

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).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. 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 हद्दी 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).

နမူကတိကညီ ကျိအလိ, နမူနီ ကျိအတိမၤစၢလၢ တလံာ်ဘျုးလၢစၢ နီတမံၤဘျုးသ့န့ၣ်လီၤ. ကိး 866-433-6041 (TTY: 711)

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

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် 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.
Opioid 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	Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG</i>	P	
Amphetamines			<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 3 yrs old)
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	NP	
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	P	QL(2 EA daily); AL(At least 3 yrs old)	DYANAVEL XR SUER	P	
ADZENYS XR-ODT TBED	NP		DYANAVEL XR TBCR	NP	
<i>amphetamine sulfate TABS</i>	NP		EVEKEO ODT TBDP	NC	
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP		EVEKEO TABS (<i>amphetamine sulfate</i>)	NP	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	<i>lisdexamfetamine dimesylate CAPS 10 MG</i>	NP	QL(1 EA daily)
<i>amphetamine-dextroamphetamine TABS</i>	P	QL(2 EA daily); AL(At least 3 yrs old)	<i>lisdexamfetamine dimesylate CAPS</i>	NP	Brand Preferred; QL(1 EA daily)
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)	<i>lisdexamfetamine dimesylate CAPS 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG</i>	NC	
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)	<i>lisdexamfetamine dimesylate CHEW</i>	NP	
<i>dextroamphetamine sulfate CP24 5 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	<i>lisdexamfetamine dimesylate CHEW</i>	NP	Brand Preferred
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	NC	QL(2 EA daily); AL(At least 6 yrs old)	<i>methamphetamine hcl</i>	NP	
<i>dextroamphetamine sulfate SOLN</i>	NP		MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	QL(2 EA daily); AL(At least 3 yrs old)	VYVANSE CAPS	P	Brand Preferred; QL(1 EA daily)
			VYVANSE CHEW	P	Brand Preferred
			XELSTRYM	NP	
			Analeptics		
			<i>caffeine & sodium benzoate</i>	NC	
			CAFFEINE ANHYDROUS POWD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CAFFEINE CITRATED POWD	NC	
<i>caffeine citrate SOLN PO</i>	C	Limit 2 fills per Lifetime; QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail
<i>caffeine citrate SOLN IV 60 MG/3ML</i>	NC	
CAFFEINE POWD	NC	RX/OTC
DOPRAM	NC	
Anorexiant Non-Amphetamine		
<i>diethylpropion hcl TABS</i>	NC	
<i>diethylpropion hcl TB24</i>	NC	
Anti-Obesity Agents		
IMCIVREE	NC	SP
<i>orlistat</i>	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		
<i>atomoxetine hcl</i>	P	AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	P	
<i>clonidine hcl (adhd) TB12</i>	NC	
<i>guanfacine hcl (adhd)</i>	NC	
<i>guanfacine hcl (adhd)</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ONYDA XR SUER	NP	
QELBREE	NP	
STRATTERA (<i>atomoxetine hcl</i>)	NP	AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIIs)		
SUNOSI	NC	
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	NC	SP
Stimulants - Misc.		
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP	
<i>armodafinil</i>	NP	
<i>armodafinil</i>	NC	
AZSTARYS	NP	
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>methylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (<i>methylphenidate hcl</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	NP	
DAYTRANA PTCH (<i>methylphenidate</i>)	P	Brand Preferred
<i>dexmethylphenidate hcl CP24</i>	P	
<i>dexmethylphenidate hcl TABS</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)
JORNAY PM CP24	NP	
METHYLIN SOLN (<i>methylphenidate hcl</i>)	NP	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (40 MG DAILY DOSE) CSPK	NC	SP	<i>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 %</i>	NC	
PALFORZIA (6 MG DAILY DOSE) CSPK	NC	SP	<i>gentamicin sulfate IJ</i>	NC	
PALFORZIA (80 MG DAILY DOSE) CSPK	NC	SP	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	NP	SP
PALFORZIA INITIAL DOSE 4-17YRS CSPK	NC	SP	<i>neomycin sulfate TABS</i>	NP	
PALFORZIA INITIAL ESCALATION CSPK	NC	SP	STREPTOMYCIN SULFATE POWD	NC	
RAGWITEK SUBL	C	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)	<i>streptomycin sulfate SOLR</i>	NC	
ALTERNATIVE MEDICINES			TOBI PODHALER CAPS	PA	SP; PA
Alternative Medicine - C's			TOBI NEBU (<i>tobramycin</i>)	NP	SP
CHAMOMILE FLOWER CAPS PO 350 MG	NC		TOBRAMYCIN SULFATE POWD	NC	
Alternative Medicine Combinations			<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML</i>	C	PA
SLOWMAG MG CALM/SLEEP	NC		<i>tobramycin sulfate SOLN IJ 2 GM/50ML</i>	NC	
AMEBICIDES			<i>tobramycin sulfate SOLR</i>	C	PA
Amebicides			<i>tobramycin NEBU</i>	PA	SP; PA
IDOQUINOL POWD	NC		<i>tobramycin NEBU</i>	NP	SP
SOLOSEC	NP	ST	<i>tobramycin NEBU</i>	PA	PA
SOLOSEC	NP		ZEMDRI	NC	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Aminoglycosides			Antirheumatic - Enzyme Inhibitors		
AMIKACIN SULFATE POWD	NC		OLUMIANT	NP	SP
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	NC		RINVOQ LQ SOLN	NP	SP
ARIKAYCE	NP	SP	RINVOQ TB24	NP	SP
BETHKIS NEBU (<i>tobramycin</i>)	NP	SP	XELJANZ XR TB24	NP	SP
			XELJANZ SOLN	NP	SP
			XELJANZ TABS	NP	SP
			Antirheumatic Antimetabolites		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	NP	
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	ADALIMUMAB-ADBIM (2 PEN) AJKT	NP	SP
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-ADBIM (2 SYRINGE) PSKT	NP	SP
ABRILADA (1 PEN) AJKT	NP	SP	ADALIMUMAB-ADBIM(CD/UC/HS STRT) AJKT	NP	SP
ABRILADA (2 PEN) AJKT	NP	SP	ADALIMUMAB-ADBIM(PS/UV STARTER) AJKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP	ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NC	SP	ADALIMUMAB-FKJP (2 SYRINGE) PSKT 20 MG/0.4ML	NC	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP	AMJEVITA SOAJ	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP		AMJEVITA SOSY	NP	SP
ADALIMUMAB-ADAZ SOAJ	NP	SP	CYLTEZO (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADAZ SOSY	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HULIO (2 SYRINGE) PSKT	NP	SP	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	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	HYRIMOZ SOAJ	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	HYRIMOZ SOSY	NP	SP
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	P	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP	IDACIO (2 PEN) AJKT	NP	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	IDACIO (2 SYRINGE) PSKT	NP	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	IDACIO-CROHNS/UC STARTER AJKT	NP	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	IDACIO-PSORIASIS STARTER AJKT	NP	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	SIMLANDI (1 PEN) AJKT	NP	SP
HUMIRA-PSORIASIS/UEIT STARTER AJKT	P	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP	SIMLANDI (1 SYRINGE) PSKT	NP	SP
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP	SIMLANDI (2 PEN) AJKT	NP	SP
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP	SIMLANDI (2 SYRINGE) PSKT	NP	SP
HYRIMOZ-PED>=40KG CROHN START SOSY	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA SOLN	C	SP; PA	<i>fenoprofen calcium CAPS 400 MG</i>	NP	
ACTEMRA SOSY	NP	SP	FENOPROFEN CALCIUM POWD	NC	
KEVZARA SOAJ	NP	SP	<i>fenoprofen calcium TABS</i>	NP	
KEVZARA SOSY	NP	SP	FENOPRON CAPS	NP	
TYENNE SOAJ	NP	SP	FLURBIPROFEN POWD	NC	
TYENNE SOLN	NC	SP	<i>flurbiprofen TABS 100 MG</i>	NP	
TYENNE SOSY	NP	SP	<i>ibuprofen lysine</i>	NC	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>ibuprofen-acetaminophen TABS</i>	NC	
ADVIL TABS (<i>ibuprofen</i>)	NC		<i>ibuprofen CHEW</i>	C	
ALEVE ALL DAY STRONG TABS 220 MG (<i>naproxen sodium</i>)	NC	QL(2 EA daily)	<i>ibuprofen-famotidine</i>	NP	
ALEVE TABS (<i>naproxen sodium</i>)	NC	QL(2 EA daily)	IBUPROFEN POWD	NC	
ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	NP		<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	C	
CALDOLOR SOLN	NC		<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC
CELEBREX (<i>celecoxib</i>)	NC	QL(2 EA daily); PA	<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	NC	RX/OTC
<i>celecoxib</i>	C	QL(2 EA daily); PA	<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	NC	
COMBOGESIC SOLN	NC		<i>ibuprofen TABS 200 MG</i>	C	
DAYPRO TABS (<i>oxaprozin</i>)	NP		<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P	
<i>diclofenac potassium CAPS</i>	NP		INDOMETHACIN SODIUM	NC	
<i>diclofenac potassium TABS</i>	NP		<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
<i>diclofenac sodium TB24</i>	NC		<i>indomethacin CPCR</i>	NP	
<i>diclofenac sodium TB24</i>	P		INDOMETHACIN POWD	NC	
<i>diclofenac sodium TBEC</i>	P		<i>indomethacin SUPP</i>	NP	
<i>diclofenac w/ misoprostol TBEC</i>	NP		<i>indomethacin SUSP</i>	NP	
<i>etodolac CAPS</i>	NP		INFANTS ADVIL SUSP (<i>ibuprofen</i>)	NC	
<i>etodolac TABS</i>	NP		<i>ketoprofen CAPS 25 MG</i>	NP	
<i>etodolac TB24</i>	NP		<i>ketoprofen CP24</i>	NP	
FELDENE CAPS (<i>piroxicam</i>)	NP		<i>ketorolac tromethamine SOLN IM 60 MG/2ML</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	NC		<i>naproxen TABS</i>	P	
<i>ketorolac tromethamine TABS</i>	P	QL(20 EA per 31 day(s) retail); AL(At least 17 yrs old)	<i>naproxen TBEC</i>	P	QL(2 EA daily)
<i>meclofenamate sodium CAPS</i>	NP		<i>naproxen TBEC</i>	NC	QL(2 EA daily)
MECLOFENAMATE SODIUM POWD	NC		<i>oxaprozin TABS</i>	NP	
<i>mefenamic acid CAPS</i>	NP		PHENYLBUTAZONE	NC	
MEFENAMIC ACID POWD	NC		<i>piroxicam CAPS</i>	P	
<i>meloxicam CAPS</i>	NP		PIROXICAM POWD	NC	
<i>meloxicam TABS</i>	NC		RELAFEN DS	NP	
<i>meloxicam TABS</i>	P		SULINDAC POWD	NC	
MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	NC		<i>sulindac TABS</i>	P	
MOTRIN INFANTS DROPS SUSP (<i>ibuprofen</i>)	NC		<i>tolmetin sodium CAPS</i>	NP	
<i>nabumetone</i>	P		<i>tolmetin sodium CAPS</i>	NC	
NALFON CAPS (<i>fenoprofen calcium</i>)	NP		<i>tolmetin sodium TABS 600 MG</i>	NC	
NALFON TABS 600 MG	NP		<i>tolmetin sodium TABS 600 MG</i>	NP	
NAPRELAN TB24 (<i>naproxen sodium</i>)	NP		VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	
NAPROSYN SUSP (<i>naproxen</i>)	NP		XIFYRM SOLN IV 30 MG/ML	NC	
NAPROTIN	NC		ZYNRELEF	NC	
NAPROXEN SODIUM POWD	NC		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>naproxen sodium TABS 220 MG</i>	C	QL(2 EA daily)	OTEZLA TABS	NP	SP
<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP		OTEZLA TBPK	NP	SP
<i>naproxen sodium TB24</i>	NP		Pyrimidine Synthesis Inhibitors		
<i>naproxen-esomeprazole magnesium</i>	NP		ARAVA (<i>leflunomide</i>)	NC	QL(1 EA daily)
NAPROXEN POWD	NC		<i>leflunomide</i>	C	QL(1 EA daily)
<i>naproxen SUSP</i>	P		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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENBREL SURECLICK SOAJ	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP	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)
ENBREL SOLN	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP	Analgesics Other		
ENBREL SOSY 50 MG/ML	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP	<i>acetaminophen CHEW</i>	C	
ENBREL SOSY 25 MG/0.5ML	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP	<i>acetaminophen LIQD 160 MG/5ML</i>	C	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			<i>acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML</i>	NC	
Analgesic Combinations			<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	C	QL(240 ML per fill retail)
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)	<i>acetaminophen SUPP 120 MG, 650 MG</i>	C	QL(12 EA per 31 day(s) retail)
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	NC		<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	C	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)	<i>acetaminophen TABS 325 MG, 500 MG</i>	C	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	NC		<i>clonidine hcl (analgesia) EP</i>	NC	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	C		CLONIDINE HCL (BULK) XX	NC	
<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	NC		FEVERALL JUNIOR STRENGTH SUPP	C	QL(12 EA per 31 day(s) retail)
<i>butalbital-aspirin-caffeine CAPS</i>	C	QL(4 EA daily)	TYLENOL CHILDRENS CHEWABLES CHEW (<i>acetaminophen</i>)	NC	
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	NC	QL(4 EA daily)	TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>acetaminophen</i>)	NC	
Analgesics - Sodium Channel Pain Signal Inhibitors			TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>)	NC	
			TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>)	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYLENOL FOR CHILDREN + ADULTS SUSP (<i>acetaminophen</i>)	NC		CODEINE PHOSPHATE POWD	NC	Opioid Smart PA
TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>)	NC		<i>codeine sulfate TABS 30 MG</i>	P	Opioid Smart PA; AL(At least 12 yrs old)
TYLENOL TABS (<i>acetaminophen</i>)	NC		CODEINE SULFATE TABS	P	Opioid Smart PA; AL(At least 12 yrs old)
Salicylates			CONZIP CP24 (<i>tramadol hcl</i>)	NP	Opioid Smart PA
ACETYL SALICYLIC ACID POWD	NC	RX/OTC	DEMEROL SOLN IJ	NC	Opioid Smart PA
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	C		DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA
<i>aspirin effervescent</i>	NC		DILAUDID TABS 4 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA
<i>aspirin CHEW</i>	C		DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(4 EA daily)
ASPIRIN POWD	NC	RX/OTC	DILAUDID TABS 2 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(8 EA daily)
ASPIRIN SUPP 300 MG	C	QL(12 EA per 31 day(s) retail)	FENTANYL CITRATE (BULK) SOLN XX	NC	Opioid Smart PA
<i>aspirin TABS 325 MG</i>	C		FENTANYL CITRATE PF SOSY IJ	NC	Opioid Smart PA
<i>aspirin TBEC 81 MG, 325 MG</i>	C		<i>fentanyl citrate LPOP</i>	NP	Opioid Smart PA
BUFFERIN (<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NC		FENTANYL CITRATE POWD	NC	Opioid Smart PA
DIFLUNISAL POWD	NC		<i>fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML</i>	NC	Opioid Smart PA
<i>diflunisal TABS</i>	NP		<i>fentanyl citrate SOSY IJ</i>	NC	Opioid Smart PA
DOLOBID TABS	NC		FENTANYL CITRATE SOSY IJ 100 MCG/2ML	NC	Opioid Smart PA
ECOTRIN ARTHRTIS PAIN TBEC (<i>aspirin</i>)	NC		<i>fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG</i>	NP	Opioid Smart PA
ECOTRIN TBEC (<i>aspirin</i>)	NC				
<i>salsalate</i>	C				
SODIUM SALICYLATE CRY	NC				
SODIUM SALICYLATE POWD	NC				
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
ACTIQ LPOP (<i>fentanyl citrate</i>)	NC	Opioid Smart PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	QL(0.34 EA daily)	MEPERIDINE HCL POWD	NC	Opioid Smart PA
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP		<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	NC	Opioid Smart PA
FENTORA TABS (<i>fentanyl citrate</i>)	NP	Opioid Smart PA	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	Opioid Smart PA
<i>hydrocodone bitartrate CP12</i>	NP	Opioid Smart PA	<i>meperidine hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(6 EA daily)
<i>hydrocodone bitartrate T24A</i>	NP	Opioid Smart PA	<i>methadone hcl CONC</i>	NC	Opioid Smart PA
HYDROMORPHONE HCL (BULK) SOLN XX	NC	Opioid Smart PA	METHADONE HCL POWD	NC	Opioid Smart PA
HYDROMORPHONE HCL PF SOLN IJ	NC	Opioid Smart PA	<i>methadone hcl SOLN IJ 10 MG/ML</i>	NC	Opioid Smart PA
<i>hydromorphone hcl LIQD</i>	P	Opioid Smart PA	<i>methadone hcl TABS 10 MG</i>	C	Opioid Smart PA; QL(10 EA daily); PA
HYDROMORPHONE HCL POWD	NC	Opioid Smart PA	<i>methadone hcl TABS 5 MG</i>	C	Opioid Smart PA; QL(4 EA daily); PA
<i>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</i>	NC	Opioid Smart PA	<i>methadone hcl TBSO</i>	NC	Opioid Smart PA
HYDROMORPHONE HCL SOLN IJ	NC	Opioid Smart PA	MORPHINE SULFATE (BULK) SOLN XX	NC	Opioid Smart PA
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 EA daily)	MORPHINE SULFATE (PF) SOLN IV 1 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML, 10 MG/ML	NC	Opioid Smart PA
<i>hydromorphone hcl TABS 2 MG</i>	P	Opioid Smart PA; QL(8 EA daily)	<i>morphine sulfate beads</i>	NP	Opioid Smart PA
<i>hydromorphone hcl TABS 4 MG</i>	P	Opioid Smart PA	<i>morphine sulfate for continuous microinfusion</i>	NC	Opioid Smart PA
<i>hydromorphone hcl TABS 8 MG</i>	P	Opioid Smart PA; QL(4 EA daily)	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	Opioid Smart PA
<i>hydromorphone hcl TB24</i>	NP	Opioid Smart PA	MORPHINE SULFATE POWD	NC	Opioid Smart PA
HYSINGLA ER T24A	NP	Opioid Smart PA	<i>morphine sulfate SOLN IV 2 MG/ML</i>	NC	
<i>levorphanol tartrate TABS</i>	NP	Opioid Smart PA	<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	NC	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	Opioid Smart PA	<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	NP	Brand Preferred; Opioid Smart PA
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	Opioid Smart PA; QL(16.67 ML daily)	<i>oxycodone hcl TABS</i>	P	Opioid Smart PA; QL(6 EA daily)
MORPHINE SULFATE SOLN IV 50 MG/ML	NC	Opioid Smart PA	<i>oxycodone hcl TABS 10 MG, 15 MG, 30 MG</i>	NC	Opioid Smart PA; QL(6 EA daily)
<i>morphine sulfate SUPP</i>	P	Opioid Smart PA; QL(0.78 EA daily)	OXYCONTIN T12A	P	Brand Preferred; Opioid Smart PA
<i>morphine sulfate TABS</i>	P	Opioid Smart PA; QL(6 EA daily)	<i>oxymorphone hcl TABS</i>	NC	Opioid Smart PA
<i>morphine sulfate TBCR</i>	P	Opioid Smart PA; QL(3 EA daily)	<i>oxymorphone hcl TABS</i>	NP	Opioid Smart PA
<i>morphine sulfate TBCR</i>	NC	Opioid Smart PA; QL(3 EA daily)	<i>oxymorphone hcl TB12</i>	NP	Opioid Smart PA
MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	Opioid Smart PA; QL(3 EA daily)	<i>remifentanil hcl</i>	NC	Opioid Smart PA
OLINVYK	NC	Opioid Smart PA	ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP	Opioid Smart PA; QL(6 EA daily)
<i>oxycodone hcl CAPS</i>	NC	Opioid Smart PA; QL(6 EA daily)	ROXYBOND TABA	NP	Opioid Smart PA
<i>oxycodone hcl CAPS</i>	P	Opioid Smart PA; QL(6 EA daily)	SUFENTANIL CITRATE (BULK) SOLN XX	NC	Opioid Smart PA
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Opioid Smart PA; QL(4 ML daily)	<i>sufentanil citrate SOLN IV 50 MCG/ML</i>	NC	Opioid Smart PA
<i>oxycodone hcl CONC 100 MG/5ML</i>	NC	Opioid Smart PA; QL(4 ML daily)	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	Opioid Smart PA
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(4 ML daily)	<i>tramadol hcl SOLN</i>	NP	Opioid Smart PA
OXYCODONE HCL POWD	NC	Opioid Smart PA	TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	NP	Opioid Smart PA
<i>oxycodone hcl SOLN</i>	P	Opioid Smart PA	<i>tramadol hcl TABS 75 MG, 100 MG</i>	NP	
<i>oxycodone hcl SOLN</i>	P		<i>tramadol hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old)
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NC	Brand Preferred; Opioid Smart PA	<i>tramadol hcl TABS 50 MG</i>	P	QL(8 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl TABS 25 MG</i>	P	Opioid Smart PA	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	Opioid Smart PA; QL(180 ML daily)
<i>tramadol hcl TB24</i>	P	Opioid Smart PA	<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	Opioid Smart PA
<i>tramadol hcl TB24</i>	NP	Opioid Smart PA	HYDROCODONE-ACETAMINOPHEN SOLN	P	
Opioid Combinations			<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	P	
<i>acetaminophen w/ codeine SOLN</i>	P	Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	NC	Opioid Smart PA
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	P	Opioid Smart PA
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	Opioid Smart PA; QL(6 EA daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	NC	
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	Opioid Smart PA	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(10 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	NC	Opioid Smart PA; QL(10 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	P	Opioid Smart PA	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(10 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	NP	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	NC	Opioid Smart PA; QL(10 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P	Opioid Smart PA
<i>FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine)</i>	NP	Opioid Smart PA	NALOCET TABS	NP	Opioid Smart PA
			<i>oxycodone w/ acetaminophen SOLN</i>	NP	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Opioid Smart PA; QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG</i>	NP	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P	Opioid Smart PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	NP	QL(3 EA daily); AL(At least 16 yrs old)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	NC	Opioid Smart PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG</i>	NP	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
<i>oxycodone w/ acetaminophen TABS</i>	P	QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	P	Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	Opioid Smart PA	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P	Opioid Smart PA; QL(12 EA daily); AL(At least 16 yrs old)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	Opioid Smart PA; QL(6 EA daily)	<i>buprenorphine hcl SOLN</i>	NC	Opioid Smart PA
PROLATE SOLN	NP	Opioid Smart PA	<i>buprenorphine hcl SUBL</i>	P	Opioid Smart PA
PROLATE TABS	NP	Opioid Smart PA	<i>buprenorphine PTWK</i>	NP	Brand Preferred; Opioid Smart PA
SEGLENTIS	NP	Opioid Smart PA	<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	NC	Opioid Smart PA
<i>tramadol-acetaminophen</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old)	<i>butorphanol tartrate NA 10 MG/ML</i>	NP	Opioid Smart PA
Opioid Partial Agonists			BUTRANS PTWK (<i>buprenorphine</i>)	P	Brand Preferred; Opioid Smart PA
BELBUCA FILM	NP	Opioid Smart PA	<i>nalbuphine hcl</i>	NC	Opioid Smart PA
BRIXADI (WEEKLY) SOSY	P	Opioid Smart PA; SP	<i>pentazocine w/ naloxone hcl</i>	NP	Opioid Smart PA
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	Opioid Smart PA; SP			
BUPRENEX SOLN (<i>buprenorphine hcl</i>)	NC	Opioid Smart PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUBLOCADE SOSY	P	Opioid Smart PA; SP	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	C	QL(4 ML per 31 day(s) retail)
SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)	<i>testosterone enanthate SOLN IM</i>	C	QL(0.1429 ML daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)	<i>testosterone GEL TD 1.62 %, 10 MG/ACT</i>	NC	
ZUBSOLV SUBL	NP	Opioid Smart PA; AL(At least 16 yrs old)	<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	NP	Brand Preferred
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			<i>testosterone GEL TD 1.62 %, 1.62 %</i>	PA	PA
Anabolic Steroids			<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	NP	
<i>oxandrolone</i>	NC		<i>testosterone SOLN</i>	NP	
Androgens			TLANDO CAPS	NC	
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	NP		UNDECATREX CAPS	NC	
AZMIRO SOSY	NC		VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	
<i>danazol CAPS</i>	NC		VOGELXO GEL TD (<i>testosterone</i>)	NP	Brand Preferred
DANAZOL POWD	NC		XYOSTED SOAJ	NC	
JATENZO CAPS	NC		ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
KYZATREX CAPS 200 MG	NC		Intrarectal Steroids		
<i>methyltestosterone CAPS</i>	NC		<i>budesonide (intrarectal)</i>	NP	
METHYLTESTOSTERONE POWD	NC		CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	NC	
<i>methyltestosterone TABS</i>	C		CORTIFOAM EX 10 %	NC	
NATESTO GEL NA	NP		<i>hydrocortisone (intrarectal)</i>	C	
TESTIM GEL TD (<i>testosterone</i>)	PA	Brand Preferred; PA	UCERIS (<i>budesonide (intrarectal)</i>)	NP	
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	C	QL(0.2858 ML daily)	Rectal Combinations		
			ANALPRAM HC SINGLES CREA EX (<i>hydrocortisone acetate w/ pramoxine</i>)	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone acetate w/ pramoxine CREA EX</i>	NC		<i>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</i>	C	QL(24 ML daily)
LIDOCAINE-HYDROCORTISONE ACE GEL	NC		PHAZYME GAS & ACID MAX ST CHEW	NC	
LIDOCAINE-HYDROCORTISONE ACE KIT	NC		Antacids - Aluminum Salts		
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NC		ALUMINUM HYDROXIDE GEL SUSP	C	
<i>lidocaine-hydrocortisone acetate (rectal) KIT</i>	NC		Antacids - Bicarbonate		
PROCTOFOAM HC FOAM EX	NC		<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	C	QL(3.34 EA daily)
Rectal Steroids			Antacids - Calcium Salts		
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	NC		<i>calcium carbonate (antacid) CHEW 500 MG</i>	C	
<i>hydrocortisone (rectal) EX 2.5 %</i>	C		TUMS LASTING EFFECTS CHEW (<i>calcium carbonate (antacid)</i>)	NC	
<i>hydrocortisone (rectal) EX 1 %</i>	C	1 package(s) per fill retail; RX/OTC	TUMS CHEW (<i>calcium carbonate (antacid)</i>)	NC	
<i>hydrocortisone acetate (rectal)</i>	NC		Antacids - Magnesium Salts		
PREPARATION H EX 1 %	C	1 package(s) per fill retail; RX/OTC	MAG 440 TABS 440 MG	NC	
PREPARATION H SOOTHING RELIEF EX 1 %	C	1 package(s) per fill retail; RX/OTC	MAGNESIUM OXIDE POWD	NC	RX/OTC
Vasodilating Agents			<i>magnesium oxide TABS 400 MG</i>	C	
<i>nitroglycerin (intra-anal)</i>	NC		MAGNESIUM TRISILICATE	NC	
ANTACIDS			ANTHELMINTICS - Drugs to Treat Worm Infections		
Antacid Combinations			Anthelmintics		
<i>alum & mag hydrox-simethicone LIQD</i>	C	QL(24 ML daily)	<i>albendazole</i>	NC	
			EMVERM CHEW	C	QL(1 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>ivermectin</i>	NC	
MEBENDAZOLE POWD	NC	
PIPERAZINE CITRATE	NC	
<i>praziquantel</i>	NC	
THIABENDAZOLE POWD	NC	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12</i>	P	
<i>ranolazine TB12</i>	NC	
Nitrates		
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	NC	
<i>isosorbide dinitrate TABS 40 MG</i>	NC	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	C	
<i>isosorbide mononitrate TABS</i>	C	QL(2 EA daily)
ISOSORBIDE MONONITRATE TABS	C	QL(2 EA daily)
<i>isosorbide mononitrate TB24</i>	C	QL(1 EA daily)
NITRO-BID OINT	C	
NITRO-DUR PT24	NC	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NC	
<i>nitroglycerin in d5w</i>	NC	
<i>nitroglycerin CPCR</i>	C	
<i>nitroglycerin PT24</i>	C	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NC	
NITROGLYCERIN SOLN IV	NC	
<i>nitroglycerin SUBL</i>	C	
NITROSTAT SUBL (<i>nitroglycerin</i>)	NC	

Drug Name	Drug Tier	Requirements/ Limits
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	NC	
<i>buspirone hcl 7.5 MG, 30 MG</i>	C	QL(3 EA daily)
<i>buspirone hcl 5 MG, 10 MG</i>	C	QL(6 EA daily)
<i>buspirone hcl 15 MG</i>	C	QL(4 EA daily)
DROPERIDOL POWD	NC	
<i>droperidol SOLN 2.5 MG/ML</i>	NC	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	NC	
<i>hydroxyzine hcl SYRP</i>	C	
<i>hydroxyzine hcl TABS</i>	C	
<i>hydroxyzine pamoate CAPS</i>	C	
HYDROXYZINE PAMOATE POWD	NC	
<i>meprobamate</i>	C	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	NC	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NC	
<i>alprazolam TABS</i>	C	QL(3 EA daily)
<i>alprazolam TB24</i>	NC	
<i>alprazolam TBDP</i>	NC	
ATIVAN TABS 0.5 MG, 2 MG (<i>lorazepam</i>)	NC	QL(3 EA daily)
ATIVAN TABS 1 MG (<i>lorazepam</i>)	NC	QL(4 EA daily)
<i>chlordiazepoxide hcl CAPS</i>	C	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	C	QL(3 EA daily)
<i>diazepam CONC</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam SOLN PO 5 MG/5ML</i>	C		LIDOCAINE HCL (CARDIAC) PF SOLN	NC	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	NC		<i>lidocaine hcl (cardiac) SOSY</i>	NC	
DIAZEPAM SOLN IJ 5 MG/ML	NC		LIDOCAINE HCL (CARDIAC) SOSY 100 MG/5ML	NC	
<i>diazepam TABS</i>	C	QL(4 EA daily)	<i>lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML</i>	NC	
<i>lorazepam CONC</i>	NC		<i>mexiletine hcl</i>	C	
<i>lorazepam SOLN</i>	NC		Antiarrhythmics Type I-C		
<i>lorazepam TABS 0.5 MG, 2 MG</i>	C	QL(3 EA daily)	<i>flecainide acetate</i>	C	
<i>lorazepam TABS 1 MG</i>	C	QL(4 EA daily)	<i>propafenone hcl CP12</i>	C	
LOREEV XR CS24	NC		<i>propafenone hcl TABS</i>	C	
<i>oxazepam CAPS</i>	C	QL(4 EA daily)	RYTHMOL SR CP12 (<i>propafenone hcl</i>)	NC	
VALIUM TABS (<i>diazepam</i>)	NC	QL(4 EA daily)	Antiarrhythmics Type III		
XANAX TABS (<i>alprazolam</i>)	NC	QL(3 EA daily)	<i>amiodarone hcl SOLN 150 MG/3ML, 450 MG/9ML, 900 MG/18ML</i>	NC	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			<i>amiodarone hcl TABS 100 MG, 400 MG</i>	NC	
Antiarrhythmics - Misc.			<i>amiodarone hcl TABS 200 MG</i>	C	
<i>adenosine SOLN</i>	NC		<i>dofetilide</i>	C	
Antiarrhythmics Type I-A			<i>ibutilide fumarate</i>	NC	
<i>disopyramide phosphate CAPS</i>	C		MULTAQ	NC	
NORPACE CR CP12 100 MG	NC		NEXTERONE	NC	
NORPACE CR CP12 150 MG	C		TIKOSYN (<i>dofetilide</i>)	NC	
NORPACE CAPS (<i>disopyramide phosphate</i>)	NC		ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
PROCAINAMIDE HCL POWD	NC		Antiasthmatic - Monoclonal Antibodies		
<i>procainamide hcl SOLN</i>	NC		FASENRA PEN SOAJ	PA	Brand Preferred; SP; PA
<i>quinidine gluconate TBCR</i>	C		FASENRA SOSY	PA	Brand Preferred; SP; PA
<i>quinidine sulfate TABS</i>	C		NUCALA SOAJ	NP	SP
Antiarrhythmics Type I-B			NUCALA SOLR	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
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 75 MG/0.5ML, 150 MG/ML	PA	PA
XOLAIR SOSY	PA	Brand Preferred; SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	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
IPRATROPIUM BROMIDE POWD	NC	
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ML per 25 day(s) retail)
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	P	Brand Preferred
SPIRIVA RESPIMAT AERS	NP	
<i>tiotropium bromide monohydrate CAPS</i>	NP	Brand Preferred
TUDORZA PRESSAIR	NC	1 package(s) per 31 day(s) retail
TUDORZA PRESSAIR	NP	1 package(s) per 31 day(s) retail
YUPELRI	NP	

Drug Name	Drug Tier	Requirements/ Limits
Leukotriene Modulators		
ACCOLATE (<i>zafirlukast</i>)	NP	
<i>montelukast sodium CHEW</i>	P	QL(1 EA daily)
<i>montelukast sodium PACK</i>	P	QL(1 EA daily)
<i>montelukast sodium TABS</i>	P	QL(1 EA daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	QL(1 EA daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	NP	QL(1 EA daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	NP	QL(1 EA daily)
<i>zafirlukast</i>	P	
<i>zileuton TB12</i>	NP	
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	SP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	NP	QL(1 EA daily)
<i>roflumilast 500 MCG</i>	NC	QL(1 EA daily)
<i>roflumilast</i>	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	

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX HFA AERO	P	QL(0.44 GM daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	P	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	P	QL(120 ML per fill retail); AL(Up to 8 yrs old)
FLOVENT DISKUS AEPB (<i>fluticasone propionate (inhalation)</i>)	NC	
FLUNISOLIDE POWD	NC	
<i>fluticasone propionate (inhalation) AEPB</i>	NP	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(11 GM per 25 day(s) retail)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 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
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(120 ML per fill retail); AL(Up to 8 yrs old)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 GM daily)
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 GM daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	P	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	P	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
AIRDUO DIGIHALER	NC	
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	
AIRSUPRA	NP	
<i>albuterol sulfate AERS</i>	P	Brand Preferred - Ventolin HFA; QL(13.4 GM per 30 day(s) retail)
<i>albuterol sulfate AERS</i>	NP	Brand Preferred - Ventolin HFA; QL(17 GM per 30 day(s) retail)
<i>albuterol sulfate AERS</i>	NP	Brand Preferred - Ventolin HFA; QL(36 GM per 30 day(s) retail)
<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ML daily)
<i>albuterol sulfate NEBU</i>	P	
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ML per 31 day(s) retail)
ALBUTEROL SULFATE POWD	NC	
<i>albuterol sulfate SYRP</i>	P	
<i>albuterol sulfate TABS</i>	P	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	P	Brand Preferred
<i>arformoterol tartrate</i>	P	
<i>arformoterol tartrate</i>	NC	
BEVESPI AEROSPHERE	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREO ELLIPTA (fluticasone furoate-vilanterol)	NP		formoterol fumarate NEBU	NP	
BREO ELLIPTA	NP		ipratropium-albuterol SOLN	NC	QL(12 ML daily)
BREZTRI AEROSPHERE	NP		ipratropium-albuterol SOLN	P	QL(12 ML daily)
BROVANA (arformoterol tartrate)	NP		isoproterenol hcl	NC	
budesonide-formoterol fumarate dihydrate	NP	Brand Preferred; QL(30.6 GM per 30 day(s) retail)	levalbuterol hcl	NP	
budesonide-formoterol fumarate dihydrate	NP	Brand Preferred; QL(30.9 GM per 30 day(s) retail)	levalbuterol tartrate	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
COMBIVENT RESPIMAT AERS	P	QL(4 GM per 31 day(s) retail)	METAPROTERENOL SULFATE POWD	NC	
DUAKLIR PRESSAIR	NP		PERFOROMIST NEBU (formoterol fumarate)	NP	
DULERA	P	QL(39 GM per 30 day(s) retail)	PRIMATENE MIST	NC	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 GM per 30 day(s) retail)	PROAIR DIGIHALER	NC	
EPHEDRINE HCL POWD	NC		PROAIR RESPICLICK AEPB	P	QL(2 EA per 30 day(s) retail)
EPHEDRINE SULFATE POWD	NC		SEREVENT DISKUS	P	1 package(s) per fill retail
fluticasone furoate-vilanterol	NP		STIOLTO RESPIMAT	P	
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP		STRIVERDI RESPIMAT	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)	SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate)	P	Brand Preferred; QL(18 GM per 30 day(s) retail)
fluticasone-salmeterol AERO	NP	Brand Preferred	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate)	P	Brand Preferred; QL(20.7 GM per 30 day(s) retail)
			SYMBICORT (budesonide-formoterol fumarate dihydrate)	P	Brand Preferred; QL(30.6 GM per 30 day(s) retail)
			TERBUTALINE SULFATE POWD	NC	
			terbutaline sulfate SOLN	NC	
			terbutaline sulfate TABS	NP	ST
			TRELEGY ELLIPTA	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>umeclidinium-vilanterol</i>	NP	Brand Preferred
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	Brand Preferred; QL(16 GM per 30 day(s) retail)
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	Brand Preferred; QL(36 GM per 30 day(s) retail)
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NC	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
Xanthines		
AMINOPHYLLINE ANHYDROUS POWD	NC	
<i>aminophylline SOLN</i>	NC	
THEO-24 CP24	C	
<i>theophylline ELIX</i>	C	
THEOPHYLLINE-ETHYLENEDIAMINE POWD	NC	
<i>theophylline SOLN</i>	C	QL(475 ML per fill retail)
<i>theophylline TB12</i>	C	
<i>theophylline TB24</i>	C	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
WARFARIN SODIUM POWD	NC	
<i>warfarin sodium TABS</i>	P	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPk	P	QL(2.47 EA daily)
ELIQUIS TABS	P	QL(2 EA daily)
<i>rivaroxaban SUSR 1 MG/ML</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits
<i>rivaroxaban TABS 2.5 MG</i>	NP	Brand Preferred
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 (<i>rivaroxaban</i>)	P	Brand Preferred
Heparins And Heparinoid-Like Agents		
ARIXTRA (<i>fondaparinux sodium</i>)	NP	SP
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(126 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(42 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	NC	QL(42 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(25.2 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	NC	QL(33.6 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(33.6 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(12.6 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail); SP
<i>fondaparinux sodium</i>	NP	SP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP
FRAGMIN SOSY	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	NC		LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(25.2 ML per 180 day(s) retail); SP
<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i>	NC		LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(33.6 ML per 180 day(s) retail); SP
HEPARIN SOD (PORCINE) IN D5W	NC		LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	QL(42 ML per 180 day(s) retail); SP
<i>heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML</i>	NC		LOVENOX SOSY 80 MG/0.8ML (<i>enoxaparin sodium</i>)	NC	QL(33.6 ML per 180 day(s) retail); SP
HEPARIN SODIUM (PORCINE) PF SOLN IJ	NC		LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	QL(33.6 ML per 180 day(s) retail); SP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	C		LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	QL(16.8 ML per 180 day(s) retail); SP
HEPARIN SODIUM (PORCINE) SOSY IJ	C		LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(12.6 ML per 180 day(s) retail); SP
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(126 ML per 180 day(s) retail); SP	LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(16.8 ML per 180 day(s) retail); SP
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(126 ML per 180 day(s) retail); SP	LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(12.6 ML per 180 day(s) retail); SP
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	QL(25.2 ML per 180 day(s) retail); SP	In Vitro/Lock Anticoagulants		
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(42 ML per 180 day(s) retail); SP	DEFENCATH	NC	
			Thrombin Inhibitors		
			<i>argatroban</i>	NC	
			ARGATROBAN	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARGATROBAN IN SODIUM CHLORIDE	NC		KLONOPIN TABS (<i>clonazepam</i>)	NC	QL(4 EA daily)
BIVALIRUDIN RTU SOLN (<i>bivalirudin trifluoroacetate</i>)	NC		LIBERVANT FILM	NP	
<i>bivalirudin trifluoroacetate SOLN</i>	NC		NAYZILAM	P	QL(10 EA per 30 day(s) retail)
<i>bivalirudin trifluoroacetate SOLR</i>	NC		ONFI SUSP (<i>clobazam</i>)	NP	
<i>dabigatran etexilate mesylate CAPS</i>	NP		ONFI TABS (<i>clobazam</i>)	NP	
<i>dabigatran etexilate mesylate CAPS</i>	NP	Brand Preferred	SYMPAZAN FILM	NP	
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	P	Brand Preferred	VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
PRADAXA PACK	NP	Brand Preferred; SP	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	P	QL(10 EA per 30 day(s) retail)
ANTICONVULSANTS - Drugs to Treat Seizures			VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	P	QL(10 EA per 30 day(s) retail)
AMPA Glutamate Receptor Antagonists			VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
FYCOMPA SUSP	PA	PA	Anticonvulsants - Misc.		
FYCOMPA SUSP	NC		APTOM 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP	
FYCOMPA TABS	NC		BANZEL SUSP (<i>rufinamide</i>)	NP	SP; PA
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	PA	PA	BANZEL TABS (<i>rufinamide</i>)	PA	Brand Preferred; SP; PA
<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	NP		BRIVIACT SOLN PO 10 MG/ML	NP	SP
Anticonvulsants - Benzodiazepines			BRIVIACT TABS	NP	SP
<i>clobazam SUSP</i>	NC		<i>carbamazepine CHEW</i>	P	
<i>clobazam SUSP</i>	P	PA	<i>carbamazepine CP12</i>	NP	Brand Preferred
<i>clobazam TABS</i>	P	PA	CARBAMAZEPINE POWD	NC	
<i>clonazepam TABS</i>	C	QL(4 EA daily)	<i>carbamazepine SUSP</i>	NP	
<i>clonazepam TBDP</i>	NC		<i>carbamazepine TABS</i>	P	
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	NC	QL(1 EA per fill retail); AL(At least 2 yrs old)	<i>carbamazepine TB12</i>	NP	Brand Preferred
<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 EA per fill retail); AL(At least 2 yrs old)	CARBATROL CP12 (<i>carbamazepine</i>)	P	Brand Preferred
			DIACOMIT CAPS 500 MG	NP	QL(6 EA daily); SP
			DIACOMIT CAPS 250 MG	NP	QL(12 EA daily); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIACOMIT PACK 500 MG	NP	QL(6 EA daily); SP	LAMICTAL XR TB24 (lamotrigine)	NP	QL(1 EA daily)
DIACOMIT PACK 250 MG	NP	QL(12 EA daily); SP	LAMICTAL CHEW (lamotrigine)	NP	
ELEPSIA XR TB24	NP		LAMICTAL TABS (lamotrigine)	NP	
EPIDIOLEX	NP	SP	lamotrigine CHEW	P	
EPRONTIA SOLN	NP		lamotrigine KIT 25 MG	NP	
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	NP		lamotrigine TABS	P	
FINTEPLA	NP	SP	lamotrigine TABS	NC	
gabapentin CAPS	P	QL(9 EA daily)	lamotrigine TABS	NP	
gabapentin CAPS	NC	QL(9 EA daily)	lamotrigine TB24	P	QL(1 EA daily)
gabapentin SOLN	P		lamotrigine TBDP	P	
gabapentin TABS 800 MG	P	QL(4 EA daily)	LEVETIRACETAM IN NACL	NC	
gabapentin TABS 600 MG	P	QL(6 EA daily)	levetiracetam in sodium chloride	NC	
GABARONE TABS 100 MG, 400 MG	NP		levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	P	QL(16 ML daily)
KEPPRA XR TB24 (levetiracetam)	NP		levetiracetam SOLN IV 500 MG/5ML	NC	
KEPPRA SOLN PO 100 MG/ML (levetiracetam)	NP	QL(16 ML daily)	levetiracetam SOLN PO 100 MG/ML	NC	QL(16 ML daily)
KEPPRA TABS 1000 MG (levetiracetam)	NP		levetiracetam TABS 250 MG, 750 MG	NC	QL(4 EA daily)
KEPPRA TABS 500 MG (levetiracetam)	NP	QL(6 EA daily)	levetiracetam TABS 500 MG	P	QL(6 EA daily)
KEPPRA TABS 250 MG, 750 MG (levetiracetam)	NP	QL(4 EA daily)	levetiracetam TABS 1000 MG	NC	
lacosamide SOLN IV 200 MG/20ML	NC		levetiracetam TABS 250 MG, 750 MG	P	QL(4 EA daily)
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	P		levetiracetam TABS 1000 MG	P	
lacosamide TABS	P		levetiracetam TB24	P	
LAMICTAL ODT KIT (lamotrigine)	NP		LEVETIRACETAM TB3D	NP	
LAMICTAL ODT TBDP (lamotrigine)	NP		LYRICA CAPS 75 MG, 200 MG (pregabalin)	NC	
LAMICTAL STARTER KIT 25 MG (lamotrigine)	NP		LYRICA CAPS (pregabalin)	NP	
LAMICTAL XR KIT	NP		LYRICA SOLN (pregabalin)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYRICA SOLN (pregabalin)	NC		TOPAMAX SPRINKLE CPSP 25 MG (topiramate)	NP	QL(8 EA daily)
MOTPOLY XR CP24	NP		TOPAMAX TABS 200 MG (topiramate)	NP	QL(2 EA daily)
MYSOLINE (primidone)	NP		TOPAMAX TABS 25 MG, 50 MG (topiramate)	NP	QL(6 EA daily)
NEURONTIN CAPS (gabapentin)	NP	QL(9 EA daily)	TOPAMAX TABS 100 MG (topiramate)	NP	QL(4 EA daily)
NEURONTIN SOLN (gabapentin)	NP		topiramate CP24	NP	
NEURONTIN TABS 600 MG (gabapentin)	NP	QL(6 EA daily)	topiramate CPSP 50 MG	P	
NEURONTIN TABS 800 MG (gabapentin)	NP	QL(4 EA daily)	topiramate CPSP 15 MG	P	QL(6 EA daily)
oxcarbazepine SUSP	NC	Brand Preferred	topiramate CPSP 25 MG	P	QL(8 EA daily)
oxcarbazepine SUSP	NP		topiramate CS24	NP	
oxcarbazepine SUSP	NP	Brand Preferred	topiramate TABS 100 MG	NC	QL(4 EA daily)
oxcarbazepine TABS	P		topiramate TABS 25 MG, 50 MG	P	QL(6 EA daily)
oxcarbazepine TB24	NP		topiramate TABS 25 MG, 50 MG	NC	QL(6 EA daily)
OXTELLAR XR TB24 (oxcarbazepine)	NP		topiramate TABS 200 MG	NC	QL(2 EA daily)
pregabalin CAPS	NC		topiramate TABS 100 MG	P	QL(4 EA daily)
pregabalin CAPS	P		topiramate TABS 200 MG	P	QL(2 EA daily)
pregabalin SOLN	NP		TRILEPTAL SUSP (oxcarbazepine)	P	Brand Preferred
primidone	P		TRILEPTAL TABS (oxcarbazepine)	NP	
QUDEXY XR CS24 (topiramate)	NP		TROKENDI XR CP24 (topiramate)	NP	
rufinamide SUSP	P	SP	VIMPAT SOLN PO 10 MG/ML (lacosamide)	NP	PA
rufinamide TABS	NP	Brand Preferred; SP	VIMPAT TABS (lacosamide)	NP	PA
SPRITAM TB3D	NP		ZONISADE SUSP	NP	
SPRITAM TB3D	NP		zonisamide CAPS	P	
TEGRETOL SUSP (carbamazepine)	NP		ZTALMY	NP	
TEGRETOL TABS (carbamazepine)	NP		Carbamates		
TEGRETOL-XR TB12 (carbamazepine)	P	Brand Preferred	felbamate SUSP	P	
TOPAMAX SPRINKLE CPSP 15 MG (topiramate)	NP	QL(6 EA daily)	felbamate TABS	P	
			FELBATOL SUSP (felbamate)	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FELBATOL TABS (felbamate)	NP		<i>phenytoin SUSP 125 MG/5ML</i>	P	
XCOPRI (250 MG DAILY DOSE) TBPk	NP		<i>phenytoin SUSP</i>	NC	
XCOPRI (350 MG DAILY DOSE) TBPk	NP		Succinimides		
XCOPRI TABS	NP		CELONTIN (methsuximide)	P	Brand Preferred
XCOPRI TBPk	NP		<i>ethosuximide CAPS</i>	P	
GABA Modulators			<i>ethosuximide SOLN</i>	P	
SABRIL PACK (vigabatrin)	PA	Brand Preferred; SP; PA	<i>methsuximide</i>	NP	Brand Preferred
SABRIL TABS (vigabatrin)	NP	SP; PA	ZARONTIN CAPS (ethosuximide)	NP	
<i>tiagabine hcl</i>	PA	PA	ZARONTIN SOLN (ethosuximide)	NP	
<i>vigabatrin PACK</i>	PA	Brand Preferred; SP; PA	Valproic Acid		
<i>vigabatrin PACK</i>	NP	Brand Preferred; SP	DEPAKOTE ER TB24 500 MG (divalproex sodium)	NP	QL(7 EA daily)
<i>vigabatrin TABS</i>	PA	SP	DEPAKOTE ER TB24 250 MG (divalproex sodium)	NP	QL(3 EA daily)
<i>vigabatrin TABS</i>	P	SP	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	NP	QL(8 EA daily)
VIGAFYDE SOLN	NP	SP	DEPAKOTE TBEC 125 MG (divalproex sodium)	NP	QL(2 EA daily)
Hydantoins			DEPAKOTE TBEC 500 MG (divalproex sodium)	NP	QL(7 EA daily)
DILANTIN (<i>phenytoin sodium extended</i>)	NP		DEPAKOTE TBEC 250 MG (divalproex sodium)	NP	QL(3 EA daily)
DILANTIN	NP		<i>divalproex sodium CSDR</i>	P	QL(8 EA daily)
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP		<i>divalproex sodium TB24 500 MG</i>	P	QL(7 EA daily)
DILANTIN-125 SUSP (<i>phenytoin</i>)	NP		<i>divalproex sodium TB24 250 MG</i>	P	QL(3 EA daily)
<i>fosphenytoin sodium</i>	NC		<i>divalproex sodium TBEC 125 MG</i>	P	QL(2 EA daily)
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP		<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 EA daily)
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P		<i>divalproex sodium TBEC 250 MG</i>	P	QL(3 EA daily)
PHENYTOIN SODIUM POWD	NC		<i>valproate sodium SOLN PO 250 MG/5ML</i>	NC	
<i>phenytoin sodium SOLN</i>	NC				
<i>phenytoin CHEW</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>valproate sodium SOLN PO 250 MG/5ML</i>	P		<i>bupropion hcl TB12 150 MG</i>	P	QL(3 EA daily)
<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	C	PA	<i>bupropion hcl TB12 200 MG</i>	P	QL(2 EA daily)
<i>valproate sodium SOLN PO 500 MG/10ML</i>	NP		<i>bupropion hcl TB24 300 MG</i>	P	QL(1 EA daily)
<i>valproic acid CAPS</i>	P		<i>bupropion hcl TB24 300 MG</i>	NC	QL(1 EA daily)
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>bupropion hcl TB24 150 MG</i>	NC	QL(3 EA daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>bupropion hcl TB24 450 MG</i>	NP	
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 EA daily)	<i>bupropion hcl TB24 150 MG</i>	P	QL(3 EA daily)
<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 EA daily)	<i>bupropion hcl TB24 450 MG</i>	NC	
<i>mirtazapine TABS 15 MG</i>	P	QL(3 EA daily)	FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 EA daily)	WELLBUTRIN SR TB12 100 MG (<i>bupropion hcl</i>)	NP	QL(4 EA daily)
<i>mirtazapine TBDP 45 MG</i>	P	QL(1 EA daily)	WELLBUTRIN SR TB12 200 MG (<i>bupropion hcl</i>)	NP	QL(2 EA daily)
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 EA daily)	WELLBUTRIN SR TB12 150 MG (<i>bupropion hcl</i>)	NP	QL(3 EA daily)
REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>)	NP	QL(3 EA daily)	WELLBUTRIN XL TB24 300 MG (<i>bupropion hcl</i>)	NP	QL(1 EA daily)
REMERON SOLTAB TBDP 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 EA daily)	WELLBUTRIN XL TB24 150 MG (<i>bupropion hcl</i>)	NP	QL(3 EA daily)
REMERON SOLTAB TBDP 45 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily)	GABA Receptor Modulator - Neuroactive Steroid		
REMERON TABS 15 MG (<i>mirtazapine</i>)	NP	QL(3 EA daily)	ZURZUVAE	NP	SP
REMERON TABS 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 EA daily)	Monoamine Oxidase Inhibitors (MAOIs)		
Antidepressant Combinations			EMSAM	NP	
AUVELITY	NP		MARPLAN	NP	
Antidepressants - Misc.			NARDIL (<i>phenelzine sulfate</i>)	NP	
APLENZIN	NP		<i>phenelzine sulfate</i>	P	
<i>bupropion hcl TABS</i>	P	QL(3 EA daily)	<i>tranylcypromine sulfate</i>	NP	
<i>bupropion hcl TB12 100 MG</i>	P	QL(4 EA daily)	Selective Serotonin Reuptake Inhibitors (SSRIs)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELEXA TABS 20 MG (citalopram hydrobromide)	NP	QL(2 EA daily); AL(At least 7 yrs old)	fluoxetine hcl CAPS 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
CELEXA TABS 10 MG (citalopram hydrobromide)	NP	QL(4 EA daily)	fluoxetine hcl CAPS 10 MG, 20 MG	NC	QL(4 EA daily)
CELEXA TABS 40 MG (citalopram hydrobromide)	NP	QL(1 EA daily); AL(At least 7 yrs old)	fluoxetine hcl CPDR	NP	
CITALOPRAM HYDROBROMIDE CAPS	NP		fluoxetine hcl SOLN	NC	QL(120 ML per fill retail)
citalopram hydrobromide SOLN	P		fluoxetine hcl SOLN	NC	
citalopram hydrobromide SOLN	NC		fluoxetine hcl SOLN	P	QL(120 ML per fill retail)
citalopram hydrobromide TABS 40 MG	P	QL(1 EA daily); AL(At least 7 yrs old)	fluoxetine hcl TABS 60 MG	NP	
citalopram hydrobromide TABS 10 MG	P	QL(4 EA daily)	fluoxetine hcl TABS 10 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
citalopram hydrobromide TABS 20 MG	P	QL(2 EA daily); AL(At least 7 yrs old)	fluoxetine hcl TABS 20 MG	P	QL(4 EA daily)
escitalopram oxalate SOLN	NC		FLUOXETINE HCL TABS (fluoxetine hcl)	NP	
escitalopram oxalate SOLN	NP		fluvoxamine maleate CP24	NP	
escitalopram oxalate TABS 5 MG	P	QL(4 EA daily)	fluvoxamine maleate TABS 25 MG, 50 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
escitalopram oxalate TABS 5 MG	NC	QL(4 EA daily)	fluvoxamine maleate TABS 100 MG	P	QL(3 EA daily)
escitalopram oxalate TABS 10 MG	P	QL(2 EA daily); AL(At least 7 yrs old)	LEXAPRO TABS 5 MG (escitalopram oxalate)	NP	QL(4 EA daily)
escitalopram oxalate TABS 10 MG	NC	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)
escitalopram oxalate TABS 20 MG	NC	QL(1 EA daily); AL(At least 7 yrs old)	LEXAPRO TABS 10 MG (escitalopram oxalate)	NP	QL(2 EA daily); AL(At least 7 yrs old)
escitalopram oxalate TABS 20 MG	P	QL(1 EA daily); AL(At least 7 yrs old)	paroxetine hcl SUSP	NP	QL(40 ML daily)
fluoxetine hcl CAPS 10 MG, 20 MG	P	QL(4 EA daily)	paroxetine hcl TABS 30 MG, 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
			paroxetine hcl TABS 20 MG	P	QL(3 EA daily)
			paroxetine hcl TABS 10 MG	P	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl TB24</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)	RALDESY SOLN PO 10 MG/ML	NP	
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)	TRAZODONE HCL POWD	NC	
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	QL(40 ML daily)	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P	
PAXIL TABS 10 MG (<i>paroxetine hcl</i>)	NP	QL(6 EA daily)	<i>trazodone hcl TABS 300 MG</i>	P	QL(2 EA daily)
PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	TRINTELLIX	NP	QL(1 EA daily); AL(At least 18 yrs old)
PAXIL TABS 20 MG (<i>paroxetine hcl</i>)	NP	QL(3 EA daily)	VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	QL(1 EA daily)
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	<i>vilazodone hcl TABS</i>	P	QL(1 EA daily)
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NP	QL(4 EA daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
SERTRALINE HCL CAPS	NP		CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>sertraline hcl CONC</i>	NP	QL(186 ML per 31 day(s) retail)	DESVENLAFAXINE ER	NP	
<i>sertraline hcl TABS 25 MG, 50 MG</i>	NC	QL(4 EA daily)	<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 EA daily)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 EA daily)	<i>desvenlafaxine succinate 100 MG</i>	P	QL(4 EA daily)
<i>sertraline hcl TABS 100 MG</i>	NC	QL(2 EA daily); AL(At least 7 yrs old)	DRIZALMA SPRINKLE CSDR	NP	
<i>sertraline hcl TABS 100 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
ZOLOFT CONC (<i>sertraline hcl</i>)	NP	QL(186 ML per 31 day(s) retail)	<i>duloxetine hcl CPEP 40 MG</i>	NP	
ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NC		<i>duloxetine hcl CPEP 40 MG</i>	NC	
ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(4 EA daily)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	NC	QL(1 EA daily); AL(At least 7 yrs old)
ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>)	NP	QL(4 EA daily)
Serotonin Modulators			EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NC	
<i>nefazodone hcl</i>	P		EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	QL(2 EA daily)
			EFFEXOR XR CP24 75 MG (<i>venlafaxine hcl</i>)	NP	QL(5 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FETZIMA TITRATION C4PK	NP		<i>doxepin hcl CONC</i>	C	
FETZIMA CP24	NP		IMIPRAMINE HCL POWD	NC	
PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	QL(4 EA daily)	<i>imipramine hcl TABS</i>	C	
PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 EA daily)	<i>imipramine pamoate</i>	NC	
VENLAFAXINE BESYLATE ER	NP		NORPRAMIN TABS 10 MG (<i>desipramine hcl</i>)	NC	
<i>venlafaxine hcl CP24 75 MG</i>	P	QL(5 EA daily)	NORPRAMIN TABS 25 MG (<i>desipramine hcl</i>)	NC	QL(2 EA daily)
<i>venlafaxine hcl CP24 37.5 MG</i>	P	QL(4 EA daily)	<i>nortriptyline hcl CAPS</i>	C	
<i>venlafaxine hcl CP24 150 MG</i>	P	QL(2 EA daily)	NORTRIPTYLINE HCL POWD	NC	
<i>venlafaxine hcl TABS</i>	P		<i>nortriptyline hcl SOLN</i>	C	QL(20 ML daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)	PAMELOR CAPS (<i>nortriptyline hcl</i>)	NC	
<i>venlafaxine hcl TB24 150 MG</i>	NP	QL(1 EA daily)	<i>protriptyline hcl</i>	NC	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	NC	QL(1 EA daily); AL(At least 7 yrs old)	<i>trimipramine maleate CAPS</i>	NC	
Tricyclic Agents			TRIMIPRAMINE MALEATE POWD	NC	
<i>amitriptyline hcl TABS</i>	C		ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>amoxapine</i>	C		Alpha-Glucosidase Inhibitors		
ANAFRANIL (<i>clomipramine hcl</i>)	NC		<i>acarbose</i>	P	
<i>clomipramine hcl 25 MG, 50 MG</i>	NC		<i>acarbose</i>	NC	
<i>clomipramine hcl 75 MG</i>	C		<i>miglitol</i>	NP	
DESIPRAMINE HCL POWD	NC		Antidiabetic - Amylin Analogs		
<i>desipramine hcl TABS 25 MG</i>	C	QL(2 EA daily)	SYMLINPEN 120 SOPN	P	QL(11 ML per 31 day(s) retail; 11 ML per 31 days mail); ST
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	C		SYMLINPEN 60 SOPN	P	QL(6 ML per 31 day(s) retail; 6 ML per 31 days mail); ST
<i>doxepin hcl CAPS</i>	C		Antidiabetic Combinations		
			ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 EA daily)
			<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 EA daily)	TRIJARDY XR	NP	
<i>dapagliflozin propanediol-metformin hcl</i>	NP	Brand Preferred	XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	P	Brand Preferred
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP		XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG	P	Brand Preferred; ST
<i>glipizide-metformin hcl</i>	NP		XULTOPHY	NP	
<i>glyburide-metformin</i>	P		ZITUVIMET XR TB24	NP	
GLYXAMBI	NP		ZITUVIMET TABS	NP	
INVOKAMET XR TB24	NP		Biguanides		
INVOKAMET TABS	P	ST	GLUMETZA TB24 (<i>metformin hcl</i>)	NP	
JANUMET XR TB24	NP		<i>metformin hcl SOLN</i>	NP	
JANUMET TABS	P	ST	<i>metformin hcl TABS 1000 MG</i>	NC	QL(2 EA daily)
JENTADUETO XR TB24	NP		<i>metformin hcl TABS 625 MG</i>	NP	
JENTADUETO TABS	P	ST	<i>metformin hcl TABS 1000 MG</i>	P	QL(2 EA daily)
KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 EA daily)	<i>metformin hcl TABS 750 MG</i>	P	
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	NC	QL(1 EA daily)	<i>metformin hcl TABS 850 MG</i>	NC	QL(3 EA daily)
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	QL(1 EA daily)	<i>metformin hcl TABS 500 MG</i>	P	QL(5 EA daily)
<i>pioglitazone hcl-glimepiride</i>	NP		<i>metformin hcl TABS 850 MG</i>	P	QL(3 EA daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 EA daily)	<i>metformin hcl TABS 500 MG</i>	NC	QL(5 EA daily)
QTERN	NP		<i>metformin hcl TB24 750 MG</i>	P	QL(3 EA daily)
<i>saxagliptin-metformin hcl</i>	NP	QL(1 EA daily)	<i>metformin hcl TB24 500 MG</i>	P	QL(4 EA daily)
SEGLUROMET	NP	QL(2 EA daily)	<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	
SITAGLIPT BASE-METFORM HCL ER TB24	NP		RIOMET SOLN (<i>metformin hcl</i>)	NP	
SITAGLIPTIN BASE-METFORMIN HCL TABS	NP		Diabetic Other		
SOLIQUA	NP	QL(18 ML per 31 day(s) retail)	BAQSIMI ONE PACK POWD	NC	
STEGLUJAN	NP				
SYNJARDY XR TB24	NP				
SYNJARDY TABS	NP				

Drug Name	Drug Tier	Requirements/ Limits
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	NC	
BAQSIMI TWO PACK POWD	P	
<i>diazoxide</i>	NP	
<i>glucagon (rdna)</i>	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	
PROGLYCEM (<i>diazoxide</i>)	P	
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	NP	QL(1 EA daily)
JANUVIA	P	ST
NESINA (<i>alogliptin benzoate</i>)	NP	QL(1 EA daily)
ONGLYZA (<i>saxagliptin hcl</i>)	NC	QL(1 EA daily)
<i>saxagliptin hcl</i>	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)

Drug Name	Drug Tier	Requirements/ Limits
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>exenatide</i>)	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 (<i>exenatide</i>)	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>exenatide SOPN 5 MCG/0.02ML</i>	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>exenatide SOPN 10 MCG/0.04ML</i>	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>liraglutide</i>	NP	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old)
<i>liraglutide</i>	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

Drug Name	Drug Tier	Requirements/ Limits
VICTOZA (<i>liraglutide</i>)	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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 KWIKPEN SOPN 200 UNIT/ML	P	USE BRAND NAME or Authorized Generic
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)

Drug Name	Drug Tier	Requirements/ Limits
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	P	Limit 40mls per month
HUMULIN R SOLN IJ	NC	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)
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)

Drug Name	Drug Tier	Requirements/ Limits
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	NP	Brand Preferred; QL(0.9 ML daily)
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	Brand Preferred; QL(1.5 ML daily)
INSULIN DEGLUDEC SOLN	NP	Brand Preferred; QL(1.5 ML daily)
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	NC	Brand Preferred
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	
INSULIN GLARGINE SOLN	NC	Brand Preferred
INSULIN GLARGINE-YFGN SOLN	NC	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
INSULIN GLARGINE-YFGN SOLN	NP	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)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30 FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	SEMGLEE (YFGN) SOPN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
NOVOLOG MIX 70/30 RELION SUSP	P	USE BRAND NAME or Authorized Generic	SEMGLEE (YFGN) SOPN	NC	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
NOVOLOG MIX 70/30 SUSP	P	USE BRAND NAME or Authorized Generic	TOUJEO MAX SOLOSTAR SOPN	NP	
NOVOLOG PENFILL SOCT	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	TOUJEO SOLOSTAR SOPN	NP	
NOVOLOG RELION SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	P	Brand Preferred; QL(1.5 ML daily)
NOVOLOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	P	Brand Preferred; QL(0.9 ML daily)
REZVOGLAR KWIKPEN	NP	Brand Preferred	TRESIBA SOLN	P	Brand Preferred; QL(1.5 ML daily)
SEMGLEE (YFGN) SOLN	NC	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	Insulin Sensitizing Agents		
SEMGLEE (YFGN) SOLN	NP	Brand Preferred; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 EA daily)
			<i>pioglitazone hcl</i>	P	QL(1 EA daily)
			Meglitinide Analogues		
			<i>nateglinide</i>	P	QL(3 EA daily)
			<i>repaglinide</i>	NC	
			<i>repaglinide</i>	NP	
			Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
			<i>dapagliflozin propanediol 5 MG</i>	NP	Brand Preferred; ST
			<i>dapagliflozin propanediol 10 MG</i>	NP	ST
			FARXIGA (<i>dapagliflozin propanediol</i>)	P	Brand Preferred; ST

Drug Name	Drug Tier	Requirements/ Limits
INVOKANA	P	ST
JARDIANCE	P	ST
STEGLATRO	NP	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 4 MG</i>	NC	QL(2 EA daily)
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 EA daily)
<i>glimepiride 4 MG</i>	P	QL(2 EA daily)
<i>glimepiride 3 MG</i>	P	
GLIPIZIDE POWD	NC	
<i>glipizide TABS</i>	P	
<i>glipizide TB24</i>	P	
GLUCOTROL XL TB24 5 MG, 10 MG (<i>glipizide</i>)	NP	
GLUCOTROL XL TB24 2.5 MG (<i>glipizide</i>)	NC	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	
GLYBURIDE POWD	NC	
<i>glyburide TABS</i>	P	
GLYNASE (<i>glyburide micronized</i>)	NC	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	NC	
Antidiarrheal/Probiotic Agents - Misc.		
BISMUTH SUBGALLATE POWD	NC	RX/OTC
<i>bismuth subsalicylate CHEW 262 MG</i>	C	
<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	C	
PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	NC	

Drug Name	Drug Tier	Requirements/ Limits
PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	NC	
PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>)	NC	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	C	
<i>diphenoxylate w/ atropine TABS</i>	C	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	NC	QL(8 EA daily); RX/OTC
IMODIUM A-D TABS (<i>loperamide hcl</i>)	NC	QL(8 EA daily)
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	NC	
<i>loperamide hcl CAPS</i>	C	QL(8 EA daily); RX/OTC
LOPERAMIDE HCL POWD	NC	
<i>loperamide hcl TABS</i>	C	QL(8 EA daily)
MOTOFEN	NC	
<i>opium tincture</i>	NC	
Gastrointestinal Adsorbents		
KAOLIN	NC	RX/OTC
PECTIN	NC	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidote Combinations		
PREVDUO	NC	
Antidotes - Chelating Agents		
CHEMET	C	
<i>deferasirox PACK</i>	C	SP; PA
<i>deferasirox TABS</i>	C	SP; PA
<i>deferasirox TBSO</i>	C	SP; PA
<i>deferiprone TABS</i>	NC	SP
EXJADE TBSO (<i>deferasirox</i>)	NC	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JADENU SPRINKLE PACK (<i>deferiasirox</i>)	NC	SP; PA	<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ML per 90 day(s) retail)
JADENU TABS (<i>deferiasirox</i>)	NC	SP; PA	<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ML per 90 day(s) retail)
Antidotes and Specific Antagonists			<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	
<i>acetylcysteine (antidote) SOLN</i>	NC		<i>naltrexone hcl</i>	C	
CHARCOAL ACTIVATED POWD	NC	RX/OTC	NARCAN LIQD (<i>naloxone hcl</i>)	P	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
EDETATE CALCIUM DISODIUM POWD	NC		OPVEE NA	NP	
EDETATE CALCIUM DISODIUM SOLN	NC		REXTOVY LIQD	NP	
<i>fomepizole 1.5 GM/1.5ML</i>	NC		VIVITROL	P	QL(1 EA per 30 day(s) retail); SP
<i>methylene blue (antidote) SOLN IV</i>	NC		ZIMHI SOSY	NP	
PRAXBIND	NC		ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
PROTOPAM CHLORIDE SOLR	NC		5-HT3 Receptor Antagonists		
SUGAMMADEX SODIUM SOSY	NC		ANZEMET TABS 50 MG	NC	
Benzodiazepine Antagonists			<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	NC	
<i>flumazenil</i>	NC		<i>granisetron hcl TABS</i>	NP	
Opioid Antagonists			<i>ondansetron hcl SOLN IJ</i>	C	
KLOXXADO LIQD	NP		<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per 31 day(s) retail)
NALMEFENE HCL IJ	NC		<i>ondansetron hcl SOSY</i>	C	
<i>naloxone hcl LIQD</i>	NP	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC	<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail)
<i>naloxone hcl LIQD</i>	NP	QL(4 EA per 90 day(s) retail); RX/OTC	<i>ondansetron TBDP 16 MG</i>	P	
<i>naloxone hcl LIQD</i>	NC	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC	<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail)
<i>naloxone hcl LIQD</i>	NC	RX/OTC	<i>palonosetron hcl SOLN</i>	NC	
<i>naloxone hcl SOCT</i>	P	QL(2 ML per 90 day(s) retail)	<i>palonosetron hcl SOSY</i>	NC	
			POSFREA SOLN	NC	
			SANCUSO PTCH	NP	
			SUSTOL PRSY	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antiemetics - Anticholinergic			APONVIE EMUL	NC	
ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	RX/OTC	<i>aprepitant CAPS</i>	NC	
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	NP		<i>aprepitant CAPS</i>	P	
DIMENHYDRINATE SOLN	NC		<i>aprepitant MISC</i>	P	
<i>meclizine hcl CHEW</i>	NC	RX/OTC	<i>aprepitant MISC</i>	NC	
MECLIZINE HCL POWD	NC		EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NP	
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	NP	RX/OTC	EMEND TRIPACK CAPS (<i>aprepitant</i>)	NP	
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	NC	RX/OTC	EMEND SUSR	NP	
<i>scopolamine</i>	NP		FOCINVEZ SOLN	NC	
TIGAN SOLN	NC		<i>fosaprepitant dimeglumine SOLR</i>	NC	
TRANSDERM-SCOP (<i>scopolamine</i>)	P		ANTIFUNGALS - Drugs to Treat Fungal Infections		
<i>trimethobenzamide hcl CAPS</i>	NP		Antifungal - Glucan Synthesis Inhibitors		
Antiemetics - Antidopaminergic			BREXAFEMME	NP	
BARHEMSYS	NC		CANCIDAS (<i>caspofungin acetate</i>)	NC	
Antiemetics - Miscellaneous			<i>caspofungin acetate</i>	NC	
AKYNZEO	NP		CASPOFUNGIN ACETATE	NC	
AKYNZEO (READY-TO-USE) SOLN	NC		ERAXIS	NC	
AKYNZEO (TO-BE-DILUTED) SOLN	NC		<i>miconazole sodium</i>	NC	
AKYNZEO SOLR	NC		MICAFUNGIN SODIUM	NC	
BONJESTA TBCR	NP		MICAFUNGIN SODIUM-NACL	NC	
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	NP		REZZAYO	NC	
<i>doxylamine-pyridoxine TBEC</i>	NP		Antifungals		
<i>dronabinol CAPS</i>	NP		ABELCET	NC	
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP		<i>amphotericin b IV</i>	NC	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			<i>amphotericin b liposome</i>	NC	
			<i>flucytosine</i>	NC	
			<i>griseofulvin microsize SUSP</i>	P	
			<i>griseofulvin microsize TABS</i>	NP	
			<i>griseofulvin ultramicrosize</i>	P	
			<i>nystatin TABS</i>	P	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>terbinafine hcl TABS</i>	P	QL(1 EA daily; 90 EA per 120 day(s) retail)	<i>voriconazole SUSR</i>	NP	
Imidazole-Related Antifungals			<i>voriconazole TABS</i>	NP	
CRESEMBA CAPS	NP		ANTI-HISTAMINES - Drugs to Treat Allergies		
CRESEMBA SOLR	NC		Antihistamines - Alkylamines		
DIFLUCAN SUSR 40 MG/ML (<i>fluconazole</i>)	NP	QL(70 ML per fill retail)	BROMPHENIRAMINE MALEATE POWD	NC	
DIFLUCAN TABS 100 MG, 200 MG (<i>fluconazole</i>)	NP		CHLORPHENIRAMINE MALEATE POWD	NC	
<i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i>	NC		<i>chlorpheniramine maleate SYRP</i>	C	
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail)	CHLOR-TRIMETON SYRP (<i>chlorpheniramine maleate</i>)	NC	
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail)	<i>dexchlorpheniramine maleate SOLN</i>	C	
<i>fluconazole TABS 100 MG, 200 MG</i>	P		Antihistamines - Ethanolamines		
<i>fluconazole TABS 50 MG</i>	P	QL(3 EA per 14 day(s) retail)	BENADRYL ALLERGY ULTRATABS TABS (<i>diphenhydramine hcl</i>)	NC	QL(4 EA daily)
<i>itraconazole CAPS</i>	NP	QL(1 EA daily)	BENADRYL ALLERGY CAPS (<i>diphenhydramine hcl</i>)	NC	QL(4 EA daily)
<i>itraconazole SOLN</i>	NP		BENADRYL ALLERGY TABS (<i>diphenhydramine hcl</i>)	NC	QL(4 EA daily)
<i>ketoconazole</i>	NP		<i>carbinoxamine maleate SOLN</i>	NC	
MICONAZOLE	NC		<i>carbinoxamine maleate SUER</i>	NC	
NOXAFIL PACK	NC		<i>carbinoxamine maleate TABS 4 MG</i>	NC	
<i>posaconazole SOLN</i>	NC		CARBINOXAMINE MALEATE TABS	NC	
<i>posaconazole SUSP</i>	NC		CLEMASTINE FUMARATE POWD	NC	
<i>posaconazole TBEC</i>	NC		<i>clemastine fumarate SYRP</i>	NC	
SPORANOX CAPS (<i>itraconazole</i>)	NP	QL(1 EA daily)	<i>clemastine fumarate TABS 2.68 MG</i>	NC	
SPORANOX SOLN (<i>itraconazole</i>)	NP		CVS ALLERGY RELIEF CHEW 25 MG	NC	
TOLSURA CAPS	NC				
VFEND SUSR (<i>voriconazole</i>)	NP				
VFEND TABS (<i>voriconazole</i>)	NP				
VIVJOA	NC				
<i>voriconazole SOLR</i>	NC				
VORICONAZOLE SOLR	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl CAPS</i>	C	QL(4 EA daily)	CLARITIN CAPS (<i>loratadine</i>)	NC	
<i>diphenhydramine hcl CHEW</i>	NC		<i>desloratadine TABS</i>	NP	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	C	QL(240 ML per fill retail)	<i>desloratadine TBDP</i>	NP	AL(Up to 12 yrs old)
DIPHENHYDRAMINE HCL POWD	NC		<i>fexofenadine hcl TABS 60 MG</i>	C	QL(2 EA daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	NC		<i>fexofenadine hcl TABS 180 MG</i>	C	QL(1 EA daily)
<i>diphenhydramine hcl TABS 25 MG</i>	C	QL(4 EA daily)	<i>levocetirizine dihydrochloride SOLN</i>	NP	AL(Up to 12 yrs old); RX/OTC
DOXYLAMINE SUCCINATE POWD	NC	RX/OTC	<i>levocetirizine dihydrochloride TABS</i>	NC	QL(1 EA daily); RX/OTC
RYVENT TABS	NC		<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 EA daily); RX/OTC
Antihistamines - Ethylenediamines			<i>loratadine CAPS</i>	NC	
PEDIACLEAR 8 CHILDRENS LIQD	NC		<i>loratadine CHEW</i>	P	
PYRILAMINE MALEATE CRYST	NC		<i>loratadine TABS</i>	P	QL(1 EA daily)
PYRILAMINE MALEATE POWD	NC		<i>loratadine TABS</i>	NC	QL(1 EA daily)
TRIPLELENAMINE HCL	NC		<i>loratadine TBDP 10 MG</i>	P	QL(1 EA daily); AL(Up to 12 yrs old)
Antihistamines - Non-Sedating			ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (<i>cetirizine hcl</i>)	NC	QL(1 EA daily)
ALLEGRA ALLERGY TABS 180 MG (<i>fexofenadine hcl</i>)	NC	QL(1 EA daily)	ZYRTEC CHEW 10 MG (<i>cetirizine hcl</i>)	NC	QL(1 EA daily)
ALLEGRA ALLERGY TABS 60 MG (<i>fexofenadine hcl</i>)	NC	QL(2 EA daily)	Antihistamines - Phenothiazines		
<i>cetirizine hcl CHEW</i>	C	QL(1 EA daily)	<i>promethazine hcl SOLN PO 6.25 MG/5ML</i>	NC	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>cetirizine hcl SOLN PO</i>	P	QL(300 ML per fill retail); AL(Up to 12 yrs old); RX/OTC	<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	NC	
<i>cetirizine hcl SOLN PO 5 MG/5ML</i>	NC	RX/OTC	<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>cetirizine hcl TABS</i>	P	QL(1 EA daily)	<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)
CLARINEX TABS (<i>desloratadine</i>)	NP		PROMETHAZINE HCL SYRP 6.25 MG/5ML	P	
			<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Piperidines			COLESTID GRAN (colestipol hcl)	NP	
<i>cyproheptadine hcl SYRP</i>	C		COLESTID TABS (colestipol hcl)	NP	
<i>cyproheptadine hcl TABS</i>	C		<i>colestipol hcl GRAN</i>	P	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>colestipol hcl PACK</i>	P	
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			<i>colestipol hcl TABS</i>	P	
NEXLETOL	NC		QUESTRAN LIGHT POWD (cholestyramine light)	NP	
Angiopoietin-like Protein Inhibitors			QUESTRAN PACK (cholestyramine)	NP	
EVKEEZA	NC	SP	QUESTRAN POWD (cholestyramine)	NP	
Antihyperlipidemics - Combinations			WELCHOL PACK (colesevelam hcl)	NP	
<i>ezetimibe-simvastatin</i>	NP	QL(1 EA daily)	WELCHOL TABS (colesevelam hcl)	NP	
NEXLIZET	NC		Fibric Acid Derivatives		
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	QL(1 EA daily)	<i>choline fenofibrate</i>	NP	
Antihyperlipidemics - Misc.			<i>fenofibrate micronized 67 MG</i>	NP	QL(2 EA daily)
<i>icosapent ethyl</i>	P		<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 EA daily)
<i>omega-3-acid ethyl esters</i>	P		<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP	
<i>omega-3-acid ethyl esters</i>	NC		<i>fenofibrate CAPS</i>	NP	
Bile Acid Sequestrants			<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>cholestyramine light PACK</i>	P		<i>fenofibrate TABS 160 MG</i>	NP	QL(1 EA daily)
<i>cholestyramine light PACK</i>	NP		<i>fenofibrate TABS 48 MG, 145 MG</i>	P	
<i>cholestyramine light POWD</i>	NP		<i>fenofibrate TABS 54 MG</i>	NP	QL(3 EA daily)
<i>cholestyramine light POWD</i>	P		<i>fenofibric acid</i>	NP	
<i>cholestyramine PACK</i>	P		FENOGLIDE TABS (fenofibrate)	NP	
<i>cholestyramine POWD</i>	P		FIBRICOR (<i>fenofibric acid</i>)	NP	
<i>cholestyramine POWD</i>	NC		GEMFIBROZIL POWD	NC	
<i>colesevelam hcl PACK</i>	NP		<i>gemfibrozil TABS</i>	P	QL(2 EA daily)
<i>colesevelam hcl PACK</i>	NC				
<i>colesevelam hcl TABS</i>	NC				
<i>colesevelam hcl TABS</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gemfibrozil</i> TABS	NC	QL(2 EA daily)	<i>simvastatin</i> TABS 80 MG	P	
LIPOFEN CAPS (<i>fenofibrate</i>)	NP		<i>simvastatin</i> TABS 10 MG, 20 MG, 40 MG, 80 MG	NC	
LOPID TABS (<i>gemfibrozil</i>)	NP	QL(2 EA daily)	<i>simvastatin</i> TABS 5 MG, 10 MG, 20 MG, 40 MG	NC	QL(1 EA daily)
TRICOR TABS (<i>fenofibrate</i>)	NP		ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	QL(1 EA daily)
TRILIPIX (<i>choline fenofibrate</i>)	NP		ZYPITAMAG 2 MG, 4 MG	NP	
HMG CoA Reductase Inhibitors			Intestinal Cholesterol Absorption Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP		<i>ezetimibe</i>	P	
ATORVALIQ SUSP	NP		ZETIA (<i>ezetimibe</i>)	NP	
<i>atorvastatin calcium</i> TABS	NC	QL(1 EA daily)	Nicotinic Acid Derivatives		
<i>atorvastatin calcium</i> TABS	P	QL(1 EA daily)	<i>niacin</i> (<i>antihyperlipidemic</i>) TBCR	NP	
CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	QL(1 EA daily)	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
EZALLOR SPRINKLE CPSP	NP		ACE Inhibitors		
FLOLIPID SUSP	NP		ACCUPRIL (<i>quinapril hcl</i>)	NP	
<i>fluvastatin sodium</i> CAPS	P		ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	QL(2 EA daily)
<i>fluvastatin sodium</i> TB24	NP		<i>benazepril hcl</i> 40 MG	P	QL(2 EA daily)
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP		<i>benazepril hcl</i> 5 MG, 10 MG, 20 MG	P	QL(1 EA daily)
LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 EA daily)	<i>captopril</i>	NC	QL(3 EA daily)
LIPITOR TABS (<i>atorvastatin calcium</i>)	NC	QL(1 EA daily)	<i>captopril</i>	P	QL(3 EA daily)
LIVALO (<i>pitavastatin calcium</i>)	NP		<i>enalapril maleate</i> SOLN	NP	
<i>lovastatin</i> TABS 10 MG, 20 MG	P	QL(1 EA daily)	<i>enalapril maleate</i> TABS	NC	QL(2 EA daily)
<i>lovastatin</i> TABS 40 MG	P	QL(2 EA daily)	<i>enalapril maleate</i> TABS	P	QL(2 EA daily)
<i>pitavastatin calcium</i>	NP		<i>enalaprilat</i> SOLN	NC	
<i>pravastatin sodium</i>	P	QL(1 EA daily)	EPANED SOLN (<i>enalapril maleate</i>)	NP	
<i>rosuvastatin calcium</i> TABS	P	QL(1 EA daily)	<i>fosinopril sodium</i>	NP	QL(1 EA daily)
<i>rosuvastatin calcium</i> TABS	NC	QL(1 EA daily)	<i>lisinopril</i> TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	
<i>simvastatin</i> TABS 5 MG, 10 MG, 20 MG, 40 MG	P	QL(1 EA daily)	LOTENSIN 10 MG, 20 MG (<i>benazepril hcl</i>)	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
LOTENSIN 40 MG (benazepril hcl)	NP	QL(2 EA daily)
moexipril hcl	NP	
perindopril erbumine	NP	
QBRELIS SOLN	NP	
quinapril hcl	NP	
ramipril CAPS	NP	QL(2 EA daily)
trandolapril 4 MG	NP	QL(2 EA daily)
trandolapril 1 MG, 2 MG	NP	QL(1 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		
ARB LI 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	NC	QL(1 EA daily)
irbesartan	P	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 SOLN	NC	

Drug Name	Drug Tier	Requirements/ Limits
valsartan TABS	P	QL(1 EA daily)
valsartan TABS	NC	QL(1 EA daily)
Antiadrenergic Antihypertensives		
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 500 MG	C	
methyldopa TABS	P	
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-10 MG (quinapril- hydrochlorothiazide)	NP	QL(3 EA daily)
ACCURETIC 12.5 MG-20 MG (quinapril- hydrochlorothiazide)	NP	QL(4 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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P		<i>HYZAAR (losartan potassium & hydrochlorothiazide)</i>	NP	QL(1 EA daily)
<i>ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)</i>	NP		<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>atenolol & chlorthalidone</i>	P	QL(2 EA daily)	<i>irbesartan-hydrochlorothiazide</i>	NC	QL(1 EA daily)
<i>AVALIDE (irbesartan-hydrochlorothiazide)</i>	NP	QL(1 EA daily)	<i>lisinopril & hydrochlorothiazide</i>	NC	
<i>AZOR (amlodipine besylate-olmesartan medoxomil)</i>	NP	ST	<i>lisinopril & hydrochlorothiazide</i>	P	
<i>benazepril & hydrochlorothiazide</i>	P	QL(1 EA daily)	<i>losartan potassium & hydrochlorothiazide</i>	NC	QL(1 EA daily)
<i>BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)</i>	NP	QL(1 EA daily)	<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG</i>	P		<i>LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)</i>	NP	QL(1 EA daily)
<i>bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG</i>	P	QL(1 EA daily)	<i>LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)</i>	NP	QL(1 EA daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	NP		<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>	NP	QL(2 EA daily)
<i>captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	NP	QL(2 EA daily)	<i>metoprolol & hydrochlorothiazide TABS</i>	NC	
<i>captopril & hydrochlorothiazide 25 MG-50 MG</i>	NP	QL(3 EA daily)	<i>metoprolol & hydrochlorothiazide TABS 50 MG-100 MG</i>	NP	QL(1 EA daily)
<i>DIOVAN HCT (valsartan-hydrochlorothiazide)</i>	NP	QL(1 EA daily)	<i>MICARDIS HCT (telmisartan-hydrochlorothiazide)</i>	NP	QL(1 EA daily)
<i>EDARBYCLOR</i>	NP		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	ST
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide</i>	NC	
<i>EXFORGE (amlodipine besylate-valsartan)</i>	NP		<i>olmesartan medoxomil-hydrochlorothiazide</i>	NP	QL(1 EA daily)
<i>EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)</i>	NP				
<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	NP	QL(2 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	NP	QL(4 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	NP	QL(3 EA daily)
TEKTURNA HCT	NC	ST
<i>telmisartan-amlodipine</i>	NP	ST
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)
<i>trandolapril-verapamil hcl</i>	P	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	ST
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 EA daily)
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (<i>bisoprolol & hydrochlorothiazide</i>)	NC	QL(1 EA daily)
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	NP	Brand Preferred; ST
TEKTURNA (<i>aliskiren fumarate</i>)	P	Brand Preferred; ST
Endothelin Receptor Antagonists		
TRYVIO	NC	
Selective Aldosterone Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
(SARAs)		
<i>eplerenone</i>	NC	
Vasodilators		
<i>hydralazine hcl SOLN</i>	NC	
<i>hydralazine hcl TABS</i>	C	
<i>minoxidil 2.5 MG</i>	C	QL(3 EA daily)
<i>minoxidil 10 MG</i>	C	QL(10 EA daily)
<i>nitroprusside sodium</i>	NC	
<i>nitroprusside sodium-sodium chloride</i>	NC	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
LIKMEZ SUSP	NP	
<i>metronidazole CAPS</i>	P	
<i>metronidazole SOLN</i>	NC	
<i>metronidazole TABS</i>	P	
<i>pentamidine isethionate IJ</i>	NC	
<i>tinidazole</i>	NP	ST
<i>tinidazole 500 MG</i>	NC	ST
TRIMETHOPRIM POWD	NC	
<i>trimethoprim TABS</i>	C	
XIFAXAN	NP	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NC	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NC	
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	NC		DAPTOMYCIN-SODIUM CHLORIDE	NC	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS</i>	NC		Glycopeptides		
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG</i>	C		DALVANCE	NC	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG</i>	NC		FIRVANQ SOLR PO (<i>vancomycin hcl</i>)	NP	QL(300 ML per fill retail; 300 per fill mail)
<i>sulfamethoxazole-trimethoprim SOLN</i>	NC		FIRVANQ SOLR PO 50 MG/ML (<i>vancomycin hcl</i>)	NC	QL(300 ML per fill retail; 300 per fill mail)
<i>sulfamethoxazole-trimethoprim SUSP</i>	C		KIMYRSA	NC	
<i>sulfamethoxazole-trimethoprim TABS</i>	C		ORBACTIV	NC	
URETRON D/S TABS 81.6 MG	C		VANCOCIN CAPS 125 MG (<i>vancomycin hcl</i>)	NP	QL(4 EA daily)
URIBEL	NC		VANCOCIN CAPS 250 MG (<i>vancomycin hcl</i>)	NP	QL(8 EA daily)
Antiprotozoal Agents			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	
<i>atovaquone</i>	NC		VANCOMYCIN HCL IN NACL SOLN 1 GM/200ML-0.9 %, 500 MG/100ML-0.9 %, 750 MG/150ML-0.9 %	NC	
LAMPIT	NC		<i>vancomycin hcl CAPS 125 MG</i>	NC	QL(4 EA daily)
<i>nitazoxanide TABS</i>	NP	ST	<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily)
Carbapenems			<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)
<i>imipenem-cilastatin IV</i>	NC		VANCOMYCIN HCL SOLN IV	NC	
<i>meropenem</i>	NC		<i>vancomycin hcl SOLR IV 1 GM</i>	C	QL(14 EA per fill retail)
MEROPENEM-SODIUM CHLORIDE	NC		<i>vancomycin hcl SOLR IV 500 MG</i>	C	QL(14 EA per 31 day(s) retail)
RECARBRIO	NC		<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ML per fill retail; 300 per fill mail)
Chloramphenicols					
<i>chloramphenicol sodium succinate</i>	NC				
Cyclic Lipopeptides					
CUBICIN RF (<i>daptomycin</i>)	NC				
<i>daptomycin</i>	NC				
DAPTOMYCIN	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl SOLR IV 1.25 GM, 1.5 GM, 5 GM, 10 GM, 750 MG</i>	NC		LINEZOLID IN SODIUM CHLORIDE	NC	
VANCOMYCIN HCL SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)	<i>linezolid SOLN</i>	NC	
VANCOMYCIN HCL SOLR IV 1 GM	C	QL(14 EA per fill retail)	<i>linezolid SUSR</i>	NC	
VANCOMYCIN HCL SOLR IV 1.25 GM, 1.5 GM, 1.75 GM, 2 GM, 5 GM, 10 GM, 750 MG	NC		<i>linezolid TABS</i>	NC	
VIBATIV 750 MG	NC		SIVEXTRO SOLR	NC	
Leprostatics			SIVEXTRO TABS	C	QL(6 EA per fill retail); PA
<i>dapsone</i>	C		ZYVOX SOLN	NC	
Lincosamides			Polymyxins		
CLEOCIN (<i>clindamycin hcl</i>)	NC		<i>colistimethate sodium</i>	NC	
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	NC	QL(300 ML per fill retail)	POLYMYXIN B SULFATE POWD	NC	
CLEOCIN PHOSPHATE SOLN IJ	NC		<i>polymyxin b sulfate SOLR</i>	NC	
<i>clindamycin hcl 150 MG, 300 MG</i>	C		Urinary Anti-infectives		
<i>clindamycin hcl 75 MG</i>	NC		<i>fosfomycin tromethamine</i>	NC	
<i>clindamycin palmitate hydrochloride</i>	C	QL(300 ML per fill retail)	MACROBID (<i>nitrofurantoin monohyd macro</i>)	NC	
<i>clindamycin phosphate in d5w</i>	NC		MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	NC	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	NC		<i>methenamine hippurate</i>	NC	
<i>lincomycin hcl</i>	NC		<i>methenamine mandelate</i>	C	
Monobactams			MONUROL (<i>fosfomycin tromethamine</i>)	NC	
<i>aztreonam</i>	NC		NALIDIXIC ACID	NC	
CAYSTON	NP	SP	<i>nitrofurantoin</i>	C	QL(40 ML daily)
EMBLAVEO SOLR IV	NC		NITROFURANTOIN	NC	QL(40 ML daily)
Oxazolidinones			<i>nitrofurantoin macrocrystal 25 MG</i>	NC	
			<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	C	
			<i>nitrofurantoin monohyd macro</i>	C	
			ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antimalarial Combinations			Antimyasthenic/Cholinergic Agents		
<i>atovaquone-proguanil hcl</i>	NC		BLOXIVERZ SOLN IV (<i>neostigmine methylsulfate</i>)	NC	
COARTEM	C	QL(24 EA per fill retail)	MESTINON TABS (<i>pyridostigmine bromide</i>)	NC	
Antimalarials			MESTINON TBCR (<i>pyridostigmine bromide</i>)	NC	
ARTESUNATE	NC		NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML	NC	
CHLOROQUINE PHOSPHATE POWD	NC		<i>neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML</i>	NC	
<i>chloroquine phosphate TABS 250 MG</i>	C		NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	NC	
<i>chloroquine phosphate TABS 500 MG</i>	C	QL(1 EA daily)	<i>neostigmine methylsulfate SOSY</i>	NC	
<i>hydroxychloroquine sulfate 100 MG, 200 MG</i>	C		NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML, 5 MG/5ML	NC	
<i>hydroxychloroquine sulfate 300 MG, 400 MG</i>	NC		<i>pyridostigmine bromide SOLN PO</i>	NC	
KRINTAFEL	C	QL(0.67 EA daily)	<i>pyridostigmine bromide TABS 60 MG</i>	C	
<i>mefloquine hcl</i>	C		<i>pyridostigmine bromide TABS 30 MG</i>	NC	
MEPACRINE	NC		<i>pyridostigmine bromide TBCR</i>	C	
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	NC		REGONOL SOLN IV	NC	
<i>primaquine phosphate TABS</i>	C		ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	NC		Antimycobacterial Agents		
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NC		AMINOSALICYLIC ACID-4 POWD	NC	
QUINACRINE HCL	NC		<i>cycloserine</i>	NC	
QUININE SULFATE DIHYDRATE POWD	NC		ETHAMBUTOL HCL POWD	NC	
<i>quinine sulfate CAPS 324 MG</i>	NC		<i>ethambutol hcl TABS</i>	C	
QUININE SULFATE POWD	NC				
SOVUNA 300 MG	NC				
SOVUNA 200 MG	C				
ANTIMYASTHENIC/CHOLINERGIC AGENTS					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ISONIAZID POWD	NC		IFEX SOLR	NC	
<i>isoniazid SOLN</i>	NC		<i>ifosfamide SOLN</i>	NC	
<i>isoniazid SYRP</i>	C		<i>ifosfamide SOLR</i>	NC	
<i>isoniazid TABS</i>	C		IFOSFAMIDE SOLR	NC	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	NC		LEUKERAN	C	
MYCOBUTIN (<i>rifabutin</i>)	NC		MYLERAN TABS	C	
PRETOMANID	NC		<i>oxaliplatin SOLN</i>	NC	
PRIFTIN	NC		<i>oxaliplatin SOLR</i>	NC	
<i>pyrazinamide</i>	C		ZANOSAR	NC	
<i>rifabutin</i>	C		ZEPZELCA	NC	SP
<i>rifampin CAPS</i>	C		Antimetabolites		
<i>rifampin SOLR</i>	NC		<i>clofarabine</i>	NC	
SIRTURO	NC		CLOLAR (<i>clofarabine</i>)	NC	
TRECTOR	C		<i>fluorouracil</i>	NC	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>gemcitabine hcl SOLN</i>	NC	
Alkylating Agents			<i>gemcitabine hcl SOLR</i>	NC	
BICNU (<i>carmustine</i>)	NC		INFUGEM	NC	
<i>busulfan SOLN</i>	NC		JYLAMVO SOLN PO	NP	SP
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i>	NC	SP	<i>mercaptopurine SUSP 2000 MG/100ML</i>	C	
<i>carmustine</i>	NC		<i>mercaptopurine TABS</i>	C	
CARMUSTINE	NC		<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>cyclophosphamide CAPS</i>	NC		<i>methotrexate sodium SOLR</i>	P	
CYCLOPHOSPHAMIDE SOLN	NC	SP	<i>methotrexate sodium TABS 2.5 MG</i>	P	
<i>cyclophosphamide SOLR IJ</i>	NC	SP	METHOTREXATE POWD	NC	
CYCLOPHOSPHAMIDE TABS	NC		<i>nelarabine</i>	NC	
FRINDOVYX SOLN	NC	SP	PEMRYDI RTU SOLN	NC	SP
GLEOSTINE 10 MG, 40 MG, 100 MG	NC		PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	NC	
GLIADEL WAFER	NC		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
			XATMEP SOLN PO	NP	
			Antineoplastic - Angiogenesis Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MVASI	C	SP; PA	<i>abiraterone acetate</i>	C	SP; PA
ZIRABEV	C	SP; PA	<i>anastrozole</i>	C	
Antineoplastic - Antibodies			ARIMIDEX (<i>anastrozole</i>)	NC	
DANYELZA	NC		AROMASIN (<i>exemestane</i>)	NC	
ENHERTU	C	SP; PA	<i>bicalutamide</i>	C	QL(1 EA daily)
KIMMTRAK	NC	SP	CASODEX (<i>bicalutamide</i>)	NC	QL(1 EA daily)
MONJUVI	NC	SP	ERLEADA	NC	SP
OPDIVO	NC	SP	EULEXIN	C	
PADCEV	C	SP; PA	<i>exemestane</i>	C	
POLIVY	NC	SP	FARESTON (<i>toremifene citrate</i>)	NC	PA
RITUXAN	NC	SP	FEMARA (<i>letrozole</i>)	NC	
RUXIENCE	C	SP; PA	<i>fulvestrant SOSY</i>	NC	
RYBREVENT	NC	SP	<i>letrozole</i>	C	
SARCLISA	NC	SP	<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	NC	
TRUXIMA	C	SP; PA	LUTRATE DEPOT INJ 22.5 MG	NC	
UNITUXIN	NC	SP	MEGESTROL ACETATE POWD	NC	
VYLOY	NC	SP	<i>megestrol acetate SUSP</i>	P	
Antineoplastic - Anti-HER2 Agents			<i>megestrol acetate SUSP 40 MG/ML, 400 MG/10ML</i>	NC	
HERCEPTIN 150 MG	NC	SP	<i>megestrol acetate TABS</i>	C	
HERZUMA	NC	SP	<i>nilutamide</i>	NC	
KANJINTI	C	SP; PA	NUBEQA	NC	SP
OGIVRI	C	SP; PA	SOLTAMOX SOLN	NC	
ONTRUZANT	NC	SP	<i>tamoxifen citrate TABS</i>	C	
TRAZIMERA 150 MG	NC	SP	<i>toremifene citrate</i>	C	PA
TRAZIMERA 420 MG	C	SP; PA	ZYTIGA (<i>abiraterone acetate</i>)	NC	SP; PA
Antineoplastic - Cellular Immunotherapy			Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
ABECMA	NC	SP	WELIREG	NC	SP
BREYANZI	NC	SP	Antineoplastic - Immunomodulators		
CARVYKTI	NC	SP	LEVAMISOLE HCL	NC	
KYMRIAH	NC	SP			
OMISIRGE	NC				
PROVENGE	NC	SP			
TECARTUS	NC	SP			
YESCARTA	NC	SP			
Antineoplastic - Hormonal and Related Agents					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Menin Inhibitors			IBTROZI CAPS PO 200 MG	NC	
REVUFORJ 25 MG	NC		ICLUSIG	C	QL(1 EA daily); SP; PA
Antineoplastic - PDGFR-alpha Inhibitors			INREBIC	C	SP; PA
AYVAKIT	NC	SP	LUMAKRAS	NC	SP
Antineoplastic - XPO1 Inhibitors			MEKTOVI	C	SP; PA
XPOVIO (60 MG TWICE WEEKLY)	NC	SP	NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	NC	
XPOVIO (80 MG TWICE WEEKLY)	NC	SP	OGSIVEO	NC	SP
Antineoplastic Antibiotics			OJEMDA SUSR	NC	SP
<i>bleomycin sulfate</i>	NC		OJEMDA TABS	NC	SP
COSMEGEN (<i>dactinomycin</i>)	NC		ROZLYTREK CAPS	C	SP; PA
<i>dactinomycin</i>	NC		TALZENNA	NC	SP
<i>doxorubicin hcl liposomal SUSP</i>	NC		TAZVERIK	NC	SP
<i>doxorubicin hcl SOLN</i>	NC		TEPMETKO	NC	SP
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	NC		Antineoplastic Enzymes		
<i>idarubicin hcl</i>	NC		ASPARLAS	C	SP; PA
JELMYTO SOLR UL	NC		RYLAZE	NC	SP
<i>mitomycin SOLR IV</i>	NC		Antineoplastic Radiopharmaceuticals		
ZUSDURI SOLR IS	NC		STRONTIUM CHLORIDE SR-89	NC	
Antineoplastic Combinations			XOFIGO	NC	
HERCEPTIN HYLECTA	NC	SP	Antineoplastics Misc.		
INQOVI	NC	SP	<i>dacarbazine SOLR</i>	NC	
PHESGO	C	SP; PA	ELZONRIS	NC	
RITUXAN HYCELA	NC	SP	HYDREA (<i>hydroxyurea</i>)	NC	
Antineoplastic Enzyme Inhibitors			<i>hydroxyurea</i>	P	
BRAFTOVI 75 MG	C	SP; PA	NIPENT	NC	
BRUKINSA	NC	SP	TICE BCG	NC	
ENSACOVE CAPS PO 25 MG, 100 MG	NC		Chemotherapy Adjuncts		
GAVRETO	NC	SP	ELITEK	NC	
IBRANCE CAPS	C	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
IBRANCE TABS	C	SP; PA	COSELA	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML</i>	NC		<i>bromocriptine mesylate CAPS</i>	C	
<i>leucovorin calcium SOLR</i>	NC		BROMOCRIPTINE MESYLATE POWD	NC	
<i>leucovorin calcium TABS</i>	C		<i>bromocriptine mesylate TABS 2.5 MG</i>	C	
PEDMARK	NC		<i>carbidopa-levodopa-entacapone</i>	NC	
Mitotic Inhibitors			<i>carbidopa-levodopa TABS</i>	C	
ETOPOPHOS	NC		<i>carbidopa-levodopa TBCR</i>	C	
<i>paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML</i>	NC		<i>carbidopa-levodopa TBDP</i>	NC	
<i>vinblastine sulfate SOLN</i>	NC		CREXONT CPCR	NC	
<i>vinorelbine tartrate</i>	NC		DHIVY TABS	C	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			DUOPA SUSP	NC	
Antiparkinson Adjunctive Therapy			INBRIJA CAPS	NC	
<i>carbidopa</i>	C		LEVODOPA POWD	NC	
LODOSYN (<i>carbidopa</i>)	NC		NEUPRO	NP	
NOURIANZ	NC		OSMOLEX ER TB24 129 MG, 193 MG	NP	
Antiparkinson Anticholinergics			PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NC	
<i>benztropine mesylate SOLN</i>	NC		PARLODEL TABS (<i>bromocriptine mesylate</i>)	NC	
<i>benztropine mesylate TABS</i>	C		<i>pramipexole dihydrochloride TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>trihexyphenidyl hcl SOLN</i>	C	QL(16.67 ML daily)	<i>pramipexole dihydrochloride TB24</i>	NP	
<i>trihexyphenidyl hcl TABS</i>	C		<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG</i>	NC	
Antiparkinson COMT Inhibitors			<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 EA daily)
COMTAN (<i>entacapone</i>)	NC		<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 EA daily)
<i>entacapone</i>	NC		<i>ropinirole hydrochloride TB24</i>	NP	
ONGENTYS	NC				
<i>tolcapone</i>	NC				
Antiparkinson Dopaminergics					
<i>amantadine hcl CAPS</i>	C				
<i>amantadine hcl SOLN</i>	C				
<i>amantadine hcl TABS</i>	NC				

Drug Name	Drug Tier	Requirements/ Limits
RYTARY CPR	NC	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NC	
STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NC	
VYALEV SOLN SC	NC	SP
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	NC	
<i>selegiline hcl CAPS</i>	C	
SELEGILINE HCL POWD	NC	
<i>selegiline hcl TABS</i>	C	
ZELAPAR TBDP	NC	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	C	QL(10 ML daily)
<i>lithium carbonate CAPS</i>	C	
LITHIUM CARBONATE POWD	C	
<i>lithium carbonate TABS</i>	C	
<i>lithium carbonate TBCR</i>	C	
LITHOBID TBCR (<i>lithium carbonate</i>)	NC	
Antipsychotics - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
CAPLYTA	NP	AL(At least 18 yrs old); ST
EQUETRO	NP	
GEODON (<i>ziprasidone mesylate</i>)	NC	AL(At least 18 yrs old); ST
GEODON (<i>ziprasidone hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)
LATUDA (<i>lurasidone hcl</i>)	NP	AL(At least 10 yrs old)
<i>lurasidone hcl</i>	P	AL(At least 10 yrs old)
NUPLAZID CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
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)
<i>ziprasidone hcl</i>	P	QL(2 EA daily); AL(At least 18 yrs old)
<i>ziprasidone mesylate</i>	NP	AL(At least 18 yrs old); ST
Benzisoxazoles		
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 117 MG/0.75ML	NP	QL(1.5 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 234 MG/1.5ML	NP	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI 39 MG/0.25ML	NP	QL(0.25 ML per 28 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
FANAPT	NP	AL(At least 18 yrs old); ST	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
FANAPT TITRATION PACK	NP	AL(At least 18 yrs old); ST	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
FANAPT TITRATION PACK B	NC		<i>paliperidone</i>	NC	AL(At least 12 yrs old); ST
FANAPT TITRATION PACK C	NC		<i>paliperidone</i>	NP	AL(At least 12 yrs old); ST
INVEGA 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NP	AL(At least 12 yrs old); ST	PERSERIS PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP	RISPERDAL CONSTA (<i>risperidone microspheres</i>)	P	2 max fill(s) 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	RISPERDAL SOLN (<i>risperidone</i>)	NP	QL(4 ML daily); AL(At least 7 yrs old)
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NP	QL(4 EA daily); AL(At least 7 yrs old)
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>risperidone microspheres</i>	NC	2 max fill(s) 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	<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 7 yrs old)
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>risperidone TABS 0.25 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old); ST
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	<i>risperidone TABS 2 MG, 3 MG, 4 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old)	<i>loxapine succinate</i>	C	QL(4 EA daily); AL(At least 18 yrs old)
<i>risperidone TBDP</i>	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>olanzapine SOLR</i>	NC	AL(At least 18 yrs old); ST
RYKINDO SRER	NP	AL(At least 18 yrs old); SP	<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
UZEDY SUSY	NP	AL(At least 18 yrs old); SP	<i>olanzapine TABS 15 MG, 20 MG</i>	NC	QL(1 EA daily); AL(At least 10 yrs old)
Butyrophenones			<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
HALDOL DECANOATE (<i>haloperidol decanoate</i>)	NC		<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)
<i>haloperidol decanoate</i>	C		<i>olanzapine TBDP</i>	NC	AL(At least 10 yrs old); ST
<i>haloperidol lactate CONC</i>	C		<i>olanzapine TBDP</i>	NP	AL(At least 10 yrs old); ST
<i>haloperidol lactate SOLN</i>	NC		<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	C	QL(3 EA daily)	<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
<i>haloperidol TABS 20 MG</i>	C		<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	NC	QL(2 EA daily); AL(At least 10 yrs old)
Dibenzapines			<i>quetiapine fumarate TABS 150 MG</i>	P	AL(At least 10 yrs old); ST
ADASUVE	NP	AL(At least 18 yrs old); ST	<i>quetiapine fumarate TB24</i>	P	AL(At least 10 yrs old)
<i>asenapine maleate</i>	P	AL(At least 10 yrs old)	<i>quetiapine fumarate TB24</i>	NC	AL(At least 10 yrs old)
<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	NC	QL(3 EA daily); AL(At least 18 yrs old)	SAPHRIS (<i>asenapine maleate</i>)	NP	AL(At least 10 yrs old)
<i>clozapine TABS 100 MG</i>	P	QL(9 EA daily); AL(At least 18 yrs old)	SAPHRIS (<i>asenapine maleate</i>)	NP	AL(At least 10 yrs old)
<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	P	QL(3 EA daily); AL(At least 18 yrs old)	SECUADO	NP	AL(At least 18 yrs old); ST
<i>clozapine TABS 100 MG</i>	NC	QL(9 EA daily); AL(At least 18 yrs old)	SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NP	AL(At least 10 yrs old)
<i>clozapine TBDP</i>	NP	AL(At least 18 yrs old); ST	SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (<i>quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)
CLOZARIL TABS 25 MG, 50 MG, 200 MG (<i>clozapine</i>)	NP	QL(3 EA daily); AL(At least 18 yrs old)			
CLOZARIL TABS 100 MG (<i>clozapine</i>)	NP	QL(9 EA daily); AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)	<i>perphenazine TABS</i>	C	QL(4 EA daily); AL(At least 12 yrs old)
VERSACLOZ SUSP	NP	AL(At least 18 yrs old); ST	<i>prochlorperazine</i>	NC	
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	NC	AL(At least 10 yrs old); ST	<i>prochlorperazine</i>	P	
ZYPREXA TABS 2.5 MG, 5 MG (<i>olanzapine</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)	<i>prochlorperazine</i>	NP	
ZYPREXA TABS 20 MG (<i>olanzapine</i>)	NP	QL(1 EA daily); AL(At least 10 yrs old)	<i>prochlorperazine edisylate 10 MG/2ML</i>	NC	
ZYPREXA TABS 7.5 MG, 10 MG (<i>olanzapine</i>)	NC	QL(2 EA daily); AL(At least 10 yrs old)	PROCHLORPERAZINE MALEATE POWD	NC	
ZYPREXA TABS 2.5 MG, 5 MG (<i>olanzapine</i>)	NC	QL(4 EA daily); AL(At least 10 yrs old)	<i>prochlorperazine maleate TABS</i>	P	
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	NC	QL(1 EA daily); AL(At least 10 yrs old)	<i>thioridazine hcl</i>	C	QL(3 EA daily)
Dihydroindolones			<i>trifluoperazine hcl TABS</i>	C	QL(2 EA daily)
<i>molindone hcl</i>	NC	AL(At least 12 yrs old)	Quinolinone Derivatives		
Muscarinic Agents			ABILIFY ASIMTUFII PRSY	P	AL(At least 18 yrs old); SP
COBENFY STARTER PACK CPPK	NP	AL(At least 18 yrs old); ST	ABILIFY MAINTENA PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
COBENFY CAPS	NP	AL(At least 18 yrs old)	ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old)
Phenothiazines			ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>chlorpromazine hcl CONC</i>	NC		ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 18 yrs old); SP; ST
<i>chlorpromazine hcl SOLN</i>	NC		ABILIFY MYCITE STARTER KIT	NP	AL(At least 18 yrs old); SP; ST
<i>chlorpromazine hcl TABS 10 MG</i>	C	QL(10 EA daily)	ABILIFY TABS 5 MG (<i>aripiprazole</i>)	NP	QL(1.5 EA daily); AL(At least 7 yrs old)
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	C	QL(3 EA daily)	ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG (<i>aripiprazole</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>fluphenazine decanoate</i>	C		<i>aripiprazole SOLN PO</i>	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old); ST
<i>fluphenazine hcl CONC</i>	NC				
<i>fluphenazine hcl ELIX</i>	NC				
<i>fluphenazine hcl SOLN</i>	NC				
<i>fluphenazine hcl TABS</i>	C				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole SOLN PO</i>	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old)	OPIPZA FILM	NP	AL(At least 7 yrs old); ST
<i>aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	NC	QL(1 EA daily); AL(At least 7 yrs old)	REXULTI	NP	AL(At least 13 yrs old); ST
<i>aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)	Thioxanthenes		
<i>aripiprazole TABS 5 MG</i>	NC	QL(1.5 EA daily); AL(At least 7 yrs old)	<i>thiothixene</i>	C	QL(3 EA daily)
<i>aripiprazole TABS 5 MG</i>	P	QL(1.5 EA daily); AL(At least 7 yrs old)	ANTISEPTICS & DISINFECTANTS		
<i>aripiprazole TBDP</i>	NP	QL(1 EA daily); AL(At least 7 yrs old); ST	Antiseptics & Disinfectants		
ARISTADA 441 MG/1.6ML	P	QL(1.6 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	CETYLCIDE-G CONC	NC	
ARISTADA 882 MG/3.2ML	P	QL(3.2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	PHENOL CRYST	NC	
ARISTADA 662 MG/2.4ML	P	QL(2.4 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	PHENOL LIQD XX 89 %	NC	
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	Chlorine Antiseptics		
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	<i>chlorhexidine gluconate SOLN EX</i>	NC	
			CLORPACTIN	NC	
			<i>sodium hypochlorite SOLN EX 0.25 %, 0.5 %</i>	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		
			<i>abacavir sulfate-lamivudine</i>	NC	QL(1 EA daily)
			<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)
			<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)
			<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate TABS</i>	C	QL(2 EA daily)	<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
APRETUDE	NC		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	C	QL(1 EA daily)
APTIVUS CAPS	P	QL(4 EA daily)	<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	P	
<i>atazanavir sulfate CAPS 300 MG</i>	P		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 EA daily)
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 EA daily)	EMTRIVA CAPS (<i>emtricitabine</i>)	P	QL(1 EA daily)
<i>atazanavir sulfate CAPS 200 MG</i>	C	QL(2 EA daily)	EMTRIVA SOLN	P	QL(24 ML daily)
BIKTARVY	P	QL(1 EA daily)	EPIVIR SOLN (<i>lamivudine</i>)	P	QL(30 ML daily)
CABENUVA	NC		EPIVIR TABS 300 MG (<i>lamivudine</i>)	P	QL(1 EA daily)
CIMDUO	P	QL(1 EA daily)	EPIVIR TABS 150 MG (<i>lamivudine</i>)	P	QL(2 EA daily)
COMBIVIR (<i>lamivudine-zidovudine</i>)	NC		EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NC	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)	<i>etravirine 100 MG</i>	C	QL(4 EA daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)	<i>etravirine 100 MG</i>	P	QL(4 EA daily)
<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)	<i>etravirine 200 MG</i>	C	QL(2 EA daily)
DELSTRIGO	P	QL(1 EA daily)	<i>etravirine 200 MG</i>	P	QL(2 EA daily)
DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA	EVOTAZ	P	QL(1 EA daily)
DESCOVY 200 MG-25 MG	P	QL(1 EA daily)	<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)
DOVATO	P	QL(1 EA daily)	FUZEON SOLR	NP	SP
EDURANT	P	QL(1 EA daily)	GENVOYA	P	QL(1 EA daily)
EDURANT PED PO 2.5 MG	P		INTELENCE 200 MG (<i>etravirine</i>)	P	QL(2 EA daily)
<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily)	INTELENCE (<i>etravirine</i>)	P	QL(4 EA daily)
<i>efavirenz CAPS 50 MG</i>	P	QL(2 EA daily)	INTELENCE	P	QL(4 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	ISENTRESS HD TABS	P	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	ISENTRESS CHEW 100 MG	P	QL(6 EA daily)
<i>efavirenz TABS</i>	P	QL(1 EA daily)			
<i>efavirenz TABS</i>	C	QL(1 EA daily)			
<i>emtricitabine CAPS</i>	P	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)	NORVIR TABS (<i>ritonavir</i>)	P	QL(12 EA daily)
ISENTRESS PACK	P	QL(2 EA daily)	ODEFSEY	P	
ISENTRESS TABS	P	QL(2 EA daily)	PIFELTRO	P	QL(1 EA daily)
JULUCA	P	QL(1 EA daily)	PREZCOBIX	P	QL(1 EA daily)
KALETRA SOLN	P	QL(16 ML daily)	PREZISTA SUSP	P	QL(12 ML daily)
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	P	QL(6 EA daily)	PREZISTA TABS 150 MG	P	QL(3 EA daily)
KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	P	QL(4 EA daily)	PREZISTA TABS (<i>darunavir</i>)	P	QL(2 EA daily)
<i>lamivudine SOLN</i>	P	QL(30 ML daily)	PREZISTA TABS 75 MG, 600 MG	P	QL(2 EA daily)
<i>lamivudine SOLN</i>	C	QL(30 ML daily)	PREZISTA TABS 800 MG (<i>darunavir</i>)	P	QL(1 EA daily)
<i>lamivudine TABS 150 MG</i>	C	QL(2 EA daily)	RETROVIR CAPS (<i>zidovudine</i>)	P	QL(6 EA daily)
<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)	RETROVIR SOLN	NC	
<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)	RETROVIR SYRP (<i>zidovudine</i>)	P	QL(60 ML daily)
<i>lamivudine-zidovudine</i>	P		REYATAZ CAPS 300 MG (<i>atazanavir sulfate</i>)	P	
LEXIVA SUSP	C	QL(56 ML daily)	REYATAZ CAPS 200 MG (<i>atazanavir sulfate</i>)	P	QL(2 EA daily)
LEXIVA TABS (<i>fosamprenavir calcium</i>)	NC	QL(4 EA daily)	REYATAZ PACK	P	QL(6 EA daily)
<i>lopinavir-ritonavir SOLN</i>	P	QL(16 ML daily)	<i>ritonavir TABS</i>	P	QL(12 EA daily)
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)	RUKOBIA	P	PA
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)	SELZENTRY SOLN	P	QL(35 ML daily)
<i>maraviroc TABS 300 MG</i>	C	QL(4 EA daily)	SELZENTRY TABS 300 MG (<i>maraviroc</i>)	P	QL(4 EA daily)
<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)	SELZENTRY TABS 150 MG (<i>maraviroc</i>)	P	QL(2 EA daily)
<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)	SELZENTRY TABS 25 MG, 75 MG	NC	
<i>maraviroc TABS 150 MG</i>	C	QL(2 EA daily)	STRIBILD	P	QL(1 EA daily)
<i>nevirapine SUSP</i>	P	QL(40 ML daily)	SUNLENCA TABS PO 300 MG	NC	SP
<i>nevirapine TABS</i>	P	QL(2 EA daily)	SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
<i>nevirapine TB24 100 MG</i>	P	QL(3 EA daily)			
<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)			
NORVIR PACK	P				

Drug Name	Drug Tier	Requirements/ Limits
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
SYMTUZA	P	
<i>tenofovir disoproxil fumarate</i> TABS	C	QL(1 EA daily)
<i>tenofovir disoproxil fumarate</i> TABS	P	QL(1 EA daily)
TIVICAY PD TBSO	P	
TIVICAY TABS 50 MG	P	
TIVICAY TABS 10 MG, 25 MG	NC	
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 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	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 (<i>tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
VIREAD TABS	P	QL(1 EA daily)
YEZTUGO TABS PO 300 MG	NC	SP
ZIAGEN SOLN (<i>abacavir sulfate</i>)	P	QL(30 ML daily)
ZIAGEN TABS (<i>abacavir sulfate</i>)	C	QL(2 EA daily)
<i>zidovudine</i> CAPS	P	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine</i> SYRP	P	QL(60 ML daily)
<i>zidovudine</i> TABS	P	QL(2 EA daily)
Antiviral Combinations		
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 & 150/100)	NC	
PAXLOVID (300/100)	C	QL(30 EA per 90 day(s) retail; 30 EA per 90 days mail)
PAXLOVID (300/100)	C	QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail)
PAXLOVID (300/100)	C	
CMV Agents		
<i>cidofovir</i>	NC	
<i>foscarnet sodium</i> 6000 MG/250ML	NC	
FOSCAVIR 6000 MG/250ML (<i>foscarnet sodium</i>)	NC	
GANCICLOVIR SODIUM SOLN	NC	
<i>ganciclovir sodium</i> SOLR	NC	
VALCYTE TABS (<i>valganciclovir hcl</i>)	NC	QL(2 EA daily)
<i>valganciclovir hcl</i> SOLR	NC	
<i>valganciclovir hcl</i> TABS	C	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	NP	
BARACLUDE SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BARACLUDE TABS (<i>entecavir</i>)	NP		<i>acyclovir SUSP</i>	NC	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)
<i>entecavir TABS</i>	P		<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 31 day(s) retail)
<i>entecavir TABS</i>	NC		<i>acyclovir TABS PO 800 MG</i>	NC	QL(50 EA per 31 day(s) retail)
EPCLUSA PACK	PA	SP; PA	<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
EPCLUSA TABS 100 MG-400 MG	NP	QL(1 EA daily); SP	<i>acyclovir TABS PO 400 MG</i>	NC	QL(3 EA daily)
EPCLUSA TABS 50 MG-200 MG	PA	SP; PA	<i>famciclovir</i>	NP	
HARVONI PACK	NP	SP	SITAVIG TABS BU	NC	
HARVONI TABS	NP	SP	<i>valacyclovir hcl 1 GM</i>	NC	QL(42 EA per 21 day(s) retail)
HARVONI TABS	NP	SP	<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)
<i>lamivudine (hbv) TABS</i>	P		<i>valacyclovir hcl 500 MG</i>	NC	QL(2 EA daily)
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP	<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)
MAVYRET PACK	PA	QL(6 EA daily); SP; PA	VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(2 EA daily)
MAVYRET TABS	PA	QL(3 EA daily); SP; PA	VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)
PEGASYS SOLN	NP	SP	Influenza Agents		
PEGASYS SOSY	NP	SP	<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	C	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>ribavirin (hepatitis c) CAPS</i>	NP	SP	<i>oseltamivir phosphate CAPS 30 MG</i>	C	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>ribavirin (hepatitis c) TABS 200 MG</i>	NP	SP	<i>oseltamivir phosphate SUSR</i>	C	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
SOFOSBUVIR-VELPATASVIR TABS	PA	QL(1 EA daily); SP; PA	RAPIVAB	NC	
SOVALDI PACK	NP	SP	RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)
SOVALDI TABS	NP	SP			
VEMLIDY	P	SP			
VOSEVI	PA	SP; PA			
ZEPATIER	NP	SP			
Herpes Agents					
<i>acyclovir sodium SOLN</i>	NC				
<i>acyclovir CAPS</i>	P	QL(50 EA per 31 day(s) retail)			
<i>acyclovir SUSP</i>	P	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rimantadine hydrochloride</i> TABS	NC		<i>labetalol hcl</i> SOLN	NC	
TAMIFLU CAPS 30 MG (<i>oseltamivir phosphate</i>)	NC	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	LABETALOL HCL SOLN	NC	
TAMIFLU CAPS 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NC	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	LABETALOL HCL SOSY 10 MG/2ML	NC	
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NC	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	<i>labetalol hcl</i> TABS 300 MG	P	QL(8 EA daily)
XOFLUZA (40 MG DOSE) 40 MG	NC		<i>labetalol hcl</i> TABS 200 MG	P	QL(6 EA daily)
XOFLUZA (80 MG DOSE) 80 MG	NC		<i>labetalol hcl</i> TABS 100 MG	P	QL(3 EA daily)
Misc. Antivirals			<i>labetalol hcl</i> TABS 400 MG	P	
LAGEVRIO	NC		Beta Blockers Cardio-Selective		
REMDESIVIR SOLR 100 MG	NC		<i>acebutolol hcl</i> CAPS	P	
VEKLURY SOLR	NC		ACEBUTOLOL HCL POWD	NC	
Respiratory Syncytial Virus (RSV) Agents			ATENOLOL POWD	NC	
<i>ribavirin</i>	NC		<i>atenolol</i> TABS	P	QL(2 EA daily)
VIRAZOLE (<i>ribavirin</i>)	NC		<i>betaxolol hcl</i>	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure			<i>bisoprolol fumarate</i>	P	QL(1 EA daily)
Alpha-Beta Blockers			<i>bisoprolol fumarate</i> 2.5 MG	P	
<i>carvedilol</i> 25 MG	P	QL(4 EA daily)	BYSTOLIC (<i>nebivolol hcl</i>)	NP	
<i>carvedilol</i> 3.125 MG, 6.25 MG, 12.5 MG	P	QL(2 EA daily)	<i>esmolol hcl-sodium chloride</i>	NC	
<i>carvedilol phosphate</i>	NP	QL(1 EA daily)	<i>esmolol hcl</i> SOLN 100 MG/10ML	NC	
<i>carvedilol phosphate</i>	NC	QL(1 EA daily)	ESMOLOL HCL SOLN	NC	
LABETALOL HCL-DEXTROSE	NC		KAPSPARGO SPRINKLE CS24	NP	
LABETALOL HCL-SODIUM CHLORIDE	NC		LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(4 EA daily)
			LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(4.5 EA daily)
			<i>metoprolol succinate</i> TB24 200 MG	P	QL(2 EA daily)
			<i>metoprolol succinate</i> TB24 200 MG	NC	QL(2 EA daily)
			<i>metoprolol succinate</i> TB24 25 MG, 50 MG, 100 MG	NC	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol succinate TB24</i>	NC		<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 EA daily)	<i>propranolol hcl SOLN IV 1 MG/ML</i>	NC	
METOPROLOL TARTRATE POWD	NC		<i>propranolol hcl TABS</i>	P	
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	NC		<i>sotalol hcl (afib/af)</i>	P	QL(2 EA daily)
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	P		<i>sotalol hcl TABS</i>	NC	
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 EA daily)	<i>sotalol hcl TABS</i>	P	
<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 EA daily)	SOTYLIZE SOLN PO	NP	
<i>nebivolol hcl</i>	NP		TIMOLOL MALEATE POWD	NC	
TENORMIN TABS (<i>atenolol</i>)	NP	QL(2 EA daily)	<i>timolol maleate TABS</i>	NP	
TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 EA daily)	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(4 EA daily)	Calcium Channel Blockers		
Beta Blockers Non-Selective			<i>amlodipine besylate TABS</i>	P	QL(1 EA daily)
BETAPACE AF (<i>sotalol hcl (afib/af)</i>)	NP	QL(2 EA daily)	<i>amlodipine besylate TABS</i>	NC	QL(1 EA daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP		CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	NC	
HEMANGEOL SOLN PO	NP	SP	CARDIZEM CD CP24 360 MG (<i>diltiazem hcl coated beads</i>)	NP	
INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	QL(2 EA daily)	CARDIZEM CD CP24 240 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(2 EA daily)
INDERAL XL	NP		CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(1 EA daily)
INNOPRAN XL	NP		CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	NP	
NADOLOL POWD	NC		CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	NP	QL(3 EA daily)
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily)	CLEVIPREX 25 MG/50ML, 50 MG/100ML	NC	
<i>pindolol TABS</i>	NP		<i>diltiazem hcl coated beads CP24 360 MG</i>	NC	
<i>propranolol hcl CP24</i>	P	QL(2 EA daily)	<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 EA daily)
PROPRANOLOL HCL POWD	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl coated beads CP24 360 MG</i>	P		<i>nicardipine hcl in sodium chloride SOLN</i>	NC	
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	NC	QL(1 EA daily)	<i>nicardipine hcl CAPS</i>	P	
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 EA daily)	<i>nicardipine hcl SOLN</i>	NC	
<i>diltiazem hcl coated beads CP24 240 MG</i>	NC	QL(2 EA daily)	NICARDIPINE HCL SOLN (<i>nicardipine hcl</i>)	NC	
<i>diltiazem hcl extended release beads 240 MG</i>	NC	QL(2 EA daily)	<i>nifedipine CAPS</i>	NP	QL(4 EA daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 EA daily)	<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	NC	QL(1 EA daily)	<i>nifedipine TB24 60 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 EA daily)	<i>nimodipine CAPS</i>	NP	
<i>diltiazem hcl CP12</i>	P	QL(2 EA daily)	<i>nimodipine SOLN</i>	NP	
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 EA daily)	<i>nisoldipine</i>	NP	
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 EA daily)	NORLIQVA SOLN	NP	
DILTIAZEM HCL-SODIUM CHLORIDE	NC		NORVASC TABS 10 MG (<i>amlodipine besylate</i>)	NC	QL(1 EA daily)
<i>diltiazem hcl SOLN</i>	NC		NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 EA daily)
DILTIAZEM HCL SOLR	NC		NYMALIZE SOLN 6 MG/ML	NP	
<i>diltiazem hcl TABS</i>	P	QL(3 EA daily)	PROCARDIA XL TB24 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL(1 EA daily)
<i>diltiazem hcl TB24</i>	P		PROCARDIA XL TB24 60 MG (<i>nifedipine</i>)	NP	QL(2 EA daily)
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP		SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	
<i>felodipine</i>	P	QL(1 EA daily)	TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl extended release beads</i>)	NP	QL(1 EA daily)
<i>felodipine</i>	NC	QL(1 EA daily)	TIAZAC 240 MG (<i>diltiazem hcl extended release beads</i>)	NP	QL(2 EA daily)
<i>isradipine CAPS</i>	P		VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	
KATERZIA	NP		<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	P	QL(1 EA daily)
<i>levamlodipine maleate</i>	NP		<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
			VERAPAMIL HCL POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl SOLN 2.5 MG/ML</i>	NC		CARDIOPLEGIA INDUCTION LOW DEX	NC	
<i>verapamil hcl TABS</i>	P	QL(3 EA daily)	CARDIOPLEGIA INDUCTION NON-ENR	NC	
<i>verapamil hcl TBCR</i>	P	QL(2 EA daily)	CARDIOPLEGIA MAIN LOW DEXTROSE	NC	
VERELAN PM CP24 (<i>verapamil hcl</i>)	NP		CARDIOPLEGIA MAIN LOW TROMETHA	NC	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			CARDIOPLEGIA MAIN PLASMA-TROME	NC	
Cardiac Glycosides			CARDIOPLEGIA MAINTENANCE	NC	
<i>digoxin SOLN PO 0.05 MG/ML</i>	C		CARDIOPLEGIA REPERFUSATE 4:1	NC	
<i>digoxin SOLN IJ 0.25 MG/ML</i>	NC		<i>cardioplegic soln</i>	NC	
<i>digoxin TABS 62.5 MCG</i>	NC		MICROPLEGIA MSA-MSG	NC	
<i>digoxin TABS 125 MCG, 250 MCG</i>	C		Cardiovascular Agents Misc. - Combinations		
LANOXIN PEDIATRIC SOLN IJ	NC		<i>amlodipine besylate-atorvastatin calcium</i>	NP	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	NC		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 (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	
Inotropes			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 (<i>amlodipine besylate-atorvastatin calcium</i>)	NC	
<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	NC		ENTRESTO CPSP	P	
DOBUTAMINE-DEXTROSE	NC		ENTRESTO TABS	P	Brand Preferred
<i>dopamine hcl 40 MG/ML</i>	NC		<i>isosorbide dinitrate-hydralazine hcl</i>	NC	
DOPAMINE-DEXTROSE	NC		OPSYNVI	NP	SP
<i>milrinone lactate</i>	NC		Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
<i>milrinone lactate in dextrose</i>	NC				
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions					
Cardioplegic Solutions					
CARDIOPLEGIA IND PLASMA-TROMET	NC				
CARDIOPLEGIA INDUCTION HIGH K	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INPEFA	NP		TRACLEER TABS (<i>bosentan</i>)	NP	SP
Impotence Agents			TRACLEER TBSO	NP	SP
CAVERJECT IMPULSE KIT	NC		Pulmonary Hypertension - Phosphodiesterase Inhibitors		
CAVERJECT SOLR	NC		ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP
CIALIS (<i>tadalafil</i>)	NC		REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
EDEX KIT	NC		REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
MUSE PLLT 250 MCG, 500 MCG, 1000 MCG	NC		<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	SP
<i>tadalafil</i>	NC		<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	SP; PA
<i>varденаfil hcl TABS</i>	NC		<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	PA
<i>varденаfil hcl TBDP</i>	NC		<i>tadalafil (pulmonary hypertension) TABS</i>	PA	SP; PA
Peripheral Vasodilators			TADLIQ SUSP	NP	SP
NYLIDRIN HCL	NC		Pulmonary Hypertension - Prostacyclin Receptor Agonist		
PAPAVERINE HCL POWD	NC		UPTRA VI TITRATION TBPk	NP	SP
<i>papaverine hcl SOLN</i>	NC		UPTRA VI SOLR	C	SP; PA
Prostaglandin Vasodilators			UPTRA VI TABS	NP	SP
<i>alprostadil SOLN IJ 500 MCG/ML</i>	NC		Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ORENITRAM MONTH 1 TEpk	NP	SP	ADEMPAS	NP	SP
ORENITRAM MONTH 2 TEpk	NP	SP	Sinus Node Inhibitors		
ORENITRAM MONTH 3 TEpk	NP	SP	<i>ivabradine hcl TABS</i>	NC	
ORENITRAM TBCR	NP	SP	Transthyretin Stabilizers		
Pulmonary Hypertension - Activin Signaling Inhibitor			ATTRUBY	NP	SP; PA
WINREVAIR	NC	SP			
Pulmonary Hypertension - Endothelin Receptor Antagonists					
<i>ambrisentan</i>	P	SP			
<i>bosentan TABS</i>	P	SP			
LETAIRIS (<i>ambrisentan</i>)	NP	SP			
OPSUMIT	NP	SP			

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	NP	
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 4 %-3 GM/150ML	NC	
CEFAZOLIN SODIUM-DEXTROSE SOLR	NC	
<i>cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG</i>	NC	
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	NC	
<i>cephalexin CAPS</i>	P	
<i>cephalexin CAPS</i>	P	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor CAPS</i>	P	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	P	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	NC	
<i>cefoxitin sodium IV</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits
CEFOXITIN SODIUM-DEXTROSE	NC	
<i>cefprozil SUSR 250 MG/5ML</i>	P	1 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil SUSR 125 MG/5ML</i>	P	2 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	P	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS</i>	P	QL(20 EA per fill retail)
<i>cefuroxime sodium IJ 750 MG</i>	NC	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 EA per fill retail)
<i>cefdinir SUSR</i>	P	1 package(s) per fill retail
<i>cefixime CAPS</i>	P	
<i>cefixime SUSR</i>	P	
<i>cefpodoxime proxetil SUSR</i>	P	
<i>cefpodoxime proxetil TABS</i>	P	
<i>ceftazidime IJ 1 GM, 6 GM</i>	NC	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	C	QL(3 EA per fill retail); 1 max fill(s) per 31 day(s) retail
<i>ceftriaxone sodium IJ 2 GM</i>	NC	
<i>ceftriaxone sodium in dextrose</i>	NC	
CEFTRIAZONE SODIUM-DEXTROSE	NC	
SUPRAX CAPS (<i>cefixime</i>)	NP	
SUPRAX SUSR (<i>cefixime</i>)	NP	
Cephalosporins - 4th Generation		
CEFEPIME HCL SOLN	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefepime hcl SOLR IJ 1 GM</i>	NC		TARTARIC ACID (BULK) GRAN	NC	RX/OTC
CEFEPIME-DEXTROSE	NC		TARTARIC ACID (BULK) POWD	NC	
Cephalosporins - 5th Generation			Bulk Chemicals		
TEFLARO	NC		BIORE HYDRATING MOISTURIZER	NC	
Cephalosporins - Siderophores			CUCUMBER MELON	NC	
FETROJA	NC		DRAKKAR NOIR	NC	
CHEMICALS			FRESH LINEN FRAGRANCE	NC	
Acids, Bases, & Buffers			NATAPRES LIQD	NC	
ACETIC ACID 3 %, 5 %	NC		POLYETHYLENE GLYCOL 600 (BULK) LIQD	NC	
ACETIC ACID GLACIAL	NC	RX/OTC	VICTORIAS SECRET VANILLA LACE	NC	
AMMONIUM HYDROXIDE	NC	RX/OTC	Bulk Chemicals - A's		
FUMARIC ACID	NC		9-AMINOACRIDINE HCL	NC	
GLYCOLIC ACID CRYSTALS	NC	RX/OTC	ACARBOSE	NC	
GLYCOLIC ACID GRAN	NC		ACEPROMAZINE MALEATE	NC	
HYDROCHLORIC ACID	NC		ACESULFAME POTASSIUM	NC	RX/OTC
LACTIC ACID 85 %, 88 %	NC	RX/OTC	ACETAMINOPHEN CRYSTALS	NC	
NITRIC ACID	NC		ACETAMINOPHEN GRAN	NC	
OXALIC ACID DIHYDRATE	NC		ACETAMINOPHEN POWD	NC	RX/OTC
PHOSPHORIC ACID	NC		ACETARSONE	NC	
POTASSIUM HYDROXIDE PLLT	NC	RX/OTC	ACETAZOLAMIDE CRYSTALS	NC	
POTASSIUM HYDROXIDE SOLN XX 10 %, 20 %, 45 %	NC		ACETAZOLAMIDE POWD	NC	
SODIUM BORATE (BULK) POWD	NC	RX/OTC	ACETYL DIPEPTIDE-1 CETYL ESTER	NC	
SODIUM BORATE DECAHYDRATE POWD	NC	RX/OTC	ACETYL HEXAPEPTIDE-8 POWD	NC	
SODIUM CARBONATE ANHYDROUS	NC		ACETYL HEXAPEPTIDE-8 SOLN	NC	
SODIUM CARBONATE MONOHYDRATE	NC		ACETYLCHOLINE CHLORIDE	NC	
SODIUM HYDROXIDE PLLT	NC	RX/OTC			
SULFURIC ACID (BULK)	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACETYL-D-GLUCOSAMINE	NC		AMINOPROPYL RACEMENTHYL PHOS	NC	
ACETYL-L-CARNITINE HCL	NC	RX/OTC	AMITRIPTYLINE HCL POWD	NC	
ACTIPHYTE OF ALGAE GL	NC		AMLEXANOX	NC	
ACYCLOVIR	NC		AMLODIPINE BESYLATE	NC	
ADEMETIONINE DISULF TOSYLATE	NC		AMMONIUM LAURYL SULFATE	NC	
ADENOSINE	NC		AMMONIUM MOLYBDATE TETRAHYD	NC	
AGAR POWD	NC		ANASTROZOLE	NC	
ALASKAN RED ALGAE	NC		ANDROSTENEDIONE	NC	
ALBENDAZOLE	NC		ANISINDIONE	NC	
ALDOSTERONE	NC		ANTIMONY POTASSIUM TARTRATE	NC	
ALGINIC ACID	NC		ANTIMONY TRICHLORIDE CRYST	NC	
ALKYL BENZOATE C12-15	NC		ANTIMONY TRISULFIDE	NC	
ALLOPURINOL	NC		ANTIPYRINE CRYST	NC	
ALOE VERA FREEZE DRIED POWD	NC	RX/OTC	ANTIPYRINE POWD	NC	
ALOE VERA LEAF POWD	NC	RX/OTC	APOMORPHINE HCL	NC	
ALOE VERA OIL	NC		ARBUTIN ALPHA	NC	
ALOE VERA POWD	NC	RX/OTC	ARGININE HCL	NC	RX/OTC
ALPHA-KETOGLUTARIC ACID CRYST	NC		ARNICA	NC	
ALPHA-KETOGLUTARIC ACID POWD	NC		ARSENIC TRIOXIDE	NC	
ALPHA-LIPOIC ACID	NC	RX/OTC	ASCORBIC ACID CASSAVA POWD	NC	RX/OTC
ALPRAZOLAM	NC		ASCORBIC ACID GRAN	NC	RX/OTC
ALTRENOGEST	NC		ASCORBIC ACID POWD	NC	RX/OTC
ALUMINUM ACETATE BASIC	NC		ASCORBYL PALMITATE	NC	RX/OTC
ALUMINUM CHLOROHYDRATE	NC	RX/OTC	ASPARAGINE MONOHYDRATE	NC	
AMANTADINE HCL	NC		ATORVASTATIN CALCIUM	NC	
AMERICAN GINSENG	NC		ATTAPULGITE	NC	
AMINOCAPROIC ACID	NC		AVIPTADIL ACETATE	NC	
AMINOLEVULINIC ACID HCL POWD	NC		AVOCADO OIL	NC	
			AZELAIC ACID FLAK	NC	RX/OTC
			AZELAIC ACID POWD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZELASTINE HCL	NC		BETAINE HCL	NC	
AZITHROMYCIN	NC		BETAMETHASONE ACETATE	NC	
AZITHROMYCIN DIHYDRATE	NC		BETANAPHTHOL	NC	
BLUE AGAVE ORGANIC	NC		BETHANECHOL CHLORIDE	NC	
DL-ALPHA LIPOIC ACID	NC	RX/OTC	BIMATOPROST	NC	
L-ARGININE HCL	NC	RX/OTC	BIOTIN	NC	RX/OTC
LIPOIC ACID	NC	RX/OTC	BIOTIN-D	NC	RX/OTC
MAGNASWEET 110 LIQD	NC		BISABOLOL, ALPHA-L	NC	
MAGNASWEET 135 POWD	NC		BISMUTH CITRATE (BULK)	NC	RX/OTC
SODIUM 4-AMINOSALICYLATE	NC		BISOPROLOL FUMARATE	NC	
Bulk Chemicals - B's			BITTER ORANGE	NC	
BACITRACIN MICRONIZED	NC		BORON AMORPHOUS FINE	NC	
BASIC FUCHSIN HCL	NC	RX/OTC	BORON CITRATE	NC	
BECLOMETHASONE DIPROPIONATE	NC		BOSWELLIA SERRATA EXTRACT	NC	
<i>belladonna (bulk) TINC</i>	NC		BRILLIANT GREEN POWD	NC	RX/OTC
BELLADONNA EXTRACT POWD	NC		BRIMONIDINE TARTRATE	NC	
BELLADONNA TINC	NC		BROMFENAC SODIUM MISC	NC	
BENACTYZINE HCL	NC		BROMFENAC SODIUM POWD	NC	
BENZAEPRIIL HCL	NC		BUDESONIDE	NC	
BENFOTIAMINE	NC		BUFLOMEDIL HCL	NC	
BENZETHONIUM CHLORIDE	NC		BUPRENORPHINE HCL	NC	
BENZOCAINE	NC	RX/OTC	BUPROPION HCL	NC	
BENZOIN GUM	NC		BUSPIRONE HCL	NC	
BENZOQUINONE (PARA)	NC		BUTALBITAL	NC	
BETA CAROTENE BEAD	NC		BUTORPHANOL TARTRATE	NC	
BETA CYCLODEXTRIN	NC		BUTYL ALCOHOL	NC	
BETA GLUCAN	NC		BUTYLATED HYDROXYANISOLE POWD	NC	
BETAHISTINE DIHYDROCHLORIDE	NC				
BETAHISTINE HCL	NC				
BETAINE ANHYDROUS	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BUTYLENE GLYCOL	NC		CALCIUM OXIDE	NC	
TINOGARD TL	NC		CALCIUM PROPIONATE	NC	
Bulk Chemicals - C's			CALCIUM PYRUVATE	NC	
ACTIPHYTE OF CUCUMBER	NC		CALCIUM SACCHARATE	NC	
ADRENOCHROME SEMICARBAZONE	NC		CALCIUM SILICATE	NC	
ADRENOCORTICOTROPIC HORMONE	NC		CALCIUM STEARATE	NC	
AVICEL PH 101 MICRO CELLULOSE POWD	NC	RX/OTC	CALCIUM THIOGLYCOLATE	NC	
AVICEL PH 105 MICRO CELLULOSE POWD	NC	RX/OTC	CANADIAN BALSAM	NC	RX/OTC
BIOFLAVONOID CITRUS	NC		CANNABIDIOL	NC	
CALCIPOTRIENE	NC		CAPRYLIC ACID	NC	
CALCIPOTRIENE MONOHYDRATE	NC		CAPRYLIC CAPRIC TRIGLYCERIDE	NC	
CALCIPOTRIOL	NC		CAPSAICIN PALMITATE	NC	
CALCITRIOL	NC		CAPTOPRIL	NC	
CALCITRIOL IN ALMOND OIL	NC		CARBACHOL	NC	
CALCIUM ACETATE CRYST	NC		CARBAMIDE PEROXIDE	NC	RX/OTC
CALCIUM ACETATE POWD	NC		CARBAZOCHROME	NC	
CALCIUM ALGINATE	NC		CARBIMAZOLE	NC	
CALCIUM AMINO ACID CHELATE GRAN	NC		CARBOMER 934P	NC	RX/OTC
CALCIUM CHLORIDE ANHYDROUS POWD	NC		CARBOMER 934P RESIN	NC	RX/OTC
CALCIUM CITRATE TETRAHYDRATE POWD	NC	RX/OTC	CARBOMER 940	NC	RX/OTC
CALCIUM CITRATE POWD	NC	RX/OTC	CARBOMER 940 NF	NC	RX/OTC
CALCIUM FRUCTOBORATE	NC		CARBOMER 941	NC	RX/OTC
CALCIUM GLUBIONATE	NC		CARBOMER 980 NF	NC	RX/OTC
CALCIUM GLYCEROPHOSPHATE	NC		CARBOMER HOMOPOLYMER TYPE C	NC	RX/OTC
CALCIUM LEVULINATE DIHYDRATE	NC		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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELECOXIB	NC		CHOLESTEROL POWD	NC	RX/OTC
CELLULASE (BULK) 5000 UNIT/GM	NC	RX/OTC	CHOLESTYRAMINE	NC	
CELLULOSE CARMELLOSE SODIUM	NC		CHOLINE CHLORIDE	NC	
CELLULOSE CRYSTALS	NC	RX/OTC	CHOLINE MAG TRISALICYLATE	NC	
CELLULOSE POWD	NC	RX/OTC	CHONDROITIN SULFATE SODIUM	NC	RX/OTC
CERESIN WAX	NC		CHORIONIC GONADOTROPIN	NC	
CESIUM CHLORIDE	NC		CHROMIC CHLORIDE CRYSTALS	NC	RX/OTC
CETEARYL ALCOHOL-CETEARETH 20	NC		CHROMIUM CHLORIDE POWD	NC	
CETOSTEARYL ALCOHOL	NC		CHROMIUM K SULFATE DODECAHYD	NC	
CETYL MYRISTOLEATE OIL	NC		CHROMIUM PICOLINATE	NC	RX/OTC
CETYL MYRISTOLEATE POWD	NC		CHROMIUM POLYNICOTINATE	NC	
CETYL MYRISTOLEATE WAX	NC		CHRYSLIN	NC	RX/OTC
CETYLPYRIDINIUM CHLORIDE	NC		CICLOPIROX	NC	
CHICKEN PROTEIN	NC		CIDOFOVIR	NC	
CHLORAMBUCIL	NC		CINNAMON BARK	NC	
CHLORAMPHENICOL PALMITATE	NC		CIPROFLOXACIN	NC	
CHLORAMPHENICOL POWD	NC		CIPROFLOXACIN HCL	NC	
CHLORHEXIDINE DIACETATE	NC		CISAPRIDE	NC	
CHLOROPHYLLIN SODIUM COPPER	NC		CISPLATIN	NC	
CHLOROTHIAZIDE	NC		CITICOLINE	NC	
CHLOROXINE	NC		CITRULLINE	NC	RX/OTC
CHLOROXYLENOL	NC		CITRUS BIOFLAVONOIDS 13 %	NC	
CHLORPROMAZINE HCL	NC		CLARITHROMYCIN	NC	
CHOLECALCIFEROL CRYSTALS	NC		CLEMIZOLE HCL	NC	
CHOLECALCIFEROL POWD	NC	RX/OTC	CLIDINIUM BROMIDE	NC	
CHOLESTEROL FLAK	NC		CLINDAMYCIN HCL	NC	
			CLINDAMYCIN HCL MONOHYDRATE	NC	
			CLINDAMYCIN PHOSPHATE POWD	NC	
			CLOFAZIMINE	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLOMIPRAMINE HCL	NC		CYCLOPENTOLATE HCL	NC	
CLONAZEPAM	NC		CYCLOPHOSPHAMIDE	NC	
CLOPIDOGREL BISULFATE	NC		CYCLOSERINE	NC	
CLORSULON	NC		CYCLOSPORINE	NC	
COBALT GLUCONATE	NC		CYCLOSPORINE A	NC	
COBAMAMIDE	NC	RX/OTC	CYPROHEPTADINE HCL	NC	
COCAMIDE DEA	NC		CYSTEAMINE HCL	NC	
COLHIBIN	NC		DIETHYLENE GLYCOL MONOETHYL ET	NC	RX/OTC
COLISTIMETHATE SODIUM	NC		ETHOXY DIGLYCOL	NC	RX/OTC
COLLAGEN HYDROLYSATE	NC		ETHOXY ETHOXY ETHANOL REAGENT	NC	RX/OTC
COPPER GLUCONATE	NC		FREEDOM ESTERDERM	NC	
COPPER GLYCINATE	NC		HUMAN CHORIONIC GONADOTROPIN	NC	
CORAL CALCIUM	NC		L-CARNOSINE	NC	
CORN OIL	NC	RX/OTC	L-CITRULLINE	NC	RX/OTC
COUMARIN	NC		L-CYSTEINE HCL	NC	RX/OTC
CRANBERRY	NC		L-CYSTEINE CRYST	NC	
CREATINE	NC		L-CYSTEINE POWD	NC	
CREATINE MONOHYDRATE	NC	RX/OTC	LOCUST BEAN GUM	NC	
CREATININE	NC	RX/OTC	MICROCRYSTAL CELLULOSE NF 101 POWD	NC	RX/OTC
CRESOL	NC		MICROCRYSTAL CELLULOSE NF 102 POWD	NC	RX/OTC
CROSCARMELLOSE SODIUM	NC		MICROCRYSTAL CELLULOSE NF 105 POWD	NC	RX/OTC
CROTAMITON	NC		SPECPED SOLN	NC	
CROTON OIL	NC	RX/OTC	UREA PEROXIDE	NC	RX/OTC
CUPUACU BUTTER	NC		VITAMIN D3 LIQD 2400 UNIT/ML, 1000000 UNIT/GM	NC	
CYANOCOBALAMIN CRYST	NC	RX/OTC	VITAMIN D3 POWD	NC	RX/OTC
CYANOCOBALAMIN POWD	NC		YLANG-YLANG OIL FRAGRANCE	NC	
CYCLANDELATE	NC		Bulk Chemicals - D's		
CYCLOBENZAPRINE HCL	NC				
CYCLOMETHICONE	NC				
CYCLOPENTASILOX-PEG/PPG DIMETH	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
2-DEOXY-D-GLUCOSE	NC		DIBUCAINE HCL	NC	
CALCIUM HYDROXYAPATITE	NC		DICHLORALPHENAZONE	NC	
DANTROLENE SODIUM	NC		DICHLOROACETIC ACID	NC	
DAPIPRAZOLE HCL	NC		DICLAZURIL	NC	
DAPSONE	NC		DICLOFENAC SODIUM POWD	NC	
DEHYDROCHOLIC ACID	NC		DICYCLOMINE HCL	NC	
DEMECARIUM BROMIDE	NC		DIETHANOLAMINE	NC	
DENATONIUM BENZOATE	NC		DIETHYL PHTHALATE	NC	
DEOXYCHOLIC ACID	NC		DIETHYL TOLUAMIDE	NC	
DESICCATED BEEF LIVER	NC		DIETHYLCARBAMAZINE CITRATE	NC	
DESMOPRESSIN ACETATE	NC		DIETHYLPROPION HCL	NC	
DESOXIMETASONE	NC		DIETHYLSTILBESTROL	NC	
DESOXYCORTICOSTERONE ACETATE	NC		DIGOXIN MICRONIZED POWD	NC	
DEVILS CLAW	NC		DIGOXIN POWD	NC	
DEXAMETHASONE	NC		DIHYDROCODEINE BITARTRATE	NC	
DEXAMETHASONE ACETATE	NC		DIHYDROXYACETONE (1,3) DIMER	NC	
DEXAMETHASONE BASE	NC		DIINDOLYLMETHANE	NC	
DEXAMETHASONE ISONICOTINATE	NC		DIODO-L-THYRONINE 3,5	NC	
DEXAMETHASONE SODIUM PHOSPHATE	NC		DILTIAZEM HCL	NC	
DEXCHLORPHENIRAMINE MALEATE	NC		DIMETHYL FUMARATE	NC	
DEXPANTHENOL LIQD	NC		DIMETHYL SILOXANE HYDROXYALKYL	NC	
DEXPANTHENOL POWD	NC		DIMETHYLACETAMIDE	NC	
DEXTRAN 40000	NC		DIMETHYLAMINOETHANOL	NC	
DEXTRAN 75000	NC		DIMETHYLGLYCINE HCL	NC	RX/OTC
DEXTROMETHORPHAN	NC		DIOGENIN	NC	
DIAMINOPYRIDINE	NC		DIOSMIN	NC	
DIAZEPAM	NC		DIOXYBENZONE	NC	
DIAZOXIDE	NC		DIPHENIDOL HCL	NC	
DIBUCAINE	NC		DIPHENYLCYCLOPROPENONE (BULK) 98 %	NC	
			DIPYRIDAMOLE	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DISOPHENOL	NC		ERYTHROMYCIN ESTOLATE	NC	
DISULFIRAM	NC		ESCITALOPRAM OXALATE	NC	
DIVALPROEX SODIUM	NC		ESTRADIOL BENZOATE	NC	
DMAE BITARTRATE	NC		ESTRADIOL CYPIONATE	NC	
D-MANNOSE	NC		ESTRADIOL HEMIHYDRATE (BULK)	NC	
DOCOSANOL	NC		ESTRADIOL MICRONIZED	NC	
DOPAMINE HCL	NC		ESTRADIOL VALERATE POWD	NC	
DORZOLAMIDE HCL	NC		ESTRADIOL POWD	NC	
DOW CORNING 1501 FLUID	NC		ESTRIOL	NC	
DOXEPIN HCL	NC		ESTRIOL MICRONIZED	NC	
DOXYCYCLINE MONOHYDRATE	NC		ESTRONE CRYST	NC	
D-RIBOSE	NC		ESTRONE POWD	NC	
DULOXETINE HCL	NC		ETHOSUXIMIDE	NC	
DUTASTERIDE	NC		ETHYL OLEATE	NC	RX/OTC
DYCLONINE HCL CRYST	NC		ETHYL VANILLIN	NC	
DYCLONINE HCL POWD	NC		ETHYLCELLULOSE	NC	
DYPHYLLINE	NC		ETHYLENEDIAMINE	NC	
GERMALL PLUS LIQD	NC		ETOMIDATE	NC	
PCCA DMAE COMPLEX	NC		EUCALYPTOL	NC	RX/OTC
PROSTAGLANDIN E2	NC		GREEN TEA	NC	
RIBOSE (D)	NC		Bulk Chemicals - F's		
SYN-AKE	NC		4-AMINOPYRIDINE	NC	
Bulk Chemicals - E's			4-METHYLPYRAZOLE	NC	
ECONAZOLE NITRATE	NC		5-FLUOROURACIL	NC	
EDROPHONIUM CHLORIDE	NC		DALFAMPRIDINE	NC	
EFLORNITHINE HCL	NC		FAMCICLOVIR	NC	
EMU OIL	NC		FAMOTIDINE	NC	
ENALAPRIL MALEATE	NC		FENBENDAZOLE	NC	
ENCLOMIPHENE CITRATE POWD XX	NC		FENOFIBRATE	NC	
ENROFLOXACIN	NC		FERRIC AMMONIUM CITRATE	NC	
EPINEPHRINE BITARTRATE	NC		FERRIC CHLORIDE HEXAHYDRATE MISC	NC	
ERGOLOID MESYLATES	NC				
ERLOTINIB HCL (BULK)	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FERRIC SUBSULFATE (BULK) POWD	NC		4-AMINO BUTYRIC ACID	NC	
FERRIC SUBSULFATE (BULK) SOLN	NC	RX/OTC	ARLACEL 165	NC	
FERRIC SULFATE	NC		EGCG POWD	NC	
FERROUS BISGLYCINATE CHELATE	NC		GABAPENTIN	NC	
FERROUS FUMARATE	NC		GALACTOSE	NC	
FERROUS GLUCONATE DIHYDRATE GRAN	NC		GAMMA-AMINO BUTYRIC ACID	NC	
FERROUS GLUCONATE DIHYDRATE POWD	NC		GARDENIA FRAGRANCE	NC	
FERROUS GLUCONATE POWD	NC		GATIFLOXACIN	NC	
FERULIC ACID	NC		GENISTEIN	NC	
FEVERFEW	NC		GINSENG ROOT	NC	
FEXOFENADINE HCL	NC		GLUCONOLACTONE	NC	
FINASTERIDE CRYST	NC		GLUCOSAMINE HCL	NC	RX/OTC
FINASTERIDE POWD	NC		GLUCOSAMINE SULFATE	NC	RX/OTC
FLIBANSERIN	NC		GLUCOSAMINE SULFATE NACL	NC	
FLUCONAZOLE	NC		GLUCOSAMINE SULFATE POTASSIUM	NC	
FLUCYTOSINE	NC		GLUTARALDEHYDE IN WATER LIQD	NC	
FLUMAZENIL	NC		GLYCEROL MONOOLEATE	NC	
FLUNIXIN MEGLUMINE	NC		GLYCERYL MONOSTEARATE FLAK	NC	RX/OTC
FLUOROURACIL	NC		GLYCOFUROL	NC	
FLUOXETINE HCL	NC		GLYCOPYRROLATE	NC	
FLUPHENAZINE DECANOATE LIQD	NC		GLYCOSAMINOGLYCANS	NC	
FLUPHENAZINE DECANOATE POWD	NC		GLYCYRRHIZIC ACID	NC	
FLUTICASONE PROPIONATE	NC		GOLD SODIUM THIOMALATE	NC	
FORMOTEROL FUMARATE	NC		GRAMICIDIN D	NC	
FORMOTEROL FUMARATE DIHYDRATE	NC		GRAPE SEED OIL	NC	RX/OTC
FORSKOLIN	NC		GREEN SOAP	NC	
FURAZOLIDONE	NC		GREEN TEA EXTRACT LIQD	NC	
			GREEN TEA OIL FRAGRANCE	NC	
Bulk Chemicals - G's					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GRISEOFULVIN MICRONIZED	NC		HYDROCORTISONE ACETATE	NC	
GRISEOFULVIN MICROSIZE	NC		HYDROCORTISONE HEMISUCCINATE	NC	
GUANABENZ ACETATE	NC		HYDROCORTISONE MICRONIZED	NC	
GUANETHIDINE SULFATE	NC		HYDROFLUORIC ACID	NC	
GUANIDINEACETIC ACID	NC		HYDROXOCOBALAMIN	NC	RX/OTC
GUAR GUM	NC		HYDROXOCOBALAMIN HCL	NC	
GUARANA SEED EXTRACT	NC		HYDROXYAMPHETAMIN E HBR	NC	
GYMNEMA SYLVESTRIS LEAF	NC		HYDROXYCHLOROQUIN E SULFATE	NC	
Bulk Chemicals - H's			HYDROXYETHYL CELLULOSE POWD	NC	
ACTIPHYTE OF IVY	NC		HYDROXYETHYL METHACRYLATE	NC	
HALOPERIDOL	NC		HYDROXYPROGESTER ONE CAPROATE	NC	
HALOPERIDOL DECANOATE	NC		HYDROXYPROPYL CELLULOSE	NC	RX/OTC
HAWTHORN BERRY	NC		HYDROXYPROPYL METHYLCELLULOSE	NC	RX/OTC
HEMATOXYLIN	NC		HYDROXYPROPYL-BETA-CYCLODEXT	NC	
HEPARIN SODIUM	NC		HYDROXYUREA	P	
HEPES	NC		HYDROXYZINE HCL	NC	
HEPTAMINOL	NC		HYPROMELLOSE	NC	RX/OTC
HISTAMINE PHOSPHATE CRYSTALS	NC		HYPROMELLOSE METHOCEL K100M	NC	RX/OTC
HONEY ALMOND FRAGRANCE	NC		METHOCEL E4M	NC	RX/OTC
HUPERZINE SERRATE A	NC		METHOCEL E4M PREMIUM	NC	RX/OTC
HYALURONATE SODIUM	NC		METHOCEL E4M PREMIUM CR	NC	RX/OTC
HYALURONIC ACID	NC		METHOCEL K100 PREMIUM	NC	RX/OTC
HYALURONIC ACID SODIUM	NC		METHOCEL K100M PREMIUM	NC	RX/OTC
HYDRALAZINE HCL	NC		SODIUM HYALURONATE	NC	
HYDRAZINE SULFATE	NC				
HYDROCODONE BITARTRATE CRYSTALS	NC				
HYDROCODONE BITARTRATE POWDER	NC				
HYDROCORTISONE	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WITCH HAZEL	NC		ACTIPHYTE OF SEA KELP	NC	
Bulk Chemicals - I's			ACTIPHYTE OF SUGAR KELP	NC	
CERAPHYL SLK	NC		KANAMYCIN SULFATE	NC	
IDEBENONE	NC		KETAMINE HCL	NC	
IDOXURIDINE	NC		KETOPROFEN POWD	NC	
IMATINIB MESYLATE POWD XX	NC		KETOROLAC TROMETHAMINE	NC	
IMIDUREA	NC		KETOTIFEN FUMARATE	NC	
IMIQUIMOD	NC		KETOTIFEN HYDROGEN FUMARATE	NC	
INDOCYANINE GREEN	NC		KINETIN	NC	
INDOLE-3-CARBINOL	NC	RX/OTC	KIWI FRAGRANCE	NC	
INOSITOL	NC		KUDZU	NC	
INOSITOL HEXANICOTINATE	NC	RX/OTC	Bulk Chemicals - L's		
IODINE RESUBLIMED GRAN	NC		ACIDOPHILUS LACTOBACILLUS	NC	
IODINE STRONG (LUGOL'S)	NC	RX/OTC	CALCIUM FOLINATE	NC	
IODINE CRYST	NC		CARNITINE (L)	NC	RX/OTC
IODINE FLAK	NC		LABETALOL HCL	NC	
IOPANOIC ACID	NC		LACTASE 5000	NC	
ISOMETHEPTENE MUCATE	NC		LAMOTRIGINE	NC	
ISOPROPYL MYRISTATE	NC		LANSOPRAZOLE	NC	RX/OTC
ISOPROTERENOL HCL	NC		LATANOPROST OIL	NC	
ISOSORBIDE	NC		LATANOPROST POWD	NC	
ISOTRETINOIN	NC		LAURETH-9 POLIDOCANOL	NC	
ISOXSUPRINE HCL	NC		LAURIC ACID	NC	
ITRACONAZOLE	NC		L-CARNITINE	NC	RX/OTC
IVERMECTIN	NC		L-CARNITINE HCL	NC	
LIPACTIVE INCA INCHI WO	NC		LEAD TETROXIDE	NC	
Bulk Chemicals - J's			LEFLUNOMIDE	NC	
JASMINE FRAGRANCE	NC		LEMON BIOFLAVANOID	NC	
JOJOBA OIL	NC		LETROZOLE	NC	
Bulk Chemicals - K's			LEUCOVORIN CALCIUM	NC	
7-KETO DHEA	NC	RX/OTC	LEUPROLIDE ACETATE	NC	
			LEVALBUTEROL HCL	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LEVETIRACETAM	NC		L-SELENOMETHIONINE BLEND	NC	
LEVOCARNITINE	NC	RX/OTC	LUTEIN BEAD	NC	
LEVOCETIRIZINE DIHYDROCHLORIDE	NC		LUTEIN POWD	NC	
LEVOFLOXACIN	NC		PCCA T3 SODIUM	NC	
LEVOFLOXACIN HEMIHYDRATE	NC		PCCA T4 SODIUM	NC	
LEVOMEFOLATE CALCIUM	NC		PINENE (L-ALPHA)	NC	
LEVOMEFOLATE GLUCOSAMINE	NC		Bulk Chemicals - M's		
LEVORPHANOL TARTRATE	NC		2-METHOXYESTRADIOL	NC	
LEVOTHYROXINE SODIUM	NC		5-METHYLTETRAHYDROFOLATE CALC	NC	RX/OTC
LICORICE DEGLYCYRRHIZINATED	NC		DIMETHYL SULFONE POWD	NC	
LIDOCAINE BASE POWD	NC		L-GLUTAMIC ACID MONOSOD SALT	NC	
LIDOCAINE HCL	NC		MACA ROOT	NC	
LIDOCAINE HCL MONOHYDRATE	NC		MAFENIDE ACETATE	NC	
LIDOCAINE CRYST	NC		MAFENIDE HCL	NC	
LIDOCAINE POWD	NC		MAGNESIUM ALUMINUM SILICATE	NC	
LIMONENE	NC		MAGNESIUM AMINO ACID CHELATE	NC	
LINCOMYCIN HCL	NC		MAGNESIUM ASCORBATE	NC	
LINOLEIC ACID	NC		MAGNESIUM BISGLYCINATE DIHYD	NC	
LIOETHYRONINE	NC		MAGNESIUM CITRATE	NC	RX/OTC
LIOETHYRONINE SODIUM	NC		MAGNESIUM GLUCONATE	NC	
LISINOPRIL	NC		MAGNESIUM GLYCINATE	NC	
LITHIUM CITRATE TETRAHYDRATE	NC		MAGNESIUM HYDROXIDE	NC	
L-LYSINE HCL POWD	NC	RX/OTC	MAGNESIUM MALATE	NC	
L-METHYLFOLATE CALCIUM	NC		MAGNESIUM PHOSPHATE	NC	
LORATADINE	NC	RX/OTC	MALEIC ACID	NC	
LORAZEPAM	NC		MALIC ACID	NC	RX/OTC
LOSARTAN POTASSIUM	NC		MALTODEXTRIN	NC	
LOVASTATIN	NC				
L-SELENOMETHIONINE	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MANDELIC ACID	NC		METHSCOPOLAMINE NITRATE	NC	
MANGANESE CHLORIDE	NC		METHYL METHACRYLATE CROSSPOLY	NC	
MANGANESE GLUCONATE	NC		METHYL SULFONE CRYSTALS	NC	RX/OTC
MANGANESE SULFATE	NC		METHYLCOBALAMIN	NC	RX/OTC
MECAMYLAMINE HCL	NC		METHYLENE CHLORIDE	NC	
MECHLORETHAMINE HCL	NC		METHYLMETHACRYL CROSSPOLYMER	NC	
MECLOFENOXATE HCL	NC		METHYLPHENIDATE HCL	NC	
MEDIUM CHAIN TRIGLYCERIDES	NC		METHYLPYRROLIDONE	NC	
MEDROXYPROGESTERONE ACE MICRO	NC		METHYLSULFONYLMETHANE CRYSTALS	NC	RX/OTC
MEDROXYPROGESTERONE ACETATE	NC		METHYLSULFONYLMETHANE POWDER	NC	
MEDROXYPROGESTERONE MICRONIZED	NC		METHYSERGIDE MALEATE	NC	
MEGLUMINE	NC		METRONIDAZOLE	NC	
MELOXICAM	NC		METRONIDAZOLE BENZOATE	NC	
MENADIONE	NC		MEXILETINE HCL	NC	
MEQUINOL	NC		MIDAZOLAM	NC	
MERCAPTOPYRIMIDINE	NC		MILK THISTLE	NC	
MERCAPTOPYRIMIDINE MONOHYDRATE	NC		MIRTAZAPINE	NC	
METACRESOL ACETATE	NC		MISOPROSTOL	NC	
METFORMIN HCL	NC		MISOPROSTOL-HPMC	NC	
METHACHOLINE CHLORIDE CRYSTALS	NC		MITOMYCIN	NC	
METHACHOLINE CHLORIDE POWDER	NC		MITOTANE	NC	
METHACRYLIC ACID COPOLYMER A	NC		MODAFINIL	NC	
METHANESULFONIC ACID	NC		MOLYBDENUM	NC	
METHOCARBAMOL	NC		MOMETASONE FUROATE	NC	
METHOXYAMINE HYDROCHLORIDE	NC		MONOBENZENE	NC	
METHOXYETHANOL	NC		MONOETHANOLAMINE	NC	
METHSCOPOLAMINE BROMIDE	NC		MONTELUKAST SODIUM	NC	
			MORANTEL TARTRATE	NC	
			MOXIFLOXACIN HCL	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOXISYLYTE HCL	NC		NIMODIPINE	NC	
MUPIROCIN	NC		NITAZOXANIDE	NC	
MYCOPHENOLATE MOFETIL	NC		NITROFURANTOIN ANHYDROUS	NC	
VITAMIN K2	NC		NITROFURANTOIN MONOHYDRATE	NC	
Bulk Chemicals - N's			NONOXYNOL-9	NC	
NABUMETONE	NC		NOREPINEPHRINE BITARTRATE	NC	
N-ACETYL-L-CARNOSINE	NC		NORETHINDRONE	NC	
NADH	NC		NYSTATIN	NC	
NALBUPHINE HCL	NC		Bulk Chemicals - O's		
NALOXONE HCL	NC		HYDROXYQUINOLINE SULFATE	NC	
NALOXONE HCL DIHYDRATE	NC		L-ORNITHINE HYDROCHLORIDE	NC	RX/OTC
NALTREXONE	NC		OCTINOXATE	NC	
NALTREXONE HCL	NC		OCTISALATE	NC	
NALTREXONE HCL ANHYDROUS	NC		OCTYL STEARATE	NC	
NALTREXONE HCL DIHYDRATE	NC		OLMESARTAN MEDOXOMIL	NC	
NALTREXONE HCL MICRONIZED	NC		ONDANSETRON HCL	NC	
NANDROLONE DECANOATE	NC		ORIGANUM OIL	NC	
NAPHAZOLINE HCL POWD	NC		ORLISTAT	NC	
NEOSTIGMINE METHYLSULFATE	NC		ORNITHINE HCL	NC	RX/OTC
NETTLE LEAF	NC		OSELTAMIVIR PHOSPHATE	NC	
NICLOSAMIDE	NC		OXANDROLONE	NC	
NICOTINAMIDE ADENINE DINUCLEO	NC	RX/OTC	OXYBUTYNIN CHLORIDE	NC	
NICOTINAMIDE RIBOSIDE CHLORIDE	NC		OXYMETAZOLINE HCL	NC	
NICOTINE POLACRILEX	NC	RX/OTC	OXYTETRACYCLINE DIHYDRATE	NC	
NICOTINE TARTRATE	NC		OXYTOCIN	NC	
NIFEDIPINE	NC		OXYTOCIN ACETATE	NC	
NIFEDIPINE MICRONIZED	NC		TRITON X-100	NC	
			Bulk Chemicals - P's		
			BRIJ 30	NC	
			BRIJ 35 WAX	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BRIJ 700 WAX	NC		PEUCEDANUM	NC	
BRIJ 93	NC		OSTRUTHIUM EXTRACT		
BRIJ C20 WAX	NC		PHENELZINE SULFATE	NC	
BRIJ S20 WAX	NC		PHENINDIONE	NC	
COSMOCIL CQ LIQD	NC		PHENIRAMINE MALEATE POWD	NC	
DL-PANTHENOL	NC		PHENOLSULFONIC ACID	NC	
DL-PANTHENOL ALCOHOL	NC		PHENOXYBENZAMINE HCL	NC	
PALMAROSA	NC		PHENOXYETHANOL	NC	
PALMITOYL PENTAPEPTIDE-3	NC		PHTERMININE HCL	NC	
PALMITOYL TRIPEPTIDE-3	NC		PHTOLAMINE MESYLATE	NC	
PANCREATIN	NC		PHENYL SALICYLATE	NC	
PANTHENOL	NC		PHENYLETHYL ALCOHOL	NC	
PANTOPRAZOLE SODIUM	NC		PHENYLETHYLAMINE HCL	NC	
PAPAIN	NC		PHENYLTOLOXAMINE CITRATE	NC	
PARACHLOROPHENOL	NC		PHENYTOIN	NC	
PARAFORMALDEHYDE	NC		PHOSPHATIDYLCHOLIN E	NC	RX/OTC
PAROMOMYCIN SULFATE	NC		PHOSPHATIDYLSERINE	NC	
PEARBERRY FRAGRANCE	NC		PHYTIC ACID IN WATER	NC	
PEG 400 MONOSTEARATE	NC		PHYTONADIONE CRYST	NC	
PEG-40 CASTOR OIL	NC		PHYTONADIONE LIQD	NC	RX/OTC
PENCICLOVIR (BULK)	NC		PIMOBENDAN	NC	
PENICILLAMINE	NC		PINE BARK EXTRACT	NC	
PENNYROYAL OIL	NC		PINE NEEDLE OIL	NC	
PENTOSAN POLYSULFATE SODIUM	NC		PINEAPPLE EXTRACT	NC	
PENTOXIFYLLINE	NC		PIPERINE	NC	
PENTYLENE GLYCOL	NC		PIRACETAM	NC	
PENTYLENETETRAZOLE	NC		PODOFILOX	NC	
PERFLUORODECALIN	NC		POLYACRYLATE CROSSPOLYMER-6	NC	
PERGOLIDE MESYLATE	NC		POLYHEXAMETHYLENE BIGUANIDE SOLN	NC	
PERMETHRIN LIQD	NC		POLYOXYL 40 HYD CASTOR OIL	NC	
PERPHENAZINE	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POLYVINYL ALCOHOL	NC		POVIDONE-IODINE FLAK	NC	
POLYVINYLPYRROLIDONE K-30	NC		POVIDONE-IODINE POWD	NC	
POLYVINYLPYRROLIDONE K-90	NC		POWDER SCENT FRAGRANCE	NC	
POMEGRANATE SEED	NC		PRALIDOXIME CHLORIDE	NC	
PONAZURIL	NC		PRAZIQUANTEL POWD	NC	
POTASSIUM ACETATE CRYSTALS	NC	RX/OTC	PREGABALIN	NC	
POTASSIUM ACETATE POWD	NC		PRILOCAINE	NC	
POTASSIUM ASPARTATE	NC		PRILOCAINE HCL	NC	
POTASSIUM AZELAIOYL DIGLYCINATE	NC		PRIMIDONE	NC	
POTASSIUM BENZOATE	NC		PROCARBAZINE HCL	NC	
POTASSIUM IODIDE CRYSTALS	NC	RX/OTC	PROCHLORPERAZINE EDISYLATE	NC	
POTASSIUM IODIDE GRAN	NC		PROFLAVINE HEMISULFATE	NC	
POTASSIUM IODIDE POWD	NC		PROGESTERONE MICRONIZED	NC	
POTASSIUM METABISULFITE POWD	NC		PROGESTERONE MILLED POWD	NC	
POTASSIUM PERMANGANATE GRAN	NC	RX/OTC	PROGESTERONE WETTABLE (SOY) POWD	NC	
POTASSIUM PHOSPHATE DIBASIC GRAN	NC		PROGESTERONE WETTABLE POWD	NC	
POTASSIUM PHOSPHATE MONOBASIC CRYSTALS	NC		PROGESTERONE POWD	NC	
POTASSIUM PHOSPHATE MONOBASIC POWD	NC		PROMAZINE HCL	NC	
POTASSIUM SODIUM TARTRATE GRAN	NC		PROMETHAZINE HCL POWD	NC	
POTASSIUM SODIUM TARTRATE POWD	NC		PROPANEDIOL	NC	
POTASSIUM SULFATE	NC		PROPARACAINE HCL	NC	
POVIDONE	NC		PROPYL GALLATE	NC	
POVIDONE K-30	NC		PROPYLENE GLYCOL	NC	RX/OTC
			PROPYLENE GLYCOL MONOSTEARATE	NC	
			PROPYLTHIOURACIL	NC	
			PROTAMINE SULFATE	NC	
			PROTEASE	NC	
			PSYLLIUM HUSK	NC	
			PULLULAN	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PYRANTEL PAMOATE	NC		ROSE BENGAL B	NC	
PYRAZINAMIDE	NC		ROSUVASTATIN CALCIUM	NC	
PYRIDOSTIGMINE BROMIDE	NC		RUBIDIUM CHLORIDE	NC	
PYRIDOXAL-5 PHOSPHATE	NC	RX/OTC	RUTIN	NC	
PYRIDOXAL-5- PHOSPHATE	NC	RX/OTC	Bulk Chemicals - S's		
PYRIMETHAMINE	NC		AC DERMAPEPTIDE	NC	
VITAMIN K1 POWD	NC		CALCIUM SACCHARIN	NC	
ZINC PYRITHIONE	NC		CETYL ESTERS WAX	NC	
Bulk Chemicals - Q's			COPASIL GEL	NC	
QUATERNIUM-15	NC		DEOXYCHOLIC ACID SODIUM	NC	
QUERCETIN DIHYDRATE	NC		DIBUTYL SQUARATE LIQD	NC	RX/OTC
QUININE HCL DIHYDRATE	NC		DIMERCAPTOSUCCINIC ACID CRYST	NC	
Bulk Chemicals - R's			DIMERCAPTOSUCCINIC ACID POWD	NC	
RACEPINEPHRINE HCL	NC		DL-3-HYDROXYBUTYRIC ACID SOD	NC	
RAPESEED OIL	NC		DOW CORNING 200 LIQD	NC	RX/OTC
RASAGILINE MESYLATE	NC		L-ASPARTIC ACID SODIUM	NC	RX/OTC
RAUWOLFIA SERPENTINA	NC		LECITHIN SOYA GRAN	NC	
RED YEAST RICE	NC	RX/OTC	LECITHIN SOYA POWD	NC	
RED YEAST RICE EXTRACT	NC	RX/OTC	L-SERINE	NC	RX/OTC
RESVERATROL	NC		NICE PURE BAKING SODA	NC	RX/OTC
RETINAL	NC		NOURISIL GEL	NC	
RIBAVIRIN	NC		PMX-1184 SILICONE LIQD	NC	RX/OTC
RIBOFLAVIN	NC	RX/OTC	SACCHARIN CALCIUM	NC	
RIBOFLAVIN 5- PHOSPHATE SODIUM	NC	RX/OTC	SAGE LEAF	NC	
RIBOFLAVIN-5- PHOSPHATE SODIUM	NC	RX/OTC	SALICYLIC ACID CRYST	NC	
RIFAMPIN	NC		SALICYLIC ACID POWD	NC	RX/OTC
RIFAXIMIN	NC		SALICYLIC ACID SOLN	NC	
ROCURONIUM BROMIDE	NC		SALSALATE	NC	
RONIDAZOLE	NC				
ROPIVACAINE HCL	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAW PALMETTO BERRY POWD	NC		SODIUM CAPRATE	NC	
SCARLET RED	NC		SODIUM CAPRYLATE	NC	
SECRETIN-MANNITOL	NC		SODIUM CHLORITE FLAK	NC	
SELENIUM SULFIDE	NC		SODIUM CITRATE DIHYDRATE GRAN	NC	
SELENIUM YEAST	NC		SODIUM CITRATE DIHYDRATE POWD	NC	
SENNA EXTR	NC		SODIUM COCOYL GLUTAMATE	NC	
SERMORELIN ACETATE	NC		SODIUM DEHYDROACETATE	NC	
SEROTONIN HCL	NC		SODIUM DEOXYCHOLATE	NC	
SERTRALINE HCL	NC		SODIUM DIACETATE	NC	
SHARK CARTILAGE	NC		SODIUM DICHOROACETATE	NC	
SHOWER FRESH FRAGRANCE	NC		SODIUM FLUORIDE	NC	
SIBERIAN GINSENG	NC		SODIUM FLUOROPHOSPHATE	NC	
SILDENAFIL CITRATE	NC		SODIUM GLUCONATE	NC	
SILICONE BLEND CUSTOM PSTE	NC		SODIUM IODIDE GRAN	NC	
SILICONE ELASTOMER BLEND GEL	NC		SODIUM LACTATE 60 %	NC	
SILICONE ELASTOMER BLEND LIQD	NC	RX/OTC	SODIUM LAURETH SULFATE	NC	
SILICONE FLUID 556 LIQD	NC	RX/OTC	SODIUM METABISULFITE GRAN	NC	RX/OTC
SILVER SULFADIAZINE	NC		SODIUM METABISULFITE POWD	NC	
SIMVASTATIN	NC		SODIUM MOLYBDATE	NC	
SINCALIDE IN MANNITOL	NC		SODIUM MONOFLUOROPHOSPHATE	NC	
SIROLIMUS	NC		SODIUM NITRATE (BULK) GRAN	NC	
SODIUM ACETATE TRIHYDRATE	NC		SODIUM NITRATE (BULK) POWD	NC	
SODIUM ALGINATE	NC		SODIUM OLEATE	NC	
SODIUM ASCORBYL PHOS DIHYDRATE	NC		SODIUM PHENYLBUTYRATE	NC	
SODIUM ASPARTATE	NC				
SODIUM ASPARTATE MONOHYDRATE	NC	RX/OTC			
SODIUM BICARBONATE	NC	RX/OTC			
SODIUM BISULFITE	NC	RX/OTC			
SODIUM BITARTRATE MONOHYDRATE	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SODIUM PHOSPHATE DIBASIC HEPTA CRYSTALS	NC		SORBITAN MONOPALMITATE	NC	
SODIUM PHOSPHATE DIBASIC HEPTA POWDER	NC		SOYABEAN CASEIN DIGEST MEDIUM	NC	
SODIUM PHOSPHATE DIBASIC CRYSTALS	NC		SOYBEAN LECITHIN GRANULES	NC	
SODIUM PHOSPHATE DIBASIC GRANULES	NC	RX/OTC	SPAN 80	NC	
SODIUM PHOSPHATE DIBASIC POWDER	NC		SPIRULINA	NC	
SODIUM PHOSPHATE MONOBASIC GRANULES	NC		SQUALANE LIQUID	NC	
SODIUM PHOSPHATE MONOBASIC POWDER	NC	RX/OTC	SQUALANE OIL	NC	
SODIUM PHOSPHATE TRIBASIC CRYSTALS	NC		SQUALENE	NC	
SODIUM PHOSPHATE TRIBASIC POWDER	NC		SQUARIC ACID	NC	
SODIUM PIDOLATE	NC		SQUARIC ACID DI-N-BUTYL ESTER POWDER	NC	
SODIUM PROPIONATE	NC	RX/OTC	SQUARIC ACID IN BUTANOL LIQUID	NC	RX/OTC
SODIUM SELENITE	NC		ST JOHNS WORT	NC	
SODIUM STARCH GLYCOLATE	NC		STANNOUS CHLORIDE DIHYDRATE	NC	
SODIUM STEARATE	NC		STANZOLOL	NC	
SODIUM STEARYL FUMARATE	NC		STEVIA EXTRACT	NC	RX/OTC
SODIUM SUCCINATE	NC		STEVIOLE GLYCOSIDES	NC	
SODIUM TARTRATE DIHYDRATE	NC		STEVIOSIDE EXTRACT	NC	
SODIUM TETRADECYL SULFATE POWDER	NC		STRONTIUM CHLORIDE CRYSTALS	NC	
SODIUM TETRADECYL SULFATE SOLUTION 27 %	NC		SUCCIMER DMSA POWDER	NC	
SODIUM THIOSALICYLATE	NC		SUCCINIC ACID	NC	
SORAFENIB TOSYLATE (BULK)	NC		SUCCINYLCHOLINE CHLORIDE	NC	
SORBITAN MONOLAUATE	NC		SUCROSE OCTAACETATE	NC	
SORBITAN MONOOLEATE	NC		SUFENTANIL CITRATE	NC	
			SULFACETAMIDE	NC	
			SULFADIMETHOXINE	NC	
			SULFAMERAZINE	NC	
			SULFOSALICYLIC ACID DIHYDRATE	NC	
			SULFUR PRECIPITATED (BULK) POWDER	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SULFUR SUBLIMED (BULK) POWD	NC	RX/OTC	TETRACAINE HCL	NC	
SULPIRIDE	NC		TETRAHYDROBIOPTERIN DIHCL	NC	
SUMATRIPTAN	NC		TETRAHYDROZOLINE HCL	NC	
SUMATRIPTAN SUCCINATE	NC		THEANINE	NC	
SUPEROXIDE DISMUTASE POWD	NC		THEOBROMINE	NC	
SUPEROXIDE DISMUTASE SOLN	NC		THIOGUANINE	NC	
TRUCLEAR STEVIA PLUS	NC	RX/OTC	THIORIDAZINE HCL	NC	
Bulk Chemicals - T's			THYMUS	NC	
CURCUMIN	NC		THYROID (PORCINE)	NC	
CURCUMIN EXTRACT	NC		TICARCILLIN-POT CLAVULANATE	NC	
NATURAL MIXED TOCOPHEROLS	NC		TITANIUM DIOXIDE LIQD	NC	
RENOVAGE	NC		TITANIUM DIOXIDE POWD	NC	
TACROLIMUS	NC		TIZANIDINE HCL	NC	
TADALAFIL	NC		TOBRAMYCIN	NC	
TAMOXIFEN CITRATE	NC		TOCOTRIENOLS	NC	
TAMOXIFEN CITRATE MICRONIZED	NC		TOFACITINIB CITRATE	NC	
TAZAROTENE	NC		TOLAZOLINE HCL	NC	
TEA COCOYL GLUTAMINE	NC		TOLTRAZURIL	NC	
TEA TREE OIL	NC	RX/OTC	TOLU BALSAM MISC	NC	
TERBINAFINE HCL	NC		TOLUIDINE BLUE O POWD	NC	
TESTOSTERONE CYPIONATE	NC		TOPIRAMATE	NC	
TESTOSTERONE ENANTHATE	NC		TRAMADOL HCL	NC	
TESTOSTERONE MICRONIZED CRYSTALS	NC		TRANEXAMIC ACID	NC	RX/OTC
TESTOSTERONE MICRONIZED POWD	NC		TRANILAST CRYSTALS	NC	
TESTOSTERONE PROPIONATE	NC		TRANILAST POWD	NC	
TESTOSTERONE POWD	NC		TRIACETIN	NC	
TETRACAINE	NC		TRIAMCINOLONE	NC	
			TRIAMCINOLONE HEXACETONIDE	NC	
			TRICHLORMETHIAZIDE	NC	
			TRICHLOROACETIC ACID CRYSTALS	NC	RX/OTC
			TRICHLOROACETIC ACID POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRICLOSAN	NC		VANADIUM	NC	
TRIETHANOLAMINE LAURYL SULFATE	NC		VANADYL SULFATE HYDRATE	NC	RX/OTC
TRIETHANOLAMINE SALICYLATE	NC		VANCOMYCIN HCL	NC	
TRILOSTANE	NC		VANILLIN CRYST	NC	
TRIMEPRAZINE TARTRATE	NC		VANILLIN POWD	NC	
TRIMETHOBENZAMIDE HCL	NC		VARDENAFIL HCL	NC	
TRIOXSALEN	NC		VEEGUM	NC	
TRIPROLIDINE HCL	NC		VIDARABINE	NC	
TROMETHAMINE	NC		VINPOCETINE	NC	
TROPOLONE	NC		VITAMIN A ACETATE BEAD	NC	
TRYPSIN POWD	NC		VITAMIN A PALMITATE	NC	RX/OTC
TURMERIC	NC		VITAMIN A POWD	NC	
TURMERIC ROOT	NC		VITAMIN E	NC	
TYLOSIN TARTRATE	NC		VITAMIN E ACETATE	NC	RX/OTC
TYLOXAPOL	NC		VITAMIN E SUCCINATE	NC	RX/OTC
XILOGEL	NC		VORICONAZOLE	NC	
Bulk Chemicals - U's			Bulk Chemicals - W's		
UBIQUINOL	NC		SEPICALM VG	NC	
UREA BEAD	NC	RX/OTC	WHEY PROTEIN ISOLATE	NC	
UREA POWD	NC	RX/OTC	WHITE KIDNEY BEAN EXTRACT	NC	
URIDINE	NC		WHITE WILLOW BARK	NC	
URSODIOL	NC		Bulk Chemicals - X		
Bulk Chemicals - V's			XYLAZINE HCL	NC	
ALPHA-TOCOPHEROL	NC		XYLITOL	NC	RX/OTC
RETINOL MOLECULAR FILM OIL	NC		XYLOMETAZOLINE HCL	NC	
SODIUM VALPROATE	NC		Bulk Chemicals - Y's		
TOCOPHERYL ACID SUCC D-ALPHA	NC	RX/OTC	YEAST EXTRACT	NC	
VALACYCLOVIR HCL	NC		YOHIMBINE HCL	NC	
VALERIAN ROOT POWD	NC		Bulk Chemicals - Z's		
VALPROATE SODIUM	NC		ZEAXANTHIN	NC	
VALPROIC ACID POWD	NC		ZINC ACETATE	NC	RX/OTC
			ZINC CHLORIDE GRAN	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZINC CITRATE	NC		CRYOSERV	NC	RX/OTC
ZINC GLUCONATE POWD	NC		DIMETHYL SULFOXIDE	NC	RX/OTC
ZINC MONOMETHIONINE	NC		ETHANOL	NC	RX/OTC
ZINC OXIDE	NC	RX/OTC	ETHER	NC	
ZINC PICOLINATE	NC		ETHYL ALCOHOL 95 %, 100 %	NC	RX/OTC
ZINC UNDECYLENATE	NC		EUCALYPTUS OIL	NC	RX/OTC
ZIRCONIUM OXIDE	NC		EUGENOL	NC	RX/OTC
ZONISAMIDE	NC		FT CAMPHOR SPIRIT	NC	
Liquids			FT NAIL POLISH REMOVER	NC	RX/OTC
ACETONE	NC	RX/OTC	FT SWEET OIL	NC	RX/OTC
ACTIPHYTE OF LEMONGRASS	NC		GERANIUM OIL	NC	
ALCOHOL ANHYDROUS	NC		GLYCERINE LIQD	NC	RX/OTC
<i>alcohol, rubbing XX</i>	NC		GLYCERIN LIQD	NC	RX/OTC
ALCOHOL, USP	NC	RX/OTC	GLYCERIN SOLN	NC	
ALMOND OIL (SWEET)	NC	RX/OTC	GLYCEROL FORMAL LIQD	NC	RX/OTC
AMMONIUM LACTATE	NC		GLYCINE SOYA PROTEIN	NC	
ANISE	NC		GNP CINNAMON	NC	
BASE G ALMOND OIL (SWEET)	NC	RX/OTC	GNP EUCALYPTUS	NC	RX/OTC
BAY OIL	NC		GNP PEPPERMINT SPIRIT	NC	
BENZYL BENZOATE	NC	RX/OTC	GNP SODIUM SILICATE	NC	
BERGAMOT OIL	NC		GOODSENSE ISOPROPYL ALCOHOL XX	NC	RX/OTC
CAMPHOR SPIRIT (BULK) 10 %	NC		GUAIACOL	NC	
CASTOR OIL	NC	RX/OTC	HM ISOPROPYL ALCOHOL XX	NC	RX/OTC
CEDAR LEAF OIL	NC		ISOPROPANOL XX	NC	RX/OTC
CELERY SEED	NC		<i>isopropyl alcohol XX 91 %, 99 %</i>	NC	
CHLORHEXIDINE GLUCONATE	NC		ISOPROPYL ALCOHOL XX 100 %, 70 %	NC	RX/OTC
CHLOROFORM	NC	RX/OTC	ISOPROPYL ALCOHOL (RUBBING) XX	NC	
CINNAMON OIL	NC		<i>isopropyl alcohol, rubbing XX</i>	NC	
CITRONELLA OIL	NC	RX/OTC			
CLOVE OIL	NC	RX/OTC			
COCONUT OIL	NC	RX/OTC			
COTTONSEED OIL	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ISOPROPYL PALMITATE (BULK)	NC	RX/OTC	SM SWEET OIL	NC	RX/OTC
JUNIPER TAR	NC		SODIUM SILICATE (BULK) 40 %	NC	
LAVENDER OIL	NC	RX/OTC	SOYBEAN OIL OIL	NC	RX/OTC
LEMON OIL	NC		SPEARMINT OIL	NC	RX/OTC
LIME OIL	NC	RX/OTC	SWEET OIL	NC	RX/OTC
LINSEED OIL	NC		TANGERINE	NC	
MACADAMIA NUT OIL	NC		TANGERINE OIL	NC	
METHANOL	NC	RX/OTC	TURPENTINE	NC	
METHYL ALCOHOL	NC	RX/OTC	TURPENTINE OIL	NC	
MUSTARD OIL	NC		UNDECYLENIC ACID	NC	RX/OTC
NIAOULI	NC		WA-001 EXPERIMENTAL SOIL SURFA	NC	
OLIVE OIL	NC	RX/OTC	Semi-Solids		
ORANGE OIL	NC		COAL TAR EXTRACT SOLN	NC	RX/OTC
PEANUT OIL	NC	RX/OTC	COAL TAR LIQD	NC	
PEPPERMINT OIL	NC	RX/OTC	COAL TAR SOLN	NC	RX/OTC
PEPPERMINT SPIRIT (BULK)	NC		COAL TAR TAR	NC	
PINE OIL	NC		PERUVIAN BALSAM LIQD	NC	
PINE TAR LIQD	NC		PERUVIAN BALSAM MISC	NC	
POLYSORBATE 20	NC	RX/OTC	PERUVIAN BALSAM POWD	NC	
POLYSORBATE 40	NC		Solids		
POLYSORBATE 60	NC		5-HYDROXY-L-TRYPTOPHAN	NC	
POLYSORBATE 80	NC	RX/OTC	ALLANTOIN	NC	RX/OTC
PRETZ SOLN	NC		ALPROSTADIL	NC	
QC CAMPHOR SPIRIT	NC		ALUM AMMONIUM (BULK)	NC	
QC CASTOR OIL	NC	RX/OTC	ALUMINUM AMMONIUM SULFATE	NC	
QC SWEET OIL	NC	RX/OTC	ALUMINUM HYDROXIDE DRIED GEL	NC	RX/OTC
QUASSIA VINEGAR MS	NC		ALUMINUM HYDROXIDE GEL	NC	RX/OTC
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALUMINUM POTASSIUM SULFATE POWD	NC	RX/OTC	CALCIUM SULFATE HEMIHYDRATE	NC	RX/OTC
ALUMINUM SULFATE CRYST	NC		CAPSICUM OLEORESIN LIQD	NC	
ALUMINUM SULFATE GRAN	NC		CARBIDOPA	NC	
AMMONIUM BROMIDE GRAN	NC		CARBIDOPA ANHYDROUS	NC	
AMMONIUM BROMIDE POWD	NC		CARBOXYMETHYLCELLULOSE SODIUM GRAN	NC	
AMMONIUM CARBONATE (BULK) POWD	NC		CARBOXYMETHYLCELLULOSE SODIUM POWD	NC	RX/OTC
AMMONIUM CHLORIDE	NC	RX/OTC	CITRIC ACID ANHYDROUS GRAN	NC	RX/OTC
AMMONIUM PHOSPHATE DIBASIC GRAN	NC		CITRIC ACID ANHYDROUS POWD	NC	RX/OTC
AMMONIUM SULFATE	NC		CITRIC ACID MONOHYDRATE GRAN	NC	RX/OTC
ASPARTIC ACID	NC	RX/OTC	CITRIC ACID MONOHYDRATE POWD	NC	
BHT GRAN	NC		CITRIC ACID POWD	NC	RX/OTC
BISMUTH SUBCARBONATE	NC	RX/OTC	COENZYME Q10	NC	RX/OTC
BISMUTH SUBNITRATE	NC	RX/OTC	CORN STARCH	NC	RX/OTC
BISMUTH SUBSALICYLATE	NC	RX/OTC	DEHYDROEPIANDROSTERONE MICRO	NC	
BORIC ACID NF POWD	NC	RX/OTC	DEHYDROEPIANDROSTERONE POWD	NC	RX/OTC
BORIC ACID TOPICAL POWD	NC	RX/OTC	DHEA MICRONIZED	NC	
BORIC ACID CRYST	NC		DHEA POWD	NC	RX/OTC
BORIC ACID POWD	NC	RX/OTC	DIMENHYDRINATE	NC	
BUTYLATED HYDROXYTOLUENE CRYST	NC		DIMERCAPTOPROPANESULFONATE NA	NC	
BUTYLATED HYDROXYTOLUENE GRAN	NC		DINITROCHLOROBENZENE	NC	
BUTYLATED HYDROXYTOLUENE POWD	NC		DOCUSATE SODIUM-SOD BENZOATE	NC	
CALCIUM HYDROXIDE	NC	RX/OTC	EDETATE ACID	NC	
CALCIUM SULFATE	NC	RX/OTC	EDETATE DISODIUM	NC	RX/OTC
			EDETATE DISODIUM DIHYDRATE	NC	RX/OTC
			EDETATE SODIUM	NC	
			EDETIC ACID	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPINEPHRINE	NC		PHENYLMERCURIC NITRATE	NC	
EPINEPHRINE BASE	NC		PILOCARPINE HCL POWD	NC	
FLUORESCEIN	NC		PILOCARPINE NITRATE CRYSTALS	NC	
FLUORESCEIN SODIUM	NC		PILOCARPINE NITRATE POWD	NC	
FULLERS EARTH (BULK)	NC	RX/OTC	POTASH SULFURATED LUMP MISC	NC	
GERMANIUM SESQUIOXIDE	NC		POTASSIUM ALUM POWD	NC	RX/OTC
GINGER ROOT	NC		POTASSIUM BITARTRATE (BULK)	NC	RX/OTC
GNP BORIC ACID POWD	NC	RX/OTC	POTASSIUM BROMIDE CRYSTALS	NC	RX/OTC
HM BORIC ACID POWD	NC	RX/OTC	POTASSIUM BROMIDE GRAN	NC	
HOMATROPINE METHYLBROMIDE POWD	NC		POTASSIUM BROMIDE POWD	NC	
HYDROXYTRYPTOPHAN (BULK)	NC		POTASSIUM GLUCONATE ANHYDROUS	NC	RX/OTC
HYDROXYTRYPTOPHAN L-5	NC		POTASSIUM NITRATE GRAN	NC	
IODOFORM	NC	RX/OTC	POTASSIUM NITRATE POWD	NC	
KETOCONAZOLE	NC		POTASSIUM PERCHLORATE	NC	
KOJIC ACID	NC	RX/OTC	PRASTERONE MICRONIZED	NC	
L-ASPARTIC ACID	NC	RX/OTC	PREGNENOLONE	NC	
LEAD ACETATE TRIHYDRATE POWD	NC		PREGNENOLONE MICRONIZED	NC	
LICORICE ROOT POWD	NC		PROSTAGLANDIN E1	NC	
L-MENTHOL	NC	RX/OTC	PUMICE (FLOUR)	NC	
MANNITOL	NC	RX/OTC	PYROGALLOL	NC	
MELATONIN	NC	RX/OTC	PYRUVIC ACID LIQD	NC	RX/OTC
MENADIONE SODIUM BISULFITE CRYSTALS	NC		PYRUVIC ACID POWD	NC	
MENTHOL	NC	RX/OTC	QC BORIC ACID POWD	NC	RX/OTC
METHENAMINE MANDELATE	NC				
METHENAMINE POWD	NC				
METHYLENE BLUE	NC				
MINOXIDIL	NC				
OXYBENZONE	NC				
PHENYLMERCURIC ACETATE	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QUINIDINE SULFATE DIHYDRATE CRYSTALS	NC		THYMOL IODIDE PURIFIED	NC	
RESORCINOL CRYSTALS	NC	RX/OTC	TINIDAZOLE	NC	
RESORCINOL POWDER	NC	RX/OTC	UBIDECARENONE	NC	RX/OTC
ROSIN MISC	NC		WAXY MAIZE STARCH N-200	NC	RX/OTC
ROSIN POWDER	NC		CONTRACEPTIVES - Drugs to Prevent Pregnancy		
SILICA GEL	NC	RX/OTC	Combination Contraceptives - Oral		
SILICON DIOXIDE (SYLOID 244FP) POWDER	NC		AVERI TABS PO	NC	
SILICON DIOXIDE POWDER	NC		<i>desogestrel & ethinyl estradiol</i>	C	
SM BORIC ACID POWDER	NC	RX/OTC	<i>desogestrel-ethinyl estradiol (biphasic)</i>	C	
SODIUM BICARBONATE SODIUM CHLORIDE (BULK)	NC		<i>desogestrel-ethinyl estradiol (triphasic)</i>	C	
SODIUM BROMIDE	NC	RX/OTC	<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	C	
SODIUM BUTYRATE	NC	RX/OTC	<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	C	QL(1 EA daily)
SODIUM CACODYLATE	NC		<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	NC	
SODIUM NITRITE	NC	RX/OTC	<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	C	
SODIUM PERBORATE GRANULES	NC		<i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i>	C	QL(1 EA daily)
SODIUM PERBORATE POWDER	NC	RX/OTC	FEMLYV TBDP	NC	
SODIUM SULFATE POWDER	NC		GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	NC	
SODIUM SULFITE	NC	RX/OTC	<i>levonorgestrel & eth estradiol TABS</i>	C	
SORBITOL	NC		<i>levonorgestrel-eth estradiol (triphasic)</i>	C	
STANNOUS FLUORIDE POWDER	NC		<i>levonorgestrel-ethinyl estradiol (91-day)</i>	NC	
STARCH	NC	RX/OTC	<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	C	
STARCH RICE	NC	RX/OTC	<i>levonorgestrel-ethinyl estradiol (continuous)</i>	NC	
STRONTIUM NITRATE	NC				
SUCROSE CRYSTALS	NC				
SUCROSE POWDER	NC				
SULFANILAMIDE	NC				
TALC	NC	RX/OTC			
THEOPHYLLINE	NC	RX/OTC			
THEOPHYLLINE ANHYDROUS	NC	RX/OTC			
THYMOL	NC	RX/OTC			
THYMOL IODIDE	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol-iron</i>	NC		TYBLUME CHEW	C	
LO LOESTRIN FE TABS	NC		YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	NC	
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NC		YAZ (<i>drospirenone-ethinyl estradiol</i>)	NC	QL(1 EA daily)
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	NC		Combination Contraceptives - Transdermal		
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	NC		<i>norelgestromin-ethinyl estradiol</i>	C	
NATAZIA	NC		TWIRLA	NC	
NEXTSTELLIS	NC		Combination Contraceptives - Vaginal		
<i>norethin acet & estrad-fe CAPS</i>	NC		ANNOVERA	NC	
<i>norethin acet & estrad-fe CHEW</i>	NC		<i>etonogestrel-ethinyl estradiol</i>	C	QL(6 EA per fill retail)
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	C		NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	NC	QL(6 EA per fill retail)
<i>norethindrone & eth estradiol</i>	C		Emergency Contraceptives		
<i>norethindrone & ethinyl estradiol-fe</i>	C		ELLA	C	QL(4 EA per 365 day(s) retail)
<i>norethindrone acet & eth estra TABS</i>	C		<i>levonorgestrel (emergency oc) 1.5 MG</i>	C	QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail
<i>norethindrone acetate-ethinyl estradiol-fe</i>	C		PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	NC	QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail
<i>norethindrone-eth estradiol (triphasic)</i>	C		Progestin Contraceptives - Injectable		
<i>norgestimate-ethinyl estradiol</i>	C		DEPO-PROVERA SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NC	QL(1 ML per fill retail)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	C		DEPO-PROVERA SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NC	QL(1 ML per fill retail)
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	C	QL(2 EA daily)	DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ML per fill retail)
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NC				
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	C	QL(1 ML per fill retail)	<i>deflazacort TABS</i>	NP	SP
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	C	QL(1 ML per fill retail)	DEPO-MEDROL SUSP	NC	
Progestin Contraceptives - Oral			DEXAMETHASONE INTENSOL CONC	NP	
<i>norethindrone (contraceptive)</i>	C		<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	C	QL(150 ML per 31 day(s) retail)
OPIII	NC		<i>dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML</i>	NC	
SLYND	NC		DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	NC	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	C	QL(150 ML per 31 day(s) retail)
Glucocorticosteroids			<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	C	QL(150 ML per 31 day(s) retail)
ACTIVE INJECTION D KIT	NC		<i>dexamethasone sodium phosphate SOSY IJ 10 MG/ML</i>	NC	
AGAMREE	NP	SP	<i>dexamethasone ELIX</i>	P	
ALKINDI SPRINKLE CPSP	NP		<i>dexamethasone SOLN</i>	P	
BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML	NC		<i>dexamethasone TABS 1.5 MG, 4 MG</i>	NC	
BETAMETHASONE SOD PHOS & ACET SUSP 3 MG/ML-3 MG/ML	NC		<i>dexamethasone TABS</i>	P	
<i>betamethasone sod phosphate & acetate SUSP</i>	NC		<i>dexamethasone TBPk</i>	NP	
BETAMETHASONE SODIUM PHOSPHATE POWD	NC		<i>dexamethasone TBPk</i>	P	
<i>budesonide CPEP</i>	P		DOUBLEDEX KIT	NC	
<i>budesonide TB24</i>	NP		EMFLAZA SUSP (<i>deflazacort</i>)	NP	SP
CORTEF TABS (<i>hydrocortisone</i>)	NP		EMFLAZA TABS (<i>deflazacort</i>)	NP	SP
CORTISONE ACETATE POWD	NC		EOHILIA SUSP	NP	
CORTISONE ACETATE TABS	P		HEMADY TABS	NP	
<i>deflazacort SUSP</i>	NP	SP	<i>hydrocortisone sod succinate 100 MG</i>	NC	
<i>deflazacort TABS</i>	NP		<i>hydrocortisone TABS</i>	P	
			KENALOG-10 SUSP	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KENALOG-80 SUSP	NC		PREDNISOLONE POWD	NC	
KHINDIVI SOLN PO 1 MG/ML	NC		<i>prednisolone SOLN</i>	P	
MAS CARE-PAK KIT	NC		<i>prednisolone SOLN</i>	NP	
MEDROL TABS (<i>methylprednisolone</i>)	NP		<i>prednisolone TABS</i>	NP	
MEDROL TABS	NP		PREDNISONE INTENSOL CONC	NP	
MEDROL TBPB (<i>methylprednisolone</i>)	NP		PREDNISONE POWD	NC	
METHYLPREDNISOLONE ACETATE POWD	NC		<i>prednisone SOLN</i>	P	
<i>methylprednisolone acetate SUSP</i>	NC		<i>prednisone TABS</i>	P	
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	NC		<i>prednisone TABS</i>	NC	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	NC		<i>prednisone TBPB</i>	P	
METHYLPREDNISOLONE POWD	NC		RAYOS TBEC	NP	
<i>methylprednisolone TABS</i>	P		SOLU-CORTEF	NC	
<i>methylprednisolone TBPB</i>	P		SOLU-MEDROL	NC	
PREDNISOLONE ACETATE POWD	NC		SOLU-MEDROL (PF)	NC	
PREDNISOLONE ANHYDROUS POWD	NC		TARPEYO CPDR	NP	SP
PREDNISOLONE SODIUM PHOSPHATE POWD	NC		TOPIDEX KIT	NC	
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail)	<i>triamcinolone acetonide SUSP 40 MG/ML</i>	NC	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	P		TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML, 80 MG/ML	NC	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML</i>	NC		TRIAMCINOLONE DIACET MICRONIZE	NC	
<i>prednisolone sodium phosphate TBPB 10 MG, 15 MG</i>	NC		TRIAMCINOLONE DIACETATE	NC	
			UCERIS TB24 (<i>budesonide</i>)	NP	
			Mineralocorticoids		
			FLUDROCORTISONE ACETATE POWD	NC	
			<i>fludrocortisone acetate TABS</i>	C	
			COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
			Antitussives		
			<i>benzonatate 100 MG</i>	C	QL(6 EA daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benzonatate 150 MG</i>	NC		<i>brompheniramine-dextromethorphan LIQD PO</i>	NC	
<i>benzonatate 200 MG</i>	C	QL(3 EA daily); 1 max fill(s) per 31 day(s) retail; AL(At least 10 yrs old)	CAPRON MAX LIQD	NC	
DELSYM COUGH CHILDRENS SUER (<i>dextromethorphan polistirex</i>)	NC	QL(240 ML per 6 day(s) retail)	<i>cetirizine-pseudoephedrine</i>	C	QL(2 EA daily)
DELSYM SUER (<i>dextromethorphan polistirex</i>)	NC	QL(240 ML per 6 day(s) retail)	CLARINEX-D 12 HOUR TB12	NP	
DEXTROMETHORPHAN HBR MONOHYD CRYST	NC		CLARITIN-D 12 HOUR TB12 (<i>loratadine & pseudoephedrine</i>)	NC	QL(2 EA daily)
DEXTROMETHORPHAN HBR MONOHYD POWD	NC		CORICIDIN HBP TABS (<i>dextromethorphan-acetaminophen-chlorpheniramine</i>)	NC	
<i>dextromethorphan hbr LIQD 15 MG/5ML, 30 MG/10ML</i>	NC		COUGH & CHEST CONGESTION DM SYRP	NC	
DEXTROMETHORPHAN HBR POWD	NC		DECONEX DMX TABS 10 MG-400 MG-17.5 MG	NC	
<i>dextromethorphan polistirex SUER</i>	C	QL(240 ML per 6 day(s) retail)	<i>dextromethorphan-acetaminophen-chlorpheniramine TABS 325 MG-2 MG-10 MG</i>	NC	
HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NC	AL(At least 18 yrs old)	<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	C	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	C	AL(At least 18 yrs old)	<i>dextromethorphan-guaifenesin LIQD 200 MG/20ML-20 MG/20ML</i>	NC	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	NC		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	C	QL(240 ML per fill retail)
Cough/Cold/Allergy Combinations			<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	C	QL(240 ML per fill retail)
ALAHIST D	NC		<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	C	QL(2 EA daily)
ALAHIST DM LIQD	NC				
ALAHIST PE TABS	NC				
<i>brompheniramine & phenyleph ELIX</i>	C	QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	C		POLY HIST FORTE 10 MG-10.5 MG	NC	
ED BRON GP LIQD	C	QL(240 ML per 6 day(s) retail)	POLYTUSSIN DM LIQD	NC	
ENDAL	NC		<i>promethazine & phenylephrine SYRP</i>	C	QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old)
<i>guaifenesin-codeine SOLN</i>	C		<i>promethazine w/codeine SOLN</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>guaifenesin-codeine SYRP</i>	C		<i>promethazine w/codeine SYRP</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
HISTEX-DM SYRP	NC		<i>promethazine-dm SYRP</i>	C	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	NC		<i>promethazine-phenylephrine-codeine</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
LOHIST-D LIQD	C		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	C	QL(240 ML per fill retail)
<i>loratadine & pseudoephedrine TB12</i>	C	QL(2 EA daily)	<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	C	QL(210 EA per fill retail)
MAXI-TUSS PE MAX LIQD	C	QL(240 ML per 6 day(s) retail)	<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	C	
MUCINEX D MAX STRENGTH TB12 (<i>pseudoephedrine-guaifenesin</i>)	NC		ROBITUSSIN SEVERE MULTI-SYMP 10 MG/20ML-400 MG/20ML-650 MG/20ML-20 MG/20ML	NC	
MUCINEX DM TB12 (<i>dextromethorphan-guaifenesin</i>)	NC	QL(2 EA daily)	ROBITUSSIN SEVERE NIGHTTIME LIQD	NC	
MUCINEX D TB12 (<i>pseudoephedrine-guaifenesin</i>)	NC	QL(210 EA per fill retail)	THERAFLU FLU RELIEF MAX STR TBPK PO	NC	
MUCINEX FAST-MAX COLD/FLU MS CAPS (<i>phenylephrine-dm-gg w/ apap</i>)	NC		THERAFLU FLU RELIEF MAX STR THPK PO	NC	
NINJACOF-D	NC		THERAFLU SEVERE COLD NIGHTTIME CHEW PO	NC	
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	C	QL(240 ML per fill retail)			
<i>phenylephrine-dm-gg w/ apap CAPS</i>	NC				
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen CAPS</i>	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERAFLU SEVERE COLD REL COMBO PO	NC		TERPIN HYDRATE	NC	
TRIPONEL LIQD	NC		TERPIN HYDRATE MONOHYDRATE	NC	
TRIPONEL SYRP	NC		Misc. Respiratory Inhalants		
TUSNEL PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML, 50 MG/5ML-5 MG/5ML-15 MG/5ML	NC		<i>sodium chloride (inhalant) NEBU 0.9 %, 10 %</i>	C	
TUSNEL-DM PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML-2.5 MG/ML	NC		Mucolytics		
TUXARIN ER TB12	NC		ACETYLCYSTEINE POWD	NC	
VANACOF 2	NC		<i>acetylcysteine SOLN</i>	C	
VANACOF CP LIQD	NC		N-ACETYL-L-CYSTEINE POWD	NC	
VANACOF DMX LIQD	NC		DERMATOLOGICALS - Drugs to Treat Skin Conditions		
VANACOF XP LIQD	NC		Acne Products		
ZYRTEC-D ALLERGY & CONGESTION (<i>cetirizine-pseudoephedrine</i>)	NC	QL(2 EA daily)	ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	NC	QL(2 EA daily); AL(At least 12 yrs old); PA
ZYRTEC-D ALLERGY & SINUS (<i>cetirizine-pseudoephedrine</i>)	NC	QL(2 EA daily)	ABSORICA LD	NC	
Expectorants			ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	
BROMHEXINE HCL	NC		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	NC	
GUAIFENESIN POWD	NC		<i>adapalene-benzoyl peroxide GEL</i>	NP	
<i>guaifenesin TB12 600 MG</i>	C	QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail	<i>adapalene CREA</i>	NP	
<i>guaifenesin TB12 1200 MG</i>	C		<i>adapalene GEL 0.3 %</i>	NP	
MUCINEX MAXIMUM STRENGTH TB12 (<i>guaifenesin</i>)	NC		<i>adapalene GEL</i>	NC	RX/OTC
MUCINEX TB12 (<i>guaifenesin</i>)	NC	QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail	<i>adapalene GEL 0.3 %</i>	P	
<i>potassium iodide (expectorant) SOLN</i>	C		AKLIEF	NP	
SSKI SOLN (<i>potassium iodide (expectorant)</i>)	NC		ALTRENO LOTN	NP	
			ARAZLO LOTN	NP	
			ATRALIN GEL (<i>tretinoin</i>)	NP	Brand Preferred
			AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AVAR-E LS CREA (sulfacetamide sodium w/ sulfur)	NP		clindamycin phosphate-benzoyl peroxide (refrigerate)	P	
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	NP		clindamycin phosphate-benzoyl peroxide GEL	NP	
BENZOYL PEROXIDE HYDROUS POWD	NC		clindamycin phosphate-tretinoin	NP	
benzoyl peroxide-erythromycin GEL	NP		dapsone (topical)	NP	
benzoyl peroxide-erythromycin GEL	NC		DIFFERIN CREA (adapalene)	NP	
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	C		DIFFERIN GEL (adapalene)	NP	RX/OTC
benzoyl peroxide LIQD 5 %, 10 %	P		DIFFERIN LOTN	NP	
benzoyl peroxide LOTN 5 %, 10 %	C		EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	NP	
BENZOYL PEROXIDE POWD	NC		EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	NC	
CABTREO	NP		EPSOLAY CREA	NP	
CLEOCIN-T LOTN (clindamycin phosphate (topical))	NP		ERYGEL GEL (erythromycin (acne aid))	NP	1 package(s) per fill retail
CLINDACIN ETZ	NC		erythromycin (acne aid) GEL	NP	1 package(s) per fill retail
CLINDACIN PAC	NC		erythromycin (acne aid) PADS	P	
CLINDAGEL GEL (clindamycin phosphate (topical))	NP	QL(60 ML per fill retail; 60 per fill mail)	erythromycin (acne aid) SOLN	P	
clindamycin phosphate (topical) FOAM	NP		erythromycin (acne aid) SOLN	NC	
clindamycin phosphate (topical) GEL	NP	QL(60 ML per fill retail; 60 per fill mail)	FABIOR FOAM	NP	
clindamycin phosphate (topical) LOTN	NP		isotretinoin 25 MG, 35 MG	NC	
clindamycin phosphate (topical) SOLN	P		isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	C	QL(2 EA daily); AL(At least 12 yrs old); PA
clindamycin phosphate (topical) SWAB	NP		KLARON (sulfacetamide sodium (acne))	NP	QL(118 ML per fill retail)
clindamycin phosphate-benzoyl peroxide (refrigerate)	NP		ONEXTON GEL (clindamycin phosphate-benzoyl peroxide)	NP	
			RETIN-A MICRO (tretinoin microsphere)	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>)	NP	Brand Preferred	<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP	
RETIN-A MICRO PUMP	NP	Brand Preferred	SULFACETAMIDE SODIUM-SULFUR SUSP	NP	
RETIN-A CREA (<i>tretinoin</i>)	P	Brand Preferred; QL(20 GM per fill retail); AL(Up to 35 yrs old)	SUMADAN	NP	
RETIN-A GEL 0.025 % (<i>tretinoin</i>)	P	Brand Preferred; AL(Up to 35 yrs old)	SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	
RETIN-A GEL 0.01 % (<i>tretinoin</i>)	P	Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old)	SUMADAN XLT KIT	NP	
RETINOIC ACID POWD	NC		SUMAXIN CP	NP	
<i>sulfacetamide sodium (acne)</i>	NP	QL(118 ML per fill retail)	SUMAXIN PADS	NP	
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP		TAZAROTENE FOAM	NP	
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP		<i>tretinoin microsphere</i>	NP	Brand Preferred
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	NP	Brand Preferred; QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP		<i>tretinoin GEL 0.01 %</i>	NP	Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	NP	1 package(s) per 31 day(s) retail	<i>tretinoin GEL 0.025 %</i>	NP	Brand Preferred; AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP		<i>tretinoin GEL 0.05 %</i>	NP	Brand Preferred
<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP		TRETINOIN POWD	NC	
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail	TWYNEO	NP	
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP		WINLEVI	NP	
			ZIANA (<i>clindamycin phosphate-tretinoin</i>)	NP	
			ZMA CLEAR SUSP	NP	
			Agents for External Genital and Perianal Warts		
			VEREGEN	NP	
			Antibiotics - Topical		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin (topical) OINT</i>	C	1 package(s) per fill retail	<i>ciclopirox olamine CREA</i>	P	
<i>bacitracin zinc OINT</i>	C	1 package(s) per fill retail	CICLOPIROX OLAMINE POWD	NC	
BACITRACIN ZINC POWD	NC		<i>ciclopirox olamine SUSP</i>	P	
<i>bacitracin-polymyxin b OINT</i>	NC		<i>ciclopirox GEL</i>	NP	
BACITRACIN POWD	NC		<i>ciclopirox KIT</i>	NP	
BACTINE MAX ANTI/PAIN RELIEF OINT EX	NC		<i>ciclopirox SHAM</i>	NP	
CENTANY AT KIT	NP		<i>ciclopirox SOLN</i>	P	
<i>gentamicin sulfate (topical) CREA</i>	C	QL(1 GM daily; 30 GM per fill retail)	<i>ciclopirox SOLN</i>	NP	
<i>gentamicin sulfate (topical) OINT</i>	P	QL(1 GM daily; 30 GM per fill retail)	CLIOQUINOL POWD	NC	RX/OTC
GENTAMICIN SULFATE POWD	NC		<i>clotrimazole (topical) CREA</i>	NC	QL(60 GM per 31 day(s) retail; 60 GM per 31 days mail); RX/OTC
<i>mupirocin calcium (topical)</i>	NP	1 package(s) per 31 day(s) retail	<i>clotrimazole (topical) CREA</i>	P	QL(60 GM per 31 day(s) retail; 60 GM per 31 days mail); RX/OTC
<i>mupirocin OINT</i>	P	QL(30 GM per 31 day(s) retail)	<i>clotrimazole (topical) SOLN</i>	NC	1 package(s) per fill retail; RX/OTC
NEOMYCIN SULFATE	NC		<i>clotrimazole (topical) SOLN</i>	P	1 package(s) per fill retail; RX/OTC
<i>neomycin-bacitracin-polymyxin OINT</i>	C	QL(60 GM per 31 day(s) retail)	<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per 31 day(s) retail)
<i>neomycin-polymyxin w/ pramoxine</i>	C	1 package(s) per fill retail	<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ML per 31 day(s) retail)
NEOSPORIN ORIGINAL OINT (<i>neomycin-bacitracin-polymyxin</i>)	NC	QL(60 EA per 31 day(s) retail)	CLOTRIMAZOLE CRYST	NC	
NEOSPORIN PLUS PAIN RELIEF MS (<i>neomycin-polymyxin w/ pramoxine</i>)	NC	1 package(s) per fill retail	CLOTRIMAZOLE POWD	NC	
NEO-SYNALAR	NC		<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail)
NEO-SYNALAR	NC		ERTACZO	NP	
TETRACYCLINE HCL	NC		GENTIAN VIOLET POWD	NC	
XEPI	NP		<i>iodoquinol-hc</i>	NC	
Antifungals - Topical			JUBLIA	NP	
BENZOIC ACID CRYST	NC	RX/OTC	<i>ketoconazole (topical) CREA</i>	P	1 package(s) per 31 day(s) retail
BENZOIC ACID POWD	NC		<i>ketoconazole (topical) FOAM</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail)	OXISTAT LOTN	NP	
KETODAN	NP		<i>tavaborole</i>	NP	
LAMISIL AT ATHLETES FOOT CREA (<i>terbinafine hcl (topical)</i>)	NC		<i>terbinafine hcl (topical) CREA</i>	C	
LAMISIL AT JOCK ITCH CREA (<i>terbinafine hcl (topical)</i>)	NC		TINACTIN CREA (<i>tolnaftate</i>)	NC	QL(30 GM per fill retail)
LAMISIL AT CREA (<i>terbinafine hcl (topical)</i>)	NC		<i>tolnaftate CREA</i>	C	QL(30 GM per fill retail)
LOPROX	NP		TOLNAFTATE POWD XX	NC	
LOPROX SUSP (<i>ciclopirox olamine</i>)	NP		TRIPENICOL C CREA	NC	
<i>luliconazole</i>	NP		VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	
LUZU (<i>luliconazole</i>)	NP		Anti-inflammatory Agents - Topical		
MICATIN CREA (<i>miconazole nitrate (topical)</i>)	NC	QL(200 GM per 31 day(s) retail)	<i>diclofenac epolamine PTCH EX</i>	NP	
<i>miconazole nitrate (topical) CREA</i>	C	QL(200 GM per 31 day(s) retail)	<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 GM daily); RX/OTC
MICONAZOLE NITRATE POWD XX	NC		<i>diclofenac sodium (topical) GEL EX</i>	NC	QL(6.68 GM daily); RX/OTC
<i>miconazole-zinc oxide-white petrolatum</i>	NP		<i>diclofenac sodium (topical) SOLN EX</i>	NP	
<i>naftifine hcl CREA</i>	NP		DICLOGEN	NC	
<i>naftifine hcl GEL 2 %</i>	NP		DICLOTREX	NC	
NAFTIN GEL 1 %	NC		DICLOTREX II	NC	
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	NP		LIXOFEN KIT	NC	
<i>nystatin (topical) CREA</i>	P	1 package(s) per 31 day(s) retail	PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP	
<i>nystatin (topical) OINT</i>	P	1 package(s) per fill retail	Antineoplastic or Premalignant Lesion Agents - Topical		
<i>nystatin (topical) POWD EX</i>	P	1 package(s) per 31 day(s) retail	AMELUZ GEL	NC	
<i>nystatin-triamcinolone CREA</i>	P	1 package(s) per fill retail	CARAC CREA	C	
<i>nystatin-triamcinolone OINT</i>	P	1 package(s) per fill retail	<i>diclofenac sodium (actinic keratoses) EX</i>	NC	
<i>oxiconazole nitrate CREA</i>	NP		EFUDEX CREA (<i>fluorouracil (topical)</i>)	NC	QL(40 GM per 31 day(s) retail)
			<i>fluorouracil (topical) CREA 5 %</i>	C	QL(40 GM per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) CREA 0.5 %</i>	C		IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NC	
<i>fluorouracil (topical) SOLN</i>	C	QL(10 ML per 31 day(s) retail)	<i>methoxsalen rapid</i>	NC	
Antipruritics - Topical			OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
<i>camphor & menthol LOTN</i>	C	1 package(s) per fill retail	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
CAMPHOR CRYST	NC	RX/OTC	PYZCHIVA SC 45 MG/0.5ML	NC	
CAMPHOR GRAN	NC	RX/OTC	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
<i>doxepin hcl (antipruritic)</i>	NC		SILIQ	NP	SP
SARNA LOTN (<i>camphor & menthol</i>)	NC	1 package(s) per fill retail	SKYRIZI PEN SOAJ	NP	SP
Antipsoriatics			SKYRIZI SOSY	NP	SP
<i>acitretin</i>	NC		SORILUX FOAM	NP	
ANTHRALIN POWD	NC		SOTYKTU	NP	SP
BIMZELX SOAJ	NP	SP	SPEVIGO SOSY	NP	SP
BIMZELX SOSY	NP	SP	STELARA SOSY	NP	SP
<i>calcipotriene CREA</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail	STEQEYMA	NP	SP
CALCIPOTRIENE FOAM	NP		TALTZ SOAJ	NP	SP
<i>calcipotriene OINT</i>	P		TALTZ SOSY	NP	SP
<i>calcipotriene SOLN</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail	<i>tazarotene CREA 0.05 %</i>	NP	AL(Up to 18 yrs old)
<i>calcitriol (topical)</i>	NP		<i>tazarotene CREA 0.1 %</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
COSENTYX (300 MG DOSE) SOSY	NP	SP	<i>tazarotene GEL</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP	TREMFYA ONE-PRESS SOAJ 100 MG/ML	NP	SP
COSENTYX SENSOREADY PEN SOAJ	NP	SP	TREMFYA PEN SOAJ 100 MG/ML	NP	
COSENTYX UNOREADY SOAJ	NP	SP	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
COSENTYX SOSY	NP	SP	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	
ILUMYA	NC	SP	USTEKINUMAB-TTWE	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VECTICAL (<i>calcitriol topical</i>)	NP		SELSUN BLUE LOTN (<i>selenium sulfide</i>)	NC	1 package(s) per fill retail
VTAMA	NP		<i>sulfacetamide sodium GEL</i>	NP	
WEZLANA SOLN 45 MG/0.5ML	NC	SP	<i>sulfacetamide sodium LIQD</i>	NP	
WEZLANA SOSY	NC	SP	SULFACETAMIDE SODIUM POWD	NC	
YESINTEK SOLN 45 MG/0.5ML	NP	SP	<i>sulfacetamide sodium SHAM 10 %</i>	NP	
YESINTEK SOSY	NP	SP	Antivirals - Topical		
Antiseborrheic Products			<i>acyclovir topical CREA</i>	P	1 package(s) per 31 day(s) retail
OVACE PLUS WASH GEL (<i>sulfacetamide sodium</i>)	NP		<i>acyclovir topical OINT</i>	NP	1 package(s) per fill retail
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NP		DENAVIR (<i>penciclovir</i>)	NP	
OVACE PLUS CREA	NP		<i>penciclovir</i>	NP	
OVACE PLUS LOTN	NP		XERESE	NP	
OVACE PLUS SHAM (<i>sulfacetamide sodium</i>)	NP		ZELSUVMI GEL EX 10.3 %	NC	
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NP		ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	1 package(s) per 31 day(s) retail
<i>selenium sulfide LOTN 1 %</i>	C	1 package(s) per fill retail	ZOVIRAX OINT (<i>acyclovir topical</i>)	NP	1 package(s) per fill retail
<i>selenium sulfide LOTN 2.5 %</i>	C	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail	Burn Products		
<i>selenium sulfide SHAM 2.25 %</i>	NC		<i>mafenide acetate PACK</i>	NC	
<i>selenium sulfide SHAM 1 %</i>	C	1 package(s) per fill retail	NITROFURAZONE	NC	
SELSUN BLUE CARE MENS MAX STR LOTN (<i>selenium sulfide</i>)	NC	1 package(s) per fill retail	RAYASORE KIT	NC	
SELSUN BLUE DAILY LOTN (<i>selenium sulfide</i>)	NC	1 package(s) per fill retail	SILVADENE (<i>silver sulfadiazine</i>)	NC	
SELSUN BLUE MEDICATED LOTN (<i>selenium sulfide</i>)	NC	1 package(s) per fill retail	<i>silver sulfadiazine</i>	C	
SELSUN BLUE MOISTURIZING LOTN (<i>selenium sulfide</i>)	NC	1 package(s) per fill retail	SULFAMYLON CREA	NC	
			SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	NC	
			Cauterizing Agents		
			CHLOROACETIC ACID POWD	NC	
			SILVER NITRATE CRYST	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>silver nitrate SOLN</i>	NC		<i>betamethasone valerate OINT</i>	NP	
SILVER NITRATE SOLN 0.5 %	NC		BETAMETHASONE VALERATE POWD	NC	
Corticosteroids - Topical			BRYHALI LOTN	NP	
<i>alclometasone dipropionate CREA</i>	P		<i>calcipotriene-betamethasone dipropionate OINT</i>	NP	
<i>alclometasone dipropionate CREA</i>	NC		<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	
<i>alclometasone dipropionate OINT</i>	P		CAPEX SHAM	NP	
<i>amcinonide CREA</i>	NP		CLOBETASOL 17 PROPIONATE POWD	NC	
APEXICON E CREA	NP		<i>clobetasol propionate emollient base 0.05 %</i>	NC	1 package(s) per fill retail
<i>betamethasone dipropionate (topical) CREA</i>	P	1 package(s) per 30 day(s) retail	<i>clobetasol propionate emollient base 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone dipropionate (topical) LOTN</i>	P		<i>clobetasol propionate emulsion</i>	NP	
<i>betamethasone dipropionate (topical) OINT</i>	NP		<i>clobetasol propionate CREA 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone dipropionate augmented CREA</i>	P	1 package(s) per fill retail	<i>clobetasol propionate CREA 0.025 %</i>	P	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<i>clobetasol propionate FOAM</i>	NP	
<i>betamethasone dipropionate augmented LOTN</i>	NP		<i>clobetasol propionate GEL 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone dipropionate augmented OINT</i>	NP		<i>clobetasol propionate LIQD</i>	NP	
BETAMETHASONE DIPROPIONATE POWD	NC		<i>clobetasol propionate LOTN</i>	NP	
<i>betamethasone valerate CREA</i>	P		<i>clobetasol propionate OINT 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone valerate FOAM</i>	NP		CLOBETASOL PROPIONATE POWD	NC	
<i>betamethasone valerate LOTN</i>	P		<i>clobetasol propionate SHAM</i>	NP	
			<i>clobetasol propionate SOLN 0.05 %</i>	P	1 package(s) per fill retail
			CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLOBEX SHAM (clobetasol propionate)	NP		FLUOCINOLONE ACETONIDE POWD	NC	
clocortolone pivalate	NP		fluocinolone acetonide SOLN	NP	
CLODAN	NC		fluocinonide emulsified base	P	1 package(s) per fill retail
CLODERM (clocortolone pivalate)	NC		fluocinonide CREA 0.05 %	P	1 package(s) per fill retail
DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	NP		fluocinonide CREA 0.1 %	P	
DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	NP		fluocinonide GEL	P	1 package(s) per fill retail
desonide CREA	P	QL(2 GM daily)	fluocinonide OINT	NP	1 package(s) per fill retail
desonide LOTN	P		FLUOCINONIDE POWD	NC	
desonide OINT	P	QL(2 GM daily)	fluocinonide SOLN	P	1 package(s) per fill retail
DESONIDE POWD	NC		fluocinonide SOLN	NC	1 package(s) per fill retail
DESOWEN CREA (desonide)	NC	QL(2 GM daily)	flurandrenolide LOTN	NP	
desoximetasone CREA	NP	1 package(s) per fill retail	fluticasone propionate CREA 0.05 %	NP	1 package(s) per 31 day(s) retail
desoximetasone GEL	NP		fluticasone propionate CREA 0.05 %	NC	1 package(s) per 31 day(s) retail
desoximetasone LIQD	NP		fluticasone propionate LOTN	NP	
desoximetasone OINT	NP		fluticasone propionate OINT	NP	1 package(s) per fill retail
diflorasone diacetate CREA	NP		halcinonide CREA	NP	
diflorasone diacetate OINT	NP		halcinonide SOLN 0.1 %	NP	
DIPROLENE OINT (betamethasone dipropionate augmented)	NP		halobetasol propionate CREA	NC	
DUOBRII	NP		halobetasol propionate CREA	P	
ENSTILAR FOAM	NP		halobetasol propionate FOAM	NP	
EPIFOAM FOAM	C		halobetasol propionate OINT	P	
fluocinolone acetonide CREA	NP		HALOG CREA (halcinonide)	NP	
fluocinolone acetonide OIL	NC		HALOG OINT	NP	
fluocinolone acetonide OIL	P				
fluocinolone acetonide OINT	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYDROCORT LOTION COMPLETE KIT THPK	NC		<i>hydrocortisone butyrate SOLN</i>	P	
<i>hydrocortisone (topical) CREA 0.5 %</i>	C	1 package(s) per fill retail	HYDROCORTISONE COMPLETE KIT THPK	NC	
<i>hydrocortisone (topical) CREA 1 %</i>	NC	1 package(s) per fill retail; RX/OTC	<i>hydrocortisone valerate CREA</i>	P	
<i>hydrocortisone (topical) CREA 1 %</i>	NC	RX/OTC	<i>hydrocortisone valerate OINT</i>	NP	
<i>hydrocortisone (topical) CREA 1 %</i>	P	1 package(s) per fill retail; RX/OTC	<i>hydrocortisone valerate OINT</i>	NC	
<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(120 GM per 31 day(s) retail)	HYDROXYM GEL	NP	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	1 package(s) per fill retail	IMPEKLO LOTN	NC	
<i>hydrocortisone (topical) OINT 1 %</i>	P	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC	KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP	
<i>hydrocortisone (topical) OINT 1 %</i>	NC	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC	LOCOID LIPOCREAM	NP	
<i>hydrocortisone (topical) OINT 2.5 %</i>	P		LOCOID LOTN (<i>hydrocortisone butyrate</i>)	NP	
<i>hydrocortisone (topical) SOLN 2.5 %</i>	NC		<i>mometasone furoate CREA</i>	P	1 package(s) per fill retail
<i>hydrocortisone (topical) SOLN 2.5 %</i>	NP		<i>mometasone furoate OINT</i>	P	1 package(s) per fill retail
<i>hydrocortisone acetate (topical) OINT</i>	NC		<i>mometasone furoate SOLN</i>	P	1 package(s) per fill retail
<i>hydrocortisone butyrate hydrophilic lipo base</i>	NC		<i>mometasone furoate SOLN</i>	NC	1 package(s) per fill retail
<i>hydrocortisone butyrate CREA</i>	NP		PANDEL	NP	
<i>hydrocortisone butyrate LOTN</i>	NP		SYNALAR (CREAM)	NC	
<i>hydrocortisone butyrate LOTN</i>	NC		SYNALAR (OINTMENT)	NC	
<i>hydrocortisone butyrate OINT</i>	P		SYNALAR TS	NC	
			SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP	
			SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP	
			SYNALAR SOLN (<i>fluocinolone acetonide</i>)	NP	
			TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	NC	

Drug Name	Drug Tier	Requirements/ Limits
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	
TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	NP	
TOPICORT CREA (<i>desoximetasone</i>)	NP	1 package(s) per fill retail
TOPICORT GEL (<i>desoximetasone</i>)	NP	
TOPICORT OINT (<i>desoximetasone</i>)	NP	
TOVET	NC	
<i>triamcinolone acetonide (topical)</i> AERS	NP	
<i>triamcinolone acetonide (topical)</i> CREA 0.025 %	P	QL(30 GM per fill retail)
<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	P	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	P	
<i>triamcinolone acetonide (topical)</i> LOTN	P	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> LOTN	NC	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> OINT 0.05 %, 0.1 %	NC	
<i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.5 %	P	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> OINT 0.05 %, 0.1 %	P	
TRIAMCINOLONE ACETONIDE POWD	NC	
TRIAMVEX KIT EX 0.1 %	NC	
ULTRAVATE LOTN	NP	
VANOS CREA (<i>fluocinonide</i>)	NP	
Eczema Agents		
ADBRY SOAJ	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>urea CREA</i> 20 %, 39 %, 41 %	NC	
<i>urea CREA</i> 40 %	C	RX/OTC
UREA CREA	NC	
Emollients		
CETAPHIL ECZEMA RESTORADERM LOTN	NC	
CETAPHIL PRO ECZEMA SOOTHING LOTN	NC	
ECZEMA MOISTURIZING LOTN	NC	
FLEXITOL FACE & EYELID ECZEMA CREA 5 %	NC	
<i>lactic acid (ammonium lactate)</i> CREA	C	QL(385 GM per 31 day(s) retail); RX/OTC
<i>lactic acid (ammonium lactate)</i> 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		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEMLUVIO	NP	SP	KERALYT GEL (<i>salicylic acid</i>)	NC	
Immunomodulating Agents - Topical			PODOCON-25 SOLN	NC	
<i>imiquimod</i> 5 %	P	QL(48 EA per 180 day(s) retail)	<i>podofilox</i> GEL	NP	
<i>imiquimod</i> 3.75 %	NP		<i>podofilox</i> SOLN	NP	
ZYCLARA (<i>imiquimod</i>)	NP		PODOPHYLLUM RESIN POWD	NC	RX/OTC
ZYCLARA PUMP (<i>imiquimod</i>)	NP		RAYASAL CREA	NC	
ZYCLARA PUMP	NP		SALICATE LIQD	NC	
Immunosuppressive Agents - Topical			<i>salicylic acid</i> FOAM	NC	
ELIDEL (<i>pimecrolimus</i>)	P	Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)	<i>salicylic acid</i> GEL 6 %	C	
HYFTOR	NP		<i>salicylic acid</i> LIQD 2 %, 17 %, 27.5 %	NC	
<i>pimecrolimus</i>	NP	Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)	SALICYLIC ACID OINT	NP	RX/OTC
<i>tacrolimus (topical)</i> OINT 0.1 %	NP	QL(100 GM per 31 day(s) retail); AL(At least 16 yrs old)	SALIMEZ CREA	NC	
<i>tacrolimus (topical)</i> OINT 0.03 %	NP	QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old)	SALYCIM CREA	NC	
<i>tacrolimus (topical)</i> OINT 0.1 %	NC	QL(100 GM per 31 day(s) retail); AL(At least 16 yrs old)	YCANTH SOLN	NC	
Keratolytic/Antimitotic/Vesicant Agents			Liniments		
CANTHARIDIN POWD	NC		<i>camphor-menthol-methyl salicylate</i> GEL	NC	
CANTHARIDIN SOLN	NC		<i>camphor-menthol-methyl salicylate</i> PTCH EX 3.1 %-10 %-6 %	NC	
CONDYLOX GEL (<i>podofilox</i>)	NP		<i>menthol-methyl salicylate (liniments)</i> PTCH	NC	
			MENTICAM CREA	NC	
			METHYLTEN CREA	NC	
			WINTERGREEN OIL OIL XX	NC	
			Local Anesthetics - Topical		
			BRUSELIX CREA	NC	
			BURN RELIEF GEL	NC	
			<i>capsaicin</i> 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
			<i>capsaicin</i> PTCH	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAPZASIN-HP CREA (<i>capsaicin</i>)	NC	1 package(s) per fill retail	Misc. Topical		
CIRCATA CREA	NC		ALUMINUM CHLORIDE ANHYDROUS POWD	NC	RX/OTC
COCAINE HCL POWD	NC		ALUMINUM CHLORIDE HEXAHYDRATE CRYST	NC	RX/OTC
DERMACINRX CIRCATRIX CREA	NC		ALUMINUM CHLORIDE HEXAHYDRATE POWD	NC	RX/OTC
<i>dibucaine</i>	C	1 package(s) per fill retail	ALUMINUM CHLORIDE CRYST	NC	RX/OTC
GNP CALAMINE PLUS AERO	NC		CALAMINE POWD XX	NC	RX/OTC
LIDAFLEX PTCH	NC		COZIMA CREA	NC	
<i>lidocaine hcl CREA 3 %, 4 %</i>	C	1 package(s) per fill retail	<i>ethyl alcohol (skin cleanser) GEL</i>	NC	
<i>lidocaine hcl GEL 2 %, 2.8 %</i>	NC	RX/OTC	ICHTHAMMOL POWD	NC	
<i>lidocaine hcl GEL 2 %</i>	C		QC CALAMINE LOTN	NC	
<i>lidocaine hcl PRSY</i>	NC		SCARTRATE	NC	
<i>lidocaine hcl SOLN</i>	NC		TANNIC ACID	NC	RX/OTC
<i>lidocaine CREA 4 %</i>	C	1 package(s) per fill retail	XERAC AC	NC	
<i>lidocaine OINT 5 %</i>	NC		<i>zinc oxide (topical) OINT 20 %</i>	C	1 package(s) per fill retail
<i>lidocaine-prilocaine CREA</i>	C	1 package(s) per fill retail	ZINCTRAL PSTE	NC	
<i>lidocaine-prilocaine KIT</i>	NC		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
<i>lidocaine PTCH 4 %, 5 %</i>	NC		EUCRISA	NP	
LIDOPURE PATCH	NC		ZORYVE CREA EX	NP	
LIDOTRAL CREA	NC		ZORYVE FOAM EX	NC	
LIDOTRAN CREA	NC		Pigmenting-Depigmenting Agents		
LMX 4 CREA (<i>lidocaine</i>)	NC	1 package(s) per fill retail	HYDROQUINONE POWD	NC	
PLIAGLIS CREA	NC		METHOXSALEN POWD	NC	
PRAMOXINE HCL POWD	NC		Protectives Against UV Radiation		
QUTENZA	NC		SCENESSE	NC	
QUTENZA (2 PATCH)	NC		Rosacea Agents		
QUTENZA (4 PATCH)	NC		<i>azelaic acid GEL</i>	P	
XYLIDERM	NC		<i>brimonidine tartrate (topical)</i>	NP	
ZTLIDO PTCH	NC		<i>doxycycline (rosacea)</i>	NP	
Misc. Dermatological Products			FINACEA FOAM	NP	
GENADUR KIT CO	NC				

Drug Name	Drug Tier	Requirements/ Limits
FINACEA GEL (<i>azelaic acid</i>)	NC	
<i>ivermectin (rosacea)</i>	NP	
METROCREAM CREA (<i>metronidazole (topical)</i>)	NP	QL(45 GM per 31 day(s) retail)
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NP	
<i>metronidazole (topical) CREA</i>	P	QL(45 GM per 31 day(s) retail)
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per 31 day(s) retail)
<i>metronidazole (topical) GEL 1 %</i>	NP	
<i>metronidazole (topical) GEL 1 %</i>	P	
<i>metronidazole (topical) LOTN</i>	P	
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NP	
NORITATE CREA	NP	
ORACEA (<i>doxycycline (rosacea)</i>)	NP	
RHOFADE	NP	
SOOLANTRA (<i>ivermectin (rosacea)</i>)	NP	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	NP	1 package(s) per fill retail
<i>crotamiton LOTN</i>	NC	1 package(s) per fill retail
ELIMITE CREA (<i>permethrin</i>)	NP	QL(60 GM per fill retail)
<i>malathion</i>	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
NATROBA (<i>spinosad</i>)	P	Brand Preferred
OVIDE (<i>malathion</i>)	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
<i>permethrin CREA</i>	P	QL(60 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>permethrin LIQD EX</i>	P	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	C	
<i>spinosad</i>	NP	Brand Preferred
VANALICE GEL	NC	
Tar Products		
<i>coal tar extract SHAM 0.5 %</i>	C	
DHS TAR GEL SHAM (<i>coal tar extract</i>)	NC	
DHS TAR SHAM (<i>coal tar extract</i>)	NC	
Wound Care Products		
ABRAVO EMUL	NC	
ATOPAVO EMUL	NC	
AVO CREAM EMUL	NC	
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		
<i>adenosine (diagnostic)</i>	NC	
BLUDIGO IV	NC	
<i>dipyridamole (diagnostic)</i>	NC	
GLEOLAN	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCAGON HCL (DIAGNOSTIC)	NC		AGAMATRIX PRESTO TEST STRP	NC	RX/OTC
<i>isosulfan blue</i>	NC		ALBUSTIX STRP	NC	
KINEVAC	NC		CARESENS N GLUCOSE TEST STRP	NP	RX/OTC
LUMISIGHT	NC		CHEMSTRIP K STRP	C	
METOPIRONE	NC		CHEMSTRIP MICRAL STRP	NC	
<i>regadenoson</i>	NC		CHOLESTEROL AND LIPID TEST	NC	
R-GENE 10	NC		CLINISTIX KIDNEY HEALTH	NC	
SINCALIDE	NC		CONTOUR PLUS TEST STRP	NP	RX/OTC
THYROGEN 0.9 MG	NC	SP	CVS TRUE METRIX GLUCOSE TEST STRP	NP	RX/OTC
Diagnostic Radiopharmaceuticals			CVS TRUE METRIX GLUCOSE TEST STRP	NC	RX/OTC
AMMONIA N 13	NC		DX1 ORAGENOMIC DNA SCREEN	NC	
AMYVID	NC		DX2 ORAGENOMIC DNA SCREEN	NC	
AXUMIN	NC		EASY MAX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CARDIOLITE	NC		EMBRACE WAVE BLOOD GLUCOSE STRP	NP	RX/OTC
FLYRCADO	NC		FENTANYL FE	NC	
ILLUCCIX CONFIGURATION A KIT	NC		FREESTYLE INSULINX TEST STRP	NP	RX/OTC
ILLUCCIX CONFIGURATION B KIT	NC		FREESTYLE LITE TEST STRP	NP	RX/OTC
LEU TECHNELITE	NC		FREESTYLE PRECISION NEO TEST STRP	NP	RX/OTC
LOCAMETZ KIT	NC		FREESTYLE TEST STRP	NP	RX/OTC
NETSPOT	NC		HOME PAP KIT	NC	
POSLUMA	NC		IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	RX/OTC
PYLARIFY SOSY	NC		INFLAMMATION TEST	NC	
TAUVID	NC		KETONE TEST STRP	C	
TECHNELITE	NC		KETOSTIX STRP	C	
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDICATED DNA COLLECTION	NC		DEFINITY	NC	
MEDICATED DNA COLLECTION 2	NC		DEFINITY RT	NC	
MILKSCREEN FOR BREASTFEEDING	NC		EOVIST	NC	
MM BLULINK GLUCOSE TEST STRP	NP	RX/OTC	GADAVIST SOSY	NC	
ONETOUCH ULTRA BLUE TEST STRP	P	RX/OTC	<i>gadobutrol SOLN</i>	NC	
ONETOUCH ULTRA TEST STRP	P	RX/OTC	<i>gadoterate meglumine SOLN</i>	NC	
ONETOUCH ULTRA STRP	P	RX/OTC	<i>gadoterate meglumine SOSY</i>	NC	
ONETOUCH VERIO STRP	P	RX/OTC	OMNISCAN SOLN IV	NC	
PRECISION XTRA BLOOD GLUCOSE STRP	NP	RX/OTC	OPTISON	NC	
PRO DNA COLLECTION	NC		Radiographic Contrast Media		
PROFESSIONAL DNA COLLECTION	NC		<i>diatrizoate meglumine & sodium PO</i>	NC	
PTS PANELS CHOL+GLU TEST	NC		<i>iodixanol</i>	NC	
PTS PANELS LIPID PANEL+EGLU	NC		<i>iopamidol IV</i>	NC	
QUICK TOUCH BLOOD GLUCOSE TEST STRP	NC	RX/OTC	OMNIPAQUE SOLN IJ 180 MG/ML, 240 MG/ML, 300 MG/ML	NC	
RELION GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ULTRAVIST 62 %, 77 %	NC	
RELION KETONE TEST STRP	C		VARIBAR PUDDING PSTE PO	NC	
RELION TRUE METRIX TEST STRIPS STRP	P	RX/OTC	VISIPAQUE (<i>iodixanol</i>)	NC	
TRUE METRIX BLOOD GLUCOSE TEST STRP	P	RX/OTC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
UDSX MEDICATED SYSTEM	NC		Dietary Management Products		
UDSXMP MEDICATED SYSTEM	NC		CEREFOLIN	NC	
VIVAGUARD INO TEST STRIPS STRP	NP	RX/OTC	CEREFOLIN BRAIN WELLNESS	NC	
Miscellaneous Contrast Media			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	

Drug Name	Drug Tier	Requirements/ Limits
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	P	Smart PA
CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	P	
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
<i>lactase TABS 3000 UNIT, 9000 UNIT</i>	NC	
PEPSIN	NC	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>acetazolamide sodium</i>	NC	
<i>acetazolamide CP12</i>	C	
<i>acetazolamide TABS</i>	C	
<i>dichlorphenamide</i>	NC	SP
METHAZOLAMIDE POWD	NC	
<i>methazolamide TABS</i>	C	
Diuretic Combinations		
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	NC	
<i>amiloride & hydrochlorothiazide</i>	C	QL(1 EA daily)
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	NC	QL(2 EA daily)
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	NC	
<i>spironolactone & hydrochlorothiazide</i>	C	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	C		SPIRONOLACTONE POWD	NC	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	C	QL(2 EA daily)	<i>spironolactone SUSP</i>	NC	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	C		<i>spironolactone TABS</i>	C	
Loop Diuretics			<i>triamterene CAPS</i>	NC	
<i>bumetanide SOLN 0.25 MG/ML</i>	NC		TRIAMTERENE POWD	NC	
<i>bumetanide TABS</i>	C		Thiazides and Thiazide-Like Diuretics		
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	NC		<i>chlorothiazide sodium</i>	NC	
<i>ethacrynate sodium</i>	NC		<i>chlorthalidone 25 MG, 50 MG</i>	C	
<i>ethacrynic acid</i>	NC		DIURIL SUSP	NC	
FUROSEMIDE POWD	NC		HEMICLOR 12.5 MG	NC	
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	C		<i>hydrochlorothiazide CAPS</i>	C	
<i>furosemide SOLN IJ 10 MG/ML</i>	NC		HYDROCHLOROTHIAZID E POWD	NC	
FUROSEMIDE SOLN IJ	NC		<i>hydrochlorothiazide TABS 12.5 MG</i>	NC	
<i>furosemide TABS</i>	C		<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	C	
LASIX TABS (<i>furosemide</i>)	NC		<i>indapamide TABS 1.25 MG, 2.5 MG</i>	C	
SOAANZ TABS 20 MG	C		INZIRQO SUSR PO 10 MG/ML	NC	
SODIUM EDECRIN (<i>ethacrynate sodium</i>)	NC		<i>metolazone</i>	C	
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	C	QL(1 EA daily)	THALITONE	NC	
<i>torsemide TABS 20 MG</i>	C		ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Osmotic Diuretics			Bone Density Regulators		
<i>mannitol 10 %, 20 %, 25 %</i>	NC		ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail)
Potassium Sparing Diuretics			ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP	
ALDACTONE TABS (<i>spironolactone</i>)	NC		<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily)
AMILORIDE HCL POWD	NC		<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 EA daily)
<i>amiloride hcl TABS</i>	C	QL(4 EA daily)	<i>alendronate sodium TABS 10 MG</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ATELVIA TBEC (<i>risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail)
BINOSTO TBEF	NP	
BOMYNTRA SOLN SC 120 MG/1.7ML	NC	
BOMYNTRA SOSY SC 120 MG/1.7ML	NC	
BONSITY SOPN 560 MCG/2.24ML	NP	
<i>calcitonin (salmon) IJ</i>	C	QL(2 ML per fill retail)
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail
CONEXXENCE SOSY SC 60 MG/ML	NC	
FORTEO SOPN (<i>teriparatide</i>)	NP	SP
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	QL(0.15 EA daily)
<i>ibandronate sodium TABS</i>	NC	
<i>ibandronate sodium TABS</i>	P	
JUBBONTI SOSY SC 60 MG/ML	NP	SP
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	NC	QL(2 ML per fill retail)
OSENVELT SOLN SC 120 MG/1.7ML	NC	
PROLIA SOSY	NP	SP
<i>risedronate sodium TABS 150 MG</i>	NP	
<i>risedronate sodium TABS 35 MG</i>	NP	QL(4 EA per 28 day(s) retail)
<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>risedronate sodium TBEC</i>	NP	QL(4 EA per 28 day(s) retail)
STOBOCLO SOSY SC 60 MG/ML	NC	
<i>teriparatide SOPN</i>	P	SP
TERIPARATIDE SOPN	P	SP
TYMLOS	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
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
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		

Drug Name	Drug Tier	Requirements/ Limits
EVISTA (<i>raloxifene hcl</i>)	NP	QL(1 EA daily)
OSPHEHA	NC	
<i>raloxifene hcl</i>	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 (<i>sod benzoate & sod phenylacetate</i>)	NC	
BRINEURA	NC	SP
<i>calcitriol CAPS</i>	C	
<i>calcitriol SOLN IV</i>	NC	
<i>carglumic acid</i>	NC	SP
CARNITOR SF SOLN PO (<i>levocarnitine (metabolic modifiers)</i>)	NC	QL(30 ML daily)
CARNITOR SOLN PO 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	NC	QL(30 ML daily)
CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	NC	QL(3 EA daily)
<i>doxercalciferol CAPS</i>	NC	
<i>doxercalciferol SOLN</i>	NC	
GALAFOLD	C	QL(0.5 EA daily); SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	C	QL(30 ML daily)
<i>levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits
<i>levocarnitine (metabolic modifiers) TABS</i>	C	QL(3 EA daily)
NEXVIAZYME	NC	SP
NULIBRY	NC	SP
<i>paricalcitol CAPS</i>	NC	
PHEBURANE PLLT	NC	
RAYALDEE	NC	
ROCALtrol CAPS (<i>calcitriol</i>)	NC	
<i>sod benzoate & sod phenylacetate</i>	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 (<i>desmopressin acetate</i>)	NC	QL(6 EA daily)
<i>desmopressin acetate spray</i>	C	QL(5 ML per fill retail); PA
<i>desmopressin acetate spray refrigerated 0.01 %</i>	C	QL(5 ML per fill retail); PA
<i>desmopressin acetate TABS</i>	C	QL(6 EA daily)
NOCdurna SUBL	NC	
VASOPRESSIN-SODIUM CHLORIDE SOLN	NC	
<i>vasopressin SOLN IV</i>	NC	
VASOSTRICT SOLN	NC	
Prolactin Inhibitors		
<i>cabergoline</i>	NC	
Somatostatic Agents		
<i>octreotide acetate KIT</i>	C	SP; PA
<i>octreotide acetate SOSY</i>	NC	SP

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	NC	
<i>lactulose (encephalopathy)</i>	P	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	NP	
<i>alosetron hcl</i>	NC	
IBSRELA	NP	
LINZESS	P	
LOTRONEX (<i>alosetron hcl</i>)	NP	
VIBERZI	NP	
Live Fecal Microbiota		
REBYOTA	NC	
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	NC	
ENTEREG (<i>alvimopan</i>)	NC	
MOVANTIK	P	
MOVANTIK	NC	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA 210 MG (<i>ferric citrate</i>)	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
<i>ferric citrate</i>	NC	
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	
FOSRENOL PACK	NP	

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol 200 MG</i>	NP		Bradykinin B2 Receptor Antagonists		
<i>allopurinol 100 MG, 300 MG</i>	P		FIRAZYR SOSY (<i>icatibant acetate</i>)	NC	SP; PA
<i>allopurinol 100 MG, 300 MG</i>	NC		<i>icatibant acetate SOSY</i>	C	SP; PA
<i>allopurinol sodium</i>	NC		Complement Inhibitors		
<i>colchicine CAPS</i>	NP		BERINERT KIT	NC	SP
COLCHICINE POWD	NC		CINRYZE SOLR IV	NC	SP
<i>colchicine TABS</i>	P	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail	HAEGARDA SOLR SC	C	SP; PA
COLCRYS TABS (<i>colchicine</i>)	NP	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail	PIASKY	NC	SP
<i>febuxostat</i>	NC		RUCONEST	NC	SP
<i>febuxostat</i>	NP		TAVNEOS	NP	SP
GLOPERBA SOLN PO	NP		VOYDEYA TABS	NC	SP
MITIGARE CAPS (<i>colchicine</i>)	NP		VOYDEYA TBPK	NC	SP
ULORIC (<i>febuxostat</i>)	NP		Hematorheologic Agents		
ZYLOPRIM 100 MG (<i>allopurinol</i>)	NP		<i>pentoxifylline</i>	C	
Uricosurics			Plasma Expanders		
<i>probenecid</i>	P		<i>dextran 40 in d5w</i>	NC	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			<i>dextran 40 in saline</i>	NC	
Aminolevulinate Synthase 1-Directed siRNA			HESPAN (<i>hetastarch (hes /0.7 or /0.75) in sodium chloride</i>)	NC	
GIVLAARI	C	SP; PA	<i>hetastarch (hes /0.7 or /0.75) in sodium chloride</i>	NC	
Antihemophilic Products			HEXTEND	NC	
HEMLIBRA	NC	SP	Plasma Factor XIIIa Inhibitors		
NUWIQ KIT	NC	SP	ANDEMBRY SOAJ SC 200 MG/1.2ML	NC	
NUWIQ SOLR	NC	SP	Plasma Kallikrein Inhibitors		
QFITLIA SOAJ SC 50 MG/0.5ML	NC	SP	KALBITOR	NC	SP
QFITLIA SOLN SC 20 MG/0.2ML	NC	SP	TAKHZYRO SOLN	NC	SP
SEVENFACT	NC	SP	TAKHZYRO SOSY	NC	SP
			Plasma Proteins		
			ALBUKED 25	NC	
			ALBUKED 5	NC	
			ALBUMIN HUMAN	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALBUMINEX	NC		<i>ticagrelor 60 MG, 90 MG</i>	NP	Brand Preferred; QL(2 EA daily)
ALBUMIN-ZLB	NC		<i>tirofiban hcl in sodium chloride</i>	NC	
ALBURX	NC		Protamine		
ALBUTEIN	NC		<i>protamine sulfate</i>	NC	
FLEXBUMIN	NC		Thrombolytic Enzymes		
HUMAN ALBUMIN GRIFOLS	NC		ACTIVASE IV	NC	
KEDBUMIN	NC		CATHFLO ACTIVASE IJ	NC	
OCTAPLAS BLOOD GROUP A	NC		RETAVASE HALF-KIT	NC	
OCTAPLAS BLOOD GROUP AB	NC		TNKASE	NC	
OCTAPLAS BLOOD GROUP B	NC		HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
OCTAPLAS BLOOD GROUP O	NC		Agents for Gaucher Disease		
PLASBUMIN-25	NC		CERDELGA	C	SP; PA
PLASBUMIN-5	NC		CEREZYME 400 UNIT	C	SP; PA
Platelet Aggregation Inhibitors			Agents for Sickle Cell Disease		
AGGRASTAT 3.75 MG/15ML	NC		ADAKVEO	C	SP; PA
<i>anagrelide hcl</i>	NC		CASGEVY	PA	SP; PA
<i>aspirin-dipyridamole</i>	NP		DROXIA CAPS	P	Brand Preferred
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	P	Brand Preferred; QL(2 EA daily)	ENDARI (<i>glutamine (sickle cell)</i>)	PA	SP; PA
<i>cilostazol</i>	C	QL(2 EA daily)	<i>glutamine (sickle cell)</i>	PA	SP; PA
<i>clopidogrel bisulfate 300 MG</i>	P		LYFGENIA	PA	SP; PA
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 EA daily)	SIKLOS TABS	P	Brand Preferred
<i>dipyridamole</i>	NC		XROMI SOLN PO 100 MG/ML	P	SP
<i>dipyridamole</i>	NP		Cobalamins		
EFFIENT (<i>prasugrel hcl</i>)	NP	QL(1 EA daily)	<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	C	QL(10 ML per 270 day(s) retail)
<i>eptifibatide</i>	NC		<i>cyanocobalamin SOLN NA 500 MCG/0.1ML</i>	NC	
KENGREAL	NC		<i>hydroxocobalamin acetate SOLN</i>	NC	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	QL(1 EA daily)			
<i>prasugrel hcl</i>	P	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Folic Acid/Folates			FERIVA 21/7 (WITH DOCUSATE) 175 MG-400 MCG-12 MCG-150 MG-50 MG-600 MCG-10 MG-75 MG	NC	
FOLIC ACID POWD	NC	RX/OTC	FERIVAFA	NC	
<i>folic acid SOLN</i>	NC		FOLDITAM TABS	NC	
<i>folic acid TABS 400 MCG</i>	C	QL(1 EA daily)	<i>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</i>	NC	RX/OTC
<i>folic acid TABS 1 MG</i>	C	RX/OTC	FOLICORE B COMPLEX TABS	NC	
Hematopoietic Growth Factors			FOLITE	NC	
ARANESP (ALBUMIN FREE) SOLN	NP	SP	FOLIVANE-F	NC	
ARANESP (ALBUMIN FREE) SOSY	NP	SP	FOLIVANE-PLUS	NC	
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	NC	SP	FOLIXAPURE TABS	NC	
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP	FOLIXATE TABS	NC	
MIRCERA	NP	SP	FOLTREXYL TABS	NC	
PROCRIT	NP	SP	FOLVITA COMPLEX TABS	NC	
PROCRIT	NP	SP	HEMOCYTE PLUS CAPS	NC	
REBLOZYL	C	SP	INTEGRA F	NC	
RETACRIT	P	SP	INTEGRA PLUS	NC	
VAFSEO	NP	SP	IRON FOLATE PLUS	NC	
ZARXIO	C	SP; PA	IRON FOLATE-F	NC	
ZIEXTENZO	NC	SP	<i>iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc</i>	NC	
Hematopoietic Mixtures			IROSPAN 24/6	NC	
ACTIVE FE	NC		NEPHRON FA	NC	
BENTIVITE TABS	NC		NIFEREX TABS	NC	
BP VIT 3	NC		TALIVA	NC	
CENTRATEX CAPS	NC		TARON FORTE	NC	
CORVITE 150 TABS	NC		TULIVITE TABS	NC	
CORVITE FE TABS	NC		VITAMEZ	NC	
DERMACINRX DOTREMIN TABS	NC		Iron		
DERMACINRX FOLTAMIN TABS	NC		ACCRUFER	NC	
<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FER-IN-SOL SOLN (ferrous sulfate)	NC	QL(3.4 ML daily)	tranexamic acid SOLN 1000 MG/10ML	NC	
FERRIMIN 150 TABS	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)
ferrous fumarate TABS	C	QL(2 EA daily)	Hemostatics - Topical		
FERROUS GLUCONATE TABS 324 MG	C	QL(3.34 EA daily)	ARTISS KIT	NC	
FERROUS SULFATE GRAN	NC	RX/OTC	ARTISS SOLN	NC	
FERROUS SULFATE POWD	NC	RX/OTC	ASTRINGYN	NC	
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	C	QL(3.4 ML daily)	GEL-FLOW	NC	
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	C		GELFOAM COMPRESSED SIZE 100 MISC EX	NC	
ferrous sulfate SOLN 300 MG/5ML, 325 MG/5ML	NC		GELFOAM DENTAL PACK SIZE 4 MISC EX	NC	
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	C		GELFOAM SPONGE SIZE 100 MISC EX	NC	
ferrous sulfate TBEC	C		GELFOAM SPONGE SIZE 200 MISC EX	NC	
FERROUS SULFATE TBEC (ferrous sulfate)	NC		GELFOAM SPONGE SIZE 50 MISC EX	NC	
ferumoxytol	NC		GELFOAM SPONGE MISC EX	NC	
HEMATEX LIQD	NC		GELFOAM-JMI POWDER	NC	
INFED	NC		GELFOAM POWD MT	NC	
INJECTAFER	NC		RECOTHROM	NC	
IRON CHEWS PEDIATRIC CHEW	C		RECOTHROM SPRAY KIT	NC	
MONOFERRIC	NC		THROMBI-GEL 10	NC	
polysaccharide iron complex CAPS	C	QL(1 EA daily)	THROMBI-GEL 100	NC	
sodium ferric gluconate complex in sucrose	NC		THROMBI-GEL 40	NC	
VENOFER	NC		THROMBIN-JMI EPISTAXIS KIT	NC	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			THROMBIN-JMI KIT	NC	
Hemostatics - Systemic			THROMBIN-JMI SOLR	NC	
TRANEXAMIC ACID-NACL	NC		THROMBI-PAD	NC	
tranexamic acid-sodium chloride	NC		TISSEEL KIT	NC	
			TISSEEL SOLN	NC	

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triazolam</i>	NP		<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP	
<i>zaleplon 10 MG</i>	NP	QL(2 EA daily); AL(At least 18 yrs old)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	1 package(s) per fill retail
<i>zaleplon 5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	NP	1 package(s) per fill retail
ZOLPIDEM TARTRATE CAPS	NP		PLENVU	NP	
<i>zolpidem tartrate SUBL</i>	NP		<i>sennosides-docusate sodium TABS</i>	C	QL(4 EA daily)
<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily)	SENOKOT LAXATIVE	NC	
<i>zolpidem tartrate TBCR</i>	NC		SENOKOT S TABS (<i>sennosides-docusate sodium</i>)	NC	QL(4 EA daily)
<i>zolpidem tartrate TBCR</i>	NP		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NC	
Orexin Receptor Antagonists			<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
BELSOMRA	NP		SUFLAVE	NP	
DAYVIGO	NP		SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP	
QUVIVIQ	NP		SUTAB	NP	
Selective Melatonin Receptor Agonists			Laxatives - Miscellaneous		
HETLIOZ LQ SUSP	NP	SP	GLYCERIN (ADULT) SUPP (<i>glycerin (laxative)</i>)	NC	
HETLIOZ CAPS (<i>tasimelteon</i>)	NP	SP	<i>glycerin (laxative) SUPP 2 GM</i>	C	
<i>ramelteon</i>	NP		<i>lactulose PACK</i>	NP	
ROZEREM (<i>ramelteon</i>)	NP		<i>lactulose SOLN</i>	NC	
<i>tasimelteon CAPS</i>	NP	SP	<i>lactulose SOLN</i>	P	
LAXATIVES - Bowel Treatment Drugs			<i>polyethylene glycol 3350 PACK</i>	P	
Bulk Laxatives			<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)
<i>calcium polycarbophil TABS</i>	C	QL(10 EA daily)	Lubricant Laxatives		
Laxative Combinations			MINERAL OIL HEAVY OIL XX	NC	RX/OTC
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NC				
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	1 package(s) per fill retail			
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	NP				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XYLOCAINE-MPF/EPINEPHRINE SOLN	NC		<i>azithromycin PACK</i>	P	QL(2 EA per fill retail)
Local Anesthetics - Amides			<i>azithromycin SOLR</i>	NC	
BUPIVACAINE FISIOPHARMA SOLN IJ	NC		<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ML per fill retail)
BUPIVACAINE HCL (BULK) SOLN XX	NC		<i>azithromycin SUSR 100 MG/5ML</i>	P	1 package(s) per fill retail
BUPIVACAINE HCL POWD	NC		<i>azithromycin TABS 250 MG</i>	P	QL(6 EA per fill retail)
<i>bupivacaine hcl SOLN IJ</i>	NC		<i>azithromycin TABS 600 MG</i>	NC	QL(8 EA per 28 day(s) retail)
BUPIVACAINE HCL SOLN IJ 0.25 %, 0.5 %	NC		<i>azithromycin TABS 250 MG</i>	NC	QL(6 EA per fill retail)
<i>bupivacaine in dextrose SOLN</i>	NC		<i>azithromycin TABS 500 MG</i>	NC	QL(4 EA daily)
EXPAREL	NC		<i>azithromycin TABS 600 MG</i>	P	QL(8 EA per 28 day(s) retail)
<i>lidocaine hcl (local anesth.) SOLN</i>	NC		<i>azithromycin TABS 500 MG</i>	P	QL(4 EA daily)
<i>lidocaine hcl (local anesth.) SOSY IJ 100 MG/5ML</i>	NC		ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	QL(4 EA daily)
LIDOCAINE HCL SOLN	NC		ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)
LIDOCAINE HCL SOSY IJ 60 MG/3ML, 100 MG/5ML	NC		ZITHROMAX PACK	NP	QL(2 EA per fill retail)
MEPIVACAINE HCL POWD	NC		ZITHROMAX SUSR 100 MG/5ML (<i>azithromycin</i>)	NP	1 package(s) per fill retail
<i>mepivacaine hcl SOLN 1 %, 1.5 %, 2 %</i>	NC		ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ML per fill retail)
<i>ropivacaine hcl SOLN IJ</i>	NC		ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)
Local Anesthetics - Esters			ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(4 EA daily)
<i>chloroprocaine hcl IJ</i>	NC		Clarithromycin		
CLOTOTEKAL IT	NC		<i>clarithromycin SUSR 250 MG/5ML</i>	P	2 package(s) per fill retail
NESACAINE IJ 1 %, 2 %	NC		<i>clarithromycin SUSR 125 MG/5ML</i>	P	1 package(s) per fill retail
PROCAINE HCL CRYST	NC		<i>clarithromycin TABS</i>	P	QL(28 EA per fill retail)
PROCAINE HCL POWD	NC		<i>clarithromycin TB24</i>	NP	QL(14 EA per fill retail)
<i>tetracaine hcl SOLN</i>	NC				
MACROLIDES - Drugs to Treat Bacterial Infections					
Azithromycin					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Erythromycins			ACCU-CHEK GUIDE KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP		ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP		ADVANCE INTUITION METER DEVI	NC	QL(1 EA per 365 day(s) retail)
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP		ADVANCE INTUITION MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
<i>erythromycin base CPEP</i>	NP		ADVANCE MICRO-DRAW METER DEVI	NC	QL(1 EA per 365 day(s) retail)
ERYTHROMYCIN BASE POWD	NC		ADVOCATE BLOOD GLUCOSE MONITOR DEVI	NC	QL(1 EA per 365 day(s) retail)
<i>erythromycin base TABS</i>	NP		ADVOCATE BLOOD GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
<i>erythromycin base TBEC</i>	NP		ADVOCATE REDI-CODE+ DEVI	NC	QL(1 EA per 365 day(s) retail)
ERYTHROMYCIN ETHYLSUCCINATE POWD	NC		ADVOCATE REDI-CODE DEVI	NC	QL(1 EA per 365 day(s) retail)
<i>erythromycin ethylsuccinate SUSR</i>	P		ADVOCATE REDI-CODE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	NP		ADVOCATE SAFETY LANCETS 21G	NC	RX/OTC
<i>erythromycin lactobionate 500 MG</i>	NC		ADVOCATE SAFETY LANCETS 23G	NC	RX/OTC
<i>erythromycin stearate TABS 250 MG</i>	P		ADVOCATE SAFETY LANCETS 28G	NC	RX/OTC
ERYTHROMYCIN POWD	NC		AGAMATRIX JAZZ WIRELESS 2 KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
Fidaxomicin			AGAMATRIX PRESTO KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
DIFICID SUSR	P	Brand Preferred	ASSURE 4 METER DEVI	NC	QL(1 EA per 365 day(s) retail)
DIFICID TABS	P	Brand Preferred	ASSURE HAEMOLANCE PLUS HIGH	NC	RX/OTC
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	Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS LOW	NC	RX/OTC	CARESENS CONTROL SOLUTION A/B SOLN	NC	
ASSURE HAEMOLANCE PLUS MICRO	NC	RX/OTC	CARESENS N FELIZ BT DEVI	NC	QL(1 EA per 365 day(s) retail)
ASSURE HAEMOLANCE PLUS NORMAL	NC	RX/OTC	CARESENS N FELIZ DEVI	NC	QL(1 EA per 365 day(s) retail)
ASSURE HAEMOLANCE PLUS PED	NC	RX/OTC	CARESENS N GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
ASSURE PLATINUM METER 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
ASSURE PRISM MULTI METER DEVI	NC	QL(1 EA per 365 day(s) retail)	CARESENS N VOICE SYSTEM 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)	CARETOUCH MONITOR SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
BD LANCET ULTRAFINE 30G	NC	RX/OTC	CHEMSTRIP BG LOG BOOK MISC	NC	RX/OTC
BD LANCET ULTRAFINE 33G	NC	RX/OTC	CLEVER CHEK AUTO-CODE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
BD LATITUDE DIABETES KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	CLEVER CHEK AUTO-CODE VOICE DEVI	NC	QL(1 EA per 365 day(s) retail)
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	CLEVER CHEK SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
BIGFOOT UNITY PROGRAM KIT	NC	RX/OTC	CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
BIOTEL CARE BLOOD GLUCOSE SYST KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	CLEVER CHOICE MICRO SYSTEM 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	CLEVER CHOICE MINI SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
BLOOD GLUCOSE MONITOR SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	CLEVER CHOICE TALK SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
BLOOD GLUCOSE MONITORING 333 DEVI	NC	QL(1 EA per 365 day(s) retail)	CONTOUR MONITOR 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	CONTOUR NEXT EZ 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
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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD CLASSIC PODS (GEN 3) MISC	NC		PHARMACIST CHOICE AUTOCODE SYS KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
OMNIPOD DASH INTRO (GEN 4) KIT	PA	QL(1 EA per 365 day(s) retail); PA	PHARMACIST CHOICE MINI SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
OMNIPOD DASH PDM (GEN 4) KIT	NC		PIP BLOOD GLUCOSE MONITORING DEVI	NC	QL(1 EA per 365 day(s) retail)
OMNIPOD DASH PODS (GEN 4) MISC	PA	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; PA	POCKETCHEM EZ SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
OMNIPOD GO KIT	NC		POGO AUTOMATIC BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
OMNIPOD GO KIT	NC		PRECISION XTRA-GLUCOSE/KETONE DEVI	NC	
OMNIPOD POD PALS	NC		PRECISION XTRA KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ON CALL EXPRESS MONITORING SYS 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)
ONE DROP BLOOD GLUCOSE MONITOR KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	PRO VOICE V9 GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)
ONETOUCH DELICA PLUS LANCET30G	P	RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)
ONETOUCH DELICA PLUS LANCET33G	P	RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ONETOUCH ULTRA 2 KIT	P	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
ONETOUCH ULTRA CONTROL LIQD	C		PRODIGY POCKET BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
ONETOUCH VERIO FLEX SYSTEM KIT	P	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
ONETOUCH VERIO REFLECT 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
ONETOUCH VERIO LIQD	C		QUICKTEK/METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QUINTET AC BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)	SIMPLERA SYNC SENSOR	NC	
QUINTET BLOOD GLUCOSE SYSTEM DEVI	NC	QL(1 EA per 365 day(s) retail)	SIMPLERA SYSTEM	NC	
REFUAH PLUS MONITORING SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	SMARTEST EJECT STARTER 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	SMARTEST EJECT DEVI	NC	QL(1 EA per 365 day(s) retail)
RELION MICRO KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	SMARTEST PERSONA STARTER 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)	SMARTEST PRONTO STARTER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
RELION PREMIER CLASSIC DEVI	NC	QL(1 EA per 365 day(s) retail)	SMARTEST PROTEGE STARTER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC
RELION PREMIER COMPACT SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	SMARTEST PROTEGE DEVI	NC	QL(1 EA per 365 day(s) retail)
RELION PREMIER VOICE MONITOR 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)
RELION PRIME MONITOR 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
RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	SUPREME II CONFIDENCE PADDLES MISC	NC	RX/OTC
RELION ULTIMA GLUCOSE SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	TECHLITE LANCETS	NC	RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	TECHLITE LANCETS 30G	NC	RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	TEMPO SMART BUTTON MISC	NC	RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	TEMPO WELCOME 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)	TRACER II 3 VOLT BATTERY MISC	NC	RX/OTC
SIMPLERA SENSOR	NC		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	Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	UNISTIK NORMAL	NC	RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	VERASENS BLOOD GLUCOSE METER DEVI	NC	QL(1 EA per 365 day(s) retail)
TRUE METRIX GO GLUCOSE METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	VERASENS BLOOD GLUCOSE SYSTEM 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)	V-GO 20 KIT	NC	
TRUE METRIX METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	V-GO 30 KIT	NC	
TRUE METRIX METER KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	V-GO 40 KIT	NC	
TRUERESULT BLOOD GLUCOSE KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	VIVAGUARD INO CONTROL SOLUTION LIQD	NC	
TRUETRACK BLOOD GLUCOSE DEVI	NC	QL(1 EA per 365 day(s) retail)	VIVAGUARD INO GLUCOSE METER 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	VIVAGUARD INO SMART GLUC METER DEVI	NC	QL(1 EA per 365 day(s) retail)
TRUETRACK SMART SYSTEM KIT	NC	QL(1 EA per 365 day(s) retail); RX/OTC	Parenteral Therapy Supplies		
UNISTIK 1	NC	RX/OTC	ADVOCATE INSULIN PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
UNISTIK 2	NC	RX/OTC	AQINJECT PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
UNISTIK 2 COMFORT	NC	RX/OTC	ASSURE ID DUO PRO PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
UNISTIK 2 EXTRA	NC	RX/OTC	ASSURE ID INSULIN SAFETY SYR	NC	RX/OTC
UNISTIK 2 NEONATAL	NC	RX/OTC	ASSURE ID PRO PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
UNISTIK 2 NORMAL	NC	RX/OTC	AUTOPEN DEVI	NC	RX/OTC
UNISTIK 2 SUPER	NC	RX/OTC	BARDIA BULB IRRIGATION SYRINGE	NC	RX/OTC
UNISTIK 3	NC	RX/OTC	BARDIA PISTON IRRIGATION SYR	NC	RX/OTC
UNISTIK 3 COMFORT	NC	RX/OTC	BD ALLERGIST TRAY KIT	NC	RX/OTC
UNISTIK 3 EXTRA	NC	RX/OTC	BD ALLERGY SYRINGE MISC	NC	
UNISTIK 3 NEONATAL	NC	RX/OTC	BD AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC
UNISTIK 3 NORMAL	NC	RX/OTC	BD CONTROL SYRING LUER-LOK	NC	RX/OTC
UNISTIK CZT COMFORT	NC	RX/OTC	BD DISP NEEDLE	NC	RX/OTC
UNISTIK CZT NORMAL	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD DISP NEEDLES	NC	RX/OTC	BD SYRINGE LUER SLIP TIP	NC	RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	NC	RX/OTC	BD SYRINGE LUER-LOK	NC	RX/OTC
BD ECLIPSE NEEDLE	NC	RX/OTC	BD SYRINGE SLIP TIP	NC	RX/OTC
BD ECLIPSE SYRINGE	NC	RX/OTC	BD SYRINGE/NEEDLE	NC	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE	NC	RX/OTC	BD TB SYRINGE MISC	NC	
BD FILTER NEEDLE	NC	RX/OTC	BD VEO INSULIN SYR ULTRAFINE	NC	RX/OTC
BD FILTER NEEDLE/5 MICRON	NC	RX/OTC	CAREPOINT POLY HUB NEEDLE	NC	RX/OTC
BD HYPODERMIC NEEDLE	NC	RX/OTC	CAREPOINT SAFETY 1ST NEEDLE	NC	RX/OTC
BD INSULIN SYRINGE U-500	NC		CAREPOINT SAFETY1ST SYR/NEEDLE	NC	
BD INTEGRA NEEDLE	NC	RX/OTC	CAREPOINT SYRINGE CATHETER TIP	NC	RX/OTC
BD INTEGRA SYRINGE	NC	RX/OTC	CAREPOINT SYRINGE LUER LOCK	NC	RX/OTC
BD LUER-LOCK SYRINGE	NC	RX/OTC	CAREPOINT SYRINGE LUER SLIP	NC	RX/OTC
BD LUER-LOK SYRINGE	NC	RX/OTC	CAREPOINT TUBERCLN SYR/LUER SL MISC	NC	RX/OTC
BD PEN MINI MISC	NC	RX/OTC	CARETOUCH CATHETER TIP SYRINGE	NC	RX/OTC
BD PEN NEEDLE NANO U/F	NC	QL(5 EA daily); RX/OTC	CARETOUCH HYPODERMIC NEEDLE	NC	RX/OTC
BD PEN MISC	NC	RX/OTC	CARETOUCH LUER LOCK	NC	RX/OTC
BD PLASTIPAK SYRINGE	NC	RX/OTC	CARETOUCH LUER LOCK SYR/NEEDLE	NC	RX/OTC
BD PRECISIONGLIDE NEEDLE	NC		CARETOUCH LUER SLIP	NC	RX/OTC
BD SAFETYGLIDE ALLERGY SYRINGE MISC	NC	RX/OTC	CEQUR SIMPLICITY 2U DEVI	NC	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	NC	RX/OTC	CEQUR SIMPLICITY INSERTER MISC	NC	
BD SAFETYGLIDE NEEDLE	NC	RX/OTC	COMFORT EZ INSULIN SYRINGE	NC	RX/OTC
BD SAFETYGLIDE SHIELDED NEEDLE	NC		CRONO SYRINGE	NC	
BD SAFETYGLIDE SYRINGE/NEEDLE MISC	NC		DEFLUX METAL NEEDLE	NC	
BD SYRINGE BLUNT CANNULA 17G	NC	RX/OTC			
BD SYRINGE DUAL CANNULA	NC	RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INPEN 100-PINK-NOVOLOG-FIASP DEVI	NC	RX/OTC	MONOJECT SOFTPACK/CATHTIP	NC	RX/OTC
INSUPEN PEN NEEDLES	NC	QL(5 EA daily); RX/OTC	MONOJECT SOFTPACK/LLOCK	NC	RX/OTC
INSUPEN32G EXTR3ME	NC		MONOJECT SOFTPACK/LTIP	NC	RX/OTC
J-TIP KIT W/VIAL ADAPTERS KIT	NC		MONOJECT SOFTPACK/RG LOCK	NC	RX/OTC
LUER LOCK SAFETY SYRINGES	NC	RX/OTC	MONOJECT SOFTPACK/RG LUER	NC	RX/OTC
MAGELLAN SYRINGE-SAFETY NEEDLE	NC		MONOJECT SYRINGE	NC	RX/OTC
MAGELLAN TUBERCULIN SYRINGE MISC	NC	RX/OTC	MONOJECT SYRINGE CATH TIP	NC	RX/OTC
MONOJECT ALLERGIST TRAY KIT	NC		MONOJECT SYRINGE ECC LUER	NC	RX/OTC
MONOJECT BLUNTIP CANNULA	NC	RX/OTC	MONOJECT SYRINGE ECCENTRIC TIP	NC	RX/OTC
MONOJECT BLUNTIP SYR/CANNULA	NC	RX/OTC	MONOJECT SYRINGE LUER LOCK	NC	
MONOJECT CONTROL SYRINGE	NC	RX/OTC	MONOJECT SYRINGE LUER-LOCK TIP	NC	
MONOJECT FILTER ASPIRATOR	NC	RX/OTC	MONOJECT SYRINGE PHARMACY TRAY	NC	RX/OTC
MONOJECT FILTER NEEDLE	NC	RX/OTC	MONOJECT SYRINGE REG LUER	NC	RX/OTC
MONOJECT HYPODERMIC NEEDLE	NC	RX/OTC	MONOJECT SYRINGE REGULAR TIP	NC	RX/OTC
MONOJECT INTRODUCER NEEDLE	NC		MONOJECT SYRINGE TOOMEY TYPE	NC	RX/OTC
MONOJECT LIFESHIELD SYRINGE	NC	RX/OTC	MONOJECT TB SAFETY SYRINGE MISC	NC	RX/OTC
MONOJECT MAGELLAN SAFETY NDL	NC	RX/OTC	MONOJECT TB SYRINGE	NC	RX/OTC
MONOJECT MAGELLAN SYRINGE	NC	RX/OTC	NOKOR VENTED NEEDLE	NC	RX/OTC
MONOJECT MEDICATION TRANSF NDL	NC		NORM-JECT LUER LOCK SYRINGE	NC	RX/OTC
MONOJECT PHARMACY TRAY	NC	RX/OTC	NORM-JECT LUER SLIP SYRINGE	NC	RX/OTC
MONOJECT PISTON SYRINGE	NC		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	Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES	NC	QL(5 EA daily); RX/OTC	ULTICARE TUBERCULIN SAFETY SYR	NC	
PERFECT POINT SAFETY NEEDLE	NC	RX/OTC	ULTIGUARD SAFEPACK PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
POLY HUB NEEDLE	NC	RX/OTC	UNIFINE OTC PEN NEEDLES	NC	QL(5 EA daily); RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	NC	QL(5 EA daily); RX/OTC	UNIFINE PENTIPS	NC	RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	NC	RX/OTC	UNIFINE PROTECT PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
RELION INSULIN SYRINGE	NC	RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
SECURESAFE HYPODERMIC NEEDLE	NC	RX/OTC	VANISHPOINT ALLERGY TRAY KIT	NC	RX/OTC
SECURESAFE SYRINGE/NEEDLE	NC		VANISHPOINT SAFETY SYRINGE	NC	
SURE COMFORT PEN NEEDLES	NC	QL(5 EA daily); RX/OTC	VANISHPOINT SYRINGE	NC	RX/OTC
SYRINGE DISPOSABLE	NC	RX/OTC	VANISHPOINT TUBERCULIN SYRINGE MISC	NC	RX/OTC
SYRINGE ECCENTRIC TIP	NC	RX/OTC	VERIFINE PLUS PEN NEEDLE	NC	QL(5 EA daily); RX/OTC
SYRINGE LUER LOCK	NC	RX/OTC	VERISAFE SAFE STERILE SYRINGE	NC	RX/OTC
SYRINGE LUER SLIP	NC	RX/OTC	VERISAFE SAFETY STERILE NEEDLE	NC	RX/OTC
SYRINGE/HYPODERMIC SAFETY	NC	RX/OTC	YALE DISP NEEDLES	NC	
TECHLITE INSULIN SYRINGE	NC	RX/OTC	Respiratory Therapy Supplies		
TECHLITE PEN NEEDLES	NC	QL(5 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
TECHLITE PLUS PEN NEEDLES	NC	QL(5 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
TOOMEY SYRINGE	NC		AEROCHAMBER MV MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
TRUE COMFORT INSULIN SYRINGE	NC		AEROCHAMBER PLS FLOVU MTHPIECE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
TRUE COMFORT PEN NEEDLES	NC	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	C	QL(2 EA per 360 day(s) retail); 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				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU LARGE DEVI	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
AEROCHAMBER PLUS FLO-VU LARGE MISC	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
AEROCHAMBER PLUS FLO-VU MEDIUM 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
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	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
AEROCHAMBER PLUS FLO-VU SMALL 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
AEROCHAMBER PLUS FLO-VU SMALL MISC	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
AEROCHAMBER PLUS FLO-VU W/MASK MISC	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
AEROCHAMBER PLUS FLO-VU MISC	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
AEROCHAMBER PLUS FLOW VU MISC	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
AEROCHAMBER W/FLOWSIGNAL MISC	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
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	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
AEROCHAMBER Z-STAT PLUS/LARGE MISC	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
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	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
AEROCHAMBER Z-STAT PLUS/SMALL 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
AEROCHAMBER Z-STAT PLUS 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
AEROCHAMBER2GO ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EASIVENT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>ergotamine w/ caffeine SUPP</i>	NC	
<i>sumatriptan-naproxen sodium</i>	NP	
SYMBRAVO TABS PO	NP	
Migraine Products		
DIHYDROERGOTAMINE MESYLATE CRYST	NC	
DIHYDROERGOTAMINE MESYLATE POWD	NC	
ERGOMAR SUBL	NC	
ERGOTAMINE TARTRATE POWD	NC	
Migraine Products - NSAIDs		
<i>diclofenac potassium (migraine)</i>	NC	
ELYXYB	NC	
Serotonin Agonists		
<i>almotriptan malate</i>	NP	
<i>eletriptan hydrobromide</i>	NP	Brand Preferred; QL(6 EA per 31 day(s) retail)
FROVA (<i>frovatriptan succinate</i>)	NP	
<i>frovatriptan succinate</i>	NP	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)	SODIUM BICARBONATE IV	NC	
			<i>tromethamine</i>	NC	
			TROMETHAMINE	NC	
<i>sumatriptan succinate TABS</i>	P	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)	Calcium		
<i>sumatriptan succinate TABS 25 MG, 100 MG</i>	NC	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)	CA PHOSPHATE DIBASIC DIHYD	NC	
TOSYMRA	NP	Brand Preferred	CALCIUM CARBONATE EXTRA LIGHT POWD XX	NC	RX/OTC
ZEMBRACE SYMTOUCH SOAJ	NP		CALCIUM CARBONATE LIGHT POWD XX	NC	RX/OTC
<i>zolmitriptan SOLN 2.5 MG</i>	NP		<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	C	
<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i>	C	QL(2 EA daily)
<i>zolmitriptan TABS</i>	NP	QL(6 EA per 31 day(s) retail)	CALCIUM CARBONATE POWD XX	NC	RX/OTC
<i>zolmitriptan TBDP</i>	NC	QL(6 EA per 31 day(s) retail)	<i>calcium carbonate TABS</i>	NC	
<i>zolmitriptan TBDP</i>	NP	QL(6 EA per 31 day(s) retail)	<i>calcium chloride (dihydrate) SOLN</i>	NC	
ZOMIG SOLN 2.5 MG (<i>zolmitriptan</i>)	NP		CALCIUM CHLORIDE ANHYDROUS GRAN	NC	
ZOMIG SOLN 5 MG (<i>zolmitriptan</i>)	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	CALCIUM CHLORIDE DIHYDRATE GRAN	NC	
MINERALS & ELECTROLYTES			CALCIUM CHLORIDE DIHYDRATE POWD	NC	
Bicarbonates			CALCIUM CHLORIDE SOLN	NC	
SODIUM ACETATE CRYST	NC		CALCIUM GLUCONATE ANHYDROUS POWD	NC	RX/OTC
SODIUM ACETATE GRAN	NC		CALCIUM GLUCONATE MONOHYDRATE POWD	NC	RX/OTC
SODIUM ACETATE POWD	NC	RX/OTC	CALCIUM GLUCONATE-NACL SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 %	NC	
<i>sodium acetate SOLN</i>	NC				
<i>sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %</i>	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CALCIUM GLUCONATE POWD	NC	RX/OTC	DEXTROSE-SODIUM CHLORIDE	NC	
<i>calcium gluconate-sodium chloride SOLN</i>	NC		DRIPDROP HYDRATION PACK	NC	
<i>calcium gluconate SOLN</i>	NC		DRIPDROP PACK	NC	
CALCIUM LACTATE PENTAHYDRATE	NC		<i>electrolyte-148</i>	NC	
CALCIUM PHOSPHATE DIBASIC	NC		<i>electrolyte-a</i>	NC	
CALCIUM PHOSPHATE TRIBASIC	NC	RX/OTC	EMERGEN-C ELECTRO MIX PACK	NC	
LIQUICAL PLUS LIQD	NC		ENFAMIL ENFALYTE SOLN	C	
<i>oyster shell</i>	C		ENSURE RAPID HYDRATION PACK	NC	
Electrolyte Mixtures			EQUALYTE SOLN (<i>oral electrolytes</i>)	NC	
BIOLYTE PACK	NC		FT ELECTROLYTE SOLN	C	
BIOLYTE SOLN	C		GNP ELECTROLYTE POWDER PACK	NC	
CERALYTE 50 POTASSIUM FREE 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	
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		GOODSENSE ELECTROLYTE ADV CARE SOLN	C	
CERASPORT PACK	NC				
CERASPORT SOLN	C		GOODSENSE ELECTROLYTE VARIETY PACK	NC	
DEXTROSE 5%/ELECTROLYTE #48	NC		HYDRALYTE FREEZER POPS SOLN	C	
<i>dextrose in lactated ringers</i>	NC		HYDRALYTE PACK	NC	
<i>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 %</i>	NC		HYDRALYTE SOLN	C	
DEXTROSE-NACL	NC		HYDRATING ELECTROLYTE PACK	NC	
			IONOSOL-MB IN D5W	NC	
			ISOLYTE-P IN D5W	NC	
			ISOLYTE-S	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ISOLYTE-S PH 7.4	NC		PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	NC	
KCL-LACTATED RINGERS-D5W	NC		<i>potassium chloride in dextrose</i>	NC	
KINDERLYTE IMMUNITY PACK	NC		<i>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 %</i>	NC	
KINDERLYTE PREMAX PACK	NC		<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	NC	
KINDERLYTE PREMAX SOLN	C		<i>ringer's</i>	NC	
KINDERLYTE PACK	NC		TPN ELECTROLYTES CONC	NC	
KINDERLYTE SOLN	C		TRUELYTE SOLN	C	
<i>lactated ringer's</i>	NC		Fluoride		
LIQUID I.V. PACK	NC		<i>sodium fluoride CHEW</i>	C	
NORMALYTE PACK	NC		<i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>	C	RX/OTC
NORMOSOL-M IN D5W	NC		SOLUVITA SOLN	C	RX/OTC
NORMOSOL-R 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	NC		Magnesium		
NORMOSOL-R IN D5W	NC		MAGNESIUM CARBONATE HEAVY POWD XX	NC	RX/OTC
NORMOSOL-R PH 7.4	NC		MAGNESIUM CARBONATE POWD XX	NC	RX/OTC
<i>oral electrolytes SOLN</i>	C		MAGNESIUM CHLORIDE CRYST	NC	
PEDIALYTE ADVANCED CARE SOLN (<i>oral electrolytes</i>)	NC		MAGNESIUM CHLORIDE POWD	NC	RX/OTC
PEDIALYTE FREEZER POPS SOLN (<i>oral electrolytes</i>)	NC				
PEDIALYTE IMMUNE SUPPORT SOLN	C				
PEDIALYTE SINGLES SOLN (<i>oral electrolytes</i>)	NC				
PEDIALYTE SPARKLING RUSH PACK	NC				
PEDIALYTE PACK	NC				
PEDIALYTE SOLN (<i>oral electrolytes</i>)	NC				
PEDIA-POP PACK	NC				
PEDIATRIC ELECTROLYTE PACK	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium chloride SOLN</i>	NC		K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>)	NC	
<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG</i>	C		POKONZA PACK PO	NC	
<i>magnesium sulfate IV</i>	NC		<i>potassium acetate SOLN 2 MEQ/ML</i>	NC	
MAGNESIUM SULFATE IJ 50 %	NC		POTASSIUM ACETATE SOLN 2 MEQ/ML	NC	
<i>magnesium sulfate in dextrose</i>	NC		POTASSIUM BICARBONATE GRAN	NC	
MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>)	NC		POTASSIUM BICARBONATE POWD	NC	
SLOWMAG MG MUSCLE HLTH/RECOVER CHEW	NC		<i>potassium bicarbonate TBEF</i>	C	
Manganese			<i>potassium chloride microencapsulated crystals er</i>	C	
<i>manganese chloride</i>	NC		<i>potassium chloride CPCR 8 MEQ</i>	C	QL(1 EA daily)
Phosphate			<i>potassium chloride CPCR 10 MEQ</i>	C	
K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NC	QL(8 EA daily)	POTASSIUM CHLORIDE CRY	NC	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	C	QL(8 EA daily)	POTASSIUM CHLORIDE GRAN	NC	RX/OTC
<i>potassium phosphate monobasic TABS</i>	NC		<i>potassium chloride PACK PO 20 MEQ</i>	C	
<i>potassium phosphates</i>	NC		POTASSIUM CHLORIDE POWD	NC	
POTASSIUM PHOSPHATES(71 MEQ K)	NC		<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	C	
POTASSIUM PHOSPHATES-NACL	NC		<i>potassium chloride SOLN IV</i>	NC	
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	NC		<i>potassium chloride TBCR 15 MEQ, 20 MEQ</i>	NC	
Potassium			<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	C	
EFFER-K	NC		Sodium		
K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>)	NC		SODIUM CHLORIDE GRAN	NC	RX/OTC
			SODIUM CHLORIDE POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	NC		HYLENEX	NC	
SODIUM CHLORIDE SOLN IV	NC		VITRASE SOLN	NC	
Trace Minerals			Immunomodulators		
<i>chromic chloride</i>	NC		JOENJA	NC	
COPPER SULFATE CRYST	NC		REZUROCK	NP	SP
<i>cupric chloride</i>	NC		VYVGART HYTRULO SC	NC	SP
CUPRIC SULFATE GRAN	NC		Immunosuppressive Agents		
CUPRIC SULFATE POWD	NC	RX/OTC	ASTAGRAF XL CP24	NP	
MULTRYIS	NC		AZATHIOPRINE SODIUM	NC	
<i>selenious acid</i>	NC		AZATHIOPRINE POWD	NC	
SELENIOS ACID	NC		<i>azathioprine TABS</i>	P	
TRALEMENT	NC		<i>azathioprine TABS 75 MG, 100 MG</i>	NP	
Zinc			CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NP	
GALZIN	NC		CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NP	
<i>zinc chloride SOLN</i>	NC		CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NP	
ZINC SULFATE HEPTAHYDRATE	NC	RX/OTC	<i>cyclosporine modified (for microemulsion) CAPS</i>	P	
ZINC SULFATE MONOHYDRATE	NC	RX/OTC	<i>cyclosporine modified (for microemulsion) SOLN</i>	P	
ZINC SULFATE GRAN	NC		<i>cyclosporine CAPS</i>	P	USE BRAND NAME or Authorized Generic
<i>zinc sulfate SOLN</i>	NC		<i>cyclosporine SOLN IV 50 MG/ML</i>	NC	
MISCELLANEOUS THERAPEUTIC CLASSES			ENSPRYNG	NP	SP
Chelating Agents			ENVARISUS XR TB24	NP	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	NC		<i>everolimus (immunosuppressant)</i>	NP	
<i>penicillamine CAPS</i>	NC		IMURAN TABS (<i>azathioprine</i>)	NP	
<i>penicillamine TABS</i>	C		LUPKYNIS	NC	SP
Enzymes			<i>mycophenolate mofetil hcl</i>	NC	
AMPHADASE	NC		<i>mycophenolate mofetil CAPS</i>	NC	
BROMELAIN POWD	NC	RX/OTC			
CHYMOTRYPSIN (ALPHA)	NC				

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

Drug Name	Drug Tier	Requirements/ Limits
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	
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/4.2 5% DEX	NC	
Potassium Removing Agents		
LOKELMA	P	Brand Preferred
<i>sodium polystyrene sulfonate POWD</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
VELTASSA	P	Brand Preferred
Sclerosing Agents		
<i>sodium tetradecyl sulfate</i>	NC	
Systemic Lupus Erythematosus Agents		
SAPHNELO	NC	SP

Drug Name	Drug Tier	Requirements/ Limits
Uremic Pruritus Agents		
KORSUVA	NC	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 4 %</i>	NC	
<i>lidocaine hcl (mouth-throat) 2 %</i>	C	QL(100 ML per fill retail)
Anti-infectives - Throat		
AMPHOTERICIN B	NC	
<i>clotrimazole</i>	NC	
NYSTATIN (<i>nystatin (mouth-throat)</i>)	P	2 package(s) per fill retail
<i>nystatin (mouth-throat)</i>	NC	2 package(s) per fill retail
<i>nystatin (mouth-throat)</i>	P	2 package(s) per fill retail
ORAVIG	NC	
Antiseptics - Mouth/Throat		
BETADINE ANTISEPTIC GARGLE	NC	
BETADINE ANTISEPTIC RINSE	NC	
<i>chlorhexidine gluconate (mouth-throat)</i>	C	
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	NC	
Dental Products		
DENTA 5000 PLUS SENSITIVE GEL	NC	
FLUORIDEX SENSITIVITY RELIEF GEL	NC	
FLUORIMAX 5000 SENSITIVE GEL	NC	
FRAICHE 5000 PREVI	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>sodium fluoride (dental)</i>)	NC	QL(113 ML per 60 day(s) retail)	<i>cevimeline hcl</i>	NC	
PREVIDENT 5000 DRY MOUTH GEL (<i>sodium fluoride (dental)</i>)	NC	QL(113 ML per 60 day(s) retail)	<i>pilocarpine hcl (oral) 5 MG</i>	C	QL(6 EA daily)
PREVIDENT 5000 ENAMEL PROTECT GEL	NC		<i>pilocarpine hcl (oral) 7.5 MG</i>	NC	
PREVIDENT 5000 KIDS PSTE DT (<i>sodium fluoride (dental)</i>)	NC	QL(113 ML per 60 day(s) retail)	SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	NC	QL(6 EA daily)
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>sodium fluoride (dental)</i>)	NC	QL(113 ML per 60 day(s) retail)	MULTIVITAMINS		
PREVIDENT 5000 PLUS CREA (<i>sodium fluoride (dental)</i>)	NC	QL(113 GM per 60 day(s) retail)	B-Complex Vitamins		
PREVIDENT 5000 SENSITIVE GEL	NC		<i>b-complex vitamins CAPS</i>	C	QL(1 EA daily)
PREVIDENT GEL (<i>sodium fluoride (dental)</i>)	NC	QL(113 GM per 60 day(s) retail)	<i>b-complex vitamins TABS</i>	C	QL(1 EA daily)
SOD FLUORIDE-POTASSIUM NITRATE GEL	NC		B-Complex w/ Folic Acid		
<i>sodium fluoride (dental) CREA</i>	C	QL(113 GM per 60 day(s) retail)	<i>b-complex w/ c & folic acid CAPS</i>	C	QL(1 EA daily); RX/OTC
<i>sodium fluoride (dental) GEL</i>	C	QL(113 GM per 60 day(s) retail)	<i>b-complex w/ folic acid CAPS</i>	NC	RX/OTC
<i>sodium fluoride (dental) PSTE DT</i>	C	QL(113 GM per 60 day(s) retail)	DIALYVITE 3000	NC	
<i>sodium fluoride (dental) SOLN 0.2 %</i>	NC		DIALYVITE 5000	NC	
SODIUM FLUORIDE 5000 ENAMEL GEL	NC		DIALYVITE 800 PLUS D WAFR	NC	
SODIUM FLUORIDE 5000 SENSITIVE GEL	NC		DIALYVITE/ZINC	NC	
ZINC ACETATE	NC		NEPHPLEX RX	NC	
Steroids - Mouth/Throat/Dental			VITAL-D RX	NC	
<i>triamcinolone acetonide (mouth)</i>	C	1 package(s) per fill retail	Multiple Vitamins w/ Calcium		
Throat Products - Misc.			<i>multiple vitamins w/ calcium TABS</i>	C	QL(1 EA daily)
			ONE-A-DAY WOMENS FORMULA TABS (<i>multiple vitamins w/ calcium</i>)	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALIVE EVERYDAY IMMUNE HEALTH CAPS	C	QL(1 EA daily); RX/OTC	CVS EYE HEALTH ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC
ALIVE HAIR, SKIN & NAILS CAPS	C	QL(1 EA daily); RX/OTC	CVS IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
ALIVE MAX 6 POTENCY CAPS	C	QL(1 EA daily); RX/OTC	CVS VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC
APETIBEX CAPS	C	QL(1 EA daily); RX/OTC	DECUBI-VITE CAPS	C	QL(1 EA daily); RX/OTC
APPE-CURB CAPS	C	QL(1 EA daily); RX/OTC	DEKAS PLUS OCEAN CAPS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	C	QL(1 EA daily); RX/OTC	DEKAS PLUS CAPS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS CAPS	C	QL(1 EA daily); RX/OTC	DEPLIN MA CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	C	QL(1 EA daily); RX/OTC	DEXATRAM CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 IRON FREE CAPS	C	QL(1 EA daily); RX/OTC	EYE HEALTH AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC
BIOCAL CAPS	C	QL(1 EA daily); RX/OTC	EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
BIOTECT PLUS CAPS	C	QL(1 EA daily); RX/OTC	FOLAGENT DHA CAPS	C	QL(1 EA daily); RX/OTC
BONEUP 3 PER DAY CAPS	C	QL(1 EA daily); RX/OTC	FOLAMED DHA CAPS	C	QL(1 EA daily); RX/OTC
BONEUP CAPS	C	QL(1 EA daily); RX/OTC	FT EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC	GENADEK STEP 1 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 18 CAPS	C	QL(1 EA daily); RX/OTC	GENADEK STEP 2 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 36 CAPS	C	QL(1 EA daily); RX/OTC	HAIR/SKIN/NAILS CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 45 CAPS	C	QL(1 EA daily); RX/OTC	HEALTHY EYES SUPERVISION 2 CAPS	C	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 60 CAPS	C	QL(1 EA daily); RX/OTC	IMMUNE ESSENTIALS DAILY CAPS	C	QL(1 EA daily); RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	C	QL(1 EA daily); RX/OTC	MENATROL CAPS	C	QL(1 EA daily); RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	C	QL(1 EA daily); RX/OTC	MENS 50+ ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
CVS ADULT 50+ EYE HEALTH 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>multiple vitamins w/ minerals CAPS</i>	C	QL(1 EA daily); RX/OTC	PROTECT CARDIO AF CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	C	QL(1 EA daily); RX/OTC	PROTECT PLUS SO CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	C	QL(1 EA daily); RX/OTC	PROTEGRA CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	C	QL(1 EA daily); RX/OTC	QC OCUHEALTH VISION SUPPORT 2 CAPS	C	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION CAPS	C	QL(1 EA daily); RX/OTC	REMEDIENT CAPS	C	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	C	QL(1 EA daily); RX/OTC	SKIN HAIR & NAILS ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	C	QL(1 EA daily); RX/OTC	SUPER ANTIOXIDANT 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	SUPPORT-500 CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC	THERAMILL FORTE CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	C	QL(1 EA daily); RX/OTC	THERANATAL LACTATION ONE CAPS	C	QL(1 EA daily); RX/OTC
OCUVITE-LUTEIN CAPS	C	QL(1 EA daily); RX/OTC	VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	C	QL(1 EA daily); RX/OTC	VISION OPTIMIZER CAPS	C	QL(1 EA daily); RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	C	QL(1 EA daily); RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	C	QL(1 EA daily); RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC	VITABEX PLUS CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS CAPS	C	QL(1 EA daily); RX/OTC	VITABEX CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION/LUTEIN CAPS	C	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA +MULTI CAPS	C	QL(1 EA daily); RX/OTC
PROBIOTICS + BARIATRIC MULTI CAPS	C	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC
PRORENAL + D W/ OMEGA-3 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid			ONE DAILY ESSENTIAL TABS	C	QL(1 EA daily); RX/OTC
QUFLORA FE	NC		ONE VITE DAILY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
Multivitamins			ONE-A-DAY ADULT VITACRAVES+DHA CHEW	C	QL(1 EA daily); RX/OTC
ALTRIXA TABS	C	QL(1 EA daily); RX/OTC	ONE-A-DAY ESSENTIAL TABS (<i>multiple vitamin</i>)	NC	QL(1 EA daily); RX/OTC
AMLADEX TABS	C	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS TABS (<i>multiple vitamin</i>)	NC	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	C	QL(1 EA daily); RX/OTC	QUINTABS TABS	C	QL(1 EA daily); RX/OTC
DAVIMET-M CHEW	C	QL(1 EA daily); RX/OTC	RELCARE TABS	C	QL(1 EA daily); RX/OTC
DERMACINRX DAVIMET CHEW	C	QL(1 EA daily); RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS	C	QL(1 EA daily); RX/OTC
DERMACINRX MULTIVITAMIN CHEW	C	QL(1 EA daily); RX/OTC	THERA TABS	C	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	C	QL(1 EA daily); RX/OTC	THEREMS TABS	C	QL(1 EA daily); RX/OTC
FOLAWISE TABS	C	QL(1 EA daily); RX/OTC	TM-DAILY VITE TABS	C	QL(1 EA daily); RX/OTC
FOLCYTEINE TABS	C	QL(1 EA daily); RX/OTC	TRUE MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
GENICIN VITA-Q TABS	C	QL(1 EA daily); RX/OTC	Ped Multi Vitamins w/Fl & FE		
HIGH POTENCY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	FLORAFOL FE PEDIATRIC SOLN	NC	QL(50 ML per fill retail); AL(Up to 21 yrs old)
MINCORA TABS	C	QL(1 EA daily); RX/OTC	<i>ped multivitamins w/fl & iron SOLN</i>	C	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
MULTI VITAMIN W/D-3 TABS	C	QL(1 EA daily); RX/OTC	POLY-VI-FLOR/IRON CHEW	NC	
MULTI VITAMIN TABS	C	QL(1 EA daily); RX/OTC	POLY-VI-FLOR/IRON SUSP	NC	RX/OTC
<i>multiple vitamin TABS</i>	C	QL(1 EA daily); RX/OTC	QUFLORA FE PEDIATRIC LIQD	NC	
MULTIVITAMIN ADULT TABS	C	QL(1 EA daily); RX/OTC	Ped MV w/ Fluoride		
MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	DAVIMET-FLUORIDE CHEW	NC	
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	NC		COMPLETE NATAL DHA	NC	
POLY-VI-FLOR SUSP	NC		CONCEPT DHA	NC	
TRI-VI-FLOR	NC		DERMACINRX PRETRATE TABS	NC	
TRI-VI-FLORO	NC		ENBRACE HR	NC	
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	NC		FOLIVANE-OB	NC	
Ped MV w/ Iron			MATERVIA CAPS 0.5 MG	NC	
BPROTECTED PEDIA POLY-VITE/FE SOLN	C	QL(60 ML per fill retail)	NATAL PNV TABS	NC	
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	C	QL(60 ML per fill retail)	NEOMATERNA TABS 1 MG	NC	
MULTIVITAMIN DROPS/IRON SOLN	C	QL(60 ML per fill retail)	NEO-VITAL RX TABS	NC	
MULTIVITAMIN INFANT & TODDLER SOLN	C	QL(60 ML per fill retail)	NESTABS	NC	
POLY-VITE/IRON SOLN	C	QL(60 ML per fill retail)	NESTABS DHA	NC	
Pediatric Multiple Vitamins			NESTABS ONE	NC	
BPROTECTED PEDIA POLY-VITE SOLN PO	C	QL(50 ML per fill retail)	OB COMPLETE ONE	NC	
INFUVITE PEDIATRIC SOLN IV	NC		OB COMPLETE PETITE	NC	
MULTIVITAMIN INFANT & TODDLER SOLN PO	C	QL(50 ML per fill retail)	OB COMPLETE PREMIER	NC	
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	C	QL(50 ML per fill retail)	OB COMPLETE/DHA	NC	
POLY-VI-SOL SOLN PO	C	QL(50 ML per fill retail)	OB COMPLETE TABS	NC	
POLY-VITA SOLN PO	C	QL(50 ML per fill retail)	PNV-OMEGA	NC	
POLY-VITE PEDIATRIC SOLN PO	C	QL(50 ML per fill retail)	PREMESISRX	NC	
Prenatal Vitamins			PRENA1 PEARL	NC	
ALTRIXA OB	NC		<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NC	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NC		<i>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</i>	NC	
CITRANATAL MEDLEY	NC		<i>prenatal without a w/ ferrous fumarate-l methylfolate-fadha</i>	NC	
C-NATE DHA CAPS	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATE	NC		VITAFOL ULTRA	NC	
PRENATE AM	NC		VITAFOL-OB+DHA MISC	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		VITAFOL-ONE CAPS	C	QL(1 EA daily)
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		VITAMEDMD ONE RX/QUATREFOLIC	NC	
PRENATE ENHANCE	NC		VITAPEARL	NC	
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		VIVA DHA CAPS	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		WESCAP-C DHA	NC	
PRENATE PIXIE	NC		WESCAP-PN DHA	NC	
PRENATE RESTORE	NC		WESNATAL DHA COMPLETE	NC	
PRENATVITE COMPLETE TABS	NC		WESNATE DHA CAPS	NC	
PRENATVITE PLUS TABS	NC		WESTGEL DHA	NC	
PRIMACARE	NC		Specialty Vitamins Products		
RELNATE DHA CAPS	NC		ADRENAL MANAGER CAPS	NC	RX/OTC
SELECT-OB+DHA MISC	C	QL(1 EA daily)	ADRENALIV CAPS	NC	RX/OTC
SELECT-OB CHEW	NC		ADRENOLD CAPS	NC	RX/OTC
TARON-C DHA	NC		BILBERRY PLUS CAPS	NC	RX/OTC
TRISTART DHA	NC		CARDIOPRESS CAPS	NC	RX/OTC
VIRT-NATE DHA CAPS	NC		CHOLASE CONTROL CAPS	NC	RX/OTC
VIRT-PN DHA	NC		COLLAGEN ULTRA CAPS	NC	RX/OTC
VITAFOL FE+	NC		CORTICARE B CAPS	NC	RX/OTC
VITAFOL GUMMIES	NC		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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIPOTRIAD VISIONARY CAPS	NC	RX/OTC	BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	NC	
MEDCAPS DPO CAPS	NC	RX/OTC	BACLOFEN POWD	NC	
MEDCAPS GI CAPS	NC	RX/OTC	<i>baclofen SOLN PO 10 MG/5ML</i>	NC	
MEDCAPS IS CAPS	NC	RX/OTC	<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	AL(Up to 12 yrs old)
MEDCAPS T3 CAPS	NC	RX/OTC	<i>baclofen SUSP</i>	NP	
MEMORALL CAPS	NC	RX/OTC	<i>baclofen TABS</i>	P	
METHYL PROTECT CAPS	NC	RX/OTC	CARISOPRODOL POWD	NC	
METHYL-GUARD PLUS CAPS	NC	RX/OTC	<i>carisoprodol TABS</i>	NP	
METHYL-GUARD CAPS	NC	RX/OTC	<i>carisoprodol TABS</i>	NC	
MM BIOTIN/KERATIN CAPS	NC	RX/OTC	<i>chlorzoxazone TABS</i>	P	
NITRIVIA CAPS	NC	RX/OTC	<i>chlorzoxazone TABS 375 MG, 750 MG</i>	NP	
PRO HERS RX CAPS	NC	RX/OTC	<i>cyclobenzaprine hcl CP24</i>	NP	
PRO HIS RX CAPS	NC	RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 EA daily)
PRO PCOS RX CAPS	NC	RX/OTC	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	NC	QL(3 EA daily)
RETAIN VISION CAPS	NC	RX/OTC	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 EA daily)
SYNERTROPIN CAPS	NC	RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 EA daily)
Vitamin Mixtures			FLEQSUVY SUSP (<i>baclofen</i>)	NP	
<i>niacinamide w/ zinc-copper-methylfolate-se-cr</i>	NC		LYVISPAH PACK	NP	
VITAMIN D2 + K1 SOLN	NC		<i>metaxalone</i>	NC	
Vitamins w/ Lipotropics			<i>metaxalone</i>	NP	
ACTIFLOVIT EAR HEALTH TABS	NC		METAXALONE 640 MG	NP	
<i>vitamins w/ lipotropics TABS</i>	NC		<i>methocarbamol SOLN</i>	NC	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			<i>methocarbamol TABS 1000 MG</i>	NP	
Central Muscle Relaxants			<i>methocarbamol TABS</i>	P	
AMRIX CP24 (<i>cyclobenzaprine hcl</i>)	NP		<i>methocarbamol TABS</i>	NC	
BACLOFEN (BULK) SOLN XX	NC		ORPHENADRINE CITRATE POWD	NC	
			<i>orphenadrine citrate SOLN 30 MG/ML</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits
<i>orphenadrine citrate TB12</i>	P	QL(2 EA daily)
SOMA TABS (<i>carisoprodol</i>)	NP	
<i>tizanidine hcl CAPS</i>	NC	
<i>tizanidine hcl CAPS</i>	NP	
<i>tizanidine hcl TABS</i>	P	
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NP	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NP	
<i>dantrolene sodium CAPS</i>	P	
<i>dantrolene sodium CAPS</i>	NC	
<i>dantrolene sodium SOLR</i>	NC	
RYANODEX SUSR	NC	
Muscle Relaxant Combinations		
<i>orphenadrine w/ aspirin & caff</i>	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (<i>saline</i>)	NC	1 package(s) per fill retail
<i>saline SOLN 0.65 %</i>	C	1 package(s) per fill retail
Nasal Anesthetics		
COCAINE HCL 40 MG/ML	NC	
GOPRELTO	NC	

Drug Name	Drug Tier	Requirements/ Limits
NUMBRINO	NC	
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	1 package(s) per 31 day(s) retail
<i>azelastine hcl 0.15 %</i>	NP	1 package(s) per 31 day(s) retail; RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	C	QL(26 ML per 31 day(s) retail)
NASALCROM (<i>cromolyn sodium (nasal)</i>)	NC	QL(26 ML per 31 day(s) retail)
<i>olopatadine hcl (nasal)</i>	NP	
PATANASE (<i>olopatadine hcl (nasal)</i>)	NC	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 ML per 31 day(s) retail)
<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ML per 31 day(s) retail)
Nasal Steroids		
<i>budesonide (nasal)</i>	C	QL(9 ML per 31 day(s) retail)
<i>flunisolide (nasal)</i>	NP	QL(25 ML per 31 day(s) retail)
<i>fluticasone propionate (nasal) SUSP</i>	NC	1 package(s) per fill retail; RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	P	1 package(s) per fill retail; RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	P	RX/OTC
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (nasal) AERO</i>	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 CRY	NC	
PHENYLEPHRINE HCL POWD	NC	
PHENYLPROPANOLAMINE HCL	NC	
PSEUDOEPHEDRINE HCL CRY	NC	
PSEUDOEPHEDRINE HCL POWD	NC	
<i>pseudoephedrine hcl TABS</i>	C	
<i>pseudoephedrine hcl TB12</i>	C	QL(2 EA daily)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (<i>riluzole</i>)	NC	PA
<i>riluzole TABS</i>	C	PA
Depolarizing Muscle Relaxants		
ANECTINE SOLN	NC	
<i>succinylcholine chloride SOLN</i>	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

Drug Name	Drug Tier	Requirements/ Limits
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	NC	SP
DYSPO	NC	SP
XEOMIN	NC	SP
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	NC	
<i>cisatracurium besylate SOLN</i>	NC	
NIMBEX SOLN (<i>cisatracurium besylate</i>)	NC	
<i>rocuronium bromide SOLN</i>	NC	
<i>vecuronium bromide SOLR</i>	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

Drug Name	Drug Tier	Requirements/ Limits
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
<i>dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML</i>	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 CRYST	NC	
CHOLINE BITARTRATE POWD	NC	
LECITHIN GRAN XX	NC	RX/OTC
PREGNITUDE	NC	

Drug Name	Drug Tier	Requirements/ Limits
Misc. Nutritional Substances		
EVENING PRIMROSE OIL	NC	
<i>omega-3 fatty acids CAPS 1000 MG</i>	C	QL(6 EA daily)
Protein-Carbohydrate-Lipid Combinations		
KABIVEN	NC	
PERIKABIVEN	NC	
Proteins		
ALANINE POWD	NC	RX/OTC
<i>amino acid infusion SOLN 15 %</i>	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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX/DEXTROSE (8/14)	NC		L-TYROSINE POWD XX	NC	RX/OTC
DL-ALANINE POWD	NC	RX/OTC	L-VALINE CRYST	NC	
DL-LEUCINE POWD XX	NC	RX/OTC	L-VALINE POWD XX	NC	RX/OTC
DL-METHIONINE POWD XX	NC	RX/OTC	METHIONINE POWD XX	NC	RX/OTC
DL-PHENYLALANINE POWD	NC	RX/OTC	PROSOL SOLN	NC	
ELCYS	NC		TAURINE LIQD	NC	
GLUTAMINE POWD XX	NC	RX/OTC	TAURINE POWD	NC	
GLUTATHIONE-L REDUCED POWD	NC	RX/OTC	THREONINE POWD XX	NC	RX/OTC
GLUTATHIONE-L POWD	NC	RX/OTC	TRYPTOPHAN POWD	NC	RX/OTC
GLUTATHIONE POWD	NC	RX/OTC	VALINE POWD XX	NC	RX/OTC
L-ALANINE POWD	NC	RX/OTC	OPHTHALMIC AGENTS - Drugs to Treat the Eye		
L-ARGININE POWD XX	NC	RX/OTC	Artificial Tears and Lubricants		
L-CYSTINE POWD	NC	RX/OTC	BION TEARS PF	NC	
LEUCINE POWD XX	NC	RX/OTC	<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	NC	
L-GLUTAMIC ACID	NC	RX/OTC	FRESHKOTE PF	NC	
L-GLUTAMINE CRYST	NC		LACRISERT	NC	
L-GLUTAMINE POWD XX	NC	RX/OTC	<i>polyvinyl alcohol 1.4 %</i>	C	
L-GLUTATHIONE CRYST	NC		REFRESH	NC	
L-HISTIDINE	NC	RX/OTC	REFRESH DIGITAL PF	NC	
L-HISTIDINE MONOHYDROCHLORIDE CRYST	NC		REFRESH OPTIVE ADVANCED PF	NC	
L-HISTIDINE MONOHYDROCHLORIDE POWD	NC		REFRESH OPTIVE MEGA-3	NC	
L-ISOLEUCINE POWD XX	NC	RX/OTC	REFRESH RELIEVA PF SOLN	NC	
L-LEUCINE POWD XX	NC	RX/OTC	SYSTANE COMPLETE PF	NC	
L-METHIONINE POWD XX	NC	RX/OTC	SYSTANE PRO PF	NC	
L-ORNITHINE POWD	NC		<i>white petrolatum-mineral oil</i>	C	1 package(s) per fill retail
L-PHENYLALANINE POWD	NC	RX/OTC	Beta-blockers - Ophthalmic		
L-PROLINE POWD	NC	RX/OTC	<i>betaxolol hcl (ophth) SOLN</i>	P	1 package(s) per 31 day(s) retail
L-THREONINE CRYST	NC		BETIMOL	NP	
L-TRYPTOPHAN POWD	NC	RX/OTC	BETIMOL (<i>timolol</i>)	NP	
			BETOPTIC-S SUSP	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>brimonidine tartrate-timolol maleate</i>	NP	Brand Preferred
<i>brimonidine tartrate-timolol maleate</i>	NP	
<i>brimonidine tartrate-timolol maleate</i>	NC	Brand Preferred
<i>carteolol hcl (ophth)</i>	P	1 max fill(s) per 31 day(s) retail
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	P	Brand Preferred
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ML per 31 day(s) retail)
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP	
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ML per 31 day(s) retail)
<i>dorzolamide hcl-timolol maleate</i>	NP	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NP	
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ML per 31 day(s) retail)
<i>timolol</i>	NP	
<i>timolol maleate (ophth) SOLG</i>	P	
<i>timolol maleate (ophth) SOLG 0.25 %</i>	NC	
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	
<i>timolol maleate (ophth) SOLN</i>	NC	QL(15 ML per 31 day(s) retail)
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(15 EA per 31 day(s) retail)
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	NC	QL(15 ML per 31 day(s) retail)
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	NC	
Cholinergic Agonists		

Drug Name	Drug Tier	Requirements/ Limits
TYRVAYA	NP	
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	C	QL(4 GM per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	C	
ATROPINE SULFATE SOLN 1 %	C	
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	NC	
CYCLOGYL 0.5 %	C	
CYCLOGYL 2 %	C	1 package(s) per 31 day(s) retail
CYCLOGYL (<i>cyclopentolate hcl</i>)	NC	
CYCLOMYDRIL	NC	
<i>cyclopentolate hcl 1 %</i>	C	
ISOPTO ATROPINE SOLN	C	
MYDRIACYL SOLN (<i>tropicamide</i>)	NC	
<i>phenylephrine hcl (mydriatic) SOLN</i>	NC	
TROPICAMIDE POWD	NC	
<i>tropicamide SOLN</i>	C	
Miotics		
MIOCHOL-E SOLR	NC	
MIOSTAT IO	NC	
PHOSPHOLINE IODIDE	NC	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	C	
VUITY SOLN	NC	
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOSY	C	SP; PA
VABYSMO SOLN	NC	SP
Ophthalmic Adrenergic Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALPHAGAN P (brimonidine tartrate)	P	Brand Preferred	ofloxacin (ophth)	P	QL(10 ML per 31 day(s) retail)
apraclonidine hcl	NP		polymyxin b-trimethoprim	P	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
brimonidine tartrate 0.1 %, 0.15 %	NP	Brand Preferred	POLYTRIM (polymyxin b-trimethoprim)	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
brimonidine tartrate 0.2 %	P	1 package(s) per 31 day(s) retail	POVIDONE-IODINE	NC	
IOPIDINE	NC		sulfacetamide sodium (ophth) OINT	P	QL(4 GM per 31 day(s) retail)
IOPIDINE	NP		sulfacetamide sodium (ophth) SOLN	C	QL(15 ML per 31 day(s) retail)
LUMIFY	NC		sulfacetamide sodium (ophth) SOLN	P	QL(15 ML per 31 day(s) retail)
SIMBRINZA	NP		tobramycin (ophth) SOLN	NP	QL(5 ML per 31 day(s) retail)
Ophthalmic Anti-infectives			TOBREX OINT	NP	
AZASITE	NP		trifluridine	C	QL(8 ML per 31 day(s) retail)
bacitracin (ophthalmic)	P	QL(4 GM per 31 day(s) retail)	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	NC	QL(3 ML per fill retail)
bacitracin-polymyxin b (ophth)	P	QL(4 GM per 31 day(s) retail)	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	NP	QL(3 ML per fill retail)
BESIVANCE	NP		XDEMY	NC	
BETADINE OPHTHALMIC PREP	NC		ZIRGAN GEL	NC	
CILOXAN OINT	NP	1 package(s) per fill retail	Ophthalmic Decongestants		
ciprofloxacin hcl (ophth) SOLN	P	1 package(s) per fill retail	naphazoline w/ pheniramine 0.315 %-0.027 %	C	
ERYTHROMYCIN	P		naphazoline w/ pheniramine 0.3 %-0.025 %	C	QL(15 ML per 31 day(s) retail)
erythromycin (ophth)	P		naphazoline-glycerin 0.25 %-0.012 %, 0.5 %-0.03 %	NC	
gatifloxacin (ophth)	NP		NAPHCON-A (naphazoline w/ pheniramine)	NC	QL(15 ML per 31 day(s) retail)
gentamicin sulfate (ophth) SOLN	P	2 package(s) per fill retail	OPCON-A (naphazoline w/ pheniramine)	NC	
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)			

Drug Name	Drug Tier	Requirements/ Limits
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	C	1 package(s) per 31 day(s) retail
<i>tetrahydrozoline w/ zinc sulfate</i>	NC	
<i>tetrahydrozoline-polyethylene glycol-zinc sulfate</i>	NC	
VISINE RED EYE COMFORT (<i>tetrahydrozoline hcl (ophth)</i>)	NC	1 package(s) per 31 day(s) retail
Ophthalmic Gene Therapy		
LUXTURNA	NC	SP
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	NP	Brand Preferred
RESTASIS MULTIDOSE EMUL	P	Brand Preferred
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	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	
<i>proparacaine hcl</i>	NC	
<i>tetracaine hcl (ophth)</i>	C	
Ophthalmic Steroids		
ALREX SUSP (<i>loteprednol etabonate</i>)	NP	
<i>bacitracin-poly-neomycin-hc</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate (ophth)</i>	C	
<i>difluprednate</i>	NP	Brand Preferred
DUREZOL (<i>difluprednate</i>)	P	Brand Preferred
EYSUVIS SUSP	NP	
FLAREX	P	
<i>fluorometholone (ophth) SUSP</i>	P	1 package(s) per 31 day(s) retail
FML FORTE SUSP	NP	
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	1 package(s) per 31 day(s) retail
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NC	
LOTEMAX GEL (<i>loteprednol etabonate</i>)	NP	
LOTEMAX OINT	NP	
LOTEMAX SUSP (<i>loteprednol etabonate</i>)	NP	
<i>loteprednol etabonate GEL</i>	NC	
<i>loteprednol etabonate SUSP</i>	NP	
MAXIDEX SUSP OP	P	
MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	NP	QL(4 GM per 31 day(s) retail)
MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	NC	QL(4 GM per 31 day(s) retail)
MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NP	QL(10 ML per 31 day(s) retail)
<i>neomycin-polymy-dexameth OINT</i>	P	QL(4 GM per 31 day(s) retail)
<i>neomycin-polymy-dexameth SUSP</i>	P	QL(10 ML per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P	QL(10 ML per 31 day(s) retail)	<i>azelastine hcl (ophth)</i>	NP	QL(6 ML per 31 day(s) retail)
<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ML per 31 day(s) retail)	AZOPT (<i>brinzolamide</i>)	P	Brand Preferred; 1 package(s) per 31 day(s) retail
PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NP	QL(15 ML per 31 day(s) retail)	<i>bepotastine besilate</i>	NC	
PRED MILD	P	1 package(s) per 31 day(s) retail	<i>bepotastine besilate</i>	NP	
<i>prednisolone acetate (ophth)</i>	P	QL(15 ML per 31 day(s) retail)	BEPREVE (<i>bepotastine besilate</i>)	NP	
PREDNISOLONE ACETATE P-F	C	QL(15 ML per 31 day(s) retail)	BIO GLO STRP	NC	
PREDNISOLONE SODIUM PHOSPHATE	NP	1 package(s) per 31 day(s) retail	<i>brinzolamide</i>	NP	Brand Preferred; 1 package(s) per 31 day(s) retail
<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ML per 31 day(s) retail)	<i>bromfenac sodium (ophth)</i>	NP	
TOBRADEX ST SUSP	NP		BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP	
TOBRADEX OINT	NP	QL(4 GM per 31 day(s) retail)	BSS PLUS SOLN	NC	
<i>tobramycin-dexamethasone SUSP</i>	P	1 package(s) per 31 day(s) retail	BSS SOLN	NC	
ZYLET	NP		<i>cromolyn sodium (ophth)</i>	P	QL(10 ML per 31 day(s) retail)
Ophthalmic Surgical Aids			CYSTADROPS	NC	SP
AMVISC PLUS SOSY	NC		<i>diclofenac sodium (ophth)</i>	P	QL(3 ML per 31 day(s) retail)
GELFILM	NC		<i>dorzolamide hcl</i>	NC	
HEALON5 PRO SOSY	NC		<i>dorzolamide hcl</i>	P	QL(10 ML per 31 day(s) retail)
OMIDRIA	NC		<i>epinastine hcl (ophth)</i>	NC	
Ophthalmics - Misc.			<i>epinastine hcl (ophth)</i>	NP	
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	1 package(s) per 31 day(s) retail	<i>fluorescein sodium injection IV</i>	NC	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NP	1 max fill(s) per 31 day(s) retail	FLUORESCIN SODIUM/BENOXINATE	NC	
ACUVAIL	NP		FLUORESCIN SODIUM STRP 1 MG	NC	
AK-FLUOR IV 10 %, 25 % (<i>fluorescein sodium injection</i>)	NC		FLUOR-I-STRIPS A.T. STRP	NC	
			<i>flurbiprofen sodium</i>	P	QL(5 ML per 31 day(s) retail)
			GLOSTRIPS STRP 1 MG	NC	
			ILEVRO	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	1 package(s) per 31 day(s) retail	Otic Agents - Miscellaneous		
<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	1 max fill(s) per 31 day(s) retail	<i>acetic acid (otic)</i>	C	QL(15 ML per 31 day(s) retail)
<i>ketotifen fumarate (ophth) 0.035 %</i>	P	QL(10 ML per 31 day(s) retail)	<i>carbamide peroxide (otic) 6.5 %</i>	C	QL(15 ML per 31 day(s) retail)
MIEBO	NP		DEBROX 6.5 % (<i>carbamide peroxide (otic)</i>)	NC	QL(15 ML per 31 day(s) retail)
NEVANAC	P		Otic Anti-infectives		
<i>olopatadine hcl 0.2 %</i>	P	RX/OTC	<i>ciprofloxacin hcl (otic)</i>	NP	
PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP		<i>ofloxacin (otic)</i>	P	1 package(s) per fill retail
TRYPTYR SOLN OP 0.003 %	NC		Otic Combinations		
ZADITOR 0.035 % (<i>ketotifen fumarate (ophth)</i>)	P	QL(10 ML per 31 day(s) retail)	CIPRO HC	NP	
ZERVIAE	NP		<i>ciprofloxacin-dexamethasone</i>	P	Brand Preferred; QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
Prostaglandins - Ophthalmic			<i>ciprofloxacin-fluocinolone acetamide</i>	NP	
<i>bimatoprost SOLN</i>	NP		CORTISPORIN-TC	NP	
DURYSTA IMPL	NC		<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail)
IDOSE TR IMPL	NC		<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	1 package(s) per fill retail
IYUZEH SOLN	NP		Otic Steroids		
<i>latanoprost SOLN</i>	P	QL(5 ML per 31 day(s) retail)	DERMOTIC (<i>fluocinolone acetamide (otic)</i>)	NC	1 package(s) per 31 day(s) retail
LUMIGAN SOLN 0.01 %	P	Brand Preferred	<i>fluocinolone acetamide (otic)</i>	C	1 package(s) per 31 day(s) retail
<i>tafluprost</i>	NP		<i>hydrocortisone w/acetic acid</i>	C	QL(20 ML per 31 day(s) retail)
TRAVATAN Z SOLN (<i>travoprost</i>)	P	Brand Preferred	OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
<i>travoprost SOLN</i>	NC		Abortifacients/Agents for Cervical Ripening		
<i>travoprost SOLN</i>	NP	Brand Preferred	<i>carboprost tromethamine SOLN</i>	NC	
VYZULTA	NP		OTIC AGENTS - Drugs to Treat the Ear		
XALATAN SOLN (<i>latanoprost</i>)	NC	QL(5 ML per 31 day(s) retail)			
XALATAN SOLN (<i>latanoprost</i>)	NP	QL(5 ML per 31 day(s) retail)			
XELPROS EMUL	NP				
ZIOPTAN (<i>tafluprost</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARBOPROST TROMETHAMINE SOSY	NC		HYPERTET SOSY	NC	
CERVIDIL INST	NC		IMOGAM RABIES-HT SOLN 300 UNIT/2ML	NC	
PREPIDIL GEL	NC		KEDRAB SOLN	NC	
Oxytocics			MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	NC	SP
<i>methylergonovine maleate SOLN</i>	NC		NABI-HB SOLN IM	NC	SP
<i>methylergonovine maleate TABS</i>	C		OCTAGAM SOLN 30 GM/300ML	C	SP; PA
<i>oxytocin</i>	NC		RHOGAM ULTRA-FILTERED PLUS SOSY IM	C	SP
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			RHOPHYLAC SOSY IJ	NC	SP
Antitoxins-Antivenins			VARIZIG SOLN	NC	
ANTIVENIN LATRODECTUS MACTANS	NC		WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	NC	SP
ANTIVENIN MICRURUS FULVIUS	NC		XEMBIFY	C	SP; PA
Immune Serums			Monoclonal Antibodies		
ALYGLO	NC	SP	ENFLONIA SOSY IM 105 MG/0.7ML	NC	
ASCENIV	NC		SYNAGIS SOLN	C	SP; PA
GAMMAGARD	C	SP; PA	PENICILLINS - Drugs to Treat Bacterial Infections		
GAMMAGARD S/D LESS IGA SOLR	C	SP; PA	Aminopenicillins		
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA	AMOXICILLIN TRIHYDRATE POWD	NC	
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA	<i>amoxicillin CAPS</i>	P	
HYPERHEP B SOLN IM	NC	SP	<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
HYPERHEP B SOSY	NC	SP	<i>amoxicillin SUSR</i>	P	
HYPERRAB SOLN	NC		AMOXICILLIN SUSR (<i>amoxicillin</i>)	P	
HYPERRHO S/D SOSY IM 1500 UNIT	C	SP	<i>amoxicillin TABS</i>	P	
HYPERRHO S/D SOSY IM 250 UNIT	NC	SP	<i>amoxicillin TABS</i>	P	
			<i>ampicillin sodium IV 1 GM, 2 GM, 10 GM</i>	NC	
			<i>ampicillin CAPS 500 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	NC	
<i>penicillin g sodium</i>	NC	
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	2 package(s) per fill retail
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i>	P	1 package(s) per fill retail
<i>amoxicillin & pot clavulanate SUSR</i>	NC	
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 EA per 31 day(s) retail)
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	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 (<i>amoxicillin & pot clavulanate</i>)	NP	QL(30 EA per fill retail)
BICILLIN C-R	NC	
BICILLIN C-R 900/300	NC	
<i>piperacillin sodium-tazobactam sodium</i>	NC	
ZOSYN	NC	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
<i>nafcillin sodium IJ 1 GM, 2 GM</i>	NC	
NAFCILLIN SODIUM IN DEXTROSE	NC	
<i>oxacillin sodium IJ 1 GM, 2 GM</i>	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 CRYST	NC	
CHLOROBUTANOL CRYST	NC	
CHLOROBUTANOL POWD	NC	
METHYLPARABEN	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM SORBATE CRYSTALS	NC		FOOD COLOR PINK	NC	
POTASSIUM SORBATE POWD	NC		FOOD COLOR RED	NC	RX/OTC
PROPYLPARABEN	NC	RX/OTC	FOOD COLOR RED	NC	
SORBIC ACID	NC	RX/OTC	FOOD COLOR VIOLET	NC	
Coloring Agents			FOOD COLOR WHITE	NC	
AMARANTH	NC		FOOD COLOR YELLOW	NC	
BRILLIANT BLUE G	NC		FOOD COLOR YELLOW	NC	RX/OTC
EVANS BLUE	NC		FOOD COLOR YELLOW #5 ALUM LAKE	NC	RX/OTC
FD&C BLUE #2	NC	RX/OTC	LISSAMINE GREEN B	NC	
FD&C RED #40 ALUMINUM LAKE	NC		QUINIZARIN GREEN SS	NC	
FD&C YELLOW #5	NC	RX/OTC	SULPHAN BLUE	NC	
FD&C YELLOW #6 ALUMINUM LAKE	NC	RX/OTC	TRYPAN BLUE	NC	
FDC BLUE 1 ALUMINUM LAKE	NC	RX/OTC	Flavoring Agents		
FDC BLUE 1 POWD	NC	RX/OTC	ALFALFA FLAVOR POWD	NC	RX/OTC
FDC BLUE 2	NC	RX/OTC	ALMOND OIL BITTER FLAVOR LIQD	NC	RX/OTC
FDC GREEN #3	NC	RX/OTC	ANISE EXTRACT LIQD	NC	RX/OTC
FDC RED #3	NC	RX/OTC	ANISE FLAVOR OIL	NC	RX/OTC
FDC RED 40	NC	RX/OTC	APPLE FLAVOR WATER MISCIBLE POWD	NC	RX/OTC
FDC YELLOW 5 ALUMINUM LAKE	NC	RX/OTC	APPLE FLAVOR LIQD	NC	RX/OTC
FDC YELLOW 6	NC	RX/OTC	APPLE FLAVOR POWD	NC	RX/OTC
FOOD COLOR BLACK	NC	RX/OTC	APRICOT FLAVOR LIQD	NC	RX/OTC
FOOD COLOR BLUE	NC	RX/OTC	APRICOT FLAVOR POWD	NC	RX/OTC
FOOD COLOR BROWN	NC	RX/OTC	BACON FLAVOR LIQD	NC	RX/OTC
FOOD COLOR FLESH	NC		BANANA CONCENTRATE LIQD	NC	RX/OTC
FOOD COLOR GREEN LIQD	NC		BANANA CREAM FLAVOR LIQD	NC	RX/OTC
FOOD COLOR GREEN POWD	NC	RX/OTC	BANANA CREME FLAVOR LIQD	NC	RX/OTC
FOOD COLOR LIME GREEN	NC	RX/OTC	BANANA FLAVOR LIQD	NC	RX/OTC
FOOD COLOR ORANGE	NC	RX/OTC	BEEF (GRILLED) FLAVOR OIL SOL LIQD	NC	RX/OTC
FOOD COLOR ORANGE - YELLOW #6	NC	RX/OTC	BEEF BRAISED NATURAL FLAVOR LIQD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BEEF FLAVOR LIQD	NC	RX/OTC	CARAMEL FLAVOR LIQD	NC	RX/OTC
BEEF FLAVOR POWD	NC	RX/OTC	CARAMEL OS LIQD	NC	RX/OTC
BEEF TYPE FLAVOR NATURAL LIQD	NC	RX/OTC	CHEESE-ADE FLAVOR POWD	NC	RX/OTC
BEEF TYPE FLAVOR OS LIQD	NC	RX/OTC	CHEESECAKE FLAVOR LIQD	NC	RX/OTC
BEEF-ADE POWD	NC	RX/OTC	CHERRY FLAVOR LIQD	NC	RX/OTC
BENZALDEHYDE	NC		CHERRY-ADE FLAVOR POWD	NC	RX/OTC
BITTER STOP FLAVOR LIQD	NC	RX/OTC	CHICKEN (GRILLED) FLAVOR LIQD	NC	RX/OTC
BITTER-BLOC PURE POWD	NC	RX/OTC	CHICKEN BROTH FLAVOR POWD	NC	RX/OTC
BITTER-BLOC WS CONCENTRATE POWD	NC	RX/OTC	CHICKEN CONC FLAVOR LIQD	NC	RX/OTC
BITTER-BLOC WS/OS LIQUID CONC	NC	RX/OTC	CHICKEN FLAVOR OIL MISCIBLE LIQD	NC	RX/OTC
BITTER-BLOC WS CONC	NC	RX/OTC	CHICKEN FLAVOR OIL SOLUBLE LIQD	NC	RX/OTC
BITTERNESS MASK FLAVOR LIQD	NC	RX/OTC	CHICKEN FLAVOR WATER MISCIBLE LIQD	NC	RX/OTC
BITTERNESS REDUCING AGENT POWD	NC	RX/OTC	CHICKEN FLAVOR LIQD	NC	RX/OTC
BITTERNESS SUPPRESSOR FLAVOR LIQD	NC	RX/OTC	CHICKEN FLAVOR POWD	NC	RX/OTC
BLACKBERRY FLAVOR LIQD	NC	RX/OTC	CHICKEN ROASTED CONCENTRATE LIQD	NC	RX/OTC
BLOOD ORANGE OS LIQD	NC	RX/OTC	CHOCOLATE CONCENTRATE CONC	NC	RX/OTC
BLUEBERRY FLAVOR LIQD	NC	RX/OTC	CHOCOLATE FLAVOR LIQD	NC	RX/OTC
BUBBLE GUM CONCENTRATE LIQD	NC	RX/OTC	CHOCOLATE FLAVOR POWD	NC	RX/OTC
BUBBLE GUM FLAVOR LIQD	NC	RX/OTC	CHOCOLATE HAZELNUT FLAVOR LIQD	NC	RX/OTC
BUBBLE GUM OS LIQD	NC	RX/OTC	CHOCOLATE NATURAL & ARTIFICIAL CONC	NC	RX/OTC
BUBBLE GUM WS LIQD	NC	RX/OTC	CINNAMON FLAVOR OIL	NC	RX/OTC
BUTTER FLAVOR LIQD	NC	RX/OTC	COCONUT FLAVOR LIQD	NC	RX/OTC
BUTTER RUM FLAVOR LIQD	NC	RX/OTC	COFFEE FLAVOR LIQD	NC	RX/OTC
BUTTERSCOTCH FLAVOR LIQD	NC	RX/OTC	COLA FLAVOR LIQD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COTTON CANDY FLAVOR LIQD	NC	RX/OTC	LIVER FLAVOR POWD	NC	RX/OTC
CRAN-RASPBERRY FLAVOR LIQD	NC	RX/OTC	MANGO FLAVOR SWEETENED POWD	NC	RX/OTC
CREME DE MENTHE FLAVOR LIQD	NC	RX/OTC	MANGO FLAVOR LIQD	NC	RX/OTC
CREME DE MENTHE FLAVOR OIL	NC	RX/OTC	MANGO FLAVOR POWD	NC	RX/OTC
CREME DEMENTHE FLAVOR LIQD	NC	RX/OTC	MANGO PASSION FRUIT OS LIQD	NC	RX/OTC
CREME OS LIQD	NC	RX/OTC	MAPLE FLAVOR LIQD	NC	RX/OTC
ENGLISH TOFFEE FLAVOR LIQD	NC	RX/OTC	MARSHMALLOW ARTIFICIAL FLAVOR CONC	NC	RX/OTC
EUCALYPTUS FLAVOR OIL	NC	RX/OTC	MARSHMALLOW FLAVOR LIQD	NC	RX/OTC
EUGENOL FLAVOR LIQD	NC	RX/OTC	MARSHMALLOW OS LIQD	NC	RX/OTC
FISH FLAVOR LIQD	NC	RX/OTC	MARSHMALLOW WS LIQD	NC	RX/OTC
FLAVOR CONC-CHLORHEXIDINE CONC	NC	RX/OTC	MINT CHOCOLATE CHIP FLAVOR LIQD	NC	RX/OTC
FLAVORX LIQD	NC	RX/OTC	MOLASSES FLAVOR POWD	NC	RX/OTC
GRAPE CONCORD OS LIQD	NC	RX/OTC	NATURAL CARAMEL LIQD	NC	RX/OTC
GRAPE FLAVOR LIQD	NC	RX/OTC	ORANGE CONCENTRATE LIQD	NC	RX/OTC
GRAPEFRUIT FLAVOR OIL	NC	RX/OTC	ORANGE CREAM FLAVOR LIQD	NC	RX/OTC
GREEN APPLE OS LIQD	NC	RX/OTC	ORANGE FLAVOR LIQD	NC	RX/OTC
GUAVA FLAVOR LIQD	NC	RX/OTC	ORANGE FLAVOR POWD	NC	RX/OTC
HAM FLAVOR LIQD	NC	RX/OTC	ORANGE OIL FLAVOR LIQD	NC	RX/OTC
HONEY FLAVOR LIQD	NC	RX/OTC	PASSION FRUIT FLAVOR SWEETENED POWD	NC	RX/OTC
KAHLUA FLAVOR LIQD	NC	RX/OTC	PASSION FRUIT FLAVOR POWD	NC	RX/OTC
LEMON EXTRACT LIQD	NC	RX/OTC	PCCA SWEETNESS ENHANCER LIQD	NC	RX/OTC
LEMON FLAVOR LIQD	NC	RX/OTC	PEACH FLAVOR LIQD	NC	RX/OTC
LEMON FLAVOR OIL	NC	RX/OTC	PEANUT BUTTER FLAVOR LIQD	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEANUT BUTTER FLAVOR OIL	NC	RX/OTC	SWEETENING ENHANCER LIQD	NC	RX/OTC
PEANUT BUTTER OS CONC	NC	RX/OTC	TANGERINE FLAVOR SWEETENED POWD	NC	RX/OTC
PEPPERMINT BURST OS LIQD	NC	RX/OTC	TANGERINE FLAVOR OIL	NC	RX/OTC
PEPPERMINT FLAVOR OIL	NC	RX/OTC	TANGERINE FLAVOR POWD	NC	RX/OTC
PINA COLADA FLAVOR LIQD	NC	RX/OTC	TEABERRY FLAVOR OIL	NC	RX/OTC
PINEAPPLE FLAVOR LIQD	NC	RX/OTC	TRITTAB PEPPERMINT ICE CONC	NC	RX/OTC
PRALINES AND CREAM FLAVOR LIQD	NC	RX/OTC	TROPICAL FUSION OS LIQD	NC	RX/OTC
PUMPKIN FLAVOR LIQD	NC	RX/OTC	TROPICAL FUSION WS LIQD	NC	RX/OTC
RASPBERRY CONCENTRATE CONC	NC	RX/OTC	TROPICAL PUNCH FLAVOR LIQD	NC	RX/OTC
RASPBERRY FLAVOR ARTIFICIAL CONC	NC	RX/OTC	TUNA FLAVOR LIQD	NC	RX/OTC
RASPBERRY FLAVOR LIQD	NC	RX/OTC	TUNA FLAVOR POWD	NC	RX/OTC
RASPBERRY FLAVOR POWD	NC	RX/OTC	TUNA TYPE FLAVOR OS LIQD	NC	RX/OTC
RASPBERRY OS LIQD	NC	RX/OTC	TUTTI FRUTTI CONCENTRATE CONC	NC	RX/OTC
ROOT BEER FLAVOR LIQD	NC	RX/OTC	TUTTI FRUTTI FLAVOR LIQD	NC	RX/OTC
SARDINE FLAVOR LIQD	NC	RX/OTC	TUTTI-FRUTTI FLAVOR LIQD	NC	RX/OTC
SHRIMP FLAVOR LIQD	NC	RX/OTC	VANILLA BUTTERNUT FLAVOR LIQD	NC	RX/OTC
SPEARMINT FLAVOR OIL	NC	RX/OTC	VANILLA FLAVOR LIQD	NC	RX/OTC
SPEARMINT OS LIQD	NC	RX/OTC	VANILLA OS LIQD	NC	RX/OTC
STEVIA GLYCERITE EXTRACT LIQD	NC	RX/OTC	VANILLIN FLAVOR POWD	NC	RX/OTC
STRAWBERRY FLAVOR LIQD	NC	RX/OTC	VERY BERRY OS LIQD	NC	RX/OTC
STRAWBERRY OS LIQD	NC	RX/OTC	VITAMIN/IRON MASKING AGENT LIQD	NC	RX/OTC
SUPER SYNERSWEET FLAVOR POWD	NC	RX/OTC	WATERMELON FLAVOR LIQD	NC	RX/OTC
SWEET CORN FLAVOR CONC	NC	RX/OTC	WILD CHERRY FLAVOR LIQD	NC	RX/OTC
SWEET DROPS LIQD	NC	RX/OTC	WILD CHERRY OS LIQD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WILD CHERRY SD FLAVOR POWD	NC	RX/OTC	ALKYL ACRYLATE CROSSPOLYMER POWD	NC	RX/OTC
Liquid Vehicles			ARLASILK PHOSPHOLIPID PLN	NC	
<i>bacteriostatic sodium chloride</i>	NC		ASTRAGALUS ROOT POWD	NC	RX/OTC
BACTERIOSTATIC WATER(BENZ ALC)	NC		BACOCALMINE LIQD	NC	
BASE GELATIN GUMMY TROCHE	NC	RX/OTC	BASE X FLAK	NC	
COLLODION	NC	RX/OTC	BEES WAX	NC	RX/OTC
CUSTOM POLYGLYCOL TROCHE BASE WAX	NC	RX/OTC	BEESWAX	NC	RX/OTC
DEHYDRATED ALCOHOL	NC	RX/OTC	BEESWAX (YELLOW)	NC	RX/OTC
FOS-A	NC	RX/OTC	BENTONITE POWD	NC	RX/OTC
FOS-A SWEETENED	NC	RX/OTC	BITTER DRUG	NC	RX/OTC
GUM BASE (GELATIN)	NC	RX/OTC	CAMPHOR BLOCKS	NC	
KLEAR GUMMY BASE	NC	RX/OTC	CAPSORAL W/DYNAMIC STATIC GRD	NC	RX/OTC
PCCA CUSTOM NATATROCHE HMP WAX	NC	RX/OTC	CAPSUBLEND-H	NC	RX/OTC
PCCA CUSTOM TROCHE BASE WAX	NC	RX/OTC	CAPSUBLEND-P	NC	RX/OTC
PCCA FIXED OIL BASE	NC	RX/OTC	CAPSUBLEND-S	NC	RX/OTC
PCCA NATATROCHE BASE WAX	NC	RX/OTC	CARRAGEENAN	NC	
PCCA PRACAMAC BASE OIL	NC		CETYL ALCOHOL FLAK	NC	RX/OTC
REGENT ALCOHOL	NC	RX/OTC	CETYL ALCOHOL POWD	NC	
SODIUM CHLORIDE BACTERIOSTATIC 0.9 %	NC		COCOA BUTTER CREA	NC	
SORBITOL XX 70 %	C	RX/OTC	COCOA BUTTER MISC	NC	RX/OTC
STERILE WATER FOR INJECTION IJ	NC		COLLASIL OSA POWD	NC	RX/OTC
<i>water for injection, sterile IJ</i>	NC		DISPERSERX	NC	
Pharmaceutical Adjuvants Miscellaneous			ECTOSEAL P2G	NC	RX/OTC
METER BUFFER	NC		EFFERVESCENT BASE	NC	
PH BUFFER	NC		EMULGADE CM	NC	
Pharmaceutical Excipients			EMULSIFYING WAX	NC	
ACACIA	NC	RX/OTC	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREEDOM LOLLIPOP BASE MISC	NC		PCCA CUSTOM RDT POWD	NC	RX/OTC
FREEDOM ODT BASE POWD	NC	RX/OTC	PCCA EMULSIFIX-205 BASE	NC	
FREEDOM SIMPLECAP	NC	RX/OTC	PCCA LECITHIN ISOPROPYL PALM SOLN	NC	
GALEN IQ 900	NC		PCCA LOXASPERSE BASE	NC	
GELATIN	NC		PCCA MBK (FATTY ACID) BASE	NC	
GUM ARABIC	NC	RX/OTC	PCCA RAPID DISSOLVE TABLET POWD	NC	RX/OTC
ISOMALT LOLLIPOP BASE	NC	RX/OTC	PCCA SORBITOL LOLLIPOP BASE FLAK	NC	
KARAYA GUM	NC	RX/OTC	PCCA XYLIFOS BASE	NC	
KRYSTAL SF	NC		PLURONIC F127 POWD	NC	RX/OTC
LACTOSE	NC	RX/OTC	PLURONIC L64 LIQD	NC	
LACTOSE ANHYDROUS	NC	RX/OTC	PLURONIC GEL	NC	RX/OTC
LACTOSE MONOHYDRATE	NC	RX/OTC	POLOXAMER 188 POWD	NC	RX/OTC
LECITHIN-ISOPROPYL PALMITATE SOLN	NC		POLOXAMER 407 POWD	NC	RX/OTC
LIPMAX SOLN	NC		POLOX GEL	NC	RX/OTC
LIPOIL OIL	NC		POLYBLEND RX MISC	NC	RX/OTC
LIQUIGEL COMPLEX	NC		POLYMATRIX POWD	NC	RX/OTC
LOLLIBASE	NC	RX/OTC	POLYPEG MISC	NC	RX/OTC
LOVO-ODF CUSTOM LIQD	NC		PROCAP 100HD CAPSULE EXCIPIENT	NC	RX/OTC
LOXORAL BASE	NC	RX/OTC	PROCAP 90 CAPSULE EXCIPIENT	NC	RX/OTC
MAGNESIUM STEARATE (BULK)	NC	RX/OTC	RDT BASE POWD	NC	RX/OTC
MEDI-RDT BASE POWD	NC	RX/OTC	RDT-PLUS POWD	NC	RX/OTC
MEDI-RDT KIT	NC		SEPINEO P 600	NC	
METHYLCELLULOSE GEL	NC		SHEA BUTTER	NC	RX/OTC
METHYLCELLULOSE POWD	NC	RX/OTC	SHEA BUTTER ORGANIC	NC	RX/OTC
MUCOLOX LIQD	NC		SIMPLECAP	NC	RX/OTC
NAT BITTERNESS	NC	RX/OTC	SODIUM BENZOATE	NC	RX/OTC
NATURAL BITTERNESS	NC	RX/OTC	SODIUM LAURYL SULFATE (BULK)	NC	
OLEIC ACID LIQD	NC		SODIUM THIOSULFATE POWD	NC	
PARAFFIN	NC	RX/OTC			
PARAFFIN WAX BEADS	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SORBITOL CANDY BASE CRYSTALS	NC		BASE D POLYETHYLENE GLYCOL	NC	
SPG SUPPOSI-BASE PLLT	NC	RX/OTC	CHEMSIL K-12	NC	
STEARIC ACID FLAKE	NC		CHEMSIL K-51	NC	RX/OTC
STEARIC ACID POWDER	NC	RX/OTC	CHEW-HESIVE	NC	
STEARYL ALCOHOL (BULK) FLAKE	NC		CLOVAGEL	NC	RX/OTC
STEARYL ALCOHOL (BULK) POWDER	NC		DAILY MOISTURIZER	NC	RX/OTC
SUPPOSIBLEND PLLT	NC	RX/OTC	DERMASHIELD HYDROGEL	NC	RX/OTC
SUPPOSI-PLEX R36 PLLT	NC	RX/OTC	FAGRON VERSIFIX LIQD	NC	
SUPPOSI-PLEX V33 PLLT	NC	RX/OTC	FREEDOM ADAPTADERM	NC	RX/OTC
SYNAPSIN POWDER	NC	RX/OTC	FREEDOM CEPAPRO	NC	RX/OTC
TRAGACANTH POWDER	NC	RX/OTC	FREEDOM SILOMAC ANHYDROUS	NC	RX/OTC
TRITTAB	NC	RX/OTC	HORMONE CREAM BASE	NC	RX/OTC
UCARE POLYMER JR-400 POWDER	NC	RX/OTC	HRT BASE	NC	RX/OTC
WAX, WHITE	NC	RX/OTC	HRT BASE (MEN)	NC	
WHITE BEES WAX	NC	RX/OTC	HRT BOTANICAL	NC	RX/OTC
WHITE WAX	NC	RX/OTC	HRT CREAM	NC	RX/OTC
WITEPSOL PLLT	NC	RX/OTC	HRT CREAM BASE	NC	RX/OTC
WITEPSOL WAX	NC		HRT CREAM BASE WOMEN	NC	RX/OTC
XANTHAN GUM	NC	RX/OTC	HRT ESSENTIAL	NC	RX/OTC
YELLOW WAX	NC	RX/OTC	HRT HEAVY	NC	RX/OTC
ZINC STEARATE	NC		HRT NATURAL	NC	
Semi Solid Vehicles			JELENE	NC	RX/OTC
ANHYDROUS GEL BASE	NC	RX/OTC	KRIS-ESTER 236	NC	
BABY SKIN PROTECTANT	NC	RX/OTC	lanolin XX	C	
BASE A POLYETHYLENE GLYCOL POWDER	NC		LANOLIN XX	C	
BASE C POLYETHYLENE GLYCOL 300	NC	RX/OTC	LANOLIN ALCOHOL WAX	NC	
BASE D POLYETHYL GLYCOL 4600	NC		LANOLIN OIL	NC	
			LIP BALM BASE NATURAL	NC	
			LIOPEN ANHYDROUS	NC	
			LIPOSOMAL HAIR	NC	RX/OTC
			LIPOVAN BASE CREA	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUBRAJEL NP	NC	RX/OTC	POLYETHYLENE GLYCOL 1450 POWD	NC	
MEDIBASE C	NC	RX/OTC	POLYETHYLENE GLYCOL 200	NC	
NOVAFILM	NC	RX/OTC	POLYETHYLENE GLYCOL 300	NC	RX/OTC
OINTMENT BASE (EMULSIFYING)	NC		POLYETHYLENE GLYCOL 3350 GRAN	NC	
OLEABASE PLASTICIZED	NC	RX/OTC	POLYETHYLENE GLYCOL 3350 POWD	NC	RX/OTC
ORA-HESIVE BASE	NC		POLYETHYLENE GLYCOL 400	NC	RX/OTC
PCCA GELATIN BASE	NC		POLYETHYLENE GLYCOL 4500	NC	
PCCA LIPODERM HMW	NC	RX/OTC	POLYETHYLENE GLYCOL 600	NC	
PCCA OCCLUSADERM	NC	RX/OTC	POLYETHYLENE GLYCOL 8000 GRAN	NC	
PCCA PERME8 ANHYDROUS	NC	RX/OTC	POLYETHYLENE GLYCOL 8000 POWD	NC	RX/OTC
PCCA PLASTICIZED BASE	NC	RX/OTC	POLYETHYLENE GLYCOL POWD	NC	
PCCA PLURONIC F127 BASE	NC		POLYMAC PROGEL	NC	RX/OTC
PCCA POLOXAMER 407	NC		RA PETROLEUM JELLY	NC	RX/OTC
PCCA SPIRA-WASH BASE	NC	RX/OTC	RENEWCREAM HRT	NC	RX/OTC
PCCA W06 ANHYDROUS TOPICAL	NC	RX/OTC	SCAR CARE BASE ENHANCED	NC	RX/OTC
PEG 300	NC	RX/OTC	SECURA PROTECTIVE	NC	RX/OTC
PETROLATUM	NC	RX/OTC	SIMPLGEL 30	NC	RX/OTC
PETROLEUM JELLY	NC	RX/OTC	SKIN PROTECTANT	NC	RX/OTC
PETROLEUM JELLY BABY	NC	RX/OTC	SUSPENDIT	NC	RX/OTC
PLASTIBASE	NC	RX/OTC	TDC MAX CREA	NC	
PLASTICIZED BASE	NC	RX/OTC	TOMMY GEL	NC	RX/OTC
PLO TRANSDERMAL CREA	NC		TRANSDERMAL PAIN BASE CREA	NC	
PLURONIC F127	NC		VERSABASE HRT GEL	NC	RX/OTC
POLYETHYLENE GLYCOL 1000 LIQD	NC		VERSABASE CREA	NC	
POLYETHYLENE GLYCOL 1000 POWD	NC		VERSABASE FOAM	NC	
POLYETHYLENE GLYCOL 1450 FLAK	NC		VERSABASE GEL	NC	RX/OTC
POLYETHYLENE GLYCOL 1450 LIQD	NC	RX/OTC	VERSABASE LOTN	NC	

Drug Name	Drug Tier	Requirements/Limits
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 (<i>norethindrone acetate</i>)	NC	
<i>medroxyprogesterone acetate</i> 2.5 MG, 5 MG, 10 MG	C	
<i>megestrol acetate</i> (<i>appetite</i>)	NP	
NORETHINDRONE ACETATE POWD	NC	
<i>norethindrone acetate</i> TABS	C	
<i>progesterone</i> CAPS	C	QL(1 EA daily)
<i>progesterone</i> OIL	NC	
PROMETRIUM CAPS (<i>progesterone</i>)	NC	QL(1 EA daily)
PROVERA 5 MG, 10 MG (<i>medroxyprogesterone acetate</i>)	NC	

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	NC	
<i>disulfiram</i> 250 MG	C	
<i>disulfiram</i> 500 MG	NC	
<i>lofexidine hcl</i>	NC	
Anti-Cataplectic Agents		
XYWAV	NC	SP
Antidementia Agents		
ADLARITY PTWK	NP	
ADUHELM	NC	SP
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily)
<i>donepezil hydrochloride</i> TABS 23 MG	NP	
<i>donepezil hydrochloride</i> TABS 5 MG, 10 MG	NC	QL(1 EA daily)
<i>donepezil hydrochloride</i> TABS 5 MG, 10 MG	P	QL(1 EA daily)
<i>donepezil hydrochloride</i> TABS 23 MG	NC	
<i>donepezil hydrochloride</i> TBDP	P	
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred; QL(1 EA daily)
<i>galantamine hydrobromide</i> CP24	NP	QL(1 EA daily)
<i>galantamine hydrobromide</i> SOLN	NP	QL(6 ML daily)
<i>galantamine hydrobromide</i> TABS	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl CP24</i>	NP	
<i>memantine hcl CP24</i>	NC	
<i>memantine hcl-donepezil hcl CP24</i>	NP	
<i>memantine hcl SOLN</i>	P	QL(10 ML daily)
<i>memantine hcl SOLN 2 MG/ML</i>	NC	QL(10 ML daily)
<i>memantine hcl TABS</i>	NP	
<i>memantine hcl TABS</i>	NC	QL(2 EA daily)
<i>memantine hcl TABS</i>	P	QL(2 EA daily)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	Titration pack
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	NC	
NAMENDA XR CP24 7 MG (<i>memantine hcl</i>)	NP	
NAMZARIC C4PK	NP	
NAMZARIC CP24	NP	
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP	
<i>rivastigmine 13.3 MG/24HR</i>	NP	Brand Preferred
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	Brand Preferred; QL(1 EA daily)
<i>rivastigmine tartrate CAPS</i>	P	QL(2 EA daily)
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	NC	
LYBALVI	NP	AL(At least 18 yrs old); ST
<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i>	NP	AL(At least 10 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i>	NP	ST
<i>perphenazine-amitriptyline</i>	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
<i>tetrabenazine</i>	P	SP
XENAZINE (<i>tetrabenazine</i>)	NP	SP
Multiple Sclerosis Agents		
AMPYRA (<i>dalfampridine</i>)	NP	SP
AUBAGIO (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP
AVONEX PEN AJKT	P	SP
AVONEX PREFILLED PSKT	P	SP
BAFIERTAM	NP	SP
BETASERON KIT	P	SP
COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	P	Brand Preferred; SP
COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NP	SP
<i>dalfampridine</i>	P	
<i>dalfampridine</i>	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dimethyl fumarate CDPK</i>	P	SP	REBIF SOSY	NP	SP
<i>dimethyl fumarate CPDR</i>	P		TASCENSO ODT	NP	SP
<i>dimethyl fumarate CPDR</i>	P	SP	TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NP	SP
<i>fingolimod hcl</i>	P	QL(1 EA daily); SP	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP
GILENYA 0.25 MG	NP	SP	<i>teriflunomide</i>	P	QL(1 EA daily); SP
GILENYA (<i>fingolimod hcl</i>)	NP	QL(1 EA daily); SP	<i>teriflunomide</i>	NC	QL(1 EA daily); SP
<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	SP	VUMERITY	NP	SP
<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	Brand Preferred; SP	ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
KESIMPTA	PA	SP; PA	ZEPOSIA STARTER KIT CPPK	NP	SP
MAVENCLAD (10 TABS)	NP	SP	ZEPOSIA CAPS	NP	SP
MAVENCLAD (4 TABS)	NP	SP	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
MAVENCLAD (5 TABS)	NP	SP	<i>gabapentin (once-daily) TABS</i>	NP	
MAVENCLAD (6 TABS)	NP	SP	GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	
MAVENCLAD (7 TABS)	NP	SP	GRALISE TABS	NP	
MAVENCLAD (8 TABS)	NP	SP	LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	
MAVENCLAD (9 TABS)	NP	SP	<i>pregabalin (once-daily)</i>	NP	
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP	<i>pregabalin (once-daily)</i>	NC	
MAYZENT TABS	NP	SP	Premenstrual Dysphoric Disorder (PMDD) Agents		
PLEGRIDY STARTER PACK SOAJ	NP	SP	<i>fluoxetine hcl (pmdd) TABS</i>	P	
PLEGRIDY STARTER PACK SOSY SC	NP	SP	Pseudobulbar Affect (PBA) Agents		
PLEGRIDY SOAJ	NP	SP	NUEDEXTA	NC	
PLEGRIDY SOSY IM	NP	SP	Psychotherapeutic and Neurological Agents - Misc.		
PONVORY STARTER PACK TBPK	NP	SP	AQNEURSA	NP	SP; PA
PONVORY STARTER PACK TBPK	NP		<i>ergoloid mesylates TABS</i>	NC	
PONVORY TABS	NP	SP	MIPLYFFA	NP	SP; PA
PONVORY TABS	NP		<i>pimozide</i>	NC	
REBIF REBIDOSE TITRATION PACK SOAJ	NP	SP			
REBIF REBIDOSE SOAJ	NP	SP			
REBIF TITRATION PACK SOSY	NP	SP			

Drug Name	Drug Tier	Requirements/Limits
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
APO-VARENICLINE TABS 0.5 MG	C	QL(2 EA daily)
APO-VARENICLINE TABS 1 MG	C	QL(2 EA daily; 56 EA per 30 day(s) retail)
<i>bupropion hcl (smoking deterrent)</i>	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
<i>nicotine polacrilex GUM</i>	P	QL(24 EA daily)
<i>nicotine polacrilex GUM</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(24 EA daily)
<i>nicotine polacrilex LOZG</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily)
<i>nicotine polacrilex LOZG</i>	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily)
<i>nicotine polacrilex LOZG</i>	P	QL(20 EA daily)

Drug Name	Drug Tier	Requirements/Limits
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
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 EA daily)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	NC	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	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
<i>varenicline tartrate TABS 0.5 MG</i>	C	QL(2 EA daily)
<i>varenicline tartrate TABS 1 MG</i>	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
<i>varenicline tartrate TABS 1 MG</i>	C	QL(2 EA daily; 56 EA per 30 day(s) retail)
<i>varenicline tartrate TABS 0.5 MG</i>	P	QL(2 EA daily)
<i>varenicline tartrate TBPk</i>	P	QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>varenicline tartrate TBPk</i>	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		
<i>paroxetine mesylate (vasomotor)</i>	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 (<i>pirfenidone</i>)	NC	SP; PA
ESBRIET TABS (<i>pirfenidone</i>)	NC	SP; PA
OFEV	C	SP; PA
<i>pirfenidone CAPS</i>	C	SP; PA
<i>pirfenidone TABS</i>	C	SP; PA
Respiratory Agents - Misc.		
CUROSURF TR 120 MG/1.5ML, 240 MG/3ML	NC	
SURVANTA	NC	

Drug Name	Drug Tier	Requirements/ Limits
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE SODIUM	NC	
SULFADIAZINE POWD	NC	
<i>sulfadiazine TABS</i>	NC	
SULFAMETHOXAZOLE	NC	
SULFAMETHOXAZOLE MICRO	NC	
SULFAPYRIDINE	NC	
SULFATHIAZOLE	NC	
SULFISOXIZOLE CRYST	NC	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA SOLR	NC	
NUZYRA TABS	NP	
Fluorocyclines		
XERAVA	NC	
Glycylcyclines		
<i>tigecycline</i>	NC	
TIGECYCLINE	NC	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	NP	
DORYX MPC TBEC 60 MG	NP	
DORYX TBEC 200 MG (<i>doxycycline hyclate</i>)	NP	
<i>doxycycline (monohydrate) CAPS</i>	NC	
<i>doxycycline (monohydrate) CAPS</i>	NP	
<i>doxycycline (monohydrate) SUSR</i>	NP	
<i>doxycycline (monohydrate) SUSR</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) TABS</i>	NP		ARMOUR THYROID TABS	C	
<i>doxycycline hyclate CAPS</i>	P		CYTOMEL TABS (<i>liothyronine sodium</i>)	NC	
DOXYCYCLINE HYCLATE POWD	NC		ERMEZA SOLN PO	NC	
<i>doxycycline hyclate SOLR</i>	NC		<i>levothyroxine sodium CAPS</i>	NC	
<i>doxycycline hyclate TABS</i>	P		LEVOTHYROXINE SODIUM SOLN IV	NC	
<i>doxycycline hyclate TABS</i>	NC		LEVOTHYROXINE SODIUM SOLN IV	NC	
<i>doxycycline hyclate TBEC</i>	NP		<i>levothyroxine sodium SOLR IV</i>	NC	
MINOCIN SOLR	NC		LEVOTHYROXINE SODIUM SOLR IV (<i>levothyroxine sodium</i>)	NC	
<i>minocycline hcl CAPS</i>	P		<i>levothyroxine sodium TABS</i>	C	
MINOCYCLINE HCL POWD	NC		<i>liothyronine sodium SOLN</i>	NC	
<i>minocycline hcl TABS</i>	NC		<i>liothyronine sodium TABS</i>	C	
<i>minocycline hcl TABS</i>	P		NIVA THYROID TABS	C	
<i>minocycline hcl TB24</i>	NP		NP THYROID TABS	C	
MINOLIRA TB24	NC		RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
OXYTETRACYCLINE HCL	NC		SYNTHROID TABS (<i>levothyroxine sodium</i>)	NC	
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>minocycline hcl</i>)	NP		THYQUIDITY SOLN PO	NC	
<i>tetracycline hcl CAPS</i>	P		THYROID POWD 0.23 %	NC	
TETRACYCLINE HCL TABS	P		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			TOXOIDS		
Antithyroid Agents			Toxoid Combinations		
METHIMAZOLE POWD	NC		ADACEL SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>methimazole TABS</i>	C		BOOSTRIX SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>propylthiouracil</i>	C				
Thyroid Hormones					
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	NC				
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BOOSTRIX SUSY	C	QL(0.5 ML per fill retail; 0.5 per fill mail)	GLYCOPYRROLATE TABS	NC	
TDVAX SUSP	C	QL(0.5 ML per fill retail; 1.5 per fill mail)	GLYRX-PF SOLN IJ	NC	
TENIVAC INJ	C		GLYRX-PF SOSY IJ	NC	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	C	QL(0.5 ML per fill retail; 1.5 per fill mail)	<i>hyoscyamine sulfate ELIX</i>	C	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			HYOSCYAMINE SULFATE POWD	NC	
Antispasmodics			<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	C	
ATROPINE SULFATE MONOHYDRATE	NC		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	C	
ATROPINE SULFATE POWD	NC		<i>hyoscyamine sulfate TABS 0.125 MG</i>	C	
<i>atropine sulfate SOLN IJ 8 MG/20ML</i>	NC		<i>hyoscyamine sulfate TB12 0.375 MG</i>	C	QL(4 EA daily)
<i>atropine sulfate SOSY IJ</i>	NC		ISOPROPAMIDE IODIDE	NC	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	NC		LEVBIID TB12 (<i>hyoscyamine sulfate</i>)	NC	QL(4 EA daily)
BELLADONNA ALKALOIDS-OPIUM	NC		LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	NC	
BENTYL SOLN IM (<i>dicyclomine hcl</i>)	NC		LEVSIN TABS (<i>hyoscyamine sulfate</i>)	NC	
<i>chlordiazepoxide hcl-clidinium bromide</i>	NC		<i>methscopolamine bromide</i>	NC	
DARTISLA ODT TBDP	NC		<i>phenobarbital-hyoscyamine-atropine-scopolamine TABS</i>	NC	
<i>dicyclomine hcl CAPS</i>	C		PROPANTHELINE BROMIDE POWD	NC	
<i>dicyclomine hcl SOLN PO</i>	C	QL(496 ML per 31 day(s) retail)	ROBINUL-FORTE TABS (<i>glycopyrrolate</i>)	NC	QL(4 EA daily)
<i>dicyclomine hcl SOLN IM</i>	NC		ROBINUL TABS (<i>glycopyrrolate</i>)	NC	QL(4 EA daily)
<i>dicyclomine hcl TABS</i>	C		SCOPOLAMINE HBR POWD	NC	
GLYCATE TABS	NC		H-2 Antagonists		
GLYCOPYRROLATE PF SOSY IJ	NC		<i>cimetidine hcl PO 300 MG/5ML</i>	NP	
<i>glycopyrrolate SOLN IJ</i>	NC		CIMETIDINE POWD	NC	
<i>glycopyrrolate SOSY IJ</i>	NC		<i>cimetidine TABS</i>	NP	RX/OTC
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	C	QL(4 EA daily)	<i>famotidine in nacl SOLN</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i>	NC		<i>lansoprazole CPDR 15 MG</i>	NP	QL(4 EA daily); RX/OTC
<i>famotidine SUSR</i>	P		<i>lansoprazole CPDR 15 MG</i>	NC	QL(4 EA daily); RX/OTC
<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC	<i>lansoprazole TBDD</i>	NP	RX/OTC
<i>famotidine TABS 20 MG, 40 MG</i>	NC	RX/OTC	<i>lansoprazole TBDD 15 MG</i>	NC	RX/OTC
<i>famotidine TABS 10 MG</i>	C		NEXIUM I.V. 40 MG (esomeprazole sodium)	NC	
<i>nizatidine CAPS</i>	NP		NEXIUM CPDR 20 MG (esomeprazole magnesium)	NP	QL(2 EA daily); RX/OTC
PEPCID AC TABS (famotidine)	NC		NEXIUM CPDR 40 MG (esomeprazole magnesium)	NP	
PEPCID TABS (famotidine)	NP	RX/OTC	NEXIUM PACK (esomeprazole magnesium)	NP	
Misc. Anti-Ulcer			<i>omeprazole magnesium TBEC</i>	C	QL(1 EA daily)
CARAFATE SUSP (sucralfate)	NC	QL(420 ML per fill retail)	<i>omeprazole CPDR</i>	NC	QL(2 EA daily)
CARAFATE TABS (sucralfate)	NC	QL(4 EA daily)	<i>omeprazole CPDR</i>	P	QL(2 EA daily)
SUCRALFATE POWD	NC		<i>omeprazole TBDD</i>	NC	
<i>sucralfate SUSP</i>	C	QL(420 ML per fill retail)	<i>omeprazole TBEC</i>	C	QL(1 EA daily)
<i>sucralfate TABS</i>	C	QL(4 EA daily)	PANTOPRAZOLE SODIUM-NACL	NC	
Proton Pump Inhibitors			<i>pantoprazole sodium PACK</i>	NP	Brand Preferred
DEXILANT (dexlansoprazole)	P	Brand Preferred	<i>pantoprazole sodium PACK</i>	NP	
<i>dexlansoprazole</i>	NP	Brand Preferred	<i>pantoprazole sodium SOLR</i>	NC	
<i>esomeprazole magnesium CPDR 20 MG</i>	NC	QL(2 EA daily); RX/OTC	<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)
<i>esomeprazole magnesium CPDR 40 MG</i>	NP		<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 EA daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 EA daily); RX/OTC	PREVACID SOLUTAB TBDD (lansoprazole)	NP	RX/OTC
<i>esomeprazole magnesium PACK</i>	P		PREVACID CPDR 30 MG (lansoprazole)	NP	QL(2 EA daily)
<i>esomeprazole sodium 40 MG</i>	NC		PRILOSEC OTC TBEC (omeprazole magnesium)	NC	QL(1 EA daily)
<i>lansoprazole CPDR 30 MG</i>	NP	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
PRILOSEC PACK	NP	
PROTONIX PACK (<i>pantoprazole sodium</i>)	P	Brand Preferred
PROTONIX TBEC 20 MG (<i>pantoprazole sodium</i>)	NP	QL(1 EA daily)
PROTONIX TBEC 40 MG (<i>pantoprazole sodium</i>)	NP	QL(2 EA daily)
<i>rabeprazole sodium TBEC</i>	NP	
VOQUEZNA	NC	
Ulcer Drugs - Prostaglandins		
CYTOTEC (<i>misoprostol</i>)	NC	PA
<i>misoprostol</i>	C	PA
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	C	14 day(s) max supply per 365 day(s) retail
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NC	
KONVOMEF SUSR	NP	
OMECLAMOX-PAK	NC	
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	NP	
<i>omeprazole-sodium bicarbonate PACK</i>	NC	
TALICIA	NC	
VOQUEZNA DUAL PAK	NC	
VOQUEZNA TRIPLE PAK	NC	
ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	NP	RX/OTC
ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		

Drug Name	Drug Tier	Requirements/ Limits
(Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 EA daily)
DETROL TABS (<i>tolterodine tartrate</i>)	NP	QL(2 EA daily)
<i>fesoterodine fumarate</i>	P	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	NC	QL(3 EA daily)
<i>oxybutynin chloride TABS 5 MG</i>	P	QL(3 EA daily)
<i>oxybutynin chloride TABS 2.5 MG</i>	P	
<i>oxybutynin chloride TB24</i>	P	QL(2 EA daily)
OXYTROL FOR WOMEN PTTW	NC	RX/OTC
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate TABS</i>	P	
<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	NP	QL(2 EA daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	NP	
<i>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	NP	QL(2 EA daily)
VESICARE LS SUSP	NP	
VESICARE TABS (<i>solifenacin succinate</i>)	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	NP	Brand Preferred
MYRBETRIQ SRER	NP	Brand Preferred
MYRBETRIQ TB24 (<i>mirabegron</i>)	P	Brand Preferred
Urinary Antispasmodics - Cholinergic Agonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>bethanechol chloride</i>	C	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)	FLUARIX SUSY	C	1 max fill(s) per 180 day(s) retail
VIVOTIF	C		FLUBLOK SOSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Viral Vaccines			FLUCELVAX SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
ABRYSVO	C	AL(At least 60 yrs old)	FLUCELVAX SUSY	C	1 max fill(s) per 180 day(s) retail
ACAM2000	C		FLULAVAL SUSY	C	1 max fill(s) per 180 day(s) retail
AFLURIA PRESERVATIVE FREE SUSY	C	1 max fill(s) per 180 day(s) retail	FLUMIST	PA	
AFLURIA SUSP	C	1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE SUSY	C	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)
AREXVY	C	AL(At least 60 yrs old)	FLUZONE SUSP	C	1 max fill(s) per 180 day(s) retail
AUDENZ EMUL	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE SUSY	C	1 max fill(s) per 180 day(s) retail
AUDENZ PRSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	GARDASIL 9 SUSP 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
COMIRNATY SUSP	C		GARDASIL 9 SUSY 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
COMIRNATY SUSY	C		HAVRIX 1440 EL U/ML	C	
ENGERIX-B SUSP 20 MCG/ML	C	3 max fill(s) per 999 day(s) retail	HAVRIX IM 720 EL U/0.5ML	C	
ENGERIX-B SUSY	C	3 max fill(s) per 999 day(s) retail	HEPLISAV-B SOSY	C	3 max fill(s) per 999 day(s) retail
ERVEBO	C		IMOVAX RABIES SUSR	C	
FLUAD	C	1 max fill(s) per 180 day(s) retail	IPOL	C	
			IXCHIQ	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IXIARO	C		RECOMBIVAX HB SUSY	C	3 max fill(s) per 999 day(s) retail
JANSSEN COVID-19 VACCINE	C		SHINGRIX	C	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
JYNNEOS	C		SPIKEVAX SUSP	C	
M-M-R II SOLR	C		SPIKEVAX SUSY	C	
MODERNA COVID-19 BIVAL 6M-5Y	C		STAMARIL SUSR	C	
MODERNA COVID-19 BIVALENT	C		TICOVAC	C	
MODERNA COVID-19 VAC 6M-11Y SUSP	C		TWINRIX SUSY	C	
MODERNA COVID-19 VAC 6M-11Y SUSY	C		VAQTA	C	
MODERNA COVID-19 VACCINE SUSP	C		VARIVAX SUSR	C	2 max fill(s) per 999 day(s) retail
MRESVIA	C	AL(Up to 60 yrs old)	VIMKUNYA SUSY IM 40 MCG/0.8ML	NC	
NOVAVAX COVID-19 VACCINE SUSP	C		YF-VAX INJ	C	
NOVAVAX COVID-19 VACCINE SUSY	C	1 max fill(s) per 180 day(s) mail	VAGINAL AND RELATED PRODUCTS		
PFIZER COVID-19 BIVAL 6MO-4YR	C		Miscellaneous Vaginal Products		
PFIZER COVID-19 VAC BIVAL 5-11	C		TRIMO-SAN	NC	
PFIZER COVID-19 VAC BIVALENT	C		Vaginal Anti-infectives		
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	C		CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	NC	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	C		CLEOCIN SUPP	NC	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	C		<i>clindamycin phosphate vaginal CREA</i>	C	
PFIZER-BIONTECH COVID-19 VACC SUSP	C		CLINDESSE	NC	
PREHEVBRIO	C	3 max fill(s) per 999 day(s) retail	<i>clotrimazole vaginal CREA 2 %</i>	C	QL(21 GM per 31 day(s) retail)
PRIORIX SUSR	C		<i>clotrimazole vaginal CREA 1 %</i>	C	QL(45 GM per 31 day(s) retail)
RABAVERT	C		GYNAZOLE-1	C	
RECOMBIVAX HB SUSP	C	3 max fill(s) per 999 day(s) retail	GYNE-LOTRIMIN 3 CREA (<i>clotrimazole vaginal</i>)	NC	QL(21 GM per 31 day(s) retail)
			GYNE-LOTRIMIN CREA (<i>clotrimazole vaginal</i>)	NC	QL(45 GM per 31 day(s) retail)
			<i>metronidazole vaginal</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
MICONAZOLE 7 SUPP 100 MG	C	QL(7 EA per 31 day(s) retail)
<i>miconazole nitrate vaginal CREA 2 %</i>	C	QL(45 GM per 31 day(s) retail)
<i>miconazole nitrate vaginal KIT</i>	C	1 package(s) per fill retail
<i>miconazole nitrate vaginal SUPP 200 MG</i>	C	QL(3 EA per fill retail; 3 EA per 31 day(s) retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	C	QL(7 EA per 31 day(s) retail)
MONISTAT 3 COMBINATION PACK KIT (<i>miconazole nitrate vaginal</i>)	NC	1 package(s) per fill retail
MONISTAT 7 SIMPLY CURE CREA (<i>miconazole nitrate vaginal</i>)	NC	QL(45 GM per 31 day(s) retail)
NUVESSA	NC	
<i>terconazole vaginal CREA</i>	C	
<i>terconazole vaginal SUPP</i>	C	
<i>tioconazole vaginal 6.5 %</i>	C	
VANDAZOLE	C	
XACIATO GEL	NC	
Vaginal Contraceptive - pH Modulators		
PHEXXI	NC	
Vaginal Estrogens		
ESTRACE CREA (<i>estradiol vaginal</i>)	NC	QL(43 GM per 31 day(s) retail)
<i>estradiol vaginal CREA</i>	C	QL(43 GM per 31 day(s) retail)
<i>estradiol vaginal TABS</i>	C	
ESTRING RING 7.5 MCG/24HR	NC	
FEMRING	NC	
IMVEXXY MAINTENANCE PACK INST	NC	
IMVEXXY STARTER PACK INST	NC	
PREMARIN	C	

Drug Name	Drug Tier	Requirements/ Limits
VAGIFEM TABS (<i>estradiol vaginal</i>)	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
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP	Brand Preferred
<i>epinephrine (anaphylaxis) SOAJ</i>	P	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	NP	QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	NP	USE BRAND NAME or Authorized Generic; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOLN IJ</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)	midodrine hcl	C	
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)	norepinephrine bitartrate IV	NC	
NEFFY SOLN NA	NC		NOREPINEPHRINE BITARTRATE IV	NC	
Vasopressors			NOREPINEPHRINE-DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML	NC	
ADRENALIN-NACL SOLN	NC		NOREPINEPHRINE-SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML	NC	
ADRENALIN SOLN	NC		phenylephrine hcl (pressors) SOLN IV	NC	
BIORPHEN SOLN IV	NC		PHENYLEPHRINE HCL SOLN IV 1 MG/10ML	NC	
EMERPHED SOLN IV	NC		REZIPRES 47 MG/10ML	NC	
EMERPHED SOSY IV	NC		VITAMINS		
ephedrine sulfate (pressors) SOLN IV	NC		Oil Soluble Vitamins		
EPHEDRINE SULFATE (PRESSORS) SOLN IV	NC		AQUASOL A SOLN 50000 UNIT/ML	NC	
ephedrine sulfate (pressors) SOSY IV	NC		cholecalciferol CAPS 125 MCG, 5000 UNIT	C	QL(2 EA daily)
EPHEDRINE SULFATE (PRESSORS) SOSY IV	NC		cholecalciferol CAPS 1.25 MG, 50000 UNIT	C	QL(8 EA per 31 day(s) retail)
EPINEPHRINE BITARTRATE-NACL SOLN IV	NC		cholecalciferol CAPS	C	QL(100 EA per fill retail)
EPINEPHRINE-NACL SOLN 4 MG/250ML-0.9 %, 5 MG/250ML-0.9 %, 8 MG/250ML-0.9 %	NC		cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	NC	
epinephrine SOLN IJ	NC		cholecalciferol LIQD PO 10 MCG/ML	C	
EPINEPHRINE SOLN IJ	NC		DECARA CAPS	NC	
EPINEPHRINE SOSY IV 1 MG/10ML	NC		DRISDOL CAPS (ergocalciferol)	NC	
IMMPHENTIV SOLN IV	NC		ergocalciferol CAPS	C	
			ERGOCALCIFEROL POWD	NC	

Drug Name	Drug Tier	Requirements/ Limits
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	C	QL(60 ML per 90 day(s) retail)
OSTEO-VIT3 LIQD PO	NC	
<i>phytonadione SOLN 1 MG/0.5ML, 10 MG/ML</i>	NC	
<i>phytonadione TABS 5 MG</i>	C	
<i>vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG</i>	C	QL(2 EA daily)
VITAMIN E POWD	NC	
Water Soluble Vitamins		
AMINO BENZOIC ACID POWD	NC	
<i>ascorbic acid LIQD</i>	NC	
<i>ascorbic acid TABS</i>	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
<i>niacin CPCR 250 MG</i>	C	
NIACIN POWD XX	NC	
<i>niacin TABS 500 MG</i>	C	
<i>niacin TBCR</i>	C	
NICOTINAMIDE POWD	NC	RX/OTC
PARA-AMINO BENZOIC ACID POWD	NC	
POTASSIUM AMINO BENZOATE POWD	NC	
PYRIDOXINE HCL POWD	NC	RX/OTC
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	C	
<i>riboflavin TABS</i>	C	QL(3.34 EA daily)
SLO-NIACIN TBCR (<i>niacin</i>)	NC	

Drug Name	Drug Tier	Requirements/ Limits
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SODIUM ASCORBATE POWD	NC	RX/OTC
THIAMINE HCL POWD	NC	RX/OTC
<i>thiamine hcl SOLN</i>	NC	
<i>thiamine hcl TABS 100 MG</i>	C	QL(3.34 EA daily)
THIAMINE MONONITRATE POWD XX	NC	
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CORTISONE ACETATE TABS	97	CREATININE	75	crotamiton LOTN	114
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CORVITE 150 TABS	128	CREME DE MENTHE FLAVOR OIL .	179	CRYOSERV	91
CORVITE FE TABS	128	CREME DEMENTHE FLAVOR LIQD	179	CUBICIN RF (daptomycin)	48
COSELA	53	CREME OS LIQD	179	CUCUMBER MELON	70
COSENTYX (300 MG DOSE) SOSY .	106	CRENESSITY CAPS 25 MG	119	CULTURELLE PROBIOTIC MEN	
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MG) SOAJ	106	UNIT-24000 UNIT, 180000 UNIT-		cupric chloride	156
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COSMEGEN (dactinomycin)	53	UNIT-3000 UNIT	117	CURCUMIN EXTRACT	89
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maleate)	170	CRESEMBA SOLR	41	CUSTOM POLYGLYCOL TROCHE	
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timolol maleate)	170	CRESTOR TABS (rosuvastatin		CVS ADULT 50+ EYE HEALTH	
COTEMPLA XR-ODT TBED	2	calcium)	44	CAPS	160
COTTON CANDY FLAVOR LIQD		CREXONT CPCR	54	CVS ALLERGY RELIEF CHEW 25	
179		CRINONE GEL	197	MG	41
COTTONSEED OIL	91	cromolyn sodium (mastocytosis)	122	CVS BLOOD GLUCOSE METER	
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CVS VISION HEALTH CAPS	160	CYCLOSPORINE	75	DALIRESP (roflumilast)	19
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cyanocobalamin SOLN NA 500 MCG/0.1ML	127	cyclosporine modified (for microemulsion) SOLN	156	DANTRIUM CAPS 25 MG (dantrolene sodium)	166
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CYCLOGYL 0.5 %	170	CYPROHEPTADINE HCL	75	dapagliflozin propanediol-metformin hcl	32
CYCLOGYL 2 %	170	cyproheptadine hcl SYRP	43	DAPIPRAZOLE HCL	76
CYCLOMETHICONE	75	cyproheptadine hcl TABS	43	dapsone (topical)	102
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CYCLOPENTOLATE HCL	75	CYTOMEL TABS (liothyronine sodium)	190	daptomycin	48
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DESIPRAMINE HCL POWD	31	DETROL LA CP24 (tolterodine tartrate)	193	dexamethasone TBPK	97
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	31	DETROL TABS (tolterodine tartrate) . 193		DEXATLAN CAPS	160
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desmopressin acetate TABS	120	DEXAMETHASONE ISONICOTINATE	76	DEXCOM G7 SENSOR	136
desogestrel & ethinyl estradiol	95	dexamethasone sodium phosphate (ophth)	172	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	1
desogestrel-ethinyl estradiol (biphasic)	95	DEXAMETHASONE SODIUM PHOSPHATE	76	DEXILANT (dexlansoprazole) ...	192
desogestrel-ethinyl estradiol (triphasic)	95	dexamethasone sodium phosphate chloride SOLN	130	dexlansoprazole	192
desonide CREA	109	dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML 97		dexmedetomidine hcl in sodium chloride SOLN	130
desonide LOTN	109	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	97	dexmedetomidine hcl SOLN	130
desonide OINT	109	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	97	DEXMEDETOMIDINE HCL- DEXTROSE	130
DESONIDE POWD	109	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	97	dexmethylphenidate hcl CP24	2
DESOWEN CREA (desonide)	109	dexamethasone sodium phosphate SOLN IJ 10 MG/ML	97	dexmethylphenidate hcl TABS	2
DESOXIMETASONE	76	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	97	DEXPANTHENOL LIQD	76
desoximetasone CREA	109	dexamethasone sodium phosphate SOSY IJ 10 MG/ML	97	DEXPANTHENOL POWD	76
desoximetasone GEL	109	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	97	dextran 40 in d5w	126
desoximetasone LIQD	109	dexamethasone SOLN	97	dextran 40 in saline	126
desoximetasone OINT	109	dexamethasone TABS 1.5 MG, 4 MG	97	DEXTRAN 40000	76
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DESVENLAFAXINE ER	30			DEXTRAN 75000	76
desvenlafaxine succinate 100 MG	30			dextroamphetamine sulfate CP24 10	
desvenlafaxine succinate 25 MG, 50					

MG, 15 MG 1	MG/10ML-20 MG/10ML99	DIABETES MONITOR DIGIT SOLN KIT 136
dextroamphetamine sulfate CP24 5 MG1	dextromethorphan-guaifenesin TB12 600 MG-30 MG99	DIACOMIT CAPS 250 MG24
dextroamphetamine sulfate SOLN .. 1	dextromethorphan-phenylephrine-acetaminophen CAPS100	DIACOMIT CAPS 500 MG24
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG 1	DEXTROSE 5%/ELECTROLYTE #48153	DIACOMIT PACK 250 MG25
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1	DEXTROSE ANHYDROUS GRAN 168	DIACOMIT PACK 500 MG25
dextroamphetamine sulfate TABS 5 MG, 10 MG 1	DEXTROSE ANHYDROUS POWD 168	DIALYVITE 3000159
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DEXTROMETHORPHAN HBR POWD99	DEXTROSE SOLN 168	DIANEAL LOW CALCIUM/1.5% DEX158
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diazepam CONC	17	diclofenac w/ misoprostol TBEC	7	DIFLUNISAL POWD	10
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	18	DICLOGEN	105	diflunisal TABS	10
DIAZEPAM SOLN IJ 5 MG/ML	18	DICLOTREX	105	difluprednate	172
diazepam SOLN PO 5 MG/5ML ...	18	DICLOTREX II	105	DIGOXIN MICRONIZED POWD ...	76
diazepam TABS	18	dicloxacillin sodium	176	DIGOXIN POWD	76
diazoxide	33	DICYCLOMINE HCL	76	digoxin SOLN IJ 0.25 MG/ML	67
DIAZOXIDE	76	dicyclomine hcl CAPS	191	digoxin SOLN PO 0.05 MG/ML	67
dibucaine	113	dicyclomine hcl SOLN IM	191	digoxin TABS 125 MCG, 250 MCG	67
DIBUCAINE	76	dicyclomine hcl SOLN PO	191	digoxin TABS 62.5 MCG	67
DIBUCAINE HCL	76	dicyclomine hcl TABS	191	DIHYDROCODEINE BITARTRATE .	76
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DICHLORALPHENAZONE	76	DIETHYL PHTHALATE	76	MESYLATE CRYST	150
DICHLOROACETIC ACID	76	DIETHYL TOLUAMIDE	76	DIHYDROERGOTAMINE	
dichlorphenamide	117	DIETHYLCARBAMAZINE CITRATE	76	MESYLATE POWD	150
DICLAZURIL	76	DIETHYLENE GLYCOL		DIHYDROXYACETONE (1,3) DIMER	
DICLEGIS TBEC (doxylamine- pyridoxine)	40	MONOETHYL ET	75		76
diclofenac epolamine PTCH EX ...	105	DIETHYLPROPION HCL	76	DIINDOLYLMETHANE	76
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diclofenac potassium TABS	7	DIETHYLSTILBESTROL	76	DILANTIN	27
diclofenac sodium (actinic keratoses) EX	105	DIFFERIN CREA (adapalene)	102	DILANTIN INFATABS CHEW	
diclofenac sodium (ophth)	173	DIFFERIN GEL (adapalene)	102	(phenytoin)	27
diclofenac sodium (topical) GEL EX	105	DIFFERIN LOTN	102	DILANTIN-125 SUSP (phenytoin) .	27
diclofenac sodium (topical) SOLN EX	105	DIFICID SUSR	134	DILAUDID LIQD (hydromorphone hcl)	10
DICLOFENAC SODIUM POWD ...	76	DIFICID TABS	134	DILAUDID TABS 2 MG	
diclofenac sodium TB24	7	diflorasone diacetate CREA	109	(hydromorphone hcl)	10
		diflorasone diacetate OINT	109	DILAUDID TABS 4 MG	
		DIFLUCAN SUSR 40 MG/ML		(hydromorphone hcl)	10
		(fluconazole)	41		

DILAUDID TABS 8 MG (hydromorphone hcl)	10	DIMERCAPTOSUCCINIC ACID CRYS	86	DIPHENIDOL HCL	76
DILTIAZEM HCL	76	DIMERCAPTOSUCCINIC ACID POWD	86	diphenoxylate w/ atropine LIQD ...	38
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	66	DIMETHYL FUMARATE	76	diphenoxylate w/ atropine TABS ..	38
diltiazem hcl coated beads CP24 240 MG	65	dimethyl fumarate CDPK	187	DIPHENYLCYCLOPROPENONE (BULK) 98 %	76
diltiazem hcl coated beads CP24 240 MG	66	dimethyl fumarate CPDR	187	DIPRIVAN EMUL	124
diltiazem hcl coated beads CP24 360 MG	65	DIMETHYL SILOXANE HYDROXYALKYL	76	DIPROLENE OINT (betamethasone dipropionate augmented)	109
diltiazem hcl coated beads CP24 360 MG	66	DIMETHYL SULFONE POWD	81	dipyridamole (diagnostic)	114
diltiazem hcl CP12	66	DIMETHYL SULFOXIDE	91	dipyridamole	127
diltiazem hcl CP24 120 MG, 180 MG 66		DIMETHYLACETAMIDE	76	DIPYRIDAMOLE	76
diltiazem hcl CP24 240 MG	66	DIMETHYLAMINOETHANOL	76	DISOPHENOL	77
diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	66	DIMETHYLGLYCINE HCL	76	disopyramide phosphate CAPS ...	18
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DILTIAZEM HCL SOLR	66	DIOSMIN	76	disulfiram 250 MG	185
diltiazem hcl TABS	66	DIOVAN HCT (valsartan- hydrochlorothiazide)	46	disulfiram 500 MG	185
diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	66	DIOVAN TABS (valsartan)	45	DIURIL SUSP	118
diltiazem hcl TB24	66	DIOXYBENZONE	76	DIVALPROEX SODIUM	77
DILTIAZEM HCL-SODIUM CHLORIDE	66	DIPENTUM	123	divalproex sodium CSDR	27
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		diphenhydramine hcl ELIX 12.5 MG/5ML	42	divalproex sodium TBEC 250 MG ..	27
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EASYPRO BLOOD GLUCOSE MONITOR KIT	137	efavirenz CAPS 200 MG	60	ELESTRIN GEL	121
EASYPRO PLUS KIT	137	efavirenz CAPS 50 MG	60	eletriptan hydrobromide	150
EBGLYSS SOAJ	111	efavirenz TABS	60	ELFOLATE PLUS TABS	116
EBGLYSS SOSY	111	efavirenz-emtricitabine-tenofovir disoproxil fumarate	60	ELIDEL (pimecrolimus)	112
ECONAZOLE NITRATE	77	efavirenz-lamivudine-tenofovir disoproxil fumarate	60	ELIMITE CREA (permethrin)	114
econazole nitrate CREA	104	EFFER-K	155	ELIQUIS DVT/PE STARTER PACK TBPk	22
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ECOTRIN TBEC (aspirin)	10	EFFEXOR XR CP24 150 MG (venlafaxine hcl)	30	ELITEK	53
ECTOSEAL P2G	181	EFFEXOR XR CP24 37.5 MG (venlafaxine hcl)	30	ELLA	96
ECZEMA MOISTURIZING LOTN	111	EFFEXOR XR CP24 75 MG (venlafaxine hcl)	30	ELMIRON CAPS	125
ED BRON GP LIQD	100	EFFIENT (prasugrel hcl)	127	eltrombopag olamine PACK 12.5 MG, 25 MG	128
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EMBRACE BLOOD GLUCOSE MONITOR DEVI	137	emtricitabine CAPS	60	ENFLONSIA SOSY IM 105 MG/0.7ML	175
EMBRACE EVO GLUCOSE MONITOR DEVI	137	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	60	ENERGIX-B SUSP 20 MCG/ML .	195
EMBRACE EVO GLUCOSE MONITORING KIT	137	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	60	ENERGIX-B SUSY	195
EMBRACE PRO GLUCOSE METER DEVI	137	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	60	ENGLISH TOFFEE FLAVOR LIQD 179	
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EMBRACE WAVE BLOOD GLUCOSE STRP	115	EMULGADE CM	181	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	22
EMBRACE WAVE GLUCOSE METER DEVI	137	EMULSIFYING WAX	181	enoxaparin sodium SOSY 30 MG/0.3ML	22
EMEND BIPACK CAPS 80 MG (aprepitant)	40	EMVERM CHEW	16	enoxaparin sodium SOSY 40 MG/0.4ML	22
EMEND SUSR	40	enalapril maleate & hydrochlorothiazide	46	enoxaparin sodium SOSY 60 MG/0.6ML	22
EMEND TRIPACK CAPS (aprepitant)	40	ENALAPRIL MALEATE	77	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	22
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EMGALITY SOSY	150	ENBREL SOSY 50 MG/ML	9	ENTEREG (alvimopan)	124
		ENBREL SURECLICK SOAJ	9	ENTRESTO CPSP	67
		ENCLOMIPHENE CITRATE POWD XX	77	ENTRESTO TABS	67
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ENVARSUS XR TB24	156	EPINEPHRINE BITARTRATE-NACL SOLN IV	198	EQ SPACE CHAMBER ANTI- STATIC S DEVI	149
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EPCLUSA PACK	63	EPINEPHRINE-NACL SOLN 4 MG/250ML-0.9 %, 5 MG/250ML-0.9 %, 8 MG/250ML-0.9 %	198	ERAXIS	40
EPCLUSA TABS 100 MG-400 MG	63	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	198	ergocalciferol CAPS	198
EPCLUSA TABS 50 MG-200 MG .	63	EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	198	ERGOCALCIFEROL POWD	198
EPHEDRINE HCL POWD	21	EPIVIR SOLN (lamivudine)	60	ergocalciferol SOLN PO 200 MCG/ML	199
ephedrine sulfate (pressors) SOLN IV	198	EPIVIR TABS 150 MG (lamivudine) 60		ERGOLOID MESYLATES	77
EPHEDRINE SULFATE (PRESSORS) SOLN IV	198	EPIVIR TABS 300 MG (lamivudine) 60		ergoloid mesylates TABS	187
ephedrine sulfate (pressors) SOSY IV	198	eplerenone	47	ERGOMAR SUBL	150
EPHEDRINE SULFATE (PRESSORS) SOSY IV	198	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	128	ERGOTAMINE TARTRATE POWD 150	
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EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	102	EPSOM SALT GRAN XX	132	ERLOTINIB HCL (BULK)	77
EPIFOAM FOAM	109	EPSOM SALT POWD	132	ERMEZA SOLN PO	190
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ETHYLCELLULOSE	77	SENSOR/HOLDER	EYE HEALTH CAPS	160
ETHYLENEDIAMINE	77	EVERSENSE 365 SMART	EYLEA SOSY	170
ethynodiol diacet & eth estrad 35		TRANSMIT	EYSUVIS SUSP	172
MCG-1 MG	95	EVERSENSE E3 SENSOR/HOLDER	EZALLOR SPRINKLE CPSP	44
ethynodiol diacet & eth estrad 50			ezetimibe	44
MCG-1 MG	95	EVERSENSE E3 SMART	ezetimibe-simvastatin	43
etodolac CAPS	7	TRANSMITTER	FABIOR FOAM	102
etodolac TABS	7	EVERSENSE SENSOR/HOLDER	FAGRON CAPFILL PRO	181
etodolac TB24	7	137	FAGRON DISPERSAPRO	181
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ETOMIDATE	77	TRANSMITTER	famciclovir	63
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ETOPOPHOS	54	EVKEEZA	FAMOTIDINE	77
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EUCALYPTUS OIL	91	EXELON 13.3 MG/24HR	famotidine TABS 10 MG	192
EUCRISA	113	(rivastigmine)	famotidine TABS 20 MG, 40 MG ..	192
EUGENOL	91	EXELON 4.6 MG/24HR, 9.5	FANAPT	56
EUGENOL FLAVOR LIQD	179	MG/24HR (rivastigmine)	FANAPT TITRATION PACK	56
EULEXIN	52	exemestane	FANAPT TITRATION PACK B	56
EVAMIST SOLN	121	exenatide SOPN 10 MCG/0.04ML ..	FANAPT TITRATION PACK C	56
EVANS BLUE	177	exenatide SOPN 5 MCG/0.02ML ..	FARESTON (toremifene citrate) ..	52
EVEKEO ODT TBDP	1	EXFORGE (amlodipine besylate-	FARXIGA (dapagliflozin propanediol)	
EVEKEO TABS (amphetamine		valsartan)		37
sulfate)	1	EXFORGE HCT (amlodipine-	FASENRA PEN SOAJ	18
EVENING PRIMROSE OIL	168	valsartan-hydrochlorothiazide)	FASENRA SOSY	18
everolimus (immunosuppressant)		EXJADE TBSO (deferasirox)	FATTYBLEND MISC	181
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FD&C BLUE #2	177	fenofibrate micronized 134 MG, 200 MG	43	MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	11
FD&C RED #40 ALUMINUM LAKE 177		fenofibrate micronized 43 MG, 90 MG, 130 MG	43	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	11
FD&C YELLOW #5	177	fenofibrate micronized 67 MG	43	FENTORA TABS (fentanyl citrate) .	11
FD&C YELLOW #6 ALUMINUM LAKE	177	fenofibrate TABS 160 MG	43	FER-IN-SOL SOLN (ferrous sulfate) .	129
FDC BLUE 1 ALUMINUM LAKE .	177	fenofibrate TABS 40 MG, 120 MG .	43	FERIVA 21/7 (WITH DOCUSATE) 175 MG-400 MCG-12 MCG-150 MG-50 MG-600 MCG-10 MG-75 MG .	128
FDC BLUE 1 POWD	177	fenofibrate TABS 48 MG, 145 MG .	43	FERIVAFA	128
FDC BLUE 2	177	fenofibrate TABS 54 MG	43	FERRIC AMMONIUM CITRATE ..	77
FDC GREEN #3	177	fenofibric acid	43	FERRIC CHLORIDE HEXAHYDRATE MISC	77
FDC RED #3	177	FENOGLIDE TABS (fenofibrate) ..	43	ferric citrate	124
FDC RED 40	177	fenopropfen calcium CAPS 400 MG .	7	FERRIC SUBSULFATE (BULK) POWD	78
FDC YELLOW 5 ALUMINUM LAKE .		FENOPROFEN CALCIUM POWD ..	7	FERRIC SUBSULFATE (BULK) SOLN	78
177		fenopropfen calcium TABS	7	FERRIC SULFATE	78
FDC YELLOW 6	177	FENOPRON CAPS	7	FERRIMIN 150 TABS	129
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febuxostat	126	FENTANYL CITRATE (BULK) SOLN XX	10	FERROUS FUMARATE	78
felbamate SUSP	26	fenofibrate micronized 67 MG	43	ferrous fumarate TABS	129
felbamate TABS	26	FENTANYL CITRATE LPOP	10	FERROUS GLUCONATE DIHYDRATE GRAN	78
FELBATOL SUSP (felbamate)	26	FENTANYL CITRATE PF SOSY IJ 10		FERROUS GLUCONATE DIHYDRATE POWD	78
FELBATOL TABS (felbamate)	27	FENTANYL CITRATE POWD	10	FERROUS GLUCONATE POWD .	78
FELDENE CAPS (piroxicam)	7	fenofibrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG	10	FERROUS GLUCONATE TABS 324 MG	129
felodipine	66	FENTANYL FE	115	FERROUS SULFATE GRAN	129
FEMARA (letrozole)	52	fenofibrate TABS 54 MG	43	FERROUS SULFATE POWD	129
FEMLYV TBDP	95	fenofibrate TABS 48 MG, 145 MG .	43		
FEMQUIL CAPS	164	fenofibrate TABS 54 MG	43		
FEMRING	197	fenofibrate TABS 40 MG, 120 MG .	43		
FENBENDAZOLE	77	fenofibrate TABS 48 MG, 145 MG .	43		
FENOFIBRATE	77	fenofibrate TABS 54 MG	43		
fenofibrate CAPS	43	fenofibric acid	43		
		FENOGLIDE TABS (fenofibrate) ..	43		
		fenopropfen calcium CAPS 400 MG .	7		
		FENOPROFEN CALCIUM POWD ..	7		
		fenopropfen calcium TABS	7		
		FENOPRON CAPS	7		
		FENSOLVI (6 MONTH) SC	120		
		FENTANYL CITRATE (BULK) SOLN XX	10		
		fenofibrate micronized 67 MG	43		
		FENTANYL CITRATE LPOP	10		
		FENTANYL CITRATE PF SOSY IJ 10			
		FENTANYL CITRATE POWD	10		
		fenofibrate TABS 160 MG	43		
		fenofibrate TABS 40 MG, 120 MG .	43		
		fenofibrate TABS 48 MG, 145 MG .	43		
		fenofibrate TABS 54 MG	43		
		fenofibric acid	43		
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		FENTANYL CITRATE PF SOSY IJ 10			

ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	129	FINACEA GEL (azelaic acid)	114	FLEXICHAMBER CHILD MASK/LARGE	149
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	129	finasteride	125	FLEXICHAMBER CHILD MASK/SMALL	149
ferrous sulfate SOLN 300 MG/5ML, 325 MG/5ML	129	FINASTERIDE CRYSTALS	78	FLEXICHAMBER DEVI	149
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	129	FINASTERIDE POWD	78	FLEXITOL FACE & EYELID ECZEMA CREA 5 %	111
FERROUS SULFATE TBEC (ferrous sulfate)	129	fingolimod hcl	187	FLIBANSERIN	78
ferrous sulfate TBEC	129	FINTEPLA	25	FLOLIPID SUSP	44
FERULIC ACID	78	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) .	13	FLORAFOL FE PEDIATRIC SOLN 162	
ferumoxytol	129	FIRAZYR SOSY (icatibant acetate) 126		FLOVENT DISKUS AEPB (fluticasone propionate (inhalation)) 20	
fesoterodine fumarate	193	FIRVANQ SOLR PO (vancomycin hcl)	48	FLOW-EZE VENTED NEEDLE ..	145
FETROJA	70	FIRVANQ SOLR PO 50 MG/ML (vancomycin hcl)	48	FLUAD	195
FETZIMA CP24	31	FISH FLAVOR LIQD	179	FLUARIX SUSY	195
FETZIMA TITRATION C4PK	31	FIZZMIX BASE	181	FLUBLOK SOSY	195
FEVERALL JUNIOR STRENGTH SUPP	9	FLAREX	172	FLUCELVAX SUSP	195
FEVERFEW	78	FLAVOR CONC-CHLORHEXIDINE CONC	179	FLUCELVAX SUSY	195
FEXOFENADINE HCL	78	FLAVORX LIQD	179	FLUCONAZOLE	78
fexofenadine hcl TABS 180 MG ...	42	flavoxate hcl	194	fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	41
fexofenadine hcl TABS 60 MG	42	flecainide acetate	18	fluconazole SUSR	41
FIASP FLEXTOUCH SOPN	34	FLEET ENEMA ENEM (sodium phosphates)	132	fluconazole TABS 100 MG, 200 MG .	41
FIASP PENFILL SOCT	34	FLEET PEDIATRIC ENEM (sodium phosphates)	132	fluconazole TABS 150 MG	41
FIASP PUMPCART SOCT	34	FLEET SALINE ENEMA ENEM (sodium phosphates)	132	fluconazole TABS 50 MG	41
FIASP SOLN	34	FLEQSUVY SUSP (baclofen)	165	flucytosine	40
FIBRICOR (fenofibric acid)	43	FLEXBUMIN	127	FLUCYTOSINE	78
FIFTY50 GLUCOSE METER 2.0 KIT 137		FLEXICHAMBER ADULT MASK/SMALL	149	FLUDROCORTISONE ACETATE POWD	98
FILSUEVZ	114			fludrocortisone acetate TABS	98
FINACEA FOAM	113				

FLULAVAL SUSY	195	FLUOR-I-STRIPS A.T. STRP	173	flurbiprofen sodium	173
flumazenil	39	fluorometholone (ophth) SUSP ...	172	flurbiprofen TABS 100 MG	7
FLUMAZENIL	78	fluorouracil (topical) CREA 0.5 %	106	fluticasone furoate-vilanterol	21
FLUMIST	195	fluorouracil (topical) CREA 5 % ..	105	fluticasone propionate (inhalation)	
flunisolide (nasal)	166	fluorouracil (topical) SOLN	106	AEPB	20
FLUNISOLIDE POWD	20	fluorouracil	51	fluticasone propionate (nasal) SUSP .	166
FLUNIXIN MEGLUMINE	78	FLUOROURACIL	78	FLUTICASONE PROPIONATE ...	78
fluocinolone acetonide (otic)	174	fluoxetine hcl (pmdd) TABS	187	fluticasone propionate CREA 0.05 %	109
fluocinolone acetonide CREA	109	FLUOXETINE HCL	78	fluticasone propionate hfa 110	
fluocinolone acetonide OIL	109	fluoxetine hcl CAPS 10 MG, 20 MG	29	MCG/ACT, 220 MCG/ACT	20
fluocinolone acetonide OINT	109	fluoxetine hcl CAPS 40 MG	29	fluticasone propionate hfa 44	
FLUOCINOLONE ACETONIDE		fluoxetine hcl CPDR	29	MCG/ACT	20
POWD	109	fluoxetine hcl SOLN	29	fluticasone propionate LOTN	109
fluocinolone acetonide SOLN	109	FLUOXETINE HCL TABS (fluoxetine		fluticasone propionate OINT	109
fluocinonide CREA 0.05 %	109	hcl)	29	fluticasone-salmeterol AEPB 100	
fluocinonide CREA 0.1 %	109	fluoxetine hcl TABS 10 MG	29	MCG/ACT-50 MCG/ACT, 250	
fluocinonide emulsified base	109	fluoxetine hcl TABS 20 MG	29	MCG/ACT-50 MCG/ACT, 500	
fluocinonide GEL	109	fluoxetine hcl TABS 60 MG	29	MCG/ACT-50 MCG/ACT	21
fluocinonide OINT	109	fluphenazine decanoate	58	fluticasone-salmeterol AEPB 113	
FLUOCINONIDE POWD	109	FLUPHENAZINE DECANOATE		MCG/ACT-14 MCG/ACT, 232	
fluocinonide SOLN	109	LIQD	78	MCG/ACT-14 MCG/ACT, 55	
FLUORESCEIN	94	FLUPHENAZINE DECANOATE		MCG/ACT-14 MCG/ACT	21
FLUORESCEIN SODIUM	94	POWD	78	fluticasone-salmeterol AERO	21
fluorescein sodium injection IV ...	173	fluphenazine hcl CONC	58	fluvastatin sodium CAPS	44
FLUORESCEIN SODIUM STRP 1		fluphenazine hcl ELIX	58	fluvastatin sodium TB24	44
MG	173	fluphenazine hcl SOLN	58	fluvoxamine maleate CP24	29
FLUORESCEIN		fluphenazine hcl TABS	58	fluvoxamine maleate TABS 100 MG .	29
SODIUM/BENOXINATE	173	flurandrenolide LOTN	109	50 MG	29
FLUORIDEX SENSITIVITY RELIEF		flurazepam hcl	130	FLUZONE HIGH-DOSE SUSY ...	195
GEL	158	FLURBIPROFEN POWD	7	FLUZONE SUSP	195
FLUORIMAX 5000 SENSITIVE GEL .					
158					

FLUZONE SUSY	195	FOLTANX RF	116	SYSTEM DEVI	138
FLYRCADO	115	FOLTANX TABS	116	FORA GTEL BLOOD GLUCOSE SYSTEM DEVI	138
F-MELT POWD	181	FOLTREXYL TABS	128	FORA PREMIUM V10 BLE SYSTEM DEVI	138
FML FORTE SUSP	172	FOLTX TABS	116	FORA TEST N' GO ADVANCE DEVI 138	
FML LIQUIFILM SUSP (fluorometholone (ophth))	172	FOLVITA COMPLEX TABS	128	FORA TEST N' GO MONITOR DEVI 138	
FOCALIN TABS (dexmethylphenidate hcl)	2	fomepizole 1.5 GM/1.5ML	39	FORA TN'G ADVANCE PRO DEVI 138	
FOCALIN XR CP24 (dexmethylphenidate hcl)	2	fondaparinux sodium	22	FORA TN'G VOICE KIT	138
FOCINVEZ SOLN	40	FOOD COLOR BLACK	177	FORA V10 BLOOD GLUCOSE SYSTEM DEVI	138
FOLAGENT DHA CAPS	160	FOOD COLOR BLUE	177	FORA V12 BLOOD GLUCOSE SYSTEM DEVI	138
FOLAMED DHA CAPS	160	FOOD COLOR BROWN	177	FORA V20 BLOOD GLUCOSE SYSTEM DEVI	138
FOLAWISE TABS	162	FOOD COLOR FLESH	177	FORA V30A BLOOD GLUCOSE SYSTEM DEVI	138
FOLBIC RF TABS	116	FOOD COLOR GREEN LIQD ...	177	FORA V30A BLOOD GLUCOSE SYSTEM KIT	138
FOLCYTEINE TABS	162	FOOD COLOR GREEN POWD ..	177	FORACARE GD40 MONITOR DEVI . 138	
FOLDITAM TABS	128	FOOD COLOR LIME GREEN ...	177	FORACARE PREMIUM V10 DEVI 138	
FOLIC ACID POWD	128	FOOD COLOR ORANGE - YELLOW #6	177	FORACARE TEST N GO MONITOR DEVI	138
folic acid SOLN	128	FOOD COLOR ORANGE	177	FORFIVO XL TB24 (bupropion hcl) 28	
folic acid TABS 1 MG	128	FOOD COLOR PINK	177	FORMOTEROL FUMARATE	78
folic acid TABS 400 MCG	128	FOOD COLOR RED	177	FORMOTEROL FUMARATE DIHYDRATE	78
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	128	FOOD COLOR VIOLET	177	formoterol fumarate NEBU	21
FOLICORE B COMPLEX TABS ..	128	FOOD COLOR WHITE	177	FORSKOLIN	78
FOLITE	128	FOOD COLOR YELLOW #5 ALUM LAKE	177		
FOLIVANE-F	128	FOOD COLOR YELLOW	177		
FOLIVANE-OB	163	FORA 6 CONNECT DEVI	137		
FOLIVANE-PLUS	128	FORA G20 BLOOD GLUCOSE SYSTEM KIT	137		
FOLIXAPURE TABS	128	FORA G30A BLOOD GLUCOSE SYSTEM DEVI	137		
FOLIXATE TABS	128	FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	138		
		FORA GD50 BLOOD GLUCOSE			

FORTEO SOPN (teriparatide)	119	183	FRUCTOSE POWD	168	
FORTISCARE T1 GLUCOSE SYSTEM DEVI	138	FREEDOM SIMPLECAP	182	FT CAMPHOR SPIRIT	91
FOS-A	181	FREESTYLE FREEDOM LITE KIT 138	FT ELECTROLYTE SOLN	153	
FOS-A SWEETENED	181	FREESTYLE INSULINX TEST STRP	115	FT EYE HEALTH CAPS	160
FOSAMAX PLUS D	119	FREESTYLE LIBRE 14 DAY READER	138	FT NAIL POLISH REMOVER	91
FOSAMAX TABS 70 MG (alendronate sodium)	119	FREESTYLE LIBRE 14 DAY SENSOR	138	FT SWEET OIL	91
fosamprenavir calcium TABS	60	FREESTYLE LIBRE 2 PLUS SENSOR	138	FULLERS EARTH (BULK)	94
fosaprepitant dimeglumine SOLR .	40	FREESTYLE LIBRE 2 READER .	138	fulvestrant SOSY	52
foscarnet sodium 6000 MG/250ML 62		FREESTYLE LIBRE 2 SENSOR .	138	FUMARIC ACID	70
FOSCAVIR 6000 MG/250ML (foscarnet sodium)	62	FREESTYLE LIBRE 3 PLUS SENSOR	138	FURAZOLIDONE	78
fosfomycin tromethamine	49	FREESTYLE LIBRE 3 READER .	138	FUROSEMIDE POWD	118
fosinopril sodium & hydrochlorothiazide	46	FREESTYLE LIBRE 3 SENSOR .	138	furosemide SOLN IJ 10 MG/ML ..	118
fosinopril sodium	44	FREESTYLE LIBRE READER ...	138	FUROSEMIDE SOLN IJ	118
fosphenytoin sodium	27	FREESTYLE LITE DEVI	138	furosemide SOLN PO 8 MG/ML, 10 MG/ML	118
FOSRENOL CHEW (lanthanum carbonate)	124	FREESTYLE LITE KIT	138	furosemide TABS	118
FOSRENOL PACK	124	FREESTYLE LITE TEST STRP ..	115	FUZEON SOLR	60
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	22	FREESTYLE PRECISION NEO SYSTEM KIT	139	FYCOMPA SUSP	24
FRAGMIN SOSY	22	FREESTYLE PRECISION NEO TEST STRP	115	FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel)	24
FRAICHE 5000 PREVI	158	FREESTYLE TEST STRP	115	FYCOMPA TABS	24
FREEDOM ADAPTADERM	183	FRESH LINEN FRAGRANCE	70	gabapentin (once-daily) TABS ...	187
FREEDOM CEPAPRO	183	FRESHKOTE PF	169	GABAPENTIN	78
FREEDOM ESTERDERM	75	FRINDOVYX SOLN	51	gabapentin CAPS	25
FREEDOM LOLLIPOP BASE MISC 182		FROVA (frovatriptan succinate) .	150	gabapentin SOLN	25
FREEDOM ODT BASE POWD ..	182	frovatriptan succinate	150	gabapentin TABS 600 MG	25
FREEDOM SILOMAC ANHYDROUS		FRUCTOSE GRAN	168	gabapentin TABS 800 MG	25
				GABARONE TABS 100 MG, 400 MG	25
				GADAVIST SOSY	116

gadobutrol SOLN	116	GELATIN	182	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 %	4
gadoterate meglumine SOLN	116	GELFILM	173	gentamicin sulfate (ophth) SOLN .	171
gadoterate meglumine SOSY	116	GEL-FLOW	129	gentamicin sulfate (topical) CREA	104
GALACTOSE	78	GELFOAM COMPRESSED SIZE		gentamicin sulfate (topical) OINT	104
GALAFOLD	120	100 MISC EX	129	gentamicin sulfate IJ	4
galantamine hydrobromide CP24	185	GELFOAM DENTAL PACK SIZE 4		GENTAMICIN SULFATE POWD .	104
galantamine hydrobromide SOLN	185	MISC EX	129	GENTIAN VIOLET POWD	104
galantamine hydrobromide TABS	185	GELFOAM POWD MT	129	GENVOYA	60
GALEN IQ 900	182	GELFOAM SPONGE MISC EX ..	129	GEODON (ziprasidone hcl)	55
GALZIN	156	GELFOAM SPONGE SIZE 100 MISC		GEODON (ziprasidone mesylate) .	55
GAMMA-AMINOBUTYRIC ACID .	78	EX	129	GERANIUM OIL	91
GAMMAGARD	175	GELFOAM SPONGE SIZE 200 MISC		GERMALL PLUS LIQD	77
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INSULIN GLARGINE-YFGN SOLN 35	INVEGA SUSTENNA 156 MG/ML .56	IPOLE195
INSULIN GLARGINE-YFGN SOPN 35	INVEGA SUSTENNA 234 MG/1.5ML 56	ipratropium bromide (nasal) 0.03 % 166
INSULIN LISPRO (1 UNIT DIAL)	INVEGA SUSTENNA 39 MG/0.25ML 56	ipratropium bromide (nasal) 0.06 % 166
	INVEGA SUSTENNA 78 MG/0.5ML 56	IPRATROPIUM BROMIDE POWD 19
	INVEGA TRINZA 273 MG/0.88ML 56	ipratropium bromide SOLN 0.02 % 19
	INVEGA TRINZA 410 MG/1.32ML 56	ipratropium-albuterol SOLN21
	INVEGA TRINZA 546 MG/1.75ML 56	irbesartan45
	INVEGA TRINZA 819 MG/2.63ML 56	irbesartan-hydrochlorothiazide46
		IRON CHEWS PEDIATRIC CHEW 129
		IRON FOLATE PLUS128
		IRON FOLATE-F128

iron-folic acid-vitamin c-vitamin b6- vitamin b12-zinc	128	ISOPROTERENOL HCL	80	IYUZEH SOLN	174
IROSPAN 24/6	128	ISOPTO ATROPINE SOLN	170	JADENU SPRINKLE PACK (deferasirox)	39
irrigation solutions, physiological	157	ISORDIL TITRADOSE TABS (isosorbide dinitrate)	17	JADENU TABS (deferasirox)	39
ISENTRESS CHEW 100 MG	60	ISOSORBIDE	80	JANSSEN COVID-19 VACCINE	196
ISENTRESS CHEW 25 MG	61	isosorbide dinitrate TABS 40 MG ..	17	JANUMET TABS	32
ISENTRESS HD TABS	60	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	17	JANUMET XR TB24	32
ISENTRESS PACK	61	isosorbide dinitrate-hydralazine hcl 67		JANUVIA	33
ISENTRESS TABS	61	isosorbide mononitrate TABS	17	JARDIANCE	38
isoflurane	124	ISOSORBIDE MONONITRATE TABs	17	JASMINE FRAGRANCE	80
ISOLYTE-P IN D5W	153	isosorbide mononitrate TB24	17	JATENZO CAPS	15
ISOLYTE-S	153	isosulfan blue	115	JELENE	183
ISOLYTE-S PH 7.4	154	ISOTRETINOIN	80	JELMYTO SOLR UL	53
ISOMALT LOLLIPOP BASE	182	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	102	JENTADUETO TABS	32
ISOMETHEPTENE MUCATE	80	isotretinoin 25 MG, 35 MG	102	JENTADUETO XR TB24	32
ISONIAZID POWD	51	ISOXSUPRINE HCL	80	JOENJA	156
isoniazid SOLN	51	isradipine CAPS	66	JOJOBA OIL	80
isoniazid SYRP	51	ISTALOL SOLN (timolol maleate (ophth))	170	JORNAY PM CP24	2
isoniazid TABS	51	ITRACONAZOLE	80	JOURNAVX	9
ISOPROPAMIDE IODIDE	191	itraconazole CAPS	41	J-TIP KIT W/VIAL ADAPTERS KIT 146	
ISOPROPANOL XX	91	itraconazole SOLN	41	JUBBONTI SOSY SC 60 MG/ML	119
ISOPROPYL ALCOHOL (RUBBING) XX	91	ivabradine hcl TABS	68	JUBLIA	104
ISOPROPYL ALCOHOL XX 100 %, 70 %	91	ivermectin (rosacea)	114	JULUCA	61
isopropyl alcohol XX 91 %, 99 % ..	91	ivermectin	17	JUNIPER TAR	92
isopropyl alcohol, rubbing XX	91	IVERMECTIN	80	JYLAMVO SOLN PO	51
ISOPROPYL MYRISTATE	80	IXCHIQ	195	JYNNEOS	196
ISOPROPYL PALMITATE (BULK) 92		IXIARO	196	KABIVEN	168
isoproterenol hcl	21			KAHLUA FLAVOR LIQD	179
				KALBITOR	126
				KALETRA SOLN	61

KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	61	KETAMINE HCL	80	KEVZARA SOAJ	7
KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)	61	KETAMINE HCL SOLN IJ 10 MG/ML, 100 MG/ML	124	KEVZARA SOSY	7
KANAMYCIN SULFATE	80	ketamine hcl SOLN IJ	124	KHINDIVI SOLN PO 1 MG/ML	98
KANJINTI	52	KETAMINE HCL SOSY IJ 25 MG/ML	124	KIMMTRAK	52
KAOLIN	38	ketoconazole (topical) CREA	104	KIMYRSA	48
KAPSPARGO SPRINKLE CS24 ..	64	ketoconazole (topical) FOAM	104	KINDERLYTE IMMUNITY PACK .	154
KARAYA GUM	182	ketoconazole (topical) SHAM 2 % 105		KINDERLYTE PACK	154
KATERZIA	66	ketoconazole	41	KINDERLYTE PREMAX PACK ..	154
KAZANO (alogliptin-metformin hcl) 32		KETOCONAZOLE	94	KINDERLYTE PREMAX SOLN ..	154
KCL-LACTATED RINGERS-D5W 154		KETODAN	105	KINDERLYTE SOLN	154
KEDBUMIN	127	KETONE TEST STRP	115	KINERET SOSY	6
KEDRAB SOLN	175	ketoprofen CAPS 25 MG	7	KINETIN	80
KENALOG AERS (triamcinolone acetone (topical))	110	ketoprofen CP24	7	KINEVAC	115
KENALOG-10 SUSP	97	KETOPROFEN POWD	80	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	4
KENALOG-80 SUSP	98	ketorolac tromethamine (ophth) 0.4 %	174	KIWI FRAGRANCE	80
KENGREAL	127	ketorolac tromethamine (ophth) 0.5 %	174	KLARON (sulfacetamide sodium (acne))	102
KEPPRA SOLN PO 100 MG/ML (levetiracetam)	25	KETOROLAC TROMETHAMINE .	80	KLEAR GUMMY BASE	181
KEPPRA TABS 1000 MG (levetiracetam)	25	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	8	KLONOPIN TABS (clonazepam) ..	24
KEPPRA TABS 250 MG, 750 MG (levetiracetam)	25	ketorolac tromethamine SOLN IM 60 MG/2ML	7	KLOXXADO LIQD	39
KEPPRA TABS 500 MG (levetiracetam)	25	ketorolac tromethamine TABS	8	KOJIC ACID	94
KEPPRA XR TB24 (levetiracetam) 25		KETOSTIX STRP	115	KOMBIGLYZE XR (saxagliptin- metformin hcl)	32
KERALYT GEL (salicylic acid) ...	112	ketotifen fumarate (ophth) 0.035 % 174		KONVOMEF SUSR	193
KERENDIA	120	KETOTIFEN FUMARATE	80	KORSUVA	158
KESIMPTA	187	KETOTIFEN HYDROGEN FUMARATE	80	K-PHOS NO 2	125
				K-PHOS-NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	155
				KRINTAFEL	50
				KRIS-ESTER 236	183

KRYSTAL SF	182	LACTIC ACID 85 %, 88 %	70	lamotrigine TABS	25
K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride)	155	LACTOSE	182	lamotrigine TB24	25
KUDZU	80	LACTOSE ANHYDROUS	182	lamotrigine TBDP	25
KYMRIAH	52	LACTOSE MONOHYDRATE	182	LAMPIT	48
KYZATREX CAPS 200 MG	15	lactulose (encephalopathy)	124	LANCETS SUPER THIN	140
LABETALOL HCL	80	lactulose PACK	131	LANOLIN ALCOHOL WAX	183
labetalol hcl SOLN	64	lactulose SOLN	131	LANOLIN OIL	183
LABETALOL HCL SOLN	64	LAGEVRIO	64	lanolin XX	183
LABETALOL HCL SOSY 10 MG/2ML	64	L-ALANINE POWD	169	LANOLIN XX	183
labetalol hcl TABS 100 MG	64	LAMICTAL CHEW (lamotrigine) ...	25	LANOXIN PEDIATRIC SOLN IJ ...	67
labetalol hcl TABS 200 MG	64	LAMICTAL ODT KIT (lamotrigine) .	25	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	67
labetalol hcl TABS 300 MG	64	LAMICTAL ODT TBDP (lamotrigine) .	25	LANSOPRAZOLE	80
labetalol hcl TABS 400 MG	64	LAMICTAL STARTER KIT 25 MG (lamotrigine)	25	lansoprazole CPDR 15 MG	192
LABETALOL HCL-DEXTROSE ...	64	LAMICTAL TABS (lamotrigine)	25	lansoprazole CPDR 30 MG	192
LABETALOL HCL-SODIUM CHLORIDE	64	LAMICTAL XR KIT	25	lansoprazole TBDD 15 MG	192
lacosamide SOLN IV 200 MG/20ML .	25	LAMICTAL XR TB24 (lamotrigine) .	25	lansoprazole TBDD	192
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	25	LAMISIL AT ATHLETES FOOT CREA (terbinafine hcl (topical)) ..	105	lanthanum carbonate CHEW	124
lacosamide TABS	25	LAMISIL AT CREA (terbinafine hcl (topical))	105	LANTUS SOLN	36
LACRISERT	169	LAMISIL AT JOCK ITCH CREA (terbinafine hcl (topical))	105	LANTUS SOLOSTAR SOPN	36
LACTASE 5000	80	lamivudine (hbv) TABS	63	L-ARGININE HCL	72
lactase TABS 3000 UNIT, 9000 UNIT	117	lamivudine SOLN	61	L-ARGININE POWD XX	169
lactated ringer's (irrigation)	157	lamivudine TABS 150 MG	61	LASIX TABS (furosemide)	118
lactated ringer's	154	lamivudine TABS 300 MG	61	L-ASPARTIC ACID	94
lactic acid (ammonium lactate) CREA	111	lamivudine-zidovudine	61	L-ASPARTIC ACID SODIUM	86
lactic acid (ammonium lactate) LOTN 12 %	111	LAMOTRIGINE	80	LATANOPROST OIL	80
		lamotrigine CHEW	25	LATANOPROST POWD	80
		lamotrigine KIT 25 MG	25	latanoprost SOLN	174
				LATUDA (lurasidone hcl)	55
				LAURETH-9 POLIDOCANOL	80

LAURIC ACID	80	LEQSELVI TABS PO 8 MG	111	500 MG/5ML	25
LAVENDER OIL	92	LESCOL XL TB24 (fluvastatin sodium)	44	levetiracetam SOLN PO 100 MG/ML .	25
L-CARNITINE	80	LETAIRIS (ambrisentan)	68	levetiracetam TABS 1000 MG	25
L-CARNITINE HCL	80	letrozole	52	levetiracetam TABS 250 MG, 750	
L-CARNOSINE	75	LETROZOLE	80	MG	25
L-CITRULLINE	75	LEU TECHNELITE	115	levetiracetam TABS 500 MG	25
L-CYSTEINE CRYSTALS	75	LEUCINE POWD XX	169	levetiracetam TB24	25
L-CYSTEINE HCL	75	LEUCOVORIN CALCIUM	80	LEVETIRACETAM TB3D	25
L-CYSTEINE POWD	75	leucovorin calcium SOLN IJ 100		levobunolol hcl 0.5 %	170
L-CYSTINE POWD	169	MG/10ML, 500 MG/50ML	54	levocarnitine (metabolic modifiers)	
LEAD ACETATE TRIHYDRATE		leucovorin calcium SOLR	54	SOLN IV 200 MG/ML	120
POWD	94	leucovorin calcium TABS	54	levocarnitine (metabolic modifiers)	
LEAD TETROXIDE	80	LEUKERAN	51	SOLN PO 1 GM/10ML	120
LECITHIN GRAN XX	168	leuprolide acetate (3 month) INJ 22.5		levocarnitine (metabolic modifiers)	
LECITHIN SOYA GRAN	86	MG	52	TABS	120
LECITHIN SOYA POWD	86	LEUPROLIDE ACETATE	80	LEVOCARNITINE	81
LECITHIN-ISOPROPYL PALMITATE		levalbuterol hcl	21	LEVOCETIRIZINE	
SOLN	182	LEVALBUTEROL HCL	80	DIHYDROCHLORIDE	81
LEDIPASVIR-SOFOSBUVIR TABS		levalbuterol tartrate	21	levocetirizine dihydrochloride SOLN	
63		LEVAMISOLE HCL	52	42	
leflunomide	8	levamlodipine maleate	66	levocetirizine dihydrochloride TABS	
LEFLUNOMIDE	80	LEVBIID TB12 (hyoscyamine sulfate)		42	
LEMON BIOFLAVANOID	80	191		LEVODOPA POWD	54
LEMON EXTRACT LIQD	179	LEVEMIR FLEXPEN SOPN	36	levofloxacin (ophth) 0.5 %	171
LEMON FLAVOR LIQD	179	LEVEMIR SOLN	36	LEVOFLOXACIN	81
LEMON FLAVOR OIL	179	LEVETIRACETAM	81	LEVOFLOXACIN HEMIHYDRATE	
LEMON OIL	92	LEVETIRACETAM IN NACL	25	81	
LEMONADE FLAVOR OIL	179	levetiracetam in sodium chloride ..	25	levofloxacin in d5w	122
LEMON-LIME SD POWD	179	levetiracetam SOLN IV 500 MG/5ML		levofloxacin SOLN PO	122
LENMELDY	186	25		levofloxacin TABS	122
LENTOCILIN SUSP	176	levetiracetam SOLN PO 100 MG/ML,		LEVOMEFOLATE CALCIUM	81
				LEVOMEFOLATE GLUCOSAMINE .	

81	LEXIVA SUSP	61	lidocaine hcl (cardiac) SOSY	18	
levonorgestrel & eth estradiol TABS 95	LEXIVA TABS (fosamprenavir calcium)	61	lidocaine hcl (local anesth.) SOLN	133	
levonorgestrel (emergency oc) 1.5 MG	L-GLUTAMIC ACID	169	lidocaine hcl (local anesth.) SOSY IJ	100 MG/5ML	133
levonorgestrel-eth estradiol (triphasic)	L-GLUTAMIC ACID HCL POWD	117	lidocaine hcl (mouth-throat) 2 % ..	158	
levonorgestrel-ethinyl estradiol (91- day)	L-GLUTAMIC ACID MONOSOD SALT	81	lidocaine hcl (mouth-throat) 4 % ..	158	
levonorgestrel-ethinyl estradiol (91- day)	L-GLUTAMINE CRYSTALS	169	LIDOCAINE HCL	81	
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	L-GLUTAMINE POWD XX	169	lidocaine hcl CREA 3 %, 4 %	113	
levonorgestrel-ethinyl estradiol (continuous)	L-GLUTATHIONE CRYSTALS	169	lidocaine hcl GEL 2 %, 2.8 %	113	
levonorgestrel-ethinyl estradiol-iron 96	L-HISTIDINE	169	lidocaine hcl GEL 2 %	113	
LEVORPHANOL TARTRATE	L-HISTIDINE MONOHYDROCHLORIDE CRYSTALS	169	LIDOCAINE HCL MONOHYDRATE .	81	
levorphanol tartrate TABS	L-HISTIDINE MONOHYDROCHLORIDE POWD	169	lidocaine hcl PRSY	113	
LEVOTHYROXINE SODIUM	LIALDA TBEC (mesalamine)	123	lidocaine hcl SOLN	113	
levothyroxine sodium CAPS	LIBERTY BLOOD GLUCOSE METER DEVI	140	LIDOCAINE HCL SOLN	133	
LEVOTHYROXINE SODIUM SOLN IV	LIBERVANT FILM	24	LIDOCAINE HCL SOSY IJ 60 MG/3ML, 100 MG/5ML	133	
LEVOTHYROXINE SODIUM SOLR IV (levothyroxine sodium)	LICORICE DEGLYCYRRHIZINATED	81	lidocaine in d5w 5 %-4 MG/ML, 5 %- 8 MG/ML	18	
levothyroxine sodium SOLR IV ...	LICORICE FLAVOR LIQD	179	lidocaine OINT 5 %	113	
levothyroxine sodium TABS	LICORICE ROOT POWD	94	LIDOCAINE POWD	81	
LEVSIN TABS (hyoscyamine sulfate)	LIDAFLEX PTCH	113	lidocaine PTCH 4 %, 5 %	113	
LEVSIN/SL SUBL (hyoscyamine sulfate)	LIDOCAINE BASE POWD	81	lidocaine w/ epinephrine SOLN ...	132	
LEXAPRO TABS 10 MG (escitalopram oxalate)	lidocaine CREA 4 %	113	LIDOCAINE-EPINEPHRINE SOLN 1 %-1:100000, 2 %-1:200000	132	
LEXAPRO TABS 20 MG (escitalopram oxalate)	LIDOCAINE CRYSTALS	81	LIDOCAINE-HYDROCORTISONE ACE GEL	16	
LEXAPRO TABS 20 MG (escitalopram oxalate)	LIDOCAINE HCL (CARDIAC) PF SOLN	18	LIDOCAINE-HYDROCORTISONE ACE KIT	16	
LEXAPRO TABS 5 MG (escitalopram oxalate)	LIDOCAINE HCL (CARDIAC) SOSY 100 MG/5ML	18	lidocaine-hydrocortisone acetate (rectal) CREA EX	16	
			lidocaine-hydrocortisone acetate		

(rectal) KIT	16	LIPOIL OIL	182	lithium carbonate TBCR	55
lidocaine-prilocaine CREA	113	LIOPEN ANHYDROUS	183	LITHIUM CITRATE TETRAHYDRATE	81
lidocaine-prilocaine KIT	113	LIPOSOMAL HAIR	183	LITHOBID TBCR (lithium carbonate) .	55
LIDOPURE PATCH	113	LIPOTRIAD VISION SUPPORT CAPS	164	LITHOSTAT	125
LIDOTRAL CREA	113	LIPOTRIAD VISION SUPPORT PLUS CAPS	164	LIVALO (pitavastatin calcium)	44
LIDOTRAN CREA	113	LIPOTRIAD VISIONARY CAPS ..	165	LIVER CONCENTRATE LIQD ...	179
LIKMEZ SUSP	47	LIPOVAN BASE CREA	183	LIVER FLAVOR LIQD	179
LIME FLAVOR OIL	179	LIQUICAL PLUS LIQD	153	LIVER FLAVOR POWD	179
LIME OIL	92	LIQUID I.V. PACK	154	LIXOFEN KIT	105
LIMONENE	81	LIQUIGEL COMPLEX	182	L-LEUCINE POWD XX	169
lincomycin hcl	49	liraglutide	33	L-LYSINE HCL POWD	81
LINCOMYCIN HCL	81	lisdexamfetamine dimesylate CAPS 10 MG	1	L-MENTHOL	94
LINEZOLID IN SODIUM CHLORIDE	49	lisdexamfetamine dimesylate CAPS 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1	L-METHIONINE POWD XX	169
linezolid SOLN	49	lisdexamfetamine dimesylate CAPS 1		L-METHYLFOLATE CA ME-CBL NAC	117
linezolid SUSR	49	lisdexamfetamine dimesylate CHEW . 1		L-METHYLFOLATE CALCIUM ...	81
linezolid TABS	49	lisinopril & hydrochlorothiazide ...	46	L-METHYLFOLATE-ALGAE-B12-B6	117
LINOLEIC ACID	81	LISINOPRIL	81	L-METHYL-MC	117
LINSEED OIL	92	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	44	LMX 4 CREA (lidocaine)	113
LINZESS	124	L-ISOLEUCINE POWD XX	169	LO LOESTRIN FE TABS	96
LIOETHYRONINE	81	LISSAMINE GREEN B	177	LOCAMETZ KIT	115
LIOETHYRONINE SODIUM	81	LITFULO	111	LOCOID LIPOCREAM	110
lioethyronine sodium SOLN	190	lithium	55	LOCOID LOTN (hydrocortisone butyrate)	110
lioethyronine sodium TABS	190	lithium carbonate CAPS	55	LOCUST BEAN GUM	75
LIP BALM BASE NATURAL	183	LITHIUM CARBONATE POWD ...	55	LODOSYN (carbidopa)	54
LIPACTIVE INCA INCHI WO	80	lithium carbonate TABS	55	lofexidine hcl	185
LIPITOR TABS (atorvastatin calcium)	44			LOHIST-D LIQD	100
LIPMAX SOLN	182			LOKELMA	158
LIPOFEN CAPS (fenofibrate)	44				
LIPOIC ACID	72				

LOLLIBASE	182	L-ORNITHINE HYDROCHLORIDE	83	LOVENOX SOSY 100 MG/ML, 150	
LOMOTIL TABS (diphenoxylate w/ atropine)	38	L-ORNITHINE POWD	169	MG/ML (enoxaparin sodium)	23
loperamide hcl CAPS	38	losartan potassium & hydrochlorothiazide	46	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	23
LOPERAMIDE HCL POWD	38	losartan potassium	45	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	23
loperamide hcl TABS	38	LOSARTAN POTASSIUM	81	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	23
LOPID TABS (gemfibrozil)	44	LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	96	LOVENOX SOSY 80 MG/0.8ML (enoxaparin sodium)	23
lopinavir-ritonavir SOLN	61	LOTEMAX GEL (loteprednol etabonate)	172	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	23
lopinavir-ritonavir TABS 25 MG-100 MG	61	LOTEMAX OINT	172	LOVO-ODF CUSTOM LIQD	182
lopinavir-ritonavir TABS 50 MG-200 MG	61	LOTEMAX SM GEL	172	loxapine succinate	57
LOPRESSOR TABS 100 MG (metoprolol tartrate)	64	LOTEMAX SUSP (loteprednol etabonate)	172	LOXORAL BASE	182
LOPRESSOR TABS 50 MG (metoprolol tartrate)	64	LOTENSIN 10 MG, 20 MG (benazepril hcl)	44	L-PHENYLALANINE POWD	169
LOPROX	105	LOTENSIN 40 MG (benazepril hcl) 45		L-PROLINE POWD	169
LOPROX SUSP (ciclopirox olamine) . 105		LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 46		L-SELENOMETHIONINE	81
loratadine & pseudoephedrine TB12 . 100		loteprednol etabonate GEL	172	L-SELENOMETHIONINE BLEND .81	
LORATADINE	81	loteprednol etabonate SUSP	172	L-SERINE	86
loratadine CAPS	42	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 46		L-THREONINE CRYST	169
loratadine CHEW	42	LOTRONEX (alosetron hcl)	124	L-TRYPTOPHAN POWD	169
loratadine TABS	42	LOVASTATIN	81	L-TYROSINE POWD XX	169
loratadine TBDP 10 MG	42	lovastatin TABS 10 MG, 20 MG ...	44	lubiprostone	122
LORAZEPAM	81	lovastatin TABS 40 MG	44	LUBRAJEL NP	184
lorazepam CONC	18	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	23	LUER LOCK SAFETY SYRINGES 146	
lorazepam SOLN	18			LUGOLS STRONG IODINE SOLN 59	
lorazepam TABS 0.5 MG, 2 MG ...	18			luliconazole	105
lorazepam TABS 1 MG	18			LUMAKRAS	53
LOREEV XR CS24	18			LUMIFY	171
				LUMIGAN SOLN 0.01 %	174

LUMISIGHT	115	mafenide acetate PACK	107	magnesium oxide (mg supplement)	
LUNESTA (eszopiclone)	130	MAFENIDE HCL	81	TABS 241.5 MG, 400 MG, 400 MG	155
LUPKYNIS	156	MAG 440 TABS 440 MG	16	MAGNESIUM OXIDE POWD	16
lurasidone hcl	55	MAGELLAN SYRINGE-SAFETY		magnesium oxide TABS 400 MG	16
LUTEIN BEAD	81	NEEDLE	146	MAGNESIUM PHOSPHATE	81
LUTEIN POWD	81	MAGELLAN TUBERCULIN		MAGNESIUM STEARATE (BULK)	
LUTRATE DEPOT INJ 22.5 MG	52	SYRINGE MISC	146	182	
LUXTURNA	172	MAGNASWEET 110 LIQD	72	MAGNESIUM SULFATE IJ 50 %	155
LUZU (luliconazole)	105	MAGNASWEET 135 POWD	72	magnesium sulfate in dextrose	155
L-VALINE CRYST	169	MAGNESIUM ALUMINUM SILICATE	81	magnesium sulfate IV	155
L-VALINE POWD XX	169	MAGNESIUM AMINO ACID		MAGNESIUM SULFATE POWD	132
LYBALVI	186	CHELATE	81	MAGNESIUM TRISILICATE	16
LYFGENIA	127	MAGNESIUM ASCORBATE	81	MAGOX 400 TABS (magnesium	
LYRICA CAPS (pregabalin)	25	MAGNESIUM BISGLYCINATE		oxide (mg supplement))	155
LYRICA CAPS 75 MG, 200 MG		DIHYD	81	malathion	114
(pregabalin)	25	MAGNESIUM CARBONATE HEAVY		MALEIC ACID	81
LYRICA CR (pregabalin (once-		POWD XX	154	MALIC ACID	81
daily))	187	MAGNESIUM CARBONATE POWD		MALTODEXTRIN	81
LYRICA SOLN (pregabalin)	25	XX	154	MANDELIC ACID	82
LYRICA SOLN (pregabalin)	26	MAGNESIUM CHLORIDE CRYST	154	manganese chloride	155
LYUMJEV KWIKPEN SOPN	36	MAGNESIUM CHLORIDE POWD		MANGANESE CHLORIDE	82
LYUMJEV SOLN	36	154		MANGANESE GLUCONATE	82
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PERIKABIVEN	168	PHARMACIST CHOICE AUTOCODE SYS KIT	141	PHENOXYBENZAMINE HCL	84
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PHENYLETHYLAMINE HCL	84	pilocarpine hcl (oral) 7.5 MG	159	piroxicam CAPS	8
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STANNOUS CHLORIDE DIHYDRATE88	STRATTERA (atomoxetine hcl)2	SUCROSE POWD95
STANNOUS FLUORIDE POWD ..95	STRAWBERRY FLAVOR LIQD ..180	SUFENTANIL CITRATE (BULK) SOLN XX12
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sulfacetamide sodium w/ sulfur LIQD 103	SULFANILAMIDE95	sumatriptan succinate SOLN 6 MG/0.5ML151
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sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %103	SULFASALAZINE POWD123	sumatriptan succinate TABS 25 MG, 100 MG152
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	sumatriptan 20 MG/ACT151	SUPREME II CONFIDENCE PADDLES MISC142
	sumatriptan 5 MG/ACT151	SUPREP BOWEL PREP KIT
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	sumatriptan succinate SOAJ 4	

(sodium sulfate-potassium sulfate-magnesium sulfate)	131	SYN-AKE	77	tadalafil (pulmonary hypertension)	
SURE COMFORT PEN NEEDLES 147		SYNALAR (CREAM)	110	TABS	68
SURVANTA	189	SYNALAR (OINTMENT)	110	tadalafil	68
SUSPENDIT	184	SYNALAR CREA (fluocinolone acetone)	110	TADALAFIL	89
SUSTOL PRSY	39	SYNALAR OINT (fluocinolone acetone)	110	TADLIQ SUSP	68
SUTAB	131	SYNALAR SOLN (fluocinolone acetone)	110	tafluprost	174
SWEET CORN FLAVOR CONC .	180	SYNALAR TS	110	TAKHZYRO SOLN	126
SWEET DROPS LIQD	180	SYNAPSIN POWD	183	TAKHZYRO SOSY	126
SWEET OIL	92	SYNERTROPIN CAPS	165	TALC	95
SWEETENING ENHANCER LIQD 180		SYNJARDY TABS	32	TALICIA	193
SYMBICORT (budesonide-formoterol fumarate dihydrate)	21	SYNJARDY XR TB24	32	TALIVA	128
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate)	21	SYNTHROID TABS (levothyroxine sodium)	190	TALTZ SOAJ	106
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate)	21	SYRINGE DISPOSABLE	147	TALTZ SOSY	106
SYMBRAVO TABS PO	150	SYRINGE ECCENTRIC TIP	147	TALZENNA	53
SYMDEKO	189	SYRINGE LUER LOCK	147	TAMIFLU CAPS 30 MG (oseltamivir phosphate)	64
SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate)	61	SYRINGE LUER SLIP	147	TAMIFLU CAPS 45 MG, 75 MG (oseltamivir phosphate)	64
SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate)	62	SYRINGE/HYPODERMIC SAFETY . 147		TAMIFLU SUSR (oseltamivir phosphate)	64
SYMLINPEN 120 SOPN	31	SYSTANE COMPLETE PF	169	TAMOXIFEN CITRATE	89
SYMLINPEN 60 SOPN	31	SYSTANE PRO PF	169	TAMOXIFEN CITRATE MICRONIZED	89
SYMPAZAN FILM	24	TACLONEX OINT (calcipotriene-betamethasone dipropionate)	110	tamoxifen citrate TABS	52
SYMPROIC	124	TACLONEX SUSP (calcipotriene-betamethasone dipropionate)	111	tamsulosin hcl	125
SYMTUZA	62	tacrolimus (topical) OINT 0.03 %	112	TANGERINE	92
SYNAGIS SOLN	175	tacrolimus (topical) OINT 0.1 %	112	TANGERINE FLAVOR OIL	180
		TACROLIMUS	89	TANGERINE FLAVOR POWD ...	180
		tacrolimus CAPS	157	TANGERINE FLAVOR SWEETENED POWD	180
				TANGERINE OIL	92
				TANNIC ACID	113

TARON FORTE	128	TECHLITE PEN NEEDLES	147	terbinafine hcl (topical) CREA	105
TARON-C DHA	164	TECHLITE PLUS PEN NEEDLES		TERBINAFINE HCL	89
TARPEYO CPDR	98	147		terbinafine hcl TABS	41
TARTARIC ACID (BULK) GRAN ..	70	TECHNELITE	115	TERBUTALINE SULFATE POWD ..	21
TARTARIC ACID (BULK) POWD ..	70	TECHNETIUM TC 99M SESTAMIBI		terbutaline sulfate SOLN	21
TASCENSO ODT	187	115		terbutaline sulfate TABS	21
tasimelteon CAPS	131	TEFLARO	70	terconazole vaginal CREA	197
TAURINE LIQD	169	TEGRETOL SUSP (carbamazepine) .		terconazole vaginal SUPP	197
TAURINE POWD	169	26		teriflunomide	187
TAUVID	115	TEGRETOL TABS (carbamazepine) .		teriparatide SOPN	119
tavaborole	105	26		TERIPARATIDE SOPN	119
TAVNEOS	126	TEGRETOL-XR TB12		TERPIN HYDRATE	101
TAZAROTENE	89	(carbamazepine)	26	TERPIN HYDRATE	
tazarotene CREA 0.05 %	106	TEGSEDI	189	MONOHYDRATE	101
tazarotene CREA 0.1 %	106	TEKTURNA (aliskiren fumarate) ..	47	TESTIM GEL TD (testosterone) ...	15
TAZAROTENE FOAM	103	TEKTURNA HCT	47	TESTOSTERONE CYPIONATE ..	89
tazarotene GEL	106	telmisartan	45	testosterone cypionate SOLN IM 100	
TAZVERIK	53	telmisartan-amlodipine	47	MG/ML	15
TDC MAX CREA	184	telmisartan-hydrochlorothiazide ..	47	testosterone cypionate SOLN IM 200	
TDVAX SUSP	191	temazepam 15 MG, 30 MG	130	MG/ML	15
TEA COCOYL GLUTAMINE	89	temazepam 7.5 MG, 22.5 MG	130	TESTOSTERONE ENANTHATE ..	89
TEA TREE OIL	89	TEMPO SMART BUTTON MISC ..	142	testosterone enanthate SOLN IM ..	15
TEABERRY FLAVOR OIL	180	TEMPO WELCOME KIT	142	testosterone GEL TD 1 %, 10	
TECARTUS	52	TENIVAC INJ	191	MG/ACT, 20.25 MG/1.25GM, 25	
TECFIDERA CDPK (dimethyl		tenofovir disoproxil fumarate TABS		MG/2.5GM, 40.5 MG/2.5GM	15
fumarate)	187	62		testosterone GEL TD 1 %, 50	
TECFIDERA CPDR (dimethyl		TENORETIC 100 (atenolol &		MG/5GM	15
fumarate)	187	chlorthalidone)	47	testosterone GEL TD 1.62 %, 1.62 %	
TECHLITE INSULIN SYRINGE ..	147	TENORETIC 50 (atenolol &			15
TECHLITE LANCETS	142	chlorthalidone)	47	testosterone GEL TD 1.62 %, 10	
TECHLITE LANCETS 30G	142	TENORMIN TABS (atenolol)	65	MG/ACT	15
		TEPMETKO	53	TESTOSTERONE MICRONIZED	
		terazosin hcl	45	CRYS	89

TESTOSTERONE MICRONIZED POWD	89	theophylline ELIX	22	THROMBI-GEL 10	129
TESTOSTERONE POWD	89	theophylline SOLN	22	THROMBI-GEL 100	129
TESTOSTERONE PROPIONATE	89	theophylline TB12	22	THROMBI-GEL 40	129
testosterone SOLN	15	theophylline TB24	22	THROMBIN-JMI EPISTAXIS KIT	129
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	191	THEOPHYLLINE-ETHYLENEDIAMINE POWD	22	THROMBIN-JMI KIT	129
tetrabenazine	186	THERA TABS	162	THROMBIN-JMI SOLR	129
TETRACAINE	89	THERAFLU FLU RELIEF MAX STR TBPK PO	100	THROMBI-PAD	129
tetracaine hcl (ophth)	172	THERAFLU FLU RELIEF MAX STR THPK PO	100	THYMOL	95
TETRACAINE HCL	89	THERAFLU SEVERE COLD NIGHTTIME CHEW PO	100	THYMOL IODIDE	95
tetracaine hcl SOLN	133	THERAFLU SEVERE COLD REL COMBO PO	101	THYMOL IODIDE PURIFIED	95
TETRACYCLINE HCL	104	THERAMILL FORTE CAPS	161	THYMUS	89
tetracycline hcl CAPS	190	THERANATAL LACTATION ONE CAPS	161	THYQUIDITY SOLN PO	190
TETRACYCLINE HCL TABS	190	THEREMS TABS	162	THYROGEN 0.9 MG	115
TETRAHYDROBIOPTERIN DIHCL 89		THIABENDAZOLE POWD	17	THYROID (PORCINE)	89
tetrahydrozoline hcl (ophth) 0.05 % 172		THIAMINE HCL POWD	199	THYROID POWD 0.23 %	190
TETRAHYDROZOLINE HCL	89	thiamine hcl SOLN	199	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	190
tetrahydrozoline w/ zinc sulfate ..	172	thiamine hcl TABS 100 MG	199	tiagabine hcl	27
tetrahydrozoline-polyethylene glycol-zinc sulfate	172	THIAMINE MONONITRATE POWD XX	199	TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl extended release beads)	66
TEZRULY PO 1 MG/ML	45	thiamine mononitrate TABS 100 MG . 199		TIAZAC 240 MG (diltiazem hcl extended release beads)	66
TEZSPIRE SOAJ	19	THIMEROSAL POWD	59	ticagrelor 60 MG, 90 MG	127
TEZSPIRE SOSY	19	THIOGUANINE	89	TICARCILLIN-POT CLAVULANATE 89	
THALITONE	118	thioridazine hcl	58	TICE BCG	53
THEANINE	89	THIORIDAZINE HCL	89	TICOVAC	196
THEO-24 CP24	22	thiothixene	59	TIGAN SOLN	40
THEOBROMINE	89	THREONINE POWD XX	169	tigecycline	189
THEOPHYLLINE	95			TIGECYCLINE	189
THEOPHYLLINE ANHYDROUS ..	95			TIKOSYN (dofetilide)	18

timolol	170	tizanidine hcl CAPS	166	TOLSURA CAPS	41
timolol maleate (ophth) SOLG 0.25 %	170	tizanidine hcl TABS	166	tolterodine tartrate CP24	193
timolol maleate (ophth) SOLG	170	TLANDO CAPS	15	tolterodine tartrate TABS	193
timolol maleate (ophth) SOLN 0.5 % .	170	TM-DAILY VITE TABS	162	TOLTRAZURIL	89
timolol maleate (ophth) SOLN	170	TNKASE	127	TOLU BALSAM MISC	89
TIMOLOL MALEATE POWD	65	TOBI NEBU (tobramycin)	4	TOLUIDINE BLUE O POWD	89
timolol maleate TABS	65	TOBI PODHALER CAPS	4	TOMMY GEL	184
TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	170	TOBRADEX OINT	173	TOOMEY SYRINGE	147
TIMOPTIC SOLN (timolol maleate (ophth))	170	TOBRADEX ST SUSP	173	TOPAMAX SPRINKLE CPSP 15 MG (topiramate)	26
TIMOPTIC-XE SOLG (timolol maleate (ophth))	170	tobramycin (ophth) SOLN	171	TOPAMAX SPRINKLE CPSP 25 MG (topiramate)	26
TINACTIN CREA (tolnaftate)	105	TOBRAMYCIN	89	TOPAMAX TABS 100 MG (topiramate)	26
tinidazole	47	tobramycin NEBU	4	TOPAMAX TABS 200 MG (topiramate)	26
TINIDAZOLE	95	TOBRAMYCIN SULFATE POWD ..	4	TOPAMAX TABS 25 MG, 50 MG (topiramate)	26
tinidazole 500 MG	47	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML .	4	TOPICORT CREA (desoximetasone)	111
TINOARD TL	73	tobramycin sulfate SOLN IJ 2 GM/50ML	4	TOPICORT GEL (desoximetasone) 111	
tioconazole vaginal 6.5 %	197	tobramycin sulfate SOLR	4	TOPICORT OINT (desoximetasone) . 111	
tiotropium bromide monohydrate CAPS	19	tobramycin-dexamethasone SUSP 173		TOPICORT SPRAY LIQD (desoximetasone)	111
tirofiban hcl in sodium chloride ..	127	TOBREX OINT	171	TOPIDEX KIT	98
TISSEEL KIT	129	TOCOPHERYL ACID SUCC D-ALPHA	90	TOPIRAMATE	89
TISSEEL SOLN	129	TOCOTRIENOLS	89	topiramate CP24	26
TITANIUM DIOXIDE LIQD	89	TOFACITINIB CITRATE	89	topiramate CPSP 15 MG	26
TITANIUM DIOXIDE POWD	89	TOLAZOLINE HCL	89	topiramate CPSP 25 MG	26
TIVICAY PD TBSO	62	tolcapone	54	topiramate CPSP 50 MG	26
TIVICAY TABS 10 MG, 25 MG	62	tolmetin sodium CAPS	8	topiramate CS24	26
TIVICAY TABS 50 MG	62	tolmetin sodium TABS 600 MG	8		
TIZANIDINE HCL	89	tolnaftate CREA	105		
		TOLNAFTATE POWD XX	105		

topiramate TABS 100 MG 26	tramadol hcl TABS 50 MG 12	SOAJ SC 200 MG/2ML 123
topiramate TABS 200 MG 26	tramadol hcl TABS 75 MG, 100 MG 12	TREMFYA ONE-PRESS SOAJ 100 MG/ML 106
topiramate TABS 25 MG, 50 MG .. 26	tramadol hcl TB24 13	TREMFYA PEN SOAJ 100 MG/ML 106
TOPROL XL TB24 200 MG (metoprolol succinate) 65	tramadol-acetaminophen 14	TREMFYA PEN SOAJ SC 200 MG/2ML 123
TOPROL XL TB24 25 MG, 50 MG, 100 MG (metoprolol succinate) 65	trandolapril 1 MG, 2 MG 45	TREMFYA SOLN IV 123
toremifene citrate 52	trandolapril 4 MG 45	TREMFYA SOSY SC 123
torsemide TABS 20 MG 118	trandolapril-verapamil hcl 47	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML 37
torsemide TABS 5 MG, 10 MG, 100 MG 118	TRANEXAMIC ACID 89	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML 37
TOSYMRA 152	tranexamic acid SOLN 1000 MG/10ML 129	TRESIBA SOLN 37
TOUJEO MAX SOLOSTAR SOPN 37	tranexamic acid TABS 129	tretinoin CREA 0.025 %, 0.05 %, 0.1 % 103
TOUJEO SOLOSTAR SOPN 37	TRANEXAMIC ACID-NACL 129	tretinoin GEL 0.01 % 103
TOVET 111	tranexamic acid-sodium chloride 129	tretinoin GEL 0.025 % 103
TOVIAZ (fesoterodine fumarate) 193	TRANILAST CRYST 89	tretinoin GEL 0.05 % 103
TPN ELECTROLYTES CONC ... 154	TRANILAST POWD 89	tretinoin microsphere 103
TRACER II 3 VOLT BATTERY MISC 142	TRANSDERMAL PAIN BASE CREA . 184	TRETINOIN POWD 103
TRACLEER TABS (bosentan) 68	TRANSDERM-SCOP (scopolamine) 40	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG 51
TRACLEER TBSO 68	tranylcypromine sulfate 28	TRIAKETIN 89
TRADJENTA 33	TRAVATAN Z SOLN (travoprost) 174	TRIAMCINOLONE 89
TRAGACANTH POWD 183	travoprost SOLN 174	triamcinolone acetonide (mouth) 159
TRALEMENT 156	TRAZIMERA 150 MG 52	triamcinolone acetonide (nasal) AERO 167
TRAMADOL HCL 89	TRAZIMERA 420 MG 52	triamcinolone acetonide (topical) AERS 111
tramadol hcl CP24 100 MG, 200 MG, 300 MG 12	TRAZODONE HCL POWD 30	triamcinolone acetonide (topical) CREA 0.025 % 111
TRAMADOL HCL SOLN (tramadol hcl) 12	trazodone hcl TABS 300 MG 30	triamcinolone acetonide (topical) CREA 0.1 % 111
tramadol hcl SOLN 12	trazodone hcl TABS 50 MG, 100 MG, 150 MG 30	
tramadol hcl TABS 25 MG 13	TRECATOR 51	
	TRELEGY ELLIPTA 21	
	TREMFYA CROHNS INDUCTION	

triamcinolone acetonide (topical) CREA 0.5 %	89 111	TRICLOSAN	90	TRIPONEL LIQD	101
triamcinolone acetonide (topical) LOTN	111	TRICOR TABS (fenofibrate)	44	TRIPONEL SYRP	101
triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %	111	TRIETHANOLAMINE LAURYL SULFATE	90	TRIPROLIDINE HCL	90
triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %	111	TRIETHANOLAMINE SALICYLATE . 90		TRISTART DHA	164
TRIAMCINOLONE ACETONIDE POWD	111	trifluoperazine hcl TABS	58	TRITON X-100	83
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML, 80 MG/ML	98	trifluridine	171	TRITTAB	183
triamcinolone acetonide SUSP 40 MG/ML	98	trihexyphenidyl hcl SOLN	54	TRITTAB PEPPERMINT ICE CONC . 180	
TRIAMCINOLONE DIACET MICRONIZE	98	trihexyphenidyl hcl TABS	54	TRIUMEQ PD TBSO	62
TRIAMCINOLONE DIACETATE ..	98	TRIJARDY XR	32	TRIUMEQ TABS	62
TRIAMCINOLONE HEXACETONIDE	89	TRIKAFTA TBPk	189	TRI-VI-FLOR	163
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	118	TRILEPTAL SUSP (oxcarbazepine) 26		TRI-VI-FLORO	163
triamterene & hydrochlorothiazide TABs 25 MG-37.5 MG	118	TRILEPTAL TABS (oxcarbazepine) 26		TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	163
triamterene & hydrochlorothiazide TABs 50 MG-75 MG	118	TRILIPIX (choline fenofibrate)	44	TRIZIVIR	62
triamterene CAPS	118	TRILOSTANE	90	TROKENDI XR CP24 (topiramate) 26	
TRIAMTERENE POWD	118	TRIMEPRAZINE TARTRATE	90	TROLAMINE	176
TRIAMVEX KIT EX 0.1 %	111	TRIMETHOBENZAMIDE HCL	90	tromethamine	152
triazolam	131	trimethobenzamide hcl CAPS	40	TROMETHAMINE	152
TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide)	47	TRIMETHOPRIM POWD	47	TROMETHAMINE	90
TRICHLORMETHIAZIDE	89	trimethoprim TABS	47	TROPICAL FUSION OS LIQD ...	180
TRICHLOROACETIC ACID CRYs	89	trimipramine maleate CAPS	31	TROPICAL FUSION WS LIQD ...	180
TRICHLOROACETIC ACID POWD		TRIMIPRAMINE MALEATE POWD 31		TROPICAL PUNCH FLAVOR LIQD 180	
		TRIMO-SAN	196	TROPICAMIDE POWD	170
		TRINTELLIX	30	tropicamide SOLN	170
		TRIOXSALEN	90	TROPOLONE	90
		TRIPLENNAMINE HCL	42	trospium chloride CP24	193
		TRIPENICOL C CREA	105	trospium chloride TABS	193
				TRUCLEAR STEVIA PLUS	89
				TRUE COMFORT INSULIN	

SYRINGE	147	TRULICITY	33	MG/ML-25 MG/ML-2.5 MG/ML ...	101
TRUE COMFORT PEN NEEDLES 147		TRUMENBA 0.5 ML	194	TUTTI FRUTTI CONCENTRATE CONC	180
TRUE COMFORT PRO INSULIN SYR	147	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)	62	TUTTI FRUTTI FLAVOR LIQD ...	180
TRUE COMFORT PRO PEN NEEDLES	147	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	62	TUTTI-FRUTTI FLAVOR LIQD ...	180
TRUE COMFORT SAFETY PEN NEEDLE	147	TRUXIMA	52	TUXARIN ER TB12	101
TRUE FOCUS BLOOD GLUCOSE METER DEVI	142	TRYPAN BLUE	177	TWINRIX SUSY	196
TRUE METRIX AIR GLUCOSE METER DEVI	142	TRYPSIN POWD	90	TWIRLA	96
TRUE METRIX AIR GLUCOSE METER KIT	143	TRYPTOPHAN POWD	169	TWYNEO	103
TRUE METRIX BLOOD GLUCOSE TEST STRP	116	TRYPTYR SOLN OP 0.003 % ...	174	TYBLUME CHEW	96
TRUE METRIX GO GLUCOSE METER KIT	143	TRYVIO	47	TYBOST	62
TRUE METRIX METER DEVI	143	TUBERSOL	114	TYENNE SOAJ	7
TRUE METRIX METER KIT	143	TUDORZA PRESSAIR	19	TYENNE SOLN	7
TRUE MULTIVITAMIN TABS	162	TULIVITE TABS	128	TYENNE SOSY	7
TRUE VITAMIN B1 TABS	199	TUMS CHEW (calcium carbonate (antacid))	16	TYLENOL CHILDRENS CHEWABLES CHEW (acetaminophen)	9
TRUE VITAMIN B6 TABS	199	TUMS LASTING EFFECTS CHEW (calcium carbonate (antacid))	16	TYLENOL CHILDRENS PAIN + FEVER SUSP (acetaminophen)	9
TRUELYTE SOLN	154	TUNA FLAVOR LIQD	180	TYLENOL CHILDRENS SUSP (acetaminophen)	9
TRUERESULT BLOOD GLUCOSE KIT	143	TUNA FLAVOR POWD	180	TYLENOL EXTRA STRENGTH TABS (acetaminophen)	9
TRUETRACK BLOOD GLUCOSE DEVI	143	TUNA TYPE FLAVOR OS LIQD .	180	TYLENOL FOR CHILDREN + ADULTS SUSP (acetaminophen) .	10
TRUETRACK BLOOD GLUCOSE KIT	143	TURMERIC	90	TYLENOL INFANTS PAIN+FEVER SUSP (acetaminophen)	10
TRUETRACK SMART SYSTEM KIT . 143		TURMERIC ROOT	90	TYLENOL TABS (acetaminophen)	10
TRULANCE	122	TURPENTINE	92	TYLOSIN TARTRATE	90
		TURPENTINE OIL	92	TYLOXAPOL	90
		TUSNEL PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML, 50 MG/5ML-5 MG/5ML-15 MG/5ML	101	TYMLOS	119
		TUSNEL-DM PEDIATRIC LIQD 1.25		TYPHIM VI SOLN	194
				TYPHIM VI SOSY	194

TYRVAYA	170	UNIFINE OTC PEN NEEDLES ..	147	urea CREA 20 %, 39 %, 41 %	111
UBIDECARENONE	95	UNIFINE PENTIPS	147	urea CREA 40 %	111
UBIQUINOL	90	UNIFINE PROTECT PEN NEEDLE .	147	UREA CREA	111
UBRELVY	150			UREA PEROXIDE	75
UCARE POLYMER JR-400 POWD	183	UNIFINE SAFECONTROL PEN		UREA POWD	90
		NEEDLE	147	URETRON D/S TABS 81.6 MG ...	48
UCERIS (budesonide (intrarectal))	15	UNISOM SLEEPTABS (doxylamine		URIBEL	48
		succinate (sleep))	130	URIDINE	90
UCERIS TB24 (budesonide)	98	UNISTIK 1	143	UROCIT-K 10 TBCR (potassium	
UDSX MEDICATED SYSTEM ...	116	UNISTIK 2	143	citrate (alkalinizer))	125
UDSXMP MEDICATED SYSTEM	116	UNISTIK 2 COMFORT	143	UROCIT-K 5 TBCR (potassium	
		UNISTIK 2 EXTRA	143	citrate (alkalinizer))	125
ULORIC (febuxostat)	126	UNISTIK 2 NEONATAL	143	URSO 250 TABS (ursodiol)	122
ULTICARE SYRINGE	147	UNISTIK 2 NORMAL	143	URSODIOL	90
ULTICARE TUBERCULIN SAFETY		UNISTIK 2 SUPER	143	ursodiol CAPS	122
SYR	147	UNISTIK 3	143	URSODIOL CAPS	122
ULTIGUARD SAFEPAK PEN		UNISTIK 3 COMFORT	143	ursodiol TABS 250 MG	122
NEEDLE	147	UNISTIK 3 EXTRA	143	ursodiol TABS 500 MG	122
ULTRABAG/DIANEAL PD-2/1.5%		UNISTIK 3 NEONATAL	143	USTEKINUMAB 130 MG/26ML ..	123
DEX	158	UNISTIK 3 NORMAL	143	USTEKINUMAB SOSY 45	
ULTRABAG/DIANEAL PD-2/2.5%		UNISTIK CZT COMFORT	143	MG/0.5ML, 90 MG/ML	106
DEX	158	UNISTIK CZT NORMAL	143	USTEKINUMAB-AEKN SOSY SC 45	
ULTRABAG/DIANEAL PD-		UNISTIK NORMAL	143	MG/0.5ML, 90 MG/ML	106
2/4.25%DEX	158	UNITUXIN	52	USTEKINUMAB-TTWE	106
ULTRABAG/DIANEAL/2.5%		UPLIZNA	157	UZEDY SUSY	57
DEXTROSE	158			VABYSMO SOLN	170
ULTRABAG/DIANEAL/4.25% DEX	158	UPSPRING STOMACH SETTLE		VAFSEO	128
		LOZG	157	VAGIFEM TABS (estradiol vaginal)	197
ULTRAVATE LOTN	111	UPTRAVI SOLR	68	VALACYCLOVIR HCL	90
ULTRAVIST 62 %, 77 %	116	UPTRAVI TABS	68	valacyclovir hcl 1 GM	63
umeclidinium-vilanterol	22	UPTRAVI TITRATION TBPk	68	valacyclovir hcl 500 MG	63
UNDECATREX CAPS	15	UREA BEAD	90		
UNDECYLENIC ACID	92				

VALCYTE TABS (valganciclovir hcl) . 62	VANACOF XP LIQD101	LIQD 180
VALERIAN ROOT POWD 90	VANADIUM90	VANILLA FLAVOR LIQD 180
valganciclovir hcl SOLR62	VANADYL SULFATE HYDRATE . 90	VANILLA OS LIQD 180
valganciclovir hcl TABS62	VANALICE GEL 114	VANILLIN CRYST90
VALINE POWD XX 169	VANCOCIN CAPS 125 MG (vancomycin hcl)48	VANILLIN FLAVOR POWD 180
VALIUM TABS (diazepam) 18	VANCOCIN CAPS 250 MG (vancomycin hcl)48	VANILLIN POWD90
VALPROATE SODIUM90	VANCOMYCIN HCL90	VANISHPOINT ALLERGY TRAY KIT147
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML28	vancomycin hcl CAPS 125 MG ...48	VANISHPOINT SAFETY SYRINGE . 147
valproate sodium SOLN PO 250 MG/5ML27	vancomycin hcl CAPS 250 MG ...48	VANISHPOINT SYRINGE 147
valproate sodium SOLN PO 250 MG/5ML28	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 %48	VANISHPOINT TUBERCULIN SYRINGE MISC 147
valproate sodium SOLN PO 500 MG/10ML28	VANCOMYCIN HCL IN NACL SOLN 1 GM/200ML-0.9 %, 500 MG/100ML-0.9 %, 750 MG/150ML-0.9 %48	VANOS CREA (fluocinonide)111
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VALPROIC ACID POWD 90	vancomycin hcl SOLR IV 1 GM ...48	VAPRISOL 121
valsartan SOLN45	VANCOMYCIN HCL SOLR IV 1 GM . 49	VAQTA 196
valsartan TABS 45	VANCOMYCIN HCL SOLR IV 1 GM . 49	VARDENAFIL HCL90
valsartan-hydrochlorothiazide47	VANCOMYCIN HCL SOLR IV 1.25 GM, 1.5 GM, 1.75 GM, 2 GM, 5 GM, 10 GM, 750 MG49	varafenil hcl TABS68
VALTOCO 10 MG DOSE LIQD24	vancomycin hcl SOLR IV 1.25 GM, 1.5 GM, 5 GM, 10 GM, 750 MG ...49	varafenil hcl TBP68
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML24	vancomycin hcl SOLR IV 500 MG .48	varenicline tartrate TABS 0.5 MG 188
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML24	VANCOMYCIN HCL SOLR IV 500 MG 49	varenicline tartrate TABS 1 MG .. 188
VALTOCO 5 MG DOSE LIQD24	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .48	varenicline tartrate TBP188
VALTRES 1 GM (valacyclovir hcl) .63	VANDAZOLE197	varenicline tartrate TBP189
VALTRES 500 MG (valacyclovir hcl) . 63	VANILLA BUTTERNUT FLAVOR	VARIBAR PUDDING PSTE PO .. 116
VANACOF 2 101		VARIVAX SUSR196
VANACOF CP LIQD101		VARIZIG SOLN175
VANACOF DMX LIQD101		VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...47
		vasopressin SOLN IV120
		VASOPRESSIN-SODIUM CHLORIDE SOLN 120

VASOSTRICT SOLN	120	VERAPAMIL HCL POWD	66	VESICARE LS SUSP	193
VASOTEC TABS (enalapril maleate) .	45	verapamil hcl SOLN 2.5 MG/ML ...	67	VESICARE TABS (solifenacin succinate)	193
VAXCHORA	194	verapamil hcl TABS	67	VEVYE SOLN	172
VAXNEUVANCE	195	verapamil hcl TBCR	67	VFEND SUSR (voriconazole)	41
VECTICAL (calcitriol (topical)) ...	107	VERASENS BLOOD GLUCOSE METER DEVI	143	VFEND TABS (voriconazole)	41
vecuronium bromide SOLR	167	VERASENS BLOOD GLUCOSE SYSTEM KIT	143	V-GO 20 KIT	143
VEEGUM	90	VEREGEN	103	V-GO 30 KIT	143
VEKLURY SOLR	64	VERELAN PM CP24 (verapamil hcl) .	67	V-GO 40 KIT	143
VELPHORO	124	VERIFINE PLUS PEN NEEDLE .	147	VIA MATRIX SHEE	114
VELSIPITY	123	VERISAFE SAFE STERILE SYRINGE	147	VIBATIV 750 MG	49
VELTASSA	158	VERISAFE SAFETY STERILE NEEDLE	147	VIBERZI	124
VEMLIDY	63	VERKAZIA EMUL	172	VICTORIAS SECRET VANILLA LACE	70
VENELEX OINT	114	VERQUVO	69	VICTOZA (liraglutide)	34
VENLAFAXINE BESYLATE ER ..	31	VERSABASE CREA	184	VIDARABINE	90
venlafaxine hcl CP24 150 MG	31	VERSABASE FOAM	184	vigabatrin PACK	27
venlafaxine hcl CP24 37.5 MG	31	VERSABASE GEL	184	vigabatrin TABS	27
venlafaxine hcl CP24 75 MG	31	VERSABASE HRT GEL	184	VIGAFYDE SOLN	27
venlafaxine hcl TABS	31	VERSABASE LOTN	184	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	171
venlafaxine hcl TB24 150 MG	31	VERSABASE SHAM	185	VIIBRYD TABS (vilazodone hcl) ...	30
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	31	VERSACLOZ SUSP	58	vilazodone hcl TABS	30
VENOFER	129	VERSAPENN (AG) ANHYDROUS GEL	185	VILTEPSO	167
VENTOLIN HFA AERS (albuterol sulfate)	22	VERSAPENN (AL) ANHYD LIPID GEL	185	VIMKUNYA SUSY IM 40 MCG/0.8ML	196
VEOZAH	120	VERSAPRO	185	VIMOVO (naproxen-esomeprazole magnesium)	8
verapamil hcl CP24 100 MG, 200 MG, 300 MG	66	VERSAPRO ANHYDROUS BASE 185		VIMPAT SOLN PO 10 MG/ML (lacosamide)	26
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	66	VERY BERRY OS LIQD	180	VIMPAT TABS (lacosamide)	26
VERAPAMIL HCL ER CP24 (verapamil hcl)	66			vinblastine sulfate SOLN	54

vinorelbine tartrate	54	RX/QUATREFOLIC	164	VIVA DHA CAPS	164
VINPOCETINE	90	VITAMEZ	128	VIVAGUARD INO CONTROL SOLUTION LIQD	143
VIKACE TABS	117	VITAMIN A ACETATE BEAD	90	VIVAGUARD INO GLUCOSE METER DEVI	143
VIRACEPT TABS 250 MG	62	VITAMIN A PALMITATE	90	VIVAGUARD INO SMART GLUC METER DEVI	143
VIRACEPT TABS 625 MG	62	VITAMIN A POWD	90	VIVAGUARD INO TEST STRIPS STRP	116
VIRAZOLE (ribavirin)	64	VITAMIN D2 + K1 SOLN	165	VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol) 121	
VIREAD POWD	62	VITAMIN D3 LIQD 2400 UNIT/ML, 1000000 UNIT/GM	75	VIVELLE-DOT PTTW 0.0375 MG/24HR (estradiol)	121
VIREAD TABS (tenofovir disoproxil fumarate)	62	VITAMIN D3 POWD	75	VIVITROL	39
VIREAD TABS	62	VITAMIN E	90	VIVJOA	41
VIRT-NATE DHA CAPS	164	VITAMIN E ACETATE	90	VIVOTIF	195
VIRT-PN DHA	164	vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG 199		VOGELXO GEL TD (testosterone) 15	
VISINE RED EYE COMFORT (tetrahydrozoline hcl (ophth))	172	VITAMIN E POWD	199	VOGELXO PUMP GEL TD (testosterone)	15
VISION HEALTH CAPS	161	VITAMIN E SUCCINATE	90	VOQUEZNA	193
VISION OPTIMIZER CAPS	161	VITAMIN K1 POWD	86	VOQUEZNA DUAL PAK	193
VISIPAQUE (iodixanol)	116	VITAMIN K2	83	VOQUEZNA TRIPLE PAK	193
VISTA ADVANCED AREDS2 FORMULA CAPS	161	VITAMIN/IRON MASKING AGENT LIQD	180	VORICONAZOLE	90
VISTA ADVANCED DRY EYE FORMULA CAPS	161	vitamins w/ lipotropics TABS	165	voriconazole SOLR	41
VISTARIL CAPS (hydroxyzine pamoate)	17	VITAPEARL	164	VORICONAZOLE SOLR	41
VITABEX CAPS	161	VITEYES AREDS 2 FORMULA +MULTI CAPS	161	voriconazole SUSR	41
VITABEX PLUS CAPS	161	VITEYES AREDS 2 FORMULA CAPS	161	voriconazole TABS	41
VITAFOL FE+	164	VITEYES CLASSIC ADVANCED CAPS	161	VORTEX HOLD CHMBR/MASK/CHILD DEVI	150
VITAFOL GUMMIES	164	VITEYES CLASSIC MACULAR SUPPOR CAPS	161	VORTEX HOLD CHMBR/MASK/TODDLER DEVI .150	
VITAFOL ULTRA	164	VITEYES CLASSIC+OMEGA-3 CAPS	161	VORTEX VALVE CHAMBER-PEDI	
VITAFOL-OB+DHA MISC	164	VITRASE SOLN	156		
VITAFOL-ONE CAPS	164				
VITAL-D RX	159				
VITAMEDMD ONE					

MASK DEVI	150	WAX, WHITE	183	WHITE WAX	183
VORTEX VALVED HOLDING CHAMBER DEVI	150	WAXY MAIZE STARCH N-200 ...	95	WHITE WILLOW BARK	90
VOSEVI	63	WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	2	WILD CHERRY FLAVOR LIQD ..	180
VOYDEYA TABS	126	WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	2	WILD CHERRY OS LIQD	180
VOYDEYA TBPk	126	WELCHOL PACK (colesevelam hcl) . 43		WILD CHERRY SD FLAVOR POWD 181	
VRAYLAR CAPS	55	WELCHOL TABS (colesevelam hcl) . 43		WILEY BASIC ELEMENTS BHRT BASE	185
VTAMA	107	WELIREG	52	WINLEVI	103
VUITY SOLN	170	WELLBUTRIN SR TB12 100 MG (bupropion hcl)	28	WINREVAIR	68
VUMERITY	187	WELLBUTRIN SR TB12 150 MG (bupropion hcl)	28	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ..	175
VUSION (miconazole-zinc oxide- white petrolatum)	105	WELLBUTRIN SR TB12 200 MG (bupropion hcl)	28	WINTERGREEN OIL OIL XX	112
VYALEV SOLN SC	55	WELLBUTRIN XL TB24 150 MG (bupropion hcl)	28	WITCH HAZEL	80
VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	120	WELLBUTRIN XL TB24 300 MG (bupropion hcl)	28	WITEPSOL PLLT	183
VYLOY	52	WESCAP-C DHA	164	WITEPSOL WAX	183
VYNDAMAX	69	WESCAP-PN DHA	164	XACIATO GEL	197
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VYTORIN (ezetimibe-simvastatin) 43		WESNATE DHA CAPS	164	XANAX TABS (alprazolam)	18
VYVANSE CAPS	1	WESTGEL DHA	164	XANTHAN GUM	183
VYVANSE CHEW	1	WEZLANA SOLN 45 MG/0.5ML .	107	XARELTO STARTER PACK TBPk 22	
VYVGART HYTRULO SC	156	WEZLANA SOSY	107	XARELTO SUSR	22
VYZULTA	174	WHEY PROTEIN ISOLATE	90	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (rivaroxaban)	22
WA-001 EXPERIMENTAL SOIL SURFA	92	WHITE BEES WAX	183	XARELTO TABS	22
WAKIX	2	WHITE KIDNEY BEAN EXTRACT 90		XATMEP SOLN PO	51
WARFARIN SODIUM POWD	22	white petrolatum-mineral oil	169	XCOPRI (250 MG DAILY DOSE) TBPk	27
warfarin sodium TABS	22			XCOPRI (350 MG DAILY DOSE) TBPk	27
water for injection, sterile IJ	181			XCOPRI TABS	27
water for irrigation, sterile	157				
WATERMELON FLAVOR LIQD ..	180				

XCOPRI TBPK	27	XOLAIR SOSY	19	YLANG-YLANG OIL FRAGRANCE	75
XDEMVY	171	XOPENEX HFA (levalbuterol	22	YOHIMBINE HCL	90
XELJANZ SOLN	4	tartrate)		YORVIPATH	120
XELJANZ TABS	4	XPHOZAH	120	YUFLYMA (1 PEN) AJKT	6
XELJANZ XR TB24	4	XPOVIO (60 MG TWICE WEEKLY) .	53	YUFLYMA (2 PEN) AJKT	6
XELPROS EMUL	174	XPOVIO (80 MG TWICE WEEKLY) .	53	YUFLYMA (2 SYRINGE) PSKT	6
XELSTRYM	1			YUFLYMA-CD/UC/HS STARTER	
XEMBIFY	175	XROMI SOLN PO 100 MG/ML ...	127	AJKT	6
XENAZINE (tetrabenazine)	186	XULTOPHY	32	YUPELRI	19
XENON XE 133	115	XYLAZINE HCL	90	YUSIMRY	6
XEOMIN	167	XYLIDERM	113	ZADITOR 0.035 % (ketotifen	
XEPI	104	XYLITOL	90	fumarate (ophth))	174
XERAC AC	113	XYLOCAINE-MPF/EPINEPHRINE		zafirlukast	19
XERAVA	189	SOLN	133	zaleplon 10 MG	131
XERESE	107	XYLOMETAZOLINE HCL	90	zaleplon 5 MG	131
XHANCE EXHU	167	XYOSTED SOAJ	15	ZANAFLEX CAPS (tizanidine hcl)	
XIFAXAN	47	XYWAV	185	166	
XIFYRM SOLN IV 30 MG/ML	8	YALE DISP NEEDLES	147	ZANAFLEX TABS 4 MG (tizanidine	
XIGDUO XR (dapagliflozin		YASMIN 28 (drospirenone-ethinyl		hcl)	166
propanediol-metformin hcl)	32	estradiol)	96	ZANOSAR	51
XIGDUO XR 1000 MG-2.5 MG, 500		YAZ (drospirenone-ethinyl estradiol)		ZARONTIN CAPS (ethosuximide) .	27
MG-10 MG, 500 MG-5 MG	32	96		ZARONTIN SOLN (ethosuximide) .	27
XIIDRA	172	YCANTH SOLN	112	ZARXIO	128
XILOGEL	90	YEAST EXTRACT	90	ZAVZPRET	150
XOFIGO	53	YELLOW PETROLATUM	185	ZEAXANTHIN	90
XOFLUZA (40 MG DOSE) 40 MG .	64	YELLOW WAX	183	ZEGALOGUE SOAJ	33
XOFLUZA (80 MG DOSE) 80 MG .	64	YESCARTA	52	ZEGALOGUE SOSY	33
XOLAIR SOAJ	19	YESINTEK SOLN 45 MG/0.5ML .	107	ZEGERID CAPS (omeprazole-	
XOLAIR SOLR	19	YESINTEK SOSY	107	sodium bicarbonate)	193
XOLAIR SOSY 75 MG/0.5ML, 150		YEZTUGO TABS PO 300 MG	62	ZEGERID PACK (omeprazole-	
MG/ML	19	YF-VAX INJ	196	sodium bicarbonate)	193

ZELAPAR TBDP	55	ZIAGEN SOLN (abacavir sulfate) ..	62	ziprasidone hcl	55
ZELSUVMI GEL EX 10.3 %	107	ZIAGEN TABS (abacavir sulfate) ..	62	ziprasidone mesylate	55
ZEMAIRA SOLR 4000 MG, 5000 MG	189	ZIANA (clindamycin phosphate- tretinoin)	103	ZIRABEV	52
ZEMBRACE SYMTOUCH SOAJ ..	152	zidovudine CAPS	62	ZIRCONIUM OXIDE	91
ZEMDRI	4	zidovudine SYRP	62	ZIRGAN GEL	171
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	117	zidovudine TABS	62	ZITHROMAX PACK	133
ZEPATIER	63	ZIEXTENZO	128	ZITHROMAX SUSR 100 MG/5ML (azithromycin)	133
ZEPBOUND SOAJ	2	zileuton TB12	19	ZITHROMAX SUSR 200 MG/5ML (azithromycin)	133
ZEPBOUND SOLN	2	ZIMHI SOSY	39	ZITHROMAX TABS 250 MG (azithromycin)	133
ZEPOSIA 7-DAY STARTER PACK CPPK	187	ZINC ACETATE	159	ZITHROMAX TABS 500 MG (azithromycin)	133
ZEPOSIA CAPS	187	ZINC ACETATE	90	ZITHROMAX TRI-PAK TABS (azithromycin)	133
ZEPOSIA STARTER KIT CPPK ..	187	ZINC CHLORIDE GRAN	90	ZITHROMAX Z-PAK TABS (azithromycin)	133
ZEPZELCA	51	zinc chloride SOLN	156	ZITUVIMET TABS	32
ZERBAXA	69	ZINC CITRATE	91	ZITUVIMET XR TB24	32
ZERVIAE	174	ZINC GLUCONATE POWD	91	ZITUVIO	33
ZESTORETIC (lisinopril & hydrochlorothiazide)	47	ZINC MONOMETHIONINE	91	ZMA CLEAR SUSP	103
ZESTRIL TABS (lisinopril)	45	zinc oxide (topical) OINT 20 % ...	113	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	44
ZETIA (ezetimibe)	44	ZINC OXIDE	91	ZOLGENSMA 10.1-10.5 KG	167
ZETONNA AERS	167	ZINC PICOLINATE	91	ZOLGENSMA 10.6-11.0 KG	167
ZEVASKYN SHEE EX	114	ZINC PYRITHIONE	86	ZOLGENSMA 11.1-11.5 KG	167
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (bisoprolol & hydrochlorothiazide)	47	ZINC STEARATE	183	ZOLGENSMA 11.6-12.0 KG	167
		ZINC SULFATE GRAN	156	ZOLGENSMA 12.1-12.5 KG	167
		ZINC SULFATE HEPTAHYDRATE 156		ZOLGENSMA 12.6-13.0 KG	167
		ZINC SULFATE MONOHYDRATE 156		ZOLGENSMA 13.1-13.5 KG	167
		zinc sulfate SOLN	156	ZOLGENSMA 2.6-3.0 KG	167
		ZINC UNDECYLENATE	91		
		ZINCTRAL PSTE	113		
		ZIOPTAN (tafluprost)	174		

ZOLGENSMA 3.1-3.5 KG167	152	ZYPITAMAG 2 MG, 4 MG 44
ZOLGENSMA 3.6-4.0 KG167	ZONISADE SUSP26	ZYPREXA TABS 15 MG, 20 MG (olanzapine)58
ZOLGENSMA 4.1-4.5 KG167	ZONISAMIDE 91	ZYPREXA TABS 2.5 MG, 5 MG (olanzapine)58
ZOLGENSMA 4.6-5.0 KG167	zonisamide CAPS26	ZYPREXA TABS 20 MG (olanzapine)58
ZOLGENSMA 5.1-5.5 KG167	ZORTRESS (everolimus (immunosuppressant))157	ZYPREXA TABS 7.5 MG, 10 MG (olanzapine)58
ZOLGENSMA 5.6-6.0 KG167	ZORYVE CREA EX113	ZYPREXA ZYDIS TBDP (olanzapine)58
ZOLGENSMA 6.1-6.5 KG168	ZORYVE FOAM EX 113	ZYRTEC CHEW 10 MG (cetirizine hcl) 42
ZOLGENSMA 6.6-7.0 KG168	ZOSIL 185	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (cetirizine hcl)42
ZOLGENSMA 7.1-7.5 KG168	ZOSYN176	ZYRTEC-D ALLERGY & CONGESTION (cetirizine- pseudoephedrine) 101
ZOLGENSMA 7.6-8.0 KG168	ZOVIRAX CREA (acyclovir topical) 107	ZYRTEC-D ALLERGY & SINUS (cetirizine-pseudoephedrine) 101
ZOLGENSMA 8.1-8.5 KG168	ZOVIRAX OINT (acyclovir topical) 107	ZYTIGA (abiraterone acetate)52
ZOLGENSMA 8.6-9.0 KG168	ZTALMY26	ZYVOX SOLN49
ZOLGENSMA 9.1-9.5 KG168	ZTLIDO PTCH113	
ZOLGENSMA 9.6-10.0 KG 168	ZUBSOLV SUBL15	
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zolmitriptan TABS 152	ZUSDURI SOLR IS53	
zolmitriptan TBDP 152	ZYCLARA (imiquimod)112	
ZOLOFT CONC (sertraline hcl) ...30	ZYCLARA PUMP (imiquimod) ...112	
ZOLOFT TABS 100 MG (sertraline hcl) 30	ZYCLARA PUMP 112	
ZOLOFT TABS 25 MG, 50 MG (sertraline hcl)30	ZYFLO TABS 19	
ZOLPIDEM TARTRATE CAPS ...131	ZYLET173	
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