Comprehensive Drug List

The Absolute Total Care Comprehensive Drug List (CDL) lists drugs covered by your prescription benefit. The CDL is updated often and may change. For more information, you may view the latest CDL on our website at absolutetotalcare.com or call us at 1-866-433-6041 (TTY: 711).

Comprehensive Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find.
2. In the Find box type the name of the medicine you want to locate.
3. Click the Next button until you find the medicine(s) you are looking for.

Notice of Non-Discrimination

Absolute Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Absolute Total Care:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- If you need these services, contact Member Services, by mail at: 100 Center Point Circle, Suite 100, Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: ATCMBRSVC@centene.com.

If you believe that **Absolute Total Care** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:
1557 Coordinator
PO Box 31384, Tampa, FL 33631
855-577-8234 (TTY: 711)
FAX: 866-388-1769
SM_Section1557Coord@centene.com
You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html

This notice is available at **Absolute Total Care's** website:
https://www.absolutetotalcare.com/members/medicaid/nondiscrimination-notice.html

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

أذا كانت لغتك الاساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجانا.اتصل على الرقم:

1-866-433-6041(رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

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**1-866-433-6041 (TTY: 711)**

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-866-433-6041 (TTY: 711) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမ့်ကတိၤ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတၢ်မၤစၢၤလၢ တလာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው: 711).

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ဉ်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။

Pharmacy Program

It's important to Absolute Total Care that our members receive medications that are appropriate and high quality. We work hard to make sure you have access to safe and effective medications that are proven to help you get healthy and stay healthy.

The pharmacy program does not cover all medicines. Some medicines require prior authorization (PA). Some have limits on age, dosage and maximum quantities.

Comprehensive Drug List (CDL)

The Absolute Total Care CDL is the list of covered drugs. The CDL applies to drugs you can receive at retail pharmacies. The Absolute Total Care CDL is reviewed often by Absolute Total Care to make sure the use of medicines is appropriate.

Pharmacy Benefit Manager

Absolute Total Care works with Pharmacy Services to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care CDL may require PA. Pharmacy Services is responsible for the PA process. Express Scripts is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

The preferred specialty pharmacy provider of Absolute Total Care is AcariaHealth Specialty Pharmacy. All specialty drugs must have PA to be approved for payment by Absolute Total Care. The Absolute Total Care Medical Director and Absolute Total Care Pharmacy Director are in charge of the clinical review of these PA requests.

AcariaHealth Specialty Pharmacy provides the following services:

- Delivers drugs to your home or provider's office
- Provides staff pharmacists. The pharmacists can help you 24 hours a day, seven days a week to answer your questions and offer help with your drugs
- Gives you information, materials and ongoing support to help you take the drugs to manage your health condition
- Hepatitis C agents

Dispensing Limits

Drugs may be filled up to a maximum of 31 days' supply for each new prescription or refill. A total of 80% of the days' supply or 25 days must have passed before the prescription can be refilled for non-controlled-substance CDL drugs. A total of 90% of the days' supply must have passed before the prescription can be refilled for controlled substances and narcotic CDL drugs.

Appropriate Use and Safety Edits

The health and safety of our members is important to Absolute Total Care. One way we make sure our members are safe is through point-of-sale (POS) edits. This happens at the time a prescription is

processed at the pharmacy. These edits are based on U.S. Food and Drug Administration (FDA) recommendations. They promote safe and effective medicine use.

Prior Authorizations (PAs)

Some medicines listed on the Absolute Total Care CDL may need PA. The information for PAs should be sent to Pharmacy Services. The information should be sent by your provider or pharmacist. They can fill this information out on the **Medication Prior Authorization Form**. This form should be **faxed to Pharmacy Services at 1-833-982-4001.** This document can be found on the Absolute Total Care website, absolutetotalcare.com. All completed authorizations are reviewed within 24 hours from the time of receipt.

Absolute Total Care will cover the medicine if it is determined that:

1. There is a medical reason the member needs the specific medicine.
2. Depending on the medicine, other medicines on the CDL have not worked.

PA requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and their provider will be notified. Alternative options and appeal process information will also be provided.

Step Therapy

Sometimes Absolute Total Care requires you to do step therapy. This means you will have to try medicines in the CDL in a certain order before we cover another medicine.

If Absolute Total Care has record that the first medicine was tried and did not work, the next medicine is automatically covered. If Absolute Total Care does not have a record that the required medicine was tried, the provider may have to send more information about the request.

If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

Quantity Limits

Sometimes, Absolute Total Care limits how much of a certain medicine a member can get at once. If your provider thinks that you have a reason to get more than the limit, they can submit a PA. If Absolute Total Care does not approve the PA, we will notify the member and their provider. They will also send information about the appeal process.

Age Limits

Sometimes, medicines on the Absolute Total Care CDL have age limits. This is because of drug maker, FDA or clinical guidelines. It is to keep you healthy and safe. Age limits meet FDA alerts for the appropriate use of pharmaceuticals. They also align with South Carolina Healthy Connections Medicaid Guidelines.

Medical Necessity Requests

Sometimes, a member needs a medicine that is not listed in the CDL. When this happens, the member's provider can make a medical necessity (MN) request for the medicine. A MN request does not happen often. This is because the list of medicines on the CDL treat most medical conditions.

For a MN request, Absolute Total Care requires:

- Documented failure of at least two CDL drugs within the same therapeutic class for the same diagnosis. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented intolerance or contraindication to at least two CDL drugs within the same therapeutic class. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented clinical history or presentation where the patient is not a candidate for any of the CDL drugs for the indication.

These requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and provider will be notified. Alternative options and appeal process information will also be provided.

Emergency Supply Policy

State and federal law require that a pharmacy fill a 72-hour supply of CDL medicine to any member awaiting PA determination. This is so the member's therapy is not interrupted or delayed. All participating pharmacies are authorized to provide a 72-hour supply of medicine. They are reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication. They are reimbursed whether or not the PA request ends up being approved or denied. If the pharmacy has any questions, they may call the Pharmacy Help Desk at **1-833-750-4506.**

Exclusions

The following drug categories are not part of the Absolute Total Care CDL, unless noted as covered on the CDL. They are also not covered by the 72-hour emergency supply policy:

- Weight control products
- Pharmaceuticals used for cosmetic purposes or hair growth
- Investigational pharmaceuticals or products
- Immunizing agents
- Drug Efficacy Study Implementation (DESI) and Identical, Related, and Similar (IRS) drugs that are classified as ineffective
- Fertility products
- Erectile dysfunction products prescribed to treat impotence

- Nutritional supplements
- Injectables (except those listed in the CDL)
- Infusion supplies
- Gender transition pharmaceuticals or products

Medicaid Drug Rebate Program

Absolute Total Care only covers rebated drugs that are in the Medicaid Drug Rebate program and Food and Drug Administration (FDA) approved are covered on the pharmacy benefit. Requests for coverage of a non-rebated drug will require an appeal for medical necessity review on a case-by-case basis

340B Program

Per SCDHHS Pharmacy Services Provider Manual "340B Program Effective with dates of service on or after July 1, 2019, the following policy will apply regarding the submission of claims for drugs purchased through the 340B Program, as described in Section 340B of the Public Health Act of 1992.

For drugs purchased through the 340B Program, covered entities must submit a value of "20" in the Submission Clarification Code field (420-DK). When submitting Medicaid FFS claims, an amount not to exceed the 340B ceiling price plus an enhanced 340B dispensing fee should be submitted in the usual and customary field.

Claims submitted by covered entities without a value of "20" in the Submission Clarification Code field will be considered eligible for Medicaid rebates. This policy applies to all covered entities, regardless."

Newly-Approved Products

Absolute Total Care reviews new drugs before adding them to the CDL. While the new drugs are being reviewed, access to them will be considered through the PA review process. If
Absolute Total Care does not approve PA, we will notify the member and their practitioner. We will also provide information about the appeal process.

Over-The-Counter (OTC) Medications

Absolute Total Care covers many OTC medicines. These medicines can be found in the Absolute Total Care CDL. These products are covered as long as you have a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

Generic Drugs

Generic drugs are made up of the same active ingredient as brand-name drugs. When generic drugs are available, the brand-name drug will not be covered without Absolute Total Care PA unless the Brand name drug is preferred by the SCDHHS Single PDL.

If you or your provider think a brand-name drug is medically necessary, the provider must request the drug using the PA process. Absolute Total Care will cover the brand-name drug according to our clinical guidelines if there is a medical reason the member needs the particular brand-name drug. If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

Drug Efficacy Study Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the FDA. This is because there is not much evidence that it is effective for all labeling indications. It is also because *justification* for their medical need has not been established. DESI products are not covered by Absolute Total Care.

Filling a Prescription

Members can have prescriptions filled at an Absolute Total Care network pharmacy. You can find a network pharmacy near you by contacting **Absolute Total Care Member Services at 1-866-433--6041 (TTY: 711)**. You can also visit Absolute Total Care's website at absolutetotalcare.com and click Find a Provider to locate a pharmacy. You can type in your address or zip code and see pharmacies that are close by. At the pharmacy, you will need to provide your prescription and your Absolute Total Care member ID card.

If members are traveling more than 30 miles from the South Carolina border, they can have a one-time fill of their medicine. All necessary prescriptions are required to be filled on the same day for a maximum 31-day supply.

Copayments

Effective July 1, 2024, Absolute Total Care charges $0.00 for each prescription.

Drug Tiers

The following notations define the comprehensive drug list status in the Drug Tier column.

P:	Preferred
NP:	Non-preferred
PA:	Preferred with Clinical PA

Non-managed/Supplemental (clinical criteria may apply):

C:	Non-Managed Covered
NC:	Non-Managed Not Covered
X:	Pharmacy Benefit Exclusion

Abbreviations

The following notations and abbreviations may be found in the drug listing requirements/limits column.

Abbreviations		
AL	Age Limit	Drug is limited to specific age.
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription or within a specific timeframe.
Max Day(s) Supply	Day(s) Supply	There is a limit on the amount of the drug that is covered per time.
Max Fill	Fill Limit	There is a limit on the number of times the drug can be filled.
Opiod Smart PA	Unique Limits for Opioid Drugs	There may be limits on use such as maximum seven-day supply for short-acting opioids or prior authorization required. Exceptions exist for specific diagnoses and/or history of use.
PA, Smart PA	Prior Authorization	Prior authorization is required before prescription can be filled.
Pack Lmt	Package Limit	There is a limit on the number of packages covered per prescription.
Rtl	Retail	The limit or restriction applies to coverage at a retail pharmacy.
RX/OTC	Prescription/Over-the-Counter	The drug is available as both prescription and over-the-counter.
SP	Specialty Drug	High-cost drugs used to treat complex or rare conditions such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage.

Clinical Edit Descriptions

Edit Name	Edit Description
Opioid	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: • Daily Dose Max = 90 MME** • Day Supply Max = 7 days • Must use short-acting opioids before long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
Test Strips	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days.

Contact Information

Contact Information	
Absolute Total Care	Phone: 1-866-433-6041 Fax: 1-855-865-9469 Website: www.absolutetotalcare.com
AcariaHealth Specialty Pharmacy	Phone: 1-855-535-1815 Fax: 1-855-217-0926 Website: www.acariahealth.com
Pharmacy Services	PA Phone: 1-866-399-0928 PA Fax: 1-833-982-4001 Help Desk: 1-800-460-8988
Pharmacy Help Desk	Phone: 1-833-750-4506

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 *(amphetamine-dextroamphetamine)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
ADDERALL TABS *(amphetamine-dextroamphetamine)*	P	QL(2 EA daily); AL(At least 3 yrs old)
ADZENYS XR-ODT TBED	NP	
amphetamine sulfate TABS	NP	
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	P	QL(2 EA daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG *(dextroamphetamine sulfate)*	NP	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	NC	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate SOLN	NP	
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	P	
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	QL(2 EA daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	QL(2 EA daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	
DYANAVEL XR SUER	P	
DYANAVEL XR TBCR	NP	
EVEKEO ODT TBDP	NC	
EVEKEO TABS *(amphetamine sulfate)*	NP	
lisdexamfetamine dimesylate CAPS 10 MG	NP	QL(1 EA daily)
lisdexamfetamine dimesylate CAPS	NP	Brand Preferred; QL(1 EA daily)
lisdexamfetamine dimesylate CHEW	NP	Brand Preferred
lisdexamfetamine dimesylate CHEW	NP	
methamphetamine hcl	NP	
MYDAYIS CP24 *(amphetamine-dextroamphetamine)*	NP	
VYVANSE CAPS	P	Brand Preferred; QL(1 EA daily)
VYVANSE CHEW	P	Brand Preferred
XELSTRYM	NP	
Analeptics		
caffeine & sodium benzoate	NC	
CAFFEINE ANHYDROUS POWD	NC	RX/OTC
CAFFEINE CITRATED POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits
caffeine citrate SOLN PO	C	Limit 2 fills per Lifetime; QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail
caffeine citrate SOLN IV 60 MG/3ML	NC	
CAFFEINE POWD	NC	RX/OTC
DOPRAM	NC	
Anorexiants Non-Amphetamine		
diethylpropion hcl TABS	NC	
diethylpropion hcl TB24	NC	
Anti-Obesity Agents		
IMCIVREE	NC	SP
orlistat	NC	
SAXENDA	NP	
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	PA	QL(3 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ZEPBOUND SOAJ	NC	
ZEPBOUND SOLN	NC	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	P	AL(At least 6 yrs old)
clonidine hcl (adhd) TB12	P	
clonidine hcl (adhd) TB12	NC	
guanfacine hcl (adhd)	P	QL(1 EA daily); AL(At least 6 yrs old)
INTUNIV *(guanfacine hcl (adhd))*	NP	QL(1 EA daily); AL(At least 6 yrs old)
ONYDA XR SUER	NP	
QELBREE	NP	
STRATTERA *(atomoxetine hcl)*	NP	AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	NC	
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	NC	SP
Stimulants - Misc.		
APTENSIO XR CP24 *(methylphenidate hcl)*	NP	
armodafinil	NP	
armodafinil	NC	
AZSTARYS	NP	
CONCERTA TBCR 18 MG, 27 MG, 54 MG *(methylphenidate hcl)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG *(methylphenidate hcl)*	NP	QL(2 EA daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	NP	
DAYTRANA PTCH *(methylphenidate)*	P	Brand Preferred
dexmethylphenidate hcl CP24	P	
dexmethylphenidate hcl TABS	P	QL(2 EA daily); AL(At least 6 yrs old)
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	NP	
FOCALIN TABS *(dexmethylphenidate hcl)*	NP	QL(2 EA daily); AL(At least 6 yrs old)
JORNAY PM CP24	NP	
METHYLIN SOLN *(methylphenidate hcl)*	NP	
methylphenidate hcl CHEW	NP	

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	P	
methylphenidate hcl CP24	NP	
methylphenidate hcl CPCR	P	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl SOLN	P	
methylphenidate hcl TABS 5 MG	P	QL(6 EA daily); AL(At least 3 yrs old)
methylphenidate hcl TABS 10 MG, 20 MG	P	QL(3 EA daily); AL(At least 3 yrs old)
methylphenidate hcl TB24 36 MG	P	QL(2 EA daily)
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	P	QL(1 EA daily)
methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	NP	
methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate PTCH	NP	Brand Preferred
modafinil	NP	
modafinil	NC	
NUVIGIL *(armodafinil)*	NP	
PROVIGIL *(modafinil)*	NP	
QUILLICHEW ER CHER	P	
QUILLIVANT XR SRER	P	
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RELEXXII TBCR 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 45 MG, 63 MG, 72 MG *(methylphenidate hcl)*	NP	
RITALIN LA CP24 *(methylphenidate hcl)*	NP	
RITALIN TABS 10 MG, 20 MG *(methylphenidate hcl)*	NP	QL(3 EA daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG *(methylphenidate hcl)*	NP	QL(6 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	C	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
ODACTRA SUBL	NC	
ORALAIR SUBL	NC	
PALFORZIA (12 MG DAILY DOSE) CSPK	NC	SP
PALFORZIA (120 MG DAILY DOSE) CSPK	NC	SP
PALFORZIA (160 MG DAILY DOSE) CSPK	NC	SP
PALFORZIA (20 MG DAILY DOSE) CSPK	NC	SP
PALFORZIA (200 MG DAILY DOSE) CSPK	NC	SP
PALFORZIA (240 MG DAILY DOSE) CSPK	NC	SP
PALFORZIA (3 MG DAILY DOSE) CSPK	NC	SP
PALFORZIA (300 MG MAINTENANCE) PACK	NC	SP
PALFORZIA (300 MG TITRATION) PACK	NC	SP
PALFORZIA (40 MG DAILY DOSE) CSPK	NC	SP
PALFORZIA (6 MG DAILY DOSE) CSPK	NC	SP
PALFORZIA (80 MG DAILY DOSE) CSPK	NC	SP

Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA INITIAL DOSE 4-17YRS CSPK	NC	SP
PALFORZIA INITIAL ESCALATION CSPK	NC	SP
RAGWITEK SUBL	C	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - C's		
CHAMOMILE FLOWER CAPS PO 350 MG	NC	
Alternative Medicine Combinations		
SLOWMAG MG CALM/SLEEP	NC	
AMEBICIDES		
Amebicides		
IODOQUINOL POWD	NC	
SOLOSEC	NP	ST
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
AMIKACIN SULFATE POWD	NC	
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	NC	
ARIKAYCE	NP	SP
BETHKIS NEBU *(tobramycin)*	NP	SP
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	NC	
gentamicin sulfate IJ	NC	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(tobramycin)*	NP	SP
neomycin sulfate TABS	NP	
STREPTOMYCIN SULFATE POWD	NC	
streptomycin sulfate SOLR	NC	
TOBI PODHALER CAPS	PA	SP; PA
TOBI NEBU *(tobramycin)*	NP	SP
TOBRAMYCIN SULFATE POWD	NC	
tobramycin sulfate SOLN IJ 2 GM/50ML	NC	
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML	C	PA
tobramycin sulfate SOLR	C	PA
tobramycin NEBU	NP	SP
tobramycin NEBU	PA	SP; PA
tobramycin NEBU	PA	PA
ZEMDRI	NC	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ LQ SOLN	NP	SP
RINVOQ TB24	NP	SP
XELJANZ XR TB24	NP	SP
XELJANZ SOLN	NP	SP
XELJANZ TABS	NP	SP
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	NP	SP
ABRILADA (2 PEN) AJKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NC	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	
ADALIMUMAB-ADAZ SOAJ	NP	SP
ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	NP	
ADALIMUMAB-ADAZ SOSY	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 20 MG/0.4ML	NC	SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP
AMJEVITA SOAJ	NP	SP
AMJEVITA SOSY	NP	SP
CYLTEZO (2 PEN) AJKT	NP	SP
CYLTEZO (2 SYRINGE) PSKT	NP	SP
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP
HADLIMA PUSHTOUCH SOAJ	NP	SP
HADLIMA SOSY	NP	SP
HULIO (2 PEN) AJKT	NP	SP
HULIO (2 SYRINGE) PSKT	NP	SP
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	P	QL(4 EA per 365 day(s) retail); AL(At least 2 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	P	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	P	QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML	P	QL(2 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML	P	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	P	QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	P	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	P	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP
HYRIMOZ-PED>/=40KG CROHN START SOSY	NP	SP
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	NP	SP
HYRIMOZ SOAJ	NP	SP
HYRIMOZ SOSY	NP	SP
IDACIO (2 PEN) AJKT	NP	SP
IDACIO (2 SYRINGE) PSKT	NP	SP
IDACIO-CROHNS/UC STARTER AJKT	NP	SP
IDACIO-PSORIASIS STARTER AJKT	NP	SP
SIMLANDI (1 PEN) AJKT	NP	SP
SIMLANDI (1 SYRINGE) PSKT	NP	SP
SIMLANDI (2 PEN) AJKT	NP	SP
SIMLANDI (2 SYRINGE) PSKT	NP	SP
SIMPONI ARIA SOLN	NC	SP
SIMPONI SOAJ	NP	SP
SIMPONI SOSY	NP	SP
YUFLYMA (1 PEN) AJKT	NP	SP
YUFLYMA (2 PEN) AJKT	NP	SP
YUFLYMA (2 SYRINGE) PSKT	NP	SP
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
YUSIMRY	NP	SP
Gold Compounds		
AURANOFIN 3 MG	NC	
RIDAURA	NC	
Interleukin-1 Blockers		
ARCALYST	NP	SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	NP	SP
ACTEMRA SOLN	C	SP; PA
ACTEMRA SOSY	NP	SP
KEVZARA SOAJ	NP	SP
KEVZARA SOSY	NP	SP
TYENNE SOAJ	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
TYENNE SOLN	NC	SP
TYENNE SOSY	NP	SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS *(ibuprofen)*	NC	
ALEVE ALL DAY STRONG TABS 220 MG *(naproxen sodium)*	NC	QL(2 EA daily)
ALEVE TABS *(naproxen sodium)*	NC	QL(2 EA daily)
ARTHROTEC TBEC *(diclofenac w/ misoprostol)*	NP	
CALDOLOR SOLN	NC	
CELEBREX *(celecoxib)*	NC	QL(2 EA daily); PA
celecoxib	C	QL(2 EA daily); PA
COMBOGESIC SOLN	NC	
DAYPRO TABS *(oxaprozin)*	NP	
diclofenac potassium CAPS	NP	
diclofenac potassium TABS	NP	
diclofenac sodium TB24	P	
diclofenac sodium TB24	NC	
diclofenac sodium TBEC	P	
diclofenac w/ misoprostol TBEC	NP	
etodolac CAPS	NP	
etodolac TABS	NP	
etodolac TB24	NP	
FELDENE CAPS *(piroxicam)*	NP	
fenoprofen calcium CAPS 400 MG	NP	
FENOPROFEN CALCIUM POWD	NC	
fenoprofen calcium TABS	NP	
FENOPRON CAPS	NP	

Drug Name	Drug Tier	Requirements/ Limits
FLURBIPROFEN POWD	NC	
flurbiprofen TABS 100 MG	NP	
ibuprofen lysine	NC	
ibuprofen-acetaminophen TABS	NC	
ibuprofen CHEW	C	
ibuprofen-famotidine	NP	
IBUPROFEN POWD	NC	
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	NC	RX/OTC
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	P	RX/OTC
ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML	C	
ibuprofen TABS 200 MG	C	
ibuprofen TABS 400 MG, 600 MG, 800 MG	P	
INDOMETHACIN SODIUM	NC	
indomethacin CAPS 25 MG, 50 MG	P	
indomethacin CPCR	NP	
INDOMETHACIN POWD	NC	
indomethacin SUPP	NP	
indomethacin SUSP	NP	
INFANTS ADVIL SUSP *(ibuprofen)*	NC	
ketoprofen CAPS 25 MG	NP	
ketoprofen CP24	NP	
ketorolac tromethamine SOLN IM 60 MG/2ML	NC	
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	NC	
ketorolac tromethamine TABS	P	QL(20 EA per 31 day(s) retail); AL(At least 17 yrs old)
meclofenamate sodium CAPS	NP	

Drug Name	Drug Tier	Requirements/ Limits
MECLOFENAMATE SODIUM POWD	NC	
mefenamic acid CAPS	NP	
MEFENAMIC ACID POWD	NC	
meloxicam CAPS	NP	
meloxicam TABS	NC	
meloxicam TABS	P	
MOTRIN CHILDRENS CHEW *(ibuprofen)*	NC	
MOTRIN INFANTS DROPS SUSP *(ibuprofen)*	NC	
nabumetone	P	
NALFON CAPS *(fenoprofen calcium)*	NP	
NALFON TABS 600 MG	NP	
NAPRELAN TB24 *(naproxen sodium)*	NP	
NAPROSYN SUSP *(naproxen)*	NP	
NAPROTIN	NC	
NAPROXEN SODIUM POWD	NC	
naproxen sodium TABS 275 MG, 550 MG	NP	
naproxen sodium TABS 220 MG	C	QL(2 EA daily)
naproxen sodium TB24	NP	
naproxen-esomeprazole magnesium	NP	
NAPROXEN POWD	NC	
naproxen SUSP	P	
naproxen TABS	P	
naproxen TBEC	P	QL(2 EA daily)
naproxen TBEC	NC	QL(2 EA daily)
oxaprozin TABS	NP	
PHENYLBUTAZONE	NC	
piroxicam CAPS	P	
PIROXICAM POWD	NC	
RELAFEN DS	NP	
SULINDAC POWD	NC	
sulindac TABS	P	
tolmetin sodium CAPS	NC	
tolmetin sodium CAPS	NP	
tolmetin sodium TABS 600 MG	NP	
tolmetin sodium TABS 600 MG	NC	
VIMOVO *(naproxen-esomeprazole magnesium)*	NP	
ZYNRELEF	NC	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	NP	SP
OTEZLA TBPK	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA *(leflunomide)*	NC	QL(1 EA daily)
leflunomide	C	QL(1 EA daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	NP	SP
ORENCIA SOLR	NC	SP
ORENCIA SOSY	NP	SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ENBREL SURECLICK SOAJ	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ENBREL SOLN	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ENBREL SOSY 25 MG/0.5ML	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOSY 50 MG/ML	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	NC	
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	C	QL(4 EA daily)
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	C	QL(4 EA daily)
butalbital-acetaminophen CAPS 50 MG-300 MG	NC	
butalbital-acetaminophen TABS 50 MG-325 MG	C	
butalbital-acetaminophen TABS 50 MG-300 MG	NC	
butalbital-aspirin-caffeine CAPS	C	QL(4 EA daily)
ESGIC TABS *(butalbital-acetaminophen-caffeine)*	NC	QL(4 EA daily)
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	NP	Does not exceed healthplan QL; QL(14 EA per 60 day(s) retail; 14 EA per 60 days mail); AL(At least 18 yrs old)
Analgesics Other		
acetaminophen CHEW	C	
acetaminophen LIQD 160 MG/5ML	C	
acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML	NC	
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	C	QL(240 ML per fill retail)
acetaminophen SUPP 120 MG, 650 MG	C	QL(12 EA per 31 day(s) retail)
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	C	
acetaminophen TABS 325 MG, 500 MG	C	
clonidine hcl (analgesia) EP	NC	
CLONIDINE HCL (BULK) XX	NC	
FEVERALL JUNIOR STRENGTH SUPP	C	QL(12 EA per 31 day(s) retail)
TYLENOL CHILDRENS CHEWABLES CHEW *(acetaminophen)*	NC	
TYLENOL CHILDRENS PAIN + FEVER SUSP *(acetaminophen)*	NC	
TYLENOL CHILDRENS SUSP *(acetaminophen)*	NC	
TYLENOL EXTRA STRENGTH TABS *(acetaminophen)*	NC	
TYLENOL FOR CHILDREN + ADULTS SUSP *(acetaminophen)*	NC	
TYLENOL INFANTS PAIN+FEVER SUSP *(acetaminophen)*	NC	
TYLENOL TABS *(acetaminophen)*	NC	
Salicylates		
ACETYL SALICYLIC ACID POWD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
aspirin buffered (cal carb-mag carb-mag oxide)	C	
aspirin effervescent	NC	
aspirin CHEW	C	
ASPIRIN POWD	NC	RX/OTC
ASPIRIN SUPP 300 MG	C	QL(12 EA per 31 day(s) retail)
aspirin TABS 325 MG	C	
aspirin TBEC 81 MG, 325 MG	C	
BUFFERIN *(aspirin buffered (cal carb-mag carb-mag oxide))*	NC	
DIFLUNISAL POWD	NC	
diflunisal TABS	NP	
DOLOBID TABS	NC	
ECOTRIN ARTHRTIS PAIN TBEC *(aspirin)*	NC	
ECOTRIN TBEC *(aspirin)*	NC	
salsalate	C	
SODIUM SALICYLATE CRYS	NC	
SODIUM SALICYLATE POWD	NC	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP *(fentanyl citrate)*	NC	Opioid Smart PA
CODEINE PHOSPHATE POWD	NC	Opioid Smart PA
codeine sulfate TABS 30 MG	P	Opioid Smart PA; AL(At least 12 yrs old)
CODEINE SULFATE TABS	P	Opioid Smart PA; AL(At least 12 yrs old)
CONZIP CP24 *(tramadol hcl)*	NP	Opioid Smart PA
DEMEROL SOLN IJ	NC	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits
DILAUDID LIQD *(hydromorphone hcl)*	NP	Opioid Smart PA
DILAUDID TABS 8 MG *(hydromorphone hcl)*	NP	Opioid Smart PA; QL(4 EA daily)
DILAUDID TABS 2 MG *(hydromorphone hcl)*	NP	Opioid Smart PA; QL(8 EA daily)
DILAUDID TABS 4 MG *(hydromorphone hcl)*	NP	Opioid Smart PA
FENTANYL CITRATE (BULK) SOLN XX	NC	Opioid Smart PA
FENTANYL CITRATE PF SOSY IJ	NC	Opioid Smart PA
fentanyl citrate LPOP	NP	Opioid Smart PA
FENTANYL CITRATE POWD	NC	Opioid Smart PA
fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML	NC	Opioid Smart PA
fentanyl citrate SOSY IJ	NC	Opioid Smart PA
FENTANYL CITRATE SOSY IJ 100 MCG/2ML	NC	Opioid Smart PA
fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG	NP	Opioid Smart PA
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP	
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	QL(0.34 EA daily)
FENTORA TABS *(fentanyl citrate)*	NP	Opioid Smart PA
hydrocodone bitartrate CP12	NP	Opioid Smart PA
hydrocodone bitartrate T24A	NP	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits
HYDROMORPHONE HCL (BULK) SOLN XX	NC	Opioid Smart PA
HYDROMORPHONE HCL PF SOLN IJ	NC	Opioid Smart PA
hydromorphone hcl LIQD	P	Opioid Smart PA
HYDROMORPHONE HCL POWD	NC	Opioid Smart PA
hydromorphone hcl SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML	NC	Opioid Smart PA
HYDROMORPHONE HCL SOLN IJ	NC	Opioid Smart PA
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 EA daily)
hydromorphone hcl TABS 2 MG	P	Opioid Smart PA; QL(8 EA daily)
hydromorphone hcl TABS 4 MG	P	Opioid Smart PA
hydromorphone hcl TABS 8 MG	P	Opioid Smart PA; QL(4 EA daily)
hydromorphone hcl TB24	NP	Opioid Smart PA
HYSINGLA ER T24A	NP	Opioid Smart PA
levorphanol tartrate TABS	NP	Opioid Smart PA
MEPERIDINE HCL POWD	NC	Opioid Smart PA
meperidine hcl SOLN PO 50 MG/5ML	P	Opioid Smart PA
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	NC	Opioid Smart PA
meperidine hcl TABS 50 MG	P	Opioid Smart PA; QL(6 EA daily)
methadone hcl CONC	NC	Opioid Smart PA
METHADONE HCL POWD	NC	Opioid Smart PA
methadone hcl SOLN IJ 10 MG/ML	NC	Opioid Smart PA
methadone hcl TABS 5 MG	C	Opioid Smart PA; QL(4 EA daily); PA
methadone hcl TABS 10 MG	C	Opioid Smart PA; QL(10 EA daily); PA
methadone hcl TBSO	NC	Opioid Smart PA
MORPHINE SULFATE (BULK) SOLN XX	NC	Opioid Smart PA
MORPHINE SULFATE (PF) SOLN IV 1 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML, 10 MG/ML	NC	Opioid Smart PA
morphine sulfate beads	NP	Opioid Smart PA
morphine sulfate for continuous microinfusion	NC	Opioid Smart PA
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	NP	Opioid Smart PA
MORPHINE SULFATE POWD	NC	Opioid Smart PA
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	P	Opioid Smart PA; QL(16.67 ML daily)
morphine sulfate SOLN IV 2 MG/ML	NC	
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	P	Opioid Smart PA
morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	NC	Opioid Smart PA
MORPHINE SULFATE SOLN IV 50 MG/ML	NC	Opioid Smart PA
morphine sulfate SUPP	P	Opioid Smart PA; QL(0.78 EA daily)
morphine sulfate TABS	P	Opioid Smart PA; QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate TBCR	P	Opioid Smart PA; QL(3 EA daily)
morphine sulfate TBCR	NC	Opioid Smart PA; QL(3 EA daily)
MS CONTIN TBCR *(morphine sulfate)*	NP	Opioid Smart PA; QL(3 EA daily)
OLINVYK	NC	Opioid Smart PA
oxycodone hcl CAPS	NC	Opioid Smart PA; QL(6 EA daily)
oxycodone hcl CAPS	P	Opioid Smart PA; QL(6 EA daily)
oxycodone hcl CONC 100 MG/5ML	P	QL(4 ML daily)
oxycodone hcl CONC 100 MG/5ML	NC	Opioid Smart PA; QL(4 ML daily)
oxycodone hcl CONC 100 MG/5ML	P	Opioid Smart PA; QL(4 ML daily)
OXYCODONE HCL POWD	NC	Opioid Smart PA
oxycodone hcl SOLN	P	
oxycodone hcl SOLN	P	Opioid Smart PA
oxycodone hcl T12A 10 MG, 20 MG, 40 MG	NP	Brand Preferred; Opioid Smart PA
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	NC	Brand Preferred; Opioid Smart PA
oxycodone hcl TABS 10 MG, 15 MG, 30 MG	NC	Opioid Smart PA; QL(6 EA daily)
oxycodone hcl TABS	P	Opioid Smart PA; QL(6 EA daily)
OXYCONTIN T12A	P	Brand Preferred; Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits
oxymorphone hcl TABS	NP	Opioid Smart PA
oxymorphone hcl TABS	NC	Opioid Smart PA
oxymorphone hcl TB12	NP	Opioid Smart PA
remifentanil hcl	NC	Opioid Smart PA
ROXICODONE TABS 15 MG, 30 MG *(oxycodone hcl)*	NP	Opioid Smart PA; QL(6 EA daily)
ROXYBOND TABA	NP	Opioid Smart PA
SUFENTANIL CITRATE (BULK) SOLN XX	NC	Opioid Smart PA
sufentanil citrate SOLN IV 50 MCG/ML	NC	Opioid Smart PA
tramadol hcl CP24 100 MG, 200 MG, 300 MG	NP	Opioid Smart PA
tramadol hcl SOLN	NP	Opioid Smart PA
TRAMADOL HCL SOLN *(tramadol hcl)*	NP	Opioid Smart PA
tramadol hcl TABS 75 MG, 100 MG	NP	
tramadol hcl TABS 50 MG	P	QL(8 EA daily); AL(At least 18 yrs old)
tramadol hcl TABS 25 MG	P	Opioid Smart PA
tramadol hcl TABS 50 MG	P	Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old)
tramadol hcl TB24	NP	Opioid Smart PA
tramadol hcl TB24	P	Opioid Smart PA
Opioid Combinations		
acetaminophen w/ codeine SOLN	P	Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine SOLN	P	QL(30 ML daily); AL(At least 12 yrs old)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	P	Opioid Smart PA; QL(6 EA daily); AL(At least 12 yrs old)
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	NP	Opioid Smart PA
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	P	Opioid Smart PA
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod	NP	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	NP	Opioid Smart PA
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	P	Opioid Smart PA
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	P	Opioid Smart PA; QL(180 ML daily)
HYDROCODONE-ACETAMINOPHEN SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	P	Opioid Smart PA
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	QL(10 EA daily)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	NC	Opioid Smart PA
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	NC	Opioid Smart PA; QL(10 EA daily)
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	Opioid Smart PA; QL(10 EA daily)
hydrocodone-acetaminophen TABS 325 MG-2.5 MG	P	
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	P	Opioid Smart PA
NALOCET TABS	NP	Opioid Smart PA
oxycodone w/ acetaminophen SOLN	NP	Opioid Smart PA
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	P	Opioid Smart PA
oxycodone w/ acetaminophen TABS	P	QL(6 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	Opioid Smart PA; QL(6 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	NC	Opioid Smart PA
PERCOCET TABS 325 MG-2.5 MG *(oxycodone w/ acetaminophen)*	NP	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	NP	Opioid Smart PA; QL(6 EA daily)
PROLATE SOLN	NP	Opioid Smart PA
PROLATE TABS	NP	Opioid Smart PA
SEGLENTIS	NP	Opioid Smart PA
tramadol-acetaminophen	P	Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	Opioid Smart PA
BRIXADI (WEEKLY) SOSY	P	Opioid Smart PA; SP
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	Opioid Smart PA; SP
BUPRENEX SOLN *(buprenorphine hcl)*	NC	Opioid Smart PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL	NP	QL(3 EA daily); AL(At least 16 yrs old)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG	NP	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG	NP	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	P	Opioid Smart PA; QL(12 EA daily); AL(At least 16 yrs old)
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	P	Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
buprenorphine hcl SOLN	NC	Opioid Smart PA
buprenorphine hcl SUBL	P	Opioid Smart PA
buprenorphine PTWK	NP	Brand Preferred; Opioid Smart PA
butorphanol tartrate NA 10 MG/ML	NP	Opioid Smart PA
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	NC	Opioid Smart PA
BUTRANS PTWK *(buprenorphine)*	P	Brand Preferred; Opioid Smart PA
nalbuphine hcl	NC	Opioid Smart PA
pentazocine w/ naloxone hcl	NP	Opioid Smart PA
SUBLOCADE SOSY	P	Opioid Smart PA; SP
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	P	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	P	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)
ZUBSOLV SUBL	NP	Opioid Smart PA; AL(At least 16 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
oxandrolone	NC	
Androgens		
ANDROGEL PUMP GEL TD *(testosterone)*	NP	
AZMIRO SOSY	NC	
danazol CAPS	NC	
DANAZOL POWD	NC	
JATENZO CAPS	NC	
KYZATREX CAPS 200 MG	NC	
methyltestosterone CAPS	NC	
METHYLTESTOSTERONE POWD	NC	
methyltestosterone TABS	C	
NATESTO GEL NA	NP	
TESTIM GEL TD *(testosterone)*	PA	Brand Preferred; PA
testosterone cypionate SOLN IM 100 MG/ML	C	QL(0.2858 ML daily)
testosterone cypionate SOLN IM 200 MG/ML	C	QL(4 ML per 31 day(s) retail)
testosterone enanthate SOLN IM	C	QL(0.1429 ML daily)
testosterone GEL TD 1.62 %, 1.62 %	PA	PA
testosterone GEL TD 50 MG/5GM	NP	USE BRAND NAME
testosterone GEL TD 1 %, 50 MG/5GM	NP	Brand Preferred
testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	NP	
testosterone GEL TD 1.62 %, 10 MG/ACT	NC	
testosterone SOLN	NP	
TLANDO CAPS	NC	
UNDECATREX CAPS	NC	
VOGELXO PUMP GEL TD *(testosterone)*	NP	
VOGELXO GEL TD *(testosterone)*	NP	Brand Preferred
XYOSTED SOAJ	NC	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	NP	
CORTENEMA *(hydrocortisone (intrarectal))*	NC	
CORTIFOAM EX 10 %	NC	
hydrocortisone (intrarectal)	C	
UCERIS *(budesonide (intrarectal))*	NP	
Rectal Combinations		
ANALPRAM HC SINGLES CREA EX *(hydrocortisone acetate w/ pramoxine)*	NC	
hydrocortisone acetate w/ pramoxine CREA EX	NC	
LIDOCAINE-HYDROCORTISONE ACE GEL	NC	
lidocaine-hydrocortisone acetate (rectal) CREA EX	NC	
lidocaine-hydrocortisone acetate (rectal) KIT	NC	
PROCTOFOAM HC FOAM EX	NC	
Rectal Steroids		
ANUSOL-HC EX *(hydrocortisone (rectal))*	NC	
hydrocortisone (rectal) EX 2.5 %	C	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (rectal) EX 1 %	C	1 package(s) per fill retail; RX/OTC
hydrocortisone acetate (rectal)	NC	
PREPARATION H EX 1 %	C	1 package(s) per fill retail; RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	C	1 package(s) per fill retail; RX/OTC
Vasodilating Agents		
nitroglycerin (intra-anal)	NC	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone LIQD	C	QL(24 ML daily)
alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	C	QL(24 ML daily)
PHAZYME GAS & ACID MAX ST CHEW	NC	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	C	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	C	QL(3.34 EA daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG	C	
TUMS LASTING EFFECTS CHEW *(calcium carbonate (antacid))*	NC	
TUMS CHEW *(calcium carbonate (antacid))*	NC	
Antacids - Magnesium Salts		
MAG 440 TABS 440 MG	NC	
MAGNESIUM OXIDE POWD	NC	RX/OTC
magnesium oxide TABS 400 MG	C	
MAGNESIUM TRISILICATE	NC	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	NC	
EMVERM CHEW	C	QL(1 EA per fill retail)
ivermectin	NC	
MEBENDAZOLE POWD	NC	
PIPERAZINE CITRATE	NC	
praziquantel	NC	
THIABENDAZOLE POWD	NC	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12	NC	
ranolazine TB12	P	
Nitrates		
GONITRO PACK	NC	
ISORDIL TITRADOSE TABS *(isosorbide dinitrate)*	NC	
isosorbide dinitrate TABS 40 MG	NC	
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	C	
isosorbide mononitrate TABS	C	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ISOSORBIDE MONONITRATE TABS	C	QL(2 EA daily)
isosorbide mononitrate TB24	C	QL(1 EA daily)
NITRO-BID OINT	C	
NITRO-DUR PT24 *(nitroglycerin)*	NC	
NITRO-DUR PT24	NC	
nitroglycerin in d5w	NC	
nitroglycerin CPCR	C	
nitroglycerin PT24	C	
nitroglycerin SOLN TL 0.4 MG/SPRAY	NC	
NITROGLYCERIN SOLN IV	NC	
nitroglycerin SUBL	C	
NITROSTAT SUBL *(nitroglycerin)*	NC	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	NC	
buspirone hcl 15 MG	C	QL(4 EA daily)
buspirone hcl 5 MG, 10 MG	C	QL(6 EA daily)
buspirone hcl 7.5 MG, 30 MG	C	QL(3 EA daily)
DROPERIDOL POWD	NC	
droperidol SOLN 2.5 MG/ML	NC	
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	NC	
hydroxyzine hcl SYRP	C	
hydroxyzine hcl TABS	C	
hydroxyzine pamoate CAPS	C	
HYDROXYZINE PAMOATE POWD	NC	
meprobamate	C	
VISTARIL CAPS *(hydroxyzine pamoate)*	NC	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NC	
alprazolam TABS	C	QL(3 EA daily)
alprazolam TB24	NC	
alprazolam TBDP	NC	
ATIVAN TABS 1 MG *(lorazepam)*	NC	QL(4 EA daily)
ATIVAN TABS 0.5 MG, 2 MG *(lorazepam)*	NC	QL(3 EA daily)
chlordiazepoxide hcl CAPS	C	QL(4 EA daily)
clorazepate dipotassium TABS	C	QL(3 EA daily)
diazepam CONC	NC	
diazepam SOLN PO 5 MG/5ML	C	
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	NC	
DIAZEPAM SOLN IJ 5 MG/ML	NC	
diazepam TABS	C	QL(4 EA daily)
lorazepam CONC	NC	
lorazepam SOLN	NC	
lorazepam TABS 1 MG	C	QL(4 EA daily)
lorazepam TABS 0.5 MG, 2 MG	C	QL(3 EA daily)
LOREEV XR CS24	NC	
oxazepam CAPS	C	QL(4 EA daily)
VALIUM TABS *(diazepam)*	NC	QL(4 EA daily)
XANAX TABS *(alprazolam)*	NC	QL(3 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics - Misc.		
adenosine SOLN	NC	

Drug Name	Drug Tier	Requirements/ Limits
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	C	
NORPACE CR CP12 150 MG	C	
NORPACE CR CP12 100 MG	NC	
NORPACE CAPS *(disopyramide phosphate)*	NC	
PROCAINAMIDE HCL POWD	NC	
procainamide hcl SOLN	NC	
quinidine gluconate TBCR	C	
quinidine sulfate TABS	C	
Antiarrhythmics Type I-B		
LIDOCAINE HCL (CARDIAC) PF SOLN	NC	
lidocaine hcl (cardiac) SOSY	NC	
LIDOCAINE HCL (CARDIAC) SOSY 100 MG/5ML	NC	
lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML	NC	
mexiletine hcl	C	
Antiarrhythmics Type I-C		
flecainide acetate	C	
propafenone hcl CP12	C	
propafenone hcl TABS	C	
RYTHMOL SR CP12 *(propafenone hcl)*	NC	
Antiarrhythmics Type III		
amiodarone hcl SOLN 150 MG/3ML, 450 MG/9ML, 900 MG/18ML	NC	
amiodarone hcl TABS 200 MG	C	
amiodarone hcl TABS 100 MG, 400 MG	NC	
dofetilide	C	
ibutilide fumarate	NC	
MULTAQ	NC	
NEXTERONE	NC	
TIKOSYN *(dofetilide)*	NC	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	PA	Brand Preferred; SP; PA
FASENRA SOSY	PA	Brand Preferred; SP; PA
NUCALA SOAJ	NP	SP
NUCALA SOLR	NP	SP
NUCALA SOSY	NP	SP
TEZSPIRE SOAJ	NP	SP
TEZSPIRE SOSY	NP	SP
XOLAIR SOAJ	PA	Brand Preferred; SP; PA
XOLAIR SOLR	PA	Brand Preferred; SP; PA
XOLAIR SOSY	PA	Brand Preferred; SP; PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	PA	PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	C	QL(8 ML daily)
CROMOLYN SODIUM POWD	NC	
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	1 package(s) per 31 day(s) retail
INCRUSE ELLIPTA	P	1 package(s) per 31 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
IPRATROPIUM BROMIDE POWD	NC	
ipratropium bromide SOLN 0.02 %	P	QL(375 ML per 25 day(s) retail)
SPIRIVA HANDIHALER CAPS *(tiotropium bromide monohydrate)*	P	Brand Preferred
SPIRIVA RESPIMAT AERS	NP	
tiotropium bromide monohydrate CAPS	NP	Brand Preferred
TUDORZA PRESSAIR	NP	1 package(s) per 31 day(s) retail
TUDORZA PRESSAIR	NC	1 package(s) per 31 day(s) retail
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE *(zafirlukast)*	NP	
montelukast sodium CHEW	P	QL(1 EA daily)
montelukast sodium PACK	P	QL(1 EA daily)
montelukast sodium TABS	P	QL(1 EA daily)
SINGULAIR CHEW *(montelukast sodium)*	NP	QL(1 EA daily)
SINGULAIR PACK *(montelukast sodium)*	NP	QL(1 EA daily)
SINGULAIR TABS *(montelukast sodium)*	NP	QL(1 EA daily)
zafirlukast	P	
zileuton TB12	NC	
zileuton TB12	NP	
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	SP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(roflumilast)*	NP	QL(1 EA daily)
roflumilast 500 MCG	NC	QL(1 EA daily)
roflumilast	NP	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	NC	
ALVESCO	P	
ARMONAIR DIGIHALER	NC	
ARNUITY ELLIPTA	P	QL(1 EA daily)
ASMANEX (120 METERED DOSES) AEPB	P	
ASMANEX (14 METERED DOSES) AEPB	P	
ASMANEX (30 METERED DOSES) AEPB	P	
ASMANEX (60 METERED DOSES) AEPB	P	
ASMANEX HFA AERO	P	QL(0.44 GM daily)
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML	P	QL(120 ML per fill retail); AL(Up to 8 yrs old)
budesonide (inhalation) SUSP 1 MG/2ML	P	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
FLOVENT DISKUS AEPB *(fluticasone propionate (inhalation))*	NC	
FLUNISOLIDE POWD	NC	
fluticasone propionate (inhalation) AEPB	NP	
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(12 GM per 25 day(s) retail)
fluticasone propionate hfa 44 MCG/ACT	P	QL(11 GM per 25 day(s) retail)
PULMICORT FLEXHALER AEPB	NC	1 package(s) per fill retail
PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML *(budesonide (inhalation))*	NP	QL(120 ML per fill retail); AL(Up to 8 yrs old)
PULMICORT SUSP 1 MG/2ML *(budesonide (inhalation))*	NP	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
QVAR REDIHALER 80 MCG/ACT	P	QL(0.72 GM daily)
QVAR REDIHALER 40 MCG/ACT	P	QL(0.36 GM daily)
Sympathomimetics		
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	P	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
ADVAIR HFA AERO *(fluticasone-salmeterol)*	P	Brand Preferred
AIRDUO DIGIHALER	NC	
AIRDUO RESPICLICK 113/14 AEPB *(fluticasone-salmeterol)*	NP	
AIRDUO RESPICLICK 232/14 AEPB *(fluticasone-salmeterol)*	NP	
AIRDUO RESPICLICK 55/14 AEPB *(fluticasone-salmeterol)*	NP	
AIRSUPRA	NP	
albuterol sulfate AERS	P	Brand Preferred - Ventolin HFA; QL(13.4 GM per 30 day(s) retail)
albuterol sulfate AERS	NP	Brand Preferred - Ventolin HFA; QL(17 GM per 30 day(s) retail)
albuterol sulfate AERS	NP	Brand Preferred - Ventolin HFA; QL(36 GM per 30 day(s) retail)
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	P	QL(375 ML per 31 day(s) retail)
albuterol sulfate NEBU	P	
albuterol sulfate NEBU 0.083 %	P	QL(12.5 ML daily)
ALBUTEROL SULFATE POWD	NC	
albuterol sulfate SYRP	P	
albuterol sulfate TABS	P	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(umeclidinium-vilanterol)*	P	Brand Preferred
arformoterol tartrate	NC	
arformoterol tartrate	P	
BEVESPI AEROSPHERE	NP	
BREO ELLIPTA *(fluticasone furoate-vilanterol)*	NP	
BREO ELLIPTA	NP	
BREZTRI AEROSPHERE	NP	
BROVANA *(arformoterol tartrate)*	NP	
budesonide-formoterol fumarate dihydrate	NP	Brand Preferred; QL(30.6 GM per 30 day(s) retail)
budesonide-formoterol fumarate dihydrate	NP	Brand Preferred; QL(30.9 GM per 30 day(s) retail)
COMBIVENT RESPIMAT AERS	P	QL(4 GM per 31 day(s) retail)
DUAKLIR PRESSAIR	NP	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 GM per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
DULERA	P	QL(39 GM per 30 day(s) retail)
EPHEDRINE HCL POWD	NC	
EPHEDRINE SULFATE POWD	NC	
fluticasone furoate-vilanterol	NP	
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP	
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
fluticasone-salmeterol AERO	NP	Brand Preferred
formoterol fumarate NEBU	NP	
ipratropium-albuterol SOLN	P	QL(12 ML daily)
ipratropium-albuterol SOLN	NC	QL(12 ML daily)
isoproterenol hcl	NC	
levalbuterol hcl	NP	
levalbuterol tartrate	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
METAPROTERENOL SULFATE POWD	NC	
PERFOROMIST NEBU *(formoterol fumarate)*	NP	
PRIMATENE MIST	NC	
PROAIR DIGIHALER	NC	
PROAIR RESPICLICK AEPB	P	QL(2 EA per 30 day(s) retail)
SEREVENT DISKUS	P	1 package(s) per fill retail
STIOLTO RESPIMAT	P	
STRIVERDI RESPIMAT	NP	
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	P	Brand Preferred; QL(30.6 GM per 30 day(s) retail)
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT *(budesonide-formoterol fumarate dihydrate)*	P	Brand Preferred; QL(18 GM per 30 day(s) retail)
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT *(budesonide-formoterol fumarate dihydrate)*	P	Brand Preferred; QL(20.7 GM per 30 day(s) retail)
TERBUTALINE SULFATE POWD	NC	
terbutaline sulfate SOLN	NC	
terbutaline sulfate TABS	NP	ST
TRELEGY ELLIPTA	NP	
umeclidinium-vilanterol	NP	Brand Preferred
VENTOLIN HFA AERS *(albuterol sulfate)*	P	Brand Preferred; QL(16 GM per 30 day(s) retail)
VENTOLIN HFA AERS *(albuterol sulfate)*	P	Brand Preferred; QL(36 GM per 30 day(s) retail)
XOPENEX HFA *(levalbuterol tartrate)*	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
XOPENEX HFA *(levalbuterol tartrate)*	NC	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
Xanthines		
AMINOPHYLLINE ANHYDROUS POWD	NC	
aminophylline SOLN	NC	
THEO-24 CP24	C	
theophylline ELIX	C	

Drug Name	Drug Tier	Requirements/ Limits
THEOPHYLLINE-ETHYLENEDIAMINE POWD	NC	
theophylline SOLN	C	QL(475 ML per fill retail)
theophylline TB12	C	
theophylline TB24	C	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
WARFARIN SODIUM POWD	NC	
warfarin sodium TABS	P	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	P	QL(2.47 EA daily)
ELIQUIS TABS	P	QL(2 EA daily)
rivaroxaban TABS 2.5 MG	NP	
SAVAYSA	NP	
XARELTO STARTER PACK TBPK	P	Brand Preferred
XARELTO SUSR	P	Brand Preferred
XARELTO TABS	P	Brand Preferred
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG *(rivaroxaban)*	P	Brand Preferred
Heparins And Heparinoid-Like Agents		
ARIXTRA *(fondaparinux sodium)*	NP	SP
enoxaparin sodium SOLN IJ 300 MG/3ML	P	QL(126 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	NC	QL(42 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 30 MG/0.3ML	NC	QL(12.6 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	NC	QL(33.6 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 40 MG/0.4ML	NC	QL(16.8 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	P	QL(42 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 30 MG/0.3ML	P	QL(12.6 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 60 MG/0.6ML	P	QL(25.2 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 40 MG/0.4ML	P	QL(16.8 ML per 180 day(s) retail); SP
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	P	QL(33.6 ML per 180 day(s) retail); SP
fondaparinux sodium	NP	SP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP
FRAGMIN SOSY	NP	SP
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	NC	
heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	NC	
HEPARIN SOD (PORCINE) IN D5W	NC	
heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML	NC	
HEPARIN SODIUM (PORCINE) PF SOLN IJ	NC	
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	C	

Drug Name	Drug Tier	Requirements/ Limits
HEPARIN SODIUM (PORCINE) SOSY IJ	C	
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(126 ML per 180 day(s) retail); SP
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	NP	QL(126 ML per 180 day(s) retail); SP
LOVENOX SOSY 30 MG/0.3ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(12.6 ML per 180 day(s) retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(42 ML per 180 day(s) retail); SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(enoxaparin sodium)*	NP	QL(33.6 ML per 180 day(s) retail); SP
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	NP	QL(25.2 ML per 180 day(s) retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(enoxaparin sodium)*	NP	QL(42 ML per 180 day(s) retail); SP
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	NP	QL(16.8 ML per 180 day(s) retail); SP
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(25.2 ML per 180 day(s) retail); SP
LOVENOX SOSY 80 MG/0.8ML *(enoxaparin sodium)*	NC	QL(33.6 ML per 180 day(s) retail); SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(33.6 ML per 180 day(s) retail); SP
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	NP	Max 42 syringes in 180 days; QL(16.8 ML per 180 day(s) retail); SP
LOVENOX SOSY 30 MG/0.3ML *(enoxaparin sodium)*	NP	QL(12.6 ML per 180 day(s) retail); SP
In Vitro/Lock Anticoagulants		
DEFENCATH	NC	
Thrombin Inhibitors		
argatroban	NC	
ARGATROBAN	NC	
ARGATROBAN IN SODIUM CHLORIDE	NC	
BIVALIRUDIN RTU SOLN *(bivalirudin trifluoroacetate)*	NC	
bivalirudin trifluoroacetate SOLN	NC	
bivalirudin trifluoroacetate SOLR	NC	
dabigatran etexilate mesylate CAPS	NP	
dabigatran etexilate mesylate CAPS	NP	Brand Preferred
PRADAXA CAPS *(dabigatran etexilate mesylate)*	P	Brand Preferred
PRADAXA PACK	NP	Brand Preferred; SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	PA	PA
FYCOMPA SUSP	NC	

Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA TABS	NC	
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG *(perampanel)*	PA	PA
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	
Anticonvulsants - Benzodiazepines		
clobazam SUSP	P	PA
clobazam SUSP	NC	
clobazam TABS	P	PA
clonazepam TABS	C	QL(4 EA daily)
clonazepam TBDP	NC	
DIASTAT PEDIATRIC GEL *(diazepam (anticonvulsant))*	NC	QL(1 EA per fill retail); AL(At least 2 yrs old)
diazepam (anticonvulsant) GEL	P	QL(1 EA per fill retail); AL(At least 2 yrs old)
KLONOPIN TABS *(clonazepam)*	NC	QL(4 EA daily)
LIBERVANT FILM	NP	
NAYZILAM	P	QL(10 EA per 30 day(s) retail)
ONFI SUSP *(clobazam)*	NP	
ONFI TABS *(clobazam)*	NP	
SYMPAZAN FILM	NP	
VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	P	QL(10 EA per 30 day(s) retail)
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	P	QL(10 EA per 30 day(s) retail)
VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
Anticonvulsants - Misc.		
APTIOM 200 MG, 400 MG, 600 MG, 800 MG *(eslicarbazepine acetate)*	NP	
BANZEL SUSP *(rufinamide)*	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
BANZEL TABS *(rufinamide)*	PA	Brand Preferred; SP; PA
BRIVIACT SOLN PO 10 MG/ML	NP	SP
BRIVIACT TABS	NP	SP
carbamazepine CHEW	P	
carbamazepine CP12	NP	Brand Preferred
CARBAMAZEPINE POWD	NC	
carbamazepine SUSP	NP	
carbamazepine TABS	P	
carbamazepine TB12	NP	Brand Preferred
CARBATROL CP12 *(carbamazepine)*	P	Brand Preferred
DIACOMIT CAPS 250 MG	NP	QL(12 EA daily); SP
DIACOMIT CAPS 500 MG	NP	QL(6 EA daily); SP
DIACOMIT PACK 250 MG	NP	QL(12 EA daily); SP
DIACOMIT PACK 500 MG	NP	QL(6 EA daily); SP
ELEPSIA XR TB24	NP	
EPIDIOLEX	NP	SP
EPRONTIA SOLN	NP	
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	NP	
FINTEPLA	NP	SP
gabapentin CAPS	NC	QL(9 EA daily)
gabapentin CAPS	P	QL(9 EA daily)
gabapentin SOLN	P	
gabapentin SOLN	NC	
gabapentin TABS 600 MG	P	QL(6 EA daily)
gabapentin TABS 800 MG	NC	QL(4 EA daily)
gabapentin TABS 800 MG	P	QL(4 EA daily)
gabapentin TABS 600 MG	NC	QL(6 EA daily)
GABARONE TABS 100 MG, 400 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA XR TB24 *(levetiracetam)*	NP	
KEPPRA SOLN PO 100 MG/ML *(levetiracetam)*	NP	QL(16 ML daily)
KEPPRA TABS 1000 MG *(levetiracetam)*	NP	
KEPPRA TABS 500 MG *(levetiracetam)*	NP	QL(6 EA daily)
KEPPRA TABS 250 MG, 750 MG *(levetiracetam)*	NP	QL(4 EA daily)
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	P	
lacosamide SOLN IV 200 MG/20ML	NC	
lacosamide TABS	P	
LAMICTAL ODT KIT *(lamotrigine)*	NP	
LAMICTAL ODT TBDP *(lamotrigine)*	NP	
LAMICTAL STARTER KIT 25 MG *(lamotrigine)*	NP	
LAMICTAL XR KIT	NP	
LAMICTAL XR TB24 *(lamotrigine)*	NP	QL(1 EA daily)
LAMICTAL CHEW *(lamotrigine)*	NP	
LAMICTAL TABS *(lamotrigine)*	NP	
lamotrigine CHEW	P	
lamotrigine KIT 25 MG	NP	
lamotrigine TABS	NC	
lamotrigine TABS	P	
lamotrigine TABS	NP	
lamotrigine TB24	P	QL(1 EA daily)
lamotrigine TBDP	P	
LEVETIRACETAM IN NACL	NC	
levetiracetam in sodium chloride	NC	

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam SOLN PO 100 MG/ML	NC	QL(16 ML daily)
levetiracetam SOLN IV 500 MG/5ML	NC	
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	P	QL(16 ML daily)
levetiracetam TABS 1000 MG	P	
levetiracetam TABS 250 MG, 750 MG	P	QL(4 EA daily)
levetiracetam TABS 500 MG	P	QL(6 EA daily)
levetiracetam TB24	P	
LEVETIRACETAM TB3D	NP	
LYRICA CAPS *(pregabalin)*	NP	
LYRICA CAPS 200 MG *(pregabalin)*	NC	
LYRICA SOLN *(pregabalin)*	NC	
LYRICA SOLN *(pregabalin)*	NP	
MOTPOLY XR CP24	NP	
MYSOLINE *(primidone)*	NP	
NEURONTIN CAPS *(gabapentin)*	NP	QL(9 EA daily)
NEURONTIN SOLN *(gabapentin)*	NP	
NEURONTIN TABS 600 MG *(gabapentin)*	NP	QL(6 EA daily)
NEURONTIN TABS 800 MG *(gabapentin)*	NP	QL(4 EA daily)
oxcarbazepine SUSP	NP	
oxcarbazepine SUSP	NP	Brand Preferred
oxcarbazepine SUSP	NC	Brand Preferred
oxcarbazepine TABS	P	
oxcarbazepine TB24	NP	
OXTELLAR XR TB24 *(oxcarbazepine)*	NP	
pregabalin CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
pregabalin CAPS	NC	
pregabalin SOLN	NP	
primidone	P	
QUDEXY XR CS24 *(topiramate)*	NP	
rufinamide SUSP	P	SP
rufinamide TABS	NP	Brand Preferred; SP
SPRITAM TB3D	NP	
SPRITAM TB3D	NP	
TEGRETOL SUSP *(carbamazepine)*	NP	
TEGRETOL TABS *(carbamazepine)*	NP	
TEGRETOL-XR TB12 *(carbamazepine)*	P	Brand Preferred
TOPAMAX SPRINKLE CPSP 25 MG *(topiramate)*	NP	QL(8 EA daily)
TOPAMAX SPRINKLE CPSP 15 MG *(topiramate)*	NP	QL(6 EA daily)
TOPAMAX TABS 100 MG *(topiramate)*	NP	QL(4 EA daily)
TOPAMAX TABS 25 MG, 50 MG *(topiramate)*	NP	QL(6 EA daily)
TOPAMAX TABS 200 MG *(topiramate)*	NP	QL(2 EA daily)
topiramate CP24	NP	
topiramate CPSP 25 MG	P	QL(8 EA daily)
topiramate CPSP 15 MG	P	QL(6 EA daily)
topiramate CPSP 50 MG	P	
topiramate CS24	NP	
topiramate TABS 25 MG, 50 MG	P	QL(6 EA daily)
topiramate TABS 25 MG, 50 MG	NC	QL(6 EA daily)
topiramate TABS 100 MG	P	QL(4 EA daily)
topiramate TABS 200 MG	NC	QL(2 EA daily)
topiramate TABS 100 MG	NC	QL(4 EA daily)
topiramate TABS 200 MG	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
TRILEPTAL SUSP *(oxcarbazepine)*	P	Brand Preferred
TRILEPTAL TABS *(oxcarbazepine)*	NP	
TROKENDI XR CP24 *(topiramate)*	NP	
VIMPAT SOLN PO 10 MG/ML *(lacosamide)*	NP	PA
VIMPAT TABS *(lacosamide)*	NP	PA
ZONISADE SUSP	NP	
zonisamide CAPS	P	
ZTALMY	NP	
Carbamates		
felbamate SUSP	P	
felbamate TABS	P	
FELBATOL SUSP *(felbamate)*	NC	
FELBATOL TABS *(felbamate)*	NP	
XCOPRI (250 MG DAILY DOSE) TBPK	NP	
XCOPRI (350 MG DAILY DOSE) TBPK	NP	
XCOPRI TABS	NP	
XCOPRI TBPK	NP	
GABA Modulators		
SABRIL PACK *(vigabatrin)*	PA	Brand Preferred; SP; PA
SABRIL TABS *(vigabatrin)*	NP	SP; PA
tiagabine hcl	PA	PA
vigabatrin PACK	NP	Brand Preferred; SP
vigabatrin PACK	PA	Brand Preferred; SP; PA
vigabatrin TABS	P	SP
vigabatrin TABS	PA	SP
VIGAFYDE SOLN	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Hydantoins		
DILANTIN	NP	
DILANTIN *(phenytoin sodium extended)*	NP	
DILANTIN INFATABS CHEW *(phenytoin)*	NP	
DILANTIN-125 SUSP *(phenytoin)*	NP	
fosphenytoin sodium	NC	
phenytoin sodium extended 200 MG, 300 MG	NP	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P	
PHENYTOIN SODIUM POWD	NC	
phenytoin sodium SOLN	NC	
phenytoin CHEW	P	
phenytoin SUSP 125 MG/5ML	P	
phenytoin SUSP	NC	
Succinimides		
CELONTIN *(methsuximide)*	P	Brand Preferred
ethosuximide CAPS	P	
ethosuximide SOLN	P	
methsuximide	NP	Brand Preferred
ZARONTIN CAPS *(ethosuximide)*	NP	
ZARONTIN SOLN *(ethosuximide)*	NP	
Valproic Acid		
DEPAKOTE ER TB24 500 MG *(divalproex sodium)*	NP	QL(7 EA daily)
DEPAKOTE ER TB24 250 MG *(divalproex sodium)*	NP	QL(3 EA daily)
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	NP	QL(8 EA daily)
DEPAKOTE TBEC 125 MG *(divalproex sodium)*	NP	QL(2 EA daily)
DEPAKOTE TBEC 500 MG *(divalproex sodium)*	NP	QL(7 EA daily)
DEPAKOTE TBEC 250 MG *(divalproex sodium)*	NC	QL(3 EA daily)
DEPAKOTE TBEC 250 MG *(divalproex sodium)*	NP	QL(3 EA daily)
divalproex sodium CSDR	P	QL(8 EA daily)
divalproex sodium TB24 500 MG	P	QL(7 EA daily)
divalproex sodium TB24 250 MG	P	QL(3 EA daily)
divalproex sodium TBEC 500 MG	P	QL(7 EA daily)
divalproex sodium TBEC 125 MG	P	QL(2 EA daily)
divalproex sodium TBEC 250 MG	P	QL(3 EA daily)
valproate sodium SOLN PO 250 MG/5ML	NC	
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	C	PA
valproate sodium SOLN PO 500 MG/10ML	NP	
valproate sodium SOLN PO 250 MG/5ML	P	
valproic acid CAPS	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS 15 MG	P	QL(3 EA daily)
mirtazapine TABS 7.5 MG, 45 MG	P	QL(1 EA daily)
mirtazapine TABS 30 MG	P	QL(1.5 EA daily)
mirtazapine TBDP 45 MG	P	QL(1 EA daily)
mirtazapine TBDP 30 MG	P	QL(1.5 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
mirtazapine TBDP 15 MG	P	QL(3 EA daily)
REMERON SOLTAB TBDP 15 MG *(mirtazapine)*	NP	QL(3 EA daily)
REMERON SOLTAB TBDP 45 MG *(mirtazapine)*	NP	QL(1 EA daily)
REMERON SOLTAB TBDP 30 MG *(mirtazapine)*	NP	QL(1.5 EA daily)
REMERON TABS 15 MG *(mirtazapine)*	NP	QL(3 EA daily)
REMERON TABS 30 MG *(mirtazapine)*	NP	QL(1.5 EA daily)
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
APLENZIN	NP	
bupropion hcl TABS	P	QL(3 EA daily)
bupropion hcl TB12 100 MG	P	QL(4 EA daily)
bupropion hcl TB12 200 MG	P	QL(2 EA daily)
bupropion hcl TB12 150 MG	P	QL(3 EA daily)
bupropion hcl TB24 150 MG	NC	QL(3 EA daily)
bupropion hcl TB24 150 MG	P	QL(3 EA daily)
bupropion hcl TB24 450 MG	NC	
bupropion hcl TB24 300 MG	P	QL(1 EA daily)
bupropion hcl TB24 450 MG	NP	
bupropion hcl TB24 300 MG	NC	QL(1 EA daily)
FORFIVO XL TB24 *(bupropion hcl)*	NP	
WELLBUTRIN SR TB12 100 MG *(bupropion hcl)*	NP	QL(4 EA daily)
WELLBUTRIN SR TB12 150 MG *(bupropion hcl)*	NP	QL(3 EA daily)
WELLBUTRIN SR TB12 200 MG *(bupropion hcl)*	NP	QL(2 EA daily)
WELLBUTRIN XL TB24 150 MG *(bupropion hcl)*	NP	QL(3 EA daily)
WELLBUTRIN XL TB24 300 MG *(bupropion hcl)*	NP	QL(1 EA daily)
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE	NP	SP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	
MARPLAN	NP	
NARDIL *(phenelzine sulfate)*	NP	
phenelzine sulfate	P	
tranylcypromine sulfate	NP	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG *(citalopram hydrobromide)*	NP	QL(4 EA daily)
CELEXA TABS 20 MG *(citalopram hydrobromide)*	NP	QL(2 EA daily); AL(At least 7 yrs old)
CELEXA TABS 40 MG *(citalopram hydrobromide)*	NP	QL(1 EA daily); AL(At least 7 yrs old)
CITALOPRAM HYDROBROMIDE CAPS	NP	
citalopram hydrobromide SOLN	P	
citalopram hydrobromide SOLN	NC	
citalopram hydrobromide TABS 40 MG	NC	QL(1 EA daily); AL(At least 7 yrs old)
citalopram hydrobromide TABS 40 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
citalopram hydrobromide TABS 20 MG	NC	QL(2 EA daily); AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
citalopram hydrobromide TABS 10 MG	P	QL(4 EA daily)
citalopram hydrobromide TABS 20 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
citalopram hydrobromide TABS 10 MG	NC	QL(4 EA daily)
escitalopram oxalate SOLN	NP	
escitalopram oxalate SOLN	NC	
escitalopram oxalate TABS 5 MG	NC	QL(4 EA daily)
escitalopram oxalate TABS 10 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
escitalopram oxalate TABS 20 MG	NC	QL(1 EA daily); AL(At least 7 yrs old)
escitalopram oxalate TABS 5 MG	P	QL(4 EA daily)
escitalopram oxalate TABS 20 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
escitalopram oxalate TABS 10 MG	NC	QL(2 EA daily); AL(At least 7 yrs old)
fluoxetine hcl CAPS 10 MG, 20 MG	NC	QL(4 EA daily)
fluoxetine hcl CAPS 10 MG, 20 MG	P	QL(4 EA daily)
fluoxetine hcl CAPS 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
fluoxetine hcl CPDR	NP	
fluoxetine hcl SOLN	P	QL(120 ML per fill retail)
fluoxetine hcl SOLN	NC	QL(120 ML per fill retail)
fluoxetine hcl TABS 10 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
fluoxetine hcl TABS 20 MG	P	QL(4 EA daily)
fluoxetine hcl TABS 60 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE HCL TABS *(fluoxetine hcl)*	NP	
fluvoxamine maleate CP24	NP	
fluvoxamine maleate TABS 100 MG	P	QL(3 EA daily)
fluvoxamine maleate TABS 25 MG, 50 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
LEXAPRO TABS 5 MG *(escitalopram oxalate)*	NP	QL(4 EA daily)
LEXAPRO TABS 10 MG *(escitalopram oxalate)*	NP	QL(2 EA daily); AL(At least 7 yrs old)
LEXAPRO TABS 20 MG *(escitalopram oxalate)*	NP	QL(1 EA daily); AL(At least 7 yrs old)
paroxetine hcl SUSP	NP	QL(40 ML daily)
paroxetine hcl TABS 20 MG	P	QL(3 EA daily)
paroxetine hcl TABS 10 MG	P	QL(6 EA daily)
paroxetine hcl TABS 30 MG, 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
paroxetine hcl TB24	NP	QL(1 EA daily); AL(At least 7 yrs old)
PAXIL CR TB24 *(paroxetine hcl)*	NP	QL(1 EA daily); AL(At least 7 yrs old)
PAXIL SUSP *(paroxetine hcl)*	NP	QL(40 ML daily)
PAXIL TABS 30 MG, 40 MG *(paroxetine hcl)*	NP	QL(2 EA daily); AL(At least 7 yrs old)
PAXIL TABS 10 MG *(paroxetine hcl)*	NP	QL(6 EA daily)
PAXIL TABS 20 MG *(paroxetine hcl)*	NP	QL(3 EA daily)
PROZAC CAPS 10 MG, 20 MG *(fluoxetine hcl)*	NP	QL(4 EA daily)
PROZAC CAPS 40 MG *(fluoxetine hcl)*	NP	QL(2 EA daily); AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
SERTRALINE HCL CAPS	NP	
sertraline hcl CONC	NP	QL(186 ML per 31 day(s) retail)
sertraline hcl TABS 100 MG	NC	QL(2 EA daily); AL(At least 7 yrs old)
sertraline hcl TABS 25 MG, 50 MG	NC	QL(4 EA daily)
sertraline hcl TABS 25 MG, 50 MG	P	QL(4 EA daily)
sertraline hcl TABS 100 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
ZOLOFT CONC *(sertraline hcl)*	NP	QL(186 ML per 31 day(s) retail)
ZOLOFT TABS 100 MG *(sertraline hcl)*	NP	QL(2 EA daily); AL(At least 7 yrs old)
ZOLOFT TABS 25 MG, 50 MG *(sertraline hcl)*	NP	QL(4 EA daily)
Serotonin Modulators		
nefazodone hcl	P	
RALDESY SOLN PO 10 MG/ML	NP	
TRAZODONE HCL POWD	NC	
trazodone hcl TABS 300 MG	P	QL(2 EA daily)
trazodone hcl TABS 50 MG, 100 MG, 150 MG	P	
TRINTELLIX	NP	QL(1 EA daily); AL(At least 18 yrs old)
VIIBRYD TABS *(vilazodone hcl)*	NP	QL(1 EA daily)
vilazodone hcl TABS	P	QL(1 EA daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(duloxetine hcl)*	NP	QL(1 EA daily); AL(At least 7 yrs old)
DESVENLAFAXINE ER	NP	
desvenlafaxine succinate 100 MG	P	QL(4 EA daily)
desvenlafaxine succinate 25 MG, 50 MG	P	QL(1 EA daily)
DRIZALMA SPRINKLE CSDR	NP	
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	NC	QL(1 EA daily); AL(At least 7 yrs old)
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
duloxetine hcl CPEP 40 MG	NP	
duloxetine hcl CPEP 40 MG	NC	
EFFEXOR XR CP24 150 MG *(venlafaxine hcl)*	NP	QL(2 EA daily)
EFFEXOR XR CP24 75 MG *(venlafaxine hcl)*	NP	QL(5 EA daily)
EFFEXOR XR CP24 37.5 MG *(venlafaxine hcl)*	NP	QL(4 EA daily)
FETZIMA TITRATION C4PK	NP	
FETZIMA CP24	NP	
PRISTIQ 100 MG *(desvenlafaxine succinate)*	NP	QL(4 EA daily)
PRISTIQ 25 MG, 50 MG *(desvenlafaxine succinate)*	NP	QL(1 EA daily)
VENLAFAXINE BESYLATE ER	NP	
venlafaxine hcl CP24 37.5 MG	P	QL(4 EA daily)
venlafaxine hcl CP24 150 MG	P	QL(2 EA daily)
venlafaxine hcl CP24 75 MG	P	QL(5 EA daily)
venlafaxine hcl TABS	P	
venlafaxine hcl TB24 150 MG	NC	QL(1 EA daily)
venlafaxine hcl TB24 150 MG	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	NC	QL(1 EA daily); AL(At least 7 yrs old)
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	NP	QL(1 EA daily); AL(At least 7 yrs old)
Tricyclic Agents		
amitriptyline hcl TABS	C	
amoxapine	C	
ANAFRANIL *(clomipramine hcl)*	NC	
clomipramine hcl 25 MG, 50 MG	NC	
clomipramine hcl 75 MG	C	
DESIPRAMINE HCL POWD	NC	
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	C	
desipramine hcl TABS 25 MG	C	QL(2 EA daily)
doxepin hcl CAPS	C	
doxepin hcl CONC	C	
IMIPRAMINE HCL POWD	NC	
imipramine hcl TABS	C	
imipramine pamoate	NC	
NORPRAMIN TABS 10 MG *(desipramine hcl)*	NC	
NORPRAMIN TABS 25 MG *(desipramine hcl)*	NC	QL(2 EA daily)
nortriptyline hcl CAPS	C	
NORTRIPTYLINE HCL POWD	NC	
nortriptyline hcl SOLN	C	QL(20 ML daily)
PAMELOR CAPS *(nortriptyline hcl)*	NC	
protriptyline hcl	NC	
trimipramine maleate CAPS	NC	
TRIMIPRAMINE MALEATE POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	
acarbose	NC	
miglitol	NP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ML per 31 day(s) retail; 11 ML per 31 days mail); ST
SYMLINPEN 60 SOPN	P	QL(6 ML per 31 day(s) retail; 6 ML per 31 days mail); ST
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(pioglitazone hcl-metformin hcl)*	NP	QL(2 EA daily)
alogliptin-metformin hcl	NP	QL(2 EA daily)
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	QL(1 EA daily)
dapagliflozin propanediol-metformin hcl	NP	Brand Preferred
DUETACT *(pioglitazone hcl-glimepiride)*	NP	
glipizide-metformin hcl	NP	
glyburide-metformin	P	
GLYXAMBI	NP	
INVOKAMET XR TB24	NP	
INVOKAMET TABS	P	ST
JANUMET XR TB24	NP	
JANUMET TABS	P	ST
JENTADUETO XR TB24	NP	
JENTADUETO TABS	P	ST
KAZANO *(alogliptin-metformin hcl)*	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
KOMBIGLYZE XR *(saxagliptin-metformin hcl)*	NC	QL(1 EA daily)
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG *(alogliptin-pioglitazone)*	NP	QL(1 EA daily)
pioglitazone hcl-glimepiride	NP	
pioglitazone hcl-metformin hcl TABS	NP	QL(2 EA daily)
QTERN	NP	
saxagliptin-metformin hcl	NP	QL(1 EA daily)
SEGLUROMET	NP	QL(2 EA daily)
SITAGLIPT BASE-METFORM HCL ER TB24	NP	
SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	
SOLIQUA	NP	QL(18 ML per 31 day(s) retail)
STEGLUJAN	NP	
SYNJARDY XR TB24	NP	
SYNJARDY TABS	NP	
TRIJARDY XR	NP	
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	P	Brand Preferred
XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG	P	Brand Preferred; ST
XULTOPHY	NP	
ZITUVIMET XR TB24	NP	
ZITUVIMET TABS	NP	
Biguanides		
GLUMETZA TB24 *(metformin hcl)*	NP	
metformin hcl SOLN	NP	
metformin hcl TABS 1000 MG	NC	QL(2 EA daily)
metformin hcl TABS 625 MG	NP	
metformin hcl TABS 500 MG	NC	QL(5 EA daily)
metformin hcl TABS 500 MG	P	QL(5 EA daily)
metformin hcl TABS 750 MG	P	
metformin hcl TABS 850 MG	P	QL(3 EA daily)
metformin hcl TABS 850 MG	NC	QL(3 EA daily)
metformin hcl TABS 1000 MG	P	QL(2 EA daily)
metformin hcl TB24 500 MG	P	QL(4 EA daily)
metformin hcl TB24 500 MG, 1000 MG	NP	
metformin hcl TB24 750 MG	P	QL(3 EA daily)
RIOMET SOLN *(metformin hcl)*	NP	
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI ONE PACK POWD	NC	
BAQSIMI TWO PACK POWD	NC	
BAQSIMI TWO PACK POWD	P	
diazoxide	NP	
glucagon (rdna)	P	QL(4 EA per 365 day(s) retail)
GLUCAGON EMERGENCY	NP	
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	NP	
GVOKE PFS SOSY 1 MG/0.2ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
PROGLYCEM *(diazoxide)*	P	
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	NP	QL(1 EA daily)
JANUVIA	P	ST
NESINA *(alogliptin benzoate)*	NP	QL(1 EA daily)
ONGLYZA *(saxagliptin hcl)*	NC	QL(1 EA daily)
saxagliptin hcl	NP	QL(1 EA daily)
SITAGLIPTIN	NP	
TRADJENTA	P	ST
ZITUVIO	NP	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NC	
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	NP	QL(3.4 ML per 28 day(s) retail)
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML *(exenatide)*	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML *(exenatide)*	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
exenatide SOPN 10 MCG/0.04ML	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
exenatide SOPN 5 MCG/0.02ML	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
liraglutide	NP	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old)
liraglutide	NP	QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old)
MOUNJARO	NP	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	PA
OZEMPIC (2 MG/DOSE) SOPN	PA	PA
RYBELSUS TABS	NP	
TRULICITY	PA	QL(2 ML per 28 day(s) retail); PA
VICTOZA *(liraglutide)*	PA	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old); PA
Insulin		
ADMELOG SOLOSTAR SOPN	NP	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
ADMELOG SOLN IJ	NP	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
AFREZZA POWD	NP	
APIDRA SOLOSTAR SOPN	P	
APIDRA SOLN	NP	
BASAGLAR KWIKPEN SOPN	NP	Brand Preferred
FIASP FLEXTOUCH SOPN	NP	
FIASP PENFILL SOCT	NP	
FIASP PUMPCART SOCT	NC	
FIASP SOLN	NP	
HUMALOG JUNIOR KWIKPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	USE BRAND NAME or Authorized Generic
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
HUMALOG MIX 50/50 KWIKPEN SUPN	P	USE BRAND NAME or Authorized Generic
HUMALOG MIX 75/25 KWIKPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG MIX 75/25 SUSP	P	USE BRAND NAME or Authorized Generic
HUMALOG TEMPO PEN SOPN	P	USE BRAND NAME or Authorized Generic
HUMALOG SOCT	P	USE BRAND NAME or Authorized Generic
HUMALOG SOLN IJ	NC	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
HUMALOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
HUMULIN 70/30 KWIKPEN SUPN	P	QL(1 ML daily)
HUMULIN 70/30 SUSP	P	Limit 40mls per month
HUMULIN N KWIKPEN SUPN	P	QL(1 ML daily)
HUMULIN N SUSP	P	Limit 40mls per month
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	
HUMULIN R U-500 KWIKPEN SOPN SC	P	
HUMULIN R SOLN IJ	NC	Limit 40mls per month
HUMULIN R SOLN IJ	P	Limit 40mls per month
INSULIN ASP PROT & ASP FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN ASPART FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART PENFILL SOCT	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN ASPART PROT & ASPART SUSP	P	Brand Preferred; QL(40 ML per 31 day(s) retail)
INSULIN ASPART SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	Brand Preferred; QL(1.5 ML daily)
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	NP	Brand Preferred; QL(0.9 ML daily)
INSULIN DEGLUDEC SOLN	NP	Brand Preferred; QL(1.5 ML daily)
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	NC	Brand Preferred
INSULIN GLARGINE SOLN	NC	Brand Preferred
INSULIN GLARGINE-YFGN SOLN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN GLARGINE-YFGN SOLN	NC	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN GLARGINE-YFGN SOPN	NC	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN GLARGINE-YFGN SOPN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN LISPRO PROT & LISPRO SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
INSULIN LISPRO SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
LANTUS SOLOSTAR SOPN	P	Brand Preferred
LANTUS SOLN	P	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
LEVEMIR FLEXPEN SOPN	P	
LEVEMIR SOLN	P	
LYUMJEV KWIKPEN SOPN	NP	
LYUMJEV TEMPO PEN SOPN	NP	
LYUMJEV SOLN	NP	
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	
MERILOG SOLN SC 100 UNIT/ML	NP	
MYXREDLIN	NC	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ML daily)
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ML daily)
NOVOLIN 70/30 RELION SUSP	NP	
NOVOLIN 70/30 SUSP	NP	Limit 40mls per month
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ML daily)
NOVOLIN N FLEXPEN SUPN	NP	QL(1 ML daily)
NOVOLIN N RELION SUSP	NP	
NOVOLIN N SUSP	NP	Limit 40mls per month
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
NOVOLIN R FLEXPEN SOPN IJ	NP	
NOVOLIN R RELION SOLN IJ	NP	
NOVOLIN R SOLN IJ	NP	Limit 40mls per month
NOVOLOG 70/30 FLEXPEN RELION SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG FLEXPEN RELION SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG MIX 70/30 FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG MIX 70/30 RELION SUSP	P	USE BRAND NAME or Authorized Generic
NOVOLOG MIX 70/30 SUSP	P	USE BRAND NAME or Authorized Generic
NOVOLOG PENFILL SOCT	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG RELION SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
REZVOGLAR KWIKPEN	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
SEMGLEE (YFGN) SOLN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
SEMGLEE (YFGN) SOLN	NC	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
SEMGLEE (YFGN) SOPN	NC	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
SEMGLEE (YFGN) SOPN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
TOUJEO MAX SOLOSTAR SOPN	NP	
TOUJEO SOLOSTAR SOPN	NP	
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	P	Brand Preferred; QL(1.5 ML daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	P	Brand Preferred; QL(0.9 ML daily)
TRESIBA SOLN	P	Brand Preferred; QL(1.5 ML daily)
Insulin Sensitizing Agents		
ACTOS *(pioglitazone hcl)*	NP	QL(1 EA daily)
pioglitazone hcl	P	QL(1 EA daily)
Meglitinide Analogues		
nateglinide	P	QL(3 EA daily)
repaglinide	NP	

Drug Name	Drug Tier	Requirements/ Limits
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol 10 MG	NP	ST
dapagliflozin propanediol 5 MG	NP	Brand Preferred; ST
FARXIGA *(dapagliflozin propanediol)*	P	Brand Preferred; ST
INVOKANA	P	ST
JARDIANCE	P	ST
STEGLATRO	NP	QL(1 EA daily)
Sulfonylureas		
glimepiride 3 MG	P	
glimepiride 4 MG	NC	QL(2 EA daily)
glimepiride 1 MG, 2 MG	P	QL(4 EA daily)
glimepiride 4 MG	P	QL(2 EA daily)
GLIPIZIDE POWD	NC	
glipizide TABS	P	
glipizide TB24	P	
GLUCOTROL XL TB24 5 MG, 10 MG *(glipizide)*	NP	
GLUCOTROL XL TB24 2.5 MG *(glipizide)*	NC	
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	
GLYBURIDE POWD	NC	
glyburide TABS	P	
GLYNASE *(glyburide micronized)*	NC	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	NC	
Antidiarrheal/Probiotic Agents - Misc.		
BISMUTH SUBGALLATE POWD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
bismuth subsalicylate CHEW 262 MG	C	
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	C	
PEPTO-BISMOL MAX STRENGTH SUSP *(bismuth subsalicylate)*	NC	
PEPTO-BISMOL TO-GO CHEW *(bismuth subsalicylate)*	NC	
PEPTO-BISMOL CHEW *(bismuth subsalicylate)*	NC	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	C	
diphenoxylate w/ atropine TABS	C	
IMODIUM A-D CAPS *(loperamide hcl)*	NC	QL(8 EA daily); RX/OTC
IMODIUM A-D TABS *(loperamide hcl)*	NC	QL(8 EA daily)
LOMOTIL TABS *(diphenoxylate w/ atropine)*	NC	
loperamide hcl CAPS	C	QL(8 EA daily); RX/OTC
LOPERAMIDE HCL POWD	NC	
loperamide hcl TABS	C	QL(8 EA daily)
MOTOFEN	NC	
opium tincture	NC	
Gastrointestinal Adsorbents		
KAOLIN	NC	RX/OTC
PECTIN	NC	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidote Combinations		
PREVDUO	NC	
Antidotes - Chelating Agents		
CHEMET	C	

Drug Name	Drug Tier	Requirements/ Limits
deferasirox PACK	C	SP; PA
deferasirox TABS	C	SP; PA
deferasirox TBSO	C	SP; PA
deferiprone TABS	NC	SP
EXJADE TBSO *(deferasirox)*	NC	SP; PA
JADENU SPRINKLE PACK *(deferasirox)*	NC	SP; PA
JADENU TABS *(deferasirox)*	NC	SP; PA
Antidotes and Specific Antagonists		
acetylcysteine (antidote) SOLN	NC	
CHARCOAL ACTIVATED POWD	NC	RX/OTC
EDETATE CALCIUM DISODIUM POWD	NC	
EDETATE CALCIUM DISODIUM SOLN	NC	
fomepizole 1.5 GM/1.5ML	NC	
methylene blue (antidote) SOLN IV	NC	
PRAXBIND	NC	
PROTOPAM CHLORIDE SOLR	NC	
SUGAMMADEX SODIUM SOSY	NC	
Benzodiazepine Antagonists		
flumazenil	NC	
Opioid Antagonists		
KLOXXADO LIQD	NP	
NALMEFENE HCL IJ	NC	
naloxone hcl LIQD	NP	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
naloxone hcl LIQD	NC	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
naloxone hcl LIQD	NP	QL(4 EA per 90 day(s) retail); RX/OTC
naloxone hcl SOCT	P	QL(2 ML per 90 day(s) retail)
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	P	QL(2 ML per 90 day(s) retail)
naloxone hcl SOSY 2 MG/2ML	P	QL(4 ML per 90 day(s) retail)
naloxone hcl SOSY 0.4 MG/ML	P	
naltrexone hcl	C	
NARCAN LIQD *(naloxone hcl)*	P	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	P	QL(1 EA per 30 day(s) retail); SP
ZIMHI SOSY	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NC	
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML	NC	
granisetron hcl TABS	NP	
ondansetron hcl SOLN PO 4 MG/5ML	P	QL(50 ML per 31 day(s) retail)
ondansetron hcl SOLN IJ	C	
ondansetron hcl SOSY	C	
ondansetron hcl TABS 4 MG, 8 MG	P	QL(20 EA per 31 day(s) retail)
ondansetron TBDP 16 MG	P	
ondansetron TBDP 4 MG, 8 MG	P	QL(20 EA per 31 day(s) retail)
palonosetron hcl SOLN	NC	
palonosetron hcl SOSY	NC	
POSFREA SOLN	NC	
SANCUSO PTCH	NP	
SUSTOL PRSY	NC	
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(meclizine hcl)*	NP	RX/OTC
ANTIVERT TABS 50 MG *(meclizine hcl)*	NP	
DIMENHYDRINATE SOLN	NC	
meclizine hcl CHEW	NC	RX/OTC
MECLIZINE HCL POWD	NC	
meclizine hcl TABS 12.5 MG, 25 MG	NC	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	NP	RX/OTC
scopolamine	NP	Brand Preferred
TIGAN SOLN	NC	
TRANSDERM-SCOP *(scopolamine)*	P	Brand Preferred
trimethobenzamide hcl CAPS	NP	
Antiemetics - Antidopaminergic		
BARHEMSYS	NC	
Antiemetics - Miscellaneous		
AKYNZEO	NP	
AKYNZEO (READY-TO-USE) SOLN	NC	
AKYNZEO (TO-BE-DILUTED) SOLN	NC	
AKYNZEO SOLR	NC	
BONJESTA TBCR	NP	
DICLEGIS TBEC *(doxylamine-pyridoxine)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
doxylamine-pyridoxine TBEC	NP	
dronabinol CAPS	NP	
MARINOL CAPS 2.5 MG *(dronabinol)*	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NC	
aprepitant CAPS	P	
aprepitant MISC	P	
EMEND BIPACK CAPS 80 MG *(aprepitant)*	NP	
EMEND TRIPACK CAPS *(aprepitant)*	NP	
EMEND SUSR	NP	
FOCINVEZ SOLN	NC	
fosaprepitant dimeglumine SOLR	NC	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
caspofungin acetate	NC	
CASPOFUNGIN ACETATE	NC	
ERAXIS	NC	
micafungin sodium	NC	
MICAFUNGIN SODIUM	NC	
MICAFUNGIN SODIUM-NACL	NC	
REZZAYO	NC	
Antifungals		
ABELCET	NC	
amphotericin b IV	NC	
amphotericin b liposome	NC	
flucytosine	NC	
griseofulvin microsize SUSP	P	
griseofulvin microsize TABS	NP	
griseofulvin ultramicrosize	P	
nystatin TABS	P	QL(6 EA daily)
terbinafine hcl TABS	P	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
CRESEMBA SOLR	NC	
DIFLUCAN SUSR 40 MG/ML *(fluconazole)*	NP	QL(70 ML per fill retail)
DIFLUCAN TABS 100 MG, 200 MG *(fluconazole)*	NP	
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	NC	
fluconazole SUSR	P	QL(70 ML per fill retail)
fluconazole TABS 50 MG	P	QL(3 EA per 14 day(s) retail)
fluconazole TABS 100 MG, 200 MG	P	
fluconazole TABS 150 MG	P	QL(2 EA per fill retail)
itraconazole CAPS	NP	QL(1 EA daily)
itraconazole SOLN	NP	
ketoconazole	NP	
MICONAZOLE	NC	
NOXAFIL PACK	NC	
posaconazole SOLN	NC	
posaconazole SUSP	NC	
posaconazole TBEC	NC	
SPORANOX CAPS *(itraconazole)*	NP	QL(1 EA daily)
SPORANOX SOLN *(itraconazole)*	NP	
TOLSURA CAPS	NC	
VFEND SUSR *(voriconazole)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
VFEND TABS *(voriconazole)*	NP	
VIVJOA	NC	
voriconazole SOLR	NC	
VORICONAZOLE SOLR	NC	
voriconazole SUSR	NP	
voriconazole TABS	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
BROMPHENIRAMINE MALEATE POWD	NC	
CHLORPHENIRAMINE MALEATE POWD	NC	
chlorpheniramine maleate SYRP	C	
CHLOR-TRIMETON SYRP *(chlorpheniramine maleate)*	NC	
dexchlorpheniramine maleate SOLN	C	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY ULTRATABS TABS *(diphenhydramine hcl)*	NC	QL(4 EA daily)
BENADRYL ALLERGY CAPS *(diphenhydramine hcl)*	NC	QL(4 EA daily)
BENADRYL ALLERGY TABS *(diphenhydramine hcl)*	NC	QL(4 EA daily)
carbinoxamine maleate SOLN	NC	
carbinoxamine maleate SUER	NC	
carbinoxamine maleate TABS 4 MG	NC	
CARBINOXAMINE MALEATE TABS	NC	
CLEMASTINE FUMARATE POWD	NC	
clemastine fumarate SYRP	NC	
clemastine fumarate TABS 2.68 MG	NC	
CVS ALLERGY RELIEF CHEW 25 MG	NC	
diphenhydramine hcl CAPS	C	QL(4 EA daily)
diphenhydramine hcl CHEW	NC	
diphenhydramine hcl ELIX 12.5 MG/5ML	C	QL(240 ML per fill retail)
DIPHENHYDRAMINE HCL POWD	NC	
diphenhydramine hcl SOLN 50 MG/ML	NC	
diphenhydramine hcl TABS 25 MG	C	QL(4 EA daily)
DOXYLAMINE SUCCINATE POWD	NC	RX/OTC
RYVENT TABS	NC	
Antihistamines - Ethylenediamines		
PEDIACLEAR 8 CHILDRENS LIQD	NC	
PYRILAMINE MALEATE CRYS	NC	
PYRILAMINE MALEATE POWD	NC	
TRIPELENNAMINE HCL	NC	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG *(fexofenadine hcl)*	NC	QL(1 EA daily)
ALLEGRA ALLERGY TABS 60 MG *(fexofenadine hcl)*	NC	QL(2 EA daily)
cetirizine hcl CHEW	C	QL(1 EA daily)
cetirizine hcl SOLN PO	P	QL(300 ML per fill retail); AL(Up to 12 yrs old); RX/OTC
cetirizine hcl TABS	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
CLARINEX TABS *(desloratadine)*	NP	
CLARITIN CAPS *(loratadine)*	NC	
desloratadine TABS	NP	
desloratadine TBDP	NP	AL(Up to 12 yrs old)
fexofenadine hcl TABS 180 MG	C	QL(1 EA daily)
fexofenadine hcl TABS 60 MG	C	QL(2 EA daily)
levocetirizine dihydrochloride SOLN	NP	AL(Up to 12 yrs old); RX/OTC
levocetirizine dihydrochloride TABS	P	QL(1 EA daily); RX/OTC
levocetirizine dihydrochloride TABS	NC	QL(1 EA daily); RX/OTC
loratadine CAPS	NC	
loratadine CHEW	P	
loratadine TABS	NC	QL(1 EA daily)
loratadine TABS	P	QL(1 EA daily)
loratadine TBDP 10 MG	P	QL(1 EA daily); AL(Up to 12 yrs old)
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG *(cetirizine hcl)*	NC	QL(1 EA daily)
ZYRTEC CHEW 10 MG *(cetirizine hcl)*	NC	QL(1 EA daily)
Antihistamines - Phenothiazines		
promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	NC	
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	P	QL(240 ML per fill retail); AL(At least 2 yrs old)
promethazine hcl SOLN PO 6.25 MG/5ML	NC	QL(240 ML per fill retail); AL(At least 2 yrs old)
promethazine hcl SUPP	P	QL(12 EA per fill retail); AL(At least 2 yrs old)
PROMETHAZINE HCL SYRP 6.25 MG/5ML	NC	
promethazine hcl TABS	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	C	
cyproheptadine hcl TABS	C	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	NC	
Angiopoietin-like Protein Inhibitors		
EVKEEZA	NC	SP
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	NP	QL(1 EA daily)
NEXLIZET	NC	
VYTORIN *(ezetimibe-simvastatin)*	NP	QL(1 EA daily)
Antihyperlipidemics - Misc.		
icosapent ethyl	P	
omega-3-acid ethyl esters	NC	
omega-3-acid ethyl esters	P	
Bile Acid Sequestrants		
cholestyramine light PACK	NP	
cholestyramine light PACK	P	
cholestyramine light POWD	P	
cholestyramine light POWD	NP	
cholestyramine PACK	P	
cholestyramine POWD	NC	
cholestyramine POWD	P	
colesevelam hcl PACK	NP	
colesevelam hcl PACK	NC	
colesevelam hcl TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
colesevelam hcl TABS	NC	
COLESTID GRAN *(colestipol hcl)*	NP	
COLESTID TABS *(colestipol hcl)*	NP	
colestipol hcl GRAN	P	
colestipol hcl PACK	P	
colestipol hcl TABS	P	
QUESTRAN LIGHT POWD *(cholestyramine light)*	NP	
QUESTRAN PACK *(cholestyramine)*	NP	
QUESTRAN POWD *(cholestyramine)*	NP	
WELCHOL PACK *(colesevelam hcl)*	NP	
WELCHOL TABS *(colesevelam hcl)*	NP	
Fibric Acid Derivatives		
choline fenofibrate	NP	
fenofibrate micronized 43 MG, 90 MG, 130 MG	NP	
fenofibrate micronized 67 MG	NP	QL(2 EA daily)
fenofibrate micronized 134 MG, 200 MG	NP	QL(1 EA daily)
fenofibrate CAPS	NP	
fenofibrate TABS 48 MG, 145 MG	P	
fenofibrate TABS 40 MG, 120 MG	NP	
fenofibrate TABS 160 MG	NP	QL(1 EA daily)
fenofibrate TABS 54 MG	NP	QL(3 EA daily)
fenofibric acid	NP	
FENOGLIDE TABS *(fenofibrate)*	NP	
FIBRICOR *(fenofibric acid)*	NP	
GEMFIBROZIL POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits
gemfibrozil TABS	NC	QL(2 EA daily)
gemfibrozil TABS	P	QL(2 EA daily)
LIPOFEN CAPS *(fenofibrate)*	NP	
LOPID TABS *(gemfibrozil)*	NP	QL(2 EA daily)
TRICOR TABS *(fenofibrate)*	NP	
TRILIPIX *(choline fenofibrate)*	NP	
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
ATORVALIQ SUSP	NP	
atorvastatin calcium TABS	NC	QL(1 EA daily)
atorvastatin calcium TABS	P	QL(1 EA daily)
CRESTOR TABS *(rosuvastatin calcium)*	NP	QL(1 EA daily)
EZALLOR SPRINKLE CPSP	NP	
FLOLIPID SUSP	NP	
fluvastatin sodium CAPS	P	
fluvastatin sodium TB24	NP	
LESCOL XL TB24 *(fluvastatin sodium)*	NP	
LIPITOR TABS *(atorvastatin calcium)*	NC	QL(1 EA daily)
LIPITOR TABS *(atorvastatin calcium)*	NP	QL(1 EA daily)
LIVALO *(pitavastatin calcium)*	NP	
lovastatin TABS 10 MG, 20 MG	P	QL(1 EA daily)
lovastatin TABS 40 MG	P	QL(2 EA daily)
pitavastatin calcium	NP	
pravastatin sodium	P	QL(1 EA daily)
rosuvastatin calcium TABS	P	QL(1 EA daily)
simvastatin TABS 80 MG	P	
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	NC	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	P	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG *(simvastatin)*	NP	QL(1 EA daily)
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	
ZETIA *(ezetimibe)*	NP	
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(quinapril hcl)*	NP	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(ramipril)*	NP	QL(2 EA daily)
benazepril hcl 40 MG	P	QL(2 EA daily)
benazepril hcl 5 MG, 10 MG, 20 MG	P	QL(1 EA daily)
captopril	NC	QL(3 EA daily)
captopril	P	QL(3 EA daily)
enalapril maleate SOLN	NP	
enalapril maleate TABS	P	QL(2 EA daily)
enalapril maleate TABS	NC	QL(2 EA daily)
enalaprilat SOLN	NC	
EPANED SOLN *(enalapril maleate)*	NP	
fosinopril sodium	NP	QL(1 EA daily)
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	
LOTENSIN 40 MG *(benazepril hcl)*	NP	QL(2 EA daily)
LOTENSIN 10 MG, 20 MG *(benazepril hcl)*	NP	QL(1 EA daily)
moexipril hcl	NP	

Drug Name	Drug Tier	Requirements/ Limits
perindopril erbumine	NP	
QBRELIS SOLN	NP	
quinapril hcl	NP	
ramipril CAPS	NP	QL(2 EA daily)
trandolapril 1 MG, 2 MG	NP	QL(1 EA daily)
trandolapril 4 MG	NP	QL(2 EA daily)
VASOTEC TABS *(enalapril maleate)*	NP	QL(2 EA daily)
ZESTRIL TABS *(lisinopril)*	NP	
Agents for Pheochromocytoma		
phenoxybenzamine hcl	NC	
phentolamine mesylate SOLR	NC	
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	NC	
ATACAND *(candesartan cilexetil)*	NP	
AVAPRO 150 MG, 300 MG *(irbesartan)*	NP	QL(1 EA daily)
BENICAR *(olmesartan medoxomil)*	NP	QL(1 EA daily)
candesartan cilexetil	NP	
COZAAR *(losartan potassium)*	NP	QL(1 EA daily)
DIOVAN TABS *(valsartan)*	NP	QL(1 EA daily)
EDARBI	NP	
irbesartan	P	QL(1 EA daily)
irbesartan	NC	QL(1 EA daily)
losartan potassium	P	QL(1 EA daily)
MICARDIS *(telmisartan)*	NP	
olmesartan medoxomil	P	QL(1 EA daily)
olmesartan medoxomil	NC	QL(1 EA daily)
telmisartan	P	
valsartan SOLN	NP	
valsartan TABS	NC	QL(1 EA daily)
valsartan TABS	P	QL(1 EA daily)
Antiadrenergic Antihypertensives		

Drug Name	Drug Tier	Requirements/ Limits
CARDURA *(doxazosin mesylate)*	NP	
CLONIDINE HCL POWD	NC	
clonidine hcl TABS	P	
clonidine PTWK	P	
clonidine TB24	NP	
doxazosin mesylate	P	
guanfacine hcl	P	
methyldopa TABS	P	
methyldopa TABS 500 MG	C	
MINIPRESS CAPS *(prazosin hcl)*	NC	
NEXICLON XR TB24 *(clonidine)*	NP	
prazosin hcl CAPS	C	
PRAZOSIN HCL POWD	NC	
RESERPINE POWD	NC	
terazosin hcl	P	
TEZRULY PO 1 MG/ML	NP	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-20 MG *(quinapril-hydrochlorothiazide)*	NP	QL(4 EA daily)
ACCURETIC 12.5 MG-10 MG *(quinapril-hydrochlorothiazide)*	NP	QL(3 EA daily)
amlodipine besylate-benazepril hcl	P	QL(1 EA daily)
amlodipine besylate-olmesartan medoxomil	NC	
amlodipine besylate-olmesartan medoxomil	NP	ST
amlodipine besylate-valsartan	P	
amlodipine-valsartan-hydrochlorothiazide	P	
ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
atenolol & chlorthalidone	P	QL(2 EA daily)
AVALIDE *(irbesartan-hydrochlorothiazide)*	NP	QL(1 EA daily)
AZOR *(amlodipine besylate-olmesartan medoxomil)*	NP	ST
benazepril & hydrochlorothiazide	P	QL(1 EA daily)
BENICAR HCT *(olmesartan medoxomil-hydrochlorothiazide)*	NP	QL(1 EA daily)
bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	P	QL(1 EA daily)
bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	P	
candesartan cilexetil-hydrochlorothiazide	NP	
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG	NP	QL(2 EA daily)
captopril & hydrochlorothiazide 25 MG-50 MG	NP	QL(3 EA daily)
DIOVAN HCT *(valsartan-hydrochlorothiazide)*	NP	QL(1 EA daily)
EDARBYCLOR	NP	
enalapril maleate & hydrochlorothiazide	P	QL(2 EA daily)
EXFORGE *(amlodipine besylate-valsartan)*	NP	
EXFORGE HCT *(amlodipine-valsartan-hydrochlorothiazide)*	NP	
fosinopril sodium & hydrochlorothiazide	NP	QL(1 EA daily)
HYZAAR *(losartan potassium & hydrochlorothiazide)*	NP	QL(1 EA daily)
irbesartan-hydrochlorothiazide	NC	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
irbesartan-hydrochlorothiazide	P	QL(1 EA daily)
lisinopril & hydrochlorothiazide	P	
lisinopril & hydrochlorothiazide	NC	
losartan potassium & hydrochlorothiazide	NC	QL(1 EA daily)
losartan potassium & hydrochlorothiazide	P	QL(1 EA daily)
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)*	NP	QL(1 EA daily)
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(amlodipine besylate-benazepril hcl)*	NP	QL(1 EA daily)
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG	NP	QL(2 EA daily)
metoprolol & hydrochlorothiazide TABS 50 MG-100 MG	NP	QL(1 EA daily)
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	NP	QL(1 EA daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	ST
olmesartan medoxomil-hydrochlorothiazide	NP	QL(1 EA daily)
olmesartan medoxomil-hydrochlorothiazide	P	QL(1 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG	NP	QL(3 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-20 MG	NP	QL(4 EA daily)
quinapril-hydrochlorothiazide 25 MG-20 MG	NP	QL(2 EA daily)
TEKTURNA HCT	NC	ST
telmisartan-amlodipine	NP	ST
telmisartan-hydrochlorothiazide	P	QL(1 EA daily)
TENORETIC 100 *(atenolol & chlorthalidone)*	NP	QL(2 EA daily)
TENORETIC 50 *(atenolol & chlorthalidone)*	NP	QL(2 EA daily)
trandolapril-verapamil hcl	P	
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NP	ST
valsartan-hydrochlorothiazide	P	QL(1 EA daily)
VASERETIC 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)*	NP	QL(2 EA daily)
ZESTORETIC *(lisinopril & hydrochlorothiazide)*	NP	
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG *(bisoprolol & hydrochlorothiazide)*	NC	QL(1 EA daily)
Direct Renin Inhibitors		
aliskiren fumarate	NP	Brand Preferred; ST
TEKTURNA *(aliskiren fumarate)*	P	Brand Preferred; ST
Endothelin Receptor Antagonists		
TRYVIO	NC	
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	NC	
Vasodilators		
hydralazine hcl SOLN	NC	
hydralazine hcl TABS	C	
minoxidil 2.5 MG	C	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
minoxidil 10 MG	C	QL(10 EA daily)
nitroprusside sodium	NC	
nitroprusside sodium-sodium chloride	NC	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
LIKMEZ SUSP	NP	
metronidazole CAPS	P	
metronidazole SOLN	NC	
metronidazole TABS	P	
pentamidine isethionate IJ	NC	
tinidazole	NP	ST
tinidazole 500 MG	NC	ST
TRIMETHOPRIM POWD	NC	
trimethoprim TABS	C	
XIFAXAN	NP	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)*	NC	
BACTRIM TABS *(sulfamethoxazole-trimethoprim)*	NC	
methenamine-hyoscamine-methylene blue-sodium phosphate TABS	NC	
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal	NC	
methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS	NC	
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG	NC	
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG	C	
sulfamethoxazole-trimethoprim SOLN	NC	
sulfamethoxazole-trimethoprim SUSP	C	
sulfamethoxazole-trimethoprim TABS	C	
URETRON D/S TABS 81.6 MG	C	
URIBEL	NC	
Antiprotozoal Agents		
atovaquone	NC	
LAMPIT	NC	
nitazoxanide TABS	NP	ST
Carbapenems		
imipenem-cilastatin IV	NC	
meropenem	NC	
MEROPENEM	NC	
MEROPENEM-SODIUM CHLORIDE	NC	
RECARBRIO	NC	
Chloramphenicols		
chloramphenicol sodium succinate	NC	
Cyclic Lipopeptides		
CUBICIN RF *(daptomycin)*	NC	
daptomycin	NC	
DAPTOMYCIN	NC	
DAPTOMYCIN-SODIUM CHLORIDE	NC	
Glycopeptides		
DALVANCE	NC	
FIRVANQ SOLR PO *(vancomycin hcl)*	NP	QL(300 ML per fill retail; 300 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
FIRVANQ SOLR PO 50 MG/ML *(vancomycin hcl)*	NC	QL(300 ML per fill retail; 300 per fill mail)
KIMYRSA	NC	
ORBACTIV	NC	
VANCOCIN CAPS 125 MG *(vancomycin hcl)*	NP	QL(4 EA daily)
VANCOCIN CAPS 250 MG *(vancomycin hcl)*	NP	QL(8 EA daily)
VANCOMYCIN HCL IN DEXTROSE 1 GM/200ML-5 %, 1.25 GM/250ML-5 %, 1.5 GM/300ML-5 %, 500 MG/100ML-5 %, 750 MG/150ML-5 %	NC	
VANCOMYCIN HCL IN NACL SOLN 1 GM/200ML-0.9 %, 500 MG/100ML-0.9 %, 750 MG/150ML-0.9 %	NC	
vancomycin hcl CAPS 250 MG	P	QL(8 EA daily)
vancomycin hcl CAPS 125 MG	P	QL(4 EA daily)
vancomycin hcl CAPS 125 MG	NC	QL(4 EA daily)
VANCOMYCIN HCL SOLN IV	NC	
vancomycin hcl SOLR IV 1 GM	C	QL(14 EA per fill retail)
vancomycin hcl SOLR IV 1.25 GM, 1.5 GM, 5 GM, 10 GM, 750 MG	NC	
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ML per fill retail; 300 per fill mail)
vancomycin hcl SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)
VANCOMYCIN HCL SOLR IV 1.25 GM, 1.5 GM, 1.75 GM, 2 GM, 5 GM, 10 GM, 750 MG	NC	
VANCOMYCIN HCL SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)
VANCOMYCIN HCL SOLR IV 1 GM	C	QL(14 EA per fill retail)
VIBATIV 750 MG	NC	
Leprostatics		
dapsone	C	
Lincosamides		
CLEOCIN *(clindamycin hcl)*	NC	
CLEOCIN *(clindamycin palmitate hydrochloride)*	NC	QL(300 ML per fill retail)
CLEOCIN PHOSPHATE SOLN IJ	NC	
clindamycin hcl 150 MG, 300 MG	C	
clindamycin hcl 75 MG	NC	
clindamycin palmitate hydrochloride	C	QL(300 ML per fill retail)
clindamycin phosphate in d5w	NC	
clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML	NC	
lincomycin hcl	NC	
Monobactams		
aztreonam	NC	
CAYSTON	NP	SP
EMBLAVEO SOLR IV	NC	
Oxazolidinones		
LINEZOLID IN SODIUM CHLORIDE	NC	
linezolid SOLN	NC	
linezolid SUSR	NC	
linezolid TABS	NC	
SIVEXTRO SOLR	NC	
SIVEXTRO TABS	C	QL(6 EA per fill retail); PA
ZYVOX SOLN	NC	

Drug Name	Drug Tier	Requirements/ Limits
Polymyxins		
colistimethate sodium	NC	
POLYMYXIN B SULFATE POWD	NC	
polymyxin b sulfate SOLR	NC	
Urinary Anti-infectives		
fosfomycin tromethamine	NC	
MACROBID *(nitrofurantoin monohyd macro)*	NC	
MACRODANTIN *(nitrofurantoin macrocrystal)*	NC	
methenamine hippurate	NC	
methenamine mandelate	C	
MONUROL *(fosfomycin tromethamine)*	NC	
NALIDIXIC ACID	NC	
nitrofurantoin	C	QL(40 ML daily)
NITROFURANTOIN	NC	QL(40 ML daily)
nitrofurantoin macrocrystal 25 MG	NC	
nitrofurantoin macrocrystal 50 MG, 100 MG	C	
nitrofurantoin monohyd macro	C	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	NC	
COARTEM	C	QL(24 EA per fill retail)
Antimalarials		
ARTESUNATE	NC	
CHLOROQUINE PHOSPHATE POWD	NC	
chloroquine phosphate TABS 250 MG	C	
chloroquine phosphate TABS 500 MG	C	QL(1 EA daily)
hydroxychloroquine sulfate 300 MG, 400 MG	NC	
hydroxychloroquine sulfate 100 MG, 200 MG	C	
KRINTAFEL	C	QL(0.67 EA daily)
mefloquine hcl	C	
MEPACRINE	NC	
PLAQUENIL *(hydroxychloroquine sulfate)*	NC	
primaquine phosphate TABS	C	
PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)*	NC	
QUALAQUIN CAPS *(quinine sulfate)*	NC	
QUINACRINE HCL	NC	
QUININE SULFATE DIHYDRATE POWD	NC	
quinine sulfate CAPS 324 MG	NC	
QUININE SULFATE POWD	NC	
SOVUNA 300 MG	NC	
SOVUNA 200 MG	C	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOLN IV *(neostigmine methylsulfate)*	NC	
MESTINON TABS *(pyridostigmine bromide)*	NC	
MESTINON TBCR *(pyridostigmine bromide)*	NC	

Drug Name	Drug Tier	Requirements/ Limits
NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML	NC	
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	NC	
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	NC	
neostigmine methylsulfate SOSY	NC	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML, 5 MG/5ML	NC	
pyridostigmine bromide SOLN PO	NC	
pyridostigmine bromide TABS 60 MG	C	
pyridostigmine bromide TABS 30 MG	NC	
pyridostigmine bromide TBCR	C	
REGONOL SOLN IV	NC	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
AMINOSALICYLIC ACID-4 POWD	NC	
cycloserine	NC	
ETHAMBUTOL HCL POWD	NC	
ethambutol hcl TABS	C	
ISONIAZID POWD	NC	
isoniazid SOLN	NC	
isoniazid SYRP	C	
isoniazid TABS	C	
MYAMBUTOL TABS 400 MG *(ethambutol hcl)*	NC	
MYCOBUTIN *(rifabutin)*	NC	
PRETOMANID	NC	
PRIFTIN	NC	
pyrazinamide	C	
rifabutin	C	
rifampin CAPS	C	
rifampin SOLR	NC	
SIRTURO	NC	
TRECATOR	C	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BICNU *(carmustine)*	NC	
busulfan SOLN	NC	
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	NC	SP
carmustine	NC	
CARMUSTINE	NC	
cyclophosphamide CAPS	NC	
CYCLOPHOSPHAMIDE SOLN	NC	SP
cyclophosphamide SOLR IJ	NC	SP
CYCLOPHOSPHAMIDE TABS	NC	
FRINDOVYX SOLN	NC	SP
GLEOSTINE 10 MG, 40 MG, 100 MG	NC	
GLIADEL WAFER	NC	
IFEX SOLR	NC	
ifosfamide SOLN	NC	
ifosfamide SOLR	NC	
IFOSFAMIDE SOLR	NC	
LEUKERAN	C	
MYLERAN TABS	C	
oxaliplatin SOLN	NC	
oxaliplatin SOLR	NC	

Drug Name	Drug Tier	Requirements/ Limits
ZANOSAR	NC	
ZEPZELCA	NC	SP
Antimetabolites		
clofarabine	NC	
CLOLAR *(clofarabine)*	NC	
fluorouracil	NC	
gemcitabine hcl SOLN	NC	
gemcitabine hcl SOLR	NC	
INFUGEM	NC	
JYLAMVO SOLN PO	NP	SP
mercaptopurine SUSP 2000 MG/100ML	C	
mercaptopurine TABS	C	
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	P	
methotrexate sodium SOLR	P	
methotrexate sodium TABS 2.5 MG	P	
METHOTREXATE POWD	NC	
nelarabine	NC	
PEMRYDI RTU SOLN	NC	SP
PURIXAN SUSP 2000 MG/100ML *(mercaptopurine)*	NC	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
XATMEP SOLN PO	NP	
Antineoplastic - Angiogenesis Inhibitors		
MVASI	C	SP; PA
ZIRABEV	C	SP; PA
Antineoplastic - Antibodies		
DANYELZA	NC	
ENHERTU	C	SP; PA
KIMMTRAK	NC	SP
MONJUVI	NC	SP
OPDIVO	NC	SP
PADCEV	C	SP; PA
POLIVY	NC	SP
RITUXAN	NC	SP
RUXIENCE	C	SP; PA
RYBREVANT	NC	SP
SARCLISA	NC	SP
TRUXIMA	C	SP; PA
UNITUXIN	NC	SP
VYLOY	NC	SP
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	NC	SP
HERZUMA	NC	SP
KANJINTI	C	SP; PA
OGIVRI	C	SP; PA
ONTRUZANT	NC	SP
TRAZIMERA 420 MG	C	SP; PA
TRAZIMERA 150 MG	NC	SP
Antineoplastic - Cellular Immunotherapy		
ABECMA	NC	SP
BREYANZI	NC	SP
CARVYKTI	NC	SP
KYMRIAH	NC	SP
OMISIRGE	NC	
PROVENGE	NC	SP
TECARTUS	NC	SP
YESCARTA	NC	SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	C	SP; PA
anastrozole	C	
ARIMIDEX *(anastrozole)*	NC	
AROMASIN *(exemestane)*	NC	
bicalutamide	C	QL(1 EA daily)
CASODEX *(bicalutamide)*	NC	QL(1 EA daily)
ERLEADA	NC	SP

Drug Name	Drug Tier	Requirements/ Limits
EULEXIN	C	
exemestane	C	
FARESTON *(toremifene citrate)*	NC	PA
FEMARA *(letrozole)*	NC	
fulvestrant SOSY	NC	
letrozole	C	
leuprolide acetate (3 month) INJ 22.5 MG	NC	
LUTRATE DEPOT INJ 22.5 MG	NC	
MEGESTROL ACETATE POWD	NC	
megestrol acetate SUSP 40 MG/ML, 400 MG/10ML	NC	
megestrol acetate SUSP	P	
megestrol acetate TABS	C	
nilutamide	NC	
NUBEQA	NC	SP
SOLTAMOX SOLN	NC	
tamoxifen citrate TABS	C	
toremifene citrate	C	PA
ZYTIGA *(abiraterone acetate)*	NC	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	NC	SP
Antineoplastic - Immunomodulators		
LEVAMISOLE HCL	NC	
Antineoplastic - Menin Inhibitors		
REVUFORJ 25 MG	NC	
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	NC	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO (60 MG TWICE WEEKLY)	NC	SP
XPOVIO (80 MG TWICE WEEKLY)	NC	SP
Antineoplastic Antibiotics		
bleomycin sulfate	NC	
COSMEGEN *(dactinomycin)*	NC	
dactinomycin	NC	
doxorubicin hcl liposomal SUSP	NC	
doxorubicin hcl SOLN	NC	
doxorubicin hcl SOLR 10 MG, 50 MG	NC	
idarubicin hcl	NC	
JELMYTO SOLR UL	NC	
mitomycin SOLR IV	NC	
ZUSDURI SOLR IS 40 MG	NC	
Antineoplastic Combinations		
HERCEPTIN HYLECTA	NC	SP
INQOVI	NC	SP
PHESGO	C	SP; PA
RITUXAN HYCELA	NC	SP
Antineoplastic Enzyme Inhibitors		
BRAFTOVI 75 MG	C	SP; PA
BRUKINSA	NC	SP
ENSACOVE CAPS PO 25 MG, 100 MG	NC	
GAVRETO	NC	SP
IBRANCE CAPS	C	SP; PA
IBRANCE TABS	C	SP; PA
IBTROZI CAPS PO 200 MG	NC	
ICLUSIG	C	QL(1 EA daily); SP; PA
INREBIC	C	SP; PA
LUMAKRAS	NC	SP
MEKTOVI	C	SP; PA
OGSIVEO	NC	SP
OJEMDA SUSR	NC	SP

Drug Name	Drug Tier	Requirements/ Limits
OJEMDA TABS	NC	SP
ROZLYTREK CAPS	C	SP; PA
TALZENNA	NC	SP
TAZVERIK	NC	SP
TEPMETKO	NC	SP
Antineoplastic Enzymes		
ASPARLAS	C	SP; PA
RYLAZE	NC	SP
Antineoplastic Radiopharmaceuticals		
STRONTIUM CHLORIDE SR-89	NC	
XOFIGO	NC	
Antineoplastics Misc.		
dacarbazine SOLR	NC	
ELZONRIS	NC	
HYDREA *(hydroxyurea)*	NC	
hydroxyurea	P	
NIPENT	NC	
TICE BCG	NC	
Chemotherapy Adjuncts		
ELITEK	NC	
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	NC	
leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML	NC	
leucovorin calcium SOLR	NC	
leucovorin calcium TABS	C	
PEDMARK	NC	
Mitotic Inhibitors		
ETOPOPHOS	NC	
paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML	NC	
vinblastine sulfate SOLN	NC	
vinorelbine tartrate	NC	

Drug Name	Drug Tier	Requirements/ Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	C	
LODOSYN *(carbidopa)*	NC	
NOURIANZ	NC	
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	NC	
benztropine mesylate TABS	C	
trihexyphenidyl hcl SOLN	C	QL(16.67 ML daily)
trihexyphenidyl hcl TABS	C	
Antiparkinson COMT Inhibitors		
COMTAN *(entacapone)*	NC	
entacapone	NC	
ONGENTYS	NC	
tolcapone	NC	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	C	
amantadine hcl SOLN	C	
amantadine hcl TABS	NC	
bromocriptine mesylate CAPS	C	
BROMOCRIPTINE MESYLATE POWD	NC	
bromocriptine mesylate TABS 2.5 MG	C	
carbidopa-levodopa-entacapone	NC	
carbidopa-levodopa TABS	C	
carbidopa-levodopa TBCR	C	
carbidopa-levodopa TBDP	NC	
CREXONT CPCR	NC	
DHIVY TABS	C	

Drug Name	Drug Tier	Requirements/ Limits
DUOPA SUSP	NC	
INBRIJA CAPS	NC	
LEVODOPA POWD	NC	
NEUPRO	NP	
OSMOLEX ER TB24 129 MG, 193 MG	NP	
PARLODEL CAPS *(bromocriptine mesylate)*	NC	
PARLODEL TABS *(bromocriptine mesylate)*	NC	
pramipexole dihydrochloride TABS	P	QL(3 EA daily); AL(At least 18 yrs old)
pramipexole dihydrochloride TB24	NP	
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	NC	
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	P	QL(6 EA daily)
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	P	QL(3 EA daily)
ropinirole hydrochloride TB24	NP	
RYTARY CPCR	NC	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)*	NC	
STALEVO 100 *(carbidopa-levodopa-entacapone)*	NC	
STALEVO 125 *(carbidopa-levodopa-entacapone)*	NC	
STALEVO 150 *(carbidopa-levodopa-entacapone)*	NC	
STALEVO 200 *(carbidopa-levodopa-entacapone)*	NC	
STALEVO 50 *(carbidopa-levodopa-entacapone)*	NC	
STALEVO 75 *(carbidopa-levodopa-entacapone)*	NC	
VYALEV SOLN SC	NC	SP
Antiparkinson Monoamine Oxidase Inhibitors		
rasagiline mesylate	NC	
selegiline hcl CAPS	C	
SELEGILINE HCL POWD	NC	
selegiline hcl TABS	C	
ZELAPAR TBDP	NC	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	C	QL(10 ML daily)
lithium carbonate CAPS	C	
LITHIUM CARBONATE POWD	C	
lithium carbonate TABS	C	
lithium carbonate TBCR	C	
LITHOBID TBCR *(lithium carbonate)*	NC	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old); ST
EQUETRO	NP	
GEODON *(ziprasidone mesylate)*	NC	AL(At least 18 yrs old); ST
GEODON *(ziprasidone hcl)*	NP	QL(2 EA daily); AL(At least 18 yrs old)
LATUDA *(lurasidone hcl)*	NP	AL(At least 10 yrs old)
lurasidone hcl	P	AL(At least 10 yrs old)
NUPLAZID CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits
NUPLAZID TABS 10 MG	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
VRAYLAR CAPS	P	AL(At least 18 yrs old)
ziprasidone hcl	P	QL(2 EA daily); AL(At least 18 yrs old)
ziprasidone mesylate	NP	AL(At least 18 yrs old); ST
Benzisoxazoles		
ERZOFRI 234 MG/1.5ML	NP	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 156 MG/ML	NP	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 78 MG/0.5ML	NP	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 39 MG/0.25ML	NP	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 351 MG/2.25ML	NP	AL(At least 18 yrs old); SP
ERZOFRI 117 MG/0.75ML	NP	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
FANAPT	NP	AL(At least 18 yrs old); ST
FANAPT TITRATION PACK	NP	AL(At least 18 yrs old); ST
INVEGA 3 MG, 6 MG, 9 MG *(paliperidone)*	NP	AL(At least 12 yrs old); ST
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA TRINZA 410 MG/1.32ML	P	QL(1.4 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA 546 MG/1.75ML	P	QL(1.8 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA 819 MG/2.63ML	P	QL(2.7 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA 273 MG/0.88ML	P	QL(0.88 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
paliperidone	NP	AL(At least 12 yrs old); ST
paliperidone	NC	AL(At least 12 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits
PERSERIS PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
RISPERDAL CONSTA *(risperidone microspheres)*	P	2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP
RISPERDAL SOLN *(risperidone)*	NP	QL(4 ML daily); AL(At least 7 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(risperidone)*	NP	QL(4 EA daily); AL(At least 7 yrs old)
risperidone microspheres	NC	2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP
risperidone SOLN	P	QL(4 ML daily); AL(At least 7 yrs old)
risperidone TABS 0.25 MG	P	QL(4 EA daily); AL(At least 7 yrs old); ST
risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	QL(4 EA daily); AL(At least 7 yrs old)
risperidone TABS 2 MG, 4 MG	P	QL(4 EA daily); AL(At least 7 yrs old)
risperidone TABS 3 MG	NC	QL(4 EA daily); AL(At least 7 yrs old)
risperidone TBDP	P	QL(2 EA daily); AL(At least 7 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
UZEDY SUSY	NP	AL(At least 18 yrs old); SP
Butyrophenones		
HALDOL DECANOATE *(haloperidol decanoate)*	NC	
haloperidol decanoate	C	
haloperidol lactate CONC	C	
haloperidol lactate SOLN	NC	
haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	C	QL(3 EA daily)
haloperidol TABS 20 MG	C	
Dibenzapines		
ADASUVE	NP	AL(At least 18 yrs old); ST
asenapine maleate	P	AL(At least 10 yrs old)
clozapine TABS 100 MG	P	QL(9 EA daily); AL(At least 18 yrs old)
clozapine TABS 25 MG, 50 MG, 200 MG	NC	QL(3 EA daily); AL(At least 18 yrs old)
clozapine TABS 100 MG	NC	QL(9 EA daily); AL(At least 18 yrs old)
clozapine TABS 25 MG, 50 MG, 200 MG	P	QL(3 EA daily); AL(At least 18 yrs old)
clozapine TBDP	NP	AL(At least 18 yrs old); ST
CLOZARIL TABS 25 MG, 50 MG, 200 MG *(clozapine)*	NP	QL(3 EA daily); AL(At least 18 yrs old)
CLOZARIL TABS 100 MG *(clozapine)*	NP	QL(9 EA daily); AL(At least 18 yrs old)
loxapine succinate	C	QL(4 EA daily); AL(At least 18 yrs old)
olanzapine SOLR	NC	AL(At least 18 yrs old); ST
olanzapine TABS 7.5 MG, 10 MG	P	QL(2 EA daily); AL(At least 10 yrs old)
olanzapine TABS 2.5 MG, 5 MG	P	QL(4 EA daily); AL(At least 10 yrs old)
olanzapine TABS 15 MG, 20 MG	P	QL(1 EA daily); AL(At least 10 yrs old)
olanzapine TABS 15 MG, 20 MG	NC	QL(1 EA daily); AL(At least 10 yrs old)
olanzapine TBDP	NP	AL(At least 10 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits
olanzapine TBDP	NC	AL(At least 10 yrs old); ST
quetiapine fumarate TABS 150 MG	P	AL(At least 10 yrs old); ST
quetiapine fumarate TABS 300 MG, 400 MG	NC	QL(2 EA daily); AL(At least 10 yrs old)
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	P	QL(4 EA daily); AL(At least 10 yrs old)
quetiapine fumarate TABS 300 MG, 400 MG	P	QL(2 EA daily); AL(At least 10 yrs old)
quetiapine fumarate TB24	NC	AL(At least 10 yrs old)
quetiapine fumarate TB24	P	AL(At least 10 yrs old)
SAPHRIS *(asenapine maleate)*	NP	AL(At least 10 yrs old)
SAPHRIS *(asenapine maleate)*	NP	AL(At least 10 yrs old)
SECUADO	NP	AL(At least 18 yrs old); ST
SEROQUEL XR TB24 *(quetiapine fumarate)*	NP	AL(At least 10 yrs old)
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG *(quetiapine fumarate)*	NP	QL(4 EA daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG *(quetiapine fumarate)*	NP	QL(2 EA daily); AL(At least 10 yrs old)
VERSACLOZ SUSP	NP	AL(At least 18 yrs old); ST
ZYPREXA ZYDIS TBDP *(olanzapine)*	NC	AL(At least 10 yrs old); ST
ZYPREXA TABS 20 MG *(olanzapine)*	NP	QL(1 EA daily); AL(At least 10 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG *(olanzapine)*	NP	QL(4 EA daily); AL(At least 10 yrs old)
ZYPREXA TABS 7.5 MG, 10 MG *(olanzapine)*	NC	QL(2 EA daily); AL(At least 10 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG *(olanzapine)*	NC	QL(4 EA daily); AL(At least 10 yrs old)
ZYPREXA TABS 15 MG, 20 MG *(olanzapine)*	NC	QL(1 EA daily); AL(At least 10 yrs old)
Dihydroindolones		
molindone hcl	NC	AL(At least 12 yrs old)
Muscarinic Agents		
COBENFY STARTER PACK CPPK	NP	AL(At least 18 yrs old); ST
COBENFY CAPS	NP	AL(At least 18 yrs old)
Phenothiazines		
chlorpromazine hcl CONC	NC	
chlorpromazine hcl SOLN	NC	
chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	C	QL(3 EA daily)
chlorpromazine hcl TABS 10 MG	C	QL(10 EA daily)
fluphenazine decanoate	C	
fluphenazine hcl CONC	NC	
fluphenazine hcl ELIX	NC	
fluphenazine hcl SOLN	NC	
fluphenazine hcl TABS	C	
perphenazine TABS	C	QL(4 EA daily); AL(At least 12 yrs old)
prochlorperazine	P	
prochlorperazine	NP	
prochlorperazine	NC	
prochlorperazine edisylate 10 MG/2ML	NC	
PROCHLORPERAZINE MALEATE POWD	NC	
prochlorperazine maleate TABS	P	
thioridazine hcl	C	QL(3 EA daily)
trifluoperazine hcl TABS	C	QL(2 EA daily)
Quinolinone Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY ASIMTUFII PRSY	P	AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old)
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 18 yrs old); SP; ST
ABILIFY MYCITE STARTER KIT	NP	AL(At least 18 yrs old); SP; ST
ABILIFY TABS 5 MG *(aripiprazole)*	NP	QL(1.5 EA daily); AL(At least 7 yrs old)
ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG *(aripiprazole)*	NP	QL(1 EA daily); AL(At least 7 yrs old)
aripiprazole SOLN PO	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old)
aripiprazole SOLN PO	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old); ST
aripiprazole TABS 5 MG	P	QL(1.5 EA daily); AL(At least 7 yrs old)
aripiprazole TABS 5 MG	NC	QL(1.5 EA daily); AL(At least 7 yrs old)
aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG	NC	QL(1 EA daily); AL(At least 7 yrs old)
aripiprazole TBDP	NP	QL(1 EA daily); AL(At least 7 yrs old); ST
ARISTADA 662 MG/2.4ML	P	QL(2.4 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ARISTADA 1064 MG/3.9ML	P	QL(4 ML per fill retail); 1 max fill(s) per 56 day(s) retail; AL(At least 18 yrs old); SP
ARISTADA 882 MG/3.2ML	P	QL(3.2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ARISTADA 441 MG/1.6ML	P	QL(1.6 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ARISTADA INITIO	P	QL(2.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail; AL(At least 18 yrs old); SP
OPIPZA FILM	NP	AL(At least 7 yrs old); ST
REXULTI	NP	AL(At least 13 yrs old); ST
Thioxanthenes		
thiothixene	C	QL(3 EA daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
CETYLCIDE-G CONC	NC	
PHENOL CRYS	NC	
PHENOL LIQD XX 89 %	NC	
Chlorine Antiseptics		
chlorhexidine gluconate SOLN EX	NC	
CLORPACTIN	NC	

Drug Name	Drug Tier	Requirements/ Limits
sodium hypochlorite SOLN EX 0.25 %, 0.5 %	NC	
Iodine Antiseptics		
LUGOLS STRONG IODINE SOLN	NC	
POVIDONE-IODINE PREP PADS	NC	
POVIDONE-IODINE PADS	NC	
Mercury Antiseptics		
THIMEROSAL POWD	NC	
Silver Antiseptics		
SILVER PROTEIN MILD	NC	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	NC	QL(1 EA daily)
abacavir sulfate-lamivudine	P	QL(1 EA daily)
abacavir sulfate SOLN	P	QL(30 ML daily)
abacavir sulfate TABS	P	QL(2 EA daily)
abacavir sulfate TABS	C	QL(2 EA daily)
APRETUDE	NC	
APTIVUS CAPS	P	QL(4 EA daily)
atazanavir sulfate CAPS 150 MG, 200 MG	P	QL(2 EA daily)
atazanavir sulfate CAPS 300 MG	P	
atazanavir sulfate CAPS 200 MG	C	QL(2 EA daily)
BIKTARVY	P	QL(1 EA daily)
CABENUVA	NC	
CIMDUO	P	QL(1 EA daily)
COMBIVIR *(lamivudine-zidovudine)*	NC	

Drug Name	Drug Tier	Requirements/ Limits
COMPLERA 200 MG-300 MG-25 MG *(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	P	QL(1 EA daily)
darunavir TABS 800 MG	P	QL(1 EA daily)
darunavir TABS 600 MG	P	QL(2 EA daily)
DELSTRIGO	P	QL(1 EA daily)
DESCOVY 200 MG-25 MG	P	QL(1 EA daily)
DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA
DOVATO	P	QL(1 EA daily)
EDURANT	P	QL(1 EA daily)
EDURANT PED PO 2.5 MG	P	
efavirenz CAPS 50 MG	P	QL(2 EA daily)
efavirenz CAPS 200 MG	P	QL(1 EA daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
efavirenz TABS	P	QL(1 EA daily)
efavirenz TABS	C	QL(1 EA daily)
emtricitabine CAPS	P	QL(1 EA daily)
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	C	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	P	
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	P	QL(1 EA daily)
EMTRIVA CAPS *(emtricitabine)*	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
EMTRIVA SOLN	P	QL(24 ML daily)
EPIVIR SOLN *(lamivudine)*	P	QL(30 ML daily)
EPIVIR TABS 300 MG *(lamivudine)*	P	QL(1 EA daily)
EPIVIR TABS 150 MG *(lamivudine)*	P	QL(2 EA daily)
EPZICOM *(abacavir sulfate-lamivudine)*	NC	QL(1 EA daily)
etravirine 200 MG	C	QL(2 EA daily)
etravirine 200 MG	P	QL(2 EA daily)
etravirine 100 MG	P	QL(4 EA daily)
etravirine 100 MG	C	QL(4 EA daily)
EVOTAZ	P	QL(1 EA daily)
fosamprenavir calcium TABS	P	QL(4 EA daily)
FUZEON SOLR	NP	SP
GENVOYA	P	QL(1 EA daily)
INTELENCE *(etravirine)*	P	QL(4 EA daily)
INTELENCE	P	QL(4 EA daily)
INTELENCE 200 MG *(etravirine)*	P	QL(2 EA daily)
ISENTRESS HD TABS	P	
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)
ISENTRESS PACK	P	QL(2 EA daily)
ISENTRESS TABS	P	QL(2 EA daily)
JULUCA	P	QL(1 EA daily)
KALETRA SOLN	P	QL(16 ML daily)
KALETRA TABS 25 MG-100 MG *(lopinavir-ritonavir)*	P	QL(4 EA daily)
KALETRA TABS 50 MG-200 MG *(lopinavir-ritonavir)*	P	QL(6 EA daily)
lamivudine SOLN	P	QL(30 ML daily)
lamivudine SOLN	C	QL(30 ML daily)
lamivudine TABS 150 MG	C	QL(2 EA daily)
lamivudine TABS 300 MG	P	QL(1 EA daily)
lamivudine TABS 150 MG	P	QL(2 EA daily)
lamivudine-zidovudine	P	
LEXIVA SUSP	C	QL(56 ML daily)
LEXIVA TABS *(fosamprenavir calcium)*	NC	QL(4 EA daily)
lopinavir-ritonavir SOLN	P	QL(16 ML daily)
lopinavir-ritonavir TABS 25 MG-100 MG	P	QL(4 EA daily)
lopinavir-ritonavir TABS 50 MG-200 MG	P	QL(6 EA daily)
maraviroc TABS 150 MG	C	QL(2 EA daily)
maraviroc TABS 300 MG	P	QL(4 EA daily)
maraviroc TABS 300 MG	C	QL(4 EA daily)
maraviroc TABS 150 MG	P	QL(2 EA daily)
nevirapine SUSP	P	QL(40 ML daily)
nevirapine TABS	P	QL(2 EA daily)
nevirapine TB24 400 MG	P	QL(1 EA daily)
nevirapine TB24 100 MG	P	QL(3 EA daily)
NORVIR PACK	P	
NORVIR TABS *(ritonavir)*	P	QL(12 EA daily)
ODEFSEY	P	
PIFELTRO	P	QL(1 EA daily)
PREZCOBIX	P	QL(1 EA daily)
PREZISTA SUSP	P	QL(12 ML daily)
PREZISTA TABS 75 MG, 600 MG	P	QL(2 EA daily)
PREZISTA TABS *(darunavir)*	P	QL(2 EA daily)
PREZISTA TABS 150 MG	P	QL(3 EA daily)
PREZISTA TABS 800 MG *(darunavir)*	P	QL(1 EA daily)
RETROVIR CAPS *(zidovudine)*	P	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
RETROVIR SOLN	NC	
RETROVIR SYRP *(zidovudine)*	P	QL(60 ML daily)
REYATAZ CAPS 300 MG *(atazanavir sulfate)*	P	
REYATAZ CAPS 200 MG *(atazanavir sulfate)*	P	QL(2 EA daily)
REYATAZ PACK	P	QL(6 EA daily)
ritonavir TABS	P	QL(12 EA daily)
RUKOBIA	P	PA
SELZENTRY SOLN	P	QL(35 ML daily)
SELZENTRY TABS 25 MG, 75 MG	NC	
SELZENTRY TABS 150 MG *(maraviroc)*	P	QL(2 EA daily)
SELZENTRY TABS 300 MG *(maraviroc)*	P	QL(4 EA daily)
STRIBILD	P	QL(1 EA daily)
SUNLENCA TABS PO 300 MG	NC	SP
SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	QL(1 EA daily)
SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	QL(1 EA daily)
SYMTUZA	P	
tenofovir disoproxil fumarate TABS	C	QL(1 EA daily)
tenofovir disoproxil fumarate TABS	P	QL(1 EA daily)
TIVICAY PD TBSO	P	
TIVICAY TABS 10 MG, 25 MG	NC	
TIVICAY TABS 50 MG	P	
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	QL(1 EA daily); AL(At least 18 yrs old)
TRIZIVIR	NC	QL(2 EA daily)
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG *(emtricitabine-tenofovir disoproxil fumarate)*	P	
TRUVADA 200 MG-300 MG *(emtricitabine-tenofovir disoproxil fumarate)*	P	QL(1 EA daily)
TYBOST	P	QL(1 EA daily); AL(At least 18 yrs old)
VIRACEPT TABS 625 MG	P	QL(4 EA daily)
VIRACEPT TABS 250 MG	P	QL(9 EA daily)
VIREAD POWD	P	QL(8 GM daily)
VIREAD TABS *(tenofovir disoproxil fumarate)*	P	QL(1 EA daily)
VIREAD TABS	P	QL(1 EA daily)
ZIAGEN SOLN *(abacavir sulfate)*	P	QL(30 ML daily)
ZIAGEN TABS *(abacavir sulfate)*	C	QL(2 EA daily)
zidovudine CAPS	P	QL(6 EA daily)
zidovudine SYRP	P	QL(60 ML daily)
zidovudine TABS	P	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID	NC	
PAXLOVID (150/100)	C	QL(20 EA per 90 day(s) retail; 20 EA per 90 days mail)
PAXLOVID (150/100)	C	
PAXLOVID (150/100)	C	QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)
PAXLOVID (300/100)	C	QL(30 EA per 90 day(s) retail; 30 EA per 90 days mail)
PAXLOVID (300/100)	C	

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID (300/100)	C	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)
CMV Agents		
cidofovir	NC	
foscarnet sodium 6000 MG/250ML	NC	
FOSCAVIR 6000 MG/250ML *(foscarnet sodium)*	NC	
GANCICLOVIR SODIUM SOLN	NC	
ganciclovir sodium SOLR	NC	
VALCYTE TABS *(valganciclovir hcl)*	NC	QL(2 EA daily)
valganciclovir hcl SOLR	NC	
valganciclovir hcl TABS	C	QL(2 EA daily)
Hepatitis Agents		
adefovir dipivoxil	NP	
BARACLUDE SOLN	P	
BARACLUDE TABS *(entecavir)*	NP	
entecavir TABS	P	
entecavir TABS	NC	
EPCLUSA PACK	PA	SP; PA
EPCLUSA TABS 50 MG-200 MG	PA	SP; PA
EPCLUSA TABS 100 MG-400 MG	NP	QL(1 EA daily); SP
HARVONI PACK	NP	SP
HARVONI TABS	NP	SP
HARVONI TABS	NP	SP
lamivudine (hbv) TABS	P	
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP
MAVYRET PACK	PA	QL(6 EA daily); SP; PA
MAVYRET TABS	PA	QL(3 EA daily); SP; PA
PEGASYS SOLN	NP	SP
PEGASYS SOSY	NP	SP
ribavirin (hepatitis c) CAPS	NP	SP
ribavirin (hepatitis c) TABS 200 MG	NP	SP
SOFOSBUVIR-VELPATASVIR TABS	PA	QL(1 EA daily); SP; PA
SOVALDI PACK	NP	SP
SOVALDI TABS	NP	SP
VEMLIDY	P	SP
VOSEVI	PA	SP; PA
ZEPATIER	NP	SP
Herpes Agents		
acyclovir sodium SOLN	NC	
acyclovir CAPS	P	QL(50 EA per 31 day(s) retail)
acyclovir SUSP	P	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)
acyclovir SUSP	NC	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)
acyclovir TABS PO 400 MG	NC	QL(3 EA daily)
acyclovir TABS PO 800 MG	P	QL(50 EA per 31 day(s) retail)
acyclovir TABS PO 800 MG	NC	QL(50 EA per 31 day(s) retail)
acyclovir TABS PO 400 MG	P	QL(3 EA daily)
famciclovir	NP	
SITAVIG TABS BU	NC	
valacyclovir hcl 1 GM	P	QL(42 EA per 21 day(s) retail)
valacyclovir hcl 500 MG	NC	QL(2 EA daily)
valacyclovir hcl 1 GM	NC	QL(42 EA per 21 day(s) retail)
valacyclovir hcl 500 MG	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
VALTREX 1 GM *(valacyclovir hcl)*	NP	QL(42 EA per 21 day(s) retail)
VALTREX 500 MG *(valacyclovir hcl)*	NP	QL(2 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS 45 MG, 75 MG	C	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
oseltamivir phosphate CAPS 30 MG	C	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
oseltamivir phosphate SUSR	C	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
RAPIVAB	NC	
RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)
rimantadine hydrochloride TABS	NC	
TAMIFLU CAPS 30 MG *(oseltamivir phosphate)*	NC	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
TAMIFLU CAPS 45 MG, 75 MG *(oseltamivir phosphate)*	NC	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
TAMIFLU SUSR *(oseltamivir phosphate)*	NC	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
XOFLUZA (40 MG DOSE) 40 MG	NC	
XOFLUZA (80 MG DOSE) 80 MG	NC	

Drug Name	Drug Tier	Requirements/ Limits
Misc. Antivirals		
LAGEVRIO	NC	
REMDESIVIR SOLR 100 MG	NC	
VEKLURY SOLR	NC	
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	NC	
VIRAZOLE *(ribavirin)*	NC	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 25 MG	P	QL(4 EA daily)
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	P	QL(2 EA daily)
carvedilol phosphate	NP	QL(1 EA daily)
carvedilol phosphate	NC	QL(1 EA daily)
COREG 25 MG *(carvedilol)*	NC	QL(4 EA daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG *(carvedilol)*	NC	QL(2 EA daily)
LABETALOL HCL-DEXTROSE	NC	
LABETALOL HCL-SODIUM CHLORIDE	NC	
labetalol hcl SOLN	NC	
LABETALOL HCL SOLN	NC	
LABETALOL HCL SOSY 10 MG/2ML	NC	
labetalol hcl TABS 400 MG	P	
labetalol hcl TABS 300 MG	P	QL(8 EA daily)
labetalol hcl TABS 200 MG	P	QL(6 EA daily)
labetalol hcl TABS 100 MG	P	QL(3 EA daily)
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
ACEBUTOLOL HCL POWD	NC	
ATENOLOL POWD	NC	
atenolol TABS	P	QL(2 EA daily)
betaxolol hcl	NP	
bisoprolol fumarate	P	QL(1 EA daily)
bisoprolol fumarate 2.5 MG	P	
BYSTOLIC *(nebivolol hcl)*	NP	
esmolol hcl-sodium chloride	NC	
esmolol hcl SOLN 100 MG/10ML	NC	
ESMOLOL HCL SOLN	NC	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR TABS 100 MG *(metoprolol tartrate)*	NP	QL(4.5 EA daily)
LOPRESSOR TABS 50 MG *(metoprolol tartrate)*	NP	QL(4 EA daily)
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	P	QL(4 EA daily)
metoprolol succinate TB24 200 MG	NC	QL(2 EA daily)
metoprolol succinate TB24 200 MG	P	QL(2 EA daily)
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	NC	QL(4 EA daily)
METOPROLOL TARTRATE POWD	NC	
metoprolol tartrate SOLN IV 5 MG/5ML	NC	
metoprolol tartrate TABS 37.5 MG, 75 MG	P	
metoprolol tartrate TABS 100 MG	P	QL(4.5 EA daily)
metoprolol tartrate TABS 25 MG, 50 MG	P	QL(4 EA daily)
nebivolol hcl	NP	
TENORMIN TABS *(atenolol)*	NP	QL(2 EA daily)
TOPROL XL TB24 200 MG *(metoprolol succinate)*	NP	QL(2 EA daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG *(metoprolol succinate)*	NP	QL(4 EA daily)
Beta Blockers Non-Selective		
BETAPACE AF *(sotalol hcl (afib/afl))*	NP	QL(2 EA daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)*	NP	
HEMANGEOL SOLN PO	NP	SP
INDERAL LA CP24 *(propranolol hcl)*	NP	QL(2 EA daily)
INDERAL XL	NP	
INNOPRAN XL	NP	
NADOLOL POWD	NC	
nadolol TABS 20 MG, 40 MG, 80 MG	P	QL(2 EA daily)
pindolol TABS	NP	
propranolol hcl CP24	P	QL(2 EA daily)
PROPRANOLOL HCL POWD	NC	
propranolol hcl SOLN IV 1 MG/ML	NC	
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	P	
propranolol hcl TABS	P	
sotalol hcl (afib/afl)	P	QL(2 EA daily)
sotalol hcl TABS	NC	
sotalol hcl TABS	P	
SOTYLIZE SOLN PO	NP	
TIMOLOL MALEATE POWD	NC	
timolol maleate TABS	NP	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/ Limits
Calcium Channel Blockers		
amlodipine besylate TABS	NC	QL(1 EA daily)
amlodipine besylate TABS	P	QL(1 EA daily)
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	NC	
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG *(diltiazem hcl coated beads)*	NP	QL(1 EA daily)
CARDIZEM CD CP24 240 MG *(diltiazem hcl coated beads)*	NP	QL(2 EA daily)
CARDIZEM CD CP24 360 MG *(diltiazem hcl coated beads)*	NP	
CARDIZEM LA TB24 *(diltiazem hcl)*	NP	
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)*	NP	QL(3 EA daily)
CLEVIPREX 25 MG/50ML, 50 MG/100ML	NC	
diltiazem hcl coated beads CP24 360 MG	NC	
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	NC	QL(1 EA daily)
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	P	QL(1 EA daily)
diltiazem hcl coated beads CP24 240 MG	P	QL(2 EA daily)
diltiazem hcl coated beads CP24 360 MG	P	
diltiazem hcl coated beads CP24 240 MG	NC	QL(2 EA daily)
diltiazem hcl extended release beads 240 MG	NC	QL(2 EA daily)
diltiazem hcl extended release beads 240 MG	P	QL(2 EA daily)
diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	NC	QL(1 EA daily)
diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	P	QL(1 EA daily)
diltiazem hcl CP12	P	QL(2 EA daily)
diltiazem hcl CP24 240 MG	P	QL(2 EA daily)
diltiazem hcl CP24 120 MG, 180 MG	P	QL(1 EA daily)
DILTIAZEM HCL-SODIUM CHLORIDE	NC	
diltiazem hcl SOLN	NC	
DILTIAZEM HCL SOLR	NC	
diltiazem hcl TABS	P	QL(3 EA daily)
diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NP	
diltiazem hcl TB24	P	
felodipine	P	QL(1 EA daily)
felodipine	NC	QL(1 EA daily)
isradipine CAPS	P	
KATERZIA	NP	
levamlodipine maleate	NP	
nicardipine hcl in sodium chloride SOLN	NC	
nicardipine hcl CAPS	P	
nicardipine hcl SOLN	NC	
NICARDIPINE HCL SOLN *(nicardipine hcl)*	NC	
nifedipine CAPS	NP	QL(4 EA daily)
nifedipine TB24 30 MG, 90 MG	P	QL(1 EA daily)
nifedipine TB24 60 MG	P	QL(2 EA daily)
nimodipine CAPS	NP	
nimodipine SOLN	NP	
nisoldipine	NP	

Drug Name	Drug Tier	Requirements/ Limits
NORLIQVA SOLN	NP	
NORVASC TABS *(amlodipine besylate)*	NP	QL(1 EA daily)
NORVASC TABS 10 MG *(amlodipine besylate)*	NC	QL(1 EA daily)
NYMALIZE SOLN 6 MG/ML	NP	
PROCARDIA XL TB24 60 MG *(nifedipine)*	NP	QL(2 EA daily)
PROCARDIA XL TB24 30 MG, 90 MG *(nifedipine)*	NP	QL(1 EA daily)
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	NP	
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG *(diltiazem hcl extended release beads)*	NP	QL(1 EA daily)
TIAZAC 240 MG *(diltiazem hcl extended release beads)*	NP	QL(2 EA daily)
VERAPAMIL HCL ER CP24 *(verapamil hcl)*	NP	
verapamil hcl CP24 100 MG, 200 MG, 300 MG	NP	
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	P	QL(1 EA daily)
VERAPAMIL HCL POWD	NC	
verapamil hcl SOLN 2.5 MG/ML	NC	
verapamil hcl TABS	P	QL(3 EA daily)
verapamil hcl TBCR	P	QL(2 EA daily)
VERELAN PM CP24 *(verapamil hcl)*	NP	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN IJ 0.25 MG/ML	NC	
digoxin SOLN PO 0.05 MG/ML	C	
digoxin TABS 62.5 MCG	NC	
digoxin TABS 125 MCG, 250 MCG	C	
LANOXIN PEDIATRIC SOLN IJ	NC	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG *(digoxin)*	NC	
Inotropes		
dobutamine hcl 12.5 MG/ML, 250 MG/20ML	NC	
DOBUTAMINE-DEXTROSE	NC	
dopamine hcl 40 MG/ML	NC	
DOPAMINE-DEXTROSE	NC	
milrinone lactate	NC	
milrinone lactate in dextrose	NC	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardioplegic Solutions		
CARDIOPLEGIA IND PLASMA-TROMET	NC	
CARDIOPLEGIA INDUCTION HIGH K	NC	
CARDIOPLEGIA INDUCTION LOW DEX	NC	
CARDIOPLEGIA INDUCTION NON-ENR	NC	
CARDIOPLEGIA MAIN LOW DEXTROSE	NC	
CARDIOPLEGIA MAIN LOW TROMETHA	NC	
CARDIOPLEGIA MAIN PLASMA-TROME	NC	
CARDIOPLEGIA MAINTENANCE	NC	
CARDIOPLEGIA REPERFUSATE 4:1	NC	
cardioplegic soln	NC	

Drug Name	Drug Tier	Requirements/ Limits
MICROPLEGIA MSA-MSG	NC	
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	NP	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	NP	
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	NC	
ENTRESTO CPSP	P	
ENTRESTO TABS	P	Brand Preferred
isosorbide dinitrate-hydralazine hcl	NC	
OPSYNVI	NP	SP
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Impotence Agents		
CAVERJECT IMPULSE KIT	NC	
CAVERJECT SOLR	NC	
CIALIS *(tadalafil)*	NC	
EDEX KIT	NC	
MUSE PLLT 250 MCG, 500 MCG, 1000 MCG	NC	
tadalafil	NC	
vardenafil hcl TABS	NC	
vardenafil hcl TBDP	NC	
Peripheral Vasodilators		
NYLIDRIN HCL	NC	
PAPAVERINE HCL POWD	NC	
papaverine hcl SOLN	NC	
Prostaglandin Vasodilators		
alprostadil SOLN IJ 500 MCG/ML	NC	
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	NC	SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	P	SP
bosentan TABS	P	SP
LETAIRIS *(ambrisentan)*	NP	SP
OPSUMIT	NP	SP
TRACLEER TABS *(bosentan)*	NP	SP
TRACLEER TBSO	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	NP	SP
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	NP	SP
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
sildenafil citrate (pulmonary hypertension) SUSR	NP	SP
sildenafil citrate (pulmonary hypertension) TABS	PA	PA
sildenafil citrate (pulmonary hypertension) TABS	PA	SP; PA
tadalafil (pulmonary hypertension) TABS	PA	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	SP
UPTRAVI SOLR	C	SP; PA
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		
ivabradine hcl TABS	NC	
Transthyretin Stabilizers		
ATTRUBY	NP	SP; PA
VYNDAMAX	C	SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	NC	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporin Combinations		
AVYCAZ	NC	
ZERBAXA	NC	
Cephalosporins - 1st Generation		
cefadroxil CAPS	P	
cefadroxil SUSR	P	
cefadroxil TABS	NP	
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 4 %-3 GM/150ML	NC	
CEFAZOLIN SODIUM-DEXTROSE SOLR	NC	
cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG	NC	
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	NC	
cephalexin CAPS	P	
cephalexin CAPS	P	
cephalexin SUSR	P	
cephalexin TABS	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
cefaclor CAPS	P	
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	P	
cefotetan disodium IJ 1 GM, 2 GM	NC	
cefoxitin sodium IV	NC	
CEFOXITIN SODIUM-DEXTROSE	NC	
cefprozil SUSR 250 MG/5ML	P	1 package(s) per fill retail; AL(Up to 12 yrs old)
cefprozil SUSR 125 MG/5ML	P	2 package(s) per fill retail; AL(Up to 12 yrs old)
cefprozil TABS	P	QL(20 EA per fill retail)
cefuroxime axetil TABS	P	QL(20 EA per fill retail)
cefuroxime sodium IJ 750 MG	NC	

Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 3rd Generation		
cefdinir CAPS	P	QL(20 EA per fill retail)
cefdinir SUSR	P	1 package(s) per fill retail
cefixime CAPS	P	
cefixime SUSR	P	
cefpodoxime proxetil SUSR	P	
cefpodoxime proxetil TABS	P	
ceftazidime IJ 1 GM, 6 GM	NC	
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	C	QL(3 EA per fill retail); 1 max fill(s) per 31 day(s) retail
ceftriaxone sodium IJ 2 GM	NC	
ceftriaxone sodium in dextrose	NC	
CEFTRIAXONE SODIUM-DEXTROSE	NC	
SUPRAX CAPS *(cefixime)*	NP	
SUPRAX SUSR *(cefixime)*	NP	
Cephalosporins - 4th Generation		
CEFEPIME HCL SOLN	NC	
cefepime hcl SOLR IJ 1 GM	NC	
CEFEPIME-DEXTROSE	NC	
Cephalosporins - 5th Generation		
TEFLARO	NC	
Cephalosporins - Siderophores		
FETROJA	NC	
CHEMICALS		
Acids, Bases, & Buffers		
ACETIC ACID 3 %, 5 %	NC	
ACETIC ACID GLACIAL	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AMMONIUM HYDROXIDE	NC	RX/OTC
FUMARIC ACID	NC	
GLYCOLIC ACID CRYS	NC	RX/OTC
GLYCOLIC ACID GRAN	NC	
HYDROCHLORIC ACID	NC	
LACTIC ACID 85 %, 88 %	NC	RX/OTC
NITRIC ACID	NC	
OXALIC ACID DIHYDRATE	NC	
PHOSPHORIC ACID	NC	
POTASSIUM HYDROXIDE PLLT	NC	RX/OTC
POTASSIUM HYDROXIDE SOLN XX 10 %, 20 %, 45 %	NC	
SODIUM BORATE (BULK) POWD	NC	RX/OTC
SODIUM BORATE DECAHYDRATE POWD	NC	RX/OTC
SODIUM CARBONATE ANHYDROUS	NC	
SODIUM CARBONATE MONOHYDRATE	NC	
SODIUM HYDROXIDE PLLT	NC	RX/OTC
SULFURIC ACID (BULK)	NC	
TARTARIC ACID (BULK) GRAN	NC	RX/OTC
TARTARIC ACID (BULK) POWD	NC	
Bulk Chemicals		
BIORE HYDRATING MOISTURIZER	NC	
CUCUMBER MELON	NC	
DRAKKAR NOIR	NC	
FRESH LINEN FRAGRANCE	NC	
NATAPRES LIQD	NC	

Drug Name	Drug Tier	Requirements/ Limits
POLYETHYLENE GLYCOL 600 (BULK) LIQD	NC	
VICTORIAS SECRET VANILLA LACE	NC	
Bulk Chemicals - A's		
9-AMINOACRIDINE HCL	NC	
ACARBOSE	NC	
ACEPROMAZINE MALEATE	NC	
ACESULFAME POTASSIUM	NC	RX/OTC
ACETAMINOPHEN CRYS	NC	
ACETAMINOPHEN GRAN	NC	
ACETAMINOPHEN POWD	NC	RX/OTC
ACETARSONE	NC	
ACETAZOLAMIDE CRYS	NC	
ACETAZOLAMIDE POWD	NC	
ACETYL DIPEPTIDE-1 CETYL ESTER	NC	
ACETYL HEXAPEPTIDE-8 POWD	NC	
ACETYL HEXAPEPTIDE-8 SOLN	NC	
ACETYLCHOLINE CHLORIDE	NC	
ACETYL-D-GLUCOSAMINE	NC	
ACETYL-L-CARNITINE HCL	NC	RX/OTC
ACTIPHYTE OF ALGAE GL	NC	
ACYCLOVIR	NC	
ADEMETIONINE DISULF TOSYLATE	NC	
ADENOSINE	NC	
AGAR POWD	NC	
ALASKAN RED ALGAE	NC	
ALBENDAZOLE	NC	

Drug Name	Drug Tier	Requirements/ Limits
ALDOSTERONE	NC	
ALGINIC ACID	NC	
ALKYL BENZOATE C12-15	NC	
ALLOPURINOL	NC	
ALOE VERA FREEZE DRIED POWD	NC	RX/OTC
ALOE VERA LEAF POWD	NC	RX/OTC
ALOE VERA OIL	NC	
ALOE VERA POWD	NC	RX/OTC
ALPHA-KETOGLUTARIC ACID CRYS	NC	
ALPHA-KETOGLUTARIC ACID POWD	NC	
ALPHA-LIPOIC ACID	NC	RX/OTC
ALPRAZOLAM	NC	
ALTRENOGEST	NC	
ALUMINUM ACETATE BASIC	NC	
ALUMINUM CHLOROHYDRATE	NC	RX/OTC
AMANTADINE HCL	NC	
AMERICAN GINSENG	NC	
AMINOCAPROIC ACID	NC	
AMINOLEVULINIC ACID HCL POWD	NC	
AMINOPROPYL RACEMENTHYL PHOS	NC	
AMITRIPTYLINE HCL POWD	NC	
AMLEXANOX	NC	
AMLODIPINE BESYLATE	NC	
AMMONIUM LAURYL SULFATE	NC	
AMMONIUM MOLYBDATE TETRAHYD	NC	
ANASTROZOLE	NC	
ANDROSTENEDIONE	NC	
ANISINDIONE	NC	

Drug Name	Drug Tier	Requirements/ Limits
ANTIMONY POTASSIUM TARTRATE	NC	
ANTIMONY TRICHLORIDE CRYS	NC	
ANTIMONY TRISULFIDE	NC	
ANTIPYRINE CRYS	NC	
ANTIPYRINE POWD	NC	
APOMORPHINE HCL	NC	
ARBUTIN ALPHA	NC	
ARGININE HCL	NC	RX/OTC
ARNICA	NC	
ARSENIC TRIOXIDE	NC	
ASCORBIC ACID CASSAVE POWD	NC	RX/OTC
ASCORBIC ACID GRAN	NC	RX/OTC
ASCORBIC ACID POWD	NC	RX/OTC
ASCORBYL PALMITATE	NC	RX/OTC
ASPARAGINE MONOHYDRATE	NC	
ATORVASTATIN CALCIUM	NC	
ATTAPULGITE	NC	
AVIPTADIL ACETATE	NC	
AVOCADO OIL	NC	
AZELAIC ACID FLAK	NC	RX/OTC
AZELAIC ACID POWD	NC	RX/OTC
AZELASTINE HCL	NC	
AZITHROMYCIN	NC	
AZITHROMYCIN DIHYDRATE	NC	
BLUE AGAVE ORGANIC	NC	
DL-ALPHA LIPOIC ACID	NC	RX/OTC
L-ARGININE HCL	NC	RX/OTC
LIPOIC ACID	NC	RX/OTC
MAGNASWEET 110 LIQD	NC	
MAGNASWEET 135 POWD	NC	
SODIUM 4-AMINOSALICYLATE	NC	

Drug Name	Drug Tier	Requirements/ Limits
Bulk Chemicals - B's		
BACITRACIN MICRONIZED	NC	
BASIC FUCHSIN HCL	NC	RX/OTC
BECLOMETHASONE DIPROPIONATE	NC	
belladonna (bulk) TINC	NC	
BELLADONNA EXTRACT POWD	NC	
BELLADONNA TINC	NC	
BENACTYZINE HCL	NC	
BENAZEPRIL HCL	NC	
BENFOTIAMINE	NC	
BENZETHONIUM CHLORIDE	NC	
BENZOCAINE	NC	RX/OTC
BENZOIN GUM	NC	
BENZOQUINONE (PARA)	NC	
BETA CAROTENE BEAD	NC	
BETA CYCLODEXTRIN	NC	
BETA GLUCAN	NC	
BETAHISTINE DIHYDROCHLORIDE	NC	
BETAHISTINE HCL	NC	
BETAINE ANHYDROUS	NC	RX/OTC
BETAINE HCL	NC	
BETAMETHASONE ACETATE	NC	
BETANAPHTHOL	NC	
BETHANECHOL CHLORIDE	NC	
BIMATOPROST	NC	
BIOTIN	NC	RX/OTC
BIOTIN-D	NC	RX/OTC
BISABOLOL, ALPHA-L	NC	
BISMUTH CITRATE (BULK)	NC	RX/OTC
BISOPROLOL FUMARATE	NC	

Drug Name	Drug Tier	Requirements/ Limits
BITTER ORANGE	NC	
BORON AMORPHOUS FINE	NC	
BORON CITRATE	NC	
BOSWELLIA SERRATA EXTRACT	NC	
BRILLIANT GREEN POWD	NC	RX/OTC
BRIMONIDINE TARTRATE	NC	
BROMFENAC SODIUM MISC	NC	
BROMFENAC SODIUM POWD	NC	
BUDESONIDE	NC	
BUFLOMEDIL HCL	NC	
BUPRENORPHINE HCL	NC	
BUPROPION HCL	NC	
BUSPIRONE HCL	NC	
BUTALBITAL	NC	
BUTORPHANOL TARTRATE	NC	
BUTYL ALCOHOL	NC	
BUTYLATED HYDROXYANISOLE POWD	NC	
BUTYLENE GLYCOL	NC	
TINOGARD TL	NC	
Bulk Chemicals - C's		
ACTIPHYTE OF CUCUMBER	NC	
ADRENOCHROME SEMICARBAZONE	NC	
ADRENOCORTICOTROPHIC HORMONE	NC	
AVICEL PH 101 MICRO CELLULOSE POWD	NC	RX/OTC
AVICEL PH 105 MICRO CELLULOSE POWD	NC	RX/OTC
BIOFLAVONOID CITRUS	NC	

Drug Name	Drug Tier	Requirements/ Limits
CALCIPOTRIENE	NC	
CALCIPOTRIENE MONOHYDRATE	NC	
CALCIPOTRIOL	NC	
CALCITRIOL	NC	
CALCITRIOL IN ALMOND OIL	NC	
CALCIUM ACETATE CRYS	NC	
CALCIUM ACETATE POWD	NC	
CALCIUM ALGINATE	NC	
CALCIUM AMINO ACID CHELATE GRAN	NC	
CALCIUM CHLORIDE ANHYDROUS POWD	NC	
CALCIUM CITRATE TETRAHYDRATE POWD	NC	RX/OTC
CALCIUM CITRATE POWD	NC	RX/OTC
CALCIUM FRUCTOBORATE	NC	
CALCIUM GLUBIONATE	NC	
CALCIUM GLYCEROPHOSPHATE	NC	
CALCIUM LEVULINATE DIHYDRATE	NC	
CALCIUM OXIDE	NC	
CALCIUM PROPIONATE	NC	
CALCIUM PYRUVATE	NC	
CALCIUM SACCHARATE	NC	
CALCIUM SILICATE	NC	
CALCIUM STEARATE	NC	
CALCIUM THIOGLYCOLATE	NC	
CANADIAN BALSAM	NC	RX/OTC
CANNABIDIOL	NC	
CAPRYLIC ACID	NC	
CAPRYLIC CAPRIC TRIGLYCERIDE	NC	

Drug Name	Drug Tier	Requirements/ Limits
CAPSAICIN PALMITATE	NC	
CAPTOPRIL	NC	
CARBACHOL	NC	
CARBAMIDE PEROXIDE	NC	RX/OTC
CARBAZOCHROME	NC	
CARBIMAZOLE	NC	
CARBOMER 934P	NC	RX/OTC
CARBOMER 934P RESIN	NC	RX/OTC
CARBOMER 940	NC	RX/OTC
CARBOMER 940 NF	NC	RX/OTC
CARBOMER 941	NC	RX/OTC
CARBOMER 980 NF	NC	RX/OTC
CARBOMER HOMOPOLYMER TYPE C	NC	RX/OTC
CARBOPOL 940	NC	RX/OTC
CARBOPOL 940 NF	NC	RX/OTC
CARDAMOM	NC	
CARMINE	NC	
CARNAUBA WAX	NC	
CARNOSINE L	NC	
CASTOR OIL SULFATED	NC	
CEFTAZIDIME	NC	
CEFTAZIDIME WITH SOD CARBONATE	NC	
CEFTRIAXONE SODIUM	NC	
CELECOXIB	NC	
CELLULASE (BULK) 5000 UNIT/GM	NC	RX/OTC
CELLULOSE CARMELLOSE SODIUM	NC	
CELLULOSE CRYS	NC	RX/OTC
CELLULOSE POWD	NC	RX/OTC
CERESIN WAX	NC	
CESIUM CHLORIDE	NC	
CETEARYL ALCOHOL-CETEARETH 20	NC	
CETOSTEARYL ALCOHOL	NC	

Drug Name	Drug Tier	Requirements/ Limits
CETYL MYRISTOLEATE OIL	NC	
CETYL MYRISTOLEATE POWD	NC	
CETYL MYRISTOLEATE WAX	NC	
CETYLPYRIDINIUM CHLORIDE	NC	
CHICKEN PROTEIN	NC	
CHLORAMBUCIL	NC	
CHLORAMPHENICOL PALMITATE	NC	
CHLORAMPHENICOL POWD	NC	
CHLORHEXIDINE DIACETATE	NC	
CHLOROPHYLLIN SODIUM COPPER	NC	
CHLOROTHIAZIDE	NC	
CHLOROXINE	NC	
CHLOROXYLENOL	NC	
CHLORPROMAZINE HCL	NC	
CHOLECALCIFEROL CRYS	NC	
CHOLECALCIFEROL POWD	NC	RX/OTC
CHOLESTEROL FLAK	NC	
CHOLESTEROL POWD	NC	RX/OTC
CHOLESTYRAMINE	NC	
CHOLINE CHLORIDE	NC	
CHOLINE MAG TRISALICYLATE	NC	
CHONDROITIN SULFATE SODIUM	NC	RX/OTC
CHORIONIC GONADOTROPIN	NC	
CHROMIC CHLORIDE CRYS	NC	RX/OTC
CHROMIUM CHLORIDE POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits
CHROMIUM K SULFATE DODECAHYD	NC	
CHROMIUM PICOLINATE	NC	RX/OTC
CHROMIUM POLYNICOTINATE	NC	
CHRYSIN	NC	RX/OTC
CICLOPIROX	NC	
CIDOFOVIR	NC	
CINNAMON BARK	NC	
CIPROFLOXACIN	NC	
CIPROFLOXACIN HCL	NC	
CISAPRIDE	NC	
CISPLATIN	NC	
CITICOLINE	NC	
CITRULLINE	NC	RX/OTC
CITRUS BIOFLAVONOIDS 13 %	NC	
CLARITHROMYCIN	NC	
CLEMIZOLE HCL	NC	
CLIDINIUM BROMIDE	NC	
CLINDAMYCIN HCL	NC	
CLINDAMYCIN HCL MONOHYDRATE	NC	
CLINDAMYCIN PHOSPHATE POWD	NC	
CLOFAZIMINE	NC	
CLOMIPRAMINE HCL	NC	
CLONAZEPAM	NC	
CLOPIDOGREL BISULFATE	NC	
CLORSULON	NC	
COBALT GLUCONATE	NC	
COBAMAMIDE	NC	RX/OTC
COCAMIDE DEA	NC	
COLHIBIN	NC	
COLISTIMETHATE SODIUM	NC	
COLLAGEN HYDROLYSATE	NC	

Drug Name	Drug Tier	Requirements/ Limits
COPPER GLUCONATE	NC	
COPPER GLYCINATE	NC	
CORAL CALCIUM	NC	
CORN OIL	NC	RX/OTC
COUMARIN	NC	
CRANBERRY	NC	
CREATINE	NC	
CREATINE MONOHYDRATE	NC	RX/OTC
CREATININE	NC	RX/OTC
CRESOL	NC	
CROSCARMELLOSE SODIUM	NC	
CROTAMITON	NC	
CROTON OIL	NC	RX/OTC
CUPUACU BUTTER	NC	
CYANOCOBALAMIN CRYS	NC	RX/OTC
CYANOCOBALAMIN POWD	NC	
CYCLANDELATE	NC	
CYCLOBENZAPRINE HCL	NC	
CYCLOMETHICONE	NC	
CYCLOPENTASILOX-PEG/PPG DIMETH	NC	
CYCLOPENTOLATE HCL	NC	
CYCLOPHOSPHAMIDE	NC	
CYCLOSERINE	NC	
CYCLOSPORINE	NC	
CYCLOSPORINE A	NC	
CYPROHEPTADINE HCL	NC	
CYSTEAMINE HCL	NC	
DIETHYLENE GLYCOL MONOETHYL ET	NC	RX/OTC
ETHOXY DIGLYCOL	NC	RX/OTC
ETHOXY ETHOXY ETHANOL REAGENT	NC	RX/OTC
FREEDOM ESTERDERM	NC	

Drug Name	Drug Tier	Requirements/ Limits
HUMAN CHORIONIC GONADOTROPIN	NC	
L-CARNOSINE	NC	
L-CITRULLINE	NC	RX/OTC
L-CYSTEINE HCL	NC	RX/OTC
L-CYSTEINE CRYS	NC	
L-CYSTEINE POWD	NC	
LOCUST BEAN GUM	NC	
MICROCRYSTAL CELLULOSE NF 101 POWD	NC	RX/OTC
MICROCRYSTAL CELLULOSE NF 102 POWD	NC	RX/OTC
MICROCRYSTAL CELLULOSE NF 105 POWD	NC	RX/OTC
SPECPED SOLN	NC	
UREA PEROXIDE	NC	RX/OTC
VITAMIN D3 LIQD 2400 UNIT/ML, 1000000 UNIT/GM	NC	
VITAMIN D3 POWD	NC	RX/OTC
YLANG-YLANG OIL FRAGRANCE	NC	
Bulk Chemicals - D's		
2-DEOXY-D-GLUCOSE	NC	
CALCIUM HYDROXYAPATITE	NC	
DANTROLENE SODIUM	NC	
DAPIPRAZOLE HCL	NC	
DAPSONE	NC	
DEHYDROCHOLIC ACID	NC	
DEMECARIUM BROMIDE	NC	
DENATONIUM BENZOATE	NC	
DEOXYCHOLIC ACID	NC	
DESICCATED BEEF LIVER	NC	

Drug Name	Drug Tier	Requirements/ Limits
DESMOPRESSIN ACETATE	NC	
DESOXIMETASONE	NC	
DESOXYCORTICOSTERONE ACETATE	NC	
DEVILS CLAW	NC	
DEXAMETHASONE	NC	
DEXAMETHASONE ACETATE	NC	
DEXAMETHASONE BASE	NC	
DEXAMETHASONE ISONICOTINATE	NC	
DEXAMETHASONE SODIUM PHOSPHATE	NC	
DEXCHLORPHENIRAMINE MALEATE	NC	
DEXPANTHENOL LIQD	NC	
DEXPANTHENOL POWD	NC	
DEXTRAN 40000	NC	
DEXTRAN 75000	NC	
DEXTROMETHORPHAN	NC	
DIAMINOPYRIDINE	NC	
DIAZEPAM	NC	
DIAZOXIDE	NC	
DIBUCAINE	NC	
DIBUCAINE HCL	NC	
DICHLORALPHENAZONE	NC	
DICHLOROACETIC ACID	NC	
DICLAZURIL	NC	
DICLOFENAC SODIUM POWD	NC	
DICYCLOMINE HCL	NC	
DIETHANOLAMINE	NC	
DIETHYL PHTHALATE	NC	
DIETHYL TOLUAMIDE	NC	
DIETHYLCARBAMAZINE CITRATE	NC	
DIETHYLPROPION HCL	NC	

Drug Name	Drug Tier	Requirements/ Limits
DIETHYLSTILBESTROL	NC	
DIGOXIN MICRONIZED POWD	NC	
DIGOXIN POWD	NC	
DIHYDROCODEINE BITARTRATE	NC	
DIHYDROXYACETONE (1,3) DIMER	NC	
DIINDOLYLMETHANE	NC	
DIIODO-L-THYRONINE 3,5	NC	
DILTIAZEM HCL	NC	
DIMETHYL FUMARATE	NC	
DIMETHYL SILOXANE HYDROXYALKYL	NC	
DIMETHYLACETAMIDE	NC	
DIMETHYLAMINOETHANOL	NC	
DIMETHYLGLYCINE HCL	NC	RX/OTC
DIOSGENIN	NC	
DIOSMIN	NC	
DIOXYBENZONE	NC	
DIPHENIDOL HCL	NC	
DIPHENYLCYCLOPROPENONE (BULK) 98 %	NC	
DIPYRIDAMOLE	NC	
DISOPHENOL	NC	
DISULFIRAM	NC	
DIVALPROEX SODIUM	NC	
DMAE BITARTRATE	NC	
D-MANNOSE	NC	
DOCOSANOL	NC	
DOPAMINE HCL	NC	
DORZOLAMIDE HCL	NC	
DOW CORNING 1501 FLUID	NC	
DOXEPIN HCL	NC	
DOXYCYCLINE MONOHYDRATE	NC	
D-RIBOSE	NC	
DULOXETINE HCL	NC	
DUTASTERIDE	NC	
DYCLONINE HCL CRYS	NC	
DYCLONINE HCL POWD	NC	
DYPHYLLINE	NC	
GERMALL PLUS LIQD	NC	
PCCA DMAE COMPLEX	NC	
PROSTAGLANDIN E2	NC	
RIBOSE (D)	NC	
SYN-AKE	NC	
Bulk Chemicals - E's		
ECONAZOLE NITRATE	NC	
EDROPHONIUM CHLORIDE	NC	
EFLORNITHINE HCL	NC	
EMU OIL	NC	
ENALAPRIL MALEATE	NC	
ENCLOMIPHENE CITRATE POWD XX	NC	
ENROFLOXACIN	NC	
EPINEPHRINE BITARTRATE	NC	
ERGOLOID MESYLATES	NC	
ERLOTINIB HCL (BULK)	NC	
ERYTHROMYCIN ESTOLATE	NC	
ESCITALOPRAM OXALATE	NC	
ESTRADIOL BENZOATE	NC	
ESTRADIOL CYPIONATE	NC	
ESTRADIOL HEMIHYDRATE (BULK)	NC	
ESTRADIOL MICRONIZED	NC	
ESTRADIOL VALERATE POWD	NC	
ESTRADIOL POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits
ESTRIOL	NC	
ESTRIOL MICRONIZED	NC	
ESTRONE CRYS	NC	
ESTRONE POWD	NC	
ETHOSUXIMIDE	NC	
ETHYL OLEATE	NC	RX/OTC
ETHYL VANILLIN	NC	
ETHYLCELLULOSE	NC	
ETHYLENEDIAMINE	NC	
ETOMIDATE	NC	
EUCALYPTOL	NC	RX/OTC
GREEN TEA	NC	
Bulk Chemicals - F's		
4-AMINOPYRIDINE	NC	
4-METHYLPYRAZOLE	NC	
5-FLUOROURACIL	NC	
DALFAMPRIDINE	NC	
FAMCICLOVIR	NC	
FAMOTIDINE	NC	
FENBENDAZOLE	NC	
FENOFIBRATE	NC	
FERRIC AMMONIUM CITRATE	NC	
FERRIC CHLORIDE HEXAHYDRATE MISC	NC	
FERRIC SUBSULFATE (BULK) POWD	NC	
FERRIC SUBSULFATE (BULK) SOLN	NC	RX/OTC
FERRIC SULFATE	NC	
FERROUS BISGLYCINATE CHELATE	NC	
FERROUS FUMARATE	NC	
FERROUS GLUCONATE DIHYDRATE GRAN	NC	
FERROUS GLUCONATE DIHYDRATE POWD	NC	
FERROUS GLUCONATE POWD	NC	
FERULIC ACID	NC	
FEVERFEW	NC	
FEXOFENADINE HCL	NC	
FINASTERIDE CRYS	NC	
FINASTERIDE POWD	NC	
FLIBANSERIN	NC	
FLUCONAZOLE	NC	
FLUCYTOSINE	NC	
FLUMAZENIL	NC	
FLUNIXIN MEGLUMINE	NC	
FLUOROURACIL	NC	
FLUOXETINE HCL	NC	
FLUPHENAZINE DECANOATE LIQD	NC	
FLUPHENAZINE DECANOATE POWD	NC	
FLUTICASONE PROPIONATE	NC	
FORMOTEROL FUMARATE	NC	
FORMOTEROL FUMARATE DIHYDRATE	NC	
FORSKOLIN	NC	
FURAZOLIDONE	NC	
Bulk Chemicals - G's		
4-AMINOBUTYRIC ACID	NC	
ARLACEL 165	NC	
EGCG POWD	NC	
GABAPENTIN	NC	
GALACTOSE	NC	
GAMMA-AMINOBUTYRIC ACID	NC	
GARDENIA FRAGRANCE	NC	
GATIFLOXACIN	NC	
GENISTEIN	NC	
GINSENG ROOT	NC	

Drug Name	Drug Tier	Requirements/ Limits
GLUCONOLACTONE	NC	
GLUCOSAMINE HCL	NC	RX/OTC
GLUCOSAMINE SULFATE	NC	RX/OTC
GLUCOSAMINE SULFATE NACL	NC	
GLUCOSAMINE SULFATE POTASSIUM	NC	
GLUTARALDEHYDE IN WATER LIQD	NC	
GLYCEROL MONOOLEATE	NC	
GLYCERYL MONOSTEARATE FLAK	NC	RX/OTC
GLYCOFUROL	NC	
GLYCOPYRROLATE	NC	
GLYCOSAMINOGLYCANS	NC	
GLYCYRRHIZIC ACID	NC	
GOLD SODIUM THIOMALATE	NC	
GRAMICIDIN D	NC	
GRAPE SEED OIL	NC	RX/OTC
GREEN SOAP	NC	
GREEN TEA EXTRACT LIQD	NC	
GREEN TEA OIL FRAGRANCE	NC	
GRISEOFULVIN MICRONIZED	NC	
GRISEOFULVIN MICROSIZE	NC	
GUANABENZ ACETATE	NC	
GUANETHIDINE SULFATE	NC	
GUANIDINEACETIC ACID	NC	
GUAR GUM	NC	
GUARANA SEED EXTRACT	NC	
GYMNEMA SYLVESTRIS LEAF	NC	

Drug Name	Drug Tier	Requirements/ Limits
Bulk Chemicals - H's		
ACTIPHYTE OF IVY	NC	
HALOPERIDOL	NC	
HALOPERIDOL DECANOATE	NC	
HAWTHORN BERRY	NC	
HEMATOXYLIN	NC	
HEPARIN SODIUM	NC	
HEPES	NC	
HEPTAMINOL	NC	
HISTAMINE PHOSPHATE CRYS	NC	
HONEY ALMOND FRAGRANCE	NC	
HUPERZINE SERRATE A	NC	
HYALURONATE SODIUM	NC	
HYALURONIC ACID	NC	
HYALURONIC ACID SODIUM	NC	
HYDRALAZINE HCL	NC	
HYDRAZINE SULFATE	NC	
HYDROCODONE BITARTRATE CRYS	NC	
HYDROCODONE BITARTRATE POWD	NC	
HYDROCORTISONE	NC	
HYDROCORTISONE ACETATE	NC	
HYDROCORTISONE HEMISUCCINATE	NC	
HYDROCORTISONE MICRONIZED	NC	
HYDROFLUORIC ACID	NC	
HYDROXOCOBALAMIN	NC	RX/OTC
HYDROXOCOBALAMIN HCL	NC	
HYDROXYAMPHETAMINE HBR	NC	

Drug Name	Drug Tier	Requirements/ Limits
HYDROXYCHLOROQUINE SULFATE	NC	
HYDROXYETHYL CELLULOSE POWD	NC	
HYDROXYETHYL METHACRYLATE	NC	
HYDROXYPROGESTERONE CAPROATE	NC	
HYDROXYPROPYL CELLULOSE	NC	RX/OTC
HYDROXYPROPYL METHYLCELLULOSE	NC	RX/OTC
HYDROXYPROPYL-BETA-CYCLODEXT	NC	
HYDROXYUREA	P	
HYDROXYZINE HCL	NC	
HYPROMELLOSE	NC	RX/OTC
HYPROMELLOSE METHOCEL K100M	NC	RX/OTC
METHOCEL E4M	NC	RX/OTC
METHOCEL E4M PREMIUM	NC	RX/OTC
METHOCEL E4M PREMIUM CR	NC	RX/OTC
METHOCEL K100 PREMIUM	NC	RX/OTC
METHOCEL K100M PREMIUM	NC	RX/OTC
SODIUM HYALURONATE	NC	
WITCH HAZEL	NC	
Bulk Chemicals - I's		
CERAPHYL SLK	NC	
IDEBENONE	NC	
IDOXURIDINE	NC	
IMATINIB MESYLATE POWD XX	NC	
IMIDUREA	NC	
IMIQUIMOD	NC	
INDOCYANINE GREEN	NC	
INDOLE-3-CARBINOL	NC	RX/OTC
INOSITOL	NC	
INOSITOL HEXANICOTINATE	NC	RX/OTC
IODINE RESUBLIMED GRAN	NC	
IODINE STRONG (LUGOL'S)	NC	RX/OTC
IODINE CRYS	NC	
IODINE FLAK	NC	
IOPANOIC ACID	NC	
ISOMETHEPTENE MUCATE	NC	
ISOPROPYL MYRISTATE	NC	
ISOPROTERENOL HCL	NC	
ISOSORBIDE	NC	
ISOTRETINOIN	NC	
ISOXSUPRINE HCL	NC	
ITRACONAZOLE	NC	
IVERMECTIN	NC	
LIPACTIVE INCA INCHI WO	NC	
Bulk Chemicals - J's		
JASMINE FRAGRANCE	NC	
JOJOBA OIL	NC	
Bulk Chemicals - K's		
7-KETO DHEA	NC	RX/OTC
ACTIPHYTE OF SEA KELP	NC	
ACTIPHYTE OF SUGAR KELP	NC	
KANAMYCIN SULFATE	NC	
KETAMINE HCL	NC	
KETOPROFEN POWD	NC	
KETOROLAC TROMETHAMINE	NC	
KETOTIFEN FUMARATE	NC	
KETOTIFEN HYDROGEN FUMARATE	NC	

Drug Name	Drug Tier	Requirements/ Limits
KINETIN	NC	
KIWI FRAGRANCE	NC	
KUDZU	NC	
Bulk Chemicals - L's		
ACIDOPHILUS LACTOBACILLUS	NC	
CALCIUM FOLINATE	NC	
CARNITINE (L)	NC	RX/OTC
LABETALOL HCL	NC	
LACTASE 5000	NC	
LAMOTRIGINE	NC	
LANSOPRAZOLE	NC	RX/OTC
LATANOPROST OIL	NC	
LATANOPROST POWD	NC	
LAURETH-9 POLIDOCANOL	NC	
LAURIC ACID	NC	
L-CARNITINE	NC	RX/OTC
L-CARNITINE HCL	NC	
LEAD TETROXIDE	NC	
LEFLUNOMIDE	NC	
LEMON BIOFLAVANOID	NC	
LETROZOLE	NC	
LEUCOVORIN CALCIUM	NC	
LEUPROLIDE ACETATE	NC	
LEVALBUTEROL HCL	NC	
LEVETIRACETAM	NC	
LEVOCARNITINE	NC	RX/OTC
LEVOCETIRIZINE DIHYDROCHLORIDE	NC	
LEVOFLOXACIN	NC	
LEVOFLOXACIN HEMIHYDRATE	NC	
LEVOMEFOLATE CALCIUM	NC	
LEVOMEFOLATE GLUCOSAMINE	NC	
LEVORPHANOL TARTRATE	NC	
LEVOTHYROXINE SODIUM	NC	
LICORICE DEGLYCYRRHIZINATED	NC	
LIDOCAINE BASE POWD	NC	
LIDOCAINE HCL	NC	
LIDOCAINE HCL MONOHYDRATE	NC	
LIDOCAINE CRYS	NC	
LIDOCAINE POWD	NC	
LIMONENE	NC	
LINCOMYCIN HCL	NC	
LINOLEIC ACID	NC	
LIOTHYRONINE	NC	
LIOTHYRONINE SODIUM	NC	
LISINOPRIL	NC	
LITHIUM CITRATE TETRAHYDRATE	NC	
L-LYSINE HCL POWD	NC	RX/OTC
L-METHYLFOLATE CALCIUM	NC	
LORATADINE	NC	RX/OTC
LORAZEPAM	NC	
LOSARTAN POTASSIUM	NC	
LOVASTATIN	NC	
L-SELENOMETHIONINE	NC	
L-SELENOMETHIONINE BLEND	NC	
LUTEIN BEAD	NC	
LUTEIN POWD	NC	
PCCA T3 SODIUM	NC	
PCCA T4 SODIUM	NC	
PINENE (L-ALPHA)	NC	
Bulk Chemicals - M's		
2-METHOXYESTRADIOL	NC	

Drug Name	Drug Tier	Requirements/ Limits
5-METHYLTETRAHYDROFOLATE CALC	NC	RX/OTC
DIMETHYL SULFONE POWD	NC	
L-GLUTAMIC ACID MONOSOD SALT	NC	
MACA ROOT	NC	
MAFENIDE ACETATE	NC	
MAFENIDE HCL	NC	
MAGNESIUM ALUMINUM SILICATE	NC	
MAGNESIUM AMINO ACID CHELATE	NC	
MAGNESIUM ASCORBATE	NC	
MAGNESIUM BISGLYCINATE DIHYD	NC	
MAGNESIUM CITRATE	NC	RX/OTC
MAGNESIUM GLUCONATE	NC	
MAGNESIUM GLYCINATE	NC	
MAGNESIUM HYDROXIDE	NC	
MAGNESIUM MALATE	NC	
MAGNESIUM PHOSPHATE	NC	
MALEIC ACID	NC	
MALIC ACID	NC	RX/OTC
MALTODEXTRIN	NC	
MANDELIC ACID	NC	
MANGANESE CHLORIDE	NC	
MANGANESE GLUCONATE	NC	
MANGANESE SULFATE	NC	
MECAMYLAMINE HCL	NC	
MECHLORETHAMINE HCL	NC	
MECLOFENOXATE HCL	NC	

Drug Name	Drug Tier	Requirements/ Limits
MEDIUM CHAIN TRIGLYCERIDES	NC	
MEDROXYPROGESTERONE ACE MICRO	NC	
MEDROXYPROGESTERONE ACETATE	NC	
MEDROXYPROGESTERONE MICRONIZED	NC	
MEGLUMINE	NC	
MELOXICAM	NC	
MENADIONE	NC	
MEQUINOL	NC	
MERCAPTOPURINE	NC	
MERCAPTOPURINE MONOHYDRATE	NC	
METACRESOL ACETATE	NC	
METFORMIN HCL	NC	
METHACHOLINE CHLORIDE CRYS	NC	
METHACHOLINE CHLORIDE POWD	NC	
METHACRYLIC ACID COPOLYMER A	NC	
METHANESULFONIC ACID	NC	
METHOCARBAMOL	NC	
METHOXYAMINE HYDROCHLORIDE	NC	
METHOXYETHANOL	NC	
METHSCOPOLAMINE BROMIDE	NC	
METHSCOPOLAMINE NITRATE	NC	
METHYL METHACRYLATE CROSSPOLY	NC	
METHYL SULFONE CRYS	NC	RX/OTC
METHYLCOBALAMIN	NC	RX/OTC
METHYLENE CHLORIDE	NC	

Drug Name	Drug Tier	Requirements/ Limits
METHYLMETHACRYL CROSSPOLYMER	NC	
METHYLPHENIDATE HCL	NC	
METHYLPYRROLIDONE	NC	
METHYLSULFONYLMET HANE CRYS	NC	RX/OTC
METHYLSULFONYLMET HANE POWD	NC	
METHYSERGIDE MALEATE	NC	
METRONIDAZOLE	NC	
METRONIDAZOLE BENZOATE	NC	
MEXILETINE HCL	NC	
MIDAZOLAM	NC	
MILK THISTLE	NC	
MIRTAZAPINE	NC	
MISOPROSTOL	NC	
MISOPROSTOL-HPMC	NC	
MITOMYCIN	NC	
MITOTANE	NC	
MODAFINIL	NC	
MOLYBDENUM	NC	
MOMETASONE FUROATE	NC	
MONOBENZONE	NC	
MONOETHANOLAMINE	NC	
MONTELUKAST SODIUM	NC	
MORANTEL TARTRATE	NC	
MOXIFLOXACIN HCL	NC	
MOXISYLYTE HCL	NC	
MUPIROCIN	NC	
MYCOPHENOLATE MOFETIL	NC	
VITAMIN K2	NC	
Bulk Chemicals - N's		
NABUMETONE	NC	

Drug Name	Drug Tier	Requirements/ Limits
N-ACETYL-L-CARNOSINE	NC	
NADH	NC	
NALBUPHINE HCL	NC	
NALOXONE HCL	NC	
NALOXONE HCL DIHYDRATE	NC	
NALTREXONE	NC	
NALTREXONE HCL	NC	
NALTREXONE HCL ANHYDROUS	NC	
NALTREXONE HCL DIHYDRATE	NC	
NALTREXONE HCL MICRONIZED	NC	
NANDROLONE DECANOATE	NC	
NAPHAZOLINE HCL POWD	NC	
NEOSTIGMINE METHYLSULFATE	NC	
NETTLE LEAF	NC	
NICLOSAMIDE	NC	
NICOTINAMIDE ADENINE DINUCLEO	NC	RX/OTC
NICOTINAMIDE RIBOSIDE CHLORIDE	NC	
NICOTINE POLACRILEX	NC	RX/OTC
NICOTINE TARTRATE	NC	
NIFEDIPINE	NC	
NIFEDIPINE MICRONIZED	NC	
NIMODIPINE	NC	
NITAZOXANIDE	NC	
NITROFURANTOIN ANHYDROUS	NC	
NITROFURANTOIN MONOHYDRATE	NC	
NONOXYNOL-9	NC	

Drug Name	Drug Tier	Requirements/ Limits
NOREPINEPHRINE BITARTRATE	NC	
NORETHINDRONE	NC	
NYSTATIN	NC	
Bulk Chemicals - O's		
HYDROXYQUINOLINE SULFATE	NC	
L-ORNITHINE HYDROCHLORIDE	NC	RX/OTC
OCTINOXATE	NC	
OCTISALATE	NC	
OCTYL STEARATE	NC	
OLMESARTAN MEDOXOMIL	NC	
ONDANSETRON HCL	NC	
ORIGANUM OIL	NC	
ORLISTAT	NC	
ORNITHINE HCL	NC	RX/OTC
OSELTAMIVIR PHOSPHATE	NC	
OXANDROLONE	NC	
OXYBUTYNIN CHLORIDE	NC	
OXYMETAZOLINE HCL	NC	
OXYTETRACYCLINE DIHYDRATE	NC	
OXYTOCIN	NC	
OXYTOCIN ACETATE	NC	
TRITON X-100	NC	
Bulk Chemicals - P's		
BRIJ 30	NC	
BRIJ 35 WAX	NC	
BRIJ 700 WAX	NC	
BRIJ 93	NC	
BRIJ C20 WAX	NC	
BRIJ S20 WAX	NC	
COSMOCIL CQ LIQD	NC	
DL-PANTHENOL	NC	

Drug Name	Drug Tier	Requirements/ Limits
DL-PANTHENOL ALCOHOL	NC	
PALMAROSA	NC	
PALMITOYL PENTAPEPTIDE-3	NC	
PALMITOYL TRIPEPTIDE-3	NC	
PANCREATIN	NC	
PANTHENOL	NC	
PANTOPRAZOLE SODIUM	NC	
PAPAIN	NC	
PARACHLOROPHENOL	NC	
PARAFORMALDEHYDE	NC	
PAROMOMYCIN SULFATE	NC	
PEARBERRY FRAGRANCE	NC	
PEG 400 MONOSTEARATE	NC	
PEG-40 CASTOR OIL	NC	
PENCICLOVIR (BULK)	NC	
PENICILLAMINE	NC	
PENNYROYAL OIL	NC	
PENTOSAN POLYSULFATE SODIUM	NC	
PENTOXIFYLLINE	NC	
PENTYLENE GLYCOL	NC	
PENTYLENETETRAZOLE	NC	
PERFLUORODECALIN	NC	
PERGOLIDE MESYLATE	NC	
PERMETHRIN LIQD	NC	
PERPHENAZINE	NC	
PEUCEDANUM OSTRUTHIUM EXTRACT	NC	
PHENELZINE SULFATE	NC	
PHENINDIONE	NC	
PHENIRAMINE MALEATE POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits
PHENOLSULFONIC ACID	NC	
PHENOXYBENZAMINE HCL	NC	
PHENOXYETHANOL	NC	
PHENTERMINE HCL	NC	
PHENTOLAMINE MESYLATE	NC	
PHENYL SALICYLATE	NC	
PHENYLETHYL ALCOHOL	NC	
PHENYLETHYLAMINE HCL	NC	
PHENYLTOLOXAMINE CITRATE	NC	
PHENYTOIN	NC	
PHOSPHATIDYLCHOLINE	NC	RX/OTC
PHOSPHATIDYLSERINE	NC	
PHYTIC ACID IN WATER	NC	
PHYTONADIONE CRYS	NC	
PHYTONADIONE LIQD	NC	RX/OTC
PIMOBENDAN	NC	
PINE BARK EXTRACT	NC	
PINE NEEDLE OIL	NC	
PINEAPPLE EXTRACT	NC	
PIPERINE	NC	
PIRACETAM	NC	
PODOFILOX	NC	
POLYACRYLATE CROSSPOLYMER-6	NC	
POLYHEXAMETHYLENE BIGUANIDE SOLN	NC	
POLYOXYL 40 HYD CASTOR OIL	NC	
POLYVINYL ALCOHOL	NC	
POLYVINYLPYRROLIDONE K-30	NC	
POLYVINYLPYRROLIDONE K-90	NC	
POMEGRANATE SEED	NC	
PONAZURIL	NC	
POTASSIUM ACETATE CRYS	NC	RX/OTC
POTASSIUM ACETATE POWD	NC	
POTASSIUM ASPARTATE	NC	
POTASSIUM AZELAOYL DIGLYCINATE	NC	
POTASSIUM BENZOATE	NC	
POTASSIUM IODIDE CRYS	NC	RX/OTC
POTASSIUM IODIDE GRAN	NC	
POTASSIUM IODIDE POWD	NC	
POTASSIUM METABISULFITE POWD	NC	
POTASSIUM PERMANGANATE GRAN	NC	RX/OTC
POTASSIUM PHOSPHATE DIBASIC GRAN	NC	
POTASSIUM PHOSPHATE MONOBASIC CRYS	NC	
POTASSIUM PHOSPHATE MONOBASIC POWD	NC	
POTASSIUM SODIUM TARTRATE GRAN	NC	
POTASSIUM SODIUM TARTRATE POWD	NC	
POTASSIUM SULFATE	NC	
POVIDONE	NC	
POVIDONE K-30	NC	
POVIDONE-IODINE FLAK	NC	
POVIDONE-IODINE POWD	NC	
POWDER SCENT FRAGRANCE	NC	

Drug Name	Drug Tier	Requirements/ Limits
PRALIDOXIME CHLORIDE	NC	
PRAZIQUANTEL POWD	NC	
PREGABALIN	NC	
PRILOCAINE	NC	
PRILOCAINE HCL	NC	
PRIMIDONE	NC	
PROCARBAZINE HCL	NC	
PROCHLORPERAZINE EDISYLATE	NC	
PROFLAVINE HEMISULFATE	NC	
PROGESTERONE MICRONIZED	NC	
PROGESTERONE MILLED POWD	NC	
PROGESTERONE WETTABLE (SOY) POWD	NC	
PROGESTERONE WETTABLE POWD	NC	
PROGESTERONE POWD	NC	
PROMAZINE HCL	NC	
PROMETHAZINE HCL POWD	NC	
PROPANEDIOL	NC	
PROPARACAINE HCL	NC	
PROPYL GALLATE	NC	
PROPYLENE GLYCOL	NC	RX/OTC
PROPYLENE GLYCOL MONOSTEARATE	NC	
PROPYLTHIOURACIL	NC	
PROTAMINE SULFATE	NC	
PROTEASE	NC	
PSYLLIUM HUSK	NC	
PULLULAN	NC	
PYRANTEL PAMOATE	NC	
PYRAZINAMIDE	NC	
PYRIDOSTIGMINE BROMIDE	NC	
PYRIDOXAL-5 PHOSPHATE	NC	RX/OTC
PYRIDOXAL-5-PHOSPHATE	NC	RX/OTC
PYRIMETHAMINE	NC	
VITAMIN K1 POWD	NC	
ZINC PYRITHIONE	NC	
Bulk Chemicals - Q's		
QUATERNIUM-15	NC	
QUERCETIN DIHYDRATE	NC	
QUININE HCL DIHYDRATE	NC	
Bulk Chemicals - R's		
RACEPINEPHRINE HCL	NC	
RAPESEED OIL	NC	
RASAGILINE MESYLATE	NC	
RAUWOLFIA SERPENTINA	NC	
RED YEAST RICE	NC	RX/OTC
RED YEAST RICE EXTRACT	NC	RX/OTC
RESVERATROL	NC	
RETINAL	NC	
RIBAVIRIN	NC	
RIBOFLAVIN	NC	RX/OTC
RIBOFLAVIN 5-PHOSPHATE SODIUM	NC	RX/OTC
RIBOFLAVIN-5-PHOSPHATE SODIUM	NC	RX/OTC
RIFAMPIN	NC	
RIFAXIMIN	NC	
ROCURONIUM BROMIDE	NC	
RONIDAZOLE	NC	
ROPIVACAINE HCL	NC	
ROSE BENGAL B	NC	
ROSUVASTATIN CALCIUM	NC	
RUBIDIUM CHLORIDE	NC	

Drug Name	Drug Tier	Requirements/ Limits
RUTIN	NC	
Bulk Chemicals - S's		
AC DERMAPEPTIDE	NC	
CALCIUM SACCHARIN	NC	
CETYL ESTERS WAX	NC	
COPASIL GEL	NC	
DEOXYCHOLIC ACID SODIUM	NC	
DIBUTYL SQUARATE LIQD	NC	RX/OTC
DIMERCAPTOSUCCINIC ACID CRYS	NC	
DIMERCAPTOSUCCINIC ACID POWD	NC	
DL-3-HYDROXYBUTYRIC ACID SOD	NC	
DOW CORNING 200 LIQD	NC	RX/OTC
L-ASPARTIC ACID SODIUM	NC	RX/OTC
LECITHIN SOYA GRAN	NC	
LECITHIN SOYA POWD	NC	
L-SERINE	NC	RX/OTC
NICE PURE BAKING SODA	NC	RX/OTC
NOURISIL GEL	NC	
PMX-1184 SILICONE LIQD	NC	RX/OTC
SACCHARIN CALCIUM	NC	
SAGE LEAF	NC	
SALICYLIC ACID CRYS	NC	
SALICYLIC ACID POWD	NC	RX/OTC
SALICYLIC ACID SOLN	NC	
SALSALATE	NC	
SAW PALMETTO BERRY POWD	NC	
SCARLET RED	NC	
SECRETIN-MANNITOL	NC	
SELENIUM SULFIDE	NC	

Drug Name	Drug Tier	Requirements/ Limits
SELENIUM YEAST	NC	
SENNA EXTR	NC	
SERMORELIN ACETATE	NC	
SEROTONIN HCL	NC	
SERTRALINE HCL	NC	
SHARK CARTILAGE	NC	
SHOWER FRESH FRAGRANCE	NC	
SIBERIAN GINSENG	NC	
SILDENAFIL CITRATE	NC	
SILICONE BLEND CUSTOM PSTE	NC	
SILICONE ELASTOMER BLEND GEL	NC	
SILICONE ELASTOMER BLEND LIQD	NC	RX/OTC
SILICONE FLUID 556 LIQD	NC	RX/OTC
SILVER SULFADIAZINE	NC	
SIMVASTATIN	NC	
SINCALIDE IN MANNITOL	NC	
SIROLIMUS	NC	
SODIUM ACETATE TRIHYDRATE	NC	
SODIUM ALGINATE	NC	
SODIUM ASCORBYL PHOS DIHYDRATE	NC	
SODIUM ASPARTATE	NC	
SODIUM ASPARTATE MONOHYDRATE	NC	RX/OTC
SODIUM BICARBONATE	NC	RX/OTC
SODIUM BISULFITE	NC	RX/OTC
SODIUM BITARTRATE MONOHYDRATE	NC	
SODIUM CAPRATE	NC	
SODIUM CAPRYLATE	NC	
SODIUM CHLORITE FLAK	NC	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM CITRATE DIHYDRATE GRAN	NC	
SODIUM CITRATE DIHYDRATE POWD	NC	
SODIUM COCOYL GLUTAMATE	NC	
SODIUM DEHYDROACETATE	NC	
SODIUM DEOXYCHOLATE	NC	
SODIUM DIACETATE	NC	
SODIUM DICHLOROACETATE	NC	
SODIUM FLUORIDE	NC	
SODIUM FLUOROPHOSPHATE	NC	
SODIUM GLUCONATE	NC	
SODIUM IODIDE GRAN	NC	
SODIUM LACTATE 60 %	NC	
SODIUM LAURETH SULFATE	NC	
SODIUM METABISULFITE GRAN	NC	RX/OTC
SODIUM METABISULFITE POWD	NC	
SODIUM MOLYBDATE	NC	
SODIUM MONOFLUOROPHOSPHATE	NC	
SODIUM NITRATE (BULK) GRAN	NC	
SODIUM NITRATE (BULK) POWD	NC	
SODIUM OLEATE	NC	
SODIUM PHENYLBUTYRATE	NC	
SODIUM PHOSPHATE DIBASIC HEPTA CRYS	NC	
SODIUM PHOSPHATE DIBASIC HEPTA POWD	NC	
SODIUM PHOSPHATE DIBASIC CRYS	NC	
SODIUM PHOSPHATE DIBASIC GRAN	NC	RX/OTC
SODIUM PHOSPHATE DIBASIC POWD	NC	
SODIUM PHOSPHATE MONOBASIC GRAN	NC	
SODIUM PHOSPHATE MONOBASIC POWD	NC	RX/OTC
SODIUM PHOSPHATE TRIBASIC CRYS	NC	
SODIUM PHOSPHATE TRIBASIC POWD	NC	
SODIUM PIDOLATE	NC	
SODIUM PROPIONATE	NC	RX/OTC
SODIUM SELENITE	NC	
SODIUM STARCH GLYCOLATE	NC	
SODIUM STEARATE	NC	
SODIUM STEARYL FUMARATE	NC	
SODIUM SUCCINATE	NC	
SODIUM TARTRATE DIHYDRATE	NC	
SODIUM TETRADECYL SULFATE POWD	NC	
SODIUM TETRADECYL SULFATE SOLN 27 %	NC	
SODIUM THIOSALICYLATE	NC	
SORAFENIB TOSYLATE (BULK)	NC	
SORBITAN MONOLAURATE	NC	
SORBITAN MONOOLEATE	NC	
SORBITAN MONOPALMITATE	NC	
SOYABEAN CASEIN DIGEST MEDIUM	NC	

Drug Name	Drug Tier	Requirements/ Limits
SOYBEAN LECITHIN GRAN	NC	
SPAN 80	NC	
SPIRULINA	NC	
SQUALANE LIQD	NC	
SQUALANE OIL	NC	
SQUALENE	NC	
SQUARIC ACID	NC	
SQUARIC ACID DI-N-BUTYL ESTER POWD	NC	
SQUARIC ACID IN BUTANOL LIQD	NC	RX/OTC
ST JOHNS WORT	NC	
STANNOUS CHLORIDE DIHYDRATE	NC	
STANOZOLOL	NC	
STEVIA EXTRACT	NC	RX/OTC
STEVIOL GLYCOSIDES	NC	
STEVIOSIDE EXTR	NC	
STRONTIUM CHLORIDE CRYS	NC	
SUCCIMER DMSA POWD	NC	
SUCCINIC ACID	NC	
SUCCINYLCHOLINE CHLORIDE	NC	
SUCROSE OCTAACETATE	NC	
SUFENTANIL CITRATE	NC	
SULFACETAMIDE	NC	
SULFADIMETHOXINE	NC	
SULFAMERAZINE	NC	
SULFOSALICYLIC ACID DIHYDRATE	NC	
SULFUR PRECIPITATED (BULK) POWD	NC	RX/OTC
SULFUR SUBLIMED (BULK) POWD	NC	RX/OTC
SULPIRIDE	NC	
SUMATRIPTAN	NC	
SUMATRIPTAN SUCCINATE	NC	
SUPEROXIDE DISMUTASE POWD	NC	
SUPEROXIDE DISMUTASE SOLN	NC	
TRUCLEAR STEVIA PLUS	NC	RX/OTC
Bulk Chemicals - T's		
CURCUMIN	NC	
CURCUMIN EXTRACT	NC	
NATURAL MIXED TOCOPHEROLS	NC	
RENOVAGE	NC	
TACROLIMUS	NC	
TADALAFIL	NC	
TAMOXIFEN CITRATE	NC	
TAMOXIFEN CITRATE MICRONIZED	NC	
TAZAROTENE	NC	
TEA COCOYL GLUTAMINE	NC	
TEA TREE OIL	NC	RX/OTC
TERBINAFINE HCL	NC	
TESTOSTERONE CYPIONATE	NC	
TESTOSTERONE ENANTHATE	NC	
TESTOSTERONE MICRONIZED CRYS	NC	
TESTOSTERONE MICRONIZED POWD	NC	
TESTOSTERONE PROPIONATE	NC	
TESTOSTERONE POWD	NC	
TETRACAINE	NC	
TETRACAINE HCL	NC	
TETRAHYDROBIOPTERIN DIHCL	NC	

Drug Name	Drug Tier	Requirements/ Limits
TETRAHYDROZOLINE HCL	NC	
THEANINE	NC	
THEOBROMINE	NC	
THIOGUANINE	NC	
THIORIDAZINE HCL	NC	
THYMUS	NC	
THYROID (PORCINE)	NC	
TICARCILLIN-POT CLAVULANATE	NC	
TITANIUM DIOXIDE LIQD	NC	
TITANIUM DIOXIDE POWD	NC	
TIZANIDINE HCL	NC	
TOBRAMYCIN	NC	
TOCOTRIENOLS	NC	
TOFACITINIB CITRATE	NC	
TOLAZOLINE HCL	NC	
TOLTRAZURIL	NC	
TOLU BALSAM MISC	NC	
TOLUIDINE BLUE O POWD	NC	
TOPIRAMATE	NC	
TRAMADOL HCL	NC	
TRANEXAMIC ACID	NC	RX/OTC
TRANILAST CRYS	NC	
TRANILAST POWD	NC	
TRIACETIN	NC	
TRIAMCINOLONE	NC	
TRIAMCINOLONE HEXACETONIDE	NC	
TRICHLORMETHIAZIDE	NC	
TRICHLOROACETIC ACID CRYS	NC	RX/OTC
TRICHLOROACETIC ACID POWD	NC	
TRICLOSAN	NC	
TRIETHANOLAMINE LAURYL SULFATE	NC	
TRIETHANOLAMINE SALICYLATE	NC	
TRILOSTANE	NC	
TRIMEPRAZINE TARTRATE	NC	
TRIMETHOBENZAMIDE HCL	NC	
TRIOXSALEN	NC	
TRIPROLIDINE HCL	NC	
TROMETHAMINE	NC	
TROPOLONE	NC	
TRYPSIN POWD	NC	
TURMERIC	NC	
TURMERIC ROOT	NC	
TYLOSIN TARTRATE	NC	
TYLOXAPOL	NC	
XILOGEL	NC	
Bulk Chemicals - U's		
UBIQUINOL	NC	
UREA BEAD	NC	RX/OTC
UREA POWD	NC	RX/OTC
URIDINE	NC	
URSODIOL	NC	
Bulk Chemicals - V's		
ALPHA-TOCOPHEROL	NC	
RETINOL MOLECULAR FILM OIL	NC	
SODIUM VALPROATE	NC	
TOCOPHERYL ACID SUCC D-ALPHA	NC	RX/OTC
VALACYCLOVIR HCL	NC	
VALERIAN ROOT POWD	NC	
VALPROATE SODIUM	NC	
VALPROIC ACID POWD	NC	
VANADIUM	NC	
VANADYL SULFATE HYDRATE	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN HCL	NC	
VANILLIN CRYS	NC	
VANILLIN POWD	NC	
VARDENAFIL HCL	NC	
VEEGUM	NC	
VIDARABINE	NC	
VINPOCETINE	NC	
VITAMIN A ACETATE BEAD	NC	
VITAMIN A PALMITATE	NC	RX/OTC
VITAMIN A POWD	NC	
VITAMIN E	NC	
VITAMIN E ACETATE	NC	RX/OTC
VITAMIN E SUCCINATE	NC	RX/OTC
VORICONAZOLE	NC	
Bulk Chemicals - W's		
SEPICALM VG	NC	
WHEY PROTEIN ISOLATE	NC	
WHITE KIDNEY BEAN EXTRACT	NC	
WHITE WILLOW BARK	NC	
Bulk Chemicals - X		
XYLAZINE HCL	NC	
XYLITOL	NC	RX/OTC
XYLOMETAZOLINE HCL	NC	
Bulk Chemicals - Y's		
YEAST EXTRACT	NC	
YOHIMBINE HCL	NC	
Bulk Chemicals - Z's		
ZEAXANTHIN	NC	
ZINC ACETATE	NC	RX/OTC
ZINC CHLORIDE GRAN	NC	RX/OTC
ZINC CITRATE	NC	
ZINC GLUCONATE POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits
ZINC MONOMETHIONINE	NC	
ZINC OXIDE	NC	RX/OTC
ZINC PICOLINATE	NC	
ZINC UNDECYLENATE	NC	
ZIRCONIUM OXIDE	NC	
ZONISAMIDE	NC	
Liquids		
ACETONE	NC	RX/OTC
ACTIPHYTE OF LEMONGRASS	NC	
ALCOHOL ANHYDROUS	NC	
alcohol, rubbing XX	NC	
ALCOHOL, USP	NC	RX/OTC
ALMOND OIL (SWEET)	NC	RX/OTC
AMMONIUM LACTATE	NC	
ANISE	NC	
BASE G ALMOND OIL (SWEET)	NC	RX/OTC
BAY OIL	NC	
BENZYL BENZOATE	NC	RX/OTC
BERGAMOT OIL	NC	
CAMPHOR SPIRIT (BULK) 10 %	NC	
CASTOR OIL	NC	RX/OTC
CEDAR LEAF OIL	NC	
CELERY SEED	NC	
CHLORHEXIDINE GLUCONATE	NC	
CHLOROFORM	NC	RX/OTC
CINNAMON OIL	NC	
CITRONELLA OIL	NC	RX/OTC
CLOVE OIL	NC	RX/OTC
COCONUT OIL	NC	RX/OTC
COTTONSEED OIL	NC	RX/OTC
CRYOSERV	NC	RX/OTC
DIMETHYL SULFOXIDE	NC	RX/OTC
ETHANOL	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ETHER	NC	
ETHYL ALCOHOL 95 %, 100 %	NC	RX/OTC
EUCALYPTUS OIL	NC	RX/OTC
EUGENOL	NC	RX/OTC
FT NAIL POLISH REMOVER	NC	RX/OTC
FT SWEET OIL	NC	RX/OTC
GERANIUM OIL	NC	
GLYCERINE LIQD	NC	RX/OTC
GLYCERIN LIQD	NC	RX/OTC
GLYCERIN SOLN	NC	
GLYCEROL FORMAL LIQD	NC	RX/OTC
GLYCINE SOYA PROTEIN	NC	
GNP CINNAMON	NC	
GNP EUCALYPTUS	NC	RX/OTC
GNP PEPPERMINT SPIRIT	NC	
GNP SODIUM SILICATE	NC	
GOODSENSE ISOPROPYL ALCOHOL XX	NC	RX/OTC
GUAIACOL	NC	
HM ISOPROPYL ALCOHOL XX	NC	RX/OTC
ISOPROPANOL XX	NC	RX/OTC
isopropyl alcohol XX 91 %, 99 %	NC	
ISOPROPYL ALCOHOL XX 100 %, 70 %	NC	RX/OTC
ISOPROPYL ALCOHOL (RUBBING) XX	NC	
isopropyl alcohol, rubbing XX	NC	
ISOPROPYL PALMITATE (BULK)	NC	RX/OTC
JUNIPER TAR	NC	
LAVENDER OIL	NC	RX/OTC
LEMON OIL	NC	
LIME OIL	NC	RX/OTC
LINSEED OIL	NC	
MACADAMIA NUT OIL	NC	
METHANOL	NC	RX/OTC
METHYL ALCOHOL	NC	RX/OTC
MUSTARD OIL	NC	
NIAOULI	NC	
OLIVE OIL	NC	RX/OTC
ORANGE OIL	NC	
PEANUT OIL	NC	RX/OTC
PEPPERMINT OIL	NC	RX/OTC
PEPPERMINT SPIRIT (BULK)	NC	
PINE OIL	NC	
PINE TAR LIQD	NC	
POLYSORBATE 20	NC	RX/OTC
POLYSORBATE 40	NC	
POLYSORBATE 60	NC	
POLYSORBATE 80	NC	RX/OTC
PRETZ SOLN	NC	
QC CAMPHOR SPIRIT	NC	
QC CASTOR OIL	NC	RX/OTC
QC SWEET OIL	NC	RX/OTC
QUASSIA VINEGAR MS	NC	
ROSE OIL (BULK)	NC	RX/OTC
ROSEMARY OIL	NC	RX/OTC
SAFFLOWER OIL	NC	RX/OTC
SASSAFRAS OIL	NC	
SESAME OIL	NC	RX/OTC
SM CAMPHOR SPIRIT	NC	
SM ISOPROPYL ALCOHOL XX	NC	RX/OTC
SM SWEET OIL	NC	RX/OTC
SODIUM SILICATE (BULK) 40 %	NC	
SOYBEAN OIL OIL	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SPEARMINT OIL	NC	RX/OTC
SWEET OIL	NC	RX/OTC
TANGERINE	NC	
TANGERINE OIL	NC	
TURPENTINE	NC	
TURPENTINE OIL	NC	
UNDECYLENIC ACID	NC	RX/OTC
WA-001 EXPERIMENTAL SOIL SURFA	NC	
Semi-Solids		
COAL TAR EXTRACT SOLN	NC	RX/OTC
COAL TAR LIQD	NC	
COAL TAR SOLN	NC	RX/OTC
COAL TAR TAR	NC	
PERUVIAN BALSAM LIQD	NC	
PERUVIAN BALSAM MISC	NC	
PERUVIAN BALSAM POWD	NC	
Solids		
5-HYDROXY-L-TRYPTOPHAN	NC	
ALLANTOIN	NC	RX/OTC
ALPROSTADIL	NC	
ALUM AMMONIUM (BULK)	NC	
ALUMINUM AMMONIUM SULFATE	NC	
ALUMINUM HYDROXIDE DRIED GEL	NC	RX/OTC
ALUMINUM HYDROXIDE GEL	NC	RX/OTC
ALUMINUM POTASSIUM SULFATE POWD	NC	RX/OTC
ALUMINUM SULFATE CRYS	NC	

Drug Name	Drug Tier	Requirements/ Limits
ALUMINUM SULFATE GRAN	NC	
AMMONIUM BROMIDE GRAN	NC	
AMMONIUM BROMIDE POWD	NC	
AMMONIUM CARBONATE (BULK) POWD	NC	
AMMONIUM CHLORIDE	NC	RX/OTC
AMMONIUM PHOSPHATE DIBASIC GRAN	NC	
AMMONIUM SULFATE	NC	
ASPARTIC ACID	NC	RX/OTC
BHT GRAN	NC	
BISMUTH SUBCARBONATE	NC	RX/OTC
BISMUTH SUBNITRATE	NC	RX/OTC
BISMUTH SUBSALICYLATE	NC	RX/OTC
BORIC ACID NF POWD	NC	RX/OTC
BORIC ACID TOPICAL POWD	NC	RX/OTC
BORIC ACID CRYS	NC	
BORIC ACID POWD	NC	RX/OTC
BUTYLATED HYDROXYTOLUENE CRYS	NC	
BUTYLATED HYDROXYTOLUENE GRAN	NC	
BUTYLATED HYDROXYTOLUENE POWD	NC	
CALCIUM HYDROXIDE	NC	RX/OTC
CALCIUM SULFATE	NC	RX/OTC
CALCIUM SULFATE HEMIHYDRATE	NC	RX/OTC
CAPSICUM OLEORESIN LIQD	NC	

Drug Name	Drug Tier	Requirements/ Limits
CARBIDOPA	NC	
CARBIDOPA ANHYDROUS	NC	
CARBOXYMETHYLCELLULOSE SODIUM GRAN	NC	
CARBOXYMETHYLCELLULOSE SODIUM POWD	NC	RX/OTC
CITRIC ACID ANHYDROUS GRAN	NC	RX/OTC
CITRIC ACID ANHYDROUS POWD	NC	RX/OTC
CITRIC ACID MONOHYDRATE GRAN	NC	RX/OTC
CITRIC ACID MONOHYDRATE POWD	NC	
CITRIC ACID POWD	NC	RX/OTC
COENZYME Q10	NC	RX/OTC
CORN STARCH	NC	RX/OTC
DEHYDROEPIANDROSTERONE MICRO	NC	
DEHYDROEPIANDROSTERONE POWD	NC	RX/OTC
DHEA MICRONIZED	NC	
DHEA POWD	NC	RX/OTC
DIMENHYDRINATE	NC	
DIMERCAPTOPROPANE-SULFONATE NA	NC	
DINITROCHLOROBENZENE	NC	
DOCUSATE SODIUM-SOD BENZOATE	NC	
EDETATE ACID	NC	
EDETATE DISODIUM	NC	RX/OTC
EDETATE DISODIUM DIHYDRATE	NC	RX/OTC
EDETATE SODIUM	NC	
EDETIC ACID	NC	
EPINEPHRINE	NC	
EPINEPHRINE BASE	NC	
FLUORESCEIN	NC	

Drug Name	Drug Tier	Requirements/ Limits
FLUORESCEIN SODIUM	NC	
FULLERS EARTH (BULK)	NC	RX/OTC
GERMANIUM SESQUIOXIDE	NC	
GINGER ROOT	NC	
GNP BORIC ACID POWD	NC	RX/OTC
HM BORIC ACID POWD	NC	RX/OTC
HOMATROPINE METHYLBROMIDE POWD	NC	
HYDROXYTRYPTOPHAN (BULK)	NC	
HYDROXYTRYPTOPHAN L-5	NC	
IODOFORM	NC	RX/OTC
KETOCONAZOLE	NC	
KOJIC ACID	NC	RX/OTC
L-ASPARTIC ACID	NC	RX/OTC
LEAD ACETATE TRIHYDRATE POWD	NC	
LICORICE ROOT POWD	NC	
L-MENTHOL	NC	RX/OTC
MANNITOL	NC	RX/OTC
MELATONIN	NC	RX/OTC
MENADIONE SODIUM BISULFITE CRYS	NC	
MENTHOL	NC	RX/OTC
METHENAMINE MANDELATE	NC	
METHENAMINE POWD	NC	
METHYLENE BLUE	NC	
MINOXIDIL	NC	
OXYBENZONE	NC	
PHENYLMERCURIC ACETATE	NC	
PHENYLMERCURIC NITRATE	NC	
PILOCARPINE HCL POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits
PILOCARPINE NITRATE CRYS	NC	
PILOCARPINE NITRATE POWD	NC	
POTASH SULFURATED LUMP MISC	NC	
POTASSIUM ALUM POWD	NC	RX/OTC
POTASSIUM BITARTRATE (BULK)	NC	RX/OTC
POTASSIUM BROMIDE CRYS	NC	RX/OTC
POTASSIUM BROMIDE GRAN	NC	
POTASSIUM BROMIDE POWD	NC	
POTASSIUM GLUCONATE ANHYDROUS	NC	RX/OTC
POTASSIUM NITRATE GRAN	NC	
POTASSIUM NITRATE POWD	NC	
POTASSIUM PERCHLORATE	NC	
PRASTERONE MICRONIZED	NC	
PREGNENOLONE	NC	
PREGNENOLONE MICRONIZED	NC	
PROSTAGLANDIN E1	NC	
PUMICE (FLOUR)	NC	
PYROGALLOL	NC	
PYRUVIC ACID LIQD	NC	RX/OTC
PYRUVIC ACID POWD	NC	
QC BORIC ACID POWD	NC	RX/OTC
QUINIDINE SULFATE DIHYDRATE CRYS	NC	
RESORCINOL CRYS	NC	RX/OTC
RESORCINOL POWD	NC	RX/OTC
ROSIN MISC	NC	
ROSIN POWD	NC	
SILICA GEL	NC	RX/OTC
SILICON DIOXIDE (SYLOID 244FP) POWD	NC	
SILICON DIOXIDE POWD	NC	
SM BORIC ACID POWD	NC	RX/OTC
SOD BICARB-SOD CHLORIDE (BULK)	NC	
SODIUM BROMIDE	NC	RX/OTC
SODIUM BUTYRATE	NC	RX/OTC
SODIUM CACODYLATE	NC	
SODIUM NITRITE	NC	RX/OTC
SODIUM PERBORATE GRAN	NC	
SODIUM PERBORATE POWD	NC	RX/OTC
SODIUM SULFATE POWD	NC	
SODIUM SULFITE	NC	RX/OTC
SORBITOL	NC	
STANNOUS FLUORIDE POWD	NC	
STARCH	NC	RX/OTC
STARCH RICE	NC	RX/OTC
STRONTIUM NITRATE	NC	
SUCROSE CRYS	NC	
SUCROSE POWD	NC	
SULFANILAMIDE	NC	
TALC	NC	RX/OTC
THEOPHYLLINE	NC	RX/OTC
THEOPHYLLINE ANHYDROUS	NC	RX/OTC
THYMOL	NC	RX/OTC
THYMOL IODIDE	NC	
THYMOL IODIDE PURIFIED	NC	
TINIDAZOLE	NC	
UBIDECARENONE	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WAXY MAIZE STARCH N-200	NC	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	NC	
desogestrel & ethinyl estradiol	C	
desogestrel-ethinyl estradiol (biphasic)	C	
desogestrel-ethinyl estradiol (triphasic)	C	
drospirenone-ethinyl estradiol 0.02 MG-3 MG	C	QL(1 EA daily)
drospirenone-ethinyl estradiol 0.03 MG-3 MG	C	
drospirenone-ethinyl estradiol-levomefolate calcium	NC	
ethynodiol diacet & eth estrad 35 MCG-1 MG	C	
ethynodiol diacet & eth estrad 50 MCG-1 MG	C	QL(1 EA daily)
FEMLYV TBDP	NC	
GENERESS FE *(norethindrone & ethinyl estradiol-fe)*	NC	
levonorgestrel & eth estradiol TABS	C	
levonorgestrel-eth estradiol (triphasic)	C	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	C	
levonorgestrel-ethinyl estradiol (91-day)	NC	
levonorgestrel-ethinyl estradiol (continuous)	NC	
levonorgestrel-ethinyl estradiol-iron	NC	
LO LOESTRIN FE TABS	NC	

Drug Name	Drug Tier	Requirements/ Limits
LOSEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	NC	
MINASTRIN 24 FE CHEW *(norethin acet & estrad-fe)*	NC	
MIRCETTE *(desogestrel-ethinyl estradiol (biphasic))*	NC	
NATAZIA	NC	
NEXTSTELLIS	NC	
norethin acet & estrad-fe CAPS	NC	
norethin acet & estrad-fe CHEW	NC	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	C	
norethindrone & eth estradiol	C	
norethindrone & ethinyl estradiol-fe	C	
norethindrone acet & eth estra TABS	C	
norethindrone acetate-ethinyl estradiol-fe	C	
norethindrone-eth estradiol (triphasic)	C	
norgestimate-ethinyl estradiol	C	
norgestimate-ethinyl estradiol (triphasic)	C	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	C	QL(2 EA daily)
QUARTETTE *(levonorgestrel-ethinyl estradiol (91-day))*	NC	
SEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	NC	
TYBLUME CHEW	C	

Drug Name	Drug Tier	Requirements/ Limits
YASMIN 28 *(drospirenone-ethinyl estradiol)*	NC	
YAZ *(drospirenone-ethinyl estradiol)*	NC	QL(1 EA daily)
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	C	
TWIRLA	NC	
Combination Contraceptives - Vaginal		
ANNOVERA	NC	
etonogestrel-ethinyl estradiol	C	QL(6 EA per fill retail)
NUVARING *(etonogestrel-ethinyl estradiol)*	NC	QL(6 EA per fill retail)
Emergency Contraceptives		
ELLA	C	QL(4 EA per 365 day(s) retail)
levonorgestrel (emergency oc) 1.5 MG	C	QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail
PLAN B ONE-STEP *(levonorgestrel (emergency oc))*	NC	QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM *(medroxyprogesterone acetate (contraceptive))*	NC	QL(1 ML per fill retail)
DEPO-PROVERA SUSY IM *(medroxyprogesterone acetate (contraceptive))*	NC	QL(1 ML per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ML per fill retail)
medroxyprogesterone acetate (contraceptive) SUSP IM	C	QL(1 ML per fill retail)
medroxyprogesterone acetate (contraceptive) SUSY IM	C	QL(1 ML per fill retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	C	
OPILL	NC	
SLYND	NC	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
ACTIVE INJECTION D KIT	NC	
AGAMREE	NP	SP
ALKINDI SPRINKLE CPSP	NP	
BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML	NC	
BETAMETHASONE SOD PHOS & ACET SUSP 3 MG/ML-3 MG/ML	NC	
betamethasone sod phosphate & acetate SUSP	NC	
BETAMETHASONE SODIUM PHOSPHATE POWD	NC	
budesonide CPEP	P	
budesonide TB24	NP	
CORTEF TABS *(hydrocortisone)*	NP	
CORTISONE ACETATE POWD	NC	
CORTISONE ACETATE TABS	P	
deflazacort SUSP	NP	SP
deflazacort TABS	NP	
deflazacort TABS	NP	SP
DEPO-MEDROL SUSP	NC	

Drug Name	Drug Tier	Requirements/ Limits
DEXAMETHASONE INTENSOL CONC	NP	
dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML	NC	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	C	QL(150 ML per 31 day(s) retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	C	QL(150 ML per 31 day(s) retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	NC	
dexamethasone sodium phosphate SOSY IJ 10 MG/ML	NC	
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	C	QL(150 ML per 31 day(s) retail)
dexamethasone ELIX	P	
dexamethasone SOLN	P	
dexamethasone TABS 1.5 MG, 4 MG	NC	
dexamethasone TABS	P	
dexamethasone TBPK	P	
dexamethasone TBPK	NP	
DOUBLEDEX KIT	NC	
EMFLAZA SUSP *(deflazacort)*	NP	SP
EMFLAZA TABS *(deflazacort)*	NP	SP
EOHILIA SUSP	NP	
HEMADY TABS	NP	
hydrocortisone sod succinate 100 MG	NC	
hydrocortisone TABS	P	
KENALOG-10 SUSP	NC	
KENALOG-80 SUSP	NC	
KHINDIVI SOLN PO 1 MG/ML	NC	

Drug Name	Drug Tier	Requirements/ Limits
MAS CARE-PAK KIT	NC	
MEDROL TABS *(methylprednisolone)*	NP	
MEDROL TABS	NP	
MEDROL TBPK *(methylprednisolone)*	NP	
METHYLPREDNISOLONE ACETATE POWD	NC	
methylprednisolone acetate SUSP	NC	
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	NC	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	NC	
METHYLPREDNISOLONE POWD	NC	
methylprednisolone TABS	P	
methylprednisolone TBPK	P	
PREDNISOLONE ACETATE POWD	NC	
PREDNISOLONE ANHYDROUS POWD	NC	
PREDNISOLONE SODIUM PHOSPHATE POWD	NC	
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	P	
prednisolone sodium phosphate SOLN 20 MG/5ML	P	QL(150 ML per fill retail)
prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML	NC	
prednisolone sodium phosphate TBDP 10 MG, 15 MG	NC	
PREDNISOLONE POWD	NC	
prednisolone SOLN	P	
prednisolone SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
prednisolone TABS	NP	
PREDNISONE INTENSOL CONC	NP	
PREDNISONE POWD	NC	
prednisone SOLN	P	
prednisone TABS	NC	
prednisone TABS	P	
prednisone TBPK	P	
RAYOS TBEC	NP	
SOLU-CORTEF	NC	
SOLU-MEDROL	NC	
SOLU-MEDROL (PF)	NC	
TARPEYO CPDR	NP	SP
TOPIDEX KIT	NC	
triamcinolone acetonide SUSP 40 MG/ML	NC	
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML, 80 MG/ML	NC	
TRIAMCINOLONE DIACET MICRONIZE	NC	
TRIAMCINOLONE DIACETATE	NC	
UCERIS TB24 *(budesonide)*	NP	
Mineralocorticoids		
FLUDROCORTISONE ACETATE POWD	NC	
fludrocortisone acetate TABS	C	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 100 MG	C	QL(6 EA daily); AL(At least 10 yrs old)
benzonatate 150 MG	NC	
benzonatate 200 MG	C	QL(3 EA daily); 1 max fill(s) per 31 day(s) retail; AL(At least 10 yrs old)
DELSYM COUGH CHILDRENS SUER *(dextromethorphan polistirex)*	NC	QL(240 ML per 6 day(s) retail)
DELSYM SUER *(dextromethorphan polistirex)*	NC	QL(240 ML per 6 day(s) retail)
DEXTROMETHORPHAN HBR MONOHYD CRYS	NC	
DEXTROMETHORPHAN HBR MONOHYD POWD	NC	
dextromethorphan hbr LIQD 15 MG/5ML, 30 MG/10ML	NC	
DEXTROMETHORPHAN HBR POWD	NC	
dextromethorphan polistirex SUER	C	QL(240 ML per 6 day(s) retail)
HYCODAN SOLN *(hydrocodone bitartrate-homatropine methylbromide)*	NC	AL(At least 18 yrs old)
hydrocodone bitartrate-homatropine methylbromide SOLN	C	AL(At least 18 yrs old)
hydrocodone bitartrate-homatropine methylbromide TABS	NC	
Cough/Cold/Allergy Combinations		
ALAHIST D	NC	
ALAHIST DM LIQD	NC	
ALAHIST PE TABS	NC	
brompheniramine & phenyleph ELIX	C	QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail
brompheniramine-dextromethorphan LIQD PO	NC	

Drug Name	Drug Tier	Requirements/ Limits
CAPRON MAX LIQD	NC	
cetirizine-pseudoephedrine	C	QL(2 EA daily)
CLARINEX-D 12 HOUR TB12	NP	
CLARITIN-D 12 HOUR TB12 *(loratadine & pseudoephedrine)*	NC	QL(2 EA daily)
CORICIDIN HBP TABS *(dextromethorphan-acetaminophen-chlorpheniramine)*	NC	
COUGH & CHEST CONGESTION DM SYRP	NC	
DECONEX DMX TABS 10 MG-400 MG-17.5 MG	NC	
dextromethorphan-acetaminophen-chlorpheniramine TABS 325 MG-2 MG-10 MG	NC	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	C	
dextromethorphan-guaifenesin LIQD 200 MG/20ML-20 MG/20ML	NC	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	C	QL(240 ML per fill retail)
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	C	QL(240 ML per fill retail)
dextromethorphan-guaifenesin TB12 600 MG-30 MG	C	QL(2 EA daily)
dextromethorphan-phenylephrine-acetaminophen CAPS	C	

Drug Name	Drug Tier	Requirements/ Limits
ED BRON GP LIQD	C	QL(240 ML per 6 day(s) retail)
ENDAL	NC	
guaifenesin-codeine SOLN	C	
guaifenesin-codeine SYRP	C	
HISTEX-DM SYRP	NC	
hydrocodone polistirex-chlorpheniramine polistirex SUER	NC	
LOHIST-D LIQD	C	
loratadine & pseudoephedrine TB12	C	QL(2 EA daily)
MAXI-TUSS PE MAX LIQD	C	QL(240 ML per 6 day(s) retail)
MUCINEX D MAX STRENGTH TB12 *(pseudoephedrine-guaifenesin)*	NC	
MUCINEX DM TB12 *(dextromethorphan-guaifenesin)*	NC	QL(2 EA daily)
MUCINEX D TB12 *(pseudoephedrine-guaifenesin)*	NC	QL(210 EA per fill retail)
MUCINEX FAST-MAX COLD/FLU MS CAPS *(phenylephrine-dm-gg w/ apap)*	NC	
NINJACOF-D	NC	
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	C	QL(240 ML per fill retail)
phenylephrine-dm-gg w/ apap CAPS	NC	
phenylephrine-doxylamine-dextromethorphan-acetaminophen CAPS	NC	
POLY HIST FORTE 10 MG-10.5 MG	NC	
POLYTUSSIN DM LIQD	NC	

Drug Name	Drug Tier	Requirements/ Limits
promethazine & phenylephrine SYRP	C	QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old)
promethazine w/codeine SOLN	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
promethazine w/codeine SYRP	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
promethazine-dm SYRP	C	QL(240 ML per fill retail); AL(At least 2 yrs old)
promethazine-phenylephrine-codeine	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	C	QL(240 ML per fill retail)
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG	C	
pseudoephedrine-guaifenesin TB12 600 MG-60 MG	C	QL(210 EA per fill retail)
ROBITUSSIN SEVERE MULTI-SYMP 10 MG/20ML-400 MG/20ML-650 MG/20ML-20 MG/20ML	NC	
ROBITUSSIN SEVERE NIGHTTIME LIQD	NC	
THERAFLU FLU RELIEF MAX STR TBPK PO	NC	
THERAFLU FLU RELIEF MAX STR THPK PO	NC	
THERAFLU SEVERE COLD NIGHTTIME CHEW PO	NC	
THERAFLU SEVERE COLD REL COMBO PO	NC	
TRIPONEL LIQD	NC	
TRIPONEL SYRP	NC	
TUSNEL PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML, 50 MG/5ML-5 MG/5ML-15 MG/5ML	NC	
TUSNEL-DM PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML-2.5 MG/ML	NC	
TUXARIN ER TB12	NC	
VANACOF 2	NC	
VANACOF CP LIQD	NC	
VANACOF DMX LIQD	NC	
VANACOF XP LIQD	NC	
ZYRTEC-D ALLERGY & CONGESTION *(cetirizine-pseudoephedrine)*	NC	QL(2 EA daily)
ZYRTEC-D ALLERGY & SINUS *(cetirizine-pseudoephedrine)*	NC	QL(2 EA daily)
Expectorants		
BROMHEXINE HCL	NC	
GUAIFENESIN POWD	NC	
guaifenesin TB12 600 MG	C	QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail
guaifenesin TB12 1200 MG	C	
MUCINEX MAXIMUM STRENGTH TB12 *(guaifenesin)*	NC	
MUCINEX TB12 *(guaifenesin)*	NC	QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail
potassium iodide (expectorant) SOLN	C	
SSKI SOLN *(potassium iodide (expectorant))*	NC	
TERPIN HYDRATE	NC	
TERPIN HYDRATE MONOHYDRATE	NC	
Misc. Respiratory Inhalants		

Drug Name	Drug Tier	Requirements/ Limits
sodium chloride (inhalant) NEBU 0.9 %, 10 %	C	
Mucolytics		
ACETYLCYSTEINE POWD	NC	
acetylcysteine SOLN	C	
N-ACETYL-L-CYSTEINE POWD	NC	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG *(isotretinoin)*	NC	QL(2 EA daily); AL(At least 12 yrs old); PA
ABSORICA LD	NC	
ACANYA GEL *(clindamycin phosphate-benzoyl peroxide)*	NP	
adapalene-benzoyl peroxide GEL	NP	
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	NC	
adapalene CREA	NP	
adapalene GEL 0.3 %	NP	
adapalene GEL 0.3 %	P	
adapalene GEL	NC	RX/OTC
AKLIEF	NP	
ALTRENO LOTN	NP	
ARAZLO LOTN	NP	
ATRALIN GEL *(tretinoin)*	NP	Brand Preferred
AVAR LS CLEANSER LIQD *(sulfacetamide sodium w/ sulfur)*	NP	
AVAR-E LS CREA *(sulfacetamide sodium w/ sulfur)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
BENZAMYCIN GEL *(benzoyl peroxide-erythromycin)*	NP	
BENZOYL PEROXIDE HYDROUS POWD	NC	
benzoyl peroxide-erythromycin GEL	NC	
benzoyl peroxide-erythromycin GEL	NP	
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	C	
benzoyl peroxide LIQD 5 %, 10 %	P	
benzoyl peroxide LOTN 5 %, 10 %	C	
BENZOYL PEROXIDE POWD	NC	
CABTREO	NP	
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	NP	
CLINDACIN ETZ	NC	
CLINDACIN PAC	NC	
CLINDAGEL GEL *(clindamycin phosphate (topical))*	NP	QL(60 ML per fill retail; 60 per fill mail)
clindamycin phosphate (topical) FOAM	NP	
clindamycin phosphate (topical) GEL	NP	QL(60 ML per fill retail; 60 per fill mail)
clindamycin phosphate (topical) LOTN	NP	
clindamycin phosphate (topical) SOLN	P	
clindamycin phosphate (topical) SWAB	NP	
clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	
clindamycin phosphate-benzoyl peroxide (refrigerate)	P	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate-benzoyl peroxide GEL	NP	
clindamycin phosphate-tretinoin	NP	
dapsone (topical)	NP	
DIFFERIN CREA *(adapalene)*	NP	
DIFFERIN GEL *(adapalene)*	NP	RX/OTC
DIFFERIN LOTN	NP	
EPIDUO FORTE GEL *(adapalene-benzoyl peroxide)*	NC	
EPIDUO FORTE GEL *(adapalene-benzoyl peroxide)*	NP	
EPSOLAY CREA	NP	
ERYGEL GEL *(erythromycin (acne aid))*	NP	1 package(s) per fill retail
erythromycin (acne aid) GEL	NP	1 package(s) per fill retail
erythromycin (acne aid) PADS	P	
erythromycin (acne aid) SOLN	P	
erythromycin (acne aid) SOLN	NC	
FABIOR FOAM	NP	
isotretinoin 25 MG, 35 MG	NC	
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	C	QL(2 EA daily); AL(At least 12 yrs old); PA
KLARON *(sulfacetamide sodium (acne))*	NP	QL(118 ML per fill retail)
ONEXTON GEL *(clindamycin phosphate-benzoyl peroxide)*	NP	
RETIN-A MICRO *(tretinoin microsphere)*	NP	Brand Preferred
RETIN-A MICRO PUMP *(tretinoin microsphere)*	NP	Brand Preferred
RETIN-A MICRO PUMP	NP	Brand Preferred
RETIN-A CREA *(tretinoin)*	P	Brand Preferred; QL(20 GM per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.01 % *(tretinoin)*	P	Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.025 % *(tretinoin)*	P	Brand Preferred; AL(Up to 35 yrs old)
RETINOIC ACID POWD	NC	
sulfacetamide sodium (acne)	NP	QL(118 ML per fill retail)
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	
sulfacetamide sodium w/ sulfur FOAM	NP	
sulfacetamide sodium w/ sulfur LIQD	NP	
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	NP	
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	NP	1 package(s) per 31 day(s) retail
sulfacetamide sodium w/ sulfur PADS 10 %-4 %	NP	
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	NP	
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	NP	
SULFACETAMIDE SODIUM-SULFUR SUSP	NP	

Drug Name	Drug Tier	Requirements/ Limits
SUMADAN	NP	
SUMADAN WASH LIQD *(sulfacetamide sodium w/ sulfur)*	NP	
SUMADAN XLT KIT	NP	
SUMAXIN CP	NP	
SUMAXIN PADS	NP	
TAZAROTENE FOAM	NP	
tretinoin microsphere	NP	Brand Preferred
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	NP	Brand Preferred; QL(20 GM per fill retail); AL(Up to 35 yrs old)
tretinoin GEL 0.05 %	NP	Brand Preferred
tretinoin GEL 0.025 %	NP	Brand Preferred; AL(Up to 35 yrs old)
tretinoin GEL 0.01 %	NP	Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old)
TRETINOIN POWD	NC	
TWYNEO	NP	
WINLEVI	NP	
ZIANA *(clindamycin phosphate-tretinoin)*	NP	
ZMA CLEAR SUSP	NP	
Agents for External Genital and Perianal Warts		
VEREGEN	NP	
Antibiotics - Topical		
bacitracin (topical) OINT	C	1 package(s) per fill retail
bacitracin zinc OINT	C	1 package(s) per fill retail
BACITRACIN ZINC POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits
bacitracin-polymyxin b OINT	NC	
BACITRACIN POWD	NC	
BACTINE MAX ANTI/PAIN RELIEF OINT EX	NC	
CENTANY AT KIT	NP	
gentamicin sulfate (topical) CREA	C	QL(1 GM daily; 30 GM per fill retail)
gentamicin sulfate (topical) OINT	P	QL(1 GM daily; 30 GM per fill retail)
GENTAMICIN SULFATE POWD	NC	
mupirocin calcium (topical)	NP	1 package(s) per 31 day(s) retail
mupirocin OINT	P	QL(30 GM per 31 day(s) retail)
NEOMYCIN SULFATE	NC	
neomycin-bacitracin-polymyxin OINT	C	QL(60 GM per 31 day(s) retail)
neomycin-polymyxin w/ pramoxine	C	1 package(s) per fill retail
NEOSPORIN ORIGINAL OINT *(neomycin-bacitracin-polymyxin)*	NC	QL(60 EA per 31 day(s) retail)
NEOSPORIN PLUS PAIN RELIEF MS *(neomycin-polymyxin w/ pramoxine)*	NC	1 package(s) per fill retail
NEO-SYNALAR	NC	
NEO-SYNALAR	NC	
TETRACYCLINE HCL	NC	
XEPI	NP	
Antifungals - Topical		
BENZOIC ACID CRYS	NC	RX/OTC
BENZOIC ACID POWD	NC	
ciclopirox olamine CREA	P	
CICLOPIROX OLAMINE POWD	NC	
ciclopirox olamine SUSP	P	
ciclopirox GEL	NP	

Drug Name	Drug Tier	Requirements/ Limits
ciclopirox KIT	NP	
ciclopirox SHAM	NP	
ciclopirox SOLN	NP	
ciclopirox SOLN	P	
CLIOQUINOL POWD	NC	RX/OTC
clotrimazole (topical) CREA	NC	QL(60 GM per 31 day(s) retail; 60 GM per 31 days mail); RX/OTC
clotrimazole (topical) CREA	P	QL(60 GM per 31 day(s) retail; 60 GM per 31 days mail); RX/OTC
clotrimazole (topical) SOLN	P	1 package(s) per fill retail; RX/OTC
clotrimazole (topical) SOLN	NC	1 package(s) per fill retail; RX/OTC
clotrimazole w/ betamethasone CREA	P	QL(45 GM per 31 day(s) retail)
clotrimazole w/ betamethasone LOTN	P	QL(31 ML per 31 day(s) retail)
CLOTRIMAZOLE CRYS	NC	
CLOTRIMAZOLE POWD	NC	
econazole nitrate CREA	P	QL(30 GM per fill retail)
ERTACZO	NP	
GENTIAN VIOLET POWD	NC	
iodoquinol-hc	NC	
JUBLIA	NP	
ketoconazole (topical) CREA	P	1 package(s) per 31 day(s) retail
ketoconazole (topical) FOAM	NP	
ketoconazole (topical) SHAM 2 %	P	QL(120 ML per fill retail)
KETODAN	NP	
LAMISIL AT ATHLETES FOOT CREA *(terbinafine hcl (topical))*	NC	
LAMISIL AT JOCK ITCH CREA *(terbinafine hcl (topical))*	NC	
LAMISIL AT CREA *(terbinafine hcl (topical))*	NC	
LOPROX	NP	
LOPROX SUSP *(ciclopirox olamine)*	NP	
luliconazole	NP	
LUZU *(luliconazole)*	NP	
miconazole nitrate (topical) CREA	C	QL(200 GM per 31 day(s) retail)
MICONAZOLE NITRATE POWD XX	NC	
miconazole-zinc oxide-white petrolatum	NP	
naftifine hcl CREA	NP	
naftifine hcl GEL 2 %	NP	
NAFTIN GEL 2 % *(naftifine hcl)*	NP	
NAFTIN GEL 1 %	NC	
nystatin (topical) CREA	P	1 package(s) per 31 day(s) retail
nystatin (topical) OINT	P	1 package(s) per fill retail
nystatin (topical) POWD EX	P	1 package(s) per 31 day(s) retail
nystatin-triamcinolone CREA	P	1 package(s) per fill retail
nystatin-triamcinolone OINT	P	1 package(s) per fill retail
oxiconazole nitrate CREA	NP	
OXISTAT LOTN	NP	
tavaborole	NP	
terbinafine hcl (topical) CREA	C	
TINACTIN CREA *(tolnaftate)*	NC	QL(30 GM per fill retail)
tolnaftate CREA	C	QL(30 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TOLNAFTATE POWD XX	NC	
TRIPENICOL C CREA	NC	
VUSION *(miconazole-zinc oxide-white petrolatum)*	NP	
Anti-inflammatory Agents - Topical		
diclofenac epolamine PTCH EX	NP	
diclofenac sodium (topical) GEL EX	P	QL(6.68 GM daily); RX/OTC
diclofenac sodium (topical) GEL EX	NC	QL(6.68 GM daily); RX/OTC
diclofenac sodium (topical) SOLN EX	NP	
DICLOGEN	NC	
DICLOTREX	NC	
DICLOTREX II	NC	
LIXOFEN KIT	NC	
PENNSAID SOLN EX 2 % *(diclofenac sodium (topical))*	NP	
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	NC	
CARAC CREA	C	
diclofenac sodium (actinic keratoses) EX	NC	
EFUDEX CREA *(fluorouracil (topical))*	NC	QL(40 GM per 31 day(s) retail)
fluorouracil (topical) CREA 0.5 %	C	
fluorouracil (topical) CREA 5 %	C	QL(40 GM per 31 day(s) retail)
fluorouracil (topical) SOLN	C	QL(10 ML per 31 day(s) retail)
Antipruritics - Topical		
camphor & menthol LOTN	C	1 package(s) per fill retail
CAMPHOR CRYS	NC	RX/OTC
CAMPHOR GRAN	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
doxepin hcl (antipruritic)	NC	
SARNA LOTN *(camphor & menthol)*	NC	1 package(s) per fill retail
Antipsoriatics		
acitretin	NC	
ANTHRALIN POWD	NC	
BIMZELX SOAJ	NP	SP
BIMZELX SOSY	NP	SP
calcipotriene CREA	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
CALCIPOTRIENE FOAM	NP	
calcipotriene OINT	P	
calcipotriene SOLN	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
calcitriol (topical)	NP	
COSENTYX (300 MG DOSE) SOSY	NP	SP
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP
COSENTYX SENSOREADY PEN SOAJ	NP	SP
COSENTYX UNOREADY SOAJ	NP	SP
COSENTYX SOSY	NP	SP
ILUMYA	NC	SP
methoxsalen rapid	NC	
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
SILIQ	NP	SP
SKYRIZI PEN SOAJ	NP	SP
SKYRIZI SOSY	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
SORILUX FOAM	NP	
SOTYKTU	NP	SP
SPEVIGO SOSY	NP	SP
STELARA SOSY	NP	SP
STEQEYMA	NP	SP
TALTZ SOAJ	NP	SP
TALTZ SOSY	NP	SP
tazarotene CREA 0.1 %	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
tazarotene CREA 0.05 %	NP	AL(Up to 18 yrs old)
tazarotene GEL	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
TREMFYA ONE-PRESS SOAJ 100 MG/ML	NP	SP
TREMFYA PEN SOAJ 100 MG/ML	NP	
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	
USTEKINUMAB-TTWE	NP	
VECTICAL *(calcitriol (topical))*	NP	
VTAMA	NP	
WEZLANA SOLN 45 MG/0.5ML	NC	SP
WEZLANA SOSY	NC	SP
YESINTEK SOLN 45 MG/0.5ML	NP	SP
YESINTEK SOSY	NP	SP
Antiseborrheic Products		
OVACE PLUS WASH GEL *(sulfacetamide sodium)*	NP	
OVACE PLUS WASH LIQD *(sulfacetamide sodium)*	NP	
OVACE PLUS CREA	NP	
OVACE PLUS LOTN	NP	
OVACE PLUS SHAM *(sulfacetamide sodium)*	NP	
OVACE WASH LIQD *(sulfacetamide sodium)*	NP	
selenium sulfide LOTN 2.5 %	C	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
selenium sulfide LOTN 1 %	C	1 package(s) per fill retail
selenium sulfide SHAM 2.25 %	NC	
selenium sulfide SHAM 1 %	C	1 package(s) per fill retail
SELSUN BLUE CARE MENS MAX STR LOTN *(selenium sulfide)*	NC	1 package(s) per fill retail
SELSUN BLUE DAILY LOTN *(selenium sulfide)*	NC	1 package(s) per fill retail
SELSUN BLUE MEDICATED LOTN *(selenium sulfide)*	NC	1 package(s) per fill retail
SELSUN BLUE MOISTURIZING LOTN *(selenium sulfide)*	NC	1 package(s) per fill retail
SELSUN BLUE LOTN *(selenium sulfide)*	NC	1 package(s) per fill retail
sulfacetamide sodium GEL	NP	
sulfacetamide sodium LIQD	NP	
SULFACETAMIDE SODIUM POWD	NC	
sulfacetamide sodium SHAM 10 %	NP	
Antivirals - Topical		
acyclovir topical CREA	P	1 package(s) per 31 day(s) retail
acyclovir topical OINT	NP	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
DENAVIR *(penciclovir)*	NP	
penciclovir	NP	
XERESE	NP	
ZELSUVMI GEL EX 10.3 %	NC	
ZOVIRAX CREA *(acyclovir topical)*	NP	1 package(s) per 31 day(s) retail
ZOVIRAX OINT *(acyclovir topical)*	NP	1 package(s) per fill retail
Burn Products		
mafenide acetate PACK	NC	
NITROFURAZONE	NC	
RAYASORE KIT	NC	
SILVADENE *(silver sulfadiazine)*	NC	
silver sulfadiazine	C	
SULFAMYLON CREA	NC	
SULFAMYLON PACK 5 % *(mafenide acetate)*	NC	
Cauterizing Agents		
CHLOROACETIC ACID POWD	NC	
SILVER NITRATE CRYS	NC	RX/OTC
silver nitrate SOLN	NC	
SILVER NITRATE SOLN 0.5 %	NC	
Corticosteroids - Topical		
alclometasone dipropionate CREA	NC	
alclometasone dipropionate CREA	P	
alclometasone dipropionate OINT	P	
amcinonide CREA	NP	
APEXICON E CREA	NP	
betamethasone dipropionate (topical) CREA	P	1 package(s) per 30 day(s) retail
betamethasone dipropionate (topical) LOTN	P	
betamethasone dipropionate (topical) OINT	NP	
betamethasone dipropionate augmented CREA	P	1 package(s) per fill retail
betamethasone dipropionate augmented GEL 0.05 %	NP	
betamethasone dipropionate augmented LOTN	NP	
betamethasone dipropionate augmented OINT	NP	
BETAMETHASONE DIPROPIONATE POWD	NC	
betamethasone valerate CREA	P	
betamethasone valerate FOAM	NP	
betamethasone valerate LOTN	P	
betamethasone valerate OINT	NP	
BETAMETHASONE VALERATE POWD	NC	
BRYHALI LOTN	NP	
calcipotriene-betamethasone dipropionate OINT	NP	
calcipotriene-betamethasone dipropionate SUSP	NP	
CAPEX SHAM	NP	
CLOBETASOL 17 PROPIONATE POWD	NC	
clobetasol propionate emollient base 0.05 %	P	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate emollient base 0.05 %	NC	1 package(s) per fill retail
clobetasol propionate emulsion	NP	
clobetasol propionate CREA 0.025 %	P	
clobetasol propionate CREA 0.05 %	P	1 package(s) per fill retail
clobetasol propionate FOAM	NP	
clobetasol propionate GEL 0.05 %	P	1 package(s) per fill retail
clobetasol propionate LIQD	NP	
clobetasol propionate LOTN	NP	
clobetasol propionate OINT 0.05 %	P	1 package(s) per fill retail
CLOBETASOL PROPIONATE POWD	NC	
clobetasol propionate SHAM	NP	
clobetasol propionate SOLN 0.05 %	P	1 package(s) per fill retail
CLOBEX SPRAY LIQD *(clobetasol propionate)*	NP	
CLOBEX SHAM *(clobetasol propionate)*	NP	
clocortolone pivalate	NP	
CLODAN	NC	
CLODERM *(clocortolone pivalate)*	NC	
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	NP	
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	NP	
desonide CREA	P	QL(2 GM daily)
desonide LOTN	P	
desonide OINT	P	QL(2 GM daily)
DESONIDE POWD	NC	
DESOWEN CREA *(desonide)*	NC	QL(2 GM daily)
desoximetasone CREA	NP	1 package(s) per fill retail
desoximetasone GEL	NP	
desoximetasone LIQD	NP	
desoximetasone OINT	NP	
diflorasone diacetate CREA	NP	
diflorasone diacetate OINT	NP	
DIPROLENE OINT *(betamethasone dipropionate augmented)*	NP	
DUOBRII	NP	
ENSTILAR FOAM	NP	
EPIFOAM FOAM	C	
fluocinolone acetonide CREA	NP	
fluocinolone acetonide OIL	NC	
fluocinolone acetonide OIL	P	
fluocinolone acetonide OINT	NP	
FLUOCINOLONE ACETONIDE POWD	NC	
fluocinolone acetonide SOLN	NP	
fluocinonide emulsified base	P	1 package(s) per fill retail
fluocinonide CREA 0.05 %	P	1 package(s) per fill retail
fluocinonide CREA 0.1 %	P	
fluocinonide GEL	P	1 package(s) per fill retail
fluocinonide OINT	NP	1 package(s) per fill retail
FLUOCINONIDE POWD	NC	
fluocinonide SOLN	P	1 package(s) per fill retail
fluocinonide SOLN	NC	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
flurandrenolide LOTN	NP	
fluticasone propionate CREA 0.05 %	NP	1 package(s) per 31 day(s) retail
fluticasone propionate CREA 0.05 %	NC	1 package(s) per 31 day(s) retail
fluticasone propionate LOTN	NP	
fluticasone propionate OINT	NP	1 package(s) per fill retail
halcinonide CREA	NP	
halcinonide SOLN 0.1 %	NP	
halobetasol propionate CREA	NC	
halobetasol propionate CREA	P	
halobetasol propionate FOAM	NP	
halobetasol propionate OINT	P	
HALOG CREA *(halcinonide)*	NP	
HALOG OINT	NP	
HYDROCORT LOTION COMPLETE KIT THPK	NC	
hydrocortisone (topical) CREA 1 %	P	1 package(s) per fill retail; RX/OTC
hydrocortisone (topical) CREA 1 %	NC	1 package(s) per fill retail; RX/OTC
hydrocortisone (topical) CREA 0.5 %	C	1 package(s) per fill retail
hydrocortisone (topical) CREA 2.5 %	P	QL(120 GM per 31 day(s) retail)
hydrocortisone (topical) LOTN 2.5 %	P	1 package(s) per fill retail
hydrocortisone (topical) OINT 1 %	NC	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC
hydrocortisone (topical) OINT 1 %	P	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC
hydrocortisone (topical) OINT 2.5 %	P	
hydrocortisone (topical) SOLN 2.5 %	NP	
hydrocortisone (topical) SOLN 2.5 %	NC	
hydrocortisone acetate (topical) OINT	NC	
hydrocortisone butyrate hydrophilic lipo base	NC	
hydrocortisone butyrate CREA	NP	
hydrocortisone butyrate LOTN	NC	
hydrocortisone butyrate LOTN	NP	
hydrocortisone butyrate OINT	P	
hydrocortisone butyrate SOLN	P	
HYDROCORTISONE COMPLETE KIT THPK	NC	
hydrocortisone valerate CREA	P	
hydrocortisone valerate OINT	NP	
hydrocortisone valerate OINT	NC	
HYDROXYM GEL	NP	
IMPEKLO LOTN	NC	
KENALOG AERS *(triamcinolone acetonide (topical))*	NP	
LOCOID LIPOCREAM	NP	
LOCOID LOTN *(hydrocortisone butyrate)*	NP	
mometasone furoate CREA	P	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
mometasone furoate OINT	P	1 package(s) per fill retail
mometasone furoate SOLN	P	1 package(s) per fill retail
mometasone furoate SOLN	NC	1 package(s) per fill retail
PANDEL	NP	
SYNALAR (CREAM)	NC	
SYNALAR (OINTMENT)	NC	
SYNALAR TS	NC	
SYNALAR CREA *(fluocinolone acetonide)*	NP	
SYNALAR OINT *(fluocinolone acetonide)*	NP	
SYNALAR SOLN *(fluocinolone acetonide)*	NP	
TACLONEX OINT *(calcipotriene-betamethasone dipropionate)*	NC	
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	NP	
TOPICORT SPRAY LIQD *(desoximetasone)*	NP	
TOPICORT CREA *(desoximetasone)*	NP	1 package(s) per fill retail
TOPICORT GEL *(desoximetasone)*	NP	
TOPICORT OINT *(desoximetasone)*	NP	
TOVET	NC	
triamcinolone acetonide (topical) AERS	NP	
triamcinolone acetonide (topical) CREA 0.025 %	P	QL(30 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.1 %	P	
triamcinolone acetonide (topical) CREA 0.5 %	P	1 package(s) per fill retail
triamcinolone acetonide (topical) LOTN	NC	1 package(s) per fill retail
triamcinolone acetonide (topical) LOTN	P	1 package(s) per fill retail
triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %	P	
triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %	P	1 package(s) per fill retail
triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %	NC	
TRIAMCINOLONE ACETONIDE POWD	NC	
ULTRAVATE LOTN	NP	
VANOS CREA *(fluocinonide)*	NP	
Eczema Agents		
ADBRY SOAJ	PA	SP; PA
ADBRY SOSY	PA	SP; PA
CIBINQO	NP	SP
DUPIXENT SOAJ	PA	SP; PA
DUPIXENT SOSY 100 MG/0.67ML	NC	Brand Preferred; SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA
EBGLYSS SOAJ	NP	SP
EBGLYSS SOSY	NP	SP
OPZELURA	NP	
Emollient/Keratolytic Agents		
urea CREA 40 %	C	RX/OTC
urea CREA 20 %, 39 %, 41 %	NC	
UREA CREA	NC	
Emollients		
CETAPHIL ECZEMA RESTORADERM LOTN	NC	

Drug Name	Drug Tier	Requirements/ Limits
CETAPHIL PRO ECZEMA SOOTHING LOTN	NC	
ECZEMA MOISTURIZING LOTN	NC	
FLEXITOL FACE & EYELID ECZEMA CREA 5 %	NC	
lactic acid (ammonium lactate) CREA	C	QL(385 GM per 31 day(s) retail); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	C	QL(567 GM per 31 day(s) retail); RX/OTC
Enzymes - Topical		
COLLAGENASE POWD	NC	
Hair Growth Agents		
LEQSELVI TABS PO 8 MG	NP	
LITFULO	NP	SP
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	SP
Immunomodulating Agents - Topical		
imiquimod 5 %	P	QL(48 EA per 180 day(s) retail)
imiquimod 3.75 %	NP	
ZYCLARA *(imiquimod)*	NP	
ZYCLARA PUMP *(imiquimod)*	NP	
ZYCLARA PUMP	NP	
Immunosuppressive Agents - Topical		
ELIDEL *(pimecrolimus)*	P	Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)
HYFTOR	NP	
pimecrolimus	NP	Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)
tacrolimus (topical) OINT 0.03 %	NP	QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)
tacrolimus (topical) OINT 0.1 %	NC	QL(100 GM per 31 day(s) retail); AL(At least 16 yrs old)
tacrolimus (topical) OINT 0.1 %	NP	QL(100 GM per 31 day(s) retail); AL(At least 16 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
CANTHARIDIN POWD	NC	
CANTHARIDIN SOLN	NC	
CONDYLOX GEL *(podofilox)*	NP	
KERALYT GEL *(salicylic acid)*	NC	
PODOCON-25 SOLN	NC	
podofilox GEL	NP	
podofilox SOLN	NP	
PODOPHYLLUM RESIN POWD	NC	RX/OTC
RAYASAL CREA	NC	
SALICATE LIQD	NC	
salicylic acid FOAM	NC	
salicylic acid GEL 6 %	C	
salicylic acid LIQD 2 %, 17 %, 27.5 %	NC	
SALICYLIC ACID OINT	NP	RX/OTC
SALIMEZ CREA	NC	
SALYCIM CREA	NC	
YCANTH SOLN	NC	

Drug Name	Drug Tier	Requirements/ Limits
Liniments		
camphor-menthol-methyl salicylate GEL	NC	
camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %	NC	
menthol-methyl salicylate (liniments) PTCH	NC	
MENTICAM CREA	NC	
METHYLTEN CREA	NC	
WINTERGREEN OIL OIL XX	NC	
Local Anesthetics - Topical		
BRUSELIX CREA	NC	
BURN RELIEF GEL	NC	
capsaicin CREA 0.025 %, 0.075 %, 0.1 %	C	1 package(s) per fill retail
CAPSAICIN CREA	NC	
CAPSAICIN POWD 95 %, 98.3 %	NC	RX/OTC
capsaicin PTCH	NC	
CAPZASIN-HP CREA *(capsaicin)*	NC	1 package(s) per fill retail
CIRCATA CREA	NC	
COCAINE HCL POWD	NC	
DERMACINRX CIRCATRIX CREA	NC	
dibucaine	C	1 package(s) per fill retail
GNP CALAMINE PLUS AERO	NC	
LIDAFLEX PTCH	NC	
lidocaine hcl CREA 3 %, 4 %	C	1 package(s) per fill retail
lidocaine hcl GEL 2 %, 2.8 %	NC	RX/OTC
lidocaine hcl GEL 2 %	C	
lidocaine hcl PRSY	NC	
lidocaine hcl SOLN	NC	

Drug Name	Drug Tier	Requirements/ Limits
lidocaine CREA 4 %	C	1 package(s) per fill retail
lidocaine OINT 5 %	NC	
lidocaine-prilocaine CREA	C	1 package(s) per fill retail
lidocaine-prilocaine KIT	NC	
lidocaine PTCH 4 %, 5 %	NC	
LIDOPURE PATCH	NC	
LIDOTRAL CREA	NC	
LIDOTRAN CREA	NC	
LMX 4 CREA *(lidocaine)*	NC	1 package(s) per fill retail
PLIAGLIS CREA	NC	
PRAMOXINE HCL POWD	NC	
QUTENZA	NC	
QUTENZA (2 PATCH)	NC	
QUTENZA (4 PATCH)	NC	
XYLIDERM	NC	
ZTLIDO PTCH	NC	
Misc. Dermatological Products		
GENADUR KIT CO	NC	
Misc. Topical		
ALUMINUM CHLORIDE ANHYDROUS POWD	NC	RX/OTC
ALUMINUM CHLORIDE HEXAHYDRATE CRYS	NC	RX/OTC
ALUMINUM CHLORIDE HEXAHYDRATE POWD	NC	RX/OTC
ALUMINUM CHLORIDE CRYS	NC	RX/OTC
CALAMINE POWD XX	NC	RX/OTC
COZIMA CREA	NC	
ethyl alcohol (skin cleanser) GEL	NC	
ICHTHAMMOL POWD	NC	
QC CALAMINE LOTN	NC	
SCARTRATE	NC	
TANNIC ACID	NC	RX/OTC
XERAC AC	NC	

Drug Name	Drug Tier	Requirements/ Limits
zinc oxide (topical) OINT 20 %	C	1 package(s) per fill retail
ZINCTRAL PSTE	NC	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	NP	
ZORYVE CREA EX	NP	
ZORYVE FOAM EX	NC	
Pigmenting-Depigmenting Agents		
HYDROQUINONE POWD	NC	
METHOXSALEN POWD	NC	
Protectives Against UV Radiation		
SCENESSE	NC	
Rosacea Agents		
azelaic acid GEL	P	
brimonidine tartrate (topical)	NP	
doxycycline (rosacea)	NP	
FINACEA FOAM	NP	
FINACEA GEL *(azelaic acid)*	NC	
ivermectin (rosacea)	NP	
METROCREAM CREA *(metronidazole (topical))*	NP	QL(45 GM per 31 day(s) retail)
METROGEL GEL 1 % *(metronidazole (topical))*	NP	
metronidazole (topical) CREA	P	QL(45 GM per 31 day(s) retail)
metronidazole (topical) GEL 1 %	P	
metronidazole (topical) GEL 1 %	NP	
metronidazole (topical) GEL 0.75 %	P	QL(45 GM per 31 day(s) retail)
metronidazole (topical) LOTN	P	
MIRVASO *(brimonidine tartrate (topical))*	NP	
NORITATE CREA	NP	

Drug Name	Drug Tier	Requirements/ Limits
ORACEA *(doxycycline (rosacea))*	NP	
RHOFADE	NP	
SOOLANTRA *(ivermectin (rosacea))*	NP	
Scabicides & Pediculicides		
crotamiton LOTN	NP	1 package(s) per fill retail
crotamiton LOTN	NC	1 package(s) per fill retail
ELIMITE CREA *(permethrin)*	NP	QL(60 GM per fill retail)
malathion	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
NATROBA *(spinosad)*	P	Brand Preferred
OVIDE *(malathion)*	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
permethrin CREA	P	QL(60 GM per fill retail)
permethrin LIQD EX	P	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	C	
spinosad	NP	Brand Preferred
VANALICE GEL	NC	
Tar Products		
coal tar extract SHAM 0.5 %	C	
DHS TAR GEL SHAM *(coal tar extract)*	NC	
DHS TAR SHAM *(coal tar extract)*	NC	
Wound Care Products		
ABRAVO EMUL	NC	
ATOPAVO EMUL	NC	
AVO CREAM EMUL	NC	

Drug Name	Drug Tier	Requirements/ Limits
B & C OINT	NC	
BALSAM PERU-CASTOR OIL OINT	NC	
BIAFINE EMUL	NC	
BPCO OINT	NC	
FILSUVEZ	NC	
SONAFINE EMUL	NC	
VENELEX OINT	NC	
VIA MATRIX SHEE	NC	
ZEVASKYN SHEE EX	NC	
DIAGNOSTIC PRODUCTS		
Diagnostic Biologicals		
APLISOL	NC	
TUBERSOL	NC	
Diagnostic Drugs		
adenosine (diagnostic)	NC	
BLUDIGO IV	NC	
dipyridamole (diagnostic)	NC	
GLEOLAN	NC	
GLUCAGON HCL (DIAGNOSTIC)	NC	
isosulfan blue	NC	
KINEVAC	NC	
LUMISIGHT	NC	
METOPIRONE	NC	
regadenoson	NC	
R-GENE 10	NC	
SINCALIDE	NC	
THYROGEN 0.9 MG	NC	SP
Diagnostic Radiopharmaceuticals		
AMYVID	NC	
AXUMIN	NC	
CARDIOLITE	NC	
FLYRCADO	NC	
ILLUCCIX CONFIGURATION A KIT	NC	

Drug Name	Drug Tier	Requirements/ Limits
ILLUCCIX CONFIGURATION B KIT	NC	
LEU TECHNELITE	NC	
LOCAMETZ KIT	NC	
NETSPOT	NC	
POSLUMA	NC	
PYLARIFY SOSY	NC	
TAUVID	NC	
TECHNELITE	NC	
TECHNETIUM TC 99M SESTAMIBI	NC	
XENON XE 133	NC	
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	P	RX/OTC
ACCU-CHEK GUIDE TEST STRP	P	RX/OTC
ACCU-CHEK SMARTVIEW STRP	P	RX/OTC
AGAMATRIX PRESTO TEST STRP	NC	RX/OTC
ALBUSTIX STRP	NC	
CARESENS N GLUCOSE TEST STRP	NP	RX/OTC
CHEMSTRIP K STRP	C	
CHEMSTRIP MICRAL STRP	NC	
CHOLESTEROL AND LIPID TEST	NC	
CLINISTIX KIDNEY HEALTH	NC	
CONTOUR PLUS TEST STRP	NP	RX/OTC
CVS TRUE METRIX GLUCOSE TEST STRP	NP	RX/OTC
CVS TRUE METRIX GLUCOSE TEST STRP	NC	RX/OTC
DX1 ORAGENOMIC DNA SCREEN	NC	

Drug Name	Drug Tier	Requirements/ Limits
DX2 ORAGENOMIC DNA SCREEN	NC	
EASY MAX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EMBRACE WAVE BLOOD GLUCOSE STRP	NP	RX/OTC
FENTANYL FE	NC	
FREESTYLE INSULINX TEST STRP	NP	RX/OTC
FREESTYLE LITE TEST STRP	NP	RX/OTC
FREESTYLE PRECISION NEO TEST STRP	NP	RX/OTC
FREESTYLE TEST STRP	NP	RX/OTC
HOME PAP KIT	NC	
IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	RX/OTC
INFLAMMATION TEST	NC	
KETONE TEST STRP	C	
KETOSTIX STRP	C	
MEDICATED DNA COLLECTION	NC	
MEDICATED DNA COLLECTION 2	NC	
MILKSCREEN FOR BREASTFEEDING	NC	
MM BLULINK GLUCOSE TEST STRP	NP	RX/OTC
ONETOUCH ULTRA BLUE TEST STRP	P	RX/OTC
ONETOUCH ULTRA TEST STRP	P	RX/OTC
ONETOUCH ULTRA STRP	P	RX/OTC
ONETOUCH VERIO STRP	P	RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	NP	RX/OTC
PRO DNA COLLECTION	NC	
PROFESSIONAL DNA COLLECTION	NC	
PTS PANELS CHOL+GLU TEST	NC	
PTS PANELS LIPID PANEL+EGLU	NC	
QUICK TOUCH BLOOD GLUCOSE TEST STRP	NC	RX/OTC
RELION GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION KETONE TEST STRP	C	
UDSX MEDICATED SYSTEM	NC	
UDSXMP MEDICATED SYSTEM	NC	
VIVAGUARD INO TEST STRIPS STRP	NP	RX/OTC
Miscellaneous Contrast Media		
DEFINITY	NC	
DEFINITY RT	NC	
EOVIST	NC	
GADAVIST SOSY	NC	
gadobutrol SOLN	NC	
gadoterate meglumine SOLN	NC	
gadoterate meglumine SOSY	NC	
OMNISCAN SOLN IV	NC	
OPTISON	NC	
Radiographic Contrast Media		
diatrizoate meglumine & sodium PO	NC	
iodixanol	NC	
iopamidol IV	NC	
OMNIPAQUE SOLN IJ 180 MG/ML, 240 MG/ML, 300 MG/ML	NC	
ULTRAVIST 62 %, 77 %	NC	

Drug Name	Drug Tier	Requirements/ Limits
VARIBAR PUDDING PSTE PO	NC	
VISIPAQUE *(iodixanol)*	NC	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
CEREFOLIN	NC	
CEREFOLIN BRAIN WELLNESS	NC	
CEREFOLIN NAC 600 MG-2 MG-6 MG-90.314 MG	NC	
ELFOLATE PLUS TABS	NC	
FOLBIC RF TABS	NC	
FOLTANX RF	NC	
FOLTANX TABS	NC	
FOLTX TABS	NC	
L-METHYLFOLATE CA ME-CBL NAC	NC	
L-METHYLFOLATE-ALGAE-B12-B6	NC	
L-METHYL-MC	NC	
METAFOLBIC	NC	
METAFOLBIC PLUS	NC	
METAFOLBIC PLUS RF	NC	
METANX	NC	
METHYLFOL-ALGAE-B12-ACETYLCYST	NC	
Nutritional Substitutes		
ASPARTAME (FOR COMPOUNDING)	NC	RX/OTC
ASPARTAME (NUTRASWEET)	NC	RX/OTC
SACCHARIN POWD	NC	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	P	
CREON CPEP	P	Smart PA
CREON CPEP 120000 UNIT-76000 UNIT-24000 UNIT, 180000 UNIT-114000 UNIT-36000 UNIT, 30000 UNIT-19000 UNIT-6000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT	NC	Smart PA
lactase TABS 3000 UNIT, 9000 UNIT	NC	
PEPSIN	NC	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
Gastric Acidifiers		
L-GLUTAMIC ACID HCL POWD	NC	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide sodium	NC	
acetazolamide CP12	C	
acetazolamide TABS	C	
dichlorphenamide	NC	SP
METHAZOLAMIDE POWD	NC	
methazolamide TABS	C	

Drug Name	Drug Tier	Requirements/ Limits
Diuretic Combinations		
ALDACTAZIDE *(spironolactone & hydrochlorothiazide)*	NC	
amiloride & hydrochlorothiazide	C	QL(1 EA daily)
MAXZIDE-25 TABS *(triamterene & hydrochlorothiazide)*	NC	QL(2 EA daily)
MAXZIDE TABS *(triamterene & hydrochlorothiazide)*	NC	
spironolactone & hydrochlorothiazide	C	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	C	
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	C	QL(2 EA daily)
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	C	
Loop Diuretics		
bumetanide SOLN 0.25 MG/ML	NC	
bumetanide TABS	C	
BUMEX TABS 0.5 MG *(bumetanide)*	NC	
ethacrynate sodium	NC	
ethacrynic acid	NC	
FUROSEMIDE POWD	NC	
furosemide SOLN PO 8 MG/ML, 10 MG/ML	C	
furosemide SOLN IJ 10 MG/ML	NC	
FUROSEMIDE SOLN IJ	NC	
furosemide TABS	C	
LASIX TABS *(furosemide)*	NC	
SOAANZ TABS 20 MG	C	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM EDECRIN *(ethacrynate sodium)*	NC	
torsemide TABS 5 MG, 10 MG, 100 MG	C	QL(1 EA daily)
torsemide TABS 20 MG	C	
Osmotic Diuretics		
mannitol 10 %, 20 %, 25 %	NC	
Potassium Sparing Diuretics		
ALDACTONE TABS *(spironolactone)*	NC	
AMILORIDE HCL POWD	NC	
amiloride hcl TABS	C	QL(4 EA daily)
SPIRONOLACTONE POWD	NC	
spironolactone SUSP	NC	
spironolactone TABS	C	
triamterene CAPS	NC	
TRIAMTERENE POWD	NC	
Thiazides and Thiazide-Like Diuretics		
chlorothiazide sodium	NC	
chlorthalidone 25 MG, 50 MG	C	
DIURIL SUSP	NC	
HEMICLOR 12.5 MG	NC	
hydrochlorothiazide CAPS	C	
HYDROCHLOROTHIAZIDE POWD	NC	
hydrochlorothiazide TABS 12.5 MG	NC	
hydrochlorothiazide TABS 25 MG, 50 MG	C	
indapamide TABS 1.25 MG, 2.5 MG	C	
INZIRQO SUSR PO 10 MG/ML	NC	
metolazone	C	
THALITONE	NC	
ENDOCRINE AND METABOLIC AGENTS - MISC.		

Drug Name	Drug Tier	Requirements/ Limits
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG *(risedronate sodium)*	NP	
ACTONEL TABS 35 MG *(risedronate sodium)*	NP	QL(4 EA per 28 day(s) retail)
alendronate sodium SOLN	NP	QL(10.8 ML daily)
alendronate sodium TABS 10 MG	P	QL(1 EA daily)
alendronate sodium TABS 35 MG, 70 MG	P	QL(0.15 EA daily)
ATELVIA TBEC *(risedronate sodium)*	NP	QL(4 EA per 28 day(s) retail)
BINOSTO TBEF	NP	
BONSITY SOPN 560 MCG/2.24ML	NP	
calcitonin (salmon) NA	P	1 package(s) per fill retail
calcitonin (salmon) IJ	C	QL(2 ML per fill retail)
FORTEO SOPN *(teriparatide)*	NP	SP
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG *(alendronate sodium)*	NP	QL(0.15 EA daily)
ibandronate sodium TABS	P	
ibandronate sodium TABS	NC	
JUBBONTI SOSY SC 60 MG/ML	NP	SP
MIACALCIN IJ *(calcitonin (salmon))*	NC	QL(2 ML per fill retail)
OSENVELT SOLN SC 120 MG/1.7ML	NC	
PROLIA SOSY	NP	SP
risedronate sodium TABS 35 MG	NP	QL(4 EA per 28 day(s) retail)
risedronate sodium TABS 5 MG, 30 MG	NP	QL(1 EA daily)
risedronate sodium TABS 150 MG	NP	
risedronate sodium TBEC	NP	QL(4 EA per 28 day(s) retail)
STOBOCLO SOSY SC 60 MG/ML	NC	
teriparatide SOPN	P	SP
TERIPARATIDE SOPN	P	SP
TYMLOS	NP	SP
Corticotropin		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	NC	SP
Corticotropin-Releasing Factor (CRF) Receptor Antagonists		
CRENESSITY CAPS 25 MG	NC	
Fertility Regulators		
CLOMIPHENE CITRATE POWD	NC	
GnRH/LHRH Antagonists		
ORILISSA	NC	SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	NC	SP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	PA	SP; PA
GENOTROPIN CART SC	PA	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	NP	SP
NORDITROPIN FLEXPRO SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NC	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	NP	QL(1 EA daily)
OSPHENA	NC	
raloxifene hcl	NP	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	C	SP; PA
Menopausal Symptoms Suppressants		
VEOZAH	NC	
Metabolic Modifiers		
AMMONUL *(sod benzoate & sod phenylacetate)*	NC	
BRINEURA	NC	SP
calcitriol CAPS	C	
calcitriol SOLN IV	NC	
carglumic acid	NC	SP
CARNITOR SF SOLN PO *(levocarnitine (metabolic modifiers))*	NC	QL(30 ML daily)
CARNITOR SOLN PO 1 GM/10ML *(levocarnitine (metabolic modifiers))*	NC	QL(30 ML daily)
CARNITOR TABS *(levocarnitine (metabolic modifiers))*	NC	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
doxercalciferol CAPS	NC	
doxercalciferol SOLN	NC	
GALAFOLD	C	QL(0.5 EA daily); SP; PA
levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML	NC	
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	C	QL(30 ML daily)
levocarnitine (metabolic modifiers) TABS	C	QL(3 EA daily)
NEXVIAZYME	NC	SP
NULIBRY	NC	SP
paricalcitol CAPS	NC	
PHEBURANE PLLT	NC	
RAYALDEE	NC	
ROCALTROL CAPS *(calcitriol)*	NC	
sod benzoate & sod phenylacetate	NC	
VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	NC	SP
XPHOZAH	NP	SP
YORVIPATH	NP	SP; PA
Mineralocorticoid Receptor Antagonists		
KERENDIA	NC	
Posterior Pituitary Hormones		
DDAVP TABS *(desmopressin acetate)*	NC	QL(6 EA daily)
desmopressin acetate spray	C	QL(5 ML per fill retail); PA
desmopressin acetate spray refrigerated 0.01 %	C	QL(5 ML per fill retail); PA
desmopressin acetate TABS	C	QL(6 EA daily)
NOCDURNA SUBL	NC	
VASOPRESSIN-SODIUM CHLORIDE SOLN	NC	
vasopressin SOLN IV	NC	

Drug Name	Drug Tier	Requirements/ Limits
VASOSTRICT SOLN	NC	
Prolactin Inhibitors		
cabergoline	NC	
Somatostatic Agents		
octreotide acetate KIT	C	SP; PA
octreotide acetate SOSY	NC	SP
SANDOSTATIN LAR DEPOT KIT *(octreotide acetate)*	NC	SP; PA
Vasopressin Receptor Antagonists		
VAPRISOL	NC	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(estradiol & norethindrone acetate)*	NC	QL(1 EA daily)
ANGELIQ	NC	
BIJUVA	NC	
CLIMARA PRO	NC	
COMBIPATCH PTTW	C	Limit 8 patches per month; QL(0.286 EA daily)
DUAVEE	NC	
esterified estrogens & methyltestosterone 1.25 MG-0.625 MG	NC	
estradiol & norethindrone acetate TABS	C	QL(1 EA daily)
MYFEMBREE	NC	
norethindrone acetate-ethinyl estradiol	C	
ORIAHNN	NC	
PREMPHASE	NC	
PREMPRO	C	
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	C	Limit 8 patches per month; QL(0.286 EA daily)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(estradiol)*	NC	Limit 4 patches per month; QL(0.143 EA daily)
DEPO-ESTRADIOL	NC	
ELESTRIN GEL	NC	
ESTRACE TABS *(estradiol)*	NC	
estradiol valerate	NC	
estradiol GEL	NC	
estradiol PTTW 0.0375 MG/24HR	C	QL(0.286 EA daily)
estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	C	Limit 8 patches per month; QL(0.286 EA daily)
estradiol PTWK	C	Limit 4 patches per month; QL(0.143 EA daily)
estradiol TABS	C	
ETHINYL ESTRADIOL	NC	
EVAMIST SOLN	NC	
MENEST	NC	
MENOSTAR PTWK	NC	
MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(estradiol)*	NC	Limit 8 patches per month; QL(0.286 EA daily)
MINIVELLE PTTW 0.0375 MG/24HR *(estradiol)*	NC	QL(0.286 EA daily)
PREMARIN SOLR	NC	
PREMARIN TABS	C	QL(1 EA daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(estradiol)*	NC	Limit 8 patches per month; QL(0.286 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
VIVELLE-DOT PTTW 0.0375 MG/24HR *(estradiol)*	NC	QL(0.286 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	P	
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	NC	
ciprofloxacin in d5w	NC	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	NP	
levofloxacin in d5w	NC	
levofloxacin SOLN PO	NP	
levofloxacin TABS	P	QL(14 EA per fill retail)
moxifloxacin hcl in sodium chloride	NC	
MOXIFLOXACIN HCL SOLN 400 MG/250ML	NC	
moxifloxacin hcl TABS	NC	
moxifloxacin hcl TABS	NP	
ofloxacin 400 MG	NP	QL(56 EA per fill retail)
ofloxacin 300 MG	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(prucalopride succinate)*	NP	
prucalopride succinate	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	NP	
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP *(simethicone)*	NC	
PHAZYME ULTIMATE CAPS	NC	
simethicone CHEW 80 MG	C	
SIMETHICONE LIQD XX	NC	RX/OTC
simethicone SUSP	C	
Gallstone Solubilizing Agents		
RELTONE CAPS	NC	
URSO 250 TABS *(ursodiol)*	NC	QL(7 EA daily)
ursodiol CAPS	C	
URSODIOL CAPS	NC	
ursodiol TABS 250 MG	C	QL(7 EA daily)
ursodiol TABS 500 MG	NC	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	NC	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(lubiprostone)*	NP	
lubiprostone	P	
Gastrointestinal Stimulants		
GIMOTI SOLN NA	NP	SP
METOCLOPRAMIDE HCL MONOHYDRATE	NC	
METOCLOPRAMIDE HCL POWD	NC	
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	P	
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	NC	
metoclopramide hcl TABS	P	
metoclopramide hcl TABS	NC	
REGLAN TABS *(metoclopramide hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
Hepatotropics		
REZDIFFRA	NC	SP
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	NC	SP
BYLVAY CAPS	NC	SP
Inflammatory Bowel Agents		
AMINOSALICYLIC ACID-5 POWD	NC	RX/OTC
APRISO CP24 *(mesalamine)*	P	Brand Preferred
AVSOLA	C	SP; PA
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	NP	
AZULFIDINE TABS *(sulfasalazine)*	NP	
balsalazide disodium CAPS	P	QL(9 EA daily)
CANASA SUPP *(mesalamine)*	NP	
CIMZIA (2 SYRINGE) PSKT	NP	SP
CIMZIA KIT	NP	SP
CIMZIA-STARTER PSKT	NP	SP
COLAZAL CAPS *(balsalazide disodium)*	NP	QL(9 EA daily)
DELZICOL CPDR *(mesalamine)*	NP	
DIPENTUM	NP	
ENTYVIO PEN SOAJ	NP	SP
INFLECTRA SOLR	C	SP; PA
LIALDA TBEC *(mesalamine)*	NP	
mesalamine w/ cleanser	NP	
mesalamine CP24	NP	Brand Preferred
mesalamine CP24	NC	Brand Preferred
mesalamine CPCR	NP	Brand Preferred
mesalamine CPDR	NP	
mesalamine ENEM	P	QL(60 ML daily)
MESALAMINE POWD	NC	RX/OTC
mesalamine SUPP	P	
mesalamine TBEC 800 MG	NP	QL(3 EA daily)
mesalamine TBEC 1.2 GM	NP	
OMVOH (300 MG DOSE) SOAJ	NP	SP
OMVOH (300 MG DOSE) SOSY	NP	SP
OMVOH SOAJ	NP	SP
OMVOH SOSY	NP	SP
PENTASA CPCR	P	Brand Preferred
RENFLEXIS	C	SP; PA
ROWASA *(mesalamine w/ cleanser)*	NP	
SFROWASA ENEM	NP	
SKYRIZI SOCT	NP	SP
STELARA 130 MG/26ML	NC	SP
SULFASALAZINE POWD	NC	
sulfasalazine TABS	P	
sulfasalazine TBEC	P	
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	NP	
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP
TREMFYA SOLN IV	NC	SP
TREMFYA SOSY SC	NP	SP
USTEKINUMAB 130 MG/26ML	NP	SP
VELSIPITY	NP	SP
ZYMFENTRA (1 PEN) AJKT	NP	SP
ZYMFENTRA (2 PEN) AJKT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
lactulose (encephalopathy)	NC	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	NP	
alosetron hcl	NC	
IBSRELA	NP	
LINZESS	P	
LOTRONEX *(alosetron hcl)*	NP	
VIBERZI	NP	
Live Fecal Microbiota		
REBYOTA	NC	
Peripheral Opioid Receptor Antagonists		
alvimopan	NC	
ENTEREG *(alvimopan)*	NC	
MOVANTIK	P	
MOVANTIK	NC	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA 210 MG *(ferric citrate)*	NP	
calcium acetate (phosphate binder) CAPS	P	
calcium acetate (phosphate binder) CAPS	NC	
calcium acetate (phosphate binder) TABS	NP	RX/OTC
calcium acetate (phosphate binder) TABS	P	RX/OTC
ferric citrate	NC	

Drug Name	Drug Tier	Requirements/ Limits
FOSRENOL CHEW *(lanthanum carbonate)*	NP	
FOSRENOL PACK	NP	
lanthanum carbonate CHEW	NP	
RENVELA PACK *(sevelamer carbonate)*	NP	
RENVELA TABS *(sevelamer carbonate)*	NP	
RENVELA TABS *(sevelamer carbonate)*	NC	
sevelamer carbonate PACK	NP	
sevelamer carbonate TABS	NC	
sevelamer carbonate TABS	P	
sevelamer hcl	NP	
VELPHORO	NP	
GENERAL ANESTHETICS		
Anesthetics - Misc.		
DIPRIVAN EMUL	NC	
etomidate	NC	
ketamine hcl SOLN IJ	NC	
KETAMINE HCL SOLN IJ 10 MG/ML, 100 MG/ML	NC	
KETAMINE HCL SOSY IJ 25 MG/ML	NC	
propofol EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML	NC	
Barbiturate Anesthetics		
methohexital sodium SOLR	NC	
Volatile Anesthetics		
desflurane	NC	
isoflurane	NC	
sevoflurane	NC	
GENITOURINARY AGENTS - MISCELLANEOUS -		

Drug Name	Drug Tier	Requirements/ Limits
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	NC	
Alkalinizers		
ORACIT	NC	
ORAL CITRATE	NC	
pot & sod citrates w/citric ac SOLN	NC	
potassium citrate (alkalinizer) TBCR 15 MEQ, 1620 MG	NC	
potassium citrate (alkalinizer) TBCR	C	
POTASSIUM CITRATE MONOHYDRATE GRAN	NC	RX/OTC
POTASSIUM CITRATE GRAN	NC	RX/OTC
POTASSIUM CITRATE POWD	NC	
sodium citrate & citric acid	C	QL(16.67 EA daily); RX/OTC
SODIUM CITRATE ANHYDROUS POWD	NC	
SODIUM CITRATE CRYS	NC	
SODIUM CITRATE GRAN XX	NC	RX/OTC
UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))*	NC	
UROCIT-K 5 TBCR *(potassium citrate (alkalinizer))*	NC	
Genitourinary Irrigants		
acetic acid 0.25 %	NC	
glycine (gu irrigant) SOLN 1.5 %	NC	
GLYCINE POWD	NC	RX/OTC
neomycin/polymyxin b gu	NC	
sodium chloride (gu irrigant) 0.9 %	C	
SORBITOL 3 %	NC	
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	NC	
IgA Nephropathy (IgAN) Agents		
VANRAFIA TABS PO 0.75 MG	NC	SP
Interstitial Cystitis Agents		
ELMIRON CAPS	NC	
RIMSO-50	NC	
Prostatic Hypertrophy Agents		
alfuzosin hcl	P	
CARDURA XL	NP	
dutasteride	P	
dutasteride-tamsulosin hcl	NP	
finasteride	P	QL(1 EA daily)
finasteride	NC	QL(1 EA daily)
PROSCAR *(finasteride)*	NP	QL(1 EA daily)
RAPAFLO *(silodosin)*	NP	
silodosin	NP	
tamsulosin hcl	P	QL(2 EA daily)
tamsulosin hcl	NC	QL(2 EA daily)
Urinary Analgesics		
PHENAZOPYRIDINE HCL POWD	NC	
phenazopyridine hcl TABS 100 MG, 200 MG	C	
PYRIDIUM TABS *(phenazopyridine hcl)*	NC	
Urinary Stone Agents		
LITHOSTAT	NC	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	P	

Drug Name	Drug Tier	Requirements/ Limits
colchicine w/ probenecid	NC	
Gout Agents		
allopurinol 200 MG	NP	
allopurinol 100 MG, 300 MG	P	
allopurinol sodium	NC	
colchicine CAPS	NP	
COLCHICINE POWD	NC	
colchicine TABS	P	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail
COLCRYS TABS *(colchicine)*	NP	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail
febuxostat	NC	
febuxostat	NP	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS *(colchicine)*	NP	
ULORIC *(febuxostat)*	NP	
ZYLOPRIM 100 MG *(allopurinol)*	NP	
Uricosurics		
probenecid	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	C	SP; PA
Antihemophilic Products		
HEMLIBRA	NC	SP
NUWIQ KIT	NC	SP
NUWIQ SOLR	NC	SP
QFITLIA SOAJ SC 50 MG/0.5ML	NC	SP
QFITLIA SOLN SC 20 MG/0.2ML	NC	SP
SEVENFACT	NC	SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(icatibant acetate)*	NC	SP; PA
icatibant acetate SOSY	C	SP; PA
Complement Inhibitors		
BERINERT KIT	NC	SP
CINRYZE SOLR IV	NC	SP
HAEGARDA SOLR SC	C	SP; PA
PIASKY	NC	SP
RUCONEST	NC	SP
TAVNEOS	NP	SP
VOYDEYA TABS	NC	SP
VOYDEYA TBPK	NC	SP
Hematorheologic Agents		
pentoxifylline	C	
Plasma Expanders		
dextran 40 in d5w	NC	
dextran 40 in saline	NC	
HESPAN *(hetastarch (hes /0.7 or /0.75) in sodium chloride)*	NC	
hetastarch (hes /0.7 or /0.75) in sodium chloride	NC	
HEXTEND	NC	
Plasma Kallikrein Inhibitors		
KALBITOR	NC	SP
TAKHZYRO SOLN	NC	SP
TAKHZYRO SOSY	NC	SP
Plasma Proteins		
ALBUKED 25	NC	
ALBUKED 5	NC	
ALBUMIN HUMAN	NC	
ALBUMINEX	NC	
ALBUMIN-ZLB	NC	

Drug Name	Drug Tier	Requirements/ Limits
ALBURX	NC	
ALBUTEIN	NC	
FLEXBUMIN	NC	
HUMAN ALBUMIN GRIFOLS	NC	
KEDBUMIN	NC	
OCTAPLAS BLOOD GROUP A	NC	
OCTAPLAS BLOOD GROUP AB	NC	
OCTAPLAS BLOOD GROUP B	NC	
OCTAPLAS BLOOD GROUP O	NC	
PLASBUMIN-25	NC	
PLASBUMIN-5	NC	
Platelet Aggregation Inhibitors		
AGGRASTAT 3.75 MG/15ML	NC	
anagrelide hcl	NC	
aspirin-dipyridamole	NP	
BRILINTA 60 MG, 90 MG *(ticagrelor)*	P	QL(2 EA daily)
cilostazol	C	QL(2 EA daily)
clopidogrel bisulfate 300 MG	P	
clopidogrel bisulfate 75 MG	P	QL(1 EA daily)
dipyridamole	NC	
dipyridamole	NP	
EFFIENT *(prasugrel hcl)*	NP	QL(1 EA daily)
eptifibatide	NC	
KENGREAL	NC	
PLAVIX 75 MG *(clopidogrel bisulfate)*	NP	QL(1 EA daily)
prasugrel hcl	P	QL(1 EA daily)
ticagrelor 60 MG, 90 MG	NP	QL(2 EA daily)
tirofiban hcl in sodium chloride	NC	

Drug Name	Drug Tier	Requirements/ Limits
Protamine		
protamine sulfate	NC	
Thrombolytic Enzymes		
ACTIVASE IV	NC	
CATHFLO ACTIVASE IJ	NC	
RETAVASE HALF-KIT	NC	
TNKASE	NC	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	C	SP; PA
CEREZYME 400 UNIT	C	SP; PA
Agents for Sickle Cell Disease		
ADAKVEO	C	SP; PA
CASGEVY	PA	SP; PA
DROXIA CAPS	P	Brand Preferred
ENDARI *(glutamine (sickle cell))*	PA	SP; PA
glutamine (sickle cell)	PA	SP; PA
LYFGENIA	PA	SP; PA
SIKLOS TABS	P	Brand Preferred
XROMI SOLN PO 100 MG/ML	P	SP
Cobalamins		
cyanocobalamin SOLN NA 500 MCG/0.1ML	NC	
cyanocobalamin SOLN IJ 1000 MCG/ML	C	QL(10 ML per 270 day(s) retail)
hydroxocobalamin acetate SOLN	NC	
Folic Acid/Folates		
FOLIC ACID POWD	NC	RX/OTC
folic acid SOLN	NC	
folic acid TABS 1 MG	C	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
folic acid TABS 400 MCG	C	QL(1 EA daily)
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN	NP	SP
ARANESP (ALBUMIN FREE) SOSY	NP	SP
eltrombopag olamine PACK 12.5 MG, 25 MG	NC	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP
MIRCERA	NP	SP
PROCRIT	NP	SP
PROCRIT	NP	SP
REBLOZYL	C	SP
RETACRIT	P	SP
VAFSEO	NP	SP
ZARXIO	C	SP; PA
ZIEXTENZO	NC	SP
Hematopoietic Mixtures		
ACTIVE FE	NC	
BENTIVITE TABS	NC	
BP VIT 3	NC	
CENTRATEX CAPS	NC	
CORVITE 150 TABS	NC	
CORVITE FE TABS	NC	
DERMACINRX DOTREMIN TABS	NC	
DERMACINRX FOLTAMIN TABS	NC	
fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu	NC	
FERIVA 21/7 (WITH DOCUSATE) 175 MG-400 MCG-12 MCG-150 MG-50 MG-600 MCG-10 MG-75 MG	NC	
FERIVAFA	NC	

Drug Name	Drug Tier	Requirements/ Limits
FOLDITAM TABS	NC	
folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG, 25 MG-2.2 MG-1 MG, 25 MG-2.5 MG-1 MG	NC	RX/OTC
FOLICORE B COMPLEX TABS	NC	
FOLITE	NC	
FOLIVANE-F	NC	
FOLIVANE-PLUS	NC	
FOLIXAPURE TABS	NC	
FOLIXATE TABS	NC	
FOLTREXYL TABS	NC	
FOLVITA COMPLEX TABS	NC	
HEMOCYTE PLUS CAPS	NC	
INTEGRA F	NC	
INTEGRA PLUS	NC	
IRON FOLATE PLUS	NC	
IRON FOLATE-F	NC	
iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc	NC	
IROSPAN 24/6	NC	
NEPHRON FA	NC	
NIFEREX TABS	NC	
TALIVA	NC	
TARON FORTE	NC	
TULIVITE TABS	NC	
VITAMEZ	NC	
Iron		
ACCRUFER	NC	
FER-IN-SOL SOLN *(ferrous sulfate)*	NC	QL(3.4 ML daily)
FERRIMIN 150 TABS	NC	
ferrous fumarate TABS	C	QL(2 EA daily)
FERROUS GLUCONATE TABS 324 MG	C	QL(3.34 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
FERROUS SULFATE GRAN	NC	RX/OTC
FERROUS SULFATE POWD	NC	RX/OTC
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	C	
ferrous sulfate SOLN 300 MG/5ML, 325 MG/5ML	NC	
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	C	QL(3.4 ML daily)
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	C	
ferrous sulfate TBEC	C	
FERROUS SULFATE TBEC *(ferrous sulfate)*	NC	
ferumoxytol	NC	
HEMATEX LIQD	NC	
INFED	NC	
INJECTAFER	NC	
IRON CHEWS PEDIATRIC CHEW	C	
MONOFERRIC	NC	
polysaccharide iron complex CAPS	C	QL(1 EA daily)
sodium ferric gluconate complex in sucrose	NC	
VENOFER	NC	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
TRANEXAMIC ACID-NACL	NC	
tranexamic acid-sodium chloride	NC	
tranexamic acid SOLN 1000 MG/10ML	NC	
tranexamic acid TABS	C	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old)
Hemostatics - Topical		
ARTISS KIT	NC	
ARTISS SOLN	NC	
ASTRINGYN	NC	
GEL-FLOW	NC	
GELFOAM COMPRESSED SIZE 100 MISC EX	NC	
GELFOAM DENTAL PACK SIZE 4 MISC EX	NC	
GELFOAM SPONGE SIZE 100 MISC EX	NC	
GELFOAM SPONGE SIZE 200 MISC EX	NC	
GELFOAM SPONGE SIZE 50 MISC EX	NC	
GELFOAM SPONGE MISC EX	NC	
GELFOAM-JMI POWDER	NC	
GELFOAM POWD MT	NC	
RECOTHROM	NC	
RECOTHROM SPRAY KIT	NC	
THROMBI-GEL 10	NC	
THROMBI-GEL 100	NC	
THROMBI-GEL 40	NC	
THROMBIN-JMI EPISTAXIS KIT	NC	
THROMBIN-JMI KIT	NC	
THROMBIN-JMI SOLR	NC	
THROMBI-PAD	NC	
TISSEEL KIT	NC	
TISSEEL SOLN	NC	
HYPNOTICS/SEDATIVES/SLEEP DISORDER		

Drug Name	Drug Tier	Requirements/ Limits
AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) TABS 25 MG	C	QL(1 EA daily)
doxylamine succinate (sleep)	C	
GNP PAIN RELIEF NIGHTTIME	NC	
UNISOM SLEEPTABS *(doxylamine succinate (sleep))*	NC	
Barbiturate Hypnotics		
AMYTAL SODIUM	NC	
PENTOBARBITAL SODIUM POWD	NC	
pentobarbital sodium SOLN	NC	
PHENOBARBITAL SODIUM POWD	NC	
phenobarbital sodium SOLN	NC	
phenobarbital ELIX	C	
PHENOBARBITAL POWD	NC	
phenobarbital TABS	C	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	NP	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(zolpidem tartrate)*	NP	
AMBIEN TABS *(zolpidem tartrate)*	NP	QL(1 EA daily)
BYFAVO	NC	
CHLORAL HYDRATE CRYS	NC	
dexmedetomidine hcl in sodium chloride SOLN	NC	
DEXMEDETOMIDINE HCL-DEXTROSE	NC	

Drug Name	Drug Tier	Requirements/ Limits
dexmedetomidine hcl SOLN	NC	
DORAL *(quazepam)*	NP	
EDLUAR SUBL	NP	
estazolam	NP	
eszopiclone	NP	
flurazepam hcl	NP	QL(1 EA daily)
HALCION 0.25 MG *(triazolam)*	NP	
HALCION 0.25 MG *(triazolam)*	NC	
IGALMI FILM	NP	
LUNESTA *(eszopiclone)*	NC	
MIDAZOLAM HCL-SODIUM CHLORIDE SOLN IV 0.8 %-100 MG/100ML	NC	
midazolam hcl SOLN IJ	C	
MIDAZOLAM HCL SOLN IJ	C	
midazolam hcl SYRP	NC	
midazolam-sodium chloride	NC	
MIDAZOLAM-SODIUM CHLORIDE	NC	
MIDAZOLAM-SODIUM CHLORIDE (PF)	NC	
PRECEDEX SOLN	NC	
quazepam	NP	
RESTORIL 15 MG, 30 MG *(temazepam)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
RESTORIL 7.5 MG, 22.5 MG *(temazepam)*	NP	
temazepam 7.5 MG, 22.5 MG	P	
temazepam 15 MG, 30 MG	P	QL(1 EA daily); AL(At least 18 yrs old)
temazepam 15 MG, 30 MG	NC	QL(1 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
triazolam	NP	
zaleplon 10 MG	NP	QL(2 EA daily); AL(At least 18 yrs old)
zaleplon 5 MG	NP	QL(1 EA daily); AL(At least 18 yrs old)
ZOLPIDEM TARTRATE CAPS	NP	
zolpidem tartrate SUBL	NP	
zolpidem tartrate TABS	P	QL(1 EA daily)
zolpidem tartrate TBCR	NP	
zolpidem tartrate TBCR	NC	
Orexin Receptor Antagonists		
BELSOMRA	NP	
DAYVIGO	NP	
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	SP
HETLIOZ CAPS *(tasimelteon)*	NP	SP
ramelteon	NP	
ROZEREM *(ramelteon)*	NP	
tasimelteon CAPS	NP	SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	C	QL(10 EA daily)
Laxative Combinations		
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NC	
GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NP	1 package(s) per fill retail
MOVIPREP *(peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	NP	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	P	1 package(s) per fill retail
peg 3350-potassium chloride-sod bicarbonate-sod chloride	NP	1 package(s) per fill retail
PLENVU	NP	
sennosides-docusate sodium TABS	C	QL(4 EA daily)
SENOKOT LAXATIVE	NC	
SENOKOT S TABS *(sennosides-docusate sodium)*	NC	QL(4 EA daily)
sodium sulfate-potassium sulfate-magnesium sulfate	NC	
sodium sulfate-potassium sulfate-magnesium sulfate	NP	
SUFLAVE	NP	
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	NP	
SUTAB	NP	
Laxatives - Miscellaneous		
GLYCERIN (ADULT) SUPP *(glycerin (laxative))*	NC	
glycerin (laxative) SUPP 2 GM	C	
lactulose PACK	NP	
lactulose SOLN	P	
lactulose SOLN	NC	
polyethylene glycol 3350 PACK	P	
polyethylene glycol 3350 POWD	P	QL(34 GM daily)
Lubricant Laxatives		
MINERAL OIL HEAVY OIL XX	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MINERAL OIL LIGHT XX	NC	RX/OTC
MINERAL OIL OIL XX	NC	RX/OTC
MURI-LUBE XX	NC	RX/OTC
Saline Laxatives		
CVS EPSOM SALT GRAN XX	NC	
EPSOM SALT GRAN XX	NC	
EPSOM SALT POWD	NC	RX/OTC
EQL EPSOM SALT GRAN XX	NC	
FLEET ENEMA ENEM *(sodium phosphates)*	NC	
FLEET PEDIATRIC ENEM *(sodium phosphates)*	NC	
FLEET SALINE ENEMA ENEM *(sodium phosphates)*	NC	
magnesium citrate 1.745 GM/30ML	P	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	C	QL(32 ML daily)
MAGNESIUM SULFATE POWD	NC	RX/OTC
OSMOPREP	NC	
RA EPSOM SALT GRAN XX	NC	
sodium phosphates ENEM	C	
Stimulant Laxatives		
BISACODYL POWD	NC	
bisacodyl SUPP	C	QL(12 EA per fill retail)
bisacodyl TBEC	C	QL(1 EA daily)
DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)*	NC	QL(1 EA daily)
DULCOLAX SUPP *(bisacodyl)*	NC	QL(12 EA per fill retail)
DULCOLAX TBEC *(bisacodyl)*	NC	QL(1 EA daily)
sennosides TABS 8.6 MG	C	
SENOKOT KIDS GUMMIES CHEW	NC	
SENOKOT LAXATIVE GUMMIES CHEW	NC	
SENOKOT TABS *(sennosides)*	NC	
Surfactant Laxatives		
COLACE CLEAR CAPS *(docusate sodium)*	NC	
COLACE CAPS 100 MG *(docusate sodium)*	NC	QL(3 EA daily)
docusate sodium CAPS 100 MG, 250 MG	C	QL(3 EA daily)
docusate sodium CAPS 50 MG	C	
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	C	
DOCUSATE SODIUM POWD	NC	
DOCUSATE SODIUM SYRP	C	
docusate sodium TABS	C	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetic Combinations		
bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 %	NC	
BUPIVACAINE-EPINEPHRINE SOLN	NC	
lidocaine w/ epinephrine SOLN	NC	
LIDOCAINE-EPINEPHRINE SOLN 1 %-1:100000, 2 %-1:200000	NC	

Drug Name	Drug Tier	Requirements/ Limits
SENSORCAINE-MPF/EPINEPHRINE SOLN	NC	
XYLOCAINE-MPF/EPINEPHRINE SOLN	NC	
Local Anesthetics - Amides		
BUPIVACAINE FISIOPHARMA SOLN IJ	NC	
BUPIVACAINE HCL (BULK) SOLN XX	NC	
BUPIVACAINE HCL POWD	NC	
bupivacaine hcl SOLN IJ	NC	
BUPIVACAINE HCL SOLN IJ 0.25 %, 0.5 %	NC	
bupivacaine in dextrose SOLN	NC	
EXPAREL	NC	
lidocaine hcl (local anesth.) SOLN	NC	
lidocaine hcl (local anesth.) SOSY IJ 100 MG/5ML	NC	
LIDOCAINE HCL SOLN	NC	
LIDOCAINE HCL SOSY IJ 60 MG/3ML, 100 MG/5ML	NC	
MEPIVACAINE HCL POWD	NC	
mepivacaine hcl SOLN 1 %, 1.5 %, 2 %	NC	
ropivacaine hcl SOLN IJ	NC	
Local Anesthetics - Esters		
chloroprocaine hcl IJ	NC	
CLOROTEKAL IT	NC	
NESACAINE IJ 1 %, 2 %	NC	
PROCAINE HCL CRYS	NC	
PROCAINE HCL POWD	NC	
tetracaine hcl SOLN	NC	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	P	QL(2 EA per fill retail)
azithromycin SOLR	NC	
azithromycin SUSR 100 MG/5ML	P	1 package(s) per fill retail
azithromycin SUSR 200 MG/5ML	P	QL(60 ML per fill retail)
azithromycin TABS 500 MG	P	QL(4 EA daily)
azithromycin TABS 250 MG	P	QL(6 EA per fill retail)
azithromycin TABS 600 MG	NC	QL(8 EA per 28 day(s) retail)
azithromycin TABS 250 MG	NC	QL(6 EA per fill retail)
azithromycin TABS 500 MG	NC	QL(4 EA daily)
azithromycin TABS 600 MG	P	QL(8 EA per 28 day(s) retail)
ZITHROMAX TRI-PAK TABS *(azithromycin)*	NP	QL(4 EA daily)
ZITHROMAX Z-PAK TABS *(azithromycin)*	NP	QL(6 EA per fill retail)
ZITHROMAX PACK	NP	QL(2 EA per fill retail)
ZITHROMAX SUSR 100 MG/5ML *(azithromycin)*	NP	1 package(s) per fill retail
ZITHROMAX SUSR 200 MG/5ML *(azithromycin)*	NP	QL(60 ML per fill retail)
ZITHROMAX TABS 250 MG *(azithromycin)*	NP	QL(6 EA per fill retail)
ZITHROMAX TABS 500 MG *(azithromycin)*	NP	QL(4 EA daily)
Clarithromycin		
clarithromycin SUSR 125 MG/5ML	P	1 package(s) per fill retail
clarithromycin SUSR 250 MG/5ML	P	2 package(s) per fill retail
clarithromycin TABS	P	QL(28 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
clarithromycin TB24	NP	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	NP	
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	NP	
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	NP	
erythromycin base CPEP	NP	
ERYTHROMYCIN BASE POWD	NC	
erythromycin base TABS	NP	
erythromycin base TBEC	NP	
ERYTHROMYCIN ETHYLSUCCINATE POWD	NC	
erythromycin ethylsuccinate SUSR	P	
erythromycin ethylsuccinate TABS	NP	
erythromycin lactobionate 500 MG	NC	
erythromycin stearate TABS 250 MG	P	
ERYTHROMYCIN POWD	NC	
Fidaxomicin		
DIFICID SUSR	P	Brand Preferred
DIFICID TABS	P	Brand Preferred
MEDICAL DEVICES AND SUPPLIES		
Diabetic Supplies		
ACCU-CHEK AVIVA PLUS KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC
ADVANCE INTUITION METER DEVI	NC	QL(1 EA per 365 day(s) retail)
ADVANCE INTUITION MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ADVANCE MICRO-DRAW METER DEVI	NC	QL(1 EA per 365 day(s) retail)
ADVOCATE BLOOD GLUCOSE MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
ADVOCATE BLOOD GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ADVOCATE REDI-CODE+ DEVI	NC	QL(1 EA per 365 day(s) retail)
ADVOCATE REDI-CODE DEVI	NC	QL(1 EA per 365 day(s) retail)
ADVOCATE REDI-CODE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ADVOCATE SAFETY LANCETS 21G	NC	RX/OTC
ADVOCATE SAFETY LANCETS 23G	NC	RX/OTC
ADVOCATE SAFETY LANCETS 28G	NC	RX/OTC
AGAMATRIX JAZZ WIRELESS 2 KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
AGAMATRIX PRESTO KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ASSURE 4 METER DEVI	NC	QL(1 EA per 365 day(s) retail)
ASSURE HAEMOLANCE PLUS HIGH	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS LOW	NC	RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	NC	RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	NC	RX/OTC
ASSURE HAEMOLANCE PLUS PED	NC	RX/OTC
ASSURE PLATINUM METER DEVI	NC	QL(1 EA per 365 day(s) retail)
ASSURE PRISM MULTI METER DEVI	NC	QL(1 EA per 365 day(s) retail)
ASSURE PRO BLOOD GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
BD LANCET ULTRAFINE 30G	NC	RX/OTC
BD LANCET ULTRAFINE 33G	NC	RX/OTC
BD LATITUDE DIABETES KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
BIGFOOT UNITY PROGRAM KIT	NC	RX/OTC
BIOTEL CARE BLOOD GLUCOSE SYST KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
BIOTEL CARE BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
BLOOD GLUCOSE MONITOR SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
BLOOD GLUCOSE MONITORING 333 DEVI	NC	QL(1 EA per 365 day(s) retail)
BLOOD GLUCOSE SYSTEM PAK KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
BLULINK GLUCOSE MONITORING SYS DEVI	NC	QL(1 EA per 365 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
CARESENS CONTROL SOLUTION A/B SOLN	NC	
CARESENS N FELIZ BT DEVI	NC	QL(1 EA per 365 day(s) retail)
CARESENS N FELIZ DEVI	NC	QL(1 EA per 365 day(s) retail)
CARESENS N GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
CARESENS N PLUS BT KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
CARESENS N VOICE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
CARETOUCH MONITOR SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
CHEMSTRIP BG LOG BOOK MISC	NC	RX/OTC
CLEVER CHEK AUTO-CODE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
CLEVER CHEK AUTO-CODE VOICE DEVI	NC	QL(1 EA per 365 day(s) retail)
CLEVER CHEK SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
CLEVER CHOICE MICRO SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
CLEVER CHOICE MINI SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
CLEVER CHOICE TALK SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
CONTOUR MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
CONTOUR NEXT EZ KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT GEN MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
CONTOUR NEXT GEN MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
CONTOUR NEXT LINK KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
CONTOUR NEXT MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
CONTOUR NEXT ONE DEVI	NC	QL(1 EA per 365 day(s) retail)
CONTOUR PLUS BLUE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
COOL MONITOR KIT KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
COOL MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
CVS BLOOD GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
CVS BLOOD GLUCOSE METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
D-CARE GLUCOMETER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
DEXCOM G6 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G6 SENSOR	PA	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; PA
DEXCOM G6 TRANSMITTER	PA	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
DEXCOM G7 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G7 SENSOR	PA	QL(9 EA per 90 day(s) retail); PA
DIABETES CARE KIT	NC	RX/OTC
DIABETES MONITOR DIGIT ADD-ON KIT	NC	RX/OTC
DIABETES MONITOR DIGIT SOLN KIT	NC	RX/OTC
DIATHRIVE BLOOD GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
DIATHRIVE+ GLUCOSE MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
DIATRUE PLUS BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
DROPSAFE ACTI-LANCE 23G	NC	RX/OTC
EASY MAX T1 GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
EASY PLUS II GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
EASY STEP GLUCOSE MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
EASY TALK BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
EASY TOUCH GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	NC	
EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
EASY TRAK II BLOOD GLUCOSE SYS DEVI	NC	QL(1 EA per 365 day(s) retail)
EASYMAX NG BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
EASYMAX NG BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
EASYMAX V BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
EASYPRO BLOOD GLUCOSE MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
EASYPRO PLUS KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ELEMENT AUTOCODE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ELEMENT COMPACT GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
ELEMENT COMPACT V GLUCOSE SYS DEVI	NC	QL(1 EA per 365 day(s) retail)
ELEMENT PLUS DEVI	NC	QL(1 EA per 365 day(s) retail)
EMBRACE BLOOD GLUCOSE MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
EMBRACE EVO GLUCOSE MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
EMBRACE EVO GLUCOSE MONITORING KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
EMBRACE PRO GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
EMBRACE TALK BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
EMBRACE TALK MONITORING SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
EMBRACE WAVE BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
EMBRACE WAVE GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
ENLITE GLUCOSE SENSOR	NC	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)
EVERSENSE 365 SENSOR/HOLDER	NC	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)
EVERSENSE 365 SMART TRANSMIT	NC	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
EVERSENSE E3 SENSOR/HOLDER	NC	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)
EVERSENSE E3 SMART TRANSMITTER	NC	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
EVERSENSE SENSOR/HOLDER	NC	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)
EVERSENSE SMART TRANSMITTER	NC	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
EVOLUTION AUTOCODE DEVI	NC	QL(1 EA per 365 day(s) retail)
FIFTY50 GLUCOSE METER 2.0 KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
FORA 6 CONNECT DEVI	NC	
FORA G20 BLOOD GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
FORA GTEL BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
FORA PREMIUM V10 BLE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
FORA TEST N' GO ADVANCE DEVI	NC	
FORA TEST N' GO MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
FORA TN'G ADVANCE PRO DEVI	NC	
FORA TN'G VOICE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
FORA V10 BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
FORA V30A BLOOD GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
FORACARE GD40 MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
FORACARE PREMIUM V10 DEVI	NC	QL(1 EA per 365 day(s) retail)
FORACARE TEST N GO MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
FORTISCARE T1 GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
FREESTYLE FREEDOM LITE KIT	NP	QL(1 EA per 365 day(s) retail); RX/OTC
FREESTYLE FREEDOM LITE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
FREESTYLE LIBRE 14 DAY READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 2 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 3 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
FREESTYLE LIBRE READER	NC	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
FREESTYLE LITE DEVI	NC	QL(1 EA per 365 day(s) retail)
FREESTYLE LITE KIT	NP	QL(1 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE PRECISION NEO SYSTEM KIT	NP	QL(1 EA per 365 day(s) retail); RX/OTC
GE100 BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
GE100 BLOOD GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GHT BLOOD GLUCOSE MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GLUCO PERFECT 3 METER DEVI	NC	QL(1 EA per 365 day(s) retail)
GLUCOCARD 01 BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
GLUCOCARD 01 BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GLUCOCARD 01-MINI GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GLUCOCARD EXPRESSION MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GLUCOCARD SHINE CONNEX KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GLUCOCARD SHINE EXPRESS KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GLUCOCARD SHINE XL DEVI	NC	QL(1 EA per 365 day(s) retail)
GLUCOCARD SHINE DEVI	NC	QL(1 EA per 365 day(s) retail)
GLUCOCARD SHINE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GLUCOCARD VITAL MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GLUCOCARD X-METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GLUCOCOM AUTOLINK TELEMONITOR MISC	NC	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
GLUCOCOM MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GLUCONAVII BLOOD GLUCOSE SYS KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GNP EASY TOUCH GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
GNP TRUE METRIX AIR METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GNP TRUE METRIX GLUCOSE METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
GOJJI MULTI-FUNCTIONAL SYSTEM DEVI	NC	
GOJJI MULTI-FUNCTIONAL SYSTEM KIT	NC	
GUARDIAN 4 GLUCOSE SENSOR	NC	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)
GUARDIAN 4 TRANSMITTER	NC	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
GUARDIAN CONNECT TRANSMITTER	NC	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
GUARDIAN LINK 3 TRANSMITTER	NC	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
GUARDIAN REAL-TIME REPLACE PED	NC	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)

Drug Name	Drug Tier	Requirements/ Limits
GUARDIAN SENSOR (3)	NC	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)
GUARDIAN SENSOR 3	NC	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)
HEALTHPRO BLOOD GLUCOSE MONITO KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
HM EMBRACE TALK SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
HW EMBRACE PRO GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
HW EMBRACE TALK BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
IGLUCOSE MONITORING SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
IHEALTH CONTROL SOLUTION LIQD	NC	
IHEALTH GLUCO+ KIT 100 KIT	NC	RX/OTC
IHEALTH GLUCO+ KIT 10 KIT	NC	RX/OTC
IN TOUCH DEVI	NC	QL(1 EA per 365 day(s) retail)
INFINITY BLOOD GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
INFINITY CONTROL SOLN	NC	
INFINITY VOICE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
LANCETS SUPER THIN	NC	RX/OTC
LIBERTY BLOOD GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
MEIJER TRUE2GO BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
MEIJER TRUERESULT GLUCOSE SYS KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
MEIJER TRUETRACK GLUCOSE SYS KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
MICRODOT BLOOD GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
MINILINK REAL-TIME TRANSMITTER	NC	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
MINIMED 630G GUARDIAN PRESS	NC	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
MM BLOOD GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
MM BLULINK GLUCOSE MONIT SYS DEVI	NC	QL(1 EA per 365 day(s) retail)
MM EASY TOUCH GLUCOSE METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
MOBILE LANCETS 30G	NC	RX/OTC
MYGLUCOHEALTH BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
NOVA MAX BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
NOVA MAX BLOOD GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	QL(1 EA per 365 day(s) retail); PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	PA	PA
OMNIPOD 5 G7 PODS (GEN 5) MISC	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD CLASSIC PODS (GEN 3) MISC	NC	
OMNIPOD DASH INTRO (GEN 4) KIT	PA	QL(1 EA per 365 day(s) retail); PA
OMNIPOD DASH PDM (GEN 4) KIT	NC	
OMNIPOD DASH PODS (GEN 4) MISC	PA	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; PA
OMNIPOD GO KIT	NC	
OMNIPOD GO KIT	NC	
OMNIPOD POD PALS	NC	
ON CALL EXPRESS MONITORING SYS KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ONE DROP BLOOD GLUCOSE MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	P	RX/OTC
ONETOUCH DELICA PLUS LANCET33G	P	RX/OTC
ONETOUCH ULTRA 2 KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
ONETOUCH ULTRA CONTROL LIQD	C	
ONETOUCH VERIO FLEX SYSTEM KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
ONETOUCH VERIO REFLECT KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ONETOUCH VERIO LIQD	C	
PARADIGM REAL-TIME TRANSMITTER	NC	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PERFECT POINT SAFETY LANCETS	NC	RX/OTC
PHARMACIST CHOICE AUTOCODE SYS KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
PHARMACIST CHOICE MINI SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
PIP BLOOD GLUCOSE MONITORING DEVI	NC	QL(1 EA per 365 day(s) retail)
POCKETCHEM EZ SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
POGO AUTOMATIC BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
PRECISION XTRA-GLUCOSE/KETONE DEVI	NC	
PRECISION XTRA KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
PRO VOICE V8 GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
PRO VOICE V9 GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
PRODIGY NO CODING BLOOD GLUC KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
PRODIGY POCKET BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
PRODIGY VOICE BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
QUICK TOUCH BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
QUICKTEK/METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QUINTET AC BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
QUINTET BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
REFUAH PLUS MONITORING SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
RELION CONFIRM GLUCOSE MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
RELION MICRO KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
RELION PREMIER BLU MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
RELION PREMIER CLASSIC DEVI	NC	QL(1 EA per 365 day(s) retail)
RELION PREMIER COMPACT SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
RELION PREMIER VOICE MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
RELION PRIME MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
RELION ULTIMA GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
SIMPLERA SENSOR	NC	
SIMPLERA SYNC SENSOR	NC	
SIMPLERA SYSTEM	NC	
SMARTEST EJECT STARTER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
SMARTEST EJECT DEVI	NC	QL(1 EA per 365 day(s) retail)
SMARTEST PERSONA STARTER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
SMARTEST PRONTO STARTER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
SMARTEST PROTEGE STARTER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
SMARTEST PROTEGE DEVI	NC	QL(1 EA per 365 day(s) retail)
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
SUPREME II CONFIDENCE PADDLES MISC	NC	RX/OTC
TECHLITE LANCETS	NC	RX/OTC
TECHLITE LANCETS 30G	NC	RX/OTC
TEMPO SMART BUTTON MISC	NC	RX/OTC
TEMPO WELCOME KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
TRACER II 3 VOLT BATTERY MISC	NC	RX/OTC
TRUE FOCUS BLOOD GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
TRUE METRIX AIR GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX AIR GLUCOSE METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
TRUE METRIX GO GLUCOSE METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
TRUE METRIX METER DEVI	NC	QL(1 EA per 365 day(s) retail)
TRUE METRIX METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
TRUE METRIX METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
TRUERESULT BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
TRUETRACK BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
TRUETRACK BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
TRUETRACK SMART SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
UNISTIK 1	NC	RX/OTC
UNISTIK 2	NC	RX/OTC
UNISTIK 2 COMFORT	NC	RX/OTC
UNISTIK 2 EXTRA	NC	RX/OTC
UNISTIK 2 NEONATAL	NC	RX/OTC
UNISTIK 2 NORMAL	NC	RX/OTC
UNISTIK 2 SUPER	NC	RX/OTC
UNISTIK 3	NC	RX/OTC
UNISTIK 3 COMFORT	NC	RX/OTC
UNISTIK 3 EXTRA	NC	RX/OTC
UNISTIK 3 NEONATAL	NC	RX/OTC
UNISTIK 3 NORMAL	NC	RX/OTC
UNISTIK CZT COMFORT	NC	RX/OTC
UNISTIK CZT NORMAL	NC	RX/OTC
UNISTIK NORMAL	NC	RX/OTC
VERASENS BLOOD GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
VERASENS BLOOD GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
V-GO 20 KIT	NC	
V-GO 30 KIT	NC	
V-GO 40 KIT	NC	
VIVAGUARD INO CONTROL SOLUTION LIQD	NC	
VIVAGUARD INO GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
VIVAGUARD INO SMART GLUC METER DEVI	NC	QL(1 EA per 365 day(s) retail)
Parenteral Therapy Supplies		
ADVOCATE INSULIN PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
AQINJECT PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
ASSURE ID DUO PRO PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
ASSURE ID INSULIN SAFETY SYR	NC	RX/OTC
ASSURE ID PRO PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
AUTOPEN DEVI	NC	RX/OTC
BARDIA BULB IRRIGATION SYRINGE	NC	RX/OTC
BARDIA PISTON IRRIGATION SYR	NC	RX/OTC
BD ALLERGIST TRAY KIT	NC	RX/OTC
BD ALLERGY SYRINGE MISC	NC	
BD AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC
BD CONTROL SYRING LUER-LOK	NC	RX/OTC
BD DISP NEEDLE	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD DISP NEEDLES	NC	RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	NC	RX/OTC
BD ECLIPSE NEEDLE	NC	RX/OTC
BD ECLIPSE SYRINGE	NC	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE	NC	RX/OTC
BD FILTER NEEDLE	NC	RX/OTC
BD FILTER NEEDLE/5 MICRON	NC	RX/OTC
BD HYPODERMIC NEEDLE	NC	RX/OTC
BD INSULIN SYRINGE U-500	NC	
BD INTEGRA NEEDLE	NC	RX/OTC
BD INTEGRA SYRINGE	NC	RX/OTC
BD LUER-LOCK SYRINGE	NC	RX/OTC
BD LUER-LOK SYRINGE	NC	RX/OTC
BD PEN MINI MISC	NC	RX/OTC
BD PEN NEEDLE NANO U/F	NC	QL(5 EA daily); RX/OTC
BD PEN MISC	NC	RX/OTC
BD PLASTIPAK SYRINGE	NC	RX/OTC
BD PRECISIONGLIDE NEEDLE	NC	
BD SAFETYGLIDE ALLERGY SYRINGE MISC	NC	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	NC	RX/OTC
BD SAFETYGLIDE NEEDLE	NC	RX/OTC
BD SAFETYGLIDE SHIELDED NEEDLE	NC	
BD SAFETYGLIDE SYRINGE/NEEDLE MISC	NC	
BD SYRINGE BLUNT CANNULA 17G	NC	RX/OTC
BD SYRINGE DUAL CANNULA	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD SYRINGE LUER SLIP TIP	NC	RX/OTC
BD SYRINGE LUER-LOK	NC	RX/OTC
BD SYRINGE SLIP TIP	NC	RX/OTC
BD SYRINGE/NEEDLE	NC	RX/OTC
BD TB SYRINGE MISC	NC	
BD VEO INSULIN SYR ULTRAFINE	NC	RX/OTC
CAREPOINT POLY HUB NEEDLE	NC	RX/OTC
CAREPOINT SAFETY 1ST NEEDLE	NC	RX/OTC
CAREPOINT SAFETY1ST SYR/NEEDLE	NC	
CAREPOINT SYRINGE CATHETER TIP	NC	RX/OTC
CAREPOINT SYRINGE LUER LOCK	NC	RX/OTC
CAREPOINT SYRINGE LUER SLIP	NC	RX/OTC
CAREPOINT TUBERCLN SYR/LUER SL MISC	NC	RX/OTC
CARETOUCH CATHETER TIP SYRINGE	NC	RX/OTC
CARETOUCH HYPODERMIC NEEDLE	NC	RX/OTC
CARETOUCH LUER LOCK	NC	RX/OTC
CARETOUCH LUER LOCK SYR/NEEDLE	NC	RX/OTC
CARETOUCH LUER SLIP	NC	RX/OTC
CEQUR SIMPLICITY 2U DEVI	NC	RX/OTC
CEQUR SIMPLICITY INSERTER MISC	NC	
COMFORT EZ INSULIN SYRINGE	NC	RX/OTC
CRONO SYRINGE	NC	
DEFLUX METAL NEEDLE	NC	

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE	NC	
DROPLET MICRON	NC	
DROPLET PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	NC	RX/OTC
DROPSAFE SICURA	NC	RX/OTC
EASY COMFORT INSULIN SYRINGE	NC	
EASY COMFORT PEN NEEDLES	NC	
EASY COMFORT PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
EASY GLIDE CATH TIP SYRINGE	NC	RX/OTC
EASY GLIDE LUER LOCK SYRINGE	NC	RX/OTC
EASY GLIDE SLIP LOCK SYRINGE	NC	RX/OTC
EASY TOUCH ALLERGY SYRINGE MISC	NC	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	NC	
EASY TOUCH FLIPLOCK SAFETY SYR	NC	
EASY TOUCH FLURINGE	NC	RX/OTC
EASY TOUCH FLURINGE FLIPLOCK	NC	RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK	NC	RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	NC	RX/OTC
EASY TOUCH PEN NEEDLES	NC	
EASY TOUCH SAFETY SYRINGE	NC	RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	NC	
EASY TOUCH SYRINGE BARREL	NC	RX/OTC
EASY TOUCH TB FLIPLOCK SYRINGE MISC	NC	
EASY TOUCH TB SHEATHLOCK SYR MISC	NC	RX/OTC
EASYPOINT NEEDLE	NC	RX/OTC
EASYPOINT NEEDLE/SYRINGE	NC	RX/OTC
EMBECTA AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	NC	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	NC	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	C	RX/OTC
EMBECTA INSULIN SYRINGE U-500	NC	
EMBECTA PEN NEEDLE NANO	C	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	C	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	C	QL(5 EA daily)
FLOW-EZE VENTED NEEDLE	NC	
GLOBAL EASY GLIDE INSULIN SYR	NC	RX/OTC
GNP PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
HYPODERMIC NEEDLE	NC	RX/OTC
INPEN 100-BLUE-LILLY-HUMALOG DEVI	NC	RX/OTC
INPEN 100-BLUE-NOVOLOG-FIASP DEVI	NC	RX/OTC
INPEN 100-GREY-LILLY-HUMALOG DEVI	NC	RX/OTC
INPEN 100-GREY-NOVOLOG-FIASP DEVI	NC	RX/OTC
INPEN 100-PINK-LILLY-HUMALOG DEVI	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INPEN 100-PINK-NOVOLOG-FIASP DEVI	NC	RX/OTC
INSUPEN PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
J-TIP KIT W/VIAL ADAPTERS KIT	NC	
LUER LOCK SAFETY SYRINGES	NC	RX/OTC
MAGELLAN SYRINGE-SAFETY NEEDLE	NC	
MAGELLAN TUBERCULIN SYRINGE MISC	NC	RX/OTC
MONOJECT ALLERGIST TRAY KIT	NC	
MONOJECT BLUNTIP CANNULA	NC	RX/OTC
MONOJECT BLUNTIP SYR/CANNULA	NC	RX/OTC
MONOJECT CONTROL SYRINGE	NC	RX/OTC
MONOJECT FILTER ASPIRATOR	NC	RX/OTC
MONOJECT FILTER NEEDLE	NC	RX/OTC
MONOJECT HYPODERMIC NEEDLE	NC	RX/OTC
MONOJECT INTRODUCER NEEDLE	NC	
MONOJECT LIFESHIELD SYRINGE	NC	RX/OTC
MONOJECT MAGELLAN SAFETY NDL	NC	RX/OTC
MONOJECT MAGELLAN SYRINGE	NC	RX/OTC
MONOJECT MEDICATION TRANSF NDL	NC	
MONOJECT PHARMACY TRAY	NC	RX/OTC
MONOJECT PISTON SYRINGE	NC	
MONOJECT SOFTPACK/CATHTIP	NC	RX/OTC
MONOJECT SOFTPACK/LLOCK	NC	RX/OTC
MONOJECT SOFTPACK/LTIP	NC	RX/OTC
MONOJECT SOFTPACK/RG LOCK	NC	RX/OTC
MONOJECT SOFTPACK/RG LUER	NC	RX/OTC
MONOJECT SYRINGE	NC	RX/OTC
MONOJECT SYRINGE CATH TIP	NC	RX/OTC
MONOJECT SYRINGE ECC LUER	NC	RX/OTC
MONOJECT SYRINGE ECCENTRIC TIP	NC	RX/OTC
MONOJECT SYRINGE LUER LOCK	NC	
MONOJECT SYRINGE LUER-LOCK TIP	NC	
MONOJECT SYRINGE PHARMACY TRAY	NC	RX/OTC
MONOJECT SYRINGE REG LUER	NC	RX/OTC
MONOJECT SYRINGE REGULAR TIP	NC	RX/OTC
MONOJECT SYRINGE TOOMEY TYPE	NC	RX/OTC
MONOJECT TB SAFETY SYRINGE MISC	NC	RX/OTC
MONOJECT TB SYRINGE	NC	RX/OTC
NOKOR VENTED NEEDLE	NC	RX/OTC
NORM-JECT LUER LOCK SYRINGE	NC	RX/OTC
NORM-JECT LUER SLIP SYRINGE	NC	RX/OTC
NOVOPEN ECHO DEVI	NC	RX/OTC
PATIENT SAFE SYRINGE	NC	RX/OTC
PEN NEEDLE/5-BEVEL TIP	NC	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
PERFECT POINT SAFETY NEEDLE	NC	RX/OTC
POLY HUB NEEDLE	NC	RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
RELION INSULIN SYRINGE	NC	RX/OTC
SECURESAFE HYPODERMIC NEEDLE	NC	RX/OTC
SECURESAFE SYRINGE/NEEDLE	NC	
SURE COMFORT PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
SYRINGE DISPOSABLE	NC	RX/OTC
SYRINGE ECCENTRIC TIP	NC	RX/OTC
SYRINGE LUER LOCK	NC	RX/OTC
SYRINGE LUER SLIP	NC	RX/OTC
SYRINGE/HYPODERMIC SAFETY	NC	RX/OTC
TECHLITE INSULIN SYRINGE	NC	RX/OTC
TECHLITE PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
TECHLITE PLUS PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
TOOMEY SYRINGE	NC	
TRUE COMFORT INSULIN SYRINGE	NC	
TRUE COMFORT PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
TRUE COMFORT PRO INSULIN SYR	NC	
TRUE COMFORT PRO PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
ULTICARE SYRINGE	NC	
ULTICARE TUBERCULIN SAFETY SYR	NC	
ULTIGUARD SAFEPACK PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
UNIFINE OTC PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
UNIFINE PROTECT PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
VANISHPOINT ALLERGY TRAY KIT	NC	RX/OTC
VANISHPOINT SAFETY SYRINGE	NC	
VANISHPOINT SYRINGE	NC	RX/OTC
VANISHPOINT TUBERCULIN SYRINGE MISC	NC	RX/OTC
VERIFINE PLUS PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
VERISAFE SAFE STERILE SYRINGE	NC	RX/OTC
VERISAFE SAFETY STERILE NEEDLE	NC	RX/OTC
YALE DISP NEEDLES	NC	
Respiratory Therapy Supplies		
AEROCHAMBER HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROVENT PLUS DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQ SPACE CHAMBER ANTI-STATIC S DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/MOUTHPIECE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	C	QL(3 EA per 180 day(s) retail)
INSPIREASE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
MASK VORTEX/CHILD/FROG	C	QL(2 EA per 360 day(s) retail); RX/OTC
MASK VORTEX/TODDLER/LADYBUG	C	QL(2 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
MICROSPACER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
PANDA MASK LARGE	C	QL(2 EA per 360 day(s) retail); RX/OTC
PANDA MASK MEDIUM	C	QL(2 EA per 360 day(s) retail); RX/OTC
PANDA MASK SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC
PARI VORTEX PEDIATRIC MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC
PEDIATRIC PANDA MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT SPACER INFANT DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PROCHAMBER VHC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
RITEFLO DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	NP	SP
AJOVY SOAJ	NP	SP
AJOVY SOSY	NP	SP
EMGALITY (300 MG DOSE) SOSY	NP	SP
EMGALITY SOAJ	PA	SP; PA
EMGALITY SOSY	PA	SP; PA
NURTEC	NP	
QULIPTA	NP	
UBRELVY	PA	PA
ZAVZPRET	NP	
Migraine Combinations		
ergotamine w/ caffeine SUPP	NC	
sumatriptan-naproxen sodium	NP	
SYMBRAVO TABS PO	NP	
Migraine Products		
DIHYDROERGOTAMINE MESYLATE CRYS	NC	
DIHYDROERGOTAMINE MESYLATE POWD	NC	
ERGOMAR SUBL	NC	
ERGOTAMINE TARTRATE POWD	NC	
Migraine Products - NSAIDs		
diclofenac potassium (migraine)	NC	
ELYXYB	NC	
Serotonin Agonists		
almotriptan malate	NP	
eletriptan hydrobromide	NP	Brand Preferred; QL(6 EA per 31 day(s) retail)
FROVA *(frovatriptan succinate)*	NP	
frovatriptan succinate	NP	
IMITREX 5 MG/ACT *(sumatriptan)*	NC	5 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML *(sumatriptan succinate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML *(sumatriptan succinate)*	NP	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML *(sumatriptan succinate)*	NP	
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(sumatriptan succinate)*	NP	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX TABS *(sumatriptan succinate)*	NP	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
MAXALT TABS 10 MG *(rizatriptan benzoate)*	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
naratriptan hcl	NP	QL(9 EA per 31 day(s) retail); AL(At least 18 yrs old)
RELPAX *(eletriptan hydrobromide)*	P	Brand Preferred; QL(6 EA per 31 day(s) retail)
RELPAX 20 MG *(eletriptan hydrobromide)*	P	QL(6 EA per 31 day(s) retail)
RELPAX *(eletriptan hydrobromide)*	P	Brand Preferred ; QL(6 EA per 31 day(s) retail)
REYVOW	NC	
rizatriptan benzoate TABS	NC	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
rizatriptan benzoate TABS	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
rizatriptan benzoate TBDP	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
sumatriptan 20 MG/ACT	NP	20 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
sumatriptan 5 MG/ACT	NP	5 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate SOAJ 4 MG/0.5ML	NC	
sumatriptan succinate SOAJ 6 MG/0.5ML	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate SOAJ 6 MG/0.5ML	NC	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate SOCT 6 MG/0.5ML	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate SOLN 6 MG/0.5ML	NC	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate SOLN 6 MG/0.5ML	P	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate TABS 25 MG, 100 MG	NC	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate TABS	P	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TOSYMRA	NP	Brand Preferred
ZEMBRACE SYMTOUCH SOAJ	NP	
zolmitriptan SOLN 5 MG	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
zolmitriptan SOLN 2.5 MG	NP	
zolmitriptan TABS	NP	QL(6 EA per 31 day(s) retail)
zolmitriptan TBDP	NC	QL(6 EA per 31 day(s) retail)
zolmitriptan TBDP	NP	QL(6 EA per 31 day(s) retail)
ZOMIG SOLN 5 MG *(zolmitriptan)*	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
ZOMIG SOLN 2.5 MG *(zolmitriptan)*	NP	
MINERALS & ELECTROLYTES		
Bicarbonates		
SODIUM ACETATE CRYS	NC	
SODIUM ACETATE GRAN	NC	
SODIUM ACETATE POWD	NC	RX/OTC
sodium acetate SOLN	NC	
sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %	NC	
SODIUM BICARBONATE IV	NC	
tromethamine	NC	
TROMETHAMINE	NC	
Calcium		
CA PHOSPHATE DIBASIC DIHYD	NC	
CALCIUM CARBONATE EXTRA LIGHT POWD XX	NC	RX/OTC
CALCIUM CARBONATE LIGHT POWD XX	NC	RX/OTC
calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG	C	
calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG	C	QL(2 EA daily)
CALCIUM CARBONATE POWD XX	NC	RX/OTC
calcium carbonate TABS	NC	
calcium chloride (dihydrate) SOLN	NC	
CALCIUM CHLORIDE ANHYDROUS GRAN	NC	
CALCIUM CHLORIDE DIHYDRATE GRAN	NC	
CALCIUM CHLORIDE DIHYDRATE POWD	NC	
CALCIUM CHLORIDE SOLN	NC	
CALCIUM GLUCONATE ANHYDROUS POWD	NC	RX/OTC
CALCIUM GLUCONATE MONOHYDRATE POWD	NC	RX/OTC
CALCIUM GLUCONATE-NACL SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 %	NC	
CALCIUM GLUCONATE POWD	NC	RX/OTC
calcium gluconate-sodium chloride SOLN	NC	
calcium gluconate SOLN	NC	
CALCIUM LACTATE PENTAHYDRATE	NC	
CALCIUM PHOSPHATE DIBASIC	NC	
CALCIUM PHOSPHATE TRIBASIC	NC	RX/OTC
LIQUICAL PLUS LIQD	NC	
oyster shell	C	

Drug Name	Drug Tier	Requirements/ Limits
Electrolyte Mixtures		
BIOLYTE PACK	NC	
BIOLYTE SOLN	C	
CERALYTE 50 POTASSIUM FREE PACK	NC	
CERALYTE 50 PACK	NC	
CERALYTE 70 PACK	NC	
CERALYTE 90 PACK	NC	
CERASPORT ENDURANCE PACK	NC	
CERASPORT EX1 PACK	NC	
CERASPORT EX1 SOLN	C	
CERASPORT PLUS PACK	NC	
CERASPORT PACK	NC	
CERASPORT SOLN	C	
DEXTROSE 5%/ELECTROLYTE #48	NC	
dextrose in lactated ringers	NC	
dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %	NC	
DEXTROSE-NACL	NC	
DEXTROSE-SODIUM CHLORIDE	NC	
DRIPDROP HYDRATION PACK	NC	
DRIPDROP PACK	NC	
electrolyte-148	NC	
electrolyte-a	NC	
EMERGEN-C ELECTRO MIX PACK	NC	
ENFAMIL ENFALYTE SOLN	C	
ENSURE RAPID HYDRATION PACK	NC	
EQUALYTE SOLN *(oral electrolytes)*	NC	
FT ELECTROLYTE SOLN	C	
GNP ELECTROLYTE POWDER PACK	NC	
GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML	C	
GOODSENSE ELECTROLYTE ADV CARE SOLN	C	
GOODSENSE ELECTROLYTE VARIETY PACK	NC	
HYDRALYTE FREEZER POPS SOLN	C	
HYDRALYTE PACK	NC	
HYDRALYTE SOLN	C	
HYDRATING ELECTROLYTE PACK	NC	
IONOSOL-MB IN D5W	NC	
ISOLYTE-P IN D5W	NC	
ISOLYTE-S	NC	
ISOLYTE-S PH 7.4	NC	
KCL-LACTATED RINGERS-D5W	NC	
KINDERLYTE IMMUNITY PACK	NC	
KINDERLYTE PREMAX PACK	NC	
KINDERLYTE PREMAX SOLN	C	
KINDERLYTE PACK	NC	
KINDERLYTE SOLN	C	
lactated ringer's	NC	

Drug Name	Drug Tier	Requirements/ Limits
LIQUID I.V. PACK	NC	
NORMALYTE PACK	NC	
NORMOSOL-M IN D5W	NC	
NORMOSOL-R 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	NC	
NORMOSOL-R IN D5W	NC	
NORMOSOL-R PH 7.4	NC	
oral electrolytes SOLN	C	
PEDIALYTE ADVANCED CARE SOLN *(oral electrolytes)*	NC	
PEDIALYTE FREEZER POPS SOLN *(oral electrolytes)*	NC	
PEDIALYTE IMMUNE SUPPORT SOLN	C	
PEDIALYTE SINGLES SOLN *(oral electrolytes)*	NC	
PEDIALYTE SPARKLING RUSH PACK	NC	
PEDIALYTE PACK	NC	
PEDIALYTE SOLN *(oral electrolytes)*	NC	
PEDIA-POP PACK	NC	
PEDIATRIC ELECTROLYTE PACK	NC	
PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	NC	
potassium chloride in dextrose	NC	
potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.225 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.225 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	NC	
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	NC	
ringer's	NC	
TPN ELECTROLYTES CONC	NC	
TRUELYTE SOLN	C	
Fluoride		
sodium fluoride CHEW	C	
sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML	C	RX/OTC
SOLUVITA SOLN	C	RX/OTC
Magnesium		
MAGNESIUM CARBONATE HEAVY POWD XX	NC	RX/OTC
MAGNESIUM CARBONATE POWD XX	NC	RX/OTC
MAGNESIUM CHLORIDE CRYS	NC	
MAGNESIUM CHLORIDE POWD	NC	RX/OTC
magnesium chloride SOLN	NC	
magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG	C	
magnesium sulfate IV	NC	

Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE IJ 50 %	NC	
magnesium sulfate in dextrose	NC	
MAGOX 400 TABS *(magnesium oxide (mg supplement))*	NC	
SLOWMAG MG MUSCLE HLTH/RECOVER CHEW	NC	
Manganese		
manganese chloride	NC	
Phosphate		
K-PHOS-NEUTRAL *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	NC	QL(8 EA daily)
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	C	QL(8 EA daily)
potassium phosphate monobasic TABS	NC	
potassium phosphates	NC	
POTASSIUM PHOSPHATES(71 MEQ K)	NC	
POTASSIUM PHOSPHATES-NACL	NC	
sodium phosphates (sodium phosphate dibasic & monobasic)	NC	
Potassium		
EFFER-K	NC	
K-TAB TBCR 10 MEQ, 20 MEQ *(potassium chloride)*	NC	
K-TAB TBCR 10 MEQ, 20 MEQ *(potassium chloride)*	NC	
POKONZA PACK PO	NC	
potassium acetate SOLN 2 MEQ/ML	NC	
POTASSIUM ACETATE SOLN 2 MEQ/ML	NC	
POTASSIUM BICARBONATE GRAN	NC	
POTASSIUM BICARBONATE POWD	NC	
potassium bicarbonate TBEF	C	
potassium chloride microencapsulated crystals er	C	
potassium chloride CPCR 8 MEQ	C	QL(1 EA daily)
potassium chloride CPCR 10 MEQ	C	
POTASSIUM CHLORIDE CRYS	NC	
POTASSIUM CHLORIDE GRAN	NC	RX/OTC
potassium chloride PACK PO 20 MEQ	C	
POTASSIUM CHLORIDE POWD	NC	
potassium chloride SOLN PO 10 %, 20 %, 10 %	C	
potassium chloride SOLN IV	NC	
potassium chloride TBCR 8 MEQ, 10 MEQ	C	
potassium chloride TBCR 15 MEQ, 20 MEQ	NC	
Sodium		
SODIUM CHLORIDE GRAN	NC	RX/OTC
SODIUM CHLORIDE POWD	NC	
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	NC	
SODIUM CHLORIDE SOLN IV	NC	
Trace Minerals		
chromic chloride	NC	

Drug Name	Drug Tier	Requirements/ Limits
COPPER SULFATE CRYS	NC	
cupric chloride	NC	
CUPRIC SULFATE GRAN	NC	
CUPRIC SULFATE POWD	NC	RX/OTC
MULTRYS	NC	
selenious acid	NC	
SELENIOUS ACID	NC	
TRALEMENT	NC	
Zinc		
GALZIN	NC	
zinc chloride SOLN	NC	
ZINC SULFATE HEPTAHYDRATE	NC	RX/OTC
ZINC SULFATE MONOHYDRATE	NC	RX/OTC
ZINC SULFATE GRAN	NC	
zinc sulfate SOLN	NC	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS *(penicillamine)*	NC	
penicillamine CAPS	NC	
penicillamine TABS	C	
Enzymes		
AMPHADASE	NC	
BROMELAIN POWD	NC	RX/OTC
CHYMOTRYPSIN (ALPHA)	NC	
HYLENEX	NC	
VITRASE SOLN	NC	
Immunomodulators		
JOENJA	NC	
REZUROCK	NP	SP
VYVGART HYTRULO SC	NC	SP

Drug Name	Drug Tier	Requirements/ Limits
Immunosuppressive Agents		
ASTAGRAF XL CP24	NP	
AZATHIOPRINE SODIUM	NC	
AZATHIOPRINE POWD	NC	
azathioprine TABS 75 MG, 100 MG	NP	
azathioprine TABS	P	
CELLCEPT CAPS *(mycophenolate mofetil)*	NP	
CELLCEPT SUSR *(mycophenolate mofetil)*	NP	
CELLCEPT TABS *(mycophenolate mofetil)*	NP	
cyclosporine modified (for microemulsion) CAPS	P	
cyclosporine modified (for microemulsion) SOLN	P	
cyclosporine CAPS	P	USE BRAND NAME or Authorized Generic
cyclosporine SOLN IV 50 MG/ML	NC	
ENSPRYNG	NP	SP
ENVARSUS XR TB24	NP	
everolimus (immunosuppressant)	NC	
everolimus (immunosuppressant)	NP	
IMURAN TABS *(azathioprine)*	NP	
LUPKYNIS	NC	SP
mycophenolate mofetil hcl	NC	
mycophenolate mofetil CAPS	P	
mycophenolate mofetil CAPS	NC	
mycophenolate mofetil SUSR	P	
mycophenolate mofetil TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
mycophenolate sodium	P	
MYFORTIC *(mycophenolate sodium)*	NP	
MYHIBBIN SUSP	NP	
NEORAL CAPS *(cyclosporine modified (for microemulsion))*	NP	
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	NP	
PROGRAF CAPS *(tacrolimus)*	NP	
PROGRAF PACK	NP	
PROGRAF SOLN	NC	
RAPAMUNE TABS *(sirolimus)*	P	
SANDIMMUNE CAPS *(cyclosporine)*	P	
SANDIMMUNE SOLN PO 100 MG/ML	P	QL(8 ML daily)
SANDIMMUNE SOLN IV 50 MG/ML	NC	
SIMULECT	NC	
sirolimus SOLN	P	
sirolimus TABS	P	
tacrolimus CAPS	P	
UPLIZNA	NC	SP
ZORTRESS *(everolimus (immunosuppressant))*	NP	
Irrigation Solutions		
irrigation solutions, physiological	NC	
lactated ringer's (irrigation)	NC	
ringer's irrigation	NC	
RINGERS IRRIGATION 4.5 MEQ/L-156 MEQ/L-147 MEQ/L-4 MEQ/L	NC	
water for irrigation, sterile	NC	
Misc Natural Products		
BLUES AWAY LQPK	NC	
ELDERBERRY ZINC/VIT C/IMMUNE LOZG	NC	
MORNINGSICKLESS LOZG	NC	
SAMBUCUS ELDERBERRY IMMUNE LOZG	NC	
SAMBUCUS ELDERBERRY VITAMIN C LOZG	NC	
SAMBUCUS ELDERBERRY ZINC LOZG	NC	
SAMBUCUS ELDERBERRY LOZG	NC	
STOMACH SETTLE LOZG	NC	
UPSPRING STOMACH SETTLE LOZG	NC	
Miscellaneous Therapeutic Classes		
ADENOSINE-5-MONOPHOSPHATE	NC	
ADENOSINE-5-TRIPHOSPHATE	NC	
Peritoneal Dialysis Solutions		
DELFLEX-LC/1.5% DEXTROSE	NC	
DELFLEX-LC/2.5% DEXTROSE	NC	
DELFLEX-LC/4.25% DEXTROSE	NC	
DELFLEX-SM/1.5% DEXTROSE	NC	
DELFLEX-SM/2.5% DEXTROSE	NC	
DIANEAL LOW CALCIUM/1.5% DEX	NC	
DIANEAL LOW CALCIUM/2.5% DEX	NC	
DIANEAL LOW CALCIUM/4.25% DEX	NC	

Drug Name	Drug Tier	Requirements/ Limits
DIANEAL PD-2/1.5% DEXTROSE	NC	
DIANEAL PD-2/2.5% DEXTROSE	NC	
DIANEAL PD-2/4.25% DEXTROSE	NC	
EXTRANEAL	NC	
ULTRABAG/DIANEAL PD-2/1.5% DEX	NC	
ULTRABAG/DIANEAL PD-2/2.5% DEX	NC	
ULTRABAG/DIANEAL PD-2/4.25%DEX	NC	
ULTRABAG/DIANEAL/2.5% DEXTROSE	NC	
ULTRABAG/DIANEAL/4.25% DEX	NC	
Potassium Removing Agents		
LOKELMA	P	Brand Preferred
sodium polystyrene sulfonate POWD	P	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	P	
VELTASSA	P	Brand Preferred
Sclerosing Agents		
sodium tetradecyl sulfate	NC	
Systemic Lupus Erythematosus Agents		
SAPHNELO	NC	SP
Uremic Pruritus Agents		
KORSUVA	NC	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	C	QL(100 ML per fill retail)
lidocaine hcl (mouth-throat) 4 %	NC	

Drug Name	Drug Tier	Requirements/ Limits
Anti-infectives - Throat		
AMPHOTERICIN B	NC	
clotrimazole	NC	
NYSTATIN *(nystatin (mouth-throat))*	P	2 package(s) per fill retail
nystatin (mouth-throat)	P	2 package(s) per fill retail
nystatin (mouth-throat)	NC	2 package(s) per fill retail
ORAVIG	NC	
Antiseptics - Mouth/Throat		
BETADINE ANTISEPTIC GARGLE	NC	
BETADINE ANTISEPTIC RINSE	NC	
chlorhexidine gluconate (mouth-throat)	C	
PERIDEX *(chlorhexidine gluconate (mouth-throat))*	NC	
Dental Products		
DENTA 5000 PLUS SENSITIVE GEL	NC	
FLUORIDEX SENSITIVITY RELIEF GEL	NC	
FLUORIMAX 5000 SENSITIVE GEL	NC	
FRAICHE 5000 PREVI	NC	
PREVIDENT 5000 BOOSTER PLUS PSTE DT *(sodium fluoride (dental))*	NC	QL(113 ML per 60 day(s) retail)
PREVIDENT 5000 DRY MOUTH GEL *(sodium fluoride (dental))*	NC	QL(113 ML per 60 day(s) retail)
PREVIDENT 5000 ENAMEL PROTECT GEL	NC	
PREVIDENT 5000 KIDS PSTE DT *(sodium fluoride (dental))*	NC	QL(113 ML per 60 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 ORTHO DEFENSE PSTE DT *(sodium fluoride (dental))*	NC	QL(113 ML per 60 day(s) retail)
PREVIDENT 5000 PLUS CREA *(sodium fluoride (dental))*	NC	QL(113 GM per 60 day(s) retail)
PREVIDENT 5000 SENSITIVE GEL	NC	
PREVIDENT GEL *(sodium fluoride (dental))*	NC	QL(113 GM per 60 day(s) retail)
SOD FLUORIDE-POTASSIUM NITRATE GEL	NC	
sodium fluoride (dental) CREA	C	QL(113 GM per 60 day(s) retail)
sodium fluoride (dental) GEL	C	QL(113 GM per 60 day(s) retail)
sodium fluoride (dental) PSTE DT	C	QL(113 GM per 60 day(s) retail)
sodium fluoride (dental) SOLN 0.2 %	NC	
SODIUM FLUORIDE 5000 ENAMEL GEL	NC	
SODIUM FLUORIDE 5000 SENSITIVE GEL	NC	
ZINC ACETATE	NC	
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	C	1 package(s) per fill retail
Throat Products - Misc.		
cevimeline hcl	NC	
pilocarpine hcl (oral) 7.5 MG	NC	
pilocarpine hcl (oral) 5 MG	C	QL(6 EA daily)
SALAGEN 5 MG *(pilocarpine hcl (oral))*	NC	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins CAPS	C	QL(1 EA daily)
b-complex vitamins TABS	C	QL(1 EA daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	C	QL(1 EA daily); RX/OTC
b-complex w/ folic acid CAPS	NC	RX/OTC
DIALYVITE 3000	NC	
DIALYVITE 5000	NC	
DIALYVITE 800 PLUS D WAFR	NC	
DIALYVITE/ZINC	NC	
NEPHPLEX RX	NC	
VITAL-D RX	NC	
Multiple Vitamins w/ Calcium		
multiple vitamins w/ calcium TABS	C	QL(1 EA daily)
ONE-A-DAY WOMENS FORMULA TABS *(multiple vitamins w/ calcium)*	NC	QL(1 EA daily)
Multiple Vitamins w/ Iron		
DAVIMET-IRON CHEW	NC	
Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS PERFORMANCE CAPS	C	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	C	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS CAPS	C	QL(1 EA daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
ALIVE HAIR, SKIN & NAILS CAPS	C	QL(1 EA daily); RX/OTC
ALIVE MAX 6 POTENCY CAPS	C	QL(1 EA daily); RX/OTC
APETIBEX CAPS	C	QL(1 EA daily); RX/OTC
APPE-CURB CAPS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BARIATRIC MULTIVITAMINS/IRON CAPS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 IRON FREE CAPS	C	QL(1 EA daily); RX/OTC
BIOCAL CAPS	C	QL(1 EA daily); RX/OTC
BIOTECT PLUS CAPS	C	QL(1 EA daily); RX/OTC
BONEUP 3 PER DAY CAPS	C	QL(1 EA daily); RX/OTC
BONEUP CAPS	C	QL(1 EA daily); RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 18 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 36 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 45 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 60 CAPS	C	QL(1 EA daily); RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	C	QL(1 EA daily); RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	C	QL(1 EA daily); RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC
CVS IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
CVS VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC
DECUBI-VITE CAPS	C	QL(1 EA daily); RX/OTC
DEKAS PLUS OCEAN CAPS	C	QL(1 EA daily); RX/OTC
DEKAS PLUS CAPS	C	QL(1 EA daily); RX/OTC
DEPLIN MA CAPS	C	QL(1 EA daily); RX/OTC
DEXATRAN CAPS	C	QL(1 EA daily); RX/OTC
EYE HEALTH AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC
EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	C	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	C	QL(1 EA daily); RX/OTC
FT EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
GENADEK STEP 1 CAPS	C	QL(1 EA daily); RX/OTC
GENADEK STEP 2 CAPS	C	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAILS CAPS	C	QL(1 EA daily); RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	C	QL(1 EA daily); RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	C	QL(1 EA daily); RX/OTC
MENATROL CAPS	C	QL(1 EA daily); RX/OTC
MENS 50+ ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
MOOD FOOD ES CAPS	C	QL(1 EA daily); RX/OTC
MOOD FOOD CAPS	C	QL(1 EA daily); RX/OTC
MULTIA CAPS	C	QL(1 EA daily); RX/OTC
multiple vitamins w/ minerals CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MVW COMPLETE FORMULATION CAPS	C	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	C	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	C	QL(1 EA daily); RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	C	QL(1 EA daily); RX/OTC
OCUVITE ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE-LUTEIN CAPS	C	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	C	QL(1 EA daily); RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION/LUTEIN CAPS	C	QL(1 EA daily); RX/OTC
PROBIOTICS + BARIATRIC MULTI CAPS	C	QL(1 EA daily); RX/OTC
PRORENAL + D W/ OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC
PROTECT CARDIO AF CAPS	C	QL(1 EA daily); RX/OTC
PROTECT PLUS SO CAPS	C	QL(1 EA daily); RX/OTC
PROTEGRA CAPS	C	QL(1 EA daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	C	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	C	QL(1 EA daily); RX/OTC
SKIN HAIR & NAILS ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
SUPER ANTIOXIDANT CAPS	C	QL(1 EA daily); RX/OTC
SUPPORT-500 CAPS	C	QL(1 EA daily); RX/OTC
THERAMILL FORTE CAPS	C	QL(1 EA daily); RX/OTC
THERANATAL LACTATION ONE CAPS	C	QL(1 EA daily); RX/OTC
VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC
VISION OPTIMIZER CAPS	C	QL(1 EA daily); RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	C	QL(1 EA daily); RX/OTC
VITABEX PLUS CAPS	C	QL(1 EA daily); RX/OTC
VITABEX CAPS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC MACULAR SUPPOR CAPS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid		
QUFLORA FE	NC	
Multivitamins		
ALTRIXA TABS	C	QL(1 EA daily); RX/OTC
AMLADEX TABS	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DAILY MULTIPLE VITAMINS TABS	C	QL(1 EA daily); RX/OTC
DAVIMET-M CHEW	C	QL(1 EA daily); RX/OTC
DERMACINRX DAVIMET CHEW	C	QL(1 EA daily); RX/OTC
DERMACINRX MULTIVITAMIN CHEW	C	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	C	QL(1 EA daily); RX/OTC
FOLCYTEINE TABS	C	QL(1 EA daily); RX/OTC
GENICIN VITA-Q TABS	C	QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
MINCORA TABS	C	QL(1 EA daily); RX/OTC
MULTI VITAMIN W/D-3 TABS	C	QL(1 EA daily); RX/OTC
MULTI VITAMIN TABS	C	QL(1 EA daily); RX/OTC
multiple vitamin TABS	C	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT TABS	C	QL(1 EA daily); RX/OTC
MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
NEOMULTIVITE TABS	C	QL(1 EA daily); RX/OTC
OMNICAP TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIALS TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIAL TABS	C	QL(1 EA daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY ADULT VITACRAVES+DHA CHEW	C	QL(1 EA daily); RX/OTC
ONE-A-DAY ESSENTIAL TABS *(multiple vitamin)*	NC	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS TABS *(multiple vitamin)*	NC	QL(1 EA daily); RX/OTC
QUINTABS TABS	C	QL(1 EA daily); RX/OTC
RELCARE TABS	C	QL(1 EA daily); RX/OTC
STRESS FORMULA/ZINC/ENERGY TABS	C	QL(1 EA daily); RX/OTC
THERA TABS	C	QL(1 EA daily); RX/OTC
THEREMS TABS	C	QL(1 EA daily); RX/OTC
TM-DAILY VITE TABS	C	QL(1 EA daily); RX/OTC
TRUE MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
Ped Multi Vitamins w/Fl & FE		
FLORAFOL FE PEDIATRIC SOLN	NC	QL(50 ML per fill retail); AL(Up to 21 yrs old)
ped multivitamins w/fl & iron SOLN	C	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	NC	
POLY-VI-FLOR/IRON SUSP	NC	RX/OTC
QUFLORA FE PEDIATRIC LIQD	NC	
Ped MV w/ Fluoride		
DAVIMET-FLUORIDE CHEW	NC	
POLY-VI-FLOR SUSP	NC	
TRI-VI-FLOR	NC	
TRI-VI-FLORO	NC	
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/FE SOLN	C	QL(60 ML per fill retail)
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	C	QL(60 ML per fill retail)
MULTIVITAMIN DROPS/IRON SOLN	C	QL(60 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN INFANT & TODDLER SOLN	C	QL(60 ML per fill retail)
POLY-VITE/IRON SOLN	C	QL(60 ML per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN PO	C	QL(50 ML per fill retail)
INFUVITE PEDIATRIC SOLN IV	NC	
MULTIVITAMIN INFANT & TODDLER SOLN PO	C	QL(50 ML per fill retail)
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	C	QL(50 ML per fill retail)
POLY-VI-SOL SOLN PO	C	QL(50 ML per fill retail)
POLY-VITA SOLN PO	C	QL(50 ML per fill retail)
POLY-VITE PEDIATRIC SOLN PO	C	QL(50 ML per fill retail)
Prenatal Vitamins		
ALTRIXA OB	NC	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NC	
CITRANATAL MEDLEY	NC	
C-NATE DHA CAPS	NC	
COMPLETE NATAL DHA	NC	
CONCEPT DHA	NC	
DERMACINRX PRETRATE TABS	NC	
ENBRACE HR	NC	
FOLIVANE-OB	NC	
NATAL PNV TABS	NC	
NEOMATERNA TABS 1 MG	NC	
NEO-VITAL RX TABS	NC	
NESTABS	NC	
NESTABS DHA	NC	
NESTABS ONE	NC	
OB COMPLETE ONE	NC	
OB COMPLETE PETITE	NC	
OB COMPLETE PREMIER	NC	
OB COMPLETE/DHA	NC	
OB COMPLETE TABS	NC	
PNV-OMEGA	NC	
PREMESISRX	NC	
PRENA1 PEARL	NC	
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	NC	
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG, 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	NC	
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	NC	
PRENATE	NC	
PRENATE AM	NC	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NC	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NC	
PRENATE ENHANCE	NC	

Drug Name	Drug Tier	Requirements/ Limits
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NC	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NC	
PRENATE PIXIE	NC	
PRENATE RESTORE	NC	
PRENATVITE COMPLETE TABS	NC	
PRENATVITE PLUS TABS	NC	
PRIMACARE	NC	
RELNATE DHA CAPS	NC	
SELECT-OB+DHA MISC	C	QL(1 EA daily)
SELECT-OB CHEW	NC	
TARON-C DHA	NC	
TRISTART DHA	NC	
VIRT-NATE DHA CAPS	NC	
VIRT-PN DHA	NC	
VITAFOL FE+	NC	
VITAFOL GUMMIES	NC	
VITAFOL ULTRA	NC	
VITAFOL-OB+DHA MISC	NC	
VITAFOL-ONE CAPS	C	QL(1 EA daily)
VITAMEDMD ONE RX/QUATREFOLIC	NC	
VITAPEARL	NC	
VIVA DHA CAPS	NC	
WESCAP-C DHA	NC	
WESCAP-PN DHA	NC	
WESNATAL DHA COMPLETE	NC	
WESNATE DHA CAPS	NC	
WESTGEL DHA	NC	
Specialty Vitamins Products		
ADRENAL MANAGER CAPS	NC	RX/OTC
ADRENALIV CAPS	NC	RX/OTC
ADRENOID CAPS	NC	RX/OTC
BILBERRY PLUS CAPS	NC	RX/OTC
CARDIOPRESS CAPS	NC	RX/OTC
CHOLASE CONTROL CAPS	NC	RX/OTC
COLLAGEN ULTRA CAPS	NC	RX/OTC
CORTICARE B CAPS	NC	RX/OTC
FEMQUIL CAPS	NC	RX/OTC
GLYCOTROL COMPLETE CAPS	NC	RX/OTC
GLYCOTROL CAPS	NC	RX/OTC
HEART SAVIOR CAPS	NC	RX/OTC
IMMUNERX CAPS	NC	RX/OTC
IMMUNICARE CAPS	NC	RX/OTC
INFLAMEX CAPS	NC	RX/OTC
INULOSE BLOOD SUGAR SUPPORT CAPS	NC	RX/OTC
LIPOTRIAD VISION SUPPORT PLUS CAPS	NC	RX/OTC
LIPOTRIAD VISION SUPPORT CAPS	NC	RX/OTC
LIPOTRIAD VISIONARY CAPS	NC	RX/OTC
MEDCAPS DPO CAPS	NC	RX/OTC
MEDCAPS GI CAPS	NC	RX/OTC
MEDCAPS IS CAPS	NC	RX/OTC
MEDCAPS T3 CAPS	NC	RX/OTC
MEMORALL CAPS	NC	RX/OTC
METHYL PROTECT CAPS	NC	RX/OTC
METHYL-GUARD PLUS CAPS	NC	RX/OTC
METHYL-GUARD CAPS	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MM BIOTIN/KERATIN CAPS	NC	RX/OTC
NITRIVIA CAPS	NC	RX/OTC
PRO HERS RX CAPS	NC	RX/OTC
PRO HIS RX CAPS	NC	RX/OTC
PRO PCOS RX CAPS	NC	RX/OTC
RETAINE VISION CAPS	NC	RX/OTC
SYNERTROPIN CAPS	NC	RX/OTC
Vitamin Mixtures		
niacinamide w/ zinc-copper-methylfolate-se-cr	NC	
VITAMIN D2 + K1 SOLN	NC	
Vitamins w/ Lipotropics		
ACTIFLOVIT EAR HEALTH TABS	NC	
vitamins w/ lipotropics TABS	NC	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(cyclobenzaprine hcl)*	NP	
BACLOFEN (BULK) SOLN XX	NC	
BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	NC	
BACLOFEN POWD	NC	
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	NP	AL(Up to 12 yrs old)
baclofen SUSP	NP	
baclofen TABS	P	
CARISOPRODOL POWD	NC	
carisoprodol TABS	NP	
chlorzoxazone TABS 375 MG, 750 MG	NP	
chlorzoxazone TABS	P	
cyclobenzaprine hcl CP24	NP	
cyclobenzaprine hcl TABS 7.5 MG	NP	QL(4 EA daily)
cyclobenzaprine hcl TABS 5 MG, 10 MG	P	QL(3 EA daily)
cyclobenzaprine hcl TABS 5 MG, 10 MG	NC	QL(3 EA daily)
cyclobenzaprine hcl TABS 7.5 MG	P	QL(4 EA daily)
FLEQSUVY SUSP *(baclofen)*	NP	
LYVISPAH PACK	NP	
metaxalone	NC	
metaxalone	NP	
METAXALONE 640 MG	NP	
methocarbamol SOLN	NC	
methocarbamol TABS 1000 MG	NP	
methocarbamol TABS	P	
ORPHENADRINE CITRATE POWD	NC	
orphenadrine citrate SOLN 30 MG/ML	NC	
orphenadrine citrate TB12	P	QL(2 EA daily)
SOMA TABS *(carisoprodol)*	NP	
tizanidine hcl CAPS	NC	
tizanidine hcl CAPS	NP	
tizanidine hcl TABS	P	
ZANAFLEX CAPS *(tizanidine hcl)*	NP	
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	NP	
dantrolene sodium CAPS	NC	
dantrolene sodium CAPS	P	
dantrolene sodium SOLR	NC	
RYANODEX SUSR	NC	

Drug Name	Drug Tier	Requirements/ Limits
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	NP	
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN *(saline)*	NC	1 package(s) per fill retail
saline SOLN 0.65 %	C	1 package(s) per fill retail
Nasal Anesthetics		
COCAINE HCL 40 MG/ML	NC	
GOPRELTO	NC	
NUMBRINO	NC	
Nasal Antiallergy		
azelastine hcl 0.1 %, 137 MCG/SPRAY	P	1 package(s) per 31 day(s) retail
azelastine hcl 0.15 %	NP	1 package(s) per 31 day(s) retail; RX/OTC
cromolyn sodium (nasal) 5.2 MG/ACT	C	QL(26 ML per 31 day(s) retail)
NASALCROM *(cromolyn sodium (nasal))*	NC	QL(26 ML per 31 day(s) retail)
olopatadine hcl (nasal)	NP	
PATANASE *(olopatadine hcl (nasal))*	NC	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.03 %	P	QL(31 ML per 31 day(s) retail)
ipratropium bromide (nasal) 0.06 %	P	QL(15 ML per 31 day(s) retail)
Nasal Steroids		
budesonide (nasal)	C	QL(9 ML per 31 day(s) retail)
flunisolide (nasal)	NP	QL(25 ML per 31 day(s) retail)
fluticasone propionate (nasal) SUSP	NC	1 package(s) per fill retail; RX/OTC
fluticasone propionate (nasal) SUSP	P	1 package(s) per fill retail; RX/OTC
mometasone furoate (nasal) SUSP	P	RX/OTC
NASACORT ALLERGY 24HR AERO *(triamcinolone acetonide (nasal))*	NC	QL(17 ML per 31 day(s) retail); AL(At least 2 yrs old)
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
SINUVA IMPL	NC	
triamcinolone acetonide (nasal) AERO	C	QL(17 ML per 31 day(s) retail); AL(At least 2 yrs old)
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
PHENYLEPHRINE HCL CRYS	NC	
PHENYLEPHRINE HCL POWD	NC	
PHENYLPROPANOLAMINE HCL	NC	
PSEUDOEPHEDRINE HCL CRYS	NC	
PSEUDOEPHEDRINE HCL POWD	NC	
pseudoephedrine hcl TABS	C	

Drug Name	Drug Tier	Requirements/ Limits
pseudoephedrine hcl TB12	C	QL(2 EA daily)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS *(riluzole)*	NC	PA
riluzole TABS	C	PA
Depolarizing Muscle Relaxants		
ANECTINE SOLN	NC	
succinylcholine chloride SOLN	NC	
SUCCINYLCHOLINE CHLORIDE SOLN	NC	
SUCCINYLCHOLINE CHLORIDE SOSY IJ 100 MG/5ML	NC	
Muscular Dystrophy Agents		
AMONDYS 45	NC	SP
VILTEPSO	NC	SP
VYONDYS 53	C	SP; PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	NC	SP
DYSPORT	NC	SP
XEOMIN	NC	SP
Nondepolarizing Muscle Relaxants		
atracurium besylate 50 MG/5ML, 100 MG/10ML	NC	
cisatracurium besylate SOLN	NC	
NIMBEX SOLN *(cisatracurium besylate)*	NC	
rocuronium bromide SOLN	NC	
vecuronium bromide SOLR	NC	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	NC	SP
SPINRAZA	NC	SP
ZOLGENSMA 10.1-10.5 KG	NC	SP
ZOLGENSMA 10.6-11.0 KG	NC	SP
ZOLGENSMA 11.1-11.5 KG	NC	SP
ZOLGENSMA 11.6-12.0 KG	NC	SP
ZOLGENSMA 12.1-12.5 KG	NC	SP
ZOLGENSMA 12.6-13.0 KG	NC	SP
ZOLGENSMA 13.1-13.5 KG	NC	SP
ZOLGENSMA 2.6-3.0 KG	NC	SP
ZOLGENSMA 3.1-3.5 KG	NC	SP
ZOLGENSMA 3.6-4.0 KG	NC	SP
ZOLGENSMA 4.1-4.5 KG	NC	SP
ZOLGENSMA 4.6-5.0 KG	NC	SP
ZOLGENSMA 5.1-5.5 KG	NC	SP
ZOLGENSMA 5.6-6.0 KG	NC	SP
ZOLGENSMA 6.1-6.5 KG	NC	SP
ZOLGENSMA 6.6-7.0 KG	NC	SP
ZOLGENSMA 7.1-7.5 KG	NC	SP
ZOLGENSMA 7.6-8.0 KG	NC	SP
ZOLGENSMA 8.1-8.5 KG	NC	SP
ZOLGENSMA 8.6-9.0 KG	NC	SP
ZOLGENSMA 9.1-9.5 KG	NC	SP
ZOLGENSMA 9.6-10.0 KG	NC	SP
NUTRIENTS		
Carbohydrates		
DEXTROSE ANHYDROUS GRAN	NC	
DEXTROSE ANHYDROUS POWD	NC	RX/OTC
DEXTROSE MONOHYDRATE POWD	NC	RX/OTC
DEXTROSE POWD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML	NC	
DEXTROSE SOLN	NC	
FRUCTOSE GRAN	NC	RX/OTC
FRUCTOSE POWD	NC	
Lipids		
CLINOLIPID	NC	
INTRALIPID	NC	
INTRALIPID	NC	
NUTRILIPID	NC	
OMEGAVEN	NC	
SMOFLIPID	NC	
Lipotropics		
CHOLINE BITARTRATE CRYS	NC	
CHOLINE BITARTRATE POWD	NC	
LECITHIN GRAN XX	NC	RX/OTC
PREGNITUDE	NC	
Misc. Nutritional Substances		
EVENING PRIMROSE OIL	NC	
omega-3 fatty acids CAPS 1000 MG	C	QL(6 EA daily)
Protein-Carbohydrate-Lipid Combinations		
KABIVEN	NC	
PERIKABIVEN	NC	
Proteins		
ALANINE POWD	NC	RX/OTC
amino acid infusion SOLN 15 %	NC	
AMINOSYN-PF 7% SOLN	NC	
CLINIMIX E/DEXTROSE (2.75/5)	NC	
CLINIMIX E/DEXTROSE (4.25/10)	NC	
CLINIMIX E/DEXTROSE (4.25/5)	NC	
CLINIMIX E/DEXTROSE (5/15)	NC	
CLINIMIX E/DEXTROSE (5/20)	NC	
CLINIMIX E/DEXTROSE (8/10)	NC	
CLINIMIX E/DEXTROSE (8/14)	NC	
CLINIMIX/DEXTROSE (4.25/10)	NC	
CLINIMIX/DEXTROSE (4.25/5)	NC	
CLINIMIX/DEXTROSE (5/15)	NC	
CLINIMIX/DEXTROSE (5/20)	NC	
CLINIMIX/DEXTROSE (6/5)	NC	
CLINIMIX/DEXTROSE (8/10)	NC	
CLINIMIX/DEXTROSE (8/14)	NC	
DL-ALANINE POWD	NC	RX/OTC
DL-LEUCINE POWD XX	NC	RX/OTC
DL-METHIONINE POWD XX	NC	RX/OTC
DL-PHENYLALANINE POWD	NC	RX/OTC
ELCYS	NC	
GLUTAMINE POWD XX	NC	RX/OTC
GLUTATHIONE-L REDUCED POWD	NC	RX/OTC
GLUTATHIONE-L POWD	NC	RX/OTC
GLUTATHIONE POWD	NC	RX/OTC
L-ALANINE POWD	NC	RX/OTC
L-ARGININE POWD XX	NC	RX/OTC
L-CYSTINE POWD	NC	RX/OTC
LEUCINE POWD XX	NC	RX/OTC
L-GLUTAMIC ACID	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
L-GLUTAMINE CRYS	NC	
L-GLUTAMINE POWD XX	NC	RX/OTC
L-GLUTATHIONE CRYS	NC	
L-HISTIDINE	NC	RX/OTC
L-HISTIDINE MONOHYDROCHLORIDE CRYS	NC	
L-HISTIDINE MONOHYDROCHLORIDE POWD	NC	
L-ISOLEUCINE POWD XX	NC	RX/OTC
L-LEUCINE POWD XX	NC	RX/OTC
L-METHIONINE POWD XX	NC	RX/OTC
L-ORNITHINE POWD	NC	
L-PHENYLALANINE POWD	NC	RX/OTC
L-PROLINE POWD	NC	RX/OTC
L-THREONINE CRYS	NC	
L-TRYPTOPHAN POWD	NC	RX/OTC
L-TYROSINE POWD XX	NC	RX/OTC
L-VALINE CRYS	NC	
L-VALINE POWD XX	NC	RX/OTC
METHIONINE POWD XX	NC	RX/OTC
PROSOL SOLN	NC	
TAURINE LIQD	NC	
TAURINE POWD	NC	
THREONINE POWD XX	NC	RX/OTC
TRYPTOPHAN POWD	NC	RX/OTC
VALINE POWD XX	NC	RX/OTC
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
BION TEARS PF	NC	
dextran 70-hypromellose 0.3 %-0.1 %	NC	
FRESHKOTE PF	NC	
LACRISERT	NC	
polyvinyl alcohol 1.4 %	C	
REFRESH	NC	
REFRESH DIGITAL PF	NC	
REFRESH OPTIVE ADVANCED PF	NC	
REFRESH OPTIVE MEGA-3	NC	
REFRESH RELIEVA PF SOLN	NC	
SYSTANE COMPLETE PF	NC	
SYSTANE PRO PF	NC	
white petrolatum-mineral oil	C	1 package(s) per fill retail
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	P	1 package(s) per 31 day(s) retail
BETIMOL *(timolol)*	NP	
BETIMOL	NP	
BETOPTIC-S SUSP	NP	
brimonidine tartrate-timolol maleate	NP	
brimonidine tartrate-timolol maleate	NC	Brand Preferred
brimonidine tartrate-timolol maleate	NP	Brand Preferred
carteolol hcl (ophth)	P	1 max fill(s) per 31 day(s) retail
COMBIGAN *(brimonidine tartrate-timolol maleate)*	P	Brand Preferred
COSOPT *(dorzolamide hcl-timolol maleate)*	NP	QL(10 ML per 31 day(s) retail)
COSOPT PF *(dorzolamide hcl-timolol maleate)*	NP	
dorzolamide hcl-timolol maleate	P	QL(10 ML per 31 day(s) retail)
dorzolamide hcl-timolol maleate	NP	
ISTALOL SOLN *(timolol maleate (ophth))*	NP	

Drug Name	Drug Tier	Requirements/ Limits
levobunolol hcl 0.5 %	P	QL(15 ML per 31 day(s) retail)
timolol	NP	
timolol maleate (ophth) SOLG 0.25 %	NC	
timolol maleate (ophth) SOLG	P	
timolol maleate (ophth) SOLN 0.5 %	NP	
timolol maleate (ophth) SOLN	NC	QL(15 ML per 31 day(s) retail)
timolol maleate (ophth) SOLN	P	QL(15 ML per 31 day(s) retail)
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	NP	QL(15 EA per 31 day(s) retail)
TIMOPTIC SOLN *(timolol maleate (ophth))*	NC	QL(15 ML per 31 day(s) retail)
TIMOPTIC-XE SOLG *(timolol maleate (ophth))*	NC	
Cholinergic Agonists		
TYRVAYA	NP	
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	C	QL(4 GM per fill retail)
atropine sulfate (ophthalmic) SOLN	C	
ATROPINE SULFATE SOLN 1 % *(atropine sulfate (ophthalmic))*	NC	
ATROPINE SULFATE SOLN 1 %	C	
CYCLOGYL *(cyclopentolate hcl)*	NC	
CYCLOGYL 0.5 %	C	
CYCLOGYL 2 %	C	1 package(s) per 31 day(s) retail
CYCLOMYDRIL	NC	
cyclopentolate hcl 1 %	C	

Drug Name	Drug Tier	Requirements/ Limits
ISOPTO ATROPINE SOLN	C	
MYDRIACYL SOLN *(tropicamide)*	NC	
phenylephrine hcl (mydriatic) SOLN	NC	
TROPICAMIDE POWD	NC	
tropicamide SOLN	C	
Miotics		
MIOCHOL-E SOLR	NC	
MIOSTAT IO	NC	
PHOSPHOLINE IODIDE	NC	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	C	
VUITY SOLN	NC	
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOSY	C	SP; PA
VABYSMO SOLN	NC	SP
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(brimonidine tartrate)*	P	Brand Preferred
apraclonidine hcl	NP	
brimonidine tartrate 0.1 %, 0.15 %	NP	Brand Preferred
brimonidine tartrate 0.2 %	P	1 package(s) per 31 day(s) retail
IOPIDINE	NP	
IOPIDINE	NC	
LUMIFY	NC	
SIMBRINZA	NP	
Ophthalmic Anti-infectives		
AZASITE	NP	
bacitracin (ophthalmic)	P	QL(4 GM per 31 day(s) retail)
bacitracin-polymyxin b (ophth)	P	QL(4 GM per 31 day(s) retail)
BESIVANCE	NP	

Drug Name	Drug Tier	Requirements/ Limits
BETADINE OPHTHALMIC PREP	NC	
CILOXAN OINT	NP	1 package(s) per fill retail
ciprofloxacin hcl (ophth) SOLN	P	1 package(s) per fill retail
ERYTHROMYCIN	P	
erythromycin (ophth)	P	
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) SOLN	P	2 package(s) per fill retail
levofloxacin (ophth) 0.5 %	NP	
moxifloxacin hcl (ophth) SOLN OP	P	QL(3 ML per fill retail)
NATACYN	NC	
neomycin-bacitracin zn-polymyxin	P	QL(4 GM per 31 day(s) retail)
neomycin-polymyxin-gramicidin	P	1 package(s) per fill retail
OCUFLOX *(ofloxacin (ophth))*	NP	QL(10 ML per 31 day(s) retail)
ofloxacin (ophth)	P	QL(10 ML per 31 day(s) retail)
polymyxin b-trimethoprim	P	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
POLYTRIM *(polymyxin b-trimethoprim)*	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
POVIDONE-IODINE	NC	
sulfacetamide sodium (ophth) OINT	P	QL(4 GM per 31 day(s) retail)
sulfacetamide sodium (ophth) SOLN	P	QL(15 ML per 31 day(s) retail)
sulfacetamide sodium (ophth) SOLN	C	QL(15 ML per 31 day(s) retail)
tobramycin (ophth) SOLN	NP	QL(5 ML per 31 day(s) retail)
TOBREX OINT	NP	
trifluridine	C	QL(8 ML per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	NP	QL(3 ML per fill retail)
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	NC	QL(3 ML per fill retail)
XDEMVY	NC	
ZIRGAN GEL	NC	
Ophthalmic Decongestants		
naphazoline w/ pheniramine 0.3 %-0.025 %	C	QL(15 ML per 31 day(s) retail)
naphazoline w/ pheniramine 0.315 %-0.027 %	C	
naphazoline-glycerin 0.25 %-0.012 %, 0.5 %-0.03 %	NC	
NAPHCON-A *(naphazoline w/ pheniramine)*	NC	QL(15 ML per 31 day(s) retail)
OPCON-A *(naphazoline w/ pheniramine)*	NC	
tetrahydrozoline hcl (ophth) 0.05 %	C	1 package(s) per 31 day(s) retail
tetrahydrozoline w/ zinc sulfate	NC	
tetrahydrozoline-polyethylene glycol-zinc sulfate	NC	
VISINE RED EYE COMFORT *(tetrahydrozoline hcl (ophth))*	NC	1 package(s) per 31 day(s) retail
Ophthalmic Gene Therapy		
LUXTURNA	NC	SP
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
cyclosporine (ophth) EMUL	NP	Brand Preferred
RESTASIS MULTIDOSE EMUL	P	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
RESTASIS EMUL *(cyclosporine (ophth))*	P	Brand Preferred
VERKAZIA EMUL	NP	
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	P	
Ophthalmic Kinase Inhibitors		
RHOPRESSA	P	
ROCKLATAN	P	
Ophthalmic Local Anesthetics		
AKTEN	NC	
proparacaine hcl	NC	
tetracaine hcl (ophth)	C	
Ophthalmic Steroids		
ALREX SUSP *(loteprednol etabonate)*	NP	
bacitracin-poly-neomycin-hc	P	
dexamethasone sodium phosphate (ophth)	C	
difluprednate	NP	
DUREZOL *(difluprednate)*	P	
EYSUVIS SUSP	NP	
FLAREX	P	
fluorometholone (ophth) SUSP	P	1 package(s) per 31 day(s) retail
FML FORTE SUSP	NP	
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	NP	1 package(s) per 31 day(s) retail
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NC	
LOTEMAX GEL *(loteprednol etabonate)*	NP	
LOTEMAX OINT	NP	
LOTEMAX SUSP *(loteprednol etabonate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
loteprednol etabonate GEL	NC	
loteprednol etabonate SUSP	NP	
MAXIDEX SUSP OP	P	
MAXITROL OINT *(neomycin-polymy-dexameth)*	NC	QL(4 GM per 31 day(s) retail)
MAXITROL OINT *(neomycin-polymy-dexameth)*	NP	QL(4 GM per 31 day(s) retail)
MAXITROL SUSP *(neomycin-polymy-dexameth)*	NP	QL(10 ML per 31 day(s) retail)
neomycin-polymy-dexameth OINT	P	QL(4 GM per 31 day(s) retail)
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	P	QL(10 ML per 31 day(s) retail)
neomycin-polymy-dexameth SUSP	P	QL(10 ML per 31 day(s) retail)
neomycin-polymyxin-hc (ophth)	P	QL(15 ML per 31 day(s) retail)
PRED FORTE *(prednisolone acetate (ophth))*	NP	QL(15 ML per 31 day(s) retail)
PRED MILD	P	1 package(s) per 31 day(s) retail
prednisolone acetate (ophth)	P	QL(15 ML per 31 day(s) retail)
PREDNISOLONE ACETATE P-F	C	QL(15 ML per 31 day(s) retail)
PREDNISOLONE SODIUM PHOSPHATE	NP	1 package(s) per 31 day(s) retail
sulfacetamide sod-prednisolone SOLN	P	QL(10 ML per 31 day(s) retail)
TOBRADEX ST SUSP	NP	
TOBRADEX OINT	NP	QL(4 GM per 31 day(s) retail)
tobramycin-dexamethasone SUSP	P	1 package(s) per 31 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ZYLET	NP	
Ophthalmic Surgical Aids		
AMVISC PLUS SOSY	NC	
GELFILM	NC	
HEALON5 PRO SOSY	NC	
OMIDRIA	NC	
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	NP	1 package(s) per 31 day(s) retail
ACULAR LS *(ketorolac tromethamine (ophth))*	NP	1 max fill(s) per 31 day(s) retail
ACUVAIL	NP	
AK-FLUOR IV 10 %, 25 % *(fluorescein sodium injection)*	NC	
azelastine hcl (ophth)	NP	QL(6 ML per 31 day(s) retail)
AZOPT *(brinzolamide)*	P	Brand Preferred; 1 package(s) per 31 day(s) retail
bepotastine besilate	NC	
bepotastine besilate	NP	
BEPREVE *(bepotastine besilate)*	NP	
BIO GLO STRP	NC	
brinzolamide	NP	Brand Preferred; 1 package(s) per 31 day(s) retail
bromfenac sodium (ophth)	NP	
BROMSITE *(bromfenac sodium (ophth))*	NP	
BSS PLUS SOLN	NC	
BSS SOLN	NC	
cromolyn sodium (ophth)	P	QL(10 ML per 31 day(s) retail)
CYSTADROPS	NC	SP
diclofenac sodium (ophth)	P	QL(3 ML per 31 day(s) retail)
dorzolamide hcl	P	QL(10 ML per 31 day(s) retail)
epinastine hcl (ophth)	NC	
epinastine hcl (ophth)	NP	
fluorescein sodium injection IV	NC	
FLUORESCEIN SODIUM/BENOXINATE	NC	
FLUORESCEIN SODIUM STRP 1 MG	NC	
FLUOR-I-STRIPS A.T. STRP	NC	
flurbiprofen sodium	P	QL(5 ML per 31 day(s) retail)
GLOSTRIPS STRP 1 MG	NC	
ILEVRO	NP	
ketorolac tromethamine (ophth) 0.5 %	P	1 package(s) per 31 day(s) retail
ketorolac tromethamine (ophth) 0.4 %	P	1 max fill(s) per 31 day(s) retail
ketotifen fumarate (ophth) 0.035 %	P	QL(10 ML per 31 day(s) retail)
MIEBO	NP	
NEVANAC	P	
olopatadine hcl 0.2 %	P	RX/OTC
PROLENSA *(bromfenac sodium (ophth))*	NP	
ZADITOR 0.035 % *(ketotifen fumarate (ophth))*	P	QL(10 ML per 31 day(s) retail)
ZERVIATE	NP	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	NP	
DURYSTA IMPL	NC	
IDOSE TR IMPL	NC	
IYUZEH SOLN	NP	
latanoprost SOLN	P	QL(5 ML per 31 day(s) retail)
LUMIGAN SOLN 0.01 %	P	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
tafluprost	NP	
TRAVATAN Z SOLN *(travoprost)*	P	Brand Preferred
travoprost SOLN	NP	Brand Preferred
VYZULTA	NP	
XALATAN SOLN *(latanoprost)*	NC	QL(5 ML per 31 day(s) retail)
XALATAN SOLN *(latanoprost)*	NP	QL(5 ML per 31 day(s) retail)
XELPROS EMUL	NP	
ZIOPTAN *(tafluprost)*	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	C	QL(15 ML per 31 day(s) retail)
carbamide peroxide (otic) 6.5 %	C	QL(15 ML per 31 day(s) retail)
DEBROX 6.5 % *(carbamide peroxide (otic))*	NC	QL(15 ML per 31 day(s) retail)
Otic Anti-infectives		
ciprofloxacin hcl (otic)	NP	
ciprofloxacin hcl (otic)	NC	
ofloxacin (otic)	P	1 package(s) per fill retail
Otic Combinations		
CIPRO HC	NP	
ciprofloxacin-dexamethasone	P	Brand Preferred; QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
ciprofloxacin-fluocinolone acetonide	NP	
CORTISPORIN-TC	NP	
neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ML per fill retail)
neomycin-polymyxin-hc (otic) SUSP	P	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
Otic Steroids		
DERMOTIC *(fluocinolone acetonide (otic))*	NC	1 package(s) per 31 day(s) retail
fluocinolone acetonide (otic)	C	1 package(s) per 31 day(s) retail
hydrocortisone w/acetic acid	C	QL(20 ML per 31 day(s) retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
carboprost tromethamine SOLN	NC	
CARBOPROST TROMETHAMINE SOSY	NC	
CERVIDIL INST	NC	
PREPIDIL GEL	NC	
Oxytocics		
methylergonovine maleate SOLN	NC	
methylergonovine maleate TABS	C	
oxytocin	NC	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Antitoxins-Antivenins		
ANTIVENIN LATRODECTUS MACTANS	NC	
ANTIVENIN MICRURUS FULVIUS	NC	
Immune Serums		
ALYGLO	NC	SP
ASCENIV	NC	
GAMMAGARD	C	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD S/D LESS IGA SOLR	C	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
HYPERHEP B SOLN IM	NC	SP
HYPERHEP B SOSY	NC	SP
HYPERRAB SOLN	NC	
HYPERRHO S/D SOSY IM 250 UNIT	NC	SP
HYPERRHO S/D SOSY IM 1500 UNIT	C	SP
HYPERTET SOSY	NC	
IMOGAM RABIES-HT SOLN 300 UNIT/2ML	NC	
KEDRAB SOLN	NC	
MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	NC	SP
NABI-HB SOLN IM	NC	SP
OCTAGAM SOLN 30 GM/300ML	C	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	C	SP
RHOPHYLAC SOSY IJ	NC	SP
VARIZIG SOLN	NC	
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	NC	SP
XEMBIFY	C	SP; PA
Monoclonal Antibodies		
ENFLONSIA SOSY IM 105 MG/0.7ML	NC	
SYNAGIS SOLN	C	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
AMOXICILLIN TRIHYDRATE POWD	NC	
amoxicillin CAPS	P	
amoxicillin CHEW 125 MG, 250 MG	P	
amoxicillin SUSR	P	
AMOXICILLIN SUSR *(amoxicillin)*	P	
amoxicillin TABS	P	
amoxicillin TABS	P	
ampicillin sodium IV 1 GM, 2 GM, 10 GM	NC	
ampicillin CAPS 500 MG	P	
Natural Penicillins		
BICILLIN L-A SUSY	NC	
EXTENCILLINE SUSR	C	QL(1 EA per 28 day(s) retail)
LENTOCILIN SUSR	C	QL(1 EA per 28 day(s) retail)
PENICILLIN G POT IN DEXTROSE	NC	
penicillin g potassium 5000000 UNIT, 20000000 UNIT	NC	
penicillin g sodium	NC	
penicillin v potassium SOLR	P	
penicillin v potassium TABS	P	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	P	QL(20 EA per fill retail)
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	P	2 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML	P	1 package(s) per fill retail
amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG	P	QL(30 EA per fill retail)
amoxicillin & pot clavulanate TABS 125 MG-875 MG	P	QL(20 EA per fill retail)
amoxicillin & pot clavulanate TB12	P	QL(40 EA per 31 day(s) retail)
ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM	NC	
AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)*	NP	2 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail
AUGMENTIN TABS 125 MG-500 MG *(amoxicillin & pot clavulanate)*	NP	QL(30 EA per fill retail)
BICILLIN C-R	NC	
BICILLIN C-R 900/300	NC	
piperacillin sodium-tazobactam sodium	NC	
ZOSYN	NC	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	P	
nafcillin sodium IJ 1 GM, 2 GM	NC	
NAFCILLIN SODIUM IN DEXTROSE	NC	
oxacillin sodium IJ 1 GM, 2 GM	NC	
OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML	NC	
PHARMACEUTICAL ADJUVANTS		
Alkalizing Agents		
TROLAMINE	NC	RX/OTC
Antimicrobial Agents		
BENZYL ALCOHOL	NC	RX/OTC
BUTYLPARABEN	NC	
CHLOROBUTANOL ANHYDROUS POWD	NC	
CHLOROBUTANOL HEMIHYDRATE CRYS	NC	
CHLOROBUTANOL CRYS	NC	
CHLOROBUTANOL POWD	NC	
METHYLPARABEN	NC	RX/OTC
POTASSIUM SORBATE CRYS	NC	
POTASSIUM SORBATE POWD	NC	
PROPYLPARABEN	NC	RX/OTC
SORBIC ACID	NC	RX/OTC
Coloring Agents		
AMARANTH	NC	
BRILLIANT BLUE G	NC	
EVANS BLUE	NC	
FD&C BLUE #2	NC	RX/OTC
FD&C RED #40 ALUMINUM LAKE	NC	
FD&C YELLOW #5	NC	RX/OTC
FD&C YELLOW #6 ALUMINUM LAKE	NC	RX/OTC
FDC BLUE 1 ALUMINUM LAKE	NC	RX/OTC
FDC BLUE 1 POWD	NC	RX/OTC
FDC BLUE 2	NC	RX/OTC
FDC GREEN #3	NC	RX/OTC
FDC RED #3	NC	RX/OTC
FDC RED 40	NC	RX/OTC
FDC YELLOW 5 ALUMINUM LAKE	NC	RX/OTC
FDC YELLOW 6	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FOOD COLOR BLACK	NC	RX/OTC
FOOD COLOR BLUE	NC	RX/OTC
FOOD COLOR BROWN	NC	RX/OTC
FOOD COLOR FLESH	NC	
FOOD COLOR GREEN LIQD	NC	
FOOD COLOR GREEN POWD	NC	RX/OTC
FOOD COLOR LIME GREEN	NC	RX/OTC
FOOD COLOR ORANGE	NC	RX/OTC
FOOD COLOR ORANGE - YELLOW #6	NC	RX/OTC
FOOD COLOR PINK	NC	
FOOD COLOR RED	NC	
FOOD COLOR RED	NC	RX/OTC
FOOD COLOR VIOLET	NC	
FOOD COLOR WHITE	NC	
FOOD COLOR YELLOW	NC	
FOOD COLOR YELLOW	NC	RX/OTC
FOOD COLOR YELLOW #5 ALUM LAKE	NC	RX/OTC
LISSAMINE GREEN B	NC	
QUINIZARIN GREEN SS	NC	
SULPHAN BLUE	NC	
TRYPAN BLUE	NC	
Flavoring Agents		
ALFALFA FLAVOR POWD	NC	RX/OTC
ALMOND OIL BITTER FLAVOR LIQD	NC	RX/OTC
ANISE EXTRACT LIQD	NC	RX/OTC
ANISE FLAVOR OIL	NC	RX/OTC
APPLE FLAVOR WATER MISCIBLE POWD	NC	RX/OTC
APPLE FLAVOR LIQD	NC	RX/OTC
APPLE FLAVOR POWD	NC	RX/OTC
APRICOT FLAVOR LIQD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
APRICOT FLAVOR POWD	NC	RX/OTC
BACON FLAVOR LIQD	NC	RX/OTC
BANANA CONCENTRATE LIQD	NC	RX/OTC
BANANA CREAM FLAVOR LIQD	NC	RX/OTC
BANANA CREME FLAVOR LIQD	NC	RX/OTC
BANANA FLAVOR LIQD	NC	RX/OTC
BEEF (GRILLED) FLAVOR OIL SOL LIQD	NC	RX/OTC
BEEF BRAISED NATURAL FLAVOR LIQD	NC	RX/OTC
BEEF FLAVOR LIQD	NC	RX/OTC
BEEF FLAVOR POWD	NC	RX/OTC
BEEF TYPE FLAVOR NATURAL LIQD	NC	RX/OTC
BEEF TYPE FLAVOR OS LIQD	NC	RX/OTC
BEEF-ADE POWD	NC	RX/OTC
BENZALDEHYDE	NC	
BITTER STOP FLAVOR LIQD	NC	RX/OTC
BITTER-BLOC PURE POWD	NC	RX/OTC
BITTER-BLOC WS CONCENTRATE POWD	NC	RX/OTC
BITTER-BLOC WS/OS LIQUID CONC	NC	RX/OTC
BITTER-BLOC WS CONC	NC	RX/OTC
BITTERNESS MASK FLAVOR LIQD	NC	RX/OTC
BITTERNESS REDUCING AGENT POWD	NC	RX/OTC
BITTERNESS SUPPRESSOR FLAVOR LIQD	NC	RX/OTC
BLACKBERRY FLAVOR LIQD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BLOOD ORANGE OS LIQD	NC	RX/OTC
BLUEBERRY FLAVOR LIQD	NC	RX/OTC
BUBBLE GUM CONCENTRATE LIQD	NC	RX/OTC
BUBBLE GUM FLAVOR LIQD	NC	RX/OTC
BUBBLE GUM OS LIQD	NC	RX/OTC
BUBBLE GUM WS LIQD	NC	RX/OTC
BUTTER FLAVOR LIQD	NC	RX/OTC
BUTTER RUM FLAVOR LIQD	NC	RX/OTC
BUTTERSCOTCH FLAVOR LIQD	NC	RX/OTC
CARAMEL FLAVOR LIQD	NC	RX/OTC
CARAMEL OS LIQD	NC	RX/OTC
CHEESE-ADE FLAVOR POWD	NC	RX/OTC
CHEESECAKE FLAVOR LIQD	NC	RX/OTC
CHERRY FLAVOR LIQD	NC	RX/OTC
CHERRY-ADE FLAVOR POWD	NC	RX/OTC
CHICKEN (GRILLED) FLAVOR LIQD	NC	RX/OTC
CHICKEN BROTH FLAVOR POWD	NC	RX/OTC
CHICKEN CONC FLAVOR LIQD	NC	RX/OTC
CHICKEN FLAVOR OIL MISCIBLE LIQD	NC	RX/OTC
CHICKEN FLAVOR OIL SOLUBLE LIQD	NC	RX/OTC
CHICKEN FLAVOR WATER MISCIBLE LIQD	NC	RX/OTC
CHICKEN FLAVOR LIQD	NC	RX/OTC
CHICKEN FLAVOR POWD	NC	RX/OTC
CHICKEN ROASTED CONCENTRATE LIQD	NC	RX/OTC
CHOCOLATE CONCENTRATE CONC	NC	RX/OTC
CHOCOLATE FLAVOR LIQD	NC	RX/OTC
CHOCOLATE FLAVOR POWD	NC	RX/OTC
CHOCOLATE HAZELNUT FLAVOR LIQD	NC	RX/OTC
CHOCOLATE NATURAL & ARTIFICIAL CONC	NC	RX/OTC
CINNAMON FLAVOR OIL	NC	RX/OTC
COCONUT FLAVOR LIQD	NC	RX/OTC
COFFEE FLAVOR LIQD	NC	RX/OTC
COLA FLAVOR LIQD	NC	RX/OTC
COTTON CANDY FLAVOR LIQD	NC	RX/OTC
CRAN-RASPBERRY FLAVOR LIQD	NC	RX/OTC
CREME DE MENTHE FLAVOR LIQD	NC	RX/OTC
CREME DE MENTHE FLAVOR OIL	NC	RX/OTC
CREME DEMENTHE FLAVOR LIQD	NC	RX/OTC
CREME OS LIQD	NC	RX/OTC
ENGLISH TOFFEE FLAVOR LIQD	NC	RX/OTC
EUCALYPTUS FLAVOR OIL	NC	RX/OTC
EUGENOL FLAVOR LIQD	NC	RX/OTC
FISH FLAVOR LIQD	NC	RX/OTC
FLAVOR CONC-CHLORHEXIDINE CONC	NC	RX/OTC
FLAVORX LIQD	NC	RX/OTC
GRAPE CONCORD OS LIQD	NC	RX/OTC
GRAPE FLAVOR LIQD	NC	RX/OTC
GRAPEFRUIT FLAVOR OIL	NC	RX/OTC
GREEN APPLE OS LIQD	NC	RX/OTC
GUAVA FLAVOR LIQD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HAM FLAVOR LIQD	NC	RX/OTC
HONEY FLAVOR LIQD	NC	RX/OTC
KAHLUA FLAVOR LIQD	NC	RX/OTC
LEMON EXTRACT LIQD	NC	RX/OTC
LEMON FLAVOR LIQD	NC	RX/OTC
LEMON FLAVOR OIL	NC	RX/OTC
LEMONADE FLAVOR OIL	NC	RX/OTC
LEMON-LIME SD POWD	NC	RX/OTC
LICORICE FLAVOR LIQD	NC	RX/OTC
LIME FLAVOR OIL	NC	RX/OTC
LIVER CONCENTRATE LIQD	NC	RX/OTC
LIVER FLAVOR LIQD	NC	RX/OTC
LIVER FLAVOR POWD	NC	RX/OTC
MANGO FLAVOR SWEETENED POWD	NC	RX/OTC
MANGO FLAVOR LIQD	NC	RX/OTC
MANGO FLAVOR POWD	NC	RX/OTC
MANGO PASSION FRUIT OS LIQD	NC	RX/OTC
MAPLE FLAVOR LIQD	NC	RX/OTC
MARSHMALLOW ARTIFICIAL FLAVOR CONC	NC	RX/OTC
MARSHMALLOW FLAVOR LIQD	NC	RX/OTC
MARSHMALLOW OS LIQD	NC	RX/OTC
MARSHMALLOW WS LIQD	NC	RX/OTC
MINT CHOCOLATE CHIP FLAVOR LIQD	NC	RX/OTC
MOLASSES FLAVOR POWD	NC	RX/OTC
NATURAL CARAMEL LIQD	NC	RX/OTC
ORANGE CONCENTRATE LIQD	NC	RX/OTC
ORANGE CREAM FLAVOR LIQD	NC	RX/OTC
ORANGE FLAVOR LIQD	NC	RX/OTC
ORANGE FLAVOR POWD	NC	RX/OTC
ORANGE OIL FLAVOR LIQD	NC	RX/OTC
PASSION FRUIT FLAVOR SWEETENED POWD	NC	RX/OTC
PASSION FRUIT FLAVOR POWD	NC	RX/OTC
PCCA SWEETNESS ENHANCER LIQD	NC	RX/OTC
PEACH FLAVOR LIQD	NC	RX/OTC
PEANUT BUTTER FLAVOR LIQD	NC	RX/OTC
PEANUT BUTTER FLAVOR OIL	NC	RX/OTC
PEANUT BUTTER OS CONC	NC	RX/OTC
PEPPERMINT BURST OS LIQD	NC	RX/OTC
PEPPERMINT FLAVOR OIL	NC	RX/OTC
PINA COLADA FLAVOR LIQD	NC	RX/OTC
PINEAPPLE FLAVOR LIQD	NC	RX/OTC
PRALINES AND CREAM FLAVOR LIQD	NC	RX/OTC
PUMPKIN FLAVOR LIQD	NC	RX/OTC
RASPBERRY CONCENTRATE CONC	NC	RX/OTC
RASPBERRY FLAVOR ARTIFICIAL CONC	NC	RX/OTC
RASPBERRY FLAVOR LIQD	NC	RX/OTC
RASPBERRY FLAVOR POWD	NC	RX/OTC
RASPBERRY OS LIQD	NC	RX/OTC
ROOT BEER FLAVOR LIQD	NC	RX/OTC
SARDINE FLAVOR LIQD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SHRIMP FLAVOR LIQD	NC	RX/OTC
SPEARMINT FLAVOR OIL	NC	RX/OTC
SPEARMINT OS LIQD	NC	RX/OTC
STEVIA GLYCERITE EXTRACT LIQD	NC	RX/OTC
STRAWBERRY FLAVOR LIQD	NC	RX/OTC
STRAWBERRY OS LIQD	NC	RX/OTC
SUPER SYNERSWEET FLAVOR POWD	NC	RX/OTC
SWEET CORN FLAVOR CONC	NC	RX/OTC
SWEET DROPS LIQD	NC	RX/OTC
SWEETENING ENHANCER LIQD	NC	RX/OTC
TANGERINE FLAVOR SWEETENED POWD	NC	RX/OTC
TANGERINE FLAVOR OIL	NC	RX/OTC
TANGERINE FLAVOR POWD	NC	RX/OTC
TEABERRY FLAVOR OIL	NC	RX/OTC
TRITTAB PEPPERMINT ICE CONC	NC	RX/OTC
TROPICAL FUSION OS LIQD	NC	RX/OTC
TROPICAL FUSION WS LIQD	NC	RX/OTC
TROPICAL PUNCH FLAVOR LIQD	NC	RX/OTC
TUNA FLAVOR LIQD	NC	RX/OTC
TUNA FLAVOR POWD	NC	RX/OTC
TUNA TYPE FLAVOR OS LIQD	NC	RX/OTC
TUTTI FRUTTI CONCENTRATE CONC	NC	RX/OTC
TUTTI FRUTTI FLAVOR LIQD	NC	RX/OTC
TUTTI-FRUTTI FLAVOR LIQD	NC	RX/OTC
VANILLA BUTTERNUT FLAVOR LIQD	NC	RX/OTC
VANILLA FLAVOR LIQD	NC	RX/OTC
VANILLA OS LIQD	NC	RX/OTC
VANILLIN FLAVOR POWD	NC	RX/OTC
VERY BERRY OS LIQD	NC	RX/OTC
VITAMIN/IRON MASKING AGENT LIQD	NC	RX/OTC
WATERMELON FLAVOR LIQD	NC	RX/OTC
WILD CHERRY FLAVOR LIQD	NC	RX/OTC
WILD CHERRY OS LIQD	NC	RX/OTC
WILD CHERRY SD FLAVOR POWD	NC	RX/OTC
Liquid Vehicles		
bacteriostatic sodium chloride	NC	
BACTERIOSTATIC WATER(BENZ ALC)	NC	
BASE GELATIN GUMMY TROCHE	NC	RX/OTC
COLLODION	NC	RX/OTC
CUSTOM POLYGLYCOL TROCHE BASE WAX	NC	RX/OTC
DEHYDRATED ALCOHOL	NC	RX/OTC
FOS-A	NC	RX/OTC
FOS-A SWEETENED	NC	RX/OTC
GUM BASE (GELATIN)	NC	RX/OTC
KLEAR GUMMY BASE	NC	RX/OTC
PCCA CUSTOM NATATROCHE HMP WAX	NC	RX/OTC
PCCA CUSTOM TROCHE BASE WAX	NC	RX/OTC
PCCA FIXED OIL BASE	NC	RX/OTC
PCCA NATATROCHE BASE WAX	NC	RX/OTC
PCCA PRACAMAC BASE OIL	NC	

Drug Name	Drug Tier	Requirements/ Limits
REGENT ALCOHOL	NC	RX/OTC
SODIUM CHLORIDE BACTERIOSTATIC 0.9 %	NC	
SORBITOL XX 70 %	C	RX/OTC
STERILE WATER FOR INJECTION IJ	NC	
water for injection, sterile IJ	NC	
Pharmaceutical Adjuvants Miscellanous		
METER BUFFER	NC	
PH BUFFER	NC	
Pharmaceutical Excipients		
ACACIA	NC	RX/OTC
ALKYL ACRYLATE CROSSPOLYMER POWD	NC	RX/OTC
ARLASILK PHOSPHOLIPID PLN	NC	
ASTRAGALUS ROOT POWD	NC	RX/OTC
BACOCALMINE LIQD	NC	
BASE X FLAK	NC	
BEES WAX	NC	RX/OTC
BEESWAX	NC	RX/OTC
BEESWAX (YELLOW)	NC	RX/OTC
BENTONITE POWD	NC	RX/OTC
BITTER DRUG	NC	RX/OTC
CAMPHOR BLOCKS	NC	
CAPSORAL W/DYNAMIC STATIC GRD	NC	RX/OTC
CAPSUBLEND-H	NC	RX/OTC
CAPSUBLEND-P	NC	RX/OTC
CAPSUBLEND-S	NC	RX/OTC
CARRAGEENAN	NC	
CETYL ALCOHOL FLAK	NC	RX/OTC
CETYL ALCOHOL POWD	NC	
COCOA BUTTER CREA	NC	
COCOA BUTTER MISC	NC	RX/OTC
COLLASIL OSA POWD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DISPERSERX	NC	
ECTOSEAL P2G	NC	RX/OTC
EFFERVESCENT BASE	NC	
EMULGADE CM	NC	
EMULSIFYING WAX	NC	
ETHYL ACETATE	NC	
EXCELL-RDT SF BASE POWD	NC	RX/OTC
FAGRON CAPFILL PRO	NC	RX/OTC
FAGRON DISPERSAPRO	NC	RX/OTC
FATTYBLEND MISC	NC	RX/OTC
FIZZMIX BASE	NC	
F-MELT POWD	NC	RX/OTC
FREEDOM LOLLIPOP BASE MISC	NC	
FREEDOM ODT BASE POWD	NC	RX/OTC
FREEDOM SIMPLECAP	NC	RX/OTC
GALEN IQ 900	NC	
GELATIN	NC	
GUM ARABIC	NC	RX/OTC
ISOMALT LOLLIPOP BASE	NC	RX/OTC
KARAYA GUM	NC	RX/OTC
KRYSTAL SF	NC	
LACTOSE	NC	RX/OTC
LACTOSE ANHYDROUS	NC	RX/OTC
LACTOSE MONOHYDRATE	NC	RX/OTC
LECITHIN-ISOPROPYL PALMITATE SOLN	NC	
LIPMAX SOLN	NC	
LIPOIL OIL	NC	
LIQUIGEL COMPLEX	NC	
LOLLIBASE	NC	RX/OTC
LOVO-ODF CUSTOM LIQD	NC	
LOXORAL BASE	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM STEARATE (BULK)	NC	RX/OTC
MEDI-RDT BASE POWD	NC	RX/OTC
MEDI-RDT KIT	NC	
METHYLCELLULOSE GEL	NC	
METHYLCELLULOSE POWD	NC	RX/OTC
MUCOLOX LIQD	NC	
NAT BITTERNESS	NC	RX/OTC
NATURAL BITTERNESS	NC	RX/OTC
OLEIC ACID LIQD	NC	
PARAFFIN	NC	RX/OTC
PARAFFIN WAX BEADS	NC	RX/OTC
PCCA CUSTOM RDT POWD	NC	RX/OTC
PCCA EMULSIFIX-205 BASE	NC	
PCCA LECITHIN ISOPROPYL PALM SOLN	NC	
PCCA LOXASPERSE BASE	NC	
PCCA MBK (FATTY ACID) BASE	NC	
PCCA RAPID DISSOLVE TABLET POWD	NC	RX/OTC
PCCA SORBITOL LOLLIPOP BASE FLAK	NC	
PCCA XYLIFOS BASE	NC	
PLURONIC F127 POWD	NC	RX/OTC
PLURONIC L64 LIQD	NC	
PLURONIC GEL	NC	RX/OTC
POLOXAMER 188 POWD	NC	RX/OTC
POLOXAMER 407 POWD	NC	RX/OTC
POLOX GEL	NC	RX/OTC
POLYBLEND RX MISC	NC	RX/OTC
POLYMATRIX POWD	NC	RX/OTC
POLYPEG MISC	NC	RX/OTC
PROCAP 100HD CAPSULE EXCIPIENT	NC	RX/OTC
PROCAP 90 CAPSULE EXCIPIENT	NC	RX/OTC
RDT BASE POWD	NC	RX/OTC
RDT-PLUS POWD	NC	RX/OTC
SEPINEO P 600	NC	
SHEA BUTTER	NC	RX/OTC
SHEA BUTTER ORGANIC	NC	RX/OTC
SIMPLECAP	NC	RX/OTC
SODIUM BENZOATE	NC	RX/OTC
SODIUM LAURYL SULFATE (BULK)	NC	
SODIUM THIOSULFATE POWD	NC	
SORBITOL CANDY BASE CRYS	NC	
SPG SUPPOSI-BASE PLLT	NC	RX/OTC
STEARIC ACID FLAK	NC	
STEARIC ACID POWD	NC	RX/OTC
STEARYL ALCOHOL (BULK) FLAK	NC	
STEARYL ALCOHOL (BULK) POWD	NC	
SUPPOSIBLEND PLLT	NC	RX/OTC
SUPPOSI-PLEX R36 PLLT	NC	RX/OTC
SUPPOSI-PLEX V33 PLLT	NC	RX/OTC
SYNAPSIN POWD	NC	RX/OTC
TRAGACANTH POWD	NC	RX/OTC
TRITTAB	NC	RX/OTC
UCARE POLYMER JR-400 POWD	NC	RX/OTC
WAX, WHITE	NC	RX/OTC
WHITE BEES WAX	NC	RX/OTC
WHITE WAX	NC	RX/OTC
WITEPSOL PLLT	NC	RX/OTC
WITEPSOL WAX	NC	
XANTHAN GUM	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
YELLOW WAX	NC	RX/OTC
ZINC STEARATE	NC	
Semi Solid Vehicles		
ANHYDROUS GEL BASE	NC	RX/OTC
BABY SKIN PROTECTANT	NC	RX/OTC
BASE A POLYETHYLENE GLYCOL POWD	NC	
BASE C POLYETHYLENE GLYCOL 300	NC	RX/OTC
BASE D POLYETHYL GLYCOL 4600	NC	
BASE D POLYETHYLENE GLYCOL	NC	
CHEMSIL K-12	NC	
CHEMSIL K-51	NC	RX/OTC
CHEW-HESIVE	NC	
CLOVAGEL	NC	RX/OTC
DAILY MOISTURIZER	NC	RX/OTC
DERMASHIELD HYDROGEL	NC	RX/OTC
FAGRON VERSIFIX LIQD	NC	
FREEDOM ADAPTADERM	NC	RX/OTC
FREEDOM CEPAPRO	NC	RX/OTC
FREEDOM SILOMAC ANHYDROUS	NC	RX/OTC
HORMONE CREAM BASE	NC	RX/OTC
HRT BASE	NC	RX/OTC
HRT BASE (MEN)	NC	
HRT BOTANICAL	NC	RX/OTC
HRT CREAM	NC	RX/OTC
HRT CREAM BASE	NC	RX/OTC
HRT CREAM BASE WOMEN	NC	RX/OTC
HRT ESSENTIAL	NC	RX/OTC
HRT HEAVY	NC	RX/OTC
HRT NATURAL	NC	

Drug Name	Drug Tier	Requirements/ Limits
JELENE	NC	RX/OTC
KRIS-ESTER 236	NC	
lanolin XX	C	
LANOLIN XX	C	
LANOLIN ALCOHOL WAX	NC	
LANOLIN OIL	NC	
LIP BALM BASE NATURAL	NC	
LIPOPEN ANHYDROUS	NC	
LIPOSOMAL HAIR	NC	RX/OTC
LIPOVAN BASE CREA	NC	
LUBRAJEL NP	NC	RX/OTC
MEDIBASE C	NC	RX/OTC
NOVAFILM	NC	RX/OTC
OINTMENT BASE (EMULSIFYING)	NC	
OLEABASE PLASTICIZED	NC	RX/OTC
ORA-HESIVE BASE	NC	
PCCA GELATIN BASE	NC	
PCCA LIPODERM HMW	NC	RX/OTC
PCCA OCCLUSADERM	NC	RX/OTC
PCCA PERME8 ANHYDROUS	NC	RX/OTC
PCCA PLASTICIZED BASE	NC	RX/OTC
PCCA PLURONIC F127 BASE	NC	
PCCA POLOXAMER 407	NC	
PCCA SPIRA-WASH BASE	NC	RX/OTC
PCCA W06 ANHYDROUS TOPICAL	NC	RX/OTC
PEG 300	NC	RX/OTC
PETROLATUM	NC	RX/OTC
PETROLEUM JELLY	NC	RX/OTC
PETROLEUM JELLY BABY	NC	RX/OTC
PLASTIBASE	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PLASTICIZED BASE	NC	RX/OTC
PLO TRANSDERMAL CREA	NC	
PLURONIC F127	NC	
POLYETHYLENE GLYCOL 1000 LIQD	NC	
POLYETHYLENE GLYCOL 1000 POWD	NC	
POLYETHYLENE GLYCOL 1450 FLAK	NC	
POLYETHYLENE GLYCOL 1450 LIQD	NC	RX/OTC
POLYETHYLENE GLYCOL 1450 POWD	NC	
POLYETHYLENE GLYCOL 200	NC	
POLYETHYLENE GLYCOL 300	NC	RX/OTC
POLYETHYLENE GLYCOL 3350 GRAN	NC	
POLYETHYLENE GLYCOL 3350 POWD	NC	RX/OTC
POLYETHYLENE GLYCOL 400	NC	RX/OTC
POLYETHYLENE GLYCOL 4500	NC	
POLYETHYLENE GLYCOL 600	NC	
POLYETHYLENE GLYCOL 8000 GRAN	NC	
POLYETHYLENE GLYCOL 8000 POWD	NC	RX/OTC
POLYETHYLENE GLYCOL POWD	NC	
POLYMAC PROGEL	NC	RX/OTC
RA PETROLEUM JELLY	NC	RX/OTC
RENEWCREAM HRT	NC	RX/OTC
SCAR CARE BASE ENHANCED	NC	RX/OTC
SECURA PROTECTIVE	NC	RX/OTC
SIMPLGEL 30	NC	RX/OTC
SKIN PROTECTANT	NC	RX/OTC
SUSPENDIT	NC	RX/OTC
TDC MAX CREA	NC	
TOMMY GEL	NC	RX/OTC
TRANSDERMAL PAIN BASE CREA	NC	
VERSABASE HRT GEL	NC	RX/OTC
VERSABASE CREA	NC	
VERSABASE FOAM	NC	
VERSABASE GEL	NC	RX/OTC
VERSABASE LOTN	NC	
VERSABASE SHAM	NC	
VERSAPENN (AG) ANHYDROUS GEL	NC	
VERSAPENN (AL) ANHYD LIPID GEL	NC	
VERSAPRO	NC	
VERSAPRO	NC	RX/OTC
VERSAPRO ANHYDROUS BASE	NC	RX/OTC
WILEY BASIC ELEMENTS BHRT BASE	NC	RX/OTC
YELLOW PETROLATUM	NC	RX/OTC
ZOSIL	NC	
Surfactants		
MYRJ 53 POWD	NC	RX/OTC
POLYOXYL 40 STEARATE PLLT	NC	
POLYOXYL 40 STEARATE POWD	NC	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS *(norethindrone acetate)*	NC	
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	C	

Drug Name	Drug Tier	Requirements/ Limits
megestrol acetate (appetite)	NP	
NORETHINDRONE ACETATE POWD	NC	
norethindrone acetate TABS	C	
progesterone CAPS	C	QL(1 EA daily)
progesterone OIL	NC	
PROMETRIUM CAPS *(progesterone)*	NC	QL(1 EA daily)
PROVERA 5 MG, 10 MG *(medroxyprogesterone acetate)*	NC	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	NC	
disulfiram 500 MG	NC	
disulfiram 250 MG	C	
lofexidine hcl	NC	
Anti-Cataplectic Agents		
XYWAV	NC	SP
Antidementia Agents		
ADLARITY PTWK	NP	
ADUHELM	NC	SP
ARICEPT TABS 23 MG *(donepezil hydrochloride)*	NP	
ARICEPT TABS 5 MG, 10 MG *(donepezil hydrochloride)*	NP	QL(1 EA daily)
donepezil hydrochloride TABS 23 MG	NC	
donepezil hydrochloride TABS 23 MG	NP	
donepezil hydrochloride TABS 5 MG, 10 MG	P	QL(1 EA daily)
donepezil hydrochloride TABS 5 MG, 10 MG	NC	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
donepezil hydrochloride TBDP	P	
EXELON 4.6 MG/24HR, 9.5 MG/24HR *(rivastigmine)*	P	Brand Preferred; QL(1 EA daily)
EXELON 13.3 MG/24HR *(rivastigmine)*	P	Brand Preferred
galantamine hydrobromide CP24	NP	QL(1 EA daily)
galantamine hydrobromide SOLN	NP	QL(6 ML daily)
galantamine hydrobromide TABS	NP	QL(2 EA daily)
memantine hcl CP24	NC	
memantine hcl CP24	NP	
memantine hcl-donepezil hcl CP24	NP	
memantine hcl SOLN 2 MG/ML	NC	QL(10 ML daily)
memantine hcl SOLN	P	QL(10 ML daily)
memantine hcl TABS	P	QL(2 EA daily)
memantine hcl TABS	NC	QL(2 EA daily)
memantine hcl TABS	NP	
NAMENDA TITRATION PAK TABS *(memantine hcl)*	NP	Titration pack
NAMENDA XR CP24 14 MG, 21 MG, 28 MG *(memantine hcl)*	NC	
NAMENDA XR CP24 7 MG *(memantine hcl)*	NP	
NAMZARIC C4PK	NP	
NAMZARIC CP24	NP	
NAMZARIC CP24 *(memantine hcl-donepezil hcl)*	NP	
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	NP	Brand Preferred; QL(1 EA daily)
rivastigmine 13.3 MG/24HR	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
rivastigmine tartrate CAPS	P	QL(2 EA daily)
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	NC	
LYBALVI	NP	AL(At least 18 yrs old); ST
olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG	NP	ST
olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG	NP	AL(At least 10 yrs old); ST
perphenazine-amitriptyline	C	QL(4 EA daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	NP	QL(55 EA per 365 day(s) retail)
SAVELLA TABS	NP	QL(2 EA daily)
Metachromatic Leukodystrophy (MLD) Agents		
LENMELDY	NC	SP
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	NP	SP
AUSTEDO XR TB24	P	SP
AUSTEDO TABS	P	SP
INGREZZA CAPS	P	SP
INGREZZA CPPK	P	SP
INGREZZA CPSP	P	SP
tetrabenazine	P	SP
XENAZINE *(tetrabenazine)*	NP	SP
Multiple Sclerosis Agents		
AMPYRA *(dalfampridine)*	NP	SP
AUBAGIO *(teriflunomide)*	NP	QL(1 EA daily); SP
AVONEX PEN AJKT	P	SP

Drug Name	Drug Tier	Requirements/ Limits
AVONEX PREFILLED PSKT	P	SP
BAFIERTAM	NP	SP
BETASERON KIT	P	SP
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	NP	SP
COPAXONE SOSY 20 MG/ML *(glatiramer acetate)*	P	Brand Preferred; SP
dalfampridine	P	
dalfampridine	P	SP
dimethyl fumarate CDPK	P	SP
dimethyl fumarate CPDR	P	SP
dimethyl fumarate CPDR	P	
fingolimod hcl	P	QL(1 EA daily); SP
GILENYA 0.25 MG	NP	SP
GILENYA *(fingolimod hcl)*	NP	QL(1 EA daily); SP
glatiramer acetate SOSY 20 MG/ML	NP	Brand Preferred; SP
glatiramer acetate SOSY 40 MG/ML	NP	SP
KESIMPTA	PA	SP; PA
MAVENCLAD (10 TABS)	NP	SP
MAVENCLAD (4 TABS)	NP	SP
MAVENCLAD (5 TABS)	NP	SP
MAVENCLAD (6 TABS)	NP	SP
MAVENCLAD (7 TABS)	NP	SP
MAVENCLAD (8 TABS)	NP	SP
MAVENCLAD (9 TABS)	NP	SP
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
MAYZENT TABS	NP	SP
PLEGRIDY STARTER PACK SOAJ	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PLEGRIDY SOAJ	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY SOSY IM	NP	SP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY STARTER PACK TBPK	NP	
PONVORY TABS	NP	SP
PONVORY TABS	NP	
REBIF REBIDOSE TITRATION PACK SOAJ	NP	SP
REBIF REBIDOSE SOAJ	NP	SP
REBIF TITRATION PACK SOSY	NP	SP
REBIF SOSY	NP	SP
TASCENSO ODT	NP	SP
TECFIDERA CDPK *(dimethyl fumarate)*	NP	SP
TECFIDERA CPDR *(dimethyl fumarate)*	NP	SP
teriflunomide	NC	QL(1 EA daily); SP
teriflunomide	P	QL(1 EA daily); SP
VUMERITY	NP	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
ZEPOSIA CAPS	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
gabapentin (once-daily) TABS	NP	
GRALISE TABS *(gabapentin (once-daily))*	NP	
GRALISE TABS	NP	
LYRICA CR *(pregabalin (once-daily))*	NP	
pregabalin (once-daily)	NP	
pregabalin (once-daily)	NC	
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	P	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	NC	
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	NP	SP; PA
ergoloid mesylates TABS	NC	
MIPLYFFA	NP	SP; PA
pimozide	NC	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
APO-VARENICLINE TABS 1 MG	C	QL(2 EA daily; 56 EA per 30 day(s) retail)
APO-VARENICLINE TABS 0.5 MG	C	QL(2 EA daily)
bupropion hcl (smoking deterrent)	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 EA daily)
CHANTIX STARTING MONTH PAK TBPK *(varenicline tartrate)*	P	QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail
nicotine polacrilex GUM	P	Limit: 2 Smoking Cessation Treatments per Year; QL(24 EA daily)
nicotine polacrilex GUM	P	QL(24 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
nicotine polacrilex LOZG	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily)
nicotine polacrilex LOZG	P	Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily)
nicotine polacrilex LOZG	P	QL(20 EA daily)
NICOTINE KIT	P	Limit: 2 Smoking Cessation Treatments per Year; QL(56 EA per fill retail); 2 max fill(s) per 365 day(s) retail
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	QL(1 EA daily)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	Limit: 2 Smoking Cessation Treatments per Year; QL(1 EA daily)
NICOTROL NS SOLN	P	Limit: 2 Smoking Cessation Treatments per Year; QL(4 ML daily); SL
NICOTROL INHA	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(16.8 EA daily); SL
varenicline tartrate TABS 1 MG	C	QL(2 EA daily; 56 EA per 30 day(s) retail)
varenicline tartrate TABS 0.5 MG	C	QL(2 EA daily)
varenicline tartrate TABS 0.5 MG	P	QL(2 EA daily)
varenicline tartrate TABS 1 MG	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
varenicline tartrate TBPK	P	QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail
varenicline tartrate TBPK	C	QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail
Transthyretin Amyloidosis Agents		
TEGSEDI	C	SP; PA
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor)	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
GLASSIA SOLN	NC	
ZEMAIRA SOLR 4000 MG, 5000 MG	NC	
Cystic Fibrosis Agents		
BRONCHITOL	NC	SP
BRONCHITOL TOLERANCE TEST	NC	SP
ORKAMBI PACK	C	SP; PA
ORKAMBI TABS	C	SP; PA
SYMDEKO	C	SP; PA
TRIKAFTA TBPK	C	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(pirfenidone)*	NC	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ESBRIET TABS *(pirfenidone)*	NC	SP; PA
OFEV	C	SP; PA
pirfenidone CAPS	C	SP; PA
pirfenidone TABS	C	SP; PA
Respiratory Agents - Misc.		
CUROSURF TR 120 MG/1.5ML, 240 MG/3ML	NC	
SURVANTA	NC	
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE SODIUM	NC	
SULFADIAZINE POWD	NC	
sulfadiazine TABS	NC	
SULFAMETHOXAZOLE	NC	
SULFAMETHOXAZOLE MICRO	NC	
SULFAPYRIDINE	NC	
SULFATHIAZOLE	NC	
SULFISOXIZOLE CRYS	NC	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA SOLR	NC	
NUZYRA TABS	NP	
Fluorocyclines		
XERAVA	NC	
Glycylcyclines		
tigecycline	NC	
TIGECYCLINE	NC	
Tetracyclines		
demeclocycline hcl TABS	NP	
DORYX MPC TBEC 60 MG	NP	
DORYX TBEC 200 MG *(doxycycline hyclate)*	NP	
doxycycline (monohydrate) CAPS	NC	
doxycycline (monohydrate) CAPS	NP	
doxycycline (monohydrate) SUSR	NP	
doxycycline (monohydrate) SUSR	NC	
doxycycline (monohydrate) TABS	NP	
doxycycline hyclate CAPS	P	
DOXYCYCLINE HYCLATE POWD	NC	
doxycycline hyclate SOLR	NC	
doxycycline hyclate TABS	P	
doxycycline hyclate TABS	NC	
doxycycline hyclate TBEC 50 MG, 75 MG, 100 MG, 150 MG	NC	
doxycycline hyclate TBEC	NP	
MINOCIN SOLR	NC	
minocycline hcl CAPS	P	
MINOCYCLINE HCL POWD	NC	
minocycline hcl TABS	P	
minocycline hcl TABS	NC	
minocycline hcl TB24	NP	
MINOLIRA TB24	NC	
OXYTETRACYCLINE HCL	NC	
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG *(minocycline hcl)*	NP	
tetracycline hcl CAPS	P	
TETRACYCLINE HCL TABS	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		

Drug Name	Drug Tier	Requirements/ Limits
Antithyroid Agents		
METHIMAZOLE POWD	NC	
methimazole TABS	C	
propylthiouracil	C	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	NC	
ARMOUR THYROID TABS	C	
CYTOMEL TABS *(liothyronine sodium)*	NC	
ERMEZA SOLN PO	NC	
levothyroxine sodium CAPS	NC	
LEVOTHYROXINE SODIUM SOLN IV	NC	
LEVOTHYROXINE SODIUM SOLN IV	NC	
levothyroxine sodium SOLR IV	NC	
LEVOTHYROXINE SODIUM SOLR IV *(levothyroxine sodium)*	NC	
levothyroxine sodium TABS	C	
liothyronine sodium SOLN	NC	
liothyronine sodium TABS	C	
NIVA THYROID TABS	C	
NP THYROID TABS	C	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
SYNTHROID TABS *(levothyroxine sodium)*	NC	
THYQUIDITY SOLN PO	NC	
THYROID POWD 0.23 %	NC	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
BOOSTRIX SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
BOOSTRIX SUSY	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
TDVAX SUSP	C	QL(0.5 ML per fill retail; 1.5 per fill mail)
TENIVAC INJ	C	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	C	QL(0.5 ML per fill retail; 1.5 per fill mail)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ATROPINE SULFATE MONOHYDRATE	NC	
ATROPINE SULFATE POWD	NC	
atropine sulfate SOLN IJ 8 MG/20ML	NC	
atropine sulfate SOSY IJ	NC	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	NC	
BELLADONNA ALKALOIDS-OPIUM	NC	
BENTYL SOLN IM *(dicyclomine hcl)*	NC	
chlordiazepoxide hcl-clidinium bromide	NC	
DARTISLA ODT TBDP	NC	
dicyclomine hcl CAPS	C	

Drug Name	Drug Tier	Requirements/ Limits
dicyclomine hcl SOLN PO	C	QL(496 ML per 31 day(s) retail)
dicyclomine hcl SOLN IM	NC	
dicyclomine hcl TABS	C	
GLYCATE TABS	NC	
GLYCOPYRROLATE PF SOSY IJ	NC	
glycopyrrolate SOLN PO 1 MG/5ML	NC	
glycopyrrolate SOSY IJ	NC	
glycopyrrolate TABS 1 MG, 2 MG	C	QL(4 EA daily)
GLYCOPYRROLATE TABS	NC	
GLYRX-PF SOLN IJ	NC	
GLYRX-PF SOSY IJ	NC	
hyoscyamine sulfate ELIX	C	
HYOSCYAMINE SULFATE POWD	NC	
hyoscyamine sulfate SOLN PO 0.125 MG/ML	C	
hyoscyamine sulfate SUBL 0.125 MG	C	
hyoscyamine sulfate TABS 0.125 MG	C	
hyoscyamine sulfate TB12 0.375 MG	C	QL(4 EA daily)
ISOPROPAMIDE IODIDE	NC	
LEVBID TB12 *(hyoscyamine sulfate)*	NC	QL(4 EA daily)
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	NC	
LEVSIN TABS *(hyoscyamine sulfate)*	NC	
methscopolamine bromide	NC	
phenobarbital-hyoscyamine-atropine-scopolamine TABS	NC	
PROPANTHELINE BROMIDE POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits
ROBINUL-FORTE TABS *(glycopyrrolate)*	NC	QL(4 EA daily)
ROBINUL TABS *(glycopyrrolate)*	NC	QL(4 EA daily)
SCOPOLAMINE HBR POWD	NC	
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	NP	
CIMETIDINE POWD	NC	
cimetidine TABS	NP	RX/OTC
famotidine in nacl SOLN	NC	
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	NC	
famotidine SUSR	P	
famotidine TABS 10 MG	C	
famotidine TABS 20 MG, 40 MG	P	RX/OTC
famotidine TABS 20 MG, 40 MG	NC	RX/OTC
nizatidine CAPS	NP	
PEPCID AC TABS *(famotidine)*	NC	
PEPCID TABS *(famotidine)*	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP *(sucralfate)*	NC	QL(420 ML per fill retail)
CARAFATE TABS *(sucralfate)*	NC	QL(4 EA daily)
SUCRALFATE POWD	NC	
sucralfate SUSP	C	QL(420 ML per fill retail)
sucralfate TABS	C	QL(4 EA daily)
Proton Pump Inhibitors		
DEXILANT *(dexlansoprazole)*	P	Brand Preferred
dexlansoprazole	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
esomeprazole magnesium CPDR 20 MG	NC	QL(2 EA daily); RX/OTC
esomeprazole magnesium CPDR 20 MG	NP	QL(2 EA daily); RX/OTC
esomeprazole magnesium CPDR 40 MG	NP	
esomeprazole magnesium PACK	P	
esomeprazole sodium 40 MG	NC	
lansoprazole CPDR 15 MG	NC	QL(4 EA daily); RX/OTC
lansoprazole CPDR 30 MG	NP	QL(2 EA daily)
lansoprazole CPDR 15 MG	NP	QL(4 EA daily); RX/OTC
lansoprazole TBDD 15 MG	NC	RX/OTC
lansoprazole TBDD	NP	RX/OTC
NEXIUM I.V. 40 MG *(esomeprazole sodium)*	NC	
NEXIUM CPDR 20 MG *(esomeprazole magnesium)*	NP	QL(2 EA daily); RX/OTC
NEXIUM CPDR 40 MG *(esomeprazole magnesium)*	NP	
NEXIUM PACK *(esomeprazole magnesium)*	NP	
omeprazole magnesium TBEC	C	QL(1 EA daily)
omeprazole CPDR	NC	QL(2 EA daily)
omeprazole CPDR	P	QL(2 EA daily)
omeprazole TBDD	NC	
omeprazole TBEC	C	QL(1 EA daily)
PANTOPRAZOLE SODIUM-NACL	NC	
pantoprazole sodium PACK	NP	
pantoprazole sodium PACK	NP	Brand Preferred
pantoprazole sodium SOLR	NC	
pantoprazole sodium TBEC 20 MG	P	QL(1 EA daily)
pantoprazole sodium TBEC 40 MG	P	QL(2 EA daily)
PREVACID SOLUTAB TBDD *(lansoprazole)*	NP	RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	NP	QL(2 EA daily)
PRILOSEC OTC TBEC *(omeprazole magnesium)*	NC	QL(1 EA daily)
PRILOSEC PACK	NP	
PROTONIX PACK *(pantoprazole sodium)*	P	Brand Preferred
PROTONIX TBEC 40 MG *(pantoprazole sodium)*	NP	QL(2 EA daily)
PROTONIX TBEC 20 MG *(pantoprazole sodium)*	NP	QL(1 EA daily)
rabeprazole sodium TBEC	NP	
VOQUEZNA	NC	
Ulcer Drugs - Prostaglandins		
CYTOTEC *(misoprostol)*	NC	PA
misoprostol	C	PA
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	C	14 day(s) max supply per 365 day(s) retail
bismuth subcitrate potassium-metronidazole-tetracycline	NC	
KONVOMEP SUSR	NP	
OMECLAMOX-PAK	NC	
omeprazole-sodium bicarbonate CAPS	NP	RX/OTC
omeprazole-sodium bicarbonate PACK	NC	
omeprazole-sodium bicarbonate PACK	NP	
TALICIA	NC	

Drug Name	Drug Tier	Requirements/ Limits
VOQUEZNA DUAL PAK	NC	
VOQUEZNA TRIPLE PAK	NC	
ZEGERID CAPS *(omeprazole-sodium bicarbonate)*	NP	RX/OTC
ZEGERID PACK *(omeprazole-sodium bicarbonate)*	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	NP	
DETROL LA CP24 *(tolterodine tartrate)*	NP	QL(1 EA daily)
DETROL TABS *(tolterodine tartrate)*	NP	QL(2 EA daily)
fesoterodine fumarate	P	
oxybutynin chloride SOLN	P	
oxybutynin chloride TABS 5 MG	NC	QL(3 EA daily)
oxybutynin chloride TABS 2.5 MG	P	
oxybutynin chloride TABS 5 MG	P	QL(3 EA daily)
oxybutynin chloride TB24	P	QL(2 EA daily)
OXYTROL FOR WOMEN PTTW	NC	RX/OTC
OXYTROL PTTW	NP	RX/OTC
solifenacin succinate TABS	P	
tolterodine tartrate CP24	NP	QL(1 EA daily)
tolterodine tartrate TABS	NP	QL(2 EA daily)
TOVIAZ *(fesoterodine fumarate)*	NP	
trospium chloride CP24	NP	
trospium chloride TABS	NP	QL(2 EA daily)
VESICARE LS SUSP	NP	

Drug Name	Drug Tier	Requirements/ Limits
VESICARE TABS *(solifenacin succinate)*	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
mirabegron TB24	NP	Brand Preferred
MYRBETRIQ SRER	NP	Brand Preferred
MYRBETRIQ TB24 *(mirabegron)*	P	Brand Preferred
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	C	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	C	
BCG VACCINE	C	
BEXSERO 0.5 ML	C	
BIOTHRAX	C	AL(Up to 65 yrs old)
CAPVAXIVE	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
HIBERIX SOLR IJ	C	
MENACTRA	C	AL(Up to 55 yrs old)
MENQUADFI 0.5 ML	C	
MENVEO SOLN	C	AL(Up to 55 yrs old)
MENVEO SOLR	C	AL(Up to 55 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PEDVAX HIB SUSP	C	
PENBRAYA	C	AL(Up to 25 yrs old)
PNEUMOVAX 23 SOLN	P	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
PREVNAR 13	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
PREVNAR 20	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
TRUMENBA 0.5 ML	C	
TYPHIM VI SOLN	C	
TYPHIM VI SOSY	C	
VAXCHORA	C	
VAXNEUVANCE	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
VIVOTIF	C	
Viral Vaccines		
ABRYSVO	C	AL(At least 60 yrs old)
ACAM2000	C	
AFLURIA PRESERVATIVE FREE SUSY	C	1 max fill(s) per 180 day(s) retail
AFLURIA SUSP	C	1 max fill(s) per 180 day(s) retail
AREXVY	C	AL(At least 60 yrs old)
AUDENZ EMUL	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
AUDENZ PRSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY SUSP	C	
COMIRNATY SUSY	C	
ENGERIX-B SUSP 20 MCG/ML	C	3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	C	3 max fill(s) per 999 day(s) retail
ERVEBO	C	
FLUAD	C	1 max fill(s) per 180 day(s) retail
FLUARIX SUSY	C	1 max fill(s) per 180 day(s) retail
FLUBLOK SOSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSY	C	1 max fill(s) per 180 day(s) retail
FLULAVAL SUSY	C	1 max fill(s) per 180 day(s) retail
FLUMIST	PA	
FLUZONE HIGH-DOSE SUSY	C	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)
FLUZONE SUSP	C	1 max fill(s) per 180 day(s) retail
FLUZONE SUSY	C	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSP 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
GARDASIL 9 SUSY 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
HAVRIX IM 720 EL U/0.5ML	C	
HAVRIX 1440 EL U/ML	C	
HEPLISAV-B SOSY	C	3 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	C	
IPOL	C	
IXCHIQ	NC	
IXIARO	C	
JANSSEN COVID-19 VACCINE	C	
JYNNEOS	C	
M-M-R II SOLR	C	
MODERNA COVID-19 BIVAL 6M-5Y	C	
MODERNA COVID-19 BIVALENT	C	
MODERNA COVID-19 VAC 6M-11Y SUSP	C	
MODERNA COVID-19 VAC 6M-11Y SUSY	C	
MODERNA COVID-19 VACCINE SUSP	C	
MRESVIA	C	AL(Up to 60 yrs old)
NOVAVAX COVID-19 VACCINE SUSP	C	
NOVAVAX COVID-19 VACCINE SUSY	C	1 max fill(s) per 180 day(s) mail
PFIZER COVID-19 BIVAL 6MO-4YR	C	
PFIZER COVID-19 VAC BIVAL 5-11	C	

Drug Name	Drug Tier	Requirements/ Limits
PFIZER COVID-19 VAC BIVALENT	C	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	C	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	C	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	C	
PFIZER-BIONTECH COVID-19 VACC SUSP	C	
PREHEVBRIO	C	3 max fill(s) per 999 day(s) retail
PRIORIX SUSR	C	
RABAVERT	C	
RECOMBIVAX HB SUSP	C	3 max fill(s) per 999 day(s) retail
RECOMBIVAX HB SUSY	C	3 max fill(s) per 999 day(s) retail
SHINGRIX	C	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX SUSP	C	
SPIKEVAX SUSY	C	
STAMARIL SUSR	C	
TICOVAC	C	
TWINRIX SUSY	C	
VAQTA	C	
VARIVAX SUSR	C	2 max fill(s) per 999 day(s) retail
VIMKUNYA SUSY IM 40 MCG/0.8ML	NC	
YF-VAX INJ	C	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
TRIMO-SAN	NC	
Vaginal Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN CREA *(clindamycin phosphate vaginal)*	NC	
CLEOCIN SUPP	NC	
clindamycin phosphate vaginal CREA	C	
CLINDESSE	NC	
clotrimazole vaginal CREA 2 %	C	QL(21 GM per 31 day(s) retail)
clotrimazole vaginal CREA 1 %	C	QL(45 GM per 31 day(s) retail)
GYNAZOLE-1	C	
GYNE-LOTRIMIN 3 CREA *(clotrimazole vaginal)*	NC	QL(21 GM per 31 day(s) retail)
GYNE-LOTRIMIN CREA *(clotrimazole vaginal)*	NC	QL(45 GM per 31 day(s) retail)
metronidazole vaginal	C	
MICONAZOLE 7 SUPP 100 MG	C	QL(7 EA per 31 day(s) retail)
miconazole nitrate vaginal CREA 2 %	C	QL(45 GM per 31 day(s) retail)
miconazole nitrate vaginal KIT	C	1 package(s) per fill retail
miconazole nitrate vaginal SUPP 200 MG	C	QL(3 EA per fill retail; 3 EA per 31 day(s) retail)
miconazole nitrate vaginal SUPP 100 MG	C	QL(7 EA per 31 day(s) retail)
MONISTAT 3 COMBINATION PACK KIT *(miconazole nitrate vaginal)*	NC	1 package(s) per fill retail
MONISTAT 7 SIMPLY CURE CREA *(miconazole nitrate vaginal)*	NC	QL(45 GM per 31 day(s) retail)
NUVESSA	NC	
terconazole vaginal CREA	C	
terconazole vaginal SUPP	C	
tioconazole vaginal 6.5 %	C	
VANDAZOLE	C	
XACIATO GEL	NC	
Vaginal Contraceptive - pH Modulators		

Drug Name	Drug Tier	Requirements/ Limits
PHEXXI	NC	
Vaginal Estrogens		
ESTRACE CREA *(estradiol vaginal)*	NC	QL(43 GM per 31 day(s) retail)
estradiol vaginal CREA	C	QL(43 GM per 31 day(s) retail)
estradiol vaginal TABS	C	
ESTRING RING 7.5 MCG/24HR	NC	
FEMRING	NC	
IMVEXXY MAINTENANCE PACK INST	NC	
IMVEXXY STARTER PACK INST	NC	
PREMARIN	C	
VAGIFEM TABS *(estradiol vaginal)*	NC	
Vaginal Progestins		
CRINONE GEL	NC	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML	NP	Brand Preferred
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	NP	Brand Preferred
epinephrine (anaphylaxis) SOAJ	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
epinephrine (anaphylaxis) SOAJ	NP	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
epinephrine (anaphylaxis) SOLN IJ	NC	
EPINEPHRINE SOAJ 0.3 MG/0.3ML	NP	QL(0.067 EA daily; 4 EA per 365 day(s) retail)
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
EPIPEN JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
NEFFY SOLN NA	NC	
Vasopressors		
ADRENALIN-NACL SOLN	NC	
ADRENALIN SOLN	NC	
BIORPHEN SOLN IV	NC	
EMERPHED SOLN IV	NC	
EMERPHED SOSY IV	NC	

Drug Name	Drug Tier	Requirements/ Limits
ephedrine sulfate (pressors) SOLN IV	NC	
EPHEDRINE SULFATE (PRESSORS) SOLN IV	NC	
ephedrine sulfate (pressors) SOSY IV	NC	
EPHEDRINE SULFATE (PRESSORS) SOSY IV	NC	
EPINEPHRINE BITARTRATE-NACL SOLN IV	NC	
EPINEPHRINE-NACL SOLN 4 MG/250ML-0.9 %, 5 MG/250ML-0.9 %, 8 MG/250ML-0.9 %	NC	
epinephrine SOLN IJ	NC	
EPINEPHRINE SOLN IJ	NC	
EPINEPHRINE SOSY IV 1 MG/10ML	NC	
IMMPHENTIV SOLN IV	NC	
midodrine hcl	C	
norepinephrine bitartrate IV	NC	
NOREPINEPHRINE BITARTRATE IV	NC	
NOREPINEPHRINE-DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML	NC	
NOREPINEPHRINE-SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML	NC	
phenylephrine hcl (pressors) SOLN IV	NC	
PHENYLEPHRINE HCL SOLN IV 1 MG/10ML	NC	
REZIPRES 47 MG/10ML	NC	
VITAMINS		
Oil Soluble Vitamins		
AQUASOL A SOLN 50000 UNIT/ML	NC	
cholecalciferol CAPS	C	QL(100 EA per fill retail)
cholecalciferol CAPS 1.25 MG, 50000 UNIT	C	QL(8 EA per 31 day(s) retail)
cholecalciferol CAPS 125 MCG, 5000 UNIT	C	QL(2 EA daily)
cholecalciferol LIQD PO 10 MCG/ML	C	
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	NC	
DECARA CAPS	NC	
DRISDOL CAPS *(ergocalciferol)*	NC	
ergocalciferol CAPS	C	
ERGOCALCIFEROL POWD	NC	
ergocalciferol SOLN PO 200 MCG/ML	C	QL(60 ML per 90 day(s) retail)
OSTEO-VIT3 LIQD PO	NC	
phytonadione SOLN 1 MG/0.5ML, 10 MG/ML	NC	
phytonadione TABS 5 MG	C	
vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG	C	QL(2 EA daily)
VITAMIN E POWD	NC	
Water Soluble Vitamins		
AMINOBENZOIC ACID POWD	NC	
ascorbic acid LIQD	NC	
ascorbic acid TABS	C	QL(3.34 EA daily)
B-1 TABS	C	QL(3.34 EA daily)
CALCIUM ASCORBATE POWD	NC	RX/OTC
CALCIUM PANTOTHENATE POWD	NC	RX/OTC
NIACINAMIDE POWD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
niacin CPCR 250 MG	C	
NIACIN POWD XX	NC	
niacin TABS 500 MG	C	
niacin TBCR	C	
NICOTINAMIDE POWD	NC	RX/OTC
PARA-AMINOBENZOIC ACID POWD	NC	
POTASSIUM AMINOBENZOATE POWD	NC	
PYRIDOXINE HCL POWD	NC	RX/OTC
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	C	
riboflavin TABS	C	QL(3.34 EA daily)
SLO-NIACIN TBCR *(niacin)*	NC	
SODIUM ASCORBATE GRAN	NC	
SODIUM ASCORBATE POWD	NC	RX/OTC
THIAMINE HCL POWD	NC	RX/OTC
thiamine hcl SOLN	NC	
thiamine hcl TABS 100 MG	C	QL(3.34 EA daily)
THIAMINE MONONITRATE POWD XX	NC	
thiamine mononitrate TABS 100 MG	C	QL(3.34 EA daily)
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