

A smiling Black woman with curly hair, wearing a white lab coat, is looking at a tablet in a pharmacy. She is standing behind a white counter. In the background, there are shelves filled with various boxes of medicine.

GHP FAMILY

2024 member formulary

List of covered drugs

Geisinger

What is the Statewide PDL and GHP Family Formulary?

Geisinger Health Plan, like other Medical Assistance Managed Care Organizations follows the Statewide Preferred Drug List (PDL). The Statewide PDL is developed by the Department of Human Services' (DHS) Pharmacy and Therapeutics Committee. A formulary is a list of drugs selected by GHP Family, which represents medications believed to be a necessary part of a quality treatment program. Only medications that are not part of the PDL may be included in the GHP Family formulary.

This formulary is up to date at the time of print. For the most up to date information, please go to our website at <https://www.geisinger.org/health-plan/plans/ghp-family> and visit <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Preferred-Drug-List.aspx> for information on the Statewide PDL.

Can the Formulary change?

The plan may add or remove drugs from the formulary. If we remove drugs from our formulary or add restrictions on a drug such as a requirement for prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. See section, "Are there any requirements or limits on my drugs?" for more information.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Drug Class

The formulary begins on page 14. The drugs in this formulary are grouped into the class of drugs they belong to. If you know what class your drug belongs to, look for the class name in the list that begins on page 12. Then look under the class name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that is included at the end of this document. The Index provides an alphabetical list of all the drugs included in this document.

The first column of the formulary lists the formulary drug. Brand drugs are printed in all upper-case letters (e.g. DIURIL ORAL SUSPENSION). Generic drugs are printed in all lower-case italic letters (e.g. *furosemide*).

The second column of the formulary lists the tier the drug is covered on. Tier 1 contains generic medications. Tier 2 contains brand name medications. Drugs listed as OTC are over-the-counter medications.

The third column of the formulary lists any requirements or limits that may apply to the drug. See the section titled "Are there any requirements or limits on my drugs" below.

What are generic drugs?

GHP Family covers both brand name drugs and generic drugs. If your doctor prescribes a brand name drug and a generic is available, your pharmacist will give you the generic version of that drug. A generic drug is approved by the Federal Food & Drug Administration (FDA) as having the same active ingredient as the brand name drug and is just as safe and effective. Generally, generic drugs cost less than brand name drugs. Prescriptions written as “brand medically necessary” by your doctor will require prior authorization.

Are Over-the-Counter (OTC) drugs covered?

Certain OTC medications are listed on the Statewide PDL or formulary. OTC drugs will require a prescription from your doctor.

Dispensing Limits

GHP Family will cover up to a 34-day supply of your medication unless the prescription is written for less by your physician or the medication is subject to a quantity limit restriction. If there are medications you take on a regular basis, such as blood pressure medications or medications to treat cholesterol (maintenance medications), you have the option to obtain a 90-day supply from a participating retail pharmacy or mail order pharmacy. Please call GHP Family Pharmacy services at (855) 552-6028 or (570) 214-3554 for assistance in finding a participating pharmacy. Certain medications such as controlled substances and specialty medications are excluded from this 90-day supply program. If you have questions about which medications are considered maintenance medications you can check online at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger> or call GHP Family Pharmacy services at (855) 552-6028 or (570) 214-3554. A medication may be refilled when 85% has been used. Controlled medications, which may cause addiction, such as those used for pain or anxiety, may be refilled when 90% has been used. If for some reason you need a refill before 85% or 90% of the medication has been used please call GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554 for assistance.

GHP Family will grant one early refill if you are traveling outside of Pennsylvania and will run out of medication before you return home. GHP Family will allow this once per medication per member per year. Your pharmacy should contact GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554 to obtain a vacation supply. Any additional requests for a vacation supply will require prior authorization.

Requests to replace medications that are lost, stolen, or destroyed must be reviewed by GHP Family Pharmacy Services. Members should contact GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554 for more information.

Blood Glucose Monitors and Strips

Members are entitled to receive one new blood glucose monitor every two years and 200 strips every month. You can also receive a new monitor if you switch to a different one that is preferred on the PDL.

Medical Benefit Drugs

Medical benefit drugs are drugs dispensed and administered in a physician's office and are not included in the formulary. For some Medical Benefit Drugs, your provider must first obtain prior authorization. Your provider can find a list of medical benefit drugs that require prior authorization here: [GHP-Family-Medical-Drug-PA-List.pdf \(geisinger.org\)](#). Any questions regarding the coverage of medical benefit drugs should be directed to GHP Family Pharmacy Services at (855) 552-6028.

Vaccines

The vaccines included in the formulary are available to members at a retail pharmacy without a prescription. The typhoid vaccine (Vivotif) is also available at retail pharmacies but requires a prescription. Other vaccines are considered a medical benefit and should be administered by your physician.

Are there any requirements or limits on my drugs?

Some drugs may have additional requirements or limits. These requirements and limits may include:

- **Prior Authorization:** GHP Family requires your physician to get prior approval for certain drugs. This means that your prescriber will need to get approval from GHP Family before you fill prescriptions for these drugs. Without this approval, GHP Family will not pay for the drug. If GHP denies the prior authorization request, you can appeal the decision. Please see the GHP member handbook, section 15, Complaint, Appeal and Fair Hearing Processes, for information about filing an appeal.
- **Quantity Limits:** For certain drugs, there are limits to the amount of the drug that you can get. GHP Family follows DHS' quantity limits except for blood glucose meters and strips, condoms, spacers (OptiChamber), injectable anticoagulants (Lovenox), vaccines, medications used to treat low blood sugar (glucagon, GVOKE, etc.), Symbicort, and budesonide-formoterol HFA. Quantity limits are available at www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Quantity-Limits-and-Daily-Dose-Limits.aspx or [GHP Family Formulary.pdf \(geisinger.org\)](#) If your prescriber wants you to have more than the limit, your prescriber must request prior authorization.
- **Step Therapy:** In some cases, GHP Family requires you to first try certain drugs to treat your medical condition before we will approve another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, GHP Family may not approve Drug B unless you try Drug A first. If Drug A does not work for you, GHP

Family will then approve Drug B. Your prescriber may request prior authorization if Drug A does not work for you or if you cannot take Drug A.

- Specialty Pharmacy:** Specialty medications can only be filled by certain pharmacies in the GHP Family network. Specialty drugs are medications used to treat complex diseases. These medications usually require specialized handling and monitoring. If you are taking a specialty medicine or if you have a question about finding a specialty pharmacy, please call GHP Family Pharmacy services at (855) 552-6028. Specialty medications that are included in this formulary have the initials SP next to them. A complete list of specialty medications and pharmacies that can fill them can be found here: [GHP Family Specialty List](#). Unless noted on the list, any Specialty Medication that is also a Medical Benefit Drug can either be dispensed by a contracted specialty pharmacy or a prescriber can obtain, administer and bill GHP Family for the cost of the medications.

The following abbreviations are found within column three of this formulary and indicate the requirements and limits listed above:

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	Your physician is required to get prior authorization from GHP Family before you fill your prescription for this drug. Without prior approval, GHP Family will not pay for this drug.
QL	Quantity Limit Restriction	GHP Family limits the amount of this drug that can be obtained per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before GHP Family will approve this drug, you must first try another drug(s) to treat your medical condition. This drug may only be approved if the other drug(s) does not work for you.
SP	Specialty Pharmacy	Some drugs are not available at your retail pharmacy. These drugs are called specialty drugs and can be obtained at specialty pharmacies. To find out how and where to obtain a specialty drug, please contact GHP Family Pharmacy services at (855) 552-6028.
AL	Age Limit	Some drugs are only available to certain age groups. If you are outside this age range your physician will need to obtain prior authorization before you fill your prescription for this drug.

How much will I pay for my drugs?

Pharmacy copays will apply to members 18 years of age and older unless otherwise listed below. Brand name prescription and over-the-counter drugs have a \$3 copayment. Generic prescription and over-the-counter drugs have a \$1 copayment. Services cannot be denied if the member is unable to afford the copay.

There are no copays for:

- Pregnant women (including the postpartum period which ends 12 months after delivery)
- Children under 18 years of age
- Medical benefit drugs
- Members in a nursing home
- Members receiving hospice care.
- Members in an Intermediate Care Facility for Mental Retardation or Intermediate Care Facility for Other Related Conditions
- Family planning drugs or supplies
- Drugs, including immunizations, when dispensed and/or administered by a physician
- Title IV-B Foster Care and IV-E Foster Care and Adoption Assistance
- Members eligible under the Breast and Cervical Cancer Prevention and Treatment Programs
- There is no copay for the following groups of medications:
 - Antihypertensives (high blood pressure)
 - Antidiabetes (high blood sugar)
 - Anticonvulsants (seizure)
 - Cardiovascular preparations (heart disease)
 - Antipsychotics (except those that are controlled substance antianxiety drugs)
 - Antineoplastics (cancer drugs)
 - Antiglaucoma drugs
 - Anti-Parkinson's drugs
 - HIV/AIDS drugs
 - Preferred naloxone injection/nasal spray for drug overdose

Non-covered medications

The following medications are not eligible for coverage under the Medical Assistance Program:

- Drugs that are designated by the FDA as less than effective (DESI) drugs
- Any drug marketed by a drug company that does not participate in the Medicaid Rebate Program
- Drugs used for cosmetic purposes or hair growth
- Drugs used for fertility
- Drugs used for erectile dysfunction
- Drugs and devices classified as experimental
- Drugs ordered by a prescriber who has been barred or suspended from participating the MA program

What if my drug requires prior authorization?

If you learn that GHP Family requires prior authorization of your drug, you have two options:

- You can ask GHP Family Pharmacy Services for a list of similar drugs that are on the GHP Family formulary. You can call GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554. When you receive the list, show it to your doctor and ask him or her if one of these drugs will work for you.
- Your physician can ask GHP Family for approval of your drug through a prior authorization. See below for information about how your physician can request a prior authorization.

What if I need a drug that is not listed on the Statewide PDL or GHP Family Formulary?

- Please check the PDL [Welcome to Pennsylvania Medical Assistance Preferred Drug List | Pennsylvania Medical Assistance Preferred Drug List \(papdl.com\)](https://www.papdl.com) and formulary to see if there is a preferred alternative or formulary alternative that you can ask your physician to switch you to
- Your physician can ask us to approve your drug even if it is not on our formulary or the PDL

Generally, GHP Family will only approve your physician's request if the alternative drugs included on the plan's formulary would not be as effective in treating your condition and/or would cause you to have a negative medical effect. We must make our decision within 24 hours of getting your prescriber's request.

If the pharmacy cannot fill your prescription because of the medication being non-formulary or requiring prior authorization, GHP Family will authorize a temporary supply of the medication. If your prescription is for an ongoing medication, a 15-day temporary supply will be authorized. If your prescription is for a new medication, a 5-day temporary supply of medication will be authorized. Members are limited to one emergency supply per medication every 180 days.

A member whose prescription rejects for prior authorization or other utilization management criteria should not be turned away at the pharmacy without receiving a temporary supply of medication unless the dispensing pharmacist feels that dispensing the medication would jeopardize the health and safety of the member.

Discrimination is against the law

Geisinger Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan 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)

Geisinger Health Plan 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 Geisinger Health Plan at 800-447-4000.

If you believe that Geisinger Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue,
Danville, PA 17822-3220
Phone: (866) 577-7733, PA Relay 711,
Fax: (570) 271-7225, or
Email: GHCivilRights@thehealthplan.com

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675
Phone: (717) 787-1127, PA Relay 711,
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Geisinger Health Plan and the Bureau of Equal Opportunity are 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>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 800-447-4000 (PA RELAY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (PA RELAY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (PA RELAY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (PA RELAY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (PA RELAY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-447-4000 (رقم هاتف الصم والبكم والبيكم: PA RELAY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 800-447-4000 (PA RELAY: 711) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (PA RELAY: 711). 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (PA RELAY: 711)។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (PA RELAY: 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 800-447-4000 (PA RELAY: 711) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (PA RELAY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (PA RELAY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 800-447-4000 (PA RELAY: 711)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-447-4000 (PA RELAY: 711).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (PA RELAY: 711).

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Drug Name	Requirements / Limits	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)
ANALEPTICS		
<i>caffeine citrate 20 mg/ml solution</i>	1	AL (Up to 2 yrs old)
<i>caffeine citrate 60 mg/3ml solution</i>	1	AL (Up to 2 yrs old)
ALTERNATIVE MEDICINES (CONTINUED)		
ALTERNATIVE MEDICINE - M'S		
<i>melatonin 3 mg tab</i>	OTC	
MELATONINMAX GUMMIES 10 MG CHEW TAB	OTC	
ALTERNATIVE MEDICINE COMBINATIONS		
<i>melatonin-pyridoxine 5-10 mg tab</i>	OTC	
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
GOLD COMPOUNDS		
RIDAURA 3 MG CAP	2	
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide (10 mg tab, 20 mg tab)</i>	1	
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESICS OTHER		
<i>acetaminophen (120 mg suppos, 160 mg chew tab)</i>	OTC	(20 UNITS / 1 DAY)
<i>acetaminophen (160 mg/5ml liquid, 160 mg/5ml solution, 325 mg/10.15ml solution, 650 mg/20.3ml solution)</i>	OTC	(75 UNITS / 1 DAY)
<i>acetaminophen 325 mg tab</i>	OTC	(10 UNITS / 1 DAY)
<i>acetaminophen 650 mg suppos</i>	OTC	(6 UNITS / 1 DAY)
<i>acetaminophen 650 mg/20.3ml suspension</i>	OTC	(100 UNITS / 1 DAY)
<i>acetaminophen childrens 160 mg/5ml solution</i>	OTC	(75 UNITS / 1 DAY)
<i>acetaminophen extra strength 500 mg tab</i>	OTC	(6 UNITS / 1 DAY)
<i>childrens acetaminophen 160 mg/5ml suspension</i>	OTC	(75 UNITS / 1 DAY)
<i>childrens silapap 160 mg/5ml liquid</i>	OTC	(75 UNITS / 1 DAY)
<i>m-pap 160 mg/5ml liquid</i>	OTC	(75 UNITS / 1 DAY)
<i>mapap 500 mg cap</i>	OTC	(6 UNITS / 1 DAY)
<i>mapap childrens 80 mg chew tab</i>	OTC	(30 UNITS / 1 DAY)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements / Limits
SALICYLATES		
<i>aspirin (81 mg chew tab, 81 mg tab dr, 325 mg tab)</i>	OTC	(12 UNITS / 1 DAY)
<i>salsalate (500 mg tab, 750 mg tab)</i>	1	(4 UNITS / 1 DAY)
<i>sm aspirin low dose 81 mg tab dr</i>	OTC	(12 UNITS / 1 DAY)
ANDROGENS-ANABOLIC (CONTINUED)		
ANDROGENS		
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	1	
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL COMBINATIONS		
<i>lidocaine-hydrocortisone ace (2-2 % kit, 3-1 % kit, 3-2.5 % kit)</i>	1	
PROCTOFOAM HC 1-1 % FOAM	2	
RECTAL LOCAL ANESTHETICS		
<i>gnp anorectal 5 % cream</i>	1	
<i>hemorrhoidal relief 5 % cream</i>	1	
<i>lidocaine (anorectal) 5 % cream</i>	1	
<i>pramoxine hcl (perianal) 1 % foam</i>	OTC	
<i>rectasmoothe 5 % cream</i>	1	
RECTAL STEROIDS		
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
ANTACIDS (CONTINUED)		
ANTACID COMBINATIONS		
<i>acid gone (95-358 mg/15ml suspension, 160-105 mg chew tab)</i>	OTC	
<i>alumina-magnesia-simethicone 200-200-20 mg/5ml suspension</i>	OTC	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements / Limits
<i>antacid (200-200-20 mg/5ml suspension, 400-400-40 mg/10ml suspension)</i>	OTC	
<i>antacid plus anti-gas relief 200-200-20 mg/5ml suspension</i>	OTC	
<i>antacid regular strength 200-200-20 mg/5ml suspension</i>	OTC	
<i>antacid/antigas 400-400-40 mg/10ml suspension</i>	OTC	
<i>ft antacid & antigas 200-200-20 mg/5ml suspension</i>	OTC	
<i>hm antacid 200-200-20 mg/5ml suspension</i>	OTC	
<i>mag-al plus 200-200-20 mg/5ml liquid</i>	OTC	
<i>sm antacid 400-400-40 mg/10ml suspension</i>	OTC	
ANTACIDS - ALUMINUM SALTS		
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	OTC	
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate (325 mg tab, 650 mg tab)</i>	OTC	
ANTACIDS - CALCIUM SALTS		
<i>antacid 750 mg chew tab</i>	OTC	
<i>antacid calcium 500 mg chew tab</i>	OTC	
<i>antacid extra strength 750 mg chew tab</i>	OTC	
<i>antacid regular strength 500 mg chew tab</i>	OTC	
<i>antacid ultra strength 1000 mg chew tab</i>	OTC	
<i>calcium antacid 500 mg chew tab</i>	OTC	
<i>calcium antacid extra strength 750 mg chew tab</i>	OTC	
<i>calcium carbonate antacid 1250 mg/5ml suspension</i>	OTC	
<i>ft antacid extra strength 750 mg chew tab</i>	OTC	
<i>hm calcium antacid ex st 750 mg chew tab</i>	OTC	
<i>sm calcium antacid ex st 750 mg chew tab</i>	OTC	
<i>sm smooth antacid ex st 750 mg chew tab</i>	OTC	
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide 400 mg tab</i>	OTC	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	1	(4 UNITS / 1 DAY)

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Drug Name	Drug Tier	Requirements / Limits
EMVERM 100 MG CHEW TAB	2	PA, (2 UNITS / 1 DAY)
<i>praziquantel 600 mg tab</i>	1	
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
<i>trimethoprim 100 mg tab</i>	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	1	(20 UNITS / 1 DAY)
MEPRON 750 MG/5ML SUSPENSION	2	(20 UNITS / 1 DAY)
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	1	
<i>linezolid 600 mg tab</i>	1	(112 UNITS / 180 DAYS)
SIVEXTRO 200 MG TAB	2	PA, (1 UNIT / 1 DAY)
PLEUROMUTILINS		
XENLETA 600 MG TAB	2	PA
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	1	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	1	(2 UNITS / 1 DAY)
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
XANTHINES		
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	1	
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
ANTICOAGULANTS (CONTINUED)		
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/0.5ml soln prsyr, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1	
HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>bismatrol 262 mg chew tab</i>	OTC	
FLORANEX ONE 200-250 MG CAP	OTC	
<i>ft stomach relief 262 mg chew tab</i>	OTC	
GNP ADVANCED PROBIOTIC CAP	OTC	
<i>peptic relief 262 mg chew tab</i>	OTC	
<i>stomach relief 262 mg chew tab</i>	OTC	
WOMENS 50 BILLION CAP	OTC	
ANTIPERISTALTIC AGENTS		
<i>anti-diarrheal 2 mg cap</i>	1	(8 UNITS / 1 DAY)
DIPHENOXYLATE-ATROPINE (2.5-0.025 MG TAB, 2.5-0.025 MG/5ML LIQUID)	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ft anti-diarrheal 2 mg cap</i>	1	(8 UNITS / 1 DAY)
<i>gnp anti-diarrheal 2 mg cap</i>	1	(8 UNITS / 1 DAY)
<i>hm anti-diarrheal 2 mg cap</i>	1	(8 UNITS / 1 DAY)
<i>loperamide hcl 2 mg cap</i>	1	(8 UNITS / 1 DAY)
<i>sm anti-diarrheal 2 mg cap</i>	1	(8 UNITS / 1 DAY)
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>acetylcysteine 200 mg/ml solution</i>	1	
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ALKYLAMINES		
<i>chlorpheniramine maleate er 12 mg tab er</i>	OTC	
ANTIHISTAMINES - ETHANOLAMINES		
<i>allergy 25 mg cap</i>	OTC	
DAYHIST ALLERGY 12 HOUR RELIEF 1.34 MG TAB	OTC	
<i>diphenhydramine hcl (12.5 mg/5ml liquid, 25 mg cap, 25 mg tab, 50 mg cap)</i>	OTC	
<i>diphenhydramine hcl 12.5 mg/5ml elixir</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
ANTIHYPERTENSIVES (CONTINUED)		
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone 25 mg tab</i>	1	(4 UNITS / 1 DAY)
<i>eplerenone 50 mg tab</i>	1	(2 UNITS / 1 DAY)
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10 MG TAB	2	PA, SP

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Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	1	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
PRETOMANID 200 MG TAB	2	PA
<i>pyrazinamide 500 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
<i>carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)</i>	2	SP
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	SP
LEUKERAN 2 MG TAB	2	
MELPHALAN 2 MG TAB	1	
MYLERAN 2 MG TAB	2	SP
ANTIMETABOLITES		
<i>mercaptopurine 50 mg tab</i>	1	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
EMCYT 140 MG CAP	2	SP
FLUTAMIDE 125 MG CAP	1	(6 UNITS / 1 DAY)
LYSODREN 500 MG TAB	2	SP
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide 150 mg tab</i>	1	(2 UNITS / 1 DAY), SP
ANTINEOPLASTIC COMBINATIONS		
INQOVI 35-100 MG TAB	2	PA, SP
ANTINEOPLASTICS MISC.		
<i>bexarotene 75 mg cap</i>	1	PA, SP

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Drug Name	Drug Tier	Requirements / Limits
INTRON A (10000000 RECON SOLN, 50000000 RECON SOLN)	2	SP
INTRON A 18000000 UNIT RECON SOLN	2	SP
MATULANE 50 MG CAP	2	SP
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	1	SP
<i>toposar 100 mg/5ml solution</i>	1	SP
<i>vincasar pfs 1 mg/ml solution</i>	1	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	SP
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium 8 meq/5ml solution</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
ANTIVIRALS (CONTINUED)		
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	(20 UNITS / 1 FILL)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	
MISC. ANTIVIRALS		
VEKLURY 100 MG RECON SOLN	2	SP
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digitek (125 mcg tab, 250 mcg tab)</i>	1	
<i>digox (125 mcg tab, 250 mcg tab)</i>	1	
<i>digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>	1	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	2	PA, (1 UNIT / 1 DAY), SP

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Drug Name	Drug Tier	Requirements / Limits
PROSTAGLANDIN VASODILATORS		
<i>treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)</i>	1	PA, SP
CONTRACEPTIVES (CONTINUED)		
EMERGENCY CONTRACEPTIVES		
<i>curae 1.5 mg tab</i>	OTC	
<i>econtra ez 1.5 mg tab</i>	OTC	
<i>econtra one-step 1.5 mg tab</i>	OTC	
<i>her style 1.5 mg tab</i>	OTC	
<i>levonorgestrel 1.5 mg tab</i>	OTC	
<i>my way 1.5 mg tab</i>	OTC	
<i>opcicon one-step 1.5 mg tab</i>	OTC	
<i>option 2 1.5 mg tab</i>	OTC	
<i>react 1.5 mg tab</i>	OTC	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	1	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	1	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	
SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	1	
HYCODAN 5-1.5 MG/5ML SOLUTION	1	(30 UNITS / 1 DAY)
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	(6 UNITS / 1 DAY)
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	1	(30 UNITS / 1 DAY)
<i>hydromet 5-1.5 mg/5ml solution</i>	1	(30 UNITS / 1 DAY)
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i>	1	(10 UNITS / 1 DAY)

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Drug Name	Drug Tier	Requirements / Limits
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	(10 UNITS / 1 DAY)
<i>promethazine-codeine 6.25-10 mg/5ml solution</i>	1	(30 UNITS / 1 DAY), AL (18 to 999 yrs old)
<i>promethazine-codeine 6.25-10 mg/5ml syrup</i>	1	(30 UNITS / 1 DAY), AL (18 to 999 yrs old)
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS (CONTINUED)		
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
CARAC 0.5 % CREAM	1	
<i>fluorouracil (0.5 % cream, 2 % solution, 5 % cream, 5 % solution)</i>	1	
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide (2.25 % shampoo, 2.3 % shampoo, 2.5 % lotion)</i>	1	
BURN PRODUCTS		
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea (20 % cream, 39 % cream, 40 % cream, 40 % lotion, 41 % cream)</i>	1	
<i>urea 20 intensive hydrating 20 % cream</i>	OTC	
UREA HYDRATING 35 % FOAM	1	
<i>ureacin-20 20 % cream</i>	OTC	
EMOLLIENTS		
<i>amlactin daily 12 % lotion</i>	1	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	2	PA, SP
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox 0.5 % solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LOCAL ANESTHETICS - TOPICAL		
<i>pramoxine hcl 1 % lotion</i>	OTC	
PRIZOTRAL-II 2.5-2.5 & 3.88 % KIT	1	
MISC. TOPICAL		
DRYSOL 20 % SOLUTION	2	
XERAC AC 6.25 % SOLUTION	2	
<i>zinc oxide (20 % ointment, 25 % ointment)</i>	OTC	
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	1	
<i>ivermectin 1 % cream</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	1	
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC TESTS		
PRECISION XTRA KETONE STRIP	1	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS (CONTINUED)		
DIETARY MANAGEMENT PRODUCTS		
FOLTANX 3-35-2 MG TAB	OTC	
L-METHYLFOLATE (7.5 MG TAB, 15 MG TAB)	OTC	
L-METHYLFOLATE-B6-B12 3-35-2 MG TAB	OTC	
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	
DIURETIC COMBINATIONS		
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	
<i>spironolactone-hctz 25-25 mg tab</i>	1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>toremide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
DIURIL 250 MG/5ML SUSPENSION	2	AL (Up to 2 yrs old)
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
METABOLIC MODIFIERS		
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	1	PA, (4 UNITS / 1 DAY)
<i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, SP
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf 1 gm/10ml solution</i>	1	
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	2	PA, SP
NULIBRY 9.5 MG RECON SOLN	2	PA, SP
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	2	PA, (0.5 UNITS / 1 DAY), SP
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	2	PA, (0.15 UNITS / 1 DAY), SP
PALYNZIQ 20 MG/ML SOLN PRSYR	2	PA, (3 UNITS / 1 DAY), SP
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, SP
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	2	PA, SP
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	2	PA, SP

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Drug Name	Drug Tier	Requirements / Limits
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray 0.01 % solution</i>	1	(0.4 UNITS / 1 DAY)
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline 0.5 mg tab</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1	SP
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	2	PA, (2 UNITS / 1 DAY), SP
TOLVAPTAN 15 MG TAB	1	PA, (1 UNIT / 1 DAY)
<i>tolvaptan 15 mg tab</i>	1	PA, (1 UNIT / 1 DAY), SP
<i>tolvaptan 30 mg tab</i>	1	PA, (2 UNITS / 1 DAY), SP
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
ANTIFLATULENTS		
<i>ft gas relief extra strength 125 mg cap</i>	OTC	
<i>ft gas relief ultra strength 180 mg cap</i>	OTC	
GAS RELIEF 250 MG CAP	OTC	
<i>gas relief extra strength 125 mg cap</i>	OTC	
<i>gas relief ultra strength 180 mg cap</i>	OTC	
<i>gnp gas relief extra strength 125 mg cap</i>	OTC	
PHAZYME MAXIMUM STRENGTH 250 MG CAP	OTC	
<i>simethicone 180 mg cap</i>	OTC	
<i>simethicone ultra strength 180 mg cap</i>	OTC	
<i>sm gas relief 180 mg cap</i>	OTC	
<i>sm gas relief extra strength 125 mg cap</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose 10 gm/15ml solution</i>	1	
<i>generlac 10 gm/15ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
LIVE FECAL MICROBIOTA		
VOWST CAP	2	PA, SP
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO 250 MG TAB	2	PA, (3 UNITS / 1 DAY), SP
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
<i>cytra-2 500-334 mg/5ml solution</i>	OTC	
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	1	
<i>sod citrate-citric acid 500-334 mg/5ml solution</i>	OTC	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	2	SP
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI (200 MG TAB, 400 MG TAB)	2	PA, (1 UNIT / 1 DAY), SP
URINARY ANALGESICS		
<i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
COMPLEMENT INHIBITORS		
EMPAVELI 1080 MG/20ML SOLUTION	2	PA, (5.72 UNITS / 1 DAY), SP
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er 400 mg tab er</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl 0.5 mg cap</i>	1	SP
<i>anagrelide hcl 1 mg cap</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CABLIVI 11 MG KIT	2	PA, SP
<i>cilostazol (50 mg tab, 100 mg tab)</i>	1	(2 UNITS / 1 DAY)
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	2	PA, SP
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	2	PA, SP
HEMATOPOIETIC AGENTS (CONTINUED)		
COBALAMINS		
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	
<i>dodex 1000 mcg/ml solution</i>	1	
FOLIC ACID/FOLATES		
<i>folic acid 1 mg tab</i>	1	
IRON		
EZFE 200 434.8 (200 FE) MG CAP	OTC	
<i>ferrex 150 150 mg cap</i>	OTC	
<i>ferrous sulfate (75 (15 fe) mg/ml solution, 300 (60 fe) mg/5ml solution)</i>	OTC	
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	OTC	
<i>poly-iron 150 150 mg cap</i>	OTC	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
ANTIHISTAMINE HYPNOTICS		
<i>sleep tabs 25 mg tab</i>	OTC	
LAXATIVES (CONTINUED)		
BULK LAXATIVES		
<i>fiber laxative + calcium 625 mg tab</i>	OTC	
<i>fiber-lax 625 mg tab</i>	OTC	
<i>ft fiber laxative 625 mg tab</i>	OTC	
<i>hm fiber 500 mg tab</i>	OTC	
<i>soluble fiber therapy powder</i>	OTC	
LAXATIVE COMBINATIONS		
CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>colace 2-in-1 8.6-50 mg tab</i>	OTC	
<i>ft senna-s 8.6-50 mg tab</i>	OTC	
<i>ft stool softener 50-8.6 mg tab</i>	OTC	
GAVILYTE-C 240 GM RECON SOLN	1	
<i>gavilyte-g 236 gm recon soln</i>	1	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	1	
<i>hm senna-s 8.6-50 mg tab</i>	OTC	
<i>hm stool softener/laxative 8.6-50 mg tab</i>	OTC	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	
<i>senexon-s 8.6-50 mg tab</i>	OTC	
<i>senna plus 8.6-50 mg tab</i>	OTC	
<i>senna-docusate sodium 8.6-50 mg tab</i>	OTC	
<i>senna-s 8.6-50 mg tab</i>	OTC	
<i>senna-time s 8.6-50 mg tab</i>	OTC	
<i>stimulant laxative 8.6-50 mg tab</i>	OTC	
<i>stool softener plus laxative 8.6-50 mg tab</i>	OTC	
LAXATIVES - MISCELLANEOUS		
<i>constulose 10 gm/15ml solution</i>	1	
<i>glycerin (adult) 2 gm suppos</i>	OTC	
<i>glycerin adult 2 gm suppos</i>	OTC	
<i>hm clearlax 17 gm packet</i>	OTC	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
PEDIA-LAX 1 GM SUPPOS	OTC	
<i>peg 3350 (17 gm packet, 17 gm/scoop powder)</i>	OTC	
SALINE LAXATIVES		
<i>ft magnesium citrate 1.745 gm/30ml solution</i>	OTC	
<i>hm magnesium citrate 1.745 gm/30ml solution</i>	OTC	
<i>magnesium citrate 1.745 gm/30ml solution</i>	OTC	
<i>milk of magnesia 7.75 % suspension</i>	OTC	
<i>milk of magnesia concentrate 2400 mg/10ml suspension</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
STIMULANT LAXATIVES		
<i>bisacodyl 10 mg suppos</i>	OTC	
<i>bisacodyl ec 5 mg tab dr</i>	OTC	
<i>ft gentle laxative 10 mg suppos</i>	OTC	
<i>ft laxative 5 mg tab dr</i>	OTC	
<i>gentle laxative (5 mg tab dr, 10 mg suppos)</i>	OTC	
<i>gnp womens gentle laxative 5 mg tab dr</i>	OTC	
<i>hm gentle laxative 10 mg suppos</i>	OTC	
<i>hm laxative 5 mg tab dr</i>	OTC	
<i>senna 8.8 mg/5ml liquid</i>	OTC	
<i>sm gentle laxative 5 mg tab dr</i>	OTC	
<i>womens laxative 5 mg tab dr</i>	OTC	
SURFACTANT LAXATIVES		
<i>docusate sodium 100 mg/10ml liquid</i>	OTC	
<i>silace 60 mg/15ml syrup</i>	OTC	
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
AIMSCO LUBRICATED MISC	OTC	(48 UNITS / 30 DAYS)
CAYA DIAPHRAGM	2	
FANTASY LUBRICATED MISC	OTC	(48 UNITS / 30 DAYS)
FANTASY LUBRICATED/SPERMICIDE MISC	OTC	(48 UNITS / 30 DAYS)
FC2 FEMALE CONDOM MISC	OTC	(48 UNITS / 30 DAYS)
KIMONO MISC	OTC	(48 UNITS / 30 DAYS)
KIMONO MICRO THIN MISC	OTC	(48 UNITS / 30 DAYS)
KIMONO MICRO THIN PLUS MISC	OTC	(48 UNITS / 30 DAYS)
KIMONO SENSATION MISC	OTC	(48 UNITS / 30 DAYS)
MAXX MISC	OTC	(48 UNITS / 30 DAYS)
PREMIUM CONDOMS LUBRICATED MISC	OTC	(48 UNITS / 30 DAYS)
TRUSTEX LUBRICATED MISC	OTC	(48 UNITS / 30 DAYS)
TRUSTEX NON-LUBRICATED MISC	OTC	(48 UNITS / 30 DAYS)

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Drug Name	Drug Tier	Requirements / Limits
TRUSTEX RIA LUB/SPERMICIDE MISC	OTC	(48 UNITS / 30 DAYS)
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	OTC	(48 UNITS / 30 DAYS)
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH MISC	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS MISC	2	
ACCU-CHEK SAFE-T PRO LANCETS MISC	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	
ACCU-CHEK SOFTCLIX LANCETS MISC	2	
ACTI-LANCE 28G MISC	2	
ACTI-LANCE LITE LANCETS 28G MISC	2	
ACTI-LANCE SPECIAL LANCETS 17G MISC	2	
ACTI-LANCE UNIVERSAL 23G MISC	2	
ADJUSTABLE LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
ADVANCED MOBILE LANCET MISC	2	
ADVOCATE LANCETS MISC	2	
ADVOCATE LANCETS 30G MISC	2	
ADVOCATE LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
ADVOCATE RAPID-SAFE LANCING MISC	2	(1 UNIT / 1 DAY)
ADVOCATE SAFETY LANCETS MISC	2	
ADVOCATE SAFETY LANCETS 26G MISC	2	
AGAMATRIX ULTRA-THIN LANCETS MISC	2	
AIMSCO TWIST LANCETS 32G MISC	2	
AIMSCO TWIST LANCETS 33G MISC	2	
ALTERNATE SITE LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
AQUA LANCE ADJUSTABLE LANCING DEVICE	2	(1 UNIT / 1 DAY)
AQUALANCE LANCETS 30G MISC	2	
ASSURE COMFORT LANCETS 28G MISC	2	
ASSURE HAEMOLANCE PLUS HIGH MISC	2	
ASSURE HAEMOLANCE PLUS LOW MISC	2	
ASSURE HAEMOLANCE PLUS MICRO MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
ASSURE HAEMOLANCE PLUS NORMAL MISC	2	
ASSURE HAEMOLANCE PLUS PED MISC	2	
ASSURE LANCE LANCETS MISC	2	
ASSURE LANCE LANCETS 21G MISC	2	
ASSURE LANCE PLUS SAFETY 25G MISC	2	
ASSURE LANCE PLUS SAFETY 30G MISC	2	
ASSURE LANCE SAFETY LANCET 28G MISC	2	
AUTO-LANCET MISC	2	(1 UNIT / 1 DAY)
AUTO-LANCET MINI MISC	2	(1 UNIT / 1 DAY)
AUTOLET LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
BD LANCET ULTRAFINE 30G MISC	2	
BD LANCET ULTRAFINE 33G MISC	2	
BD MICROTAINER LANCETS MISC	2	
CARDIOCOM LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
CAREONE ADVANCED LANCING DEV MISC	2	(1 UNIT / 1 DAY)
CAREONE LANCET SUPER THIN 30G MISC	2	
CARESENS CONTROL SOLUTION A/B SOLUTION	2	
CARESENS LANCETS MISC	2	
CARESENS LANCETS 30G MISC	2	
CARETOUCH LANCING/EJECTOR MISC	2	(1 UNIT / 1 DAY)
CARETOUCH SAFETY LANCETS MISC	2	
CARETOUCH SAFETY LANCETS 26G MISC	2	
CARETOUCH TWIST LANCETS 28G MISC	2	
CARETOUCH TWIST LANCETS 30G MISC	2	
CARETOUCH TWIST LANCETS 33G MISC	2	
CARETOUCH TWIST MC LANCETS 30G MISC	2	
CLEANLET LANCETS 28G MISC	2	
CLEVER CHEK LANCETS MISC	2	
CLEVER CHOICE LANCETS 21G MISC	2	
CLEVER CHOICE LANCETS 23G MISC	2	
CLEVER CHOICE LANCETS 28G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
COAGUCHEK LANCETS MISC	2	
COMFORT ASSURED LANCETS 28G MISC	2	
COMFORT ASSURED LANCETS 33G MISC	2	
COMFORT LANCETS MISC	2	
COMFORT TOUCH LANCETS 31G MISC	2	
COMFORT TOUCH PLUS LANCETS 28G MISC	2	
DIATHRIVE LANCET ULTRA THIN 30 MISC	2	
DIATHRIVE LANCETS MISC	2	
DIATHRIVE LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
DROPLET LANCETS ULTRA THIN 30G MISC	2	
DROPLET LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
E-ZJECT LANCET MICRO-THIN 33G MISC	2	
E-ZJECT LANCET SUPER THIN 30G MISC	2	
E-ZJECT LANCETS MISC	2	
E-ZJECT LANCETS 21G MISC	2	
E-ZJECT LANCETS THIN 26G MISC	2	
EASY COMFORT LANCETS MISC	2	
EASY COMFORT LANCETS TWIST TOP MISC	2	
EASY MINI EJECT LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
EASY TOUCH LANCETS 21G MISC	2	
EASY TOUCH LANCETS 23G MISC	2	
EASY TOUCH LANCETS 26G MISC	2	
EASY TOUCH LANCETS 28G MISC	2	
EASY TOUCH LANCETS 28G/TWIST MISC	2	
EASY TOUCH LANCETS 30G MISC	2	
EASY TOUCH LANCETS 30G/TWIST MISC	2	
EASY TOUCH LANCETS 32G MISC	2	
EASY TOUCH LANCETS 32G/TWIST MISC	2	
EASY TOUCH LANCETS 33G/TWIST MISC	2	
EASY TOUCH LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
EASY TOUCH SAFETY LANCETS 21G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH SAFETY LANCETS 23G MISC	2	
EASY TOUCH SAFETY LANCETS 26G MISC	2	
EASY TOUCH SAFETY LANCETS 28G MISC	2	
EASY TWIST & CAP LANCETS MISC	2	
EMBRACE LANCETS ULTRA THIN 30G MISC	2	
EZ-LETS LANCETS 21G MISC	2	
EZ-LETS LANCETS 28G MISC	2	
EZ-LETS LANCETS 30G MISC	2	
FINE 30 MISC	2	
FINGERSTIX LANCETS MISC	2	
FORA LANCETS MISC	2	
FORA LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
FREESTYLE LANCETS MISC	2	
FREESTYLE LIBRE READER DEVICE	2	PA, (1 UNIT / 365 DAYS)
FREESTYLE UNISTICK II LANCETS MISC	2	
GENTEEL BUTTERFLY TOUCH LANCET MISC	2	
GENTEEL LANCING DEVICE (GOLD) MISC	2	(1 UNIT / 1 DAY)
GENTEEL LANCING DEVICE(PLATNM) MISC	2	(1 UNIT / 1 DAY)
GENTEEL LANCING DEVICE(SILVER) MISC	2	(1 UNIT / 1 DAY)
GENTEEL LANCING KIT (BLUE) KIT	2	
GLOBAL INJECT EASE LANCETS 28G MISC	2	
GLOBAL INJECT EASE LANCETS 30G MISC	2	
GLOBAL LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
GLUCOCOM LANCETS 28G MISC	2	
GLUCOCOM LANCETS 30G MISC	2	
GLUCOCOM LANCETS 33G MISC	2	
GNP STERILE LANCETS 28G MISC	2	
GNP STERILE LANCETS 30G MISC	2	
GNP STERILE LANCETS 33G MISC	2	
GOJJI LANCING DEVICE/CLEAR CAP MISC	2	(1 UNIT / 1 DAY)
GOJJI STERILE LANCETS MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
GOODSENSE COLOR LANCETS 33G MISC	2	
GOODSENSE LANCETS 26G UNIV MISC	2	
GOODSENSE LANCETS 30G MISC	2	
GOODSENSE LANCETS 30G UNIV MISC	2	
GOODSENSE LANCETS 33G MISC	2	
GOODSENSE LANCETS 33G UNIV MISC	2	
HEALTH CARE LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
HEALTHY ACCENTS LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
HEALTHY ACCENTS UNILET LANCETS MISC	2	
HYPOLANCE AST LANCING KIT	2	
IN TOUCH LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
IN TOUCH STERILE LANCETS 30G MISC	2	
LANCET DEVICE WITH EJECTOR MISC	2	(1 UNIT / 1 DAY)
LANCET TRANSPORTER CASE MISC	2	(1 UNIT / 1 DAY)
LANCETS MISC	2	
LANCETS 28G MISC	2	
LANCETS 30G MISC	2	
LANCETS 33G MISC	2	
LANCETS MICRO THIN 33G MISC	2	
LANCETS SUPER THIN 28G MISC	2	
LANCETS THIN MISC	2	
LANCETS ULTRA FINE MISC	2	
LANCETS ULTRA THIN MISC	2	
LANCETS ULTRA THIN 30G MISC	2	
LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
LANZO MISC	2	(1 UNIT / 1 DAY)
LEADER ADVANCED LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
LIBERTY MEDICAL LANCETS MISC	2	
LITE TOUCH LANCETS MISC	2	
LITE TOUCH LANCING PEN MISC	2	(1 UNIT / 1 DAY)
LITETOUCH LANCETS MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
LIVE BETTER ADV LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
LIVE BETTER LANCET ULTRA THIN MISC	2	
LONGS LANCETS THIN MISC	2	
LONGS LANCETS ULTRA THIN MISC	2	
MEDICHOICE SAFETY LANCET MISC	2	
MEDICHOICE SAFETY LANCET EXTRA MISC	2	
MEDICHOICE SAFETY LANCET NORM MISC	2	
MEDISENSE THIN LANCETS MISC	2	
MEDLANCE LITE 25G MISC	2	
MEDLANCE PLUS EXTRA 21G MISC	2	
MEDLANCE PLUS LANCETS MISC	2	
MEDLANCE PLUS LITE 25G MISC	2	
MEDLANCE PLUS SPECIAL 0.8MM MISC	2	
MEDLANCE PLUS SUPERLITE 30G MISC	2	
MEDLANCE PLUS UNIVERSAL 21G MISC	2	
MEDLANCE UNIVERSAL 21G MISC	2	
MEIJER LANCETS THIN MISC	2	
MEIJER LANCETS UNIVERSAL 30G MISC	2	
MEIJER LANCETS UNIVERSAL 33G MISC	2	
MEIJER SUPER THIN LANCETS MISC	2	
MICROLET LANCETS MISC	2	
MICROLET NEXT LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
MINI LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
MM LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
MM TWIST LANCETS MISC	2	
MONOLET LANCETS MISC	2	
MONOLET OPD LANCETS MISC	2	
MONOLETTOR SAFETY LANCETS MISC	2	
MPD SAFETY LANCET 21G MISC	2	
MPD SAFETY LANCET 23G MISC	2	
MPD SAFETY LANCET 28G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH LANCETS 30G MISC	2	
NOVA SAFETY LANCETS 23G MISC	2	
NOVA SAFETY LANCETS 28G MISC	2	
NOVA SUREFLEX LANCETS MISC	2	
NOVA SUREFLEX LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
ON CALL LANCETS MISC	2	
ON CALL LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
ON CALL PLUS LANCETS MISC	2	
ON CALL PLUS LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
ONETOUCH DELICA PLUS LANCET30G MISC	2	
ONETOUCH DELICA PLUS LANCET33G MISC	2	
ONETOUCH DELICA PLUS LANCING MISC	2	(1 UNIT / 1 DAY)
ONETOUCH DELICA SAFETY LANCING MISC	2	(1 UNIT / 1 DAY)
ONETOUCH ULTRA CONTROL LIQUID	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC	2	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	2	
PC LANCETS SUPER THIN 30G MISC	2	
PERFECT LANCETS 28G MISC	2	
PERFECT LANCETS 30G MISC	2	
PHARMACIST CHOICE LANCETS MISC	2	
PHARMACY COUNTER LANCETS MISC	2	
PIP LANCETS 28G MISC	2	
PIP LANCETS 30G MISC	2	
PREFERRED PLUS LANCETS THIN MISC	2	
PRESSURE ACTIVAT SAFETY LANCET MISC	2	
PRO COMFORT LANCETS 30G MISC	2	
PRO COMFORT LANCETS 31G MISC	2	
PRO COMFORT SAFETY LANCETS 30G MISC	2	
PRODIGY LANCETS 28G MISC	2	
PRODIGY LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)

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Drug Name	Drug Tier	Requirements / Limits
PRODIGY SAFETY LANCETS 26G MISC	2	
PRODIGY TWIST TOP LANCETS 28G MISC	2	
PUSH BUTTON SAFETY LANCETS MISC	2	
PUSH BUTTON SAFETY LANCETS 28G MISC	2	
PX LANCETS MICROTHIN 33G MISC	2	
READYLANCE SAFETY LANCETS MISC	2	
RELION LANCET DEVICES 30G MISC	2	(1 UNIT / 1 DAY)
RELION LANCETS MISC	2	(1 UNIT / 1 DAY)
RELION LANCETS MICRO-THIN 33G MISC	2	
RELION LANCETS THIN 26G MISC	2	
RELION LANCETS ULTRA-THIN 30G MISC	2	
RELION LANCING DEVICE KIT	2	
RELION LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
RELION ULTRA THIN LANCETS 30G MISC	2	
RELION ULTRA THIN PLUS LANCETS MISC	2	
REXALL LANCETS ULTRA THIN 30G MISC	2	
RIGHTEST GD500 LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
RIGHTEST GL300 LANCETS MISC	2	
SAFETY LANCET 21G/PRESSURE ACT MISC	2	
SAFETY LANCET 23G/PRESSURE ACT MISC	2	
SAFETY LANCET 28G/PRESSURE ACT MISC	2	
SAFETY LANCET 30G/PRESSURE ACT MISC	2	
SAFETY LANCETS MISC	2	
SAFETY LANCETS 21G MISC	2	
SAFETY LANCETS 23G MISC	2	
SAFETY LANCETS 28G MISC	2	
SAFETY LET LANCETS MISC	2	
SAFETY SEAL LANCETS MISC	2	
SAPS HEALTH TWIST TOP LANCETS MISC	2	
SAPS TWIST TOP LANCETS MISC	2	
SHOPKO AUTOLET LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)

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Drug Name	Drug Tier	Requirements / Limits
SHOPKO ON-THE-GO LANCETS 30G MISC	2	
SHOPKO UNILET LANCETS 28G MISC	2	
SHOPKO UNILET LANCETS 30G MISC	2	
SIDE BUTTON SAFETY LANCET MISC	2	
SIMPLE DIAGNOSTICS LANCING DEV MISC	2	(1 UNIT / 1 DAY)
SMART DIABETES VANTAGE LANCING MISC	2	(1 UNIT / 1 DAY)
SMART SENSE COLOR LANCETS 33G MISC	2	
SMART SENSE STANDARD LANCETS MISC	2	
SMART SENSE SUPER THIN LANCETS MISC	2	
SMART SENSE THIN LANCETS 26G MISC	2	
SMARTEST LANCETS 28G MISC	2	
SOLUS V2 LANCETS 28G MISC	2	
SOLUS V2 LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
SOLUS V2 TWIST LANCETS 30G MISC	2	
STERILANCE PA MISC	2	(1 UNIT / 1 DAY)
STERILANCE TL MISC	2	
SURE COMFORT LANCETS 18G MISC	2	
SURE COMFORT LANCETS 21G MISC	2	
SURE COMFORT LANCETS 23G MISC	2	
SURE COMFORT LANCETS 28G MISC	2	
SURE COMFORT LANCETS 30G MISC	2	
SURE COMFORT LANCING PEN MISC	2	(1 UNIT / 1 DAY)
SURE-LANCE FLAT LANCETS MISC	2	
SURE-LANCE LANCETS 26G MISC	2	
SURE-LANCE THIN LANCETS 28G MISC	2	
SURE-LANCE ULTRA THIN LANCETS MISC	2	
SURE-TOUCH LANCETS UNIVERSAL MISC	2	
SURELITE LANCETS MISC	2	
TECHLITE LANCETS MISC	2	
TECHLITE LANCETS 26G MISC	2	
TECHLITE LANCETS 30G MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
TOPCARE LANCETS MICRO-THIN 33G MISC	2	
TRAVEL LANCETS MISC	2	
TRAVEL LANCETS ADVANCED 28G MISC	2	
TRUE COMFORT TWIST TOP LANCETS MISC	2	
TRUEDRAW LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
TRUEPLUS LANCETS 28G MISC	2	
TRUEPLUS LANCETS 30G MISC	2	
TRUEPLUS LANCETS 33G MISC	2	
TRUEPLUS SAFETY LANCETS 28G MISC	2	
TWIST TOP LANCETS 30G MISC	2	
ULTI-LANCE AUTOMATIC MISC	2	(1 UNIT / 1 DAY)
ULTILET CLASSIC LANCETS MISC	2	
ULTILET LANCETS MISC	2	
ULTILET SAFETY LANCETS MISC	2	
ULTILET SAFETY LANCETS 23G MISC	2	
ULTRA THIN LANCETS 31G MISC	2	
ULTRA-CARE LANCETS 30G MISC	2	
ULTRA-THIN II LANCETS MISC	2	
ULTRALANCE MISC	2	(1 UNIT / 1 DAY)
UNILET COMFORTOUCH LANCET MISC	2	
UNILET EXCELITE MISC	2	
UNILET EXCELITE II MISC	2	
UNILET G.P. SUPERLITE LANCET MISC	2	
UNILET GP 28 ULTRA THIN MISC	2	
UNILET LANCET MISC	2	
UNILET MICRO-THIN 33G MISC	2	
UNILET SUPER-THIN 30G MISC	2	
UNILET ULTRA-THIN 28G MISC	2	
UNISTIK 2 MISC	2	(1 UNIT / 1 DAY)
UNISTIK 2 COMFORT MISC	2	(1 UNIT / 1 DAY)
UNISTIK 2 EXTRA MISC	2	(1 UNIT / 1 DAY)

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Drug Name	Drug Tier	Requirements / Limits
UNISTIK 2 NORMAL MISC	2	(1 UNIT / 1 DAY)
UNISTIK 2 SUPER MISC	2	(1 UNIT / 1 DAY)
UNISTIK 3 COMFORT MISC	2	(1 UNIT / 1 DAY)
UNISTIK 3 EXTRA MISC	2	(1 UNIT / 1 DAY)
UNISTIK 3 GENTLE MISC	2	
UNISTIK 3 NEONATAL MISC	2	(1 UNIT / 1 DAY)
UNISTIK 3 NORMAL MISC	2	(1 UNIT / 1 DAY)
UNISTIK CZT COMFORT MISC	2	(1 UNIT / 1 DAY)
UNISTIK CZT NORMAL MISC	2	(1 UNIT / 1 DAY)
UNISTIK NORMAL MISC	2	(1 UNIT / 1 DAY)
UNISTIK PRO SAFETY LANCET MISC	2	
UNISTIK SAFETY LANCETS 28G MISC	2	
UNISTIK SAFETY LANCETS 30G MISC	2	
UNISTIK TOUCH SAFETY LANC 21G MISC	2	
UNISTIK TOUCH SAFETY LANC 23G MISC	2	
UNISTIK TOUCH SAFETY LANC 28G MISC	2	
UNISTIK TOUCH SAFETY LANC 30G MISC	2	
UNIVERSAL 1 LANCETS THIN 26G MISC	2	
UNIVERSAL 1 LANCETS THIN 33G MISC	2	
UNIVERSAL 1 LANCETS ULTRA THIN MISC	2	
VALUE PLUS LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
VALUMARK LANCET SUPER THIN 30G MISC	2	
VALUMARK LANCET ULTRA THIN 28G MISC	2	
VERIFINE SAFE LANCET MINI 21G MISC	2	
VERIFINE SAFE LANCET MINI 23G MISC	2	
VERIFINE SAFE LANCET MINI 28G MISC	2	
VERIFINE SAFE LANCET MINI 30G MISC	2	
VERIFINE UNIVERSAL LANCETS 28G MISC	2	
VERIFINE UNIVERSAL LANCETS 30G MISC	2	
VERIFINE UNIVERSAL LANCETS 33G MISC	2	
VIDA MIA AUTOLET LANCING DEV MISC	2	(1 UNIT / 1 DAY)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements / Limits
VIDA MIA UNILET LANCETS 28G MISC	2	
VIDA MIA UNILET LANCETS 30G MISC	2	
VIVAGUARD INO CONTROL SOLUTION LIQUID	2	
VIVAGUARD LANCETS MISC	2	
VIVAGUARD LANCETS 30G MISC	2	
VIVAGUARD LANCING DEVICE MISC	2	(1 UNIT / 1 DAY)
ZEVX TWIST TOP LANCETS 30G MISC	2	
PARENTERAL THERAPY SUPPLIES		
1ST TIER UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
1ST TIER UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
ABOUTTIME PEN NEEDLE (30G X 8 MISC, 31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	2	
ADVOCATE INSULIN PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 33G X 4 MM MISC)	2	
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	2	
ASSURE ID INSULIN SAFETY SYR (X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	2	
ASSURE ID SAFETY PEN NEEDLES (30G X 5 MISC, 30G X 8 MISC, 31G X 5 MISC)	2	
AUM INSULIN SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	
AUM MINI INSULIN PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	
AUM PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC)	2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	2	
AUM SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	
AURORA PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
AURORA UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	
BD ALLERGY SYRINGE (X 3/8" 0.5 ML MISC, X 3/8" 1 ML MISC)	2	
BD AUTOSHIELD DUO 30G X 5 MM MISC	2	
BD INSULIN SYRINGE (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	
BD INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	2	
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	2	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML MISC	2	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML MISC	2	
BD TB SYRINGE 27G X 3/8" 1 ML MISC	2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	2	
BD VEO INSULIN SYRINGE U/F (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
CAREONE UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
CAREONE UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CARETOUCH PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 33G X 4 MM MISC)	2	
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	
CLICKFINE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	2	
COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	2	
COMFORT EZ PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC, 33G X 8 MISC)	2	
COMFORT EZ PRO PEN NEEDLES (30G X 8 MISC, 31G X 4 MISC, 31G X 5 MISC)	2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC	2	
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC)	2	
DIATHRIVE PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 15/64" 0.3 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 15/64" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
DROPLET MICRON 34G X 3.5 MM MISC	2	
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2	
DROPSAFE SAFETY PEN NEEDLES (X 5 MISC, X 6 MISC, X 8 MISC)	2	
EASY COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/2" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	2	
EASY COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	2	
EASY TOUCH FLIPLOCK INSULIN SY (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EASY TOUCH INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 6 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
EASY TOUCH SAFETY PEN NEEDLES (29G X 8MM MISC, 30G X 8 MM MISC)	2	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM MISC	2	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EMBRACE PEN NEEDLES (30G X 5 MISC, 30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
EXEL COMFORT POINT PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
FIFTY50 PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
FREESTYLE PRECISION INS SYR (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL EASE INJECT PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
GLOBAL EASY GLIDE INSULIN SYR (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	2	
GLOBAL INJECT EASE INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL INSULIN SYRINGES (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
GLUCOPRO INSULIN SYRINGE (30G X 5/16" 0.3 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML MISC	2	
GNP INSULIN SYRINGES 29GX1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC	2	
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML MISC	2	
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC	2	
GNP ULTIGUARD SAFEPACK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	2	
GOODSENSE PEN NEEDLE PENFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	2	
HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	2	
HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	2	
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	2	
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	2	
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
LITETOUCH PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	2	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM MISC	2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM MISC	2	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC	2	
MAXICOMFORT SYR 27G X 1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MEDIC INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
MEDICINE SHOPPE PEN NEEDLES 31G X 6 MM MISC	2	
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MM PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
MS INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	2	
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
NOVOTWIST PEN NEEDLE 32G X 5 MM MISC	2	
PC UNIFINE PENTIPS 29G X 12MM MISC	2	
PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
PEN NEEDLES 3/16" 31G X 5 MM MISC	2	
PEN NEEDLES 5/16" (30G X 8 MISC, 31G X 8 MISC)	2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC	2	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC	2	
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
PREFERRED PLUS UNIFINE PENTIPS (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PRO COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
PRO COMFORT PEN NEEDLES (31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC)	2	
PRODIGY INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
RAYA SURE PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
RELION INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
RELION MINI PEN NEEDLES 31G X 6 MM MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
RELION PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	2	
SAFESNAP INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
SAFETY INSULIN SYRINGES (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
SAFETY PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
SHOPKO UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
SHOPKO UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SURE COMFORT PEN NEEDLES (29G X 12.7MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
SURE-FINE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC)	2	
SURE-JECT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	2	
TOPCARE CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
TOPCARE ULTRA COMFORT INS SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)	2	
TRUEPLUS 5-BEVEL PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
TRUEPLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUEPLUS PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC)	2	
ULTICARE INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC	2	
ULTICARE INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTICARE MICRO PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ULTICARE MINI PEN NEEDLES (31G X 6 MISC, 32G X 6 MISC)	2	
ULTICARE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC)	2	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
ULTIGUARD SAFEPAK PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
ULTILET INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE SHORT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM MISC	2	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	2	
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	2	
ULTRA-THIN II INS SYR SHORT (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA-THIN II INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC	2	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC	2	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM MISC	2	
ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRACARE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC)	2	
UNIFINE PENTIPS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
UNIFINE PENTIPS PLUS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
UNIFINE PROTECT PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	
UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
UNIFINE ULTRA PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
VERIFINE PLUS PEN NEEDLE 32G X 4 MM MISC	2	
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ZEVXR INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	2	(2 UNITS / 365 DAYS)
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	(2 UNITS / 365 DAYS)
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	(2 UNITS / 365 DAYS)
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	(2 UNITS / 365 DAYS)
OPTICHAMBER DIAMOND MISC	2	(2 UNITS / 365 DAYS)
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	(2 UNITS / 365 DAYS)
OPTICHAMBER DIAMOND-MD MASK MISC	2	(2 UNITS / 365 DAYS)
OPTICHAMBER DIAMOND-SM MASK MISC	2	(2 UNITS / 365 DAYS)
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	OTC	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	OTC	
MAGNESIUM		
<i>magnesium oxide 400 (240 mg) mg tab</i>	OTC	
<i>magnesium-oxide 400 (240 mg) mg tab</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
<i>true magnesium oxide 400 mg tab</i>	OTC	
PHOSPHATE		
K-PHOS 500 MG TAB	2	
<i>phospha 250 neutral 155-852-130 mg tab</i>	OTC	
<i>phospho-trin k500 500 mg tab</i>	2	
POTASSIUM		
<i>klor-con (8 tab er, 20 packet)</i>	1	
<i>klor-con 10 10 meq tab er</i>	1	
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	1	
<i>klor-con m20 20 meq tab er</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	
<i>potassium chloride crys er (10 tab er, 20 tab er)</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>penicillamine 250 mg cap</i>	1	SP
<i>trientine hcl 250 mg cap</i>	1	SP
IMMUNOMODULATORS		
JOENJA 70 MG TAB	2	PA, (2 UNITS / 1 DAY), SP
IMMUNOSUPPRESSIVE AGENTS		
ENSPRYNG 120 MG/ML SOLN PRSYR	2	PA, SP
IRRIGATION SOLUTIONS		
<i>sterile water for irrigation solution</i>	1	
<i>water for irrigation, sterile solution</i>	1	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	1	
SPS 15 GM/60ML SUSPENSION	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	2	PA, SP

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Drug Name	Drug Tier	Requirements / Limits
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	2	PA, SP
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>gnp sore throat spray 1.4 % liquid</i>	OTC	
<i>hm sore throat spray 1.4 % liquid</i>	OTC	
<i>phenaseptic 1.4 % liquid</i>	OTC	
<i>sore throat 1.4 % liquid</i>	OTC	
<i>sore throat spray 1.4 % liquid</i>	OTC	
DENTAL PRODUCTS		
<i>denta 5000 plus 1.1 % cream</i>	1	
<i>dentagel 1.1 % gel</i>	1	
<i>sf 1.1 % gel</i>	1	
<i>sf 5000 plus 1.1 % cream</i>	1	
<i>sodium fluoride 0.2 % solution</i>	1	
<i>sodium fluoride 1.1 % gel</i>	1	
<i>sodium fluoride 5000 enamel 1.1-5 % gel</i>	1	
<i>sodium fluoride 5000 plus 1.1 % cream</i>	1	
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel, 1.1 % paste)</i>	1	
<i>sodium fluoride 5000 sensitive 1.1-5 % gel</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone 0.1 % paste</i>	1	(0.72 UNITS / 1 DAY)
<i>triamcinolone acetonide 0.1 % paste</i>	1	(0.72 UNITS / 1 DAY)
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
MULTIVITAMINS (CONTINUED)		
B-COMPLEX W/ FOLIC ACID		
<i>dialyvite tab</i>	OTC	

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Drug Name	Drug Tier	Requirements / Limits
<i>nephronex tab</i>	OTC	
<i>renal 1 mg cap</i>	OTC	
<i>tm-vite rx 1 mg tab</i>	OTC	
<i>triphrocaps 1 mg cap</i>	OTC	
<i>virt-caps 1 mg cap</i>	OTC	
<i>vp-vite rx 1 mg tab</i>	OTC	
<i>wescaps 1 mg cap</i>	OTC	
MULTIPLE VITAMINS W/ MINERALS		
<i>cerovite senior tab</i>	OTC	
<i>certavite/antioxidants tab</i>	OTC	
<i>multivitamin liquid</i>	OTC	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID		
QUFLORA FE 0.25 MG CHEW TAB	OTC	
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride 0.25-10 mg/ml solution</i>	OTC	
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml solution</i>	OTC	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	OTC	
QUFLORA FE PEDIATRIC 0.25-9.5 MG/ML LIQUID	OTC	
PED MV W/ FLUORIDE		
<i>multi-vitamin/fluoride (multi-vitamin/fluoride 0.25 mg/ml solution, multi-vitamin/fluoride 0.5 mg/ml solution)</i>	OTC	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	OTC	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	OTC	
POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)	OTC	
TRI-VI-FLOR 0.25 MG/ML SUSPENSION	OTC	
<i>tri-vite/fluoride 0.25 mg/ml solution</i>	OTC	
<i>vitamins acd-fluoride 0.25 mg/ml solution</i>	OTC	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	OTC	

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Drug Name	Drug Tier	Requirements / Limits
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
GABLOFEN 50 MCG/ML SOLN PRSYR	2	SP
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1 MG CAP, 1.5 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP)	2	PA, SP
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENTS - MISC.		
<i>hm saline nasal spray 0.65 % solution</i>	OTC	
<i>saline mist spray 0.65 % solution</i>	OTC	
<i>saline nasal spray 0.65 % solution</i>	OTC	
SYMPATHOMIMETIC DECONGESTANTS		
<i>12 hour nasal decongestant 0.05 % solution</i>	OTC	
<i>12 hour nasal spray 0.05 % solution</i>	OTC	
<i>ft nasal spray 0.05 % solution</i>	OTC	
<i>gnp nasal four spray 1 % solution</i>	OTC	
<i>gnp nasal spray fast acting 1 % solution</i>	OTC	
<i>hm nasal spray 0.05 % solution</i>	OTC	
<i>hm nose drops 1 % solution</i>	OTC	
<i>hm sinus nasal spray 0.05 % solution</i>	OTC	
<i>mucinex sinus-max clear & cool 0.05 % solution</i>	OTC	
<i>nasal decongestant spray 0.05 % solution</i>	OTC	
<i>nasal four 1 % solution</i>	OTC	
<i>nasal relief 0.05 % solution</i>	OTC	
<i>nasal spray 12 hour 0.05 % solution</i>	OTC	
<i>nasal spray extra moisturizing 0.05 % solution</i>	OTC	
<i>nasal spray no drip 0.05 % solution</i>	OTC	
<i>sinus nasal spray 0.05 % solution</i>	OTC	
<i>sinus relief extra strength 1 % solution</i>	OTC	
<i>sm nose drops nasal decongest 1 % solution</i>	OTC	
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
EXSERVAN 50 MG FILM	2	PA, SP

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Drug Name	Drug Tier	Requirements / Limits
RADICAVA ORS 105 MG/5ML SUSPENSION	2	PA, (2.5 UNITS / 1 DAY), SP
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	2	PA, (2.5 UNITS / 1 DAY), SP
RELYVRIO 3-1 GM PACKET	2	PA, SP
<i>riluzole 50 mg tab</i>	1	(2 UNITS / 1 DAY)
TEGLUTIK 50 MG/10ML SUSPENSION	2	PA, (20 UNITS / 1 DAY), SP
TIGLUTIK 50 MG/10ML SUSPENSION	2	PA, (20 UNITS / 1 DAY), SP
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	2	PA, (3 UNITS / 1 DAY), SP
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	2	PA, SP
NUTRIENTS (CONTINUED)		
MISC. NUTRITIONAL SUBSTANCES		
<i>fish oil 1000 mg cap</i>	OTC	
OPHTHALMIC AGENTS (CONTINUED)		
ARTIFICIAL TEARS AND LUBRICANTS		
ALCON TEARS 0.5 % SOLUTION	OTC	
<i>bion tears pf 0.1-0.3 % solution</i>	OTC	
<i>genteal tears night-time ointment</i>	OTC	
<i>gnp nighttime relief lub eye ointment</i>	OTC	
<i>goodsense lubricant eye drops 0.4-0.3 % solution</i>	OTC	
<i>lubricant eye drops (pf) 0.4-0.3 % solution</i>	OTC	
<i>lubricant eye nighttime ointment</i>	OTC	
<i>lubrifresh p.m. ointment</i>	OTC	
<i>polyvinyl alcohol 1.4 % solution</i>	OTC	
<i>puralube 85-15 % ointment</i>	OTC	
<i>refresh lacri-lube ointment</i>	OTC	
<i>refresh p.m. ointment</i>	OTC	
REFRESH PLUS 0.5 % SOLUTION	OTC	
<i>systeme nighttime ointment</i>	OTC	
<i>ultra lubricating eye drops pf 0.4-0.3 % solution</i>	OTC	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements / Limits
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	1	
<i>cyclopentolate hcl 1 % solution</i>	1	
ISOPTO ATROPINE 1 % SOLUTION	1	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	1	
OPHTHALMIC ANTI-INFECTIVES		
TRIFLURIDINE 1 % SOLUTION	1	
XDEMVIY 0.25 % SOLUTION	2	PA
OPHTHALMICS - MISC.		
<i>sodium chloride (hypertonic) (5 % ointment, 5 % solution)</i>	OTC	
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OXYTOCICS (CONTINUED)		
OXYTOCICS		
<i>methergine 0.2 mg tab</i>	1	
<i>methylergonovine maleate 0.2 mg tab</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
FLEBOGAMMA DIF 2.5 GM/50ML SOLUTION	2	PA, SP
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP
WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION)	2	SP
PHARMACEUTICAL ADJUVANTS (CONTINUED)		
LIQUID VEHICLES		
BACTERIOSTATIC WATER(BENZ ALC) SOLUTION	1	
ORA-BLEND SUSPENSION	OTC	
ORA-BLEND SF SUSPENSION	OTC	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements / Limits
ORA-PLUS LIQUID	OTC	
ORA-SWEET SF SYRUP	OTC	
<i>sterile diluent/epoprostenol solution</i>	1	SP
<i>sterile water for injection solution</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI 284 MG/1.5ML SOLN PRSYR	2	PA, (0.22 UNITS / 1 DAY), SP
RESPIRATORY AGENTS - MISC. (CONTINUED)		
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	2	PA, (2 UNITS / 1 DAY), SP
KALYDECO 150 MG TAB	2	PA, (2 UNITS / 1 DAY), SP
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	2	PA, (4 UNITS / 1 DAY), SP
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	2	PA, (2 UNITS / 1 DAY), SP
PULMOZYME 2.5 MG/2.5ML SOLUTION	2	PA, (5 UNITS / 1 DAY), SP
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	2	PA, (2 UNITS / 1 DAY), SP
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	2	PA, (3 UNITS / 1 DAY), SP
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	1	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	2	AL (19 to 64 yrs old)
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	2	AL (At least 19 yrs old)
TDVAX 2-2 LF/0.5ML SUSPENSION	2	AL (At least 19 yrs old)
TENIVAC 5-2 LFU INJECTABLE	2	AL (At least 19 yrs old)
TETANUS-DIPHThERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	2	AL (At least 19 yrs old)

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Drug Name	Drug Tier	Requirements / Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
MISC. ANTI-ULCER		
CARAFATE 1 GM/10ML SUSPENSION	1	
<i>sucrafate (1 gm tab, 1 gm/10ml suspension)</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
BEXSERO SUSP PRSYR	2	AL (19 to 25 yrs old)
HIBERIX 10 MCG RECON SOLN	2	
MENACTRA SOLUTION	2	AL (At least 19 yrs old)
MENQUADFI SOLUTION	2	AL (At least 19 yrs old)
MENVEO RECON SOLN	2	AL (19 to 55 yrs old)
MENVEO SOLUTION	2	AL (19 to 55 yrs old)
PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE	2	AL (At least 19 yrs old)
PREVNAR 13 SUSPENSION	2	AL (At least 19 yrs old)
PREVNAR 20 0.5 ML SUSP PRSYR	2	(0.5 UNITS / 1 DAY), AL (At least 19 yrs old)
TRUMENBA SUSP PRSYR	2	AL (19 to 25 yrs old)
VAXNEUVANCE 0.5 ML SUSP PRSYR	2	AL (At least 19 yrs old)
VIVOTIF CAP DR	2	(0.58 UNITS / 1 DAY)
VIRAL VACCINES		
ABRYSVO 120 MCG/0.5ML RECON SOLN	2	AL (19 to 999 yrs old)
AFLURIA QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, SUSPENSION)	2	

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Drug Name	Drug Tier	Requirements / Limits
AREXVY 120 MCG/0.5ML RECON SUSP	2	(1 EA / lifetime), AL (60 to 999 yrs old)
COMIRNATY (30 MCG/0.3ML SUSP PRSYR, 30 MCG/0.3ML SUSPENSION)	2	
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	2	AL (19 to 19 yrs old)
ENGERIX-B 20 MCG/ML SUSP PRSYR	2	AL (At least 20 yrs old)
ENGERIX-B 20 MCG/ML SUSPENSION	2	AL (At least 20 yrs old)
FLUAD 0.5 ML SUSP PRSYR	2	
FLUAD QUADRIVALENT 0.5 ML PRSYR	2	
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	2	
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	2	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	2	
FLULAVAL QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	2	
FLUMIST QUADRIVALENT SUSPENSION	2	
FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR	2	
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	2	
FLUZONE QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	2	
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	2	AL (19 to 45 yrs old)
HAVRIX 1440 EL U/ML SUSPENSION	2	AL (At least 19 yrs old)
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	2	AL (At least 19 yrs old)
JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION	2	
JYNNEOS 0.5 ML SUSPENSION	2	AL (At least 19 yrs old)
M-M-R II RECON SOLN	2	AL (At least 19 yrs old)
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION	2	
MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION	2	
MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION	2	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION	2	
MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION	2	
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION	2	

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Drug Name	Drug Tier	Requirements / Limits
MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	2	
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	2	
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION	2	
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION	2	
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	2	
PFIZER COVID-19 VAC-TRIS 5-11Y (10 MCG/0.2ML SUSPENSION, 10 MCG/0.3ML SUSPENSION)	2	
PFIZER COVID-19 VAC-TRIS 6M-4Y (3 MCG/0.2ML SUSPENSION, 3 MCG/0.3ML SUSPENSION)	2	
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	2	
PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION	2	
PREHEVBRIO 10 MCG/ML SUSPENSION	2	AL (At least 19 yrs old)
PRIORIX RECON SUSP	2	AL (At least 19 yrs old)
PROQUAD RECON SUSP	2	AL (At least 19 yrs old)
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION)	2	AL (At least 20 yrs old)
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	2	AL (19 to 19 yrs old)
RECOMBIVAX HB 40 MCG/ML SUSPENSION	2	AL (At least 19 yrs old)
SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION	2	
SHINGRIX 50 MCG/0.5ML RECON SUSP	2	(2 UNITS / 365 DAYS), AL (At least 19 yrs old)
SPIKEVAX (50 MCG/0.5ML SUSP PRSYR, 50 MCG/0.5ML SUSPENSION)	2	
SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	2	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	2	AL (At least 19 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	2	AL (At least 19 yrs old)
VARIVAX 1350 PFU/0.5ML INJECTABLE	2	AL (At least 19 yrs old)
ZOSTAVAX 19400 UNT/0.65ML RECON SUSP	2	AL (At least 49 yrs old)
VASOPRESSORS (CONTINUED)		
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>ergocalciferol 200 mcg/ml solution</i>	OTC	
<i>ft vitamin d3 50 mcg cap</i>	OTC	
MEPHYTON 5 MG TAB	2	
<i>phytonadione 5 mg tab</i>	1	
<i>true vitamin d3 10 mcg (400 unit) tab</i>	OTC	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	
<i>vitamin d 10 mcg/ml liquid</i>	OTC	
<i>vitamin d3 (10 mcg (400 unit) tab, 50 mcg (2000 ut) cap)</i>	OTC	
WATER SOLUBLE VITAMINS		
<i>sm vitamin b-6 100 mg tab</i>	OTC	
<i>sm vitamin c 250 mg tab</i>	OTC	
TRUE VITAMIN B1 50 MG TAB	OTC	
<i>true vitamin b6 (10 mg tab, 100 mg tab)</i>	OTC	
<i>true vitamin c 250 mg tab</i>	OTC	

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