dextroamphetamine cp24 3.75 mg-3.75 mg-3.75 mg-3.75 mg	1	
amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily)
amphetamine-dextroamphetamine tabs 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 5 mg-5 mg-5 mg-5 mg	1	QL(3 ea daily)
amphetamine-dextroamphetamine tabs 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily)
DESOXYN TABS (*Use methamphetamine hcl*)	NF	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 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 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL(1 ea daily)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (*Use phentermine hcl*)	NF	PA
phendimetrazine tartrate tabs	1	PA

Drug Name	Drug Tier	Requirements/ Limits
phentermine hcl caps	1	PA
Anti-Obesity Agents		
BELVIQ TABS	3	PA
CONTRAVE TB12	3	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg	1	QL(2 ea daily); AL(At least 6 yrs old)
atomoxetine hcl caps 100 mg, 60 mg, 80 mg	1	QL(1 ea daily); AL(At least 6 yrs old)
clonidine hcl (adhd) tb12	1	
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)
KAPVAY TB12 (*Use clonidine hcl (adhd)*)	NF	
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (*Use atomoxetine hcl*)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 100 MG, 60 MG, 80 MG (*Use atomoxetine hcl*)	NF	QL(1 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS	3	PA
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)
DAYTRANA PTCH	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
dexmethylphenidate hcl cp24 25 mg, 35 mg, 40 mg, 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL(1 ea daily)
dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 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)
FOCALIN XR CP24 (*Use dexmethylphenidate hcl*)	NF	QL(1 ea daily)
METHYLIN SOLN (*Use methylphenidate hcl*)	NF	QL(30 ml daily); AL(At least 6 yrs old)
methylphenidate hcl cp24 20 mg, 40 mg	1	AL(At least 6 yrs old)
methylphenidate hcl cp24 30 mg	1	QL(3 ea daily); AL(At least 6 yrs old)
methylphenidate hcl cpcr 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	1	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml	1	QL(30 ml daily); AL(At least 6 yrs old)
methylphenidate hcl tabs 20 mg, 10 mg	1	QL(5 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tabs 5 mg	1	QL(6 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)

Drug Name	Drug Tier	Requirements/ Limits
modafinil tabs 200 mg	1	PA; QL(2 ea daily); AL(At least 16 yrs old)
NUVIGIL TABS (*Use armodafinil*)	NF	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)
PROVIGIL TABS 200 MG (*Use modafinil*)	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG, 40 MG (*Use methylphenidate hcl*)	NF	AL(At least 6 yrs old)
RITALIN LA CP24 30 MG (*Use methylphenidate hcl*)	NF	QL(3 ea daily); AL(At least 6 yrs old)
RITALIN TABS 20 MG, 10 MG (*Use methylphenidate hcl*)	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (*Use methylphenidate hcl*)	NF	QL(6 ea daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
Biologicals Misc		
ADAGEN SOLN	4	PA; SP
AMEBICIDES		
Amebicides		
SOLOSEC PACK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate soln	1	
ARIKAYCE SUSP	4	PA
gentamicin in saline soln 0.8 mg/ml-0.9 %, 0.9 %-1 mg/ml, 0.9 %-1.2 mg/ml, 0.9 %-1.6 mg/ml	1	
gentamicin sulfate soln 40 mg/ml	1	
KITABIS PAK NEBU (*Use tobramycin*)	NF	PA
neomycin sulfate tabs	1	
paromomycin sulfate caps	1	
streptomycin sulfate solr	3	
TOBI NEBU (*Use tobramycin*)	NF	PA
tobramycin nebu 300 mg/5ml	4	PA
tobramycin sulfate soln 10 mg/ml, 40 mg/ml, 80 mg/2ml	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 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML,	4	PA; 1 rtl pack lmt amt,180 rtl pack lmt day(s),1 mail pack lmt amt,180 mail pack lmt day(s),
HUMIRA PEN PNKT	4	PA; QL(0.143 ea daily)
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt,180 rtl pack lmt day(s),1 mail pack lmt amt,180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; 1 rtl pack lmt amt,180 rtl pack lmt day(s),1 mail pack lmt amt,180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; QL(0.143 ea daily)
HUMIRA PSKT	4	PA; QL(0.143 ea daily)
SIMPONI ARIA SOLN	4	PA
SIMPONI SOAJ 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOAJ 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SIMPONI SOSY 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOSY 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS	4	PA
RINVOQ TB24	4	PA
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 ea daily); SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	4	PA; SP
Interleukin-1beta Blockers		
ILARIS SOLN	4	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN IV 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	4	PA; SP
ACTEMRA SOSY SC 162 MG/0.9ML	4	PA; QL(0.129 ml daily); SP
KEVZARA SOAJ	4	PA
KEVZARA 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 100 MG, 200 MG, 50 MG (*Use celecoxib*)	NF	PA; QL(2 ea daily)
CELEBREX CAPS 400 MG (*Use celecoxib*)	NF	PA; QL(1 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	

Drug Name	Drug Tier	Requirements/ Limits
diclofenac sodium tb24	1	
diclofenac sodium tbec	1	
diclofenac w/ misoprostol tbec	1	
EC-NAPROSYN TBEC 500 MG (*Use naproxen*)	NF	
etodolac caps 200 mg, 300 mg	1	
etodolac tabs 400 mg, 500 mg	1	
FELDENE CAPS (*Use piroxicam*)	NF	
fenoprofen calcium tabs 600 mg	1	ST; QL(4 ea daily)
flurbiprofen tabs 50 mg, 100 mg	1	
ibuprofen susp 100 mg/5ml	1	RX/OTC
ibuprofen tabs 400 mg, 600 mg, 800 mg	1	
indomethacin caps 25 mg, 50 mg	1	
indomethacin cpcr 75 mg	1	
ketoprofen caps 50 mg, 75 mg	1	
ketorolac tromethamine tabs or 10 mg	1	QL(0.667 ea daily)
LODINE TABS (*Use etodolac*)	NF	
meclofenamate sodium caps	1	
mefenamic acid caps	1	ST; Must try ibuprofen. ;QL(5 ea daily)
meloxicam tabs	1	QL(1 ea daily)
MOBIC TABS (*Use meloxicam*)	NF	QL(1 ea daily)
nabumetone tabs	1	
NALFON TABS 600 MG (*Use fenoprofen calcium*)	NF	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (*Use naproxen*)	NF	PA
NAPROSYN TABS 500 MG (*Use naproxen*)	NF	
naproxen sodium tabs 550 mg	1	
naproxen susp 125 mg/5ml	1	PA
naproxen tabs 250 mg, 375 mg, 500 mg	1	
naproxen tbec 500 mg	1	
oxaprozin tabs	1	
piroxicam caps	1	
sulindac tabs	1	
tolmetin sodium caps	1	
tolmetin sodium tabs	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA; QL(2 ea daily)
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 CLICKJECT SOAJ	4	PA
ORENCIA SOLR IV 250 MG	4	PA; SP
ORENCIA SOSY SC 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	4	PA; QL(0.143 ml daily); SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA;
ENBREL SOLR 25 MG	4	PA; QL(0.286 ea daily); SP
ENBREL SOSY 25 MG/0.5ML	4	PA; QL(0.146 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOSY 50 MG/ML	4	PA; QL(0.28 ml daily); SP
ENBREL SURECLICK SOAJ	4	PA; QL(0.143 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs 325 mg-50 mg	1	
butalbital-acetaminophen-caffeine caps 300 mg-40 mg-50 mg, 325 mg-40 mg-50 mg	1	
butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg	1	
butalbital-aspirin-caffeine caps	1	
BUTALBITAL/ACETAMINOPHEN CAPS (*Use butalbital-acetaminophen*)	NF	
ESGIC TABS (*Use butalbital-acetaminophen-caffeine*)	NF	
FIORICET CAPS (*Use butalbital-acetaminophen-caffeine*)	NF	
FIORINAL CAPS (*Use butalbital-aspirin-caffeine*)	NF	
Salicylates		
aspirin chew	0	AL(At least 45 yrs old - Up to 79 yrs old)
aspirin tabs	0	AL(At least 45 yrs old - Up to 79 yrs old)
aspirin tbec	0	AL(At least 45 yrs old - Up to 79 yrs old)
diflunisal tabs	1	
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 15 MG, 60 MG	1	New starts limited to 7 day supply
CODEINE SULFATE TABS 30 MG (*Use codeine sulfate*)	1	New starts limited to 7 day supply
codeine sulfate tabs 30 mg, 60 mg	1	New starts limited to 7 day supply
CONZIP CP24 (*Use tramadol hcl*)	NF	
DEMEROL SOLN 100 MG/ML, 25 MG/ML, 50 MG/ML (*Use meperidine hcl*)	NF	
DILAUDID LIQD OR 1 MG/ML (*Use hydromorphone hcl*)	NF	New starts limited to 7 day supply
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML (*Use hydromorphone hcl*)	NF	
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (*Use hydromorphone hcl*)	NF	New starts limited to 7 day supply;QL(8 ea daily)
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 TB24 12 MG, 16 MG, 8 MG (*Use hydromorphone hcl*)	NF	PA; QL(2 ea daily)
EXALGO TB24 32 MG (*Use hydromorphone hcl*)	NF	PA; QL(1 ea daily)
fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; QL(4 ea daily)
fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FENTORA TABS (*Use fentanyl citrate*)	NF	
hydrocodone bitartrate cp12	1	PA; QL(2 ea daily)
hydromorphone hcl liqd or 1 mg/ml	1	New starts limited to 7 day supply
hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml	1	
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	1	New starts limited to 7 day supply;QL(8 ea daily)
hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg	1	PA; QL(2 ea daily)
hydromorphone hcl tb24 or 32 mg	1	PA; QL(1 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML (*Use hydromorphone hcl*)	NF	
KADIAN CP24 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (*Use morphine sulfate*)	NF	PA; QL(2 ea daily)
levorphanol tartrate tabs 2 mg	1	New starts limited to 7 day supply
meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml	1	
meperidine hcl soln or 50 mg/5ml	1	New starts limited to 7 day supply;QL(500 ml per fill retail)
meperidine hcl tabs or 100 mg, 50 mg	1	New starts limited to 7 day supply;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	

Drug Name	Drug Tier	Requirements/ Limits
methadone hcl soln or 10 mg/5ml	1	QL(50 ml daily)
methadone hcl soln or 5 mg/5ml	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*)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (*Use methadone hcl*)	NF	QL(10 ml daily)
MORPHABOND ER T12A	3	PA
morphine sulfate cp24 or 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; QL(2 ea daily)
morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml	1	
MORPHINE SULFATE SOLN IV 10 MG/ML (*Use morphine sulfate*)	NF	
morphine sulfate soln or 10 mg/5ml	1	New starts limited to 7 day supply;QL(100 ml daily)
morphine sulfate soln or 20 mg/5ml	1	New starts limited to 7 day supply;QL(50 ml daily)
morphine sulfate tabs or 15 mg	1	
morphine sulfate tabs or 15 mg, 30 mg	1	New starts limited to 7 day supply;QL(6 ea daily)
morphine sulfate tbcr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	QL(2 ea daily)
MS CONTIN TBCR (*Use morphine sulfate*)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (*Use oxymorphone hcl*)	NF	PA; QL(12 ea daily)
OXAYDO TABS 5 MG	2	New starts limited to 7 day supply;QL(12 ea daily)
oxycodone hcl t12a 15 mg, 30 mg, 60 mg, 10 mg, 20 mg, 80 mg, 40 mg	3	PA; QL(2 ea daily)
oxycodone hcl tabs 10 mg, 20 mg, 15 mg, 30 mg, 5 mg	1	New starts limited to 7 day supply;QL(12 ea daily)
OXYCONTIN T12A	3	PA; QL(2 ea daily)
oxymorphone hcl tabs 10 mg, 5 mg	1	PA; QL(12 ea daily)
oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	3	PA; QL(2 ea daily)
oxymorphone hcl tb12 40 mg	3	PA; QL(4 ea daily)
ROXICODONE TABS (*Use oxycodone hcl*)	NF	New starts limited to 7 day supply;QL(12 ea daily)
SUBSYS LIQD	3	PA
tramadol hcl tabs 50 mg	1	New starts limited to 7 day supply;QL(8 ea daily)
tramadol hcl tb24 100 mg, 200 mg, 300 mg	1	QL(1 ea daily)
ULTRAM TABS (*Use tramadol hcl*)	NF	New starts limited to 7 day supply;QL(8 ea daily)
XTAMPZA ER C12A	2	PA
ZOHYDRO ER CP12 (*Use hydrocodone bitartrate*)	3	PA; QL(2 ea daily)
Opioid Combinations		
acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml	1	New starts limited to 7 day supply;QL(75 ml daily)
acetaminophen w/ codeine tabs 15 mg-300 mg	1	New starts limited to 7 day supply;QL(13 ea daily)
acetaminophen w/ codeine tabs 30 mg-300 mg	1	New starts limited to 7 day supply;QL(12 ea daily)
acetaminophen w/ codeine tabs 300 mg-60 mg	1	New starts limited to 7 day supply;QL(6 ea daily)
acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg	1	New starts limited to 7 day supply
acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg	3	PA; New starts limited to 7 day supply
butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-300 mg-40 mg-50 mg	1	New starts limited to 7 day supply
butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-325 mg-40 mg-50 mg	1	New starts limited to 7 day supply;QL(6 ea daily)
butalbital-aspirin-caffeine w/cod caps	1	New starts limited to 7 day supply;QL(6 ea daily)
FIORICET/CODEINE CAPS (*Use butalbital-acetaminophen-caffeine w/ codeine*)	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS (*Use butalbital-aspirin-caffeine w/cod*)	NF	New starts limited to 7 day supply;QL(6 ea daily)
HYDROCODONE BITARTRATE/ACETAMINOPHEN SOLN	1	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml	1	New starts limited to 7 day supply;QL(180 ml daily)
hydrocodone-acetaminophen tabs 10 mg-300 mg, 300 mg-5 mg, 300 mg-7.5 mg	1	New starts limited to 7 day supply;QL(13 ea daily)
hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg	1	New starts limited to 7 day supply;QL(12 ea daily)
hydrocodone-ibuprofen tabs 10 mg-200 mg, 200 mg-5 mg	1	PA
hydrocodone-ibuprofen tabs 200 mg-7.5 mg	1	New starts limited to 7 day supply;QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply
NORCO TABS (*Use hydrocodone-acetaminophen*)	NF	New starts limited to 7 day supply;QL(12 ea daily)
oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg	1	New starts limited to 7 day supply;QL(12 ea daily)
oxycodone-ibuprofen tabs	1	New starts limited to 7 day supply;QL(1 ea daily)
PERCOCET TABS 10 MG-325 MG, 325 MG-5 MG, 325 MG-7.5 MG (*Use oxycodone w/ acetaminophen*)	NF	New starts limited to 7 day supply;QL(12 ea daily)
ROXICET SOLN	2	New starts limited to 7 day supply
tramadol-acetaminophen tabs	1	New starts limited to 7 day supply;QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (*Use acetaminophen w/ codeine*)	NF	New starts limited to 7 day supply;QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (*Use acetaminophen w/ codeine*)	NF	New starts limited to 7 day supply;QL(6 ea daily)
ULTRACET TABS (*Use tramadol-acetaminophen*)	NF	New starts limited to 7 day supply;QL(8 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM	3	PA
BUPRENEX SOLN (*Use buprenorphine hcl*)	NF	
buprenorphine hcl soln ij 0.3 mg/ml	1	
buprenorphine hcl subl sl 2 mg, 8 mg	1	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg	1	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg, 2 mg-8 mg	1	QL(2 ea daily)
buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg	1	QL(3 ea daily)
buprenorphine ptwk td 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	1	PA; QL(0.143 ea daily)
butorphanol tartrate soln ij 1 mg/ml, 2 mg/ml	1	
butorphanol tartrate soln na 10 mg/ml	1	PA
BUTRANS PTWK 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (*Use buprenorphine*)	NF	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR (*Use buprenorphine*)	3	PA; QL(0.143 ea daily)
nalbuphine hcl soln	1	QL(8 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
pentazocine w/ naloxone tabs	1	New starts limited to 7 day supply
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG (*Use buprenorphine hcl-naloxone hcl dihydrate*)	NF	QL(3 ea daily)
SUBOXONE FILM 12 MG-3 MG, 2 MG-8 MG (*Use buprenorphine hcl-naloxone hcl dihydrate*)	NF	QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
oxandrolone tabs	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (*Use testosterone*)	NF	
danazol caps	1	
DEPO-TESTOSTERONE SOLN (*Use testosterone cypionate*)	NF	
METHITEST TABS	3	
TESTIM GEL (*Use testosterone*)	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
testosterone cypionate soln ij 200 mg/ml	1	
testosterone cypionate soln im 100 mg/ml, 200 mg/ml	1	
testosterone enanthate soln im	1	
VOGELXO GEL (*Use testosterone*)	NF	
VOGELXO PUMP GEL (*Use testosterone*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ANORECTAL AND RELATED PRODUCTS - 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		
albendazole tabs	1	PA
ALBENZA TABS (*Use albendazole*)	NF	PA
BILTRICIDE TABS (*Use praziquantel*)	NF	PA
EMVERM CHEW	2	QL(2 ea daily,6 ea per fill retail,6 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
ivermectin tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
praziquantel tabs	1	PA
STROMECTOL TABS (*Use ivermectin*)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
bacitracin solr	3	
FLAGYL TABS 500 MG (*Use metronidazole*)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
metronidazole tabs or 250 mg, 500 mg	1	
NEBUPENT SOLR (*Use pentamidine isethionate*)	3	
PENTAM 300 SOLR (*Use pentamidine isethionate*)	3	
pentamidine isethionate solr	1	
trimethoprim tabs	1	
vancomycin hcl solr iv 1000 mg	1	
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	
Antiprotozoal Agents		
ALINIA SUSR	2	
ALINIA TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
atovaquone susp	1	
MEPRON SUSP (*Use atovaquone*)	NF	
Carbapenems		
ertapenem sodium solr	1	
imipenem-cilastatin solr	1	
INVANZ SOLR (*Use ertapenem sodium*)	NF	
meropenem solr	1	
MERREM SOLR (*Use meropenem*)	NF	
PRIMAXIN IV SOLR (*Use imipenem-cilastatin*)	NF	
Chloramphenicols		
chloramphenicol sodium succinate solr	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (*Use daptomycin*)	NF	
CUBICIN SOLR (*Use daptomycin*)	NF	
DAPTOMYCIN SOLR 350 MG (*Use daptomycin*)	NF	
daptomycin solr 500 mg	1	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN CAPS (*Use vancomycin hcl*)	NF	QL(4 ea daily,40 ea per fill retail)
VANCOCIN HCL CAPS (*Use vancomycin hcl*)	NF	QL(4 ea daily,40 ea per fill retail)
vancomycin hcl caps or 125 mg, 250 mg	1	QL(4 ea daily,40 ea per fill retail)
vancomycin hcl solr iv 10 gm, 500 mg, 1 gm, 1000 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostatics		
dapsone tabs or 100 mg, 25 mg	3	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (*Use clindamycin hcl*)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (*Use clindamycin palmitate hydrochloride*)	NF	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9 GM/60ML (*Use clindamycin phosphate*)	NF	
clindamycin hcl caps	1	
clindamycin palmitate hydrochloride solr	1	
clindamycin phosphate soln	1	
LINCOCIN SOLN (*Use lincomycin hcl*)	NF	
lincomycin hcl soln	1	
Monobactams		
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		
linezolid susr or 100 mg/5ml	1	
linezolid tabs or 600 mg	1	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (*Use linezolid*)	NF	
ZYVOX TABS OR 600 MG (*Use linezolid*)	NF	PA; QL(2 ea daily)
Polymyxins		
polymyxin b sulfate solr	1	

Drug Name	Drug Tier	Requirements/ Limits
Urinary Anti-infectives		
fosfomycin tromethamine pack	1	
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 (*Use fosfomycin tromethamine*)	3	
nitrofurantoin macrocrystal caps 100 mg, 50 mg	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (*Use ranolazine*)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (*Use ranolazine*)	2	QL(3 ea daily)
ranolazine tb12 1000 mg	1	QL(2 ea daily)
ranolazine tb12 500 mg	1	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (*Use isosorbide dinitrate*)	NF	
isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg	1	
isosorbide dinitrate tbcr 40 mg	1	
isosorbide mononitrate tabs	1	
isosorbide mononitrate tb24	1	

Drug Name	Drug Tier	Requirements/ Limits
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*Use nitroglycerin*)	NF	
nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg	1	QL(4 ea daily)
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	1	
NITROSTAT SUBL (*Use nitroglycerin*)	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl tabs 10 mg, 30 mg, 15 mg, 7.5 mg	1	
buspirone hcl tabs 5 mg	1	QL(6 ea daily)
hydroxyzine hcl soln im 50 mg/ml	1	
hydroxyzine hcl syrp or 10 mg/5ml	1	
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate caps	1	
meprobamate tabs	1	
VISTARIL CAPS (*Use hydroxyzine pamoate*)	NF	
Benzodiazepines		
alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL(4 ea daily)
alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
ATIVAN TABS OR 0.5 MG, 2 MG (*Use lorazepam*)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ATIVAN TABS OR 1 MG (*Use lorazepam*)	NF	QL(4 ea daily)
chlordiazepoxide hcl caps	1	
clorazepate dipotassium tabs	1	
diazepam conc or 5 mg/ml	1	
diazepam soln or 5 mg/5ml	1	
diazepam tabs or 10 mg, 2 mg, 5 mg	1	QL(4 ea daily)
lorazepam conc or 2 mg/ml	1	
lorazepam tabs or 0.5 mg, 2 mg	1	QL(3 ea daily)
lorazepam tabs or 1 mg	1	QL(4 ea daily)
oxazepam caps 30 mg, 10 mg, 15 mg	1	
TRANXENE T TABS (*Use clorazepate dipotassium*)	NF	
VALIUM TABS (*Use diazepam*)	NF	QL(4 ea daily)
XANAX TABS (*Use alprazolam*)	NF	QL(4 ea daily)
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 500 mg/ml	1	
quinidine sulfate tabs	1	
Antiarrhythmics Type I-B		
mexiletine hcl caps 150 mg, 200 mg, 250 mg	1	
Antiarrhythmics Type I-C		
flecainide acetate tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
propafenone hcl cp12	1	
propafenone hcl tabs	1	
RYTHMOL SR CP12 (*Use propafenone hcl*)	NF	
Antiarrhythmics Type III		
amiodarone hcl soln iv 150 mg/3ml, 50 mg/ml	1	
amiodarone hcl tabs or 100 mg, 200 mg, 400 mg	1	
CORDARONE TABS (*Use amiodarone hcl*)	NF	
dofetilide caps	1	
MULTAQ TABS	3	
TIKOSYN CAPS (*Use dofetilide*)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
CROMOLYN SODIUM NEBU	1	QL(8 ml daily)
cromolyn sodium nebu	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOLR 100 MG	4	PA
XOLAIR SOLR 150 MG	4	PA; QL(0.214 ea daily); SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	QL(0.44 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	
Leukotriene Modulators		
ACCOLATE TABS (*Use zafirlukast*)	NF	QL(2 ea daily)
montelukast sodium chew 4 mg, 5 mg	1	QL(1 ea daily)
montelukast sodium pack 4 mg	1	PA; QL(1 ea daily)
montelukast sodium tabs 10 mg	1	QL(1 ea daily)
SINGULAIR CHEW 4 MG, 5 MG (*Use montelukast sodium*)	NF	QL(1 ea daily)
SINGULAIR PACK 4 MG (*Use montelukast sodium*)	NF	PA; QL(1 ea daily)
SINGULAIR TABS 10 MG (*Use montelukast sodium*)	NF	QL(1 ea daily)
zafirlukast tabs	1	QL(2 ea daily)
zileuton tb12	1	QL(4 ea daily)
ZYFLO CR TB12 (*Use zileuton*)	NF	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply,180 rtl lmt day(s),30 mail MAX day(s) supply,180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	
Steroid Inhalants		
ALVESCO AERS	3	PA
ARNUITY ELLIPTA AEPB	2	
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	2	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	

Drug Name	Drug Tier	Requirements/ Limits
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	2	
FLOVENT HFA AERO	2	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP (*Use budesonide (inhalation)*)	NF	PA; QL(4 ml daily)
QVAR REDIHALER AERB	2	
Sympathomimetics		
ADVAIR DISKUS AEPB (*Use fluticasone-salmeterol*)	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB (*Use fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 232/14 AEPB (*Use fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 55/14 AEPB (*Use fluticasone-salmeterol*)	NF	
albuterol sulfate aers in 108 mcg/act	1	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate aers in 108 mcg/act	1	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml	1	QL(15 ml daily)
albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml	1	
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	2	
ARCAPTA NEOHALER CAPS	2	
BEVESPI AEROSPHERE AERO	2	
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)
budesonide-formoterol fumarate dihydrate aero	1	
epinephrine hcl soln	1	
fluticasone-salmeterol aepb 100 mcg/dose-50 mcg/dose, 250 mcg/dose-50 mcg/dose, 50 mcg/dose-500 mcg/dose	1	
ipratropium-albuterol soln	1	QL(18 ml daily)
levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	1	PA; QL(12 ml daily)
levalbuterol hcl nebu 1.25 mg/0.5ml	1	PA
levalbuterol tartrate aero	3	PA; Limit 2 inhalers per month;QL(1 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
metaproterenol sulfate syrp	1	
metaproterenol sulfate tabs	1	
PROAIR HFA AERS (*Use albuterol sulfate*)	2	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
PROVENTIL HFA AERS (*Use albuterol sulfate*)	2	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO (*Use budesonide-formoterol fumarate dihydrate*)	2	
terbutaline sulfate soln	1	
terbutaline sulfate tabs	1	
TRELEGY ELLIPTA AEPB 100 MCG/INH-25 MCG/INH-62.5 MCG/INH	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	PA
VENTOLIN HFA AERS (*Use albuterol sulfate*)	2	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
XOPENEX CONCENTRATE NEBU (*Use levalbuterol hcl*)	NF	PA
XOPENEX HFA AERO (*Use levalbuterol tartrate*)	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
XOPENEX NEBU (*Use levalbuterol hcl*)	NF	PA; QL(12 ml daily)
Xanthines		
aminophylline soln	1	
ELIXOPHYLLIN ELIX	1	
theophylline soln 80 mg/15ml	1	QL(56 ml daily)
theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline tb24 400 mg, 600 mg	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (*Use warfarin sodium*)	2	
warfarin sodium tabs	1	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail,42 ea per 42 days mail)
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily)
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill,365 rtl day(s) supply,
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG, 2.5 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (*Use fondaparinux sodium*)	NF	QL(7.2 ml per 180 days retail,7.2 ml per 180 days mail); SP
ARIXTRA SOLN 2.5 MG/0.5ML (*Use fondaparinux sodium*)	NF	QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
ARIXTRA SOLN 5 MG/0.4ML (*Use fondaparinux sodium*)	NF	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP
ARIXTRA SOLN 7.5 MG/0.6ML (*Use fondaparinux sodium*)	NF	QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP
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); SP
enoxaparin sodium soln sc 40 mg/0.4ml	4	QL(0.8 ml daily,30 day(s) limit); SP
enoxaparin sodium soln sc 60 mg/0.6ml	4	QL(1.2 ml daily,30 day(s) limit); SP
fondaparinux sodium soln 10 mg/0.8ml	4	QL(7.2 ml per 180 days retail,7.2 ml per 180 days mail); SP
fondaparinux sodium soln 2.5 mg/0.5ml	4	QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP
fondaparinux sodium soln 5 mg/0.4ml	4	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP
fondaparinux sodium soln 7.5 mg/0.6ml	4	QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP
FRAGMIN SOLN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	4	PA; SP
HEPARIN LOCK FLUSH SOLN (*Use heparin sodium (porcine*) lock flush)	NF	
heparin sod (porcine) in d5w soln 40 unit/ml-5 %	1	
heparin sodium (porcine) soln 20000 unit/ml, 10000 unit/ml, 5000 unit/ml	1	
HEPARIN SODIUM/NACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IV 0.9 %-1000 UNIT/500ML (*Use heparin (porcine*) in sodium chloride)	NF	
LOVENOX SOLN IJ 300 MG/3ML (*Use enoxaparin sodium*)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (*Use enoxaparin sodium*)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (*Use enoxaparin sodium*)	NF	QL(1.6 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (*Use enoxaparin sodium*)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (*Use enoxaparin sodium*)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (*Use enoxaparin sodium*)	NF	QL(1.2 ml daily,30 day(s) limit); SP
Thrombin Inhibitors		
PRADAXA CAPS	3	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		

Drug Name	Drug Tier	Requirements/ Limits
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
Anticonvulsants - Benzodiazepines		
clobazam susp 2.5 mg/ml	1	PA; QL(16 ml daily)
clobazam tabs 10 mg, 20 mg	1	PA; QL(2 ea daily)
clonazepam tabs 0.5 mg, 1 mg, 2 mg	1	
DIASTAT ACUDIAL GEL (*Use diazepam (anticonvulsant)*)	3	
DIASTAT PEDIATRIC GEL (*Use diazepam (anticonvulsant)*)	3	
diazepam (anticonvulsant) gel	3	
KLONOPIN TABS (*Use clonazepam*)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (*Use clobazam*)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (*Use clobazam*)	NF	PA; QL(2 ea daily)
VALTOCO LIQD	4	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	4	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (*Use rufinamide*)	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)
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
carbamazepine chew 100 mg	1	
carbamazepine cp12 100 mg	1	
carbamazepine cp12 200 mg	1	QL(6 ea daily)
carbamazepine cp12 300 mg	1	QL(4 ea daily)
carbamazepine susp 100 mg/5ml	1	
carbamazepine tabs 200 mg	1	
carbamazepine tb12 100 mg, 400 mg	1	QL(4 ea daily)
carbamazepine tb12 200 mg	1	QL(6 ea daily)
CARBATROL CP12 100 MG (*Use carbamazepine*)	NF	
CARBATROL CP12 200 MG (*Use carbamazepine*)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (*Use carbamazepine*)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN	3	PA
gabapentin caps 100 mg, 300 mg, 400 mg	1	
gabapentin soln 250 mg/5ml, 300 mg/6ml	1	QL(60 ml daily)
gabapentin tabs 600 mg, 800 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)

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA TABS OR 1000 MG (*Use levetiracetam*)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (*Use levetiracetam*)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (*Use levetiracetam*)	NF	QL(6 ea daily)
KEPPRA XR TB24 (*Use levetiracetam*)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (*Use lamotrigine*)	NF	
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (*Use lamotrigine*)	NF	QL(1 ea daily)
LAMICTAL TABS (*Use lamotrigine*)	NF	
lamotrigine chew 25 mg, 5 mg	1	
lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg	1	QL(1 ea daily)
levetiracetam soln iv 500 mg/5ml	1	QL(30 ml daily)
levetiracetam soln or 100 mg/ml, 500 mg/5ml	1	QL(30 ml daily)
levetiracetam tabs or 1000 mg	1	QL(3 ea daily)
levetiracetam tabs or 250 mg, 750 mg	1	QL(4 ea daily)
levetiracetam tabs or 500 mg	1	QL(6 ea daily)
levetiracetam tb24 or 500 mg, 750 mg	1	QL(4 ea daily)
LYRICA CAPS 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (*Use pregabalin*)	2	PA; QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG (*Use pregabalin*)	2	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML (*Use pregabalin*)	2	PA; QL(30 ml daily)
MYSOLINE TABS (*Use primidone*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN CAPS 100 MG, 300 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 300 mg/5ml, 60 mg/ml	1	QL(40 ml daily)
oxcarbazepine tabs 150 mg, 300 mg	1	QL(3 ea daily)
oxcarbazepine tabs 600 mg	1	QL(4 ea daily)
pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	PA; QL(3 ea daily)
pregabalin caps 225 mg, 300 mg	1	PA; QL(2 ea daily)
pregabalin soln 20 mg/ml	1	PA; QL(30 ml daily)
primidone tabs	1	
QUDEXY XR CS24 (*Use topiramate*)	NF	
rufinamide susp	1	PA; QL(80 ml daily)
TEGRETOL SUSP (*Use carbamazepine*)	2	
TEGRETOL TABS (*Use carbamazepine*)	2	
TEGRETOL-XR TB12 100 MG, 400 MG (*Use carbamazepine*)	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG (*Use carbamazepine*)	NF	QL(6 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 (*Use topiramate*)	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG (*Use topiramate*)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX TABS 25 MG, 50 MG (*Use topiramate*)	NF	QL(6 ea daily)
topiramate cpsp 15 mg	1	QL(6 ea daily)
topiramate cpsp 25 mg	1	QL(8 ea daily)
topiramate tabs 100 mg	1	QL(4 ea daily)
topiramate tabs 200 mg	1	QL(2 ea daily)
topiramate tabs 25 mg, 50 mg	1	QL(6 ea daily)
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 100 MG, 150 MG, 200 MG, 50 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 2 MG, 4 MG (*Use tiagabine hcl*)	NF	
SABRIL PACK (*Use vigabatrin*)	NF	PA; QL(6 ea daily); SP
SABRIL TABS (*Use vigabatrin*)	4	PA; QL(6 ea daily); SP
tiagabine hcl tabs 2 mg, 4 mg	1	
vigabatrin pack	4	PA; QL(6 ea daily); SP
vigabatrin tabs	4	PA; QL(6 ea daily); SP
Hydantoins		
CEREBYX SOLN (*Use fosphenytoin sodium*)	NF	
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
divalproex sodium tb24 250 mg, 500 mg	1	
divalproex sodium tbec 125 mg, 250 mg, 500 mg	1	
valproate sodium soln	1	
valproic acid caps or	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs 15 mg	1	QL(3 ea daily)
mirtazapine tabs 30 mg	1	QL(1.5 ea daily)
mirtazapine tabs 7.5 mg, 45 mg	1	QL(1 ea daily)
mirtazapine tbdp 15 mg	1	QL(3 ea daily)
mirtazapine tbdp 30 mg	1	QL(1.5 ea daily)
mirtazapine tbdp 45 mg	1	
REMERON SOLTAB TBDP 15 MG (*Use mirtazapine*)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (*Use mirtazapine*)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (*Use mirtazapine*)	NF	
REMERON TABS 15 MG (*Use mirtazapine*)	NF	QL(3 ea daily)
REMERON TABS 30 MG (*Use mirtazapine*)	NF	QL(1.5 ea daily)
Antidepressants - Misc.		
bupropion hcl tabs 100 mg, 75 mg	1	QL(3 ea daily)
bupropion hcl tb12 100 mg	1	QL(4 ea daily)
bupropion hcl tb12 150 mg	1	QL(3 ea daily)
bupropion hcl tb12 200 mg	1	QL(2 ea daily)
bupropion hcl tb24 150 mg	1	QL(3 ea daily)
bupropion hcl tb24 300 mg	1	QL(1 ea daily)
FORFIVO XL TB24 (*Use bupropion hcl*)	NF	
maprotiline hcl tabs	3	
WELLBUTRIN SR TB12 100 MG (*Use bupropion hcl*)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (*Use bupropion hcl*)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (*Use bupropion hcl*)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (*Use bupropion hcl*)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (*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	

Drug Name	Drug Tier	Requirements/ Limits
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (*Use citalopram hydrobromide*)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (*Use citalopram hydrobromide*)	NF	QL(2 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 10 mg	1	QL(4 ea daily)
citalopram hydrobromide tabs 20 mg	1	QL(2 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	1	QL(2 ea daily)
escitalopram oxalate tabs 20 mg	1	QL(1 ea daily)
escitalopram oxalate tabs 5 mg	1	QL(4 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, 60 mg	1	QL(1 ea daily)
fluoxetine hcl tabs 20 mg	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE HYDROCHLORIDE TABS (*Use fluoxetine hcl*)	NF	QL(1 ea daily)
fluvoxamine maleate tabs 100 mg	1	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	1	QL(2 ea daily)
LEXAPRO TABS 10 MG (*Use escitalopram oxalate*)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (*Use escitalopram oxalate*)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (*Use escitalopram oxalate*)	NF	QL(4 ea daily)
paroxetine hcl tabs 10 mg	1	QL(6 ea daily)
paroxetine hcl tabs 20 mg	1	QL(3 ea daily)
paroxetine hcl tabs 30 mg	1	QL(2 ea daily)
paroxetine hcl tabs 40 mg	1	QL(1 ea daily)
paroxetine hcl tb24 12.5 mg	1	QL(1 ea daily)
paroxetine hcl tb24 37.5 mg, 25 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 (*Use paroxetine hcl*)	NF	QL(6 ea daily)
PAXIL TABS 20 MG (*Use paroxetine hcl*)	NF	QL(3 ea daily)
PAXIL TABS 30 MG (*Use paroxetine hcl*)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (*Use paroxetine hcl*)	NF	QL(1 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)
sertraline hcl conc 20 mg/ml	1	QL(10 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
sertraline hcl tabs 100 mg	1	QL(2 ea daily)
sertraline hcl tabs 25 mg, 50 mg	1	QL(4 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 25 MG, 50 MG (*Use sertraline hcl*)	NF	QL(4 ea daily)
Serotonin Modulators		
nefazodone hcl tabs	3	
trazodone hcl tabs	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA
VIIBRYD TABS	3	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (*Use duloxetine hcl*)	NF	QL(2 ea daily)
desvenlafaxine succinate tb24 100 mg	1	QL(4 ea daily)
desvenlafaxine succinate tb24 25 mg, 50 mg	1	QL(1 ea daily)
duloxetine hcl cpep or 20 mg, 30 mg, 60 mg	1	QL(2 ea daily)
duloxetine hcl cpep or 40 mg	1	
EFFEXOR XR CP24 150 MG (*Use venlafaxine hcl*)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (*Use venlafaxine hcl*)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (*Use venlafaxine hcl*)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
KHEDEZLA TB24 (*Use desvenlafaxine*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PRISTIQ TB24 100 MG (*Use desvenlafaxine succinate*)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (*Use desvenlafaxine succinate*)	NF	QL(1 ea daily)
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	1	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	1	QL(5 ea daily)
venlafaxine hcl tabs 100 mg, 25 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	1	ST; QL(1 ea daily)
venlafaxine hcl tb24 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	PA
clomipramine hcl caps	1	PA
desipramine hcl tabs	1	
doxepin hcl caps	1	
doxepin hcl conc	1	
imipramine hcl tabs	1	
imipramine pamoate caps	1	
NORPRAMIN TABS (*Use desipramine hcl*)	NF	
nortriptyline hcl caps	1	
nortriptyline hcl soln	1	
PAMELOR CAPS (*Use nortriptyline hcl*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
protriptyline hcl tabs	1	
SURMONTIL CAPS (*Use trimipramine maleate*)	NF	
TOFRANIL TABS (*Use imipramine hcl*)	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*)	NF	
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)
DUETACT TABS (*Use pioglitazone hcl-glimepiride*)	NF	QL(1 ea daily)
glipizide-metformin hcl tabs 2.5 mg-250 mg, 2.5 mg-500 mg	1	QL(2 ea daily)
glipizide-metformin hcl tabs 5 mg-500 mg	1	QL(4 ea daily)
glyburide-metformin tabs 1.25 mg-250 mg	1	QL(2 ea daily)
glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg	1	QL(4 ea daily)
GLYXAMBI TABS	3	PA
INVOKAMET TABS	3	PA

Drug Name	Drug Tier	Requirements/ Limits
JANUMET TABS	2	
JANUMET XR TB24	2	
JENTADUETO TABS	2	
JENTADUETO XR TB24	2	
KAZANO TABS (*Use alogliptin-metformin hcl*)	NF	
OSENI TABS (*Use alogliptin-pioglitazone*)	NF	
pioglitazone hcl-glimepiride tabs	1	QL(1 ea daily)
pioglitazone hcl-metformin hcl tabs	1	QL(2 ea daily)
repaglinide-metformin hcl tabs	1	QL(2 ea daily)
SEGLUROMET TABS	2	QL(2 ea daily)
SYNJARDY TABS	2	
SYNJARDY XR TB24	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 1000 MG-5 MG, 5 MG-500 MG	3	PA
XULTOPHY 100/3.6 SOPN	3	PA
Biguanides		
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 (*Use metformin hcl*)	NF	
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)

Drug Name	Drug Tier	Requirements/ Limits
metformin hcl tb24 500 mg, 750 mg	1	
Diabetic Other		
BAQSIMI ONE PACK POWD	3	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD	3	QL(0.069 ea daily)
diazoxide susp	1	
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT	3	QL(0.035 ea daily)
GVOKE PFS SOSY	3	QL(0.02 ml daily)
PROGLYCEM SUSP (*Use diazoxide*)	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate tabs 12.5 mg	3	PA; QL(1 ea daily)
alogliptin benzoate tabs 25 mg, 6.25 mg	3	PA; QL(1 ea daily); MP
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS 12.5 MG (*Use alogliptin benzoate*)	3	PA; QL(1 ea daily)
NESINA TABS 25 MG, 6.25 MG (*Use alogliptin benzoate*)	3	PA; QL(1 ea daily); MP
ONGLYZA TABS	3	PA; 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		
BYDUREON BCISE AUIJ	2	PA; QL(0.143 ml daily)
BYDUREON PEN PEN	2	PA; QL(0.143 ea daily)
BYDUREON SRER	2	PA; QL(0.143 ea daily)
BYETTA SOPN	2	PA; QL(0.08 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
TANZEUM PEN	3	PA
TRULICITY SOPN	2	PA; QL(0.143 ml daily)
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		
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP PENFILL SOCT	2	
FIASP SOLN	2	
HUMULIN R U-500 (*CONCENTRATED*) SOLN	3	
HUMULIN R U-500 KWIKPEN SOPN	3	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
NOVOLIN 70/30 FLEXPEN SUPN	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	

Drug Name	Drug Tier	Requirements/ Limits
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	
TRESIBA FLEXTOUCH SOPN	3	PA
TRESIBA SOLN	3	PA
Meglitinide Analogues		
nateglinide tabs	1	QL(3 ea daily)
PRANDIN TABS 1 MG (*Use repaglinide*)	NF	QL(4 ea daily)
PRANDIN TABS 2 MG (*Use repaglinide*)	NF	QL(8 ea daily)
repaglinide tabs 0.5 mg, 1 mg	1	QL(4 ea daily)
repaglinide tabs 2 mg	1	QL(8 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	2	
STEGLATRO TABS	2	
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (*Use glimepiride*)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (*Use glimepiride*)	NF	QL(2 ea daily)
chlorpropamide tabs 100 mg	1	QL(3 ea daily)
glimepiride tabs 1 mg, 2 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
glimepiride tabs 4 mg	1	QL(2 ea daily)
glipizide tabs 10 mg, 5 mg	1	QL(4 ea daily)
glipizide tb24 10 mg, 2.5 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)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
diphenoxylate w/ atropine liqd	1	
diphenoxylate w/ atropine tabs	1	
IMODIUM A-D CAPS (*Use loperamide hcl*)	NF	RX/OTC
LOMOTIL TABS (*Use diphenoxylate w/ atropine*)	NF	
loperamide hcl caps	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
deferasirox pack 180 mg, 360 mg, 90 mg	4	PA
deferasirox tabs 360 mg, 90 mg, 180 mg	4	PA; SP
deferasirox tbso 125 mg, 250 mg, 500 mg	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
deferiprone tabs	1	
EXJADE TBSO (*Use deferasirox*)	4	PA; SP
FERRIPROX TABS 500 MG (*Use deferiprone*)	3	
JADENU SPRINKLE PACK (*Use deferasirox*)	4	PA
JADENU TABS (*Use deferasirox*)	4	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
naloxone hcl soln 0.4 mg/ml, 4 mg/10ml	1	
naltrexone hcl tabs	1	
NARCAN LIQD	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN (*Use palonosetron hcl*)	NF	
ANZEMET TABS	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	1	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ondansetron hcl tabs or 8 mg	1	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
ondansetron tbdp 4 mg	1	QL(1 ea daily)
ondansetron tbdp 8 mg	1	
palonosetron hcl soln	1	
ZOFRAN SOLN 4 MG/5ML (*Use ondansetron hcl*)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG (*Use ondansetron hcl*)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (*Use ondansetron hcl*)	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
Antiemetics - Anticholinergic		
meclizine hcl tabs	1	RX/OTC
scopolamine pt72	1	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (*Use trimethobenzamide hcl*)	NF	
TRANSDERM SCOP PT72 (*Use scopolamine*)	2	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (*Use scopolamine*)	2	QL(0.34 ea daily)
trimethobenzamide hcl caps	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA
CESAMET CAPS	3	
DICLEGIS TBEC (*Use doxylamine-pyridoxine*)	3	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
doxylamine-pyridoxine tbec	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
dronabinol caps	1	
MARINOL CAPS (*Use dronabinol*)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps 125 mg, 40 mg	1	QL(0.067 ea daily)
aprepitant caps 80 mg	1	QL(0.134 ea daily)
EMEND CAPS OR 125 MG, 40 MG (*Use aprepitant*)	NF	QL(0.067 ea daily)
EMEND CAPS OR 80 MG (*Use aprepitant*)	NF	QL(0.134 ea daily)
EMEND SOLR IV 150 MG (*Use fosaprepitant dimeglumine*)	NF	
VARUBI TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (*Use caspofungin acetate*)	NF	
caspofungin acetate solr 50 mg, 70 mg	1	
ERAXIS SOLR	3	
micafungin sodium solr 100 mg, 50 mg	1	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
amphotericin b solr	3	

Drug Name	Drug Tier	Requirements/ Limits
ANCOBON CAPS (*Use flucytosine*)	NF	
flucytosine caps	1	
griseofulvin microsize susp 125 mg/5ml	1	AL(At least 2 yrs old)
griseofulvin microsize tabs 500 mg	1	
griseofulvin ultramicrosize tabs	1	
nystatin tabs	1	
terbinafine hcl tabs	1	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (*Use fluconazole*)	NF	
DIFLUCAN TABS (*Use fluconazole*)	NF	
fluconazole susr	1	
fluconazole tabs	1	
itraconazole caps 100 mg	1	PA; QL(4 ea daily)
itraconazole soln 10 mg/ml	1	PA; QL(20 ml daily)
ketoconazole tabs	1	
NOXAFIL SUSP OR 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 (*Use itraconazole*)	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG (*Use voriconazole*)	NF	QL(4 ea daily)
voriconazole tabs or 200 mg, 50 mg	1	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		

Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Alkylamines		
dexchlorpheniramine maleate soln	1	
Antihistamines - Ethanolamines		
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tabs 4 mg	1	
clemastine fumarate tabs	1	
diphenhydramine hcl caps or 50 mg	1	
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 5 mg, 10 mg	1	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	1	QL(10 ml daily); RX/OTC
cetirizine hcl syrp 1 mg/ml, 5 mg/5ml	1	QL(10 ml daily); RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	1	QL(1 ea daily)
CLARINEX TABS 5 MG (*Use desloratadine*)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (*Use loratadine*)	1	
CLARITIN CAPS (*Use loratadine*)	1	
CLARITIN CHEW (*Use loratadine*)	1	
CLARITIN CHILDRENS CHEW (*Use loratadine*)	1	
CLARITIN REDITABS TBDP 10 MG (*Use loratadine*)	1	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP (*Use loratadine*)	1	
CLARITIN TABS (*Use loratadine*)	1	
desloratadine tabs 5 mg	1	QL(1 ea daily)
desloratadine tbdp 2.5 mg	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 chew	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

Drug Name	Drug Tier	Requirements/ Limits
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 SOLN (*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	QL(1 ea daily)
VYTORIN TABS (*Use ezetimibe-simvastatin*)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
icosapent ethyl caps	1	PA
LOVAZA CAPS (*Use omega-3-acid ethyl esters*)	NF	ST; QL(4 ea daily)
omega-3-acid ethyl esters caps	1	ST; QL(4 ea daily)
VASCEPA CAPS	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)
colesevelam hcl pack 3.75 gm	1	PA; QL(1 ea daily)
colesevelam hcl tabs 625 mg	1	QL(7 ea daily)
COLESTID FLAVORED GRAN 5 GM (*Use colestipol hcl*)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (*Use colestipol hcl*)	NF	QL(6 ea 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 (*Use colesevelam hcl*)	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (*Use colesevelam hcl*)	NF	QL(7 ea daily)
Fibric Acid Derivatives		
fenofibrate micronized caps 134 mg, 200 mg, 67 mg	1	QL(1 ea daily)
fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg	1	QL(1 ea daily)
FIBRICOR TABS 105 MG, 35 MG (*Use fenofibric acid*)	NF	
gemfibrozil tabs	1	QL(2 ea daily)
LIPOFEN CAPS (*Use fenofibrate*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
LOPID TABS (*Use gemfibrozil*)	NF	QL(2 ea daily)
TRICOR TABS (*Use fenofibrate*)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ADVICOR TB24 1000 MG-20 MG	3	PA; QL(2 ea daily)
ADVICOR TB24 1000 MG-40 MG	3	PA; QL(1 ea daily)
ALTOPREV TB24	3	ST; QL(1 ea daily)
atorvastatin calcium tabs	1	QL(1 ea daily)
CRESTOR TABS (*Use rosuvastatin calcium*)	NF	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
PRAVACHOL TABS (*Use pravastatin sodium*)	NF	QL(1 ea daily)
pravastatin sodium tabs	1	QL(1 ea daily)
rosuvastatin calcium tabs	1	QL(1 ea daily)
SIMCOR TB24	2	PA; QL(1 ea daily)
simvastatin tabs 80 mg, 10 mg, 20 mg, 40 mg, 5 mg	1	QL(1 ea daily)
ZOCOR TABS (*Use simvastatin*)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	1	QL(1 ea daily)
ZETIA TABS (*Use ezetimibe*)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbcr 1000 mg, 500 mg, 750 mg	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; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (*Use quinapril hcl*)	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	
moexipril hcl tabs	1	
perindopril erbumine tabs	1	
PRINIVIL TABS (*Use lisinopril*)	NF	
quinapril hcl tabs	1	
ramipril caps	1	
trandolapril tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
VASOTEC TABS (*Use enalapril maleate*)	NF	
ZESTRIL TABS (*Use lisinopril*)	NF	
Agents for Pheochromocytoma		
DIBENZYLINE CAPS (*Use phenoxybenzamine hcl*)	NF	PA
phenoxybenzamine hcl caps	3	PA
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*)	NF	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 or 100 mg, 25 mg, 50 mg	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)
CATAPRES-TTS-1 PTWK (*Use clonidine*)	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 PTWK (*Use clonidine*)	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 PTWK (*Use clonidine*)	NF	QL(0.15 ea daily)
clonidine hcl tabs	1	QL(8 ea daily)
clonidine ptwk	3	QL(0.15 ea daily)
doxazosin mesylate tabs	1	
guanfacine hcl tabs	1	
methyldopa tabs	1	QL(6 ea daily)
MINIPRESS CAPS (*Use prazosin hcl*)	NF	QL(4 ea daily)
prazosin hcl caps	1	QL(4 ea daily)
terazosin hcl caps	1	
Antihypertensive Combinations		
ACCURETIC TABS 10 MG-12.5 MG (*Use quinapril-hydrochlorothiazide*)	NF	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (*Use quinapril-hydrochlorothiazide*)	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (*Use quinapril-hydrochlorothiazide*)	NF	QL(2 ea daily)
amlodipine besylate-benazepril hcl caps	1	
amlodipine besylate-olmesartan medoxomil tabs	1	ST
amlodipine besylate-valsartan tabs	1	
amlodipine-valsartan-hydrochlorothiazide tabs	1	
ATACAND HCT TABS (*Use candesartan cilexetil-hydrochlorothiazide*)	NF	
atenolol & chlorthalidone tabs	1	
AVALIDE TABS (*Use irbesartan-hydrochlorothiazide*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
AZOR TABS (*Use amlodipine besylate-olmesartan medoxomil*)	NF	ST
benazepril & hydrochlorothiazide tabs	1	
BENICAR HCT TABS (*Use olmesartan medoxomil-hydrochlorothiazide*)	NF	
bisoprolol & hydrochlorothiazide tabs	1	QL(2 ea daily)
candesartan cilexetil-hydrochlorothiazide tabs	1	
CORZIDE TABS 40 MG-5 MG (*Use nadolol & bendroflumethiazide*)	NF	
DIOVAN HCT TABS (*Use valsartan-hydrochlorothiazide*)	NF	
enalapril maleate & hydrochlorothiazide tabs	1	
EXFORGE HCT TABS (*Use amlodipine-valsartan-hydrochlorothiazide*)	NF	
EXFORGE TABS (*Use amlodipine besylate-valsartan*)	NF	
fosinopril sodium & hydrochlorothiazide tabs	1	
HYZAAR TABS 100 MG-12.5 MG, 100 MG-25 MG (*Use losartan potassium & hydrochlorothiazide*)	NF	QL(1 ea daily)
HYZAAR TABS 12.5 MG-50 MG (*Use losartan potassium & hydrochlorothiazide*)	NF	QL(2 ea daily)
irbesartan-hydrochlorothiazide tabs	1	
lisinopril & hydrochlorothiazide tabs	1	
LOPRESSOR HCT TABS (*Use metoprolol & hydrochlorothiazide*)	NF	
losartan potassium & hydrochlorothiazide tabs 100 mg-12.5 mg, 100 mg-25 mg	1	QL(1 ea daily)
losartan potassium & hydrochlorothiazide tabs 12.5 mg-50 mg	1	QL(2 ea daily)
LOTENSIN HCT TABS (*Use benazepril & hydrochlorothiazide*)	NF	
LOTREL CAPS (*Use amlodipine besylate-benazepril hcl*)	NF	
metoprolol & hydrochlorothiazide tabs	1	
MICARDIS HCT TABS (*Use telmisartan-hydrochlorothiazide*)	NF	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	1	ST
olmesartan medoxomil-hydrochlorothiazide tabs	1	
quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg	1	QL(3 ea daily)
quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg	1	QL(4 ea daily)
quinapril-hydrochlorothiazide tabs 20 mg-25 mg	1	QL(2 ea daily)
TARKA TBCR (*Use trandolapril-verapamil hcl*)	NF	
telmisartan-amlodipine tabs	1	
telmisartan-hydrochlorothiazide tabs	1	
TENORETIC 100 TABS (*Use atenolol & chlorthalidone*)	NF	
TENORETIC 50 TABS (*Use atenolol & chlorthalidone*)	NF	
trandolapril-verapamil hcl tbcr	1	
TRIBENZOR TABS (*Use olmesartan medoxomil-amlodipine-hydrochlorothiazide*)	NF	ST

Drug Name	Drug Tier	Requirements/ Limits
TWYNSTA TABS (*Use telmisartan-amlodipine*)	NF	
valsartan-hydrochlorothiazide tabs	1	
VASERETIC TABS (*Use enalapril maleate & hydrochlorothiazide*)	NF	
ZESTORETIC TABS (*Use lisinopril & hydrochlorothiazide*)	NF	
ZIAC TABS (*Use bisoprolol & hydrochlorothiazide*)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	3	PA
Direct Renin Inhibitors		
aliskiren fumarate tabs	1	QL(1 ea daily)
TEKTURNA TABS (*Use aliskiren fumarate*)	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	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
COARTEM TABS	2	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(24 ea per fill retail,24 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
MALARONE TABS (*Use atovaquone-proguanil hcl*)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antimalarials		
chloroquine phosphate tabs	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
hydroxychloroquine sulfate tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)
mefloquine hcl tabs	1	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(5 ea daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PLAQUENIL TABS (*Use hydroxychloroquine sulfate*)	NF	
primaquine phosphate tabs	3	
PRIMAQUINE PHOSPHATE TABS (*Use primaquine phosphate*)	3	
pyrimethamine tabs	1	PA; QL(3 ea daily)
QUALAQUIN CAPS (*Use quinine sulfate*)	NF	PA;
quinine sulfate caps	1	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN 60 MG/5ML (*Use pyridostigmine bromide*)	2	
MESTINON TABS 60 MG (*Use pyridostigmine bromide*)	NF	
MESTINON TIMESPAN TBCR (*Use pyridostigmine bromide*)	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
pyridostigmine bromide soln 60 mg/5ml	1	
pyridostigmine bromide tabs 60 mg	1	
pyridostigmine bromide tbcr 180 mg	1	
RUZURGI TABS	4	PA; QL(10 ea daily)
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	1	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 100 MG	1	
isoniazid tabs or 100 mg, 300 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	

Drug Name	Drug Tier	Requirements/ Limits
rifampin solr	1	
SIRTURO TABS 100 MG	3	PA
TRECATOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (*Use melphalan hcl*)	NF	
ALKERAN TABS (*Use melphalan*)	NF	
BICNU SOLR (*Use carmustine*)	NF	PA; SP
busulfan soln	4	PA; SP
BUSULFEX SOLN (*Use busulfan*)	NF	PA; SP
carboplatin soln 50 mg/5ml	4	PA; SP
carmustine solr	4	PA; SP
cisplatin soln 100 mg/100ml	4	PA; SP
cyclophosphamide caps or 25 mg, 50 mg	4	PA; SP
cyclophosphamide solr ij 1 gm, 2 gm, 500 mg	4	PA; SP
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM (*Use ifosfamide*)	NF	PA; SP
ifosfamide soln 1 gm/20ml	4	PA; SP
ifosfamide solr 1 gm	4	PA; SP
LEUKERAN TABS	4	PA; SP
melphalan hcl solr	1	
melphalan tabs	1	
MUSTARGEN SOLR	4	PA; SP
MYLERAN TABS	4	PA; SP
oxaliplatin soln 100 mg/20ml, 50 mg/10ml	4	PA; SP
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (*Use temozolomide*)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
temozolomide caps	4	PA; SP
TEPADINA SOLR 100 MG (*Use thiotepa*)	NF	SP
TEPADINA SOLR 15 MG (*Use thiotepa*)	NF	PA; SP
thiotepa solr 15 mg	4	PA; SP
TREANDA SOLR	4	PA; SP
ZANOSAR SOLR	4	PA; SP
Antimetabolites		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN	4	PA; SP
azacitidine susr	4	PA; SP
capecitabine tabs	4	PA; SP
clofarabine soln	4	PA; SP
CLOLAR SOLN (*Use clofarabine*)	NF	PA; SP
cytarabine soln 100 mg/ml, 20 mg/ml	4	PA; SP
DACOGEN SOLR (*Use decitabine*)	NF	PA; SP
decitabine solr	4	PA; SP
floxuridine solr	4	PA; SP
fludarabine phosphate soln	4	PA; SP
fludarabine phosphate solr	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
fluorouracil soln 500 mg/10ml	4	PA; SP
FOLOTYN SOLN 20 MG/ML	4	PA; SP
gemcitabine hcl solr 2 gm, 200 mg	4	PA; SP
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML (*Use gemcitabine hcl*)	NF	
GEMZAR SOLR 200 MG (*Use gemcitabine hcl*)	NF	PA; SP
mercaptopurine tabs	1	
methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml, 50 mg/2ml	1	
methotrexate sodium solr ij 1 gm	1	SP
methotrexate sodium tabs or 2.5 mg	1	SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (*Use azacitidine*)	NF	PA; SP
XELODA TABS (*Use capecitabine*)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN 100 MG/4ML	4	PA; SP
AVASTIN SOLN 400 MG/16ML	4	PA
MVASI SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
ZIRABEV SOLN	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
CAMPATH SOLN	4	PA
ERBITUX SOLN	4	PA; SP
HERCEPTIN SOLR	4	PA; SP
PERJETA SOLN	4	PA; SP
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
YERVOY SOLN	4	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate tabs	4	PA; QL(4 ea daily); SP
anastrozole tabs	1	QL(1 ea daily)
ARIMIDEX TABS (*Use anastrozole*)	NF	QL(1 ea daily)
AROMASIN TABS (*Use exemestane*)	NF	QL(1 ea daily); SP
bicalutamide tabs	4	PA; QL(1 ea daily); SP
CASODEX TABS (*Use bicalutamide*)	NF	PA; QL(1 ea daily); SP
ELIGARD KIT 22.5 MG	4	PA; SP
ELIGARD KIT 30 MG	4	PA; SP
ELIGARD KIT 45 MG	4	PA; SP
ELIGARD KIT 7.5 MG	4	PA; QL(0.0089 ea daily); SP
EMCYT CAPS	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
exemestane tabs	4	QL(1 ea daily); SP
FARESTON TABS (*Use toremifene citrate*)	2	
FASLODEX SOLN (*Use fulvestrant*)	4	PA; QL(0.357 ml daily); SP
FEMARA TABS (*Use letrozole*)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
flutamide caps	4	PA; QL(6 ea daily); SP
fulvestrant soln	4	PA; QL(0.357 ml daily); SP
letrozole tabs	1	
leuprolide acetate kit	4	PA; SP
LUPRON DEPOT (*1-MONTH*) KIT	4	PA; QL(0.0357 ea daily); SP
LUPRON DEPOT (*3-MONTH*) KIT	4	PA; SP
LUPRON DEPOT (*4-MONTH*) KIT	4	PA; QL(0.1339 ea daily); SP
LUPRON DEPOT (*6-MONTH*) KIT	4	PA; QL(0.0089 ea daily); SP
LYSODREN TABS	4	PA; SP
megestrol acetate susp	1	
megestrol acetate tabs	1	
NILANDRON TABS (*Use nilutamide*)	NF	QL(2 ea daily)
nilutamide tabs	1	QL(2 ea daily)
NUBEQA TABS	4	PA
tamoxifen citrate tabs	0	
toremifene citrate tabs	1	
TRELSTAR MIXJECT SUSR	4	PA; SP
XTANDI CAPS	4	PA; QL(4 ea daily); SP
YONSA TABS	4	PA
ZOLADEX IMPL 10.8 MG	4	PA; QL(0.0119 ea daily); SP
ZOLADEX IMPL 3.6 MG	4	PA; QL(0.0357 ea daily); SP
ZYTIGA TABS 250 MG (*Use abiraterone acetate*)	NF	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG	4	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPK	4	PA
Antineoplastic Antibiotics		
bleomycin sulfate solr 15 unit	4	PA; SP
COSMEGEN SOLR (*Use dactinomycin*)	NF	PA; SP
dactinomycin solr	4	PA; SP
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (*Use daunorubicin hcl*)	NF	
DOXIL INJ (*Use doxorubicin hcl liposomal*)	NF	PA; SP
doxorubicin hcl liposomal inj	4	PA; SP
doxorubicin hcl soln	4	PA; SP
doxorubicin hcl solr	4	PA; SP
ELLENCE SOLN 50 MG/25ML (*Use epirubicin hcl*)	NF	PA; SP
epirubicin hcl soln 50 mg/25ml	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (*Use idarubicin hcl*)	NF	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (*Use idarubicin hcl*)	NF	PA
idarubicin hcl soln 10 mg/10ml, 5 mg/5ml	4	PA; SP
idarubicin hcl soln 20 mg/20ml	4	PA
mitomycin solr iv 20 mg	4	PA; SP
mitoxantrone hcl conc	4	PA; SP
valrubicin soln	4	PA; SP
VALSTAR SOLN (*Use valrubicin*)	4	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS 10 MG	4	PA; QL(1 ea daily); SP
AFINITOR TABS 2.5 MG, 5 MG, 7.5 MG (*Use everolimus*)	4	PA; QL(1 ea daily); SP
AYVAKIT TABS	4	PA; SL(1 ea daily)
BALVERSA TABS	4	PA
BORTEZOMIB SOLR	4	PA; SP
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;
BRAFTOVI CAPS	4	PA; SP
BRUKINSA CAPS	4	PA
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
COPIKTRA CAPS	4	PA
erlotinib hcl tabs	4	PA; QL(1 ea daily); SP
everolimus tabs	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
GLEEVEC TABS (*Use imatinib mesylate*)	NF	PA; QL(2 ea daily); SP
ICLUSIG TABS 15 MG, 45 MG	4	PA
imatinib mesylate tabs	4	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	4	PA; QL(3 ea daily)
IMBRUVICA CAPS 70 MG	4	PA; QL(1 ea daily)
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL(1 ea daily)
INLYTA TABS	4	PA; QL(2 ea daily); SP
INREBIC CAPS	4	PA
ISTODAX (*OVERFILL*) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 20 MG	4	PA; SP
JAKAFI TABS 15 MG, 25 MG, 5 MG	4	PA; QL(2 ea daily); SP
KYPROLIS SOLR	4	PA
lapatinib ditosylate tabs	4	PA; QL(6 ea daily); SP
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LORBRENA TABS	4	PA
LYNPARZA TABS	4	PA; QL(16 ea daily)
MEKINIST TABS 0.5 MG	4	PA; QL(3 ea daily)
MEKINIST TABS 2 MG	4	PA; QL(1 ea daily)
MEKTOVI TABS	4	PA; SP
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
PIQRAY 200MG DAILY DOSE TBPK	4	PA
PIQRAY 250MG DAILY DOSE TBPK	4	PA
PIQRAY 300MG DAILY DOSE TBPK	4	PA
RETEVMO CAPS	4	PA
ROMIDEPSIN SOLR 10 MG	4	PA; SP
ROZLYTREK CAPS	4	PA
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
SUTENT CAPS 12.5 MG, 25 MG, 50 MG	4	PA; QL(1 ea daily); SP
TABRECTA TABS	4	PA
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TALZENNA CAPS	4	PA
TARCEVA TABS (*Use erlotinib hcl*)	4	PA; QL(1 ea daily); SP
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)
TAZVERIK TABS	4	PA
temsirolimus soln	4	PA; QL(0.143 ml daily); SP
TIBSOVO TABS	4	PA
TORISEL SOLN (*Use temsirolimus*)	NF	PA; QL(0.143 ml daily); SP
TURALIO CAPS	4	PA; AC
TYKERB TABS (*Use lapatinib ditosylate*)	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VIZIMPRO TABS	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
ZYKADIA CAPS	4	PA; QL(5 ea daily)
Antineoplastic Enzymes		
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
arsenic trioxide soln 10 mg/10ml	4	PA; SP
bexarotene caps	4	PA; SP
dacarbazine solr 200 mg	4	PA; SP
HYDREA CAPS (*Use hydroxyurea*)	NF	
hydroxyurea caps	1	
INTRON A SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	PA; SP
NIPENT SOLR	4	PA; SP
PHOTOFRIN SOLR	4	PA; SP
PROLEUKIN SOLR	4	PA; SP
SYLATRON KIT	4	PA; SP
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG (*Use bexarotene*)	NF	PA; SP
tretinoin (chemotherapy) caps	1	
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote Agents		
leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	1	
leucovorin calcium tabs or 25 mg, 5 mg, 10 mg, 15 mg	1	
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
docetaxel conc 20 mg/ml	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
docetaxel soln 20 mg/2ml	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (*Use docetaxel*)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
etoposide caps	4	PA; SP
etoposide soln	4	PA; SP
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
JEVTANA SOLN	4	PA; SP
NAVELBINE SOLN 10 MG/ML (*Use vinorelbine tartrate*)	NF	PA; SP
paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml	4	PA; SP
TAXOTERE CONC 20 MG/ML (*Use docetaxel*)	NF	PA; SP
TAXOTERE CONC 80 MG/4ML (*Use docetaxel*)	NF	
TENIPOSIDE SOLN	4	PA; SP
vincristine sulfate soln	4	PA; SP
vinorelbine tartrate soln 10 mg/ml	4	PA; SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (*Use irinotecan hcl*)	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG (*Use topotecan hcl*)	NF	PA; SP
irinotecan hcl soln 40 mg/2ml, 100 mg/5ml	4	PA; SP
topotecan hcl solr 4 mg	4	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		

Drug Name	Drug Tier	Requirements/ Limits
carbidopa tabs	1	
LODOSYN TABS (*Use carbidopa*)	NF	
Antiparkinson Anticholinergics		
benztropine mesylate soln	1	
benztropine mesylate tabs	1	
COGENTIN SOLN (*Use benztropine mesylate*)	NF	
trihexyphenidyl hcl soln	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	
APOKYN SOCT	4	PA;
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	

Drug Name	Drug Tier	Requirements/ Limits
MIRAPEX TABS 0.125 MG (*Use pramipexole dihydrochloride*)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (*Use pramipexole dihydrochloride*)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (*Use bromocriptine mesylate*)	NF	
PARLODEL TABS (*Use bromocriptine mesylate*)	NF	
pramipexole dihydrochloride tabs 0.125 mg	1	QL(4 ea daily)
pramipexole dihydrochloride tabs 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
REQUIP TABS (*Use ropinirole hydrochloride*)	NF	
REQUIP XL TB24 12 MG, 8 MG (*Use ropinirole hydrochloride*)	NF	ST; QL(2 ea daily)
REQUIP XL TB24 2 MG, 4 MG, 6 MG (*Use ropinirole hydrochloride*)	NF	ST; QL(1 ea daily)
ropinirole hydrochloride tabs 0.25 mg, 3 mg, 0.5 mg, 1 mg, 2 mg, 4 mg, 5 mg	1	
ropinirole hydrochloride tb24 12 mg, 8 mg	1	ST; QL(2 ea daily)
ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg	1	ST; QL(1 ea daily)
SINEMET CR TBCR (*Use carbidopa-levodopa*)	NF	
SINEMET TABS (*Use carbidopa-levodopa*)	NF	
STALEVO 100 TABS (*Use carbidopa-levodopa-entacapone*)	1	
STALEVO 100 TABS (*Use carbidopa-levodopa-entacapone*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 125 TABS (*Use carbidopa-levodopa-entacapone*)	1	
STALEVO 150 TABS (*Use carbidopa-levodopa-entacapone*)	1	
STALEVO 200 TABS (*Use carbidopa-levodopa-entacapone*)	1	
STALEVO 50 TABS (*Use carbidopa-levodopa-entacapone*)	1	
STALEVO 75 TABS (*Use carbidopa-levodopa-entacapone*)	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (*Use rasagiline mesylate*)	NF	PA; QL(1 ea daily)
rasagiline mesylate tabs	1	PA; QL(1 ea daily)
selegiline hcl caps	1	
selegiline hcl tabs	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps	1	
lithium carbonate tabs	1	
lithium carbonate tbcr	1	
LITHIUM SOLN	1	
LITHOBID TBCR (*Use lithium carbonate*)	NF	
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (*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 1.5 MG, 3 MG, 9 MG (*Use paliperidone*)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (*Use paliperidone*)	NF	QL(2 ea daily)
paliperidone tb24 1.5 mg, 3 mg, 9 mg	1	QL(1 ea daily)
paliperidone tb24 6 mg	1	QL(2 ea daily)
PERSERIS PRSY	2	PA; QL(0.072 ea daily)
RISPERDAL CONSTA SRER	2	PA; QL(0.072 ea daily)
RISPERDAL SOLN 1 MG/ML (*Use risperidone*)	NF	QL(8 ml daily)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*Use risperidone*)	NF	QL(4 ea daily)
risperidone soln 1 mg/ml	1	QL(8 ml daily)
risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL(4 ea daily)
risperidone tbdp 0.25 mg, 3 mg, 4 mg, 0.5 mg, 1 mg, 2 mg	1	QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (*Use haloperidol decanoate*)	NF	QL(0.036 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
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 tabs	1	
clozapine tbdp	1	
CLOZARIL TABS (*Use clozapine*)	NF	
FAZACLO TBDP 100 MG, 12.5 MG, 25 MG (*Use clozapine*)	NF	
FAZACLO TBDP 200 MG, 150 MG (*Use clozapine*)	1	
loxapine succinate caps	1	
olanzapine solr im 10 mg	1	QL(0.215 ea daily)
olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg	1	QL(2 ea daily)
olanzapine tabs or 2.5 mg, 5 mg	1	QL(4 ea daily)
olanzapine tbdp or 10 mg, 15 mg, 20 mg, 5 mg	1	
quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 50 mg	1	QL(4 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tabs 300 mg, 400 mg	1	QL(2 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tb24 150 mg, 200 mg, 50 mg	1	PA; QL(1 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)
SAPHRIS SUBL 10 MG, 5 MG	2	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG	2	PA
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG (*Use quetiapine fumarate*)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (*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*)	NF	PA; QL(1 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 300 MG, 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 10 MG, 15 MG, 20 MG, 7.5 MG (*Use olanzapine*)	NF	QL(2 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG (*Use olanzapine*)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP (*Use olanzapine*)	NF	
Phenothiazines		
chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml	3	
chlorpromazine hcl tabs or 10 mg, 200 mg, 25 mg, 100 mg, 50 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 1 mg, 10 mg, 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
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	QL(30 ml daily); AL(At least 6 yrs old)
aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 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		
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)
atazanavir sulfate caps 150 mg, 200 mg	1	QL(2 ea daily)
atazanavir sulfate caps 300 mg	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ATRIPLA TABS (*Use efavirenz-emtricitabine-tenofovir disoproxil fumarate*)	3	ST; QL(1 ea daily)
BIKTARVY TABS	3	QL(1 ea daily)
CIMDUO TABS	2	QL(1 ea daily)
COMBIVIR TABS (*Use lamivudine-zidovudine*)	NF	QL(2 ea daily)
COMPLERA TABS	3	ST; QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	3	ST; QL(1 ea daily)
DESCOVY TABS	2	QL(1 ea daily)
didanosine cpdr 200 mg	1	QL(2 ea daily)
didanosine cpdr 250 mg, 400 mg	1	QL(1 ea daily)
DOVATO TABS	2	
EDURANT TABS	2	QL(1 ea daily)
efavirenz caps 200 mg	1	QL(2 ea daily)
efavirenz caps 50 mg	1	QL(3 ea daily)
efavirenz tabs 600 mg	1	QL(1 ea daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs	1	ST; QL(1 ea daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate tabs	1	QL(1 ea daily)
emtricitabine caps	1	QL(1 ea daily)
emtricitabine-tenofovir disoproxil fumarate tabs	1	QL(1 ea daily,30 day(s) limit)
EMTRIVA CAPS 200 MG (*Use emtricitabine*)	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (*Use lamivudine*)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (*Use lamivudine*)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (*Use lamivudine*)	NF	QL(1 ea daily)
EPZICOM TABS (*Use abacavir sulfate-lamivudine*)	NF	QL(1 ea daily)
fosamprenavir calcium tabs	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
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 100 MG, 25 MG	2	
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	3	QL(1 ea daily)
KALETRA SOLN 100 MG/5ML-400 MG/5ML (*Use lopinavir-ritonavir*)	NF	QL(12.5 ml daily)
KALETRA TABS 100 MG-25 MG, 200 MG-50 MG	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)

Drug Name	Drug Tier	Requirements/ Limits
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG (*Use fosamprenavir calcium*)	NF	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 PACK 100 MG	2	QL(12 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (*Use ritonavir*)	NF	QL(12 ea daily)
ODEFSEY TABS	3	ST; QL(1 ea daily)
PIFELTRO TABS	2	
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS	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 150 MG, 200 MG (*Use atazanavir sulfate*)	NF	QL(2 ea daily)
REYATAZ CAPS 300 MG (*Use atazanavir sulfate*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ritonavir tabs	1	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG, 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
stavudine caps	1	QL(2 ea daily)
STRIBILD TABS	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG (*Use efavirenz*)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (*Use efavirenz*)	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (*Use efavirenz*)	NF	QL(1 ea daily)
SYMFI LO TABS (*Use efavirenz-lamivudine-tenofovir disoproxil fumarate*)	2	QL(1 ea daily)
SYMFI TABS (*Use efavirenz-lamivudine-tenofovir disoproxil fumarate*)	2	QL(1 ea daily)
SYMTUZA TABS	3	ST; QL(1 ea daily)
TEMIXYS TABS	2	QL(1 ea daily)
tenofovir disoproxil fumarate tabs	1	
TIVICAY TABS	3	
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR TABS (*Use abacavir sulfate-lamivudine-zidovudine*)	NF	QL(2 ea daily)
TRUVADA TABS 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	2	QL(1 ea daily,30 day(s) limit)
TRUVADA TABS 200 MG-300 MG (*Use emtricitabine-tenofovir disoproxil fumarate*)	2	QL(1 ea daily,30 day(s) limit)
TYBOST TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG (*Use didanosine*)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 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 (*Use nevirapine*)	NF	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 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (*Use tenofovir disoproxil fumarate*)	NF	
ZERIT CAPS (*Use stavudine*)	NF	QL(2 ea daily)
ZIAGEN SOLN 20 MG/ML (*Use abacavir sulfate*)	NF	
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	

Drug Name	Drug Tier	Requirements/ Limits
VALCYTE TABS 450 MG (*Use valganciclovir hcl*)	NF	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); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (*Use entecavir*)	NF	PA; QL(1 ea daily); SP
DAKLINZA TABS 30 MG, 60 MG	4	PA; QL(1 ea daily)
entecavir tabs	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 100 MG-400 MG	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (*Use lamivudine (hbv)*)	NF	QL(3 ea daily); SP
HARVONI TABS 400 MG-90 MG	4	PA; QL(1 ea daily); SP
HEPSERA TABS (*Use adefovir dipivoxil*)	NF	PA; QL(1 ea daily); SP
lamivudine (hbv) tabs	1	QL(3 ea daily); SP
LEDIPASVIR/SOFOSBUVIR TABS	4	PA; QL(1 ea daily); SP
MAVYRET TABS	4	PA; QL(3 ea daily)
MODERIBA 1200 DOSE PACK TBPK	4	PA
PEGASYS PROCLICK SOLN	4	PA; QL(0.0714 ml daily); SP
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
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); SP
RIBASPHERE RIBAPAK TBPK 400 MG, 600 MG	4	PA
RIBASPHERE TABS	4	PA
ribavirin (hepatitis c) caps 200 mg	1	PA; QL(7 ea daily)
ribavirin (hepatitis c) tabs 200 mg	1	PA; QL(7 ea daily)
ribavirin (hepatitis c) tabs 600 mg	4	PA
SOFOSBUVIR/VELPATASVIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS 400 MG	4	PA; QL(1 ea daily); SP
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA
ZEPATIER TABS	4	PA
Herpes Agents		
acyclovir caps 200 mg	1	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
acyclovir susp 200 mg/5ml	1	QL(13.34 ml daily)
acyclovir tabs 400 mg, 800 mg	1	QL(5 ea daily)
famciclovir tabs 125 mg, 250 mg	1	QL(3 ea daily)
famciclovir tabs 500 mg	1	QL(4 ea daily)
valacyclovir hcl tabs 1 gm, 1000 mg	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(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (*Use acyclovir*)	NF	QL(13.34 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
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 or 30 mg, 45 mg, 75 mg	1	Limit 1 fill every 90 days. ;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
oseltamivir phosphate susr or 6 mg/ml	1	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
RELENZA DISKHALER AEPB	2	
rimantadine hydrochloride tabs	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (*Use oseltamivir phosphate*)	NF	Limit 1 fill every 90 days. ;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
TAMIFLU SUSR 6 MG/ML (*Use oseltamivir phosphate*)	NF	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
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	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG	2	PA; 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 100 mg, 25 mg, 50 mg	1	
TENORMIN TABS (*Use atenolol*)	NF	
TOPROL XL TB24 (*Use metoprolol succinate*)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (*Use sotalol hcl (afib/afl)*)	NF	
BETAPACE TABS (*Use sotalol hcl*)	NF	QL(2 ea daily)
CORGARD TABS (*Use nadolol*)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (*Use propranolol hcl*)	NF	
nadolol tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
pindolol tabs	1	
propranolol hcl cp24	1	
propranolol hcl soln	1	
propranolol hcl tabs	1	
sotalol hcl (afib/afl) tabs	1	
sotalol hcl tabs 120 mg, 160 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 420 MG, 180 MG, 240 MG, 300 MG, 360 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	
diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg	1	
diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	
diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl soln iv 50 mg/10ml	1	
DILTIAZEM HCL SOLR IV 100 MG	1	
diltiazem hcl tabs or 120 mg, 60 mg, 30 mg, 90 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 tb24 17 mg, 20 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	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 120 MG, 180 MG, 240 MG, 300 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 120 MG, 180 MG, 240 MG (*Use verapamil hcl*)	NF	
VERELAN CP24 360 MG (*Use verapamil hcl*)	1	

Drug Name	Drug Tier	Requirements/ Limits
VERELAN PM CP24 100 MG, 200 MG (*Use verapamil hcl*)	NF	
VERELAN PM CP24 300 MG (*Use verapamil hcl*)	1	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln	1	
digoxin tabs	1	
LANOXIN SOLN IJ 0.25 MG/ML (*Use digoxin*)	2	
LANOXIN TABS OR 250 MCG, 125 MCG (*Use digoxin*)	2	
LANOXIN TABS OR 62.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardioplegic Solutions		
PLEGISOL SOLN (*Use cardioplegic soln*)	NF	
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium tabs	1	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS (*Use amlodipine besylate-atorvastatin calcium*)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA
Impotence Agents		
CIALIS TABS 5 MG (*Use tadalafil*)	NF	PA; BPH Only;QL(1 ea daily)
sildenafil citrate tabs	1	PA; QL(0.1334 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
tadalafil tabs 5 mg	1	PA; BPH Only;QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VIAGRA TABS (*Use sildenafil citrate*)	NF	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		
epoprostenol sodium solr	4	PA
FLOLAN SOLR (*Use epoprostenol sodium*)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
treprostinil soln	4	PA; SP
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
ambrisentan tabs	4	PA; QL(1 ea daily); SP
bosentan tabs 125 mg	4	PA; QL(2 ea daily); SP
bosentan tabs 62.5 mg	4	PA; QL(2 ea daily)
LETAIRIS TABS (*Use ambrisentan*)	4	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG (*Use bosentan*)	4	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG (*Use bosentan*)	4	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (*Use tadalafil (pulmonary hypertension)*)	NF	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML (*Use sildenafil citrate (pulmonary hypertension)*)	NF	PA; QL(37.5 ml daily); SP
REVATIO SUSR OR 10 MG/ML (*Use sildenafil citrate (pulmonary hypertension)*)	NF	PA; QL(6 ml daily)
REVATIO TABS OR 20 MG (*Use sildenafil citrate (pulmonary hypertension)*)	NF	PA; QL(3 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml	4	PA; QL(37.5 ml daily); SP
sildenafil citrate (pulmonary hypertension) susr or 10 mg/ml	4	PA; QL(6 ml daily)
sildenafil citrate (pulmonary hypertension) tabs or 20 mg	4	PA; QL(3 ea daily); SP
tadalafil (pulmonary hypertension) tabs	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL(3 ea daily)
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML	3	PA; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
Transthyretin Stabilizers		
VYNDAMAX CAPS	4	PA; QL(1 ea daily)
VYNDAQEL CAPS	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	1	
cefadroxil susr	1	
cefadroxil tabs	1	
cefazolin sodium solr ij 20 gm, 500 mg, 1 gm, 10 gm	1	
cephalexin caps	1	
cephalexin susr	1	
cephalexin tabs	1	
KEFLEX CAPS (*Use cephalexin*)	NF	
Cephalosporins - 2nd Generation		

Drug Name	Drug Tier	Requirements/ Limits
cefaclor caps	1	
cefaclor susr	1	
CEFOTAN SOLR (*Use cefotetan disodium*)	NF	
cefotetan disodium solr 1 gm, 2 gm	1	
cefotetan disodium solr 10 gm	3	
cefoxitin sodium solr ij 10 gm	1	
cefoxitin sodium solr iv 1 gm, 2 gm	1	
cefprozil susr	1	
cefprozil tabs	1	
cefuroxime axetil tabs	1	
cefuroxime sodium solr ij 7.5 gm, 750 mg	1	
Cephalosporins - 3rd Generation		
cefdinir caps	1	
cefdinir susr	1	
cefditoren pivoxil tabs 200 mg	3	
cefditoren pivoxil tabs 400 mg	1	
cefixime susr 100 mg/5ml, 200 mg/5ml	1	ST
cefotaxime sodium solr 1 gm, 2 gm	1	
cefpodoxime proxetil susr	1	
cefpodoxime proxetil tabs	1	
ceftazidime solr ij 2 gm, 1 gm, 6 gm	1	
ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg	1	
CLAFORAN SOLR (*Use cefotaxime sodium*)	NF	
FORTAZ SOLR IJ 1 GM (*Use ceftazidime*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (*Use cefixime*)	NF	ST
Cephalosporins - 4th Generation		
cefepime hcl solr	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (*Use cefepime hcl*)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (*Use drospirenone-ethinyl estradiol-levomefolate calcium*)	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	
ESTROSTEP FE TABS (*Use norethindrone acetate-ethinyl estradiol-fe*)	0	
ethynodiol diacet & eth estrad tabs	0	
GENERESS FE CHEW (*Use norethindrone & ethinyl estradiol-fe*)	0	
levonorgestrel & eth estradiol tabs	0	
levonorgestrel-eth estradiol (triphasic) tabs	0	
levonorgestrel-ethinyl estradiol (91-day) tabs	0	
levonorgestrel-ethinyl estradiol (continuous) tabs	0	
LO LOESTRIN FE TABS	0	
LOSEASONIQUE TABS (*Use levonorgestrel-ethinyl estradiol (91-day)*)	0	
MINASTRIN 24 FE CHEW	0	
MINASTRIN 24 FE CHEW (*Use norethin acet & estrad-fe*)	0	
MIRCETTE TABS (*Use desogestrel-ethinyl estradiol (biphasic)*)	0	
NATAZIA TABS	0	
norethin acet & estrad-fe chew 1 mg-20 mcg-75 mg	0	
norethin acet & estrad-fe tabs 1.5 mg-30 mcg-75 mg, 1 mg-20 mcg-75 mg, 1 mg-20 mcg-75 mg	0	
norethindrone & eth estradiol tabs	0	
norethindrone & ethinyl estradiol-fe chew	0	
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	
ORTHO TRI-CYCLEN LO TABS (*Use norgestimate-ethinyl estradiol (triphasic)*)	0	
ORTHO TRI-CYCLEN TABS (*Use norgestimate-ethinyl estradiol (triphasic)*)	0	

Drug Name	Drug Tier	Requirements/ Limits
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	
QUARTETTE TABS (*Use levonorgestrel-ethinyl estradiol (91-day)*)	0	
SAFYRAL TABS (*Use drospirenone-ethinyl estradiol-levomefolate calcium*)	0	
SEASONIQUE TABS (*Use levonorgestrel-ethinyl estradiol (91-day)*)	0	
TRI-NORINYL 28 TABS (*Use norethindrone-eth estradiol (triphasic)*)	0	
TYBLUME TABS	0	
YASMIN 28 TABS (*Use drospirenone-ethinyl estradiol*)	0	
YAZ TABS (*Use drospirenone-ethinyl estradiol*)	0	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol ptwk	0	
Combination Contraceptives - Vaginal		
ANNOVERA RING	0	PA
etonogestrel-ethinyl estradiol ring	0	
NUVARING RING (*Use etonogestrel-ethinyl estradiol*)	0	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	

Drug Name	Drug Tier	Requirements/ Limits
Emergency Contraceptives		
ELLA TABS	0	
levonorgestrel (emergency oc) tabs	0	
PLAN B ONE-STEP TABS (*Use levonorgestrel (emergency oc)*)	0	
Progestin Contraceptives - IUD		
KYLEENA IUD	0	
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	
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		
norethindrone (contraceptive) tabs	0	
ORTHO MICRONOR TABS (*Use norethindrone (contraceptive)*)	0	
SLYND TABS	0	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide cpep 3 mg	1	PA
CELESTONE-SOLUSPAN SUSP (*Use betamethasone sod phosphate & acetate*)	NF	
CORTEF TABS (*Use hydrocortisone*)	NF	
cortisone acetate tabs	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 80 MG/ML, 40 MG/ML (*Use methylprednisolone acetate*)	NF	
dexamethasone elix 0.5 mg/5ml	1	
DEXAMETHASONE INTENSOL CONC	1	
dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 0.5 mg, 0.75 mg, 4 mg, 6 mg	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (*Use budesonide*)	NF	PA
hydrocortisone tabs	1	
KENALOG-40 SUSP (*Use triamcinolone acetonide*)	NF	
MEDROL DOSEPAK TBPK (*Use methylprednisolone*)	NF	
MEDROL TABS 16 MG, 32 MG, 8 MG, 4 MG (*Use methylprednisolone*)	NF	
MEDROL TABS 2 MG	3	
methylprednisolone acetate susp 80 mg/ml, 40 mg/ml	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*)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (*Use prednisolone sodium phosphate*)	NF	
PEDIAPRED SOLN (*Use prednisolone sodium phosphate*)	NF	
prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg	3	
prednisolone soln	1	
prednisone soln	1	
prednisone tabs	1	
prednisone tbpk	1	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rtl MAX fill,30 rtl day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 125 MG, 40 MG, 1000 MG (*Use methylprednisolone sod succ*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG (*Use methylprednisolone sod succ*)	1	
triamcinolone acetonide susp 40 mg/ml	1	
VERIPRED 20 SOLN (*Use prednisolone sodium phosphate*)	NF	
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 150 mg	1	QL(4 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
fexofenadine-pseudoephedrine tb12 120 mg-60 mg	1	QL(2 ea daily)
fexofenadine-pseudoephedrine tb24 180 mg-240 mg	1	QL(1 ea daily)
HYDROCODONE BITARTRATE/GUAIFENESIN SOLN	2	
loratadine & pseudoephedrine tb12 120 mg-5 mg	1	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 10 mg-240 mg	1	QL(1 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
BENZOYL PEROXIDE CLEANSER LIQD	2	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 5 %, 10 %	1	AL(At least 12 yrs old)
benzoyl peroxide liqd 4 %, 7 %, 10 %	1	AL(At least 12 yrs old)
benzoyl peroxide-erythromycin gel	1	PA; 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)

Drug Name	Drug Tier	Requirements/ Limits
CLINDAGEL GEL (*Use clindamycin phosphate (topical)*)	NF	AL(At least 12 yrs old)
clindamycin phosphate (topical) foam	1	PA; 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 %-5 %	1	PA; AL(At least 12 yrs old)
clindamycin phosphate-tretinoin gel	1	ST; AL(At least 12 yrs old)
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*)	NF	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	PA; AL(At least 12 yrs old)
isotretinoin caps	3	PA; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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 - Up to 30 yrs old)
RETIN-A GEL (*Use tretinoin*)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (*Use tretinoin microsphere*)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (*Use tretinoin microsphere*)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
sulfacetamide sodium (acne) lotn	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur crea 10 %-5 %	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur emul 10 %-5 %	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %	1	ST; AL(At least 12 yrs old)
sulfacetamide sodium-sulfur in urea vehicle emul	1	AL(At least 12 yrs old)
SUMADAN WASH LIQD (*Use sulfacetamide sodium w/ sulfur*)	NF	ST; AL(At least 12 yrs old)
tretinoin crea 0.05 %, 0.1 %, 0.025 %	1	AL(At least 12 yrs old - Up to 30 yrs old)
tretinoin gel 0.01 %, 0.025 %	1	AL(At least 12 yrs old - Up to 30 yrs old)
tretinoin microsphere gel 0.1 %	1	PA; AL(At least 12 yrs old - Up to 30 yrs old)
ZIANA GEL (*Use clindamycin phosphate-tretinoin*)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
diclofenac epolamine ptch	1	PA; QL(2 ea daily)
diclofenac epolamine ptch	3	PA; QL(2 ea daily)
diclofenac sodium (topical) gel 1 %	1	QL(3.34 gm daily); RX/OTC
FLECTOR PTCH	3	PA; QL(2 ea daily)
FLECTOR PTCH (*Use diclofenac epolamine*)	3	PA; QL(2 ea daily)
VOLTAREN GEL (*Use diclofenac sodium (topical)*)	NF	QL(3.34 gm daily); RX/OTC
Antibiotics - Topical		
ALTABAX OINT	2	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
gentamicin sulfate (topical) crea	1	QL(1 gm daily)
gentamicin sulfate (topical) oint	1	
mupirocin oint	1	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
butenafine hcl crea	1	RX/OTC
CICLODAN SOLUTION KIT KIT (*Use ciclopirox*)	NF	
ciclopirox gel ex 0.77 %	1	
ciclopirox olamine crea	1	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
ciclopirox olamine susp	1	
ciclopirox sham ex 1 %	1	
ciclopirox soln ex 8 %	1	
clotrimazole (topical) crea	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 (*Use sulconazole nitrate*)	3	
EXELDERM SOLN	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN (*Use tavaborole*)	3	PA
ketoconazole (topical) crea 2 %	1	
ketoconazole (topical) sham 2 %	1	
LOPROX CREA (*Use ciclopirox olamine*)	NF	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
LOPROX SHAMPOO SHAM (*Use ciclopirox*)	NF	
LOPROX SUSP (*Use ciclopirox olamine*)	NF	
LOTRIMIN AF CREA (*Use clotrimazole (topical)*)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (*Use clotrimazole (topical)*)	NF	RX/OTC
LOTRIMIN ULTRA CREA (*Use butenafine hcl*)	1	RX/OTC
LOTRISONE CREA (*Use clotrimazole w/ betamethasone*)	NF	
luliconazole crea	1	PA
LUZU CREA (*Use luliconazole*)	3	PA

Drug Name	Drug Tier	Requirements/ Limits
naftifine hcl crea 1 %	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
naftifine hcl crea 2 %	1	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
naftifine hcl gel 1 %	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN CREA 2 % (*Use naftifine hcl*)	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN GEL 1 % (*Use naftifine hcl*)	3	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
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	

Drug Name	Drug Tier	Requirements/ Limits
oxiconazole nitrate crea	1	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT CREA (*Use oxiconazole nitrate*)	NF	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PENLAC NAIL LACQUER SOLN (*Use ciclopirox*)	NF	
sulconazole nitrate crea	1	
sulconazole nitrate soln	1	
tavaborole soln	1	PA
VUSION OINT (*Use miconazole-zinc oxide-white petrolatum*)	NF	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (*Use fluorouracil (topical)*)	NF	
diclofenac sodium (actinic keratoses) gel	1	PA; QL(3.34 gm daily)
EFUDEX CREA (*Use fluorouracil (topical)*)	NF	
fluorouracil (topical) crea 5 %	1	
fluorouracil (topical) soln 2 %, 5 %	1	
PANRETIN GEL	3	
PICATO GEL 0.015 %	2	QL(3 ea per fill retail,3 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
PICATO GEL 0.05 %	2	QL(2 ea per fill retail,2 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
doxepin hcl (antipruritic) crea	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PRUDOXIN CREA (*Use doxepin hcl (antipruritic)*)	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
ZONALON CREA (*Use doxepin hcl (antipruritic)*)	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antipsoriatics		
acitretin caps 10 mg, 17.5 mg	1	QL(1 ea daily)
acitretin caps 25 mg	1	QL(2 ea daily)
calcipotriene crea	1	PA; QL(4 gm daily)
calcipotriene oint	1	PA; QL(4 gm daily)
calcipotriene soln	1	PA; QL(4 ml daily)
calcitriol (topical) oint	1	
COSENTYX SENSOREADY PEN SOAJ	4	PA
COSENTYX SOSY	4	PA
DOVONEX CREA (*Use calcipotriene*)	NF	PA; QL(4 gm daily)
ILUMYA SOSY	4	PA
methoxsalen rapid caps	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (*Use methoxsalen rapid*)	NF	QL(4 ea daily)
SILIQ SOSY	4	PA
SKYRIZI PSKT	4	PA
SORIATANE CAPS 10 MG (*Use acitretin*)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (*Use acitretin*)	NF	QL(2 ea daily)
STELARA SOLN SC 45 MG/0.5ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOSY SC 45 MG/0.5ML, 90 MG/ML	4	PA; SP
TALTZ SOAJ	4	PA
TALTZ SOSY	4	PA
tazarotene crea	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (*Use tazarotene*)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
TREMFYA SOPN	4	PA
TREMFYA SOSY	4	PA
VECTICAL OINT (*Use calcitriol (topical)*)	1	
Antiseborrheic Products		
selenium sulfide lotn	1	
Antivirals - Topical		
acyclovir topical crea	1	
acyclovir topical oint	1	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 % (*Use acyclovir topical*)	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*)	NF	
Corticosteroids - Topical		

Drug Name	Drug Tier	Requirements/ Limits
alclometasone dipropionate crea	1	
alclometasone dipropionate oint	1	
amcinonide crea	1	QL(60 gm per fill retail,60 gm per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
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
calcipotriene-betamethasone dipropionate susp	1	ST
clobetasol propionate crea	1	PA; QL(3 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate emollient base crea	1	PA; QL(1 gm daily)
clobetasol propionate foam	1	ST; QL(3 gm daily)
clobetasol propionate gel	1	ST; QL(2 gm daily)
clobetasol propionate oint	1	PA; QL(1 gm daily)
clobetasol propionate soln	1	PA; QL(3.34 ml daily)
clocortolone pivalate crea	3	
CLODERM CREA	3	
CLODERM CREA (*Use clocortolone pivalate*)	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (*Use flurandrenolide*)	NF	
CORDRAN LOTN 0.05 % (*Use flurandrenolide*)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (*Use fluticasone propionate*)	NF	
DERMA-SMOOTHE/FS BODY OIL (*Use fluocinolone acetonide*)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTHE/FS SCALP OIL (*Use fluocinolone acetonide*)	NF	
desonide crea	1	QL(4 gm daily)
desonide lotn	1	QL(4 ml daily)
desonide oint	1	QL(3 gm daily)
DESOWEN CREA (*Use desonide*)	NF	QL(4 gm daily)
DESOWEN LOTN (*Use desonide*)	NF	QL(4 ml daily)
desoximetasone crea 0.25 %	1	
desoximetasone gel 0.05 %	1	

Drug Name	Drug Tier	Requirements/ Limits
desoximetasone oint 0.25 %	1	
diflorasone diacetate crea	1	PA
diflorasone diacetate oint	1	PA
DIPROLENE AF CREA (*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 0.01 %, 0.025 %	1	
fluocinolone acetonide oil 0.01 %	1	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
fluocinolone acetonide oil 0.01 %	1	
fluocinolone acetonide oint 0.025 %	1	
fluocinolone acetonide soln 0.01 %	1	
fluocinonide crea 0.05 %	1	QL(4 gm daily)
fluocinonide emulsified base crea	1	
fluocinonide gel 0.05 %	1	
fluocinonide oint 0.05 %	1	
fluocinonide soln 0.05 %	1	
flurandrenolide crea	2	QL(2 gm daily)
flurandrenolide lotn	2	QL(2 ml daily)
fluticasone propionate crea	1	
fluticasone propionate lotn	1	
fluticasone propionate oint	1	

Drug Name	Drug Tier	Requirements/ Limits
halcinonide crea	1	PA
halobetasol propionate crea	1	
halobetasol propionate oint	1	
HALOG CREA (*Use halcinonide*)	3	PA
HALOG OINT	3	PA
hydrocortisone (topical) crea 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 ACETATE/LIDOCAINE HYDROCHLORIDE CREA (*Use lidocaine-hydrocortisone acetate*)	NF	
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 SOLN (*Use hydrocortisone butyrate*)	NF	
LUXIQ FOAM (*Use betamethasone valerate*)	NF	
mometasone furoate crea	1	
mometasone furoate oint	1	
mometasone furoate soln	1	

Drug Name	Drug Tier	Requirements/ Limits
MONISTAT SOOTHING CARE ITCH RELIEF CREA (*Use hydrocortisone (topical)*)	NF	RX/OTC
OLUX FOAM (*Use clobetasol propionate*)	NF	ST; QL(3 gm daily)
prednicarbate crea	1	
prednicarbate oint	1	
PSORCON CREA	2	PA
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 (*Use calcipotriene-betamethasone dipropionate*)	3	ST
TEMOVATE CREA (*Use clobetasol propionate*)	NF	PA; QL(3 gm daily)
TEMOVATE OINT (*Use clobetasol propionate*)	NF	PA; QL(1 gm daily)
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 0.025 %, 0.5 %, 0.1 %	1	
triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %	1	
triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide-dimethicone-silicone kit	1	PA
TRIDESILON CREA (*Use desonide*)	NF	QL(4 gm daily)
ULTRAVATE CREA (*Use halobetasol propionate*)	NF	
ULTRAVATE OINT (*Use halobetasol propionate*)	NF	
Eczema Agents		
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA
Emollient/Keratolytic Agents		
HYDRO 35 FOAM (*Use urea in lactic acid vehicle*)	NF	
Emollients		
LAC-HYDRIN CREA (*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	PA
Immunomodulating Agents - Topical		
ALDARA CREA (*Use imiquimod*)	NF	QL(12 ea per fill retail,12 ea per fill mail)
imiquimod crea 5 %	1	QL(12 ea per fill retail,12 ea per fill mail)
ZYCLARA CREA (*Use imiquimod*)	NF	
ZYCLARA PUMP CREA 3.75 % (*Use imiquimod*)	NF	
Immunosuppressive Agents - Topical		
ELIDEL CREA (*Use pimecrolimus*)	NF	PA; AL(At least 2 yrs old)
pimecrolimus crea	1	PA; AL(At least 2 yrs old)
PROTOPIC OINT (*Use tacrolimus (topical)*)	NF	AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
tacrolimus (topical) oint	1	AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
podofilox soln	1	
Local Anesthetics - Topical		
lidocaine hcl gel ex 2 %	1	QL(4 ml daily)
lidocaine hcl gel ex 2 %	1	QL(4 ml daily); RX/OTC
lidocaine hcl prsy ex 2 %	1	QL(4 ml daily)
lidocaine hcl soln ex 4 %	1	
lidocaine ptch 5 %	1	PA
lidocaine-prilocaine crea	1	QL(1 gm daily)
LIDODERM PTCH (*Use lidocaine*)	NF	PA
SYNERA PTCH	3	QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	3	PA; QL(2 gm daily)
Rosacea Agents		
azelaic acid gel	1	PA
FINACEA GEL (*Use azelaic acid*)	NF	PA
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	
MIRVASO GEL	3	PA; QL(1 gm daily)
ORACEA CPDR (*Use doxycycline (rosacea)*)	NF	
SOOLANTRA CREA (*Use ivermectin (rosacea)*)	NF	
Scabicides & Pediculicides		
crotamiton lotn	1	PA
ELIMITE CREA (*Use permethrin*)	NF	
EURAX CREA	3	
EURAX LOTN (*Use crotamiton*)	NF	PA
lindane sham	3	
malathion lotn	1	
NATROBA SUSP (*Use spinosad*)	1	PA
NIX CREME RINSE LIQD (*Use permethrin*)	NF	
OVIDE LOTN (*Use malathion*)	NF	
permethrin crea	1	
permethrin liqd	1	
SKLICE LOTN	3	PA
spinosad susp	1	PA
ULESFIA LOTN	3	
Wound Care Products		
REGRANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Diagnostic Tests		
CHEMSTRIP-K STRP	1	
FORA GTEL BLOOD KETONE TEST STRIPS STRP	1	
GOJJI BLOOD KETONE TEST STRIPS STRP	1	
KETONE 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	Limit 100 per month;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		
CREON CPEP	2	
SUCRAID SOLN	3	
ZENPEP CPEP	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)
KEVEYIS TABS	4	PA; QL(4 ea daily)
methazolamide tabs	1	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (*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*)	NF	QL(16 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ethacrynic acid tabs	1	QL(16 ea daily)
furosemide soln	1	
furosemide tabs	1	
LASIX TABS (*Use furosemide*)	NF	
torsemide tabs	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (*Use spironolactone*)	NF	
amiloride hcl tabs	1	
DYRENIUM CAPS (*Use triamterene*)	3	QL(3 ea daily)
spironolactone tabs	1	
triamterene caps	1	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
chlorothiazide tabs	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 (*Use risedronate sodium*)	NF	PA; QL(1 ea daily)
alendronate sodium tabs 35 mg, 70 mg	1	QL(0.143 ea daily)
alendronate sodium tabs 40 mg, 10 mg, 5 mg	1	QL(1 ea daily)
ATELVIA TBEC (*Use risedronate sodium*)	NF	PA
BONIVA SOLN IV 3 MG/3ML (*Use ibandronate sodium*)	NF	PA; SP
BONIVA TABS OR 150 MG (*Use ibandronate sodium*)	NF	QL(0.036 ea daily)
calcitonin (salmon) soln	1	
etidronate disodium tabs	1	
FORTEO SOPN	4	PA; QL(0.09 ml daily); SP
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; SP
ibandronate sodium tabs or 150 mg	1	QL(0.036 ea daily)
pamidronate disodium soln 30 mg/10ml, 90 mg/10ml	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
pamidronate disodium solr 30 mg, 90 mg	4	PA; SP
PROLIA SOSY	4	PA; 1 rtl MAX fill,180 rtl day(s) supply,; SP
RECLAST SOLN (*Use zoledronic acid*)	NF	PA; SP
risedronate sodium tabs 150 mg	1	PA; QL(0.036 ea daily)
risedronate sodium tabs 30 mg, 5 mg	1	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
risedronate sodium tabs 35 mg	1	PA; QL(0.143 ea daily)
risedronate sodium tbec 35 mg	1	PA
TYMLOS SOPN	4	PA;
XGEVA SOLN	4	PA; SP
zoledronic acid conc 4 mg/5ml	4	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA; SP
zoledronic acid soln 4 mg/100ml, 5 mg/100ml	4	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	4	PA; SP
ZOMETA CONC 4 MG/5ML (*Use zoledronic acid*)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP
Corticotropin		
ACTHAR GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
ganirelix acetate sosy	4	PA
GANIRELIX ACETATE SOSY (*Use ganirelix acetate*)	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	4	PA
EGRIFTA SV SOLR	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA; SP
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP
NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NUTROPIN AQ NUSPIN 10 SOPN	4	PA; SP
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (*Use raloxifene hcl*)	NF	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; SP
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (*1-MONTH*) KIT	4	PA; SP
LUPRON DEPOT-PED (*3-MONTH*) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD (*Use sodium phenylbutyrate*)	NF	PA
BUPHENYL TABS (*Use sodium phenylbutyrate*)	NF	PA
calcitriol caps	1	
calcitriol soln	1	
CARBAGLU TABS	4	PA; SP
cinacalcet hcl tabs	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
doxercalciferol caps	1	
doxercalciferol soln	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL SOLN 4 MCG/2ML (*Use doxercalciferol*)	NF	
KUVAN PACK 100 MG, 500 MG (*Use sapropterin dihydrochloride*)	4	PA
KUVAN TBSO 100 MG (*Use sapropterin dihydrochloride*)	4	PA; SP
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
NAGLAZYME SOLN	4	PA; SP
nitisinone caps	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (*Use nitisinone*)	4	PA; SP
PALYNZIQ SOSY	4	PA
paricalcitol caps	1	
paricalcitol soln	1	
ROCALTROL CAPS (*Use calcitriol*)	NF	
ROCALTROL SOLN (*Use calcitriol*)	NF	
sapropterin dihydrochloride pack 100 mg, 500 mg	4	PA
sapropterin dihydrochloride tbso 100 mg	4	PA; SP
SENSIPAR TABS (*Use cinacalcet hcl*)	NF	PA; QL(4 ea daily); SP
sodium phenylbutyrate powd	1	PA
sodium phenylbutyrate tabs	1	PA
ZEMPLAR CAPS (*Use paricalcitol*)	NF	
ZEMPLAR SOLN (*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	

Drug Name	Drug Tier	Requirements/ Limits
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; SP
Prolactin Inhibitors		
cabergoline tabs	1	
Somatostatic Agents		
octreotide acetate soln	4	PA; SP
SANDOSTATIN SOLN (*Use octreotide acetate*)	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS (*Use tolvaptan*)	4	PA; QL(2 ea daily); SP
tolvaptan tabs	4	PA; QL(2 ea daily); SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
FEMHRT LOW DOSE TABS (*Use norethindrone acetate-ethinyl estradiol*)	NF	
norethindrone acetate-ethinyl estradiol tabs	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
CLIMARA PTWK (*Use estradiol*)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (*Use estradiol valerate*)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (*Use estradiol*)	NF	
estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL(0.286 ea daily)
estradiol ptwk td 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr, 0.025 mg/24hr	1	
estradiol tabs or 0.5 mg, 1 mg, 2 mg	1	
estradiol valerate oil	1	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW (*Use estradiol*)	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
VIVELLE-DOT PTTW (*Use estradiol*)	NF	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX SOLN IV 0.8 %-400 MG/250ML	1	
AVELOX TABS OR 400 MG (*Use moxifloxacin hcl*)	NF	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	2 rtl MAX fill,30 rtl day(s) supply,
CIPRO TABS 250 MG, 500 MG (*Use ciprofloxacin hcl*)	NF	
ciprofloxacin hcl tabs	1	
ciprofloxacin in d5w soln 200 mg/100ml-5 %	3	
ciprofloxacin susr	1	2 rtl MAX fill,30 rtl day(s) supply,
ciprofloxacin-ciprofloxacin hcl tb24	1	
LEVAQUIN TABS (*Use levofloxacin*)	NF	
levofloxacin in d5w soln 5 %-500 mg/100ml	1	
levofloxacin soln	1	
levofloxacin tabs	1	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE SOLN	1	
moxifloxacin hcl tabs	1	
ofloxacin tabs	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
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 5 mg, 10 mg	1	QL(6 ea daily)
REGLAN TABS (*Use metoclopramide hcl*)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24 (*Use mesalamine*)	2	
ASACOL HD TBEC (*Use mesalamine*)	NF	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (*Use sulfasalazine*)	NF	
AZULFIDINE TABS (*Use sulfasalazine*)	NF	
balsalazide disodium caps	1	
CANASA SUPP (*Use mesalamine*)	NF	
CIMZIA KIT	4	PA; QL(0.0714 ea daily); SP
CIMZIA STARTER KIT KIT	4	PA; QL(0.214 ea daily); SP
COLAZAL CAPS (*Use balsalazide disodium*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DIPENTUM CAPS	2	
ENTYVIO SOLR	4	PA
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC (*Use mesalamine*)	NF	
mesalamine cp24 or 0.375 gm	1	
mesalamine enem re 4 gm	1	
mesalamine supp re 1000 mg	1	
mesalamine tbec or 1.2 gm	1	
mesalamine tbec or 800 mg	1	QL(6 ea daily)
REMICADE SOLR	4	PA; SP
RENFLEXIS SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA
sulfasalazine tabs	1	
sulfasalazine tbec	1	
Intestinal Acidifiers		
lactulose (encephalopathy) soln	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl tabs	1	QL(2 ea daily)
LINZESS CAPS 145 MCG, 290 MCG	3	PA
LINZESS CAPS 72 MCG	3	PA; QL(1 ea daily)
LOTRONEX TABS (*Use alosetron hcl*)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	

Drug Name	Drug Tier	Requirements/ Limits
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	3	PA
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	1	
calcium acetate (phosphate binder) tabs	1	RX/OTC
FOSRENOL CHEW 1000 MG, 500 MG, 750 MG (*Use lanthanum carbonate*)	NF	
lanthanum carbonate chew	1	
PHOSLYRA SOLN	2	
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	
sodium citrate & citric acid soln	1	RX/OTC
UROCIT-K 10 TBCR (*Use potassium citrate (alkalinizer)*)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
acetic acid soln	1	
glycine (gu irrigant) soln	1	
RESECTISOL SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
sodium chloride (gu irrigant) soln	1	
SORBITOL SOLN	1	
SORBITOL-MANNITOL SOLN	1	
SORBITOL/MANNITOL IRRIGATION 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	5 mg only
FLOMAX CAPS (*Use tamsulosin hcl*)	NF	
PROSCAR TABS (*Use finasteride*)	NF	5 mg only
RAPAFLO CAPS (*Use silodosin*)	NF	
silodosin caps 8 mg, 4 mg	1	
tamsulosin hcl caps	1	
UROXATRAL TB24 (*Use alfuzosin hcl*)	NF	QL(1 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs	1	
PYRIDIUM TABS (*Use phenazopyridine hcl*)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	1	
DUZALLO TABS	3	PA
Gout Agents		
allopurinol tabs	1	
colchicine tabs	1	QL(1 ea daily)
COLCRYS TABS (*Use colchicine*)	2	QL(6 ea per fill retail,6 ea per fill mail)
febuxostat tabs	1	PA; QL(1 ea daily)
KRYSTEXXA SOLN	4	PA
MITIGARE CAPS (*Use colchicine*)	NF	
ULORIC TABS (*Use febuxostat*)	3	PA; QL(1 ea daily)
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS (*Use allopurinol*)	NF	
Uricosurics		
probenecid tabs	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (*Use icatibant acetate*)	4	PA; QL(9 ml daily)
icatibant acetate soln	4	PA; QL(9 ml daily)
Complement Inhibitors		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA
RUCONEST SOLR	4	PA; QL(0.143 ea daily)
SOLIRIS SOLN	4	PA
Hematorheologic Agents		
pentoxifylline tbcr	1	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
TAKHZYRO SOLN	4	PA;
Platelet Aggregation Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
AGGRENOX CP12 (*Use aspirin-dipyridamole*)	NF	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	
CABLIVI KIT	4	PA
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*)	NF	QL(1 ea daily)
PLAVIX TABS 300 MG (*Use clopidogrel bisulfate*)	NF	
PLAVIX TABS 75 MG (*Use clopidogrel bisulfate*)	NF	QL(1 ea daily)
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; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
miglustat caps	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (*Use miglustat*)	NF	PA; QL(3 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
Cobalamins		
cyanocobalamin soln ij 1000 mcg/ml	1	QL(1 ml daily)
Folic Acid/Folates		
folic acid tabs or 1 mg	0	RX/OTC
folic acid tabs or 400 mcg	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; SP
DOPTELET TABS	4	PA
EPOGEN SOLN	3	PA; SP
FULPHILA SOSY	4	PA;
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
MULPLETA TABS	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
NPLATE SOLR 250 MCG, 500 MCG	4	PA; SP
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP
PROCRIT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA PACK 12.5 MG	4	PA; QL(1 ea daily)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO SOSY	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
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 or 15 mg/ml	0	AL(Up to 1 yrs old)
ferrous sulfate tabs or 325 mg, 65 mg	0	
ferrous sulfate tbec or 325 mg	0	
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG, 500 MG (*Use aminocaproic acid*)	NF	PA
aminocaproic acid tabs or 1000 mg, 500 mg	1	PA

Drug Name	Drug Tier	Requirements/ Limits
CYKLOKAPRON SOLN (*Use tranexamic acid*)	NF	
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, 15 mg, 30 mg, 64.8 mg, 97.2 mg, 16.2 mg, 32.4 mg	1	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep) tabs	1	PA; QL(1 ea daily)
SILENOR TABS (*Use doxepin hcl (sleep)*)	3	PA; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (*Use zolpidem tartrate*)	NF	ST; Must try immediate release zolpidem.;QL(1 ea daily)
AMBIEN TABS (*Use zolpidem tartrate*)	NF	QL(1 ea daily); AL(At least 18 yrs old)
DORAL TABS (*Use quazepam*)	NF	
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)

Drug Name	Drug Tier	Requirements/ Limits
RESTORIL CAPS (*Use temazepam*)	NF	QL(1 ea daily)
temazepam caps	1	QL(1 ea daily)
triazolam tabs	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 10 mg, 5 mg	1	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate tbcr or 12.5 mg, 6.25 mg	1	ST; Must try immediate release zolpidem.;QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA; QL(1 ea daily)
ramelteon tabs	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS (*Use ramelteon*)	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		
CLENPIQ SOLN	3	PA

Drug Name	Drug Tier	Requirements/ Limits
COLYTE-FLAVOR PACKS SOLR (*Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*)	NF	
GOLYTELY SOLR 2.97 GM-22.74 GM-236 GM-5.86 GM-6.74 GM (*Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*)	0	
MOVIPREP SOLR (*Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid*)	2	PA
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr	1	PA
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.97 gm-22.74 gm-236 gm-5.86 gm-6.74 gm	0	
PREPOPIK PACK	3	PA
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
lactulose soln 10 gm/15ml, 20 gm/30ml	1	
Saline Laxatives		
OSMOPREP TABS	3	PA
Stimulant Laxatives		
bisacodyl tbec	1	
DULCOLAX TBEC (*Use bisacodyl*)	NF	
Surfactant Laxatives		
COLACE CAPS (*Use docusate sodium*)	NF	
docusate calcium caps	1	
docusate sodium caps	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		

Drug Name	Drug Tier	Requirements/ Limits
lidocaine hcl (local anesth.) soln 0.5 %, 1 %, 2 %	1	
MARCAINE SOLN 0.5 % (*Use bupivacaine hcl*)	NF	
NAROPIN SOLN 5 MG/ML, 2 MG/ML (*Use ropivacaine hcl*)	NF	
XYLOCAINE SOLN 0.5 %, 1 % (*Use lidocaine hcl (local anesth.)*)	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (*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 100 mg/5ml, 200 mg/5ml	1	
azithromycin tabs or 250 mg	1	QL(6 ea per fill retail,6 ea per fill mail)
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 (*Use azithromycin*)	NF	
ZITHROMAX SOLR IV 500 MG (*Use azithromycin*)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 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		
clarithromycin susr	1	
clarithromycin tabs	1	
clarithromycin tb24	1	
Erythromycins		
E.E.S. GRANULES SUSR (*Use erythromycin ethylsuccinate*)	NF	
ERYPED 200 SUSR (*Use erythromycin ethylsuccinate*)	NF	
ERYPED 400 SUSR (*Use erythromycin ethylsuccinate*)	3	
erythromycin base cpep 250 mg	3	
erythromycin base tabs 250 mg, 500 mg	3	
erythromycin base tbec 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml	1	
erythromycin ethylsuccinate tabs 400 mg	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)
FEMCAP DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SPECIAL DEVI	0	QL(2 ea daily)
MAXX LUBRICATED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM DPRH	0	

Drug Name	Drug Tier	Requirements/ Limits
PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 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 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
ADJUSTABLE LANCING DEVICE MISC	1	
ADVANCED MOBILE LANCET 30G MISC	1	QL(6.6667 ea daily)
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)
AIMSCO TWIST LANCETS 32G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1	
AQUALANCE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 LANCE SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
ASSURE 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	
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)
CARESENS LANCETS MISC	1	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	1	
CARETOUCH SAFETY LANCETS/26G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	1	QL(6.6667 ea daily)
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)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 28G MISC	1	QL(6.6667 ea daily)
COAGUCHEK LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
DIATHRIVE LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	1	
DROPLET LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1	
DROPLET PERSONAL LANCETS30G MISC	1	QL(6.6667 ea daily)
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 MART UNILET MICRO THIN LANCETS 33G 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 COMFORT LANCETS TWIST TOP 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)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
EASY TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1	
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 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 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	

Drug Name	Drug Tier	Requirements/ Limits
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)
GENTEEL BUTTERFLY TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL LANCING DEVICE/BUFF BLACK MISC	1	
GENTEEL LANCING DEVICE/BUTTERFLY BLUE MISC	1	
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1	
GENTEEL LANCING DEVICE/PLAYFUL PURPLE MISC	1	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1	
GENTEEL LANCING DEVICE/PRINCESS PINK MISC	1	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	
GENTEEL LANCING DEVICE/WILLOWY WHITE MISC	1	
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)
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)
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	
GOJJI STERILE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL 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)
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	
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 AUTOLET LANCING DEVICE MISC	1	
KROGER HEALTHPRO TWIST LANCETS/26G 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	
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)

Drug Name	Drug Tier	Requirements/ Limits
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 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
MM LANCING DEVICE MISC	1	
MM TWIST LANCETS MISC	1	QL(6.6667 ea daily)
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)
MPD SAFETY LANCET 21G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC	1	QL(6.6667 ea daily)
MULTI-LANCET DEVICE MISC	1	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G 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 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 DELICA PLUS LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1	
ONETOUCH FINEPOINT 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)
PIP LANCETS/28G MISC	1	QL(6.6667 ea daily)
PIP LANCETS/30G MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1	QL(6.6667 ea daily)
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	

Drug Name	Drug Tier	Requirements/ Limits
QC LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
QC LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
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 LANCET DEVICES 30G MISC	1	
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 LANCETS/30G MISC	1	QL(6.6667 ea daily)
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 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 30G/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)
SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPS HEALTH CARE TWIST TOP LANCETS 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	

Drug Name	Drug Tier	Requirements/ Limits
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)
TECHLITE LANCETS MISC	1	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 26G 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)
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 COMFORT TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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	
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 31G MISC	1	QL(6.6667 ea daily)
ULTRA-CARE 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)
UNILET COMFORTOUCH LANCET MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNILET EXCELITE II MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1	QL(6.6667 ea daily)
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 PRO SAFETY LANCET 21G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 28G 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)
VIVAGUARD LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCING DEVICE MISC	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
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
1ST TIER UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM MISC	1	QL(5 ea daily)
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)
ABOUTTIME PEN NEEDLE 32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
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)
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)
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
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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-100/0.5ML/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-100/0.5ML/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/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/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)

Drug Name	Drug Tier	Requirements/ Limits
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/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
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-100/1ML/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/0.3ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
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-100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM 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 SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	1	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" 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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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 31G X 1/4" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLICKFINE PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	1	QL(5 ea daily)
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)
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)
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ MICRO/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
COMFORT EZ SHORT/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 6MM MISC	1	QL(5 ea daily)
DIATHRIVE PEN NEEDLE/31 G X 6MM MISC	1	QL(5 ea daily)
DIATHRIVE PEN NEEDLE/31 GX 8MM MISC	1	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/1ML/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 30G X 5/16" 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 32G X 1/4" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32" 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)
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4" 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

Drug Name	Drug Tier	Requirements/ Limits
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
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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 SAFETY PEN NEEDLES/29G X 8MM MISC	1	QL(5 ea daily)
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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 INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTICARE PEN NEEDLES/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4" 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
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)
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC	1	QL(5 ea daily)
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
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 INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" 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 SHORT PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" 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
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
HM ULTICARE SHORT PEN NEEDLES 31GX8MM 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)
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/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

Drug Name	Drug Tier	Requirements/ Limits
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/NEEDLE 0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 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/29G 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)
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

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
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
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)
KROGER PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES/31G X3/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI 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

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

Drug Name	Drug Tier	Requirements/ Limits
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 31G X 6MM/ULTRA SHORT MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC	1	QL(5 ea daily); RX/OTC
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
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
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" MISC	1	QL(5 ea daily)
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" 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)

Drug Name	Drug Tier	Requirements/ Limits
MEIJER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM MISC	1	QL(5 ea daily)
MICRODOT PEN NEEDLE/32G X 4 MM MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/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/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

Drug Name	Drug Tier	Requirements/ Limits
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
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)
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
NOVOFINE PLUS 32GX4MM 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 29GX12MM 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
PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
PEN NEEDLES/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES/32G X 5/32" 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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
PURE COMFORT PEN NEEDLE 32G X6MM MISC	1	QL(5 ea daily)
PURE COMFORT PEN NEEDLE/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM MISC	1	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 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

Drug Name	Drug Tier	Requirements/ Limits
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)
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 31GX5/16" 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 32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" 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/REMOV R/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G 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
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)

Drug Name	Drug Tier	Requirements/ Limits
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 INSULIN SYRINGEU-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
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/31G X 1/4" MISC	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES/31G X 5/16" 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 5/32" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 NEEDLES/32G X 1/4" 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)
ULTICARE PEN NEEDLES 31GX 5MM 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
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA 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)
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 FLO INSULIN PEN NEEDLES MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM 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)

Drug Name	Drug Tier	Requirements/ Limits
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)

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

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" 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 32GX6MM MISC	1	QL(5 ea daily)
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
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" 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
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

Drug Name	Drug Tier	Requirements/ Limits
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		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ	3	PA; QL(0.04 ml daily)
AJOVY SOSY	3	PA; QL(0.06 ml daily)
EMGALITY SOAJ 120 MG/ML	3	PA
EMGALITY SOSY 120 MG/ML	3	PA
Migraine Combinations		
CAFERGOT TABS (*Use ergotamine w/ caffeine*)	NF	
ergotamine w/ caffeine tabs or 1 mg-100 mg	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	PA; QL(0.267 ml daily)
dihydroergotamine mesylate soln na 4 mg/ml	1	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (*Use dihydroergotamine mesylate*)	NF	QL(0.267 ml daily)
Serotonin Agonists		

Drug Name	Drug Tier	Requirements/ Limits
almotriptan malate tabs 12.5 mg	1	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
almotriptan malate tabs 6.25 mg	1	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)
eletriptan hydrobromide tabs	1	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
FROVA TABS (*Use frovatriptan succinate*)	NF	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*)	NF	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 100 MG, 25 MG, 50 MG (*Use sumatriptan succinate*)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS (*Use rizatriptan benzoate*)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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)
naratriptan hcl tabs	1	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAX TABS (*Use eletriptan hydrobromide*)	NF	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 100 mg, 25 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	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 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 2 MEQ/ML	1	
sodium acetate soln 4 meq/ml	1	
Calcium		
calcium chloride (dihydrate) soln	1	
CALCIUM GLUCONATE SOLN	1	
calcium gluconate soln	1	
Electrolyte Mixtures		
dextrose in lactated ringers soln	1	

Drug Name	Drug Tier	Requirements/ Limits
IONOSOL-MB/DEXTROSE 5% SOLN 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MEQ/L-5 %, 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MMOLE/L-5 %	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
lactated ringer's soln 109 meq/l-130 meq/l-28 meq/l-3 meq/l-4 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
parenteral electrolytes conc	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
potassium chloride in dextrose & sodium chloride soln	1	
potassium chloride in dextrose soln	1	
potassium chloride in nacl soln	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 129 MEQ/L-130 MEQ/L-2.7 MEQ/L-24 MEQ/L-28 MEQ/L-5 %, 130 MEQ/L-149 MEQ/L-24 MEQ/L-28 MEQ/L-3 MEQ/L-5 %	1	
ringer's soln	1	
Magnesium		
magnesium sulfate soln ij 50 %	1	
Phosphate		
potassium phosphates soln 224 mg/ml-236 mg/ml	1	
Potassium		
K-TAB TBCR 10 MEQ (*Use potassium chloride*)	NF	
K-TAB TBCR 8 MEQ (*Use potassium chloride*)	1	
potassium acetate soln	1	
potassium bicarb & chloride tbef	1	
potassium bicarbonate tbef	1	
potassium chloride cpcr or 10 meq, 8 meq	1	
potassium chloride microencapsulated crystals er tbcr	1	
potassium chloride pack or 20 meq	1	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML	1	
potassium chloride soln iv 2 meq/ml	1	
potassium chloride soln or 10 %	1	
potassium chloride tbcr or 10 meq, 8 meq	1	
Sodium		
sodium chloride soln ij 2.5 meq/ml	1	
sodium chloride soln iv 3 %, 5 %, 23.4 %, 4 meq/ml, 0.45 %, 0.9 %	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (*Use penicillamine*)	3	PA
DEPEN TITRATABS TABS (*Use penicillamine*)	3	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
penicillamine caps	1	PA
penicillamine tabs	1	QL(8 ea daily)
SYPRINE CAPS (*Use trientine hcl*)	NF	PA; QL(8 ea daily); SP
trientine hcl caps	4	PA; QL(8 ea daily); SP
Immunomodulators		
REVLIMID CAPS 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	4	PA; QL(1 ea daily); SP
REVLIMID CAPS 20 MG	4	
THALOMID CAPS	4	PA; QL(3 ea daily); SP
Immunosuppressive Agents		
ATGAM INJ	4	PA; SP
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	1	
azathioprine tabs or 50 mg	1	
CELLCEPT CAPS 250 MG (*Use mycophenolate mofetil*)	NF	
CELLCEPT TABS 500 MG (*Use mycophenolate mofetil*)	NF	
cyclosporine caps	1	
cyclosporine modified (for microemulsion) caps	1	
cyclosporine modified (for microemulsion) soln	1	
cyclosporine soln	1	
everolimus (immunosuppressant) tabs	4	PA; QL(20 ea daily); SP
IMURAN TABS (*Use azathioprine*)	NF	
mycophenolate mofetil caps 250 mg	1	
mycophenolate mofetil tabs 500 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
mycophenolate sodium tbec	1	
MYFORTIC TBEC (*Use mycophenolate sodium*)	NF	
NEORAL CAPS (*Use cyclosporine modified (for microemulsion)*)	NF	
NEORAL SOLN (*Use cyclosporine modified (for microemulsion)*)	NF	
NULOJIX SOLR	4	PA; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (*Use tacrolimus*)	NF	
PROGRAF PACK OR 0.2 MG, 1 MG	2	PA
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 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 0.5 mg, 1 mg, 2 mg	1	
tacrolimus caps	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (*Use everolimus (immunosuppressant)*)	4	PA; QL(20 ea daily); SP
Irrigation Solutions		
irrigation solutions, physiological soln	1	
lactated ringer's (irrigation) soln	1	
ringer's irrigation soln	1	

Drug Name	Drug Tier	Requirements/ Limits
water for irrigation, sterile soln	1	
Potassium Removing Agents		
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 2 %	1	QL(4 ml daily)
lidocaine hcl (mouth-throat) soln 4 %	1	
Anti-infectives - Throat		
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		
stannous fluoride conc	0	RX/OTC
Steroids - Mouth/Throat/Dental		
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	
MULTIVITAMINS		

Drug Name	Drug Tier	Requirements/ Limits
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(1 ea daily)
HM PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS 0.2 MG-1.84 MG-10 MCG-10 MG-1000 MCG-12 MCG-120 MG-1200 MCG-2 MG-2 MG-20 MG-200 MG-25 MG-27 MG-3 MG-5 MG-9.2 MG	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
O-CAL FA TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 0.8 MG-1.5 MG-1.7 MG-100 MG-11 UNIT-18 MG-2.6 MG-25 MG-263 MG-27 MG-4 MCG-400 UNIT-4000 UNIT, 0.8 MG-1.7 MG-1.8 MG-120 MG-2.6 MG-20 MG-200 MG-25 MG-28 MG-30 UNIT-400 UNIT-4000 UNIT-8 MCG, 1.7 MG-1.8 MG-120 MG-2.6 MG-20 MG-200 MG-25 MG-28 MG-30 UNIT-400 UNIT-4000 UNIT-8 MCG-800 MCG, 1.7 MG-1.84 MG-100 MG-11 UNIT-160 MG-18 MG-2.6 MG-200 MG-25 MG-27 MG-4 MCG-400 UNIT-4000 UNIT-800 MCG	2	QL(1 ea daily)
PRENATAL TABS 1 MG-1.84 MG-10 MG-12 MCG-120 MG-2 MG-20 MG-200 MG-22 MG-25 MG-27 MG-3 MG-400 UNIT-4000 UNIT	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen tabs or 10 mg, 20 mg	1	
carisoprodol tabs	1	
chlorzoxazone tabs 500 mg	1	QL(6 ea daily)
cyclobenzaprine hcl tabs 10 mg, 5 mg	1	QL(3 ea daily)
metaxalone tabs 800 mg	1	QL(4 ea daily)
methocarbamol tabs or 500 mg, 750 mg	1	
orphenadrine citrate tb12 or 100 mg	1	QL(2 ea daily)
ROBAXIN TABS OR 500 MG (*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	
tizanidine hcl tabs	1	
ZANAFLEX CAPS (*Use tizanidine hcl*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ZANAFLEX TABS (*Use tizanidine hcl*)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (*Use dantrolene sodium*)	NF	QL(4 ea daily)
dantrolene sodium caps or 100 mg, 50 mg, 25 mg	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
azelastine hcl soln	1	
olopatadine hcl (nasal) soln	1	
PATANASE SOLN (*Use olopatadine hcl (nasal)*)	NF	
Nasal Anticholinergics		
ipratropium bromide (nasal) soln 0.03 %	1	QL(1 ml daily)
ipratropium bromide (nasal) soln 0.06 %	1	
Nasal Steroids		
budesonide (nasal) susp	1	
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 (nasal) soln	1	1 rtl pack lmt per fill,
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	
NASACORT ALLERGY 24HR CHILDRENS AERO (*Use triamcinolone acetonide (nasal)*)	NF	
NASONEX SUSP (*Use mometasone furoate (nasal)*)	NF	PA; QL(1.14 gm daily)
triamcinolone acetonide (nasal) aero	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (*Use riluzole*)	NF	
riluzole tabs	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORT SOLR	3	PA
XEOMIN SOLR	3	PA
NUTRIENTS		
Proteins		
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		

Drug Name	Drug Tier	Requirements/ Limits
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 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml	1	
levobunolol hcl soln	1	
metipranolol soln	1	
timolol maleate (ophth) solg 0.25 %, 0.5 %	1	
timolol maleate (ophth) soln 0.25 %, 0.5 %	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 (ophthalmic) oint	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	
gentamicin sulfate (ophth) oint	1	
gentamicin sulfate (ophth) soln	1	
KLARITY-A SOLN	3	
levofloxacin (ophth) soln	1	
moxifloxacin hcl (ophth) soln	1	
NATACYN SUSP	2	
neomycin-bacitracin zn-polymyxin oint	1	
NEOSPORIN SOLN (*Use neomycin-polymyxin-gramicidin*)	NF	
OCUFLOX SOLN (*Use ofloxacin (ophth)*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
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)*)	NF	
VIROPTIC SOLN (*Use trifluridine*)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (*Use gatifloxacin (ophth)*)	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (*Use proparacaine hcl*)	NF	
proparacaine hcl soln	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	4	PA
Ophthalmic Steroids		
ALREX SUSP	3	PA
dexamethasone sodium phosphate (ophth) soln	1	
DUREZOL EMUL	3	PA
fluorometholone (ophth) susp	1	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (*Use fluorometholone (ophth)*)	NF	
FML OINT	3	PA
LOTEMAX GEL	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (*Use loteprednol etabonate*)	3	PA
loteprednol etabonate susp	1	PA
MAXIDEX SUSP	3	PA
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-hc (ophth) susp	1	
PRED FORTE SUSP (*Use prednisolone acetate (ophth)*)	NF	
PRED MILD SUSP	3	PA
prednisolone acetate (ophth) susp	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX SUSP (*Use tobramycin-dexamethasone*)	NF	
tobramycin-dexamethasone susp	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (*Use ketorolac tromethamine (ophth)*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ACULAR SOLN (*Use ketorolac tromethamine (ophth)*)	NF	
ALOCRIL SOLN	3	PA
ALOMIDE SOLN	3	PA
azelastine hcl (ophth) soln	1	
BEPREVE SOLN	3	PA
bromfenac sodium (ophth) soln	1	
cromolyn sodium (ophth) soln	1	
CYSTARAN SOLN	2	PA; QL(2.143 ml daily)
diclofenac sodium (ophth) soln	1	
dorzolamide hcl soln	1	
ELESTAT SOLN (*Use epinastine hcl (ophth)*)	NF	
EMADINE SOLN	3	
epinastine hcl (ophth) soln	1	
flurbiprofen sodium soln	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
ketorolac tromethamine (ophth) soln	1	
ketotifen fumarate (ophth) soln	1	
LASTACAFT SOLN	3	PA
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
olopatadine hcl soln	1	RX/OTC
PATADAY SOLN (*Use olopatadine hcl*)	NF	RX/OTC
PATANOL SOLN (*Use olopatadine hcl*)	NF	RX/OTC
TRUSOPT SOLN (*Use dorzolamide hcl*)	NF	
ZADITOR SOLN (*Use ketotifen fumarate (ophth)*)	1	
ZERVIATE SOLN	3	PA
Prostaglandins - Ophthalmic		
bimatoprost soln	3	
latanoprost soln	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN (*Use travoprost*)	2	
travoprost soln	1	
XALATAN SOLN (*Use latanoprost*)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic) soln	1	
Otic Anti-infectives		
CETRAXAL SOLN (*Use ciprofloxacin hcl (otic)*)	1	
ciprofloxacin hcl (otic) soln	1	
FLOXIN OTIC SOLN (*Use ofloxacin (otic)*)	NF	
ofloxacin (otic) soln	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP (*Use ciprofloxacin-dexamethasone*)	2	PA
ciprofloxacin-dexamethasone susp	1	PA
ciprofloxacin-fluocinolone acetonide soln	1	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	

Drug Name	Drug Tier	Requirements/ Limits
neomycin-polymyxin-hc (otic) soln	1	
neomycin-polymyxin-hc (otic) susp	1	
OTOVEL SOLN (*Use ciprofloxacin-fluocinolone acetonide*)	3	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (*Use fluocinolone acetonide (otic)*)	NF	
fluocinolone acetonide (otic) oil	1	
hydrocortisone w/acetic acid soln	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	4	PA; SP
GAMMAGARD LIQUID SOLN 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN	4	PA; SP
GAMUNEX-C SOLN	4	PA; SP
HIZENTRA SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
Passive Immunizing Agents - Combinations		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps	1	
amoxicillin chew	1	
amoxicillin susr	1	
amoxicillin tabs	1	
ampicillin caps	1	
ampicillin sodium solr ij 1 gm	1	
ampicillin sodium solr iv 10 gm	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000 UNIT/ML, 60000 UNIT/ML	1	
penicillin g potassium solr 5000000 unit	1	
PENICILLIN G PROCAINE SUSP	3	
penicillin g sodium solr	3	
penicillin v potassium solr	1	
penicillin v potassium tabs	1	
Penicillin Combinations		
amoxicillin & pot clavulanate chew	1	
amoxicillin & pot clavulanate susr	1	
amoxicillin & pot clavulanate tabs	1	
amoxicillin & pot clavulanate tb12	1	
ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm, 1 gm-2 gm	1	
ampicillin & sulbactam sodium solr iv 10 gm-5 gm	1	
AUGMENTIN ES-600 SUSR (*Use amoxicillin & pot clavulanate*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (*Use amoxicillin & pot clavulanate*)	NF	
AUGMENTIN TABS 125 MG-875 MG, 125 MG-500 MG (*Use amoxicillin & pot clavulanate*)	NF	
AUGMENTIN XR TB12 (*Use amoxicillin & pot clavulanate*)	NF	
piperacillin sodium-tazobactam sodium solr	1	
UNASYN BULK PACK SOLR (*Use ampicillin & sulbactam sodium*)	NF	
UNASYN SOLR (*Use ampicillin & sulbactam sodium*)	NF	
ZOSYN SOLR 0.25 GM-2 GM, 0.375 GM-3 GM, 0.5 GM-4 GM, 36 GM-4.5 GM (*Use piperacillin sodium-tazobactam sodium*)	NF	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	1	
nafcillin sodium solr ij 1 gm	1	
oxacillin sodium solr ij 1 gm	1	
oxacillin sodium solr iv 10 gm	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (*Use norethindrone acetate*)	0	
medroxyprogesterone acetate tabs	1	
MEGACE ES SUSP (*Use megestrol acetate (appetite)*)	NF	PA
megestrol acetate (appetite) susp	1	PA
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	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataplectic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
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)
galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg	1	QL(1 ea daily)
galantamine hydrobromide soln 4 mg/ml	1	QL(6 ml daily)
galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg	1	QL(2 ea daily)
memantine hcl tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
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*)	NF	
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		
AUSTEDO TABS	4	PA; QL(4 ea daily)
tetrabenazine tabs	4	PA; QL(3 ea daily); SP
XENAZINE TABS (*Use tetrabenazine*)	NF	PA; QL(3 ea daily); SP
Multiple Sclerosis Agents		
AMPYRA TB12 (*Use dalfampridine*)	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA
AVONEX PEN AJKT	4	PA; QL(0.0714 ea daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML (*Use glatiramer acetate*)	NF	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (*Use glatiramer acetate*)	NF	PA; QL(0.429 ml daily); SP
dalfampridine tb12	4	PA; QL(2 ea daily); SP
dimethyl fumarate cpdr	4	PA
dimethyl fumarate misc	4	PA
EXTAVIA KIT	4	PA; QL(0.0357 ea daily); SP
GILENYA CAPS 0.25 MG	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
GILENYA CAPS 0.5 MG	4	PA; SP
glatiramer acetate sosy 20 mg/ml	3	PA; QL(1 ml daily); SP
glatiramer acetate sosy 40 mg/ml	3	PA; QL(0.429 ml daily); SP
MAVENCLAD TBPK	4	PA
MAYZENT STARTER PACK TBPK	4	PA
MAYZENT TABS	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN	4	PA; QL(0.0357 ml daily)
PLEGRIDY SOSY	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.0357 ml daily)
REBIF REBIDOSE SOAJ	4	PA; QL(0.214 ml daily); SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; QL(0.214 ml daily); SP
REBIF TITRATION PACK SOSY	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TECFIDERA CPDR (*Use dimethyl fumarate*)	4	PA
TECFIDERA STARTER PACK MISC (*Use dimethyl fumarate*)	4	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
LYRICA CR TB24 165 MG, 82.5 MG	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG	3	PA; QL(2 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) caps 10 mg	1	QL(1 ea daily)
fluoxetine hcl (pmdd) caps 20 mg	1	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
ergoloid mesylates tabs	3	
ORAP TABS (*Use pimozide*)	NF	
pimozide tabs	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)
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)
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)
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG, 400 MG	4	PA; SP
ARALAST NP SOLR 500 MG	4	PA
PROLASTIN-C SOLN 1000 MG/20ML	4	PA;
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100 MG-125 MG, 125 MG-200 MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA TBPK	4	PA; QL(3 ea daily)
Pulmonary Fibrosis Agents		
OFEV CAPS	4	PA; QL(2 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
tigecycline solr	1	
TIGECYCLINE SOLR	3	
TYGACIL SOLR (*Use tigecycline*)	3	
Tetracyclines		
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 (monohydrate) tabs 50 mg	1	
doxycycline hyclate caps or 50 mg, 100 mg	1	QL(2 ea daily)
doxycycline hyclate solr iv 100 mg	1	
doxycycline hyclate tabs or 100 mg, 20 mg	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG (*Use minocycline hcl*)	NF	QL(3 ea daily)
minocycline hcl caps 50 mg, 75 mg, 100 mg	1	QL(3 ea daily)
minocycline hcl tabs 100 mg, 50 mg, 75 mg	1	QL(3 ea daily)
TARGADOX TABS (*Use doxycycline hyclate*)	NF	
tetracycline hcl caps	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (*Use doxycycline hyclate*)	NF	QL(2 ea daily)
XIMINO CP24 135 MG, 45 MG, 90 MG (*Use minocycline hcl*)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	1	
propylthiouracil tabs	1	
TAPAZOLE TABS (*Use methimazole*)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*Use thyroid*)	2	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
CYTOMEL TABS (*Use liothyronine sodium*)	NF	
levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine sodium soln	1	
liothyronine sodium tabs	1	
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS (*Use levothyroxine sodium*)	2	
thyroid tabs	1	QL(1 ea daily)
TRIOSTAT SOLN (*Use liothyronine sodium*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
WESTHROID TABS	2	
WP THYROID TABS	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
atropine sulfate soln ij 0.1 mg/ml, 0.4 mg/ml, 1 mg/ml	1	
atropine sulfate sosy ij 0.25 mg/5ml	1	
chlordiazepoxide hcl-clidinium bromide caps	1	
dicyclomine hcl caps or 10 mg	1	
dicyclomine hcl soln or 10 mg/5ml	1	
dicyclomine hcl tabs or 20 mg	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	
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 in nacl soln	1	
famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml	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	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 150 mg, 300 mg	1	
ranitidine hcl soln ij 150 mg/6ml	1	
ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml	1	QL(40 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 SOLN 25 MG/ML, 25 MG/ML (*Use ranitidine hcl*)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (*Use sucralfate*)	2	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
CARAFATE TABS 1 GM (*Use sucralfate*)	NF	QL(4 ea daily)
sucralfate susp 1 gm/10ml	1	QL(40 ml daily)
sucralfate tabs 1 gm	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (*Use rabeprazole sodium*)	NF	QL(1 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)
esomeprazole magnesium cpdr 20 mg	1	QL(2 ea daily); RX/OTC
esomeprazole magnesium cpdr 40 mg	3	QL(1 ea daily)
lansoprazole cpdr 15 mg	1	QL(2 ea daily); RX/OTC
lansoprazole cpdr 30 mg	1	
NEXIUM 24HR TBEC	1	QL(2 ea daily)
NEXIUM CPDR 20 MG (*Use esomeprazole magnesium*)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (*Use esomeprazole magnesium*)	NF	QL(1 ea daily)
omeprazole cpdr 10 mg, 40 mg	1	QL(2 ea daily)
omeprazole cpdr 20 mg	1	QL(2 ea daily); RX/OTC
omeprazole magnesium cpdr	1	QL(4 ea daily)
omeprazole magnesium tbec	1	QL(4 ea daily)
omeprazole tbec 20 mg	1	QL(2 ea daily)
pantoprazole sodium tbec or 20 mg	1	QL(1 ea daily)
pantoprazole sodium tbec or 40 mg	1	
PREVACID 24HR CPDR (*Use lansoprazole*)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (*Use lansoprazole*)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (*Use lansoprazole*)	NF	
PRILOSEC OTC TBEC (*Use omeprazole magnesium*)	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (*Use pantoprazole sodium*)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (*Use pantoprazole sodium*)	NF	
rabeprazole sodium tbec	1	QL(1 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 1100 mg-20 mg	1	QL(1 ea daily); RX/OTC
ZEGERID CAPS 1100 MG-20 MG (*Use omeprazole-sodium bicarbonate*)	NF	RX/OTC
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
nitrofurantoin monohyd macro caps	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*)	NF	QL(1 ea daily)
oxybutynin chloride syrp	1	

Drug Name	Drug Tier	Requirements/ Limits
oxybutynin chloride tabs	1	
oxybutynin chloride tb24	1	
solifenacin succinate tabs	1	PA; QL(1 ea daily)
tolterodine tartrate cp24 2 mg, 4 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 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 (*Use solifenacin succinate*)	3	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs 10 mg, 5 mg, 50 mg	1	QL(4 ea daily)
bethanechol chloride tabs 25 mg	1	
URECHOLINE TABS 10 MG, 5 MG, 50 MG (*Use bethanechol chloride*)	NF	QL(4 ea daily)
URECHOLINE TABS 25 MG (*Use bethanechol chloride*)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	1	
VACCINES		
Bacterial Vaccines		
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
Viral Vaccines		
AFLURIA 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
ENGERIX-B SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
FLUAD 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUAD 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2018-2019 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2020-2021 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUMIST QUADRIVALENT SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
GARDASIL 9 SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
GARDASIL 9 SUSY	0	1 rtl MAX fill,365 rtl day(s) supply,
HAVRIX SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
HEPLISAV-B SOLN	0	1 rtl MAX fill,365 rtl day(s) supply,
HEPLISAV-B SOSY	0	1 rtl MAX fill,365 rtl day(s) supply,
IPOL INACTIVATED IPV INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
RECOMBIVAX HB SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
ROTARIX SUSR	0	1 rtl MAX fill,365 rtl day(s) supply,
ROTATEQ SOLN	0	1 rtl MAX fill,365 rtl day(s) supply,
SHINGRIX SUSR	0	AL(At least 50 yrs old)
TWINRIX SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
TWINRIX SUSY	0	1 rtl MAX fill,365 rtl day(s) supply,
VAQTA SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
VARIVAX INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	AL(At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA INST	3	PA
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	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (*Use clotrimazole vaginal*)	NF	
METROGEL-VAGINAL GEL (*Use metronidazole vaginal*)	NF	
metronidazole vaginal gel	1	

Drug Name	Drug Tier	Requirements/ Limits
miconazole nitrate vaginal supp	1	
terconazole vaginal crea	1	
terconazole vaginal supp	1	
Vaginal Estrogens		
ESTRACE CREA (*Use estradiol vaginal*)	NF	
estradiol vaginal crea	1	
estradiol vaginal tabs	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (*Use estradiol vaginal*)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml	1	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
EPIPEN 2-PAK SOAJ (*Use epinephrine (anaphylaxis)*)	NF	
EPIPEN-JR 2-PAK SOAJ (*Use epinephrine (anaphylaxis)*)	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
Vasopressors		
midodrine hcl tabs	1	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 1.25 mg, 50000 unit	1	
cholecalciferol tabs 400 unit	0	
DRISDOL CAPS (*Use ergocalciferol*)	0	
ergocalciferol caps or 1.25 mg, 50000 unit	0	
ergocalciferol soln or 8000 unit/ml	1	
VITAMIN D2 TABS	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
niacin cpcr or 500 mg, 250 mg	1	
niacin tabs or 50 mg, 250 mg, 100 mg, 500 mg	1	
niacin tbcr or 750 mg, 250 mg, 500 mg	1	
NIACIN TR TBCR	1	
niacinamide tabs or 100 mg, 500 mg	1	
SLO-NIACIN TBCR (*Use niacin*)	1	

Index


ambetter.
FROM
nh healthy families

Statement of Non-Discrimination

Ambetter from NH Healthy Families complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter from NH Healthy Families does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from NH Healthy Families:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact Ambetter from NH Healthy Families at 1-844-265-1278 (TTY/TDD 1-855-742-0123).

If you believe that Ambetter from NH Healthy Families has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: NH Healthy Families Appeal Department, 2 Executive Park Drive, Bedford, NH 03110, 1-844-265-1278 (TTY/TDD 1-855-742-0123), Fax 1-877-851-3992. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ambetter from NH Healthy Families is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de NH Healthy Families, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-265-1278 (TTY/TDD 1-855-742-0123).
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from NH Healthy Families, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from NH Healthy Families 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-844-265-1278 (TTY/TDD 1-855-742-0123)。
Nepali:	यदि तपाई वा तपाईले मद्दत गरिरहनुभएको कोही व्यक्तिसँग Ambetter from NH Healthy Families सम्बन्धी कुनै प्रश्नहरू भएको खण्डमा तपाईंहरूसँग आफ्नै भाषामा निःशुल्क मद्दत र जानकारी प्राप्त गर्ने अधिकार छ। दोभाषेसँग कुरा गर्नका लागि 1-844-265-1278 (TTY/TDD 1-855-742-0123) नम्बरमा कल गर्नुहोस्।
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from NH Healthy Families, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from NH Healthy Families, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Greek:	Εάν εσείς ή κάποιος που βοηθάτε, έχετε ερωτήσεις σχετικά με την Ambetter from NH Healthy Families, έχετε το δικαίωμα να ζητήσετε βοήθεια και πληροφορίες στη γλώσσα σας, χωρίς χρέωση. Για να μιλήσετε με διερμηνέα, καλέστε το 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Arabic:	إذا كان لديك أو لدى شخص تساعده أسئلة حول Ambetter from NH Healthy Families، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Serbo-Croatian:	Ako Vi, ili neko kome pomažete, imate pitanja u vezi Ambetter from NH Healthy Families, imate pravo na besplatnu pomoć i informaciju na sopstvenom jeziku. Ukoliko želite da pričate sa prevodiocem, pozovite broj 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Indonesian:	Jika Anda, atau orang yang Anda bantu, memiliki pertanyaan tentang Ambetter from NH Healthy Families, Anda berhak mendapatkan bantuan dan informasi dalam bahasa Anda tanpa dikenakan biaya. Untuk berbicara dengan juru bicara, hubungi 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from NH Healthy Families 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-265-1278 (TTY/TDD 1-855-742-0123) 로 전화하십시오.
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from NH Healthy Families вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-844-265-1278 (TTY/TDD 1-855-742-0123).
French Creole:	Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Ambetter from NH Healthy Families, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Bantu:	Niba wowe cyangwa undi muntu wese uri gufasha yaba afite ikibazo kijyanye na Ambetter from NH Healthy Families, ufite uburenganzira bwo guhabwa amakuru mu rurimi wunva utishyuye. Kugira ngo uvugane n'umusobanuzi, Hamagara 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Polish:	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów oferowanych za pośrednictwem Ambetter from NH Healthy Families, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-844-265-1278 (TTY/TDD 1-855-742-0123).