Preferred Drug List

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

Preferred 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 (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATC provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Manager of 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: ATC.MBRSVC@centene.com.

If you believe that ATC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

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

Language Services

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

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

أذا كانت لغتك الاساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجانا.اتصل على الرقم:
1-866-433-6041(رقم هاتف الصم والبكم 711)

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

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

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

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

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-866-433-6041 (TTY: 711)**

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

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

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

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

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

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

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

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၌အတွက် 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.

Preferred Drug List (PDL)

The Absolute Total Care PDL is the list of covered drugs. The PDL applies to drugs you can receive at retail pharmacies. The Absolute Total Care PDL is reviewed often by the Absolute Total Care Pharmacy and Therapeutics (P&T) Committee to make sure the use of medicines is appropriate.

The P&T Committee is made up of the Absolute Total Care Medical Director, Absolute Total Care Pharmacy Director, and many South Carolina physicians, pharmacists, and other healthcare professionals.

Pharmacy Benefit Manager

Absolute Total Care works with Pharmacy Services to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care PDL may require PA. Pharmacy Services is responsible for the PA process. CVS 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; and
- Gives you information, materials, and ongoing support to help you take the drugs to manage your health condition.
- Hepatitis C agents.

Any member of Absolute Total Care requesting a hepatitis C agent should have their physician send a PA request to:

- Pharmacy Services:
  Phone: 1-866-399-0928
  Fax: 1-833-982-4001

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 PDL drugs. A total of 90% of the days' supply must have passed before the prescription can be refilled for controlled substances and narcotic PDL 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 PDL 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 PDL have not worked.

PA requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Absolute Total Care P&T Committee. If the request is approved, Pharmacy Services notifies the provider by fax. If the information provided does not meet the criteria for the requested medicine, Absolute Total Care will let the member and their provider know. They will also provide alternative options and send information about the appeal process.

Step Therapy

Sometimes Absolute Total Care requires you to do step therapy. This means you will have to try medicines in the PDL 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 PDL 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 PDL. 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 PDL treat most medical conditions.

For a MN request, Absolute Total Care requires:

- Documented failure of at least two PDL 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 PDL 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 PDL drugs for the indication.

These requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Absolute Total Care P&T Committee. If the request is approved, Pharmacy Services notifies the provider by fax. If the information provided does not meet the criteria for the requested medicine, Absolute Total Care will let the member and their provider know. We will also provide alternative options and send information about the appeal process.

Emergency Supply Policy

State and federal law require that a pharmacy fill a 72-hour supply of PDL 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 CVS Pharmacy Help Desk **at 1-844-297-0512.**

Exclusions

The following drug categories are not part of the Absolute Total Care PDL. They are 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 PDL); or
- Infusion supplies.

Newly-Approved Products

Absolute Total Care reviews new drugs before adding them to the PDL. 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 PDL. 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.

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 them 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 onetime fill of their medicine. All necessary prescriptions are required to be filled on the same day for a maximum of 31 days' supply.

Copayments

Absolute Total Care only charges $3.40 for each prescription. Providers are responsible for collecting the copayment. Providers must provide service whether a member can pay or not. If a member is not able to pay at the time of service, the member is still responsible for the copayment. The following are categories of Medicaid members that are exempt from copayment:

- From birth to the date of their 19th birthday;
- Living in long-term care facilities;
- Receiving hospice care;
- Family planning prescriptions;
- During pregnancy;
- Enrolled in South Carolina Department of Disabilities and Special Needs' Mental Retardation or Related Disabilities or Head and Spinal Cord Injuries waiver program; and
- Enrolled in DHHS VENT, HIV/AIDS, SC Choice, or elderly and disabled waiver program.

Absolute Total Care will waive copays for all members on designated PDL agents in the following categories:

- Asthma;
- Chronic Obstructive Pulmonary Disorder (COPD); and
- Diabetes.

Any member who gets a prescription for an asthma, COPD, or diabetes medication that is on the PDL will have a $0.00 copay for those medications.

Absolute Total Care will waive copays for all members who obtain a prescription for any tobacco cessation products on the PDL.

Drug Tiers

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

P:	Preferred drug product
NP:	Non-preferred drug product

Abbreviations

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

AL:	Age Limit	Drug is limited to a 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 a maximum five-day supply for short-acting opioids or prior authorization required. Exceptions exist for specific diagnoses and/or history of use.
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 forms.
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.

Contact Information		
Absolute Total care	Phone:	1-866-433-6041
	Fax:	1-855-865-9469
	Website:	absolutetotalcare.com
AcariaHealth Specialty Pharmacy	Phone:	1-855-535-1815
	Fax:	1-855-217-0926
	Website:	www.acariahealth.com
Absolute Total Care Pharmacy Services	PA Phone:	1-866-399-0928
	PA Fax:	1-833-982-4001
	Help Desk:	1-800-460-8988
CVS Pharmacy Help Desk	Phone:	1-844-297-0512

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (*amphetamine-dextroamphetamine*)	NP	QL(2 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 (*amphetamine-dextroamphetamine*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	P	QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (*dextroamphetamine sulfate*)	NP	QL(2 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG (*dextroamphetamine sulfate*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 10 mg, 15 mg	P	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 5 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate tabs 10 mg, 5 mg	P	QL(2 ea daily); AL(At least 3 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	P	ST; QL(1 ea daily)
Analeptics		
caffeine citrate soln or 20 mg/ml, 60 mg/3ml	P	Limit 2 fills per Lifetime;QL(45 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps	P	ST; AL(At least 6 yrs old)
clonidine hcl (adhd) tb12	P	
guanfacine hcl (adhd) tb24	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (*guanfacine hcl (adhd)*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (*clonidine hcl (adhd)*)	NP	
STRATTERA CAPS (*atomoxetine hcl*)	NP	ST; AL(At least 6 yrs old)
Stimulants - Misc.		
CONCERTA TBCR 18 MG, 27 MG, 54 MG (*methylphenidate hcl*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (*methylphenidate hcl*)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (*dexmethylphenidate hcl*)	NP	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl cpcr 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tabs 10 mg, 20 mg	P	QL(3 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tabs 5 mg	P	QL(6 ea daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl tb24 18 mg, 27 mg, 54 mg	P	QL(1 ea daily)
methylphenidate hcl tb24 36 mg	P	QL(2 ea daily)
methylphenidate hcl tbcr 10 mg, 20 mg, 36 mg	P	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcr 18 mg, 27 mg, 54 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (*methylphenidate hcl*)	NP	QL(3 ea daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (*methylphenidate hcl*)	NP	QL(6 ea daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	P	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	P	QL(1 ea daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - B's		
Alternative Medicine - G's		
ginger (zingiber officinalis) caps 250 mg	P	QL(4 ea daily)
Alternative Medicine - M's		
melatonin tabs or 3 mg, 5 mg	P	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
neomycin sulfate tabs	P	
tobramycin sulfate soln	P	PA
tobramycin sulfate solr	P	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	PA; SP
HUMIRA PEN PNKT	P	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	PA; SP
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	P	PA; SP
HUMIRA PSKT	P	PA; SP
SIMPONI ARIA SOLN	P	PA; SP
SIMPONI SOAJ	P	PA; SP
SIMPONI SOSY	P	PA; SP
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS 1 MG, 2 MG	P	PA; SP
XELJANZ TABS 10 MG, 5 MG	P	PA; SP
XELJANZ XR TB24	P	PA; SP
Antirheumatic Antimetabolites		
METHOTREXATE TABS	P	
OTREXUP SOAJ	P	PA; SP
RASUVO SOAJ	P	PA; SP
Interleukin-6 Receptor Inhibitors		
KEVZARA SOAJ	P	PA; SP
KEVZARA SOSY	P	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		

Drug Name	Drug Tier	Requirements/ Limits
ADVIL TABS (*ibuprofen*)	NP	
ALEVE ARTHRITIS TABS (*naproxen sodium*)	NP	QL(2 ea daily)
ALEVE TABS (*naproxen sodium*)	NP	QL(2 ea daily)
ANAPROX DS TABS (*naproxen sodium*)	NP	
CELEBREX CAPS (*celecoxib*)	NP	PA; QL(2 ea daily)
celecoxib caps	P	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP (*ibuprofen*)	NP	RX/OTC
CHILDRENS MOTRIN SUSP (*ibuprofen*)	NP	RX/OTC
DAYPRO TABS (*oxaprozin*)	NP	
diclofenac potassium tabs 50 mg	P	
diclofenac sodium tb24	P	
diclofenac sodium tbec	P	
EC-NAPROSYN TBEC (*naproxen*)	NP	QL(2 ea daily)
etodolac caps	P	
etodolac tabs	P	
etodolac tb24	P	
FELDENE CAPS (*piroxicam*)	NP	
flurbiprofen tabs	P	
ibuprofen chew 100 mg	P	
ibuprofen susp 100 mg/5ml	P	RX/OTC
ibuprofen susp 40 mg/ml, 50 mg/1.25ml	P	
ibuprofen tabs 400 mg, 600 mg, 800 mg, 200 mg	P	
indomethacin caps 25 mg, 50 mg	P	
indomethacin cpcr 75 mg	P	
INFANTS ADVIL SUSP (*ibuprofen*)	NP	
ketoprofen caps 50 mg, 75 mg	P	
ketoprofen cp24 200 mg	P	
ketorolac tromethamine tabs or 10 mg	P	QL(20 ea per 31 days retail); AL(At least 17 yrs old)
LODINE TABS (*etodolac*)	NP	
meloxicam tabs 15 mg, 7.5 mg	P	
MOBIC TABS (*meloxicam*)	NP	
MOTRIN CHILDRENS CHEW (*ibuprofen*)	NP	
MOTRIN INFANTS DROPS SUSP (*ibuprofen*)	NP	
nabumetone tabs	P	
NAPROSYN SUSP (*naproxen*)	NP	
NAPROSYN TABS (*naproxen*)	NP	
naproxen sodium tabs 220 mg	P	QL(2 ea daily)
naproxen sodium tabs 275 mg, 550 mg	P	
naproxen susp 125 mg/5ml	P	
naproxen tabs 250 mg, 375 mg, 500 mg	P	
naproxen tbec 375 mg, 500 mg	P	QL(2 ea daily)
oxaprozin tabs	P	
piroxicam caps	P	
sulindac tabs	P	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA TBPK	P	PA; SP
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (*leflunomide*)	NP	QL(1 ea daily)
leflunomide tabs	P	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	P	PA; SP
ENBREL SOLN	P	PA; SP
ENBREL SOLR	P	PA; SP
ENBREL SOSY	P	PA; SP
ENBREL SURECLICK SOAJ	P	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs 325 mg-50 mg, 50 mg-325 mg	P	
butalbital-acetaminophen-caffeine caps 40 mg-50 mg-325 mg	P	QL(4 ea daily)
butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg	P	QL(4 ea daily)
butalbital-aspirin-caffeine caps	P	QL(4 ea daily)
BUTALBITAL/ASPIRIN/CAFFEINE TABS	P	QL(4 ea daily)
ESGIC TABS (*butalbital-acetaminophen-caffeine*)	NP	QL(4 ea daily)
FIORINAL CAPS (*butalbital-aspirin-caffeine*)	NP	QL(4 ea daily)
Analgesics Other		
acetaminophen chew or 80 mg, 160 mg	P	
acetaminophen elix or 160 mg/5ml, 80 mg/2.5ml	P	
acetaminophen liqd or 160 mg/5ml	P	
acetaminophen soln or 100 mg/ml	P	QL(30 ml per fill retail)
acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	P	QL(240 ml per fill retail)
acetaminophen supp re 650 mg, 120 mg	P	QL(12 ea per 31 days retail)
acetaminophen susp or 160 mg/5ml, 650 mg/20.3ml, 80 mg/2.5ml	P	
acetaminophen tabs or 325 mg, 500 mg	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per 31 days retail)
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (*acetaminophen*)	NP	
TYLENOL CHILDRENS PAIN +FEVER SUSP (*acetaminophen*)	NP	
TYLENOL CHILDRENS SUSP (*acetaminophen*)	NP	
TYLENOL EXTRA STRENGTH TABS (*acetaminophen*)	NP	
TYLENOL FOR CHILDREN/ADULTS SUSP (*acetaminophen*)	NP	
TYLENOL INFANTS PAIN+FEVER SUSP (*acetaminophen*)	NP	
TYLENOL TABS (*acetaminophen*)	NP	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide) tabs	P	
aspirin chew or 81 mg	P	
ASPIRIN SUPP RE 300 MG, 600 MG	P	QL(12 ea per 31 days retail)
aspirin tabs or 325 mg	P	
aspirin tbec or 325 mg, 81 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
BUFFERIN TABS (*aspirin buffered (cal carb-mag carb-mag oxide*))	NP	
diflunisal tabs	P	
ECOTRIN MAXIMUM STRENGTH TBEC	NP	
ECOTRIN REGULAR STRENGTH TBEC (*aspirin*)	NP	
ECOTRIN TBEC (*aspirin*)	NP	
salsalate tabs	P	
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW	NP	
ST JOSEPH ADULT CHEW	NP	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
CODEINE SULFATE TABS 15 MG, 60 MG	P	Opioid Smart PA;AL(At least 12 yrs old)
codeine sulfate tabs 30 mg	P	Opioid Smart PA;AL(At least 12 yrs old)
DILAUDID TABS OR 2 MG (*hydromorphone hcl*)	NP	Opioid Smart PA;QL(8 ea daily)
DILAUDID TABS OR 4 MG (*hydromorphone hcl*)	NP	Opioid Smart PA
DILAUDID TABS OR 8 MG (*hydromorphone hcl*)	NP	Opioid Smart PA;QL(4 ea daily)
DURAGESIC PT72 (*fentanyl*)	NP	Opioid Smart PA;QL(0.34 ea daily)
fentanyl pt72 td 12 mcg/hr, 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	P	Opioid Smart PA;QL(0.34 ea daily)
HYDROMORPHONE HCL SUPP RE 3 MG	P	Opioid Smart PA;QL(2 ea daily)
hydromorphone hcl tabs or 2 mg	P	Opioid Smart PA;QL(8 ea daily)
hydromorphone hcl tabs or 4 mg	P	Opioid Smart PA
hydromorphone hcl tabs or 8 mg	P	Opioid Smart PA;QL(4 ea daily)
meperidine hcl soln or 50 mg/5ml	P	Opioid Smart PA
meperidine hcl tabs or 50 mg	P	Opioid Smart PA;QL(6 ea daily)
methadone hcl tabs or 10 mg	P	PA; QL(10 ea daily)
methadone hcl tabs or 5 mg	P	PA; QL(4 ea daily)
morphine sulfate soln or 10 mg/5ml, 20 mg/5ml	P	Opioid Smart PA;QL(16.67 ml daily)
morphine sulfate soln or 100 mg/5ml, 20 mg/ml	P	Opioid Smart PA
morphine sulfate supp re 10 mg, 20 mg, 30 mg, 5 mg	P	Opioid Smart PA;QL(0.78 ea daily)
morphine sulfate tabs or 15 mg, 30 mg	P	Opioid Smart PA;QL(6 ea daily)
morphine sulfate tbcr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	P	Opioid Smart PA;QL(3 ea daily)
MS CONTIN TBCR (*morphine sulfate*)	NP	Opioid Smart PA;QL(3 ea daily)
OXAYDO TABS 5 MG	P	Opioid Smart PA;QL(6 ea daily)
oxycodone hcl caps 5 mg	P	Opioid Smart PA;QL(6 ea daily)
oxycodone hcl conc 100 mg/5ml	P	Opioid Smart PA;QL(4 ml daily)
oxycodone hcl soln 5 mg/5ml	P	Opioid Smart PA

Drug Name	Drug Tier	Requirements/ Limits
oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	P	Opioid Smart PA;QL(6 ea daily)
ROXICODONE TABS (*oxycodone hcl*)	NP	Opioid Smart PA;QL(6 ea daily)
tramadol hcl tabs 50 mg	P	Opioid Smart PA;QL(8 ea daily); AL(At least 18 yrs old)
ULTRAM TABS (*tramadol hcl*)	NP	Opioid Smart PA;QL(8 ea daily); AL(At least 18 yrs old)
Opioid Combinations		
acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml	P	Opioid Smart PA;QL(30 ml daily); AL(At least 12 yrs old)
acetaminophen w/ codeine tabs 15 mg-300 mg, 60 mg-300 mg, 30 mg-300 mg, 300 mg-30 mg	P	Opioid Smart PA;QL(6 ea daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg, 325 mg-30 mg-40 mg-50 mg, 325 mg-50 mg-30 mg-40 mg	P	Opioid Smart PA;QL(4 ea daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod caps	P	Opioid Smart PA;QL(4 ea daily); AL(At least 12 yrs old)
FIORINAL/CODEINE #3 CAPS (*butalbital-aspirin-caffeine w/cod*)	NP	Opioid Smart PA;QL(4 ea daily); AL(At least 12 yrs old)
hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 325 mg/15ml-7.5 mg/15ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml	P	Opioid Smart PA;QL(180 ml daily)
hydrocodone-acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg	P	Opioid Smart PA;QL(6 ea daily)
hydrocodone-acetaminophen tabs 7.5 mg-325 mg	P	Opioid Smart PA;QL(8 ea daily)
NORCO TABS 5 MG-325 MG, 10 MG-325 MG (*hydrocodone-acetaminophen*)	NP	Opioid Smart PA;QL(6 ea daily)
NORCO TABS 7.5 MG-325 MG (*hydrocodone-acetaminophen*)	NP	Opioid Smart PA;QL(8 ea daily)
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN 5 MG/5ML-325 MG/5ML	P	Opioid Smart PA
oxycodone w/ acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg	P	Opioid Smart PA;QL(6 ea daily)
oxycodone-aspirin tabs	P	Opioid Smart PA;QL(6 ea daily)
PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (*oxycodone w/ acetaminophen*)	NP	Opioid Smart PA;QL(6 ea daily)
tramadol-acetaminophen tabs	P	Opioid Smart PA;QL(4 ea daily); AL(At least 18 yrs old)
ULTRACET TABS (*tramadol-acetaminophen*)	NP	Opioid Smart PA;QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
buprenorphine hcl subl sl 2 mg, 8 mg	P	PA
buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg	P	QL(3 ea daily); AL(At least 16 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl-naloxone hcl dihydrate film 2 mg-8 mg, 3 mg-12 mg	P	QL(2 ea daily); AL(At least 16 yrs old)
buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-0.5 mg	P	QL(12 ea daily); AL(At least 16 yrs old)
buprenorphine hcl-naloxone hcl dihydrate subl 2 mg-8 mg, 8 mg-2 mg	P	QL(3 ea daily); AL(At least 16 yrs old)
PROBUPHINE IMPLANT KIT IMPL	P	PA; SP
SUBLOCADE SOSY	P	SP
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-0.5 MG (*buprenorphine hcl-naloxone hcl dihydrate*)	NP	QL(3 ea daily); AL(At least 16 yrs old)
SUBOXONE FILM 2 MG-8 MG, 3 MG-12 MG (*buprenorphine hcl-naloxone hcl dihydrate*)	NP	QL(2 ea daily); AL(At least 16 yrs old)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24	P	QL(1 ea daily)
DEPO-TESTOSTERONE SOLN 200 MG/ML (*testosterone cypionate*)	NP	QL(4 ml per 31 days retail)
METHITEST TABS	P	
testosterone cypionate soln im 200 mg/ml	P	QL(4 ml per 31 days retail)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (*hydrocortisone (intrarectal*))	NP	
hydrocortisone (intrarectal) enem	P	
Rectal Combinations		
ANALPRAM-HC LOTN 1 %-2.5 %	P	QL(62 ml per 31 days retail)
phenylephrine-shark liver oil-cocoa butter supp	P	QL(12 ea per 31 days retail)
phenylephrine-shark liver oil-mineral oil-petrolatum oint	P	QL(60 gm per 31 days retail)
Rectal Steroids		
ANUSOL-HC CREA (*hydrocortisone (rectal*))	NP	
hydrocortisone (rectal) crea 2.5 %	P	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone liqd 120 mg/30ml-1200 mg/30ml-1200 mg/30ml, 20 mg/5ml-200 mg/5ml-200 mg/5ml	P	QL(24 ml daily)
alum & mag hydrox-simethicone susp 0.2 %-40 mg/10ml-400 mg/10ml-400 mg/10ml, 120 mg/30ml-1200 mg/30ml-1200 mg/30ml, 20 mg/5ml-20 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml, 200 mg/5ml-20 mg/5ml-200 mg/5ml, 200 mg/5ml-200 mg/5ml-20 mg/5ml	P	QL(24 ml daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP OR	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs	P	QL(3.34 ea daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) chew 500 mg	P	
TUMS CHEW (*calcium carbonate (antacid*))	NP	
TUMS LASTING EFFECTS CHEW (*calcium carbonate (antacid*))	NP	
Antacids - Magnesium Salts		

Drug Name	Drug Tier	Requirements/ Limits
magnesium oxide tabs 400 mg	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
EMVERM CHEW	P	QL(1 ea per fill retail)
pyrantel pamoate susp	P	QL(60 ml per fill retail)1 rtl MAX fill,31 rtl day(s) supply,
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS 500 MG (*metronidazole*)	NP	
metronidazole tabs or 250 mg, 500 mg	P	
TRIMETHOPRIM TABS	P	
trimethoprim tabs	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (*sulfamethoxazole-trimethoprim*)	NP	
BACTRIM TABS (*sulfamethoxazole-trimethoprim*)	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 40.8 mg-0.12 mg-10.8 mg-36.2 mg-81.6 mg, 40.8 mg-0.12 mg-81.6 mg-10.8 mg-36.2 mg	P	
sulfamethoxazole-trimethoprim susp or 200 mg/5ml-40 mg/5ml, 40 mg/5ml-200 mg/5ml	P	
sulfamethoxazole-trimethoprim tabs or 400 mg-80 mg, 80 mg-400 mg, 160 mg-800 mg, 800 mg-160 mg	P	
Glycopeptides		
FIRVANQ SOLR	P	QL(300 ml per fill retail)
VANCOCIN CAPS 125 MG (*vancomycin hcl*)	NP	QL(4 ea daily)
VANCOCIN CAPS 250 MG (*vancomycin hcl*)	NP	QL(8 ea daily)
vancomycin hcl caps or 125 mg	P	QL(4 ea daily)
vancomycin hcl caps or 250 mg	P	QL(8 ea daily)
vancomycin hcl solr iv 1 gm, 1000 mg	P	QL(14 ea per fill retail)
vancomycin hcl solr iv 500 mg	P	QL(14 ea per 31 days retail)
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	P	QL(300 ml per fill retail)
Leprostatics		
dapsone tabs	P	
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (*clindamycin hcl*)	NP	
CLEOCIN PEDIATRIC GRANULES SOLR (*clindamycin palmitate hydrochloride*)	NP	QL(300 ml per fill retail)
clindamycin hcl caps 150 mg, 300 mg	P	
clindamycin palmitate hydrochloride solr	P	QL(300 ml per fill retail)
Oxazolidinones		
SIVEXTRO TABS OR	P	PA; QL(6 ea per fill retail)
Urinary Anti-infectives		
MACROBID CAPS (*nitrofurantoin monohyd macro*)	NP	
MACRODANTIN CAPS 50 MG, 100 MG (*nitrofurantoin macrocrystal*)	NP	
methenamine mandelate tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
nitrofurantoin macrocrystal caps 50 mg, 100 mg	P	
nitrofurantoin monohyd macro caps	P	
nitrofurantoin susp	P	QL(40 ml daily)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (*isosorbide dinitrate*)	NP	
isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg	P	
isosorbide mononitrate tabs 10 mg, 20 mg	P	QL(2 ea daily)
isosorbide mononitrate tb24 120 mg, 30 mg, 60 mg	P	QL(1 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*nitroglycerin*)	NP	
nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg	P	
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	P	
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	P	
NITROSTAT SUBL (*nitroglycerin*)	NP	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl tabs 10 mg, 5 mg	P	QL(6 ea daily)
buspirone hcl tabs 15 mg	P	QL(4 ea daily)
buspirone hcl tabs 30 mg, 7.5 mg	P	QL(3 ea daily)
hydroxyzine hcl syrp or 10 mg/5ml	P	
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
hydroxyzine pamoate caps	P	
meprobamate tabs	P	
VISTARIL CAPS (*hydroxyzine pamoate*)	NP	
Benzodiazepines		
alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg	P	QL(3 ea daily)
ATIVAN TABS OR 0.5 MG, 2 MG (*lorazepam*)	NP	QL(3 ea daily)
ATIVAN TABS OR 1 MG (*lorazepam*)	NP	QL(4 ea daily)
chlordiazepoxide hcl caps	P	QL(4 ea daily)
clorazepate dipotassium tabs	P	QL(3 ea daily)
diazepam soln or 5 mg/5ml	P	
diazepam tabs or 10 mg, 2 mg, 5 mg	P	QL(4 ea daily)
lorazepam tabs or 0.5 mg, 2 mg	P	QL(3 ea daily)
lorazepam tabs or 1 mg	P	QL(4 ea daily)
oxazepam caps	P	QL(4 ea daily)
TRANXENE T TABS (*clorazepate dipotassium*)	NP	QL(3 ea daily)
VALIUM TABS (*diazepam*)	NP	QL(4 ea daily)
XANAX TABS (*alprazolam*)	NP	QL(3 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	P	
NORPACE CAPS (*disopyramide phosphate*)	NP	
NORPACE CR CP12 150 MG	P	
quinidine gluconate tbcr	P	
quinidine sulfate tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
Antiarrhythmics Type I-B		
mexiletine hcl caps	P	
Antiarrhythmics Type I-C		
flecainide acetate tabs	P	
propafenone hcl cp12	P	
propafenone hcl tabs	P	
RYTHMOL SR CP12 (*propafenone hcl*)	NP	
Antiarrhythmics Type III		
amiodarone hcl tabs or 200 mg	P	
dofetilide caps	P	
TIKOSYN CAPS (*dofetilide*)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium nebu	P	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	P	PA; SP
FASENRA SOSY	P	PA; SP
XOLAIR SOLR	P	PA; SP
XOLAIR SOSY	P	PA; SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
INCRUSE ELLIPTA AEPB	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
ipratropium bromide soln	P	QL(375 ml per 25 days retail)
TUDORZA PRESSAIR AEPB	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),

Drug Name	Drug Tier	Requirements/ Limits
Leukotriene Modulators		
montelukast sodium chew	P	QL(1 ea daily)
montelukast sodium pack	P	QL(1 ea daily)
montelukast sodium tabs	P	QL(1 ea daily)
SINGULAIR CHEW (*montelukast sodium*)	NP	QL(1 ea daily)
SINGULAIR PACK (*montelukast sodium*)	NP	QL(1 ea daily)
SINGULAIR TABS (*montelukast sodium*)	NP	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA AEPB	P	QL(1 ea daily)
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	P	QL(0.44 gm daily)
budesonide (inhalation) susp 0.25 mg/2ml, 0.5 mg/2ml	P	QL(120 ml per fill retail); AL(Up to 8 yrs old)
budesonide (inhalation) susp 1 mg/2ml	P	QL(60 ml per 31 days retail); AL(Up to 8 yrs old)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per 25 days retail); AL(Up to 12 yrs old)
FLOVENT HFA AERO 44 MCG/ACT	P	QL(11 gm per 25 days retail); AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA AERO 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per 25 days retail); AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA AERO 44 MCG/ACT	P	QL(11 gm per 25 days retail); AL(Up to 12 yrs old)
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (*budesonide (inhalation)*)	NP	QL(120 ml per fill retail); AL(Up to 8 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PULMICORT SUSP 1 MG/2ML (*budesonide (inhalation)*)	NP	QL(60 ml per 31 days retail); AL(Up to 8 yrs old)
QVAR REDIHALER AERB 40 MCG/ACT	P	QL(0.36 gm daily)
QVAR REDIHALER AERB 80 MCG/ACT	P	QL(0.72 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (*fluticasone-salmeterol*)	NP	QL(60 ea per 31 days retail); AL(At least 4 yrs old)
albuterol sulfate aers in 108 mcg/act	P	Limit: 1 inhaler per fill, 2 per month;QL(18 gm per fill retail,36 gm per 30 days retail)
albuterol sulfate aers in 108 mcg/act	P	QL(8.5 gm per fill retail,17 gm per 30 days retail)
albuterol sulfate aers in 108 mcg/act	P	QL(6.7 gm per fill retail,13.4 gm per 30 days retail)
albuterol sulfate aers in 108 mcg/act	P	Limit: 1 inhaler per fill, 2 per month;QL(8.5 gm per fill retail,17 gm per 30 days retail)
albuterol sulfate nebu in 0.083 %	P	QL(12.5 ml daily)
ALBUTEROL SULFATE NEBU IN 0.5 %	P	
albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml	P	
albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml	P	QL(375 ml per 31 days retail)
albuterol sulfate syrp or 2 mg/5ml	P	
albuterol sulfate tabs or 2 mg, 4 mg	P	
albuterol sulfate tb12 or 4 mg, 8 mg	P	
budesonide-formoterol fumarate dihydrate aero	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 31 days retail)
fluticasone-salmeterol aepb	P	QL(60 ea per 31 days retail); AL(At least 4 yrs old)
ipratropium-albuterol soln	P	QL(12 ml daily)
SEREVENT DISKUS AEPB	P	1 rtl pack lmt per fill,
terbutaline sulfate tabs or 2.5 mg, 5 mg	P	
Xanthines		
ELIXOPHYLLIN ELIX	P	
THEO-24 CP24	P	
theophylline soln 80 mg/15ml	P	QL(475 ml per fill retail)
theophylline tb12 300 mg, 450 mg	P	
theophylline tb24 400 mg, 600 mg	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium tabs	P	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
ELIQUIS TABS	P	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
enoxaparin sodium soln 300 mg/3ml	P	Max 42 syringes in 180 days;QL(126 ml per 180 days retail); SP
enoxaparin sodium sosy 100 mg/ml, 150 mg/ml	P	Max 42 syringes in 180 days;QL(42 ml per 180 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits
enoxaparin sodium sosy 120 mg/0.8ml, 80 mg/0.8ml	P	Max 42 syringes in 180 days;QL(33.6 ml per 180 days retail); SP
enoxaparin sodium sosy 30 mg/0.3ml	P	Max 42 syringes in 180 days;QL(12.6 ml per 180 days retail); SP
enoxaparin sodium sosy 40 mg/0.4ml	P	Max 42 syringes in 180 days;QL(16.8 ml per 180 days retail); SP
enoxaparin sodium sosy 60 mg/0.6ml	P	Max 42 syringes in 180 days;QL(25.2 ml per 180 days retail); SP
heparin sodium (porcine) soln	P	
HEPARIN SODIUM SOSY	P	
LOVENOX SOLN 300 MG/3ML (*enoxaparin sodium*)	NP	Max 42 syringes in 180 days;QL(126 ml per 180 days retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML (*enoxaparin sodium*)	NP	Max 42 syringes in 180 days;QL(42 ml per 180 days retail); SP
LOVENOX SOSY 120 MG/0.8ML, 80 MG/0.8ML (*enoxaparin sodium*)	NP	Max 42 syringes in 180 days;QL(33.6 ml per 180 days retail); SP
LOVENOX SOSY 30 MG/0.3ML (*enoxaparin sodium*)	NP	Max 42 syringes in 180 days;QL(12.6 ml per 180 days retail); SP
LOVENOX SOSY 40 MG/0.4ML (*enoxaparin sodium*)	NP	Max 42 syringes in 180 days;QL(16.8 ml per 180 days retail); SP
LOVENOX SOSY 60 MG/0.6ML (*enoxaparin sodium*)	NP	Max 42 syringes in 180 days;QL(25.2 ml per 180 days retail); SP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clonazepam tabs 0.5 mg, 1 mg, 2 mg	P	QL(4 ea daily)
DIASTAT ACUDIAL GEL (*diazepam (anticonvulsant)*)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT PEDIATRIC GEL (*diazepam (anticonvulsant)*)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
diazepam (anticonvulsant) gel	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
KLONOPIN TABS (*clonazepam*)	NP	QL(4 ea daily)
NAYZILAM SOLN	P	PA; QL(10 ea per 30 days retail)
VALTOCO LIQD	P	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	P	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		
carbamazepine chew 100 mg	P	
carbamazepine susp 100 mg/5ml, 200 mg/10ml	P	
carbamazepine tabs 200 mg	P	
carbamazepine tb12 100 mg, 200 mg, 400 mg	P	
gabapentin caps 100 mg, 300 mg, 400 mg	P	QL(9 ea daily)
gabapentin soln 250 mg/5ml, 300 mg/6ml	P	
gabapentin tabs 600 mg	P	QL(6 ea daily)
gabapentin tabs 800 mg	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA SOLN OR 100 MG/ML (*levetiracetam*)	NP	QL(16 ml daily)
KEPPRA TABS OR 1000 MG (*levetiracetam*)	NP	
KEPPRA TABS OR 250 MG, 750 MG (*levetiracetam*)	NP	QL(4 ea daily)
KEPPRA TABS OR 500 MG (*levetiracetam*)	NP	QL(6 ea daily)
KEPPRA XR TB24 (*levetiracetam*)	NP	ST
LAMICTAL CHEWABLE DISPERSIBLE CHEW (*lamotrigine*)	NP	
LAMICTAL TABS (*lamotrigine*)	NP	
LAMICTAL XR TB24 25 MG, 250 MG, 300 MG, 50 MG, 100 MG, 200 MG (*lamotrigine*)	NP	ST; QL(1 ea daily)
lamotrigine chew 25 mg, 5 mg	P	
lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg	P	
lamotrigine tb24 25 mg, 250 mg, 300 mg, 50 mg, 100 mg, 200 mg	P	ST; QL(1 ea daily)
levetiracetam soln or 100 mg/ml, 500 mg/5ml	P	QL(16 ml daily)
levetiracetam tabs or 1000 mg	P	
levetiracetam tabs or 250 mg, 750 mg	P	QL(4 ea daily)
levetiracetam tabs or 500 mg	P	QL(6 ea daily)
levetiracetam tb24 or 500 mg, 750 mg	P	ST
MYSOLINE TABS (*primidone*)	NP	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (*gabapentin*)	NP	QL(9 ea daily)
NEURONTIN SOLN 250 MG/5ML (*gabapentin*)	NP	
NEURONTIN TABS 600 MG (*gabapentin*)	NP	QL(6 ea daily)
NEURONTIN TABS 800 MG (*gabapentin*)	NP	QL(4 ea daily)
oxcarbazepine susp	P	
oxcarbazepine tabs	P	
primidone tabs	P	
TEGRETOL SUSP (*carbamazepine*)	NP	
TEGRETOL TABS (*carbamazepine*)	NP	
TEGRETOL-XR TB12 (*carbamazepine*)	NP	
TOPAMAX SPRINKLE CPSP 15 MG (*topiramate*)	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (*topiramate*)	NP	QL(8 ea daily)
TOPAMAX TABS 100 MG (*topiramate*)	NP	QL(4 ea daily)
TOPAMAX TABS 200 MG (*topiramate*)	NP	QL(2 ea daily)
TOPAMAX TABS 25 MG, 50 MG (*topiramate*)	NP	QL(6 ea daily)
topiramate cpsp 15 mg	P	QL(6 ea daily)
topiramate cpsp 25 mg	P	QL(8 ea daily)
topiramate tabs 100 mg	P	QL(4 ea daily)
topiramate tabs 200 mg	P	QL(2 ea daily)
topiramate tabs 25 mg, 50 mg	P	QL(6 ea daily)
TRILEPTAL SUSP (*oxcarbazepine*)	NP	
TRILEPTAL TABS (*oxcarbazepine*)	NP	
ZONEGRAN CAPS (*zonisamide*)	NP	
zonisamide caps	P	
Carbamates		
felbamate susp	P	
felbamate tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
FELBATOL SUSP (*felbamate*)	NP	
FELBATOL TABS (*felbamate*)	NP	
GABA Modulators		
GABITRIL TABS (*tiagabine hcl*)	NP	
tiagabine hcl tabs	P	
Hydantoins		
DILANTIN CAPS 100 MG (*phenytoin sodium extended*)	NP	
DILANTIN CAPS 30 MG	P	
DILANTIN INFATABS CHEW (*phenytoin*)	NP	
DILANTIN-125 SUSP (*phenytoin*)	NP	
phenytoin chew	P	
phenytoin sodium extended caps 100 mg	P	
phenytoin susp	P	
Succinimides		
ethosuximide caps	P	
ethosuximide soln	P	
ZARONTIN CAPS (*ethosuximide*)	NP	
ZARONTIN SOLN (*ethosuximide*)	NP	
Valproic Acid		
DEPAKOTE ER TB24 250 MG (*divalproex sodium*)	NP	QL(3 ea daily)
DEPAKOTE ER TB24 500 MG (*divalproex sodium*)	NP	QL(7 ea daily)
DEPAKOTE SPRINKLES CSDR (*divalproex sodium*)	NP	QL(8 ea daily)
DEPAKOTE TBEC 125 MG (*divalproex sodium*)	NP	QL(2 ea daily)
DEPAKOTE TBEC 250 MG (*divalproex sodium*)	NP	QL(3 ea daily)
DEPAKOTE TBEC 500 MG (*divalproex sodium*)	NP	QL(7 ea daily)
divalproex sodium csdr 125 mg	P	QL(8 ea daily)
divalproex sodium tb24 250 mg	P	QL(3 ea daily)
divalproex sodium tb24 500 mg	P	QL(7 ea daily)
divalproex sodium tbec 125 mg	P	QL(2 ea daily)
divalproex sodium tbec 250 mg	P	QL(3 ea daily)
divalproex sodium tbec 500 mg	P	QL(7 ea daily)
valproate sodium soln iv 100 mg/ml	P	PA
valproate sodium soln or 250 mg/5ml	P	
valproic acid caps or	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs 15 mg	P	QL(3 ea daily)
mirtazapine tabs 30 mg	P	QL(1.5 ea daily)
mirtazapine tabs 45 mg, 7.5 mg	P	QL(1 ea daily)
mirtazapine tbdp 15 mg	P	QL(3 ea daily)
mirtazapine tbdp 30 mg	P	QL(1.5 ea daily)
mirtazapine tbdp 45 mg	P	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (*mirtazapine*)	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (*mirtazapine*)	NP	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (*mirtazapine*)	NP	QL(1 ea daily)
REMERON TABS 15 MG (*mirtazapine*)	NP	QL(3 ea daily)
REMERON TABS 30 MG (*mirtazapine*)	NP	QL(1.5 ea daily)
Antidepressants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl tabs 100 mg, 75 mg	P	QL(3 ea daily)
bupropion hcl tb12 100 mg	P	QL(4 ea daily)
bupropion hcl tb12 150 mg	P	QL(3 ea daily)
bupropion hcl tb12 200 mg	P	QL(2 ea daily)
bupropion hcl tb24 150 mg	P	QL(3 ea daily)
bupropion hcl tb24 300 mg	P	QL(1 ea daily)
maprotiline hcl tabs	P	
WELLBUTRIN SR TB12 100 MG (*bupropion hcl*)	NP	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (*bupropion hcl*)	NP	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (*bupropion hcl*)	NP	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (*bupropion hcl*)	NP	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (*bupropion hcl*)	NP	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL TABS (*phenelzine sulfate*)	NP	
PARNATE TABS (*tranylcypromine sulfate*)	NP	
phenelzine sulfate tabs	P	
tranylcypromine sulfate tabs	P	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (*citalopram hydrobromide*)	NP	QL(4 ea daily)
CELEXA TABS 20 MG (*citalopram hydrobromide*)	NP	QL(2 ea daily); AL(At least 7 yrs old)
CELEXA TABS 40 MG (*citalopram hydrobromide*)	NP	QL(1 ea daily); AL(At least 7 yrs old)
citalopram hydrobromide soln 10 mg/5ml	P	
citalopram hydrobromide tabs 10 mg	P	QL(4 ea daily)
citalopram hydrobromide tabs 20 mg	P	QL(2 ea daily); AL(At least 7 yrs old)
citalopram hydrobromide tabs 40 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
escitalopram oxalate tabs or 10 mg	P	QL(2 ea daily); AL(At least 7 yrs old)
escitalopram oxalate tabs or 20 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
escitalopram oxalate tabs or 5 mg	P	QL(4 ea daily)
fluoxetine hcl caps 10 mg, 20 mg	P	QL(4 ea daily)
fluoxetine hcl caps 40 mg	P	QL(2 ea daily); AL(At least 7 yrs old)
fluoxetine hcl soln 20 mg/5ml	P	QL(120 ml per fill retail)
fluoxetine hcl tabs 10 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
fluoxetine hcl tabs 20 mg	P	QL(4 ea daily)
fluvoxamine maleate tabs 100 mg	P	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	P	QL(2 ea daily); AL(At least 7 yrs old)
LEXAPRO TABS 10 MG (*escitalopram oxalate*)	NP	QL(2 ea daily); AL(At least 7 yrs old)
LEXAPRO TABS 20 MG (*escitalopram oxalate*)	NP	QL(1 ea daily); AL(At least 7 yrs old)
LEXAPRO TABS 5 MG (*escitalopram oxalate*)	NP	QL(4 ea daily)
paroxetine hcl susp 10 mg/5ml	P	PA; QL(40 ml daily)
paroxetine hcl tabs 10 mg	P	QL(6 ea daily)
paroxetine hcl tabs 20 mg	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
paroxetine hcl tabs 30 mg, 40 mg	P	QL(2 ea daily); AL(At least 7 yrs old)
paroxetine hcl tb24 12.5 mg, 25 mg, 37.5 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
PAXIL CR TB24 (*paroxetine hcl*)	NP	QL(1 ea daily); AL(At least 7 yrs old)
PAXIL SUSP 10 MG/5ML (*paroxetine hcl*)	NP	PA; QL(40 ml daily)
PAXIL TABS 10 MG (*paroxetine hcl*)	NP	QL(6 ea daily)
PAXIL TABS 20 MG (*paroxetine hcl*)	NP	QL(3 ea daily)
PAXIL TABS 30 MG, 40 MG (*paroxetine hcl*)	NP	QL(2 ea daily); AL(At least 7 yrs old)
PROZAC CAPS 10 MG, 20 MG (*fluoxetine hcl*)	NP	QL(4 ea daily)
PROZAC CAPS 40 MG (*fluoxetine hcl*)	NP	QL(2 ea daily); AL(At least 7 yrs old)
sertraline hcl conc 20 mg/ml	P	QL(186 ml per 31 days retail)
sertraline hcl tabs 100 mg	P	QL(2 ea daily); AL(At least 7 yrs old)
sertraline hcl tabs 25 mg, 50 mg	P	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (*sertraline hcl*)	NP	QL(186 ml per 31 days retail)
ZOLOFT TABS 100 MG (*sertraline hcl*)	NP	QL(2 ea daily); AL(At least 7 yrs old)
ZOLOFT TABS 25 MG, 50 MG (*sertraline hcl*)	NP	QL(4 ea daily)
Serotonin Modulators		
nefazodone hcl tabs	P	
trazodone hcl tabs 150 mg, 100 mg, 50 mg	P	
trazodone hcl tabs 300 mg	P	QL(2 ea daily)
TRINTELLIX TABS	P	PA; QL(1 ea daily); AL(At least 18 yrs old)
VIIBRYD TABS	P	PA; QL(1 ea daily)
vilazodone hcl tabs	P	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (*duloxetine hcl*)	NP	QL(1 ea daily); AL(At least 7 yrs old)
desvenlafaxine succinate tb24 100 mg	P	QL(4 ea daily)
desvenlafaxine succinate tb24 25 mg, 50 mg	P	QL(1 ea daily)
duloxetine hcl cpep 20 mg, 60 mg, 30 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG (*venlafaxine hcl*)	NP	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (*venlafaxine hcl*)	NP	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (*venlafaxine hcl*)	NP	QL(5 ea daily)
PRISTIQ TB24 100 MG (*desvenlafaxine succinate*)	NP	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (*desvenlafaxine succinate*)	NP	QL(1 ea daily)
venlafaxine hcl cp24 150 mg	P	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	P	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	P	QL(5 ea daily)
venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	P	
venlafaxine hcl tb24 150 mg	P	QL(1 ea daily)
venlafaxine hcl tb24 225 mg, 75 mg, 37.5 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
Tricyclic Agents		

Drug Name	Drug Tier	Requirements/ Limits
amitriptyline hcl tabs	P	
amoxapine tabs	P	
ANAFRANIL CAPS 75 MG (*clomipramine hcl*)	NP	
clomipramine hcl caps 75 mg	P	
desipramine hcl tabs 10 mg, 100 mg, 150 mg, 50 mg, 75 mg	P	
desipramine hcl tabs 25 mg	P	QL(2 ea daily)
doxepin hcl caps	P	
doxepin hcl conc	P	
imipramine hcl tabs	P	
NORPRAMIN TABS 10 MG (*desipramine hcl*)	NP	
NORPRAMIN TABS 25 MG (*desipramine hcl*)	NP	QL(2 ea daily)
nortriptyline hcl caps 10 mg, 50 mg, 25 mg, 75 mg	P	
nortriptyline hcl soln 10 mg/5ml	P	QL(20 ml daily)
PAMELOR CAPS (*nortriptyline hcl*)	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ml per 31 days retail)
SYMLINPEN 60 SOPN	P	QL(6 ml per 31 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS (*pioglitazone hcl-metformin hcl*)	NP	QL(2 ea daily)
alogliptin-metformin hcl tabs	P	QL(2 ea daily)
alogliptin-pioglitazone tabs	P	QL(1 ea daily)
glipizide-metformin hcl tabs	P	
glyburide-metformin tabs	P	
pioglitazone hcl-metformin hcl tabs	P	QL(2 ea daily)
SEGLUROMET TABS	P	QL(2 ea daily)
SOLIQUA 100/33 SOPN	P	ST; QL(0.6 ml daily)
Biguanides		
metformin hcl tabs 1000 mg, 850 mg	P	
metformin hcl tabs 500 mg	P	QL(5 ea daily)
metformin hcl tb24 500 mg	P	QL(4 ea daily)
metformin hcl tb24 750 mg	P	QL(3 ea daily)
Diabetic Other		
BD GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
CVS GLUCOSE CHEW 4 GM	P	Limit 50 ea per 31 days retail
CVS SOFT GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
glucagon (rdna) kit	P	Limit 4 ea per 365 days retail
GLUCAGON EMERGENCY KIT KIT (*glucagon (rdna)*)	NP	Limit 4 ea per 365 days retail
GLUCOSE CHEW 4 GM	P	Limit 50 ea per 31 days retail
GNP GLUCOSE CHEW 4 GM	P	Limit 50 ea per 31 days retail
GNP QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
SM GLUCOSE CHEW 4 GM	P	Limit 50 ea per 31 days retail
TRUEPLUS GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
TRUEPLUS GLUCOSE ON THE GO CHEW	P	Limit 50 ea per 31 days retail

Drug Name	Drug Tier	Requirements/ Limits
WALGREENS GLUCOSE CHEW 4 GM	P	Limit 50 ea per 31 days retail
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate tabs	P	QL(1 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor		
BYDUREON BCISE AUIJ	P	PA; QL(3.4 ml per 28 days retail)
BYDUREON PEN PEN	P	PA; QL(4 ea per 28 days retail); AL(At least 18 yrs old)
BYETTA SOPN 10 MCG/0.04ML	P	PA; QL(2.4 ml per 31 days retail); AL(At least 18 yrs old)
BYETTA SOPN 5 MCG/0.02ML	P	PA; QL(1.2 ml per 31 days retail); AL(At least 18 yrs old)
Insulin Sensitizing Agents		
ACTOS TABS (*pioglitazone hcl*)	NP	QL(1 ea daily)
pioglitazone hcl tabs	P	QL(1 ea daily)
Insulin		
ADMELOG SOLN	P	QL(30 ml per 31 days retail)
ADMELOG SOLOSTAR SOPN	P	QL(30 ml per 31 days retail)
BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	P	QL(30 ml per 31 days retail)
HUMULIN 70/30 SUSP	P	QL(40 ml per 31 days retail)
HUMULIN N KWIKPEN SUPN	P	QL(30 ml per 31 days retail)
HUMULIN N SUSP	P	QL(40 ml per 31 days retail)
HUMULIN R SOLN	P	QL(40 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(30 ml per 31 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 31 days retail)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN 70/30 FLEXPEN SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN 70/30 RELION SUSP	P	QL(40 ml per 31 days retail)
NOVOLIN 70/30 SUSP	P	QL(40 ml per 31 days retail)
NOVOLIN N FLEXPEN RELION SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN N FLEXPEN SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN N RELION SUSP	P	QL(40 ml per 31 days retail)
NOVOLIN N SUSP	P	QL(40 ml per 31 days retail)
NOVOLIN R RELION SOLN	P	QL(40 ml per 31 days retail)
NOVOLIN R SOLN	P	QL(40 ml per 31 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	P	QL(30 ml per 31 days retail)
NOVOLOG MIX 70/30 RELION SUSP	P	QL(40 ml per 31 days retail)
SEMGLEE SOLN	P	QL(1 ml daily)
SEMGLEE SOPN	P	QL(1 ml daily)
Meglitinide Analogues		
nateglinide tabs	P	QL(3 ea daily)
STARLIX TABS (*nateglinide*)	NP	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
STEGLATRO TABS	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (*glimepiride*)	NP	QL(4 ea daily)
AMARYL TABS 4 MG (*glimepiride*)	NP	QL(2 ea daily)
glimepiride tabs 1 mg, 2 mg	P	QL(4 ea daily)
glimepiride tabs 4 mg	P	QL(2 ea daily)
glipizide tabs	P	
glipizide tb24	P	
GLUCOTROL TABS (*glipizide*)	NP	
GLUCOTROL XL TB24 (*glipizide*)	NP	
glyburide micronized tabs	P	
glyburide tabs	P	
GLYNASE TABS (*glyburide micronized*)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate chew 262 mg	P	
bismuth subsalicylate susp 1050 mg/30ml, 525 mg/15ml	P	
PEPTO-BISMOL CHEW 262 MG (*bismuth subsalicylate*)	NP	
PEPTO-BISMOL MAX STRENGTH SUSP (*bismuth subsalicylate*)	NP	
PEPTO-BISMOL TO-GO CHEW (*bismuth subsalicylate*)	NP	
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	P	QL(40 ml daily)
diphenoxylate w/ atropine liqd	P	
diphenoxylate w/ atropine tabs	P	
IMODIUM A-D CAPS 2 MG (*loperamide hcl*)	NP	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG (*loperamide hcl*)	NP	QL(8 ea daily)
LOMOTIL TABS (*diphenoxylate w/ atropine*)	NP	
loperamide hcl caps 2 mg	P	QL(8 ea daily); RX/OTC
loperamide hcl tabs 2 mg	P	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	P	
Antidotes and Specific Antagonists		
VISTOGARD PACK	P	
Opioid Antagonists		
naloxone hcl liqd na 4 mg/0.1ml	P	QL(4 ea per 90 days retail)
naloxone hcl soct ij 0.4 mg/ml	P	QL(2 ml per 90 days retail)
naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml	P	QL(2 ml per 90 days retail)
naloxone hcl sosy ij 2 mg/2ml	P	QL(4 ml per 90 days retail)
naltrexone hcl tabs	P	
NARCAN LIQD (*naloxone hcl*)	NP	QL(4 ea per 90 days retail)
VIVITROL SUSR	P	QL(1 ea per 30 days retail); SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml	P	
ondansetron hcl soln or 4 mg/5ml	P	QL(50 ml per 31 days retail)
ondansetron hcl sosy ij 4 mg/2ml	P	

Drug Name	Drug Tier	Requirements/ Limits
ondansetron hcl tabs or 24 mg	P	QL(1 ea per 14 days retail)
ondansetron hcl tabs or 4 mg, 8 mg	P	QL(20 ea per 31 days retail)
ondansetron tbdp	P	QL(20 ea per 31 days retail)
ZOFRAN TABS (*ondansetron hcl*)	NP	QL(20 ea per 31 days retail)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (*meclizine hcl*)	NP	RX/OTC
dimenhydrinate tabs or 50 mg	P	QL(24 ea per fill retail)
DRAMAMINE CHEW	P	QL(24 ea per fill retail)
DRAMAMINE TABS (*dimenhydrinate*)	NP	QL(24 ea per fill retail)
meclizine hcl chew	P	RX/OTC
meclizine hcl tabs	P	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
griseofulvin microsize susp	P	
griseofulvin microsize tabs	P	
griseofulvin ultramicrosize tabs	P	
nystatin tabs	P	QL(6 ea daily)
terbinafine hcl tabs	P	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (*fluconazole*)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG, 200 MG (*fluconazole*)	NP	
DIFLUCAN TABS 150 MG (*fluconazole*)	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG (*fluconazole*)	NP	QL(3 ea per 14 days retail)
fluconazole susr 10 mg/ml, 40 mg/ml	P	QL(70 ml per fill retail)
fluconazole tabs 100 mg, 200 mg	P	
fluconazole tabs 150 mg	P	QL(2 ea per fill retail)
fluconazole tabs 50 mg	P	QL(3 ea per 14 days retail)
itraconazole caps 100 mg	P	PA; QL(1 ea daily)
SPORANOX CAPS 100 MG (*itraconazole*)	NP	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (*itraconazole*)	NP	PA; QL(1 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
CHLOR-TRIMETON SYRP 2 MG/5ML (*chlorpheniramine maleate*)	NP	
CHLOR-TRIMETON TABS 4 MG (*chlorpheniramine maleate*)	NP	QL(120 ea per fill retail)
chlorpheniramine maleate syrp 2 mg/5ml	P	
chlorpheniramine maleate tabs 4 mg	P	QL(120 ea per fill retail)
dexchlorpheniramine maleate soln	P	
Antihistamines - Ethanolamines		
ALER-DRYL TABS	P	
BENADRYL ALLERGY CAPS (*diphenhydramine hcl*)	NP	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (*diphenhydramine hcl*)	NP	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (*diphenhydramine hcl*)	NP	QL(4 ea daily)
BENADRYL ALLERGY ULTRATABS TABS (*diphenhydramine hcl*)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
clemastine fumarate tabs 1.34 mg	P	QL(2 ea daily)
diphenhydramine hcl caps or 50 mg, 25 mg	P	QL(4 ea daily)
diphenhydramine hcl elix or 12.5 mg/5ml	P	QL(240 ml per fill retail)
diphenhydramine hcl liqd or 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml	P	QL(240 ml per fill retail)
diphenhydramine hcl tabs or 25 mg	P	QL(4 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG (*fexofenadine hcl*)	NP	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (*fexofenadine hcl*)	NP	QL(2 ea daily)
cetirizine hcl chew 5 mg, 10 mg	P	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	P	QL(300 ml per fill retail); RX/OTC
cetirizine hcl syrp 1 mg/ml, 5 mg/5ml	P	QL(300 ml per fill retail); RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	P	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (*loratadine*)	NP	QL(300 ml per fill retail)
CLARITIN REDITABS TBDP 10 MG (*loratadine*)	NP	QL(1 ea daily)
CLARITIN SYRP 5 MG/5ML (*loratadine*)	NP	QL(300 ml per fill retail)
CLARITIN TABS 10 MG (*loratadine*)	NP	QL(1 ea daily)
fexofenadine hcl tabs 180 mg	P	QL(1 ea daily)
fexofenadine hcl tabs 60 mg	P	QL(2 ea daily)
levocetirizine dihydrochloride tabs 5 mg	P	QL(1 ea daily); RX/OTC
loratadine soln 5 mg/5ml	P	QL(300 ml per fill retail)
loratadine syrp 5 mg/5ml	P	QL(300 ml per fill retail)
loratadine tabs 10 mg	P	QL(1 ea daily)
loratadine tbdp 10 mg	P	QL(1 ea daily)
XYZAL ALLERGY 24HR TABS (*levocetirizine dihydrochloride*)	NP	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY TABS (*cetirizine hcl*)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN 1 MG/ML, 5 MG/5ML (*cetirizine hcl*)	NP	QL(300 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl soln or 6.25 mg/5ml	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl supp re 50 mg, 12.5 mg, 25 mg	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
promethazine hcl syrp or 6.25 mg/5ml	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl tabs or 25 mg, 12.5 mg, 50 mg	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl syrp	P	
cyproheptadine hcl tabs	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	P	ST; QL(1 ea daily)
VYTORIN TABS (*ezetimibe-simvastatin*)	NP	ST; QL(1 ea daily)
Bile Acid Sequestrants		
cholestyramine light pack	P	
cholestyramine light powd	P	
cholestyramine pack	P	

Drug Name	Drug Tier	Requirements/ Limits
cholestyramine powd	P	
COLESTID FLAVORED GRAN 5 GM (*colestipol hcl*)	NP	
COLESTID GRAN 5 GM (*colestipol hcl*)	NP	
COLESTID TABS 1 GM (*colestipol hcl*)	NP	
colestipol hcl gran 5 gm	P	
colestipol hcl tabs 1 gm	P	
QUESTRAN LIGHT POWD (*cholestyramine light*)	NP	
QUESTRAN PACK (*cholestyramine*)	NP	
QUESTRAN POWD (*cholestyramine*)	NP	
Fibric Acid Derivatives		
fenofibrate micronized caps 134 mg, 200 mg	P	QL(1 ea daily)
fenofibrate micronized caps 67 mg	P	QL(2 ea daily)
FENOFIBRATE TABS 160 MG	P	QL(1 ea daily)
fenofibrate tabs 160 mg	P	QL(1 ea daily)
fenofibrate tabs 54 mg	P	QL(3 ea daily)
gemfibrozil tabs	P	QL(2 ea daily)
LOPID TABS (*gemfibrozil*)	NP	QL(2 ea daily)
TRIGLIDE TABS	P	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs	P	QL(1 ea daily)
CRESTOR TABS (*rosuvastatin calcium*)	NP	QL(1 ea daily)
LIPITOR TABS (*atorvastatin calcium*)	NP	QL(1 ea daily)
lovastatin tabs 10 mg, 20 mg	P	QL(1 ea daily)
lovastatin tabs 40 mg	P	QL(2 ea daily)
PRAVACHOL TABS (*pravastatin sodium*)	NP	QL(1 ea daily)
pravastatin sodium tabs	P	QL(1 ea daily)
rosuvastatin calcium tabs	P	QL(1 ea daily)
simvastatin tabs 10 mg, 20 mg, 5 mg, 40 mg	P	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (*simvastatin*)	NP	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	P	ST
ZETIA TABS (*ezetimibe*)	NP	ST
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tabs	P	
niacin (antihyperlipidemic) tbcr	P	
NIASPAN TBCR (*niacin (antihyperlipidemic)*)	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (*quinapril hcl*)	NP	
ALTACE CAPS (*ramipril*)	NP	QL(2 ea daily)
benazepril hcl tabs 10 mg, 20 mg, 5 mg	P	QL(1 ea daily)
benazepril hcl tabs 40 mg	P	QL(2 ea daily)
captopril tabs	P	QL(3 ea daily)
enalapril maleate tabs 10 mg, 2.5 mg, 20 mg, 5 mg	P	QL(2 ea daily)
fosinopril sodium tabs	P	QL(1 ea daily)
lisinopril tabs	P	
LOTENSIN TABS 10 MG, 20 MG (*benazepril hcl*)	NP	QL(1 ea daily)
LOTENSIN TABS 40 MG (*benazepril hcl*)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRINIVIL TABS (*lisinopril*)	NP	
quinapril hcl tabs	P	
ramipril caps	P	QL(2 ea daily)
trandolapril tabs 1 mg, 2 mg	P	QL(1 ea daily)
trandolapril tabs 4 mg	P	QL(2 ea daily)
VASOTEC TABS (*enalapril maleate*)	NP	QL(2 ea daily)
ZESTRIL TABS (*lisinopril*)	NP	
Angiotensin II Receptor Antagonists		
ATACAND TABS (*candesartan cilexetil*)	NP	
AVAPRO TABS (*irbesartan*)	NP	QL(1 ea daily)
BENICAR TABS (*olmesartan medoxomil*)	NP	ST; QL(1 ea daily)
candesartan cilexetil tabs	P	
COZAAR TABS (*losartan potassium*)	NP	QL(1 ea daily)
DIOVAN TABS (*valsartan*)	NP	QL(1 ea daily)
irbesartan tabs	P	QL(1 ea daily)
losartan potassium tabs	P	QL(1 ea daily)
MICARDIS TABS (*telmisartan*)	NP	
olmesartan medoxomil tabs or 20 mg, 40 mg, 5 mg	P	ST; QL(1 ea daily)
telmisartan tabs	P	
valsartan tabs 160 mg, 320 mg, 40 mg, 80 mg	P	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (*doxazosin mesylate*)	NP	
CATAPRES TABS (*clonidine hcl*)	NP	
clonidine hcl tabs	P	
doxazosin mesylate tabs	P	
guanfacine hcl tabs	P	
methyldopa tabs	P	
MINIPRESS CAPS (*prazosin hcl*)	NP	
prazosin hcl caps	P	
terazosin hcl caps	P	
Antihypertensive Combinations		
ACCURETIC TABS 10 MG-12.5 MG (*quinapril-hydrochlorothiazide*)	NP	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (*quinapril-hydrochlorothiazide*)	NP	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (*quinapril-hydrochlorothiazide*)	NP	QL(2 ea daily)
amlodipine besylate-benazepril hcl caps	P	QL(1 ea daily)
amlodipine besylate-olmesartan medoxomil tabs	P	ST
amlodipine besylate-valsartan tabs	P	ST
amlodipine-valsartan-hydrochlorothiazide tabs	P	ST
ATACAND HCT TABS (*candesartan cilexetil-hydrochlorothiazide*)	NP	
atenolol & chlorthalidone tabs	P	QL(2 ea daily)
AVALIDE TABS (*irbesartan-hydrochlorothiazide*)	NP	QL(1 ea daily)
AZOR TABS (*amlodipine besylate-olmesartan medoxomil*)	NP	ST
benazepril & hydrochlorothiazide tabs	P	QL(1 ea daily)
BENICAR HCT TABS (*olmesartan medoxomil-hydrochlorothiazide*)	NP	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
bisoprolol & hydrochlorothiazide tabs 5 mg-6.25 mg, 10 mg-6.25 mg, 6.25 mg-10 mg	P	QL(1 ea daily)
candesartan cilexetil-hydrochlorothiazide tabs	P	
captopril & hydrochlorothiazide tabs 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg	P	QL(2 ea daily)
captopril & hydrochlorothiazide tabs 25 mg-50 mg	P	QL(3 ea daily)
DIOVAN HCT TABS (*valsartan-hydrochlorothiazide*)	NP	QL(1 ea daily)
DUTOPROL TB24	P	QL(1 ea daily)
enalapril maleate & hydrochlorothiazide tabs	P	QL(2 ea daily)
EXFORGE HCT TABS	P	ST
EXFORGE TABS (*amlodipine besylate-valsartan*)	NP	ST
fosinopril sodium & hydrochlorothiazide tabs	P	QL(1 ea daily)
HYZAAR TABS (*losartan potassium & hydrochlorothiazide*)	NP	QL(1 ea daily)
irbesartan-hydrochlorothiazide tabs	P	QL(1 ea daily)
lisinopril & hydrochlorothiazide tabs	P	
LOPRESSOR HCT TABS (*metoprolol & hydrochlorothiazide*)	NP	QL(2 ea daily)
losartan potassium & hydrochlorothiazide tabs	P	QL(1 ea daily)
LOTENSIN HCT TABS (*benazepril & hydrochlorothiazide*)	NP	QL(1 ea daily)
LOTREL CAPS (*amlodipine besylate-benazepril hcl*)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
metoprolol & hydrochlorothiazide tabs 25 mg-100 mg, 25 mg-50 mg	P	QL(2 ea daily)
metoprolol & hydrochlorothiazide tabs 50 mg-100 mg	P	QL(1 ea daily)
MICARDIS HCT TABS (*telmisartan-hydrochlorothiazide*)	NP	QL(1 ea daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	P	ST
olmesartan medoxomil-hydrochlorothiazide tabs	P	ST; QL(1 ea daily)
propranolol & hydrochlorothiazide tabs	P	QL(2 ea daily)
quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg	P	QL(3 ea daily)
quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg	P	QL(4 ea daily)
quinapril-hydrochlorothiazide tabs 20 mg-25 mg	P	QL(2 ea daily)
TARKA TBCR (*trandolapril-verapamil hcl*)	NP	
telmisartan-amlodipine tabs	P	
telmisartan-hydrochlorothiazide tabs	P	QL(1 ea daily)
TENORETIC 100 TABS (*atenolol & chlorthalidone*)	NP	QL(2 ea daily)
TENORETIC 50 TABS (*atenolol & chlorthalidone*)	NP	QL(2 ea daily)
trandolapril-verapamil hcl tbcr	P	
TRIBENZOR TABS (*olmesartan medoxomil-amlodipine-hydrochlorothiazide*)	NP	ST
TWYNSTA TABS (*telmisartan-amlodipine*)	NP	
valsartan-hydrochlorothiazide tabs	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VASERETIC TABS (*enalapril maleate & hydrochlorothiazide*)	NP	QL(2 ea daily)
ZESTORETIC TABS (*lisinopril & hydrochlorothiazide*)	NP	
ZIAC TABS 5 MG-6.25 MG, 6.25 MG-10 MG (*bisoprolol & hydrochlorothiazide*)	NP	QL(1 ea daily)
Vasodilators		
hydralazine hcl tabs or 100 mg, 25 mg, 50 mg, 10 mg	P	
minoxidil tabs 10 mg	P	QL(10 ea daily)
minoxidil tabs 2.5 mg	P	QL(3 ea daily)
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM TABS	P	QL(24 ea per fill retail)
Antimalarials		
chloroquine phosphate tabs 250 mg	P	
chloroquine phosphate tabs 500 mg	P	QL(1 ea daily)
hydroxychloroquine sulfate tabs 200 mg	P	
KRINTAFEL TABS	P	QL(0.67 ea daily)
mefloquine hcl tabs	P	
PLAQUENIL TABS (*hydroxychloroquine sulfate*)	NP	
primaquine phosphate tabs	P	
PRIMAQUINE PHOSPHATE TABS (*primaquine phosphate*)	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS (*pyridostigmine bromide*)	NP	
MESTINON TIMESPAN TBCR (*pyridostigmine bromide*)	NP	
pyridostigmine bromide tabs 60 mg	P	
pyridostigmine bromide tbcr 180 mg	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl tabs	P	
isoniazid syrp or 50 mg/5ml	P	
isoniazid tabs or 100 mg, 300 mg	P	
MYAMBUTOL TABS (*ethambutol hcl*)	NP	
MYCOBUTIN CAPS (*rifabutin*)	NP	
pyrazinamide tabs	P	
rifabutin caps	P	
RIFADIN CAPS OR 150 MG, 300 MG (*rifampin*)	NP	
rifampin caps or 150 mg, 300 mg	P	
TRECATOR TABS	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS (*melphalan*)	NP	
LEUKERAN TABS	P	
melphalan tabs	P	
MYLERAN TABS	P	
Antimetabolites		
mercaptopurine tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml, 1 gm/40ml	P	
methotrexate sodium tabs or 2.5 mg	P	
PURIXAN SUSP	P	
TREXALL TABS	P	
Antineoplastic - Anti-HER2 Agents		
KANJINTI SOLR	P	PA; SP
OGIVRI SOLR	P	PA; SP
TRAZIMERA SOLR	P	PA; SP
Antineoplastic - Antibodies		
RUXIENCE SOLN	P	PA; SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate tabs	P	PA; SP
anastrozole tabs	P	
ARIMIDEX TABS (*anastrozole*)	NP	
AROMASIN TABS (*exemestane*)	NP	
bicalutamide tabs	P	QL(1 ea daily)
CASODEX TABS (*bicalutamide*)	NP	QL(1 ea daily)
EULEXIN CAPS	P	
exemestane tabs	P	
FARESTON TABS (*toremifene citrate*)	NP	PA
FEMARA TABS (*letrozole*)	NP	
flutamide caps	P	
hydroxyprogesterone caproate (antineoplastic) soln	P	PA; QL(0.167 ml daily); AL(At least 16 yrs old); SP
letrozole tabs	P	
megestrol acetate susp	P	
megestrol acetate tabs	P	
tamoxifen citrate tabs	P	
toremifene citrate tabs	P	PA
ZYTIGA TABS (*abiraterone acetate*)	NP	PA; SP
Antineoplastic Enzyme Inhibitors		
IBRANCE TABS	P	PA; SP
ICLUSIG TABS 10 MG, 15 MG, 30 MG, 45 MG	P	PA; QL(1 ea daily); SP
Antineoplastics Misc.		
HYDREA CAPS (*hydroxyurea*)	NP	
hydroxyurea caps or	P	
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg	P	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa tabs	P	
LODOSYN TABS (*carbidopa*)	NP	
Antiparkinson Anticholinergics		
benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg	P	
trihexyphenidyl hcl soln 0.4 mg/ml	P	QL(16.67 ml daily)
trihexyphenidyl hcl tabs 2 mg, 5 mg	P	
Antiparkinson Dopaminergics		
amantadine hcl caps 100 mg	P	
amantadine hcl soln 50 mg/5ml	P	

Drug Name	Drug Tier	Requirements/ Limits
bromocriptine mesylate caps	P	
bromocriptine mesylate tabs	P	
carbidopa-levodopa tabs 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg	P	
carbidopa-levodopa tbcr 50 mg-200 mg, 100 mg-25 mg, 25 mg-100 mg	P	
DHIVY TABS	P	
MIRAPEX TABS (*pramipexole dihydrochloride*)	NP	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL CAPS (*bromocriptine mesylate*)	NP	
PARLODEL TABS (*bromocriptine mesylate*)	NP	
pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	P	QL(3 ea daily); AL(At least 18 yrs old)
ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg	P	QL(6 ea daily)
ropinirole hydrochloride tabs 1 mg, 2 mg, 5 mg, 0.5 mg	P	QL(3 ea daily)
SINEMET TABS (*carbidopa-levodopa*)	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
selegiline hcl caps	P	
selegiline hcl tabs	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps or 150 mg, 300 mg, 600 mg	P	
LITHIUM CARBONATE POWD XX	P	
lithium carbonate tabs or 300 mg	P	
lithium carbonate tbcr or 300 mg, 450 mg	P	
LITHOBID TBCR (*lithium carbonate*)	NP	
Antipsychotics - Misc.		
GEODON CAPS OR 40 MG, 80 MG, 20 MG, 60 MG (*ziprasidone hcl*)	NP	QL(2 ea daily); AL(At least 18 yrs old)
NUPLAZID CAPS	P	PA; QL(1 ea daily)
NUPLAZID TABS	P	PA; QL(1 ea daily)
ziprasidone hcl caps	P	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
INVEGA SUSTENNA SUSY	P	PA; SP
INVEGA TRINZA SUSY 273 MG/0.88ML	P	PA; QL(0.88 ml per fill retail); SP
INVEGA TRINZA SUSY 410 MG/1.32ML	P	PA; QL(1.32 ml per fill retail); SP
INVEGA TRINZA SUSY 546 MG/1.75ML	P	PA; QL(1.75 ml per fill retail); SP
INVEGA TRINZA SUSY 819 MG/2.63ML	P	PA; QL(2.63 ml per fill retail); SP
PERSERIS PRSY	P	PA; SP
RISPERDAL CONSTA SRER	P	PA; SP
RISPERDAL SOLN 1 MG/ML (*risperidone*)	NP	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*risperidone*)	NP	QL(4 ea daily); AL(At least 5 yrs old)
risperidone soln 1 mg/ml	P	QL(4 ml daily); AL(At least 5 yrs old)
risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	QL(4 ea daily); AL(At least 5 yrs old)
risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	QL(2 ea daily); AL(At least 5 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Butyrophenones		
HALDOL DECANOATE 100 SOLN (*haloperidol decanoate*)	NP	
HALDOL DECANOATE 50 SOLN (*haloperidol decanoate*)	NP	
haloperidol decanoate soln	P	
haloperidol lactate conc or 2 mg/ml	P	
haloperidol tabs 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg	P	QL(3 ea daily)
haloperidol tabs 20 mg	P	
Dibenzapines		
clozapine tabs 100 mg	P	QL(9 ea daily); AL(At least 18 yrs old)
clozapine tabs 200 mg, 25 mg, 50 mg	P	QL(3 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS 100 MG (*clozapine*)	NP	QL(9 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS 200 MG, 25 MG, 50 MG (*clozapine*)	NP	QL(3 ea daily); AL(At least 18 yrs old)
loxapine succinate caps	P	QL(4 ea daily)
olanzapine tabs or 15 mg, 20 mg	P	QL(1 ea daily); AL(At least 10 yrs old)
olanzapine tabs or 2.5 mg, 5 mg	P	QL(4 ea daily); AL(At least 10 yrs old)
olanzapine tabs or 7.5 mg, 10 mg	P	QL(2 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 50 mg	P	QL(4 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tabs 300 mg, 400 mg	P	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG (*quetiapine fumarate*)	NP	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (*quetiapine fumarate*)	NP	QL(2 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS OR 15 MG, 20 MG (*olanzapine*)	NP	QL(1 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS OR 2.5 MG, 5 MG (*olanzapine*)	NP	QL(4 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS OR 7.5 MG, 10 MG (*olanzapine*)	NP	QL(2 ea daily); AL(At least 10 yrs old)
Phenothiazines		
chlorpromazine hcl tabs or 10 mg	P	QL(10 ea daily)
chlorpromazine hcl tabs or 100 mg, 200 mg, 25 mg, 50 mg	P	QL(3 ea daily)
fluphenazine decanoate soln	P	
fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg	P	
perphenazine tabs	P	QL(4 ea daily)
prochlorperazine maleate tabs	P	
prochlorperazine supp	P	
thioridazine hcl tabs	P	QL(3 ea daily)
trifluoperazine hcl tabs	P	QL(2 ea daily)
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	P	PA; SP
ABILIFY MAINTENA SRER	P	PA; SP
ABILIFY TABS (*aripiprazole*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
aripiprazole soln 1 mg/ml	P	PA; QL(750 ml per 31 days retail); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
aripiprazole tabs 10 mg, 2 mg, 30 mg, 5 mg, 15 mg, 20 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
aripiprazole tbdp 10 mg, 15 mg	P	PA; QL(1 ea daily); AL(At least 6 yrs old)
ARISTADA INITIO PRSY	P	PA; SP
ARISTADA PRSY	P	PA; SP
Thioxanthenes		
thiothixene caps	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde soln 10 %	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
chlorhexidine gluconate liqd ex 4 %	P	
HIBICLENS LIQD (*chlorhexidine gluconate*)	NP	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate soln 20 mg/ml	P	QL(30 ml daily)
abacavir sulfate tabs 300 mg	P	QL(2 ea daily)
abacavir sulfate-lamivudine tabs	P	QL(1 ea daily)
abacavir sulfate-lamivudine-zidovudine tabs	P	QL(2 ea daily)
APTIVUS CAPS 250 MG	P	ST; QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	P	ST; QL(10 ml daily)
atazanavir sulfate caps 150 mg, 200 mg	P	QL(2 ea daily)
atazanavir sulfate caps 300 mg	P	
ATRIPLA TABS (*efavirenz-emtricitabine-tenofovir disoproxil fumarate*)	NP	QL(1 ea daily)
BIKTARVY TABS	P	QL(1 ea daily)
CIMDUO TABS	P	ST; QL(1 ea daily)
COMPLERA TABS	P	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	P	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	P	QL(6 ea daily)
DELSTRIGO TABS	P	QL(1 ea daily)
DESCOVY TABS	P	PA; QL(1 ea daily)
didanosine cpdr	P	QL(1 ea daily)
DOVATO TABS	P	QL(1 ea daily)
EDURANT TABS	P	QL(1 ea daily)
efavirenz caps 200 mg	P	QL(1 ea daily)
efavirenz caps 50 mg	P	QL(2 ea daily)
efavirenz tabs 600 mg	P	QL(1 ea daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs	P	QL(1 ea daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate tabs	P	QL(1 ea daily)
emtricitabine caps	P	QL(1 ea daily)
emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg, 300 mg-200 mg	P	QL(1 ea daily)
EMTRIVA CAPS 200 MG (*emtricitabine*)	NP	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	P	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (*lamivudine*)	NP	QL(30 ml daily)
EPIVIR TABS 150 MG (*lamivudine*)	NP	QL(2 ea daily)
EPIVIR TABS 300 MG (*lamivudine*)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EPZICOM TABS (*abacavir sulfate-lamivudine*)	NP	QL(1 ea daily)
etravirine tabs 100 mg	P	QL(4 ea daily)
etravirine tabs 200 mg	P	QL(2 ea daily)
EVOTAZ TABS	P	QL(1 ea daily)
fosamprenavir calcium tabs	P	QL(4 ea daily)
GENVOYA TABS	P	QL(1 ea daily)
INTELENCE TABS 100 MG (*etravirine*)	NP	QL(4 ea daily)
INTELENCE TABS 200 MG (*etravirine*)	NP	QL(2 ea daily)
INTELENCE TABS 25 MG	P	QL(4 ea daily)
INVIRASE TABS	P	ST; QL(4 ea daily)
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
ISENTRESS PACK 100 MG	P	QL(2 ea daily)
ISENTRESS TABS 400 MG	P	QL(2 ea daily)
JULUCA TABS	P	QL(1 ea daily)
KALETRA SOLN 400 MG/5ML-100 MG/5ML (*lopinavir-ritonavir*)	NP	QL(16 ml daily)
KALETRA TABS 100 MG-25 MG (*lopinavir-ritonavir*)	NP	QL(4 ea daily)
KALETRA TABS 200 MG-50 MG (*lopinavir-ritonavir*)	NP	QL(6 ea daily)
lamivudine soln 10 mg/ml	P	QL(30 ml daily)
lamivudine tabs 150 mg	P	QL(2 ea daily)
lamivudine tabs 300 mg	P	QL(1 ea daily)
LEXIVA SUSP 50 MG/ML	P	QL(56 ml daily)
LEXIVA TABS 700 MG (*fosamprenavir calcium*)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
lopinavir-ritonavir soln 400 mg/5ml-100 mg/5ml	P	QL(16 ml daily)
lopinavir-ritonavir tabs 100 mg-25 mg	P	QL(4 ea daily)
lopinavir-ritonavir tabs 50 mg-200 mg	P	QL(6 ea daily)
maraviroc tabs 150 mg	P	QL(2 ea daily)
maraviroc tabs 300 mg	P	QL(4 ea daily)
nevirapine susp 50 mg/5ml	P	QL(40 ml daily)
nevirapine tabs 200 mg	P	QL(2 ea daily)
nevirapine tb24 100 mg	P	QL(3 ea daily)
nevirapine tb24 400 mg	P	QL(1 ea daily)
NORVIR SOLN 80 MG/ML	P	QL(15 ml daily)
NORVIR TABS 100 MG (*ritonavir*)	NP	QL(12 ea daily)
ODEFSEY TABS	P	
PIFELTRO TABS	P	QL(1 ea daily)
PREZCOBIX TABS	P	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	P	ST; QL(12 ml daily)
PREZISTA TABS 150 MG	P	ST; QL(3 ea daily)
PREZISTA TABS 600 MG, 75 MG	P	ST; QL(2 ea daily)
PREZISTA TABS 800 MG	P	ST; QL(1 ea daily)
RETROVIR CAPS 100 MG (*zidovudine*)	NP	QL(6 ea daily)
RETROVIR SYRP 50 MG/5ML (*zidovudine*)	NP	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (*atazanavir sulfate*)	NP	QL(2 ea daily)
REYATAZ CAPS 300 MG (*atazanavir sulfate*)	NP	
REYATAZ PACK 50 MG	P	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ritonavir tabs	P	QL(12 ea daily)
RUKOBIA TB12	P	PA
SELZENTRY SOLN 20 MG/ML	P	QL(35 ml daily)
SELZENTRY TABS 150 MG (*maraviroc*)	NP	QL(2 ea daily)
SELZENTRY TABS 300 MG (*maraviroc*)	NP	QL(4 ea daily)
STAVUDINE CAPS 15 MG, 20 MG, 30 MG, 40 MG	P	QL(2 ea daily)
stavudine caps 15 mg, 20 mg, 30 mg, 40 mg	P	QL(2 ea daily)
STRIBILD TABS	P	QL(1 ea daily)
SUSTIVA CAPS 200 MG (*efavirenz*)	NP	QL(1 ea daily)
SUSTIVA CAPS 50 MG (*efavirenz*)	NP	QL(2 ea daily)
SUSTIVA TABS 600 MG (*efavirenz*)	NP	QL(1 ea daily)
SYMFI LO TABS (*efavirenz-lamivudine-tenofovir disoproxil fumarate*)	NP	QL(1 ea daily)
SYMFI TABS (*efavirenz-lamivudine-tenofovir disoproxil fumarate*)	NP	QL(1 ea daily)
TEMIXYS TABS	P	ST; QL(1 ea daily)
tenofovir disoproxil fumarate tabs	P	QL(1 ea daily)
TIVICAY TABS 50 MG	P	
TRIUMEQ TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
TRIZIVIR TABS	P	QL(2 ea daily)
TRUVADA TABS 200 MG-300 MG (*emtricitabine-tenofovir disoproxil fumarate*)	NP	QL(1 ea daily)
TYBOST TABS	P	QL(1 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VIRACEPT TABS 250 MG	P	QL(9 ea daily)
VIRACEPT TABS 625 MG	P	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (*nevirapine*)	NP	QL(40 ml daily)
VIRAMUNE TABS 200 MG (*nevirapine*)	NP	QL(2 ea daily)
VIRAMUNE XR TB24 (*nevirapine*)	NP	QL(1 ea daily)
VIREAD POWD 40 MG/GM	P	QL(8 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)
VIREAD TABS 300 MG (*tenofovir disoproxil fumarate*)	NP	QL(1 ea daily)
ZIAGEN SOLN 20 MG/ML (*abacavir sulfate*)	NP	QL(30 ml daily)
ZIAGEN TABS 300 MG (*abacavir sulfate*)	NP	QL(2 ea daily)
zidovudine caps 100 mg	P	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	P	QL(60 ml daily)
zidovudine tabs 300 mg	P	QL(2 ea daily)
CMV Agents		
VALCYTE TABS 450 MG (*valganciclovir hcl*)	NP	QL(2 ea daily)
valganciclovir hcl tabs 450 mg	P	QL(2 ea daily)
Hepatitis Agents		
MAVYRET TABS	P	PA; QL(3 ea daily); SP
SOFOSBUVIR/VELPATASVIR TABS	P	PA; QL(1 ea daily); SP
VEMLIDY TABS	P	PA; SP
Herpes Agents		
acyclovir caps 200 mg	P	QL(50 ea per 31 days retail)
acyclovir susp 200 mg/5ml	P	QL(400 ml per 31 days retail)
acyclovir tabs 400 mg	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
acyclovir tabs 800 mg	P	QL(50 ea per 31 days retail)
famciclovir tabs	P	
valacyclovir hcl tabs 1 gm, 1000 mg	P	QL(42 ea per 21 days retail)
valacyclovir hcl tabs 500 mg	P	QL(2 ea daily)
VALTREX TABS 1 GM (*valacyclovir hcl*)	NP	QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (*valacyclovir hcl*)	NP	QL(2 ea daily)
ZOVIRAX SUSP OR 200 MG/5ML (*acyclovir*)	NP	QL(400 ml per 31 days retail)
Influenza Agents		
oseltamivir phosphate caps or 30 mg	P	QL(20 ea per 31 days retail)1 rtl MAX fill,180 rtl day(s) supply,
oseltamivir phosphate caps or 45 mg, 75 mg	P	QL(10 ea per 31 days retail)1 rtl MAX fill,180 rtl day(s) supply,
oseltamivir phosphate susr or 6 mg/ml	P	QL(120 ml per 31 days retail)1 rtl MAX fill,180 rtl day(s) supply,
RELENZA DISKHALER AEPB	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),; AL(At least 5 yrs old)
TAMIFLU CAPS 30 MG (*oseltamivir phosphate*)	NP	QL(20 ea per 31 days retail)1 rtl MAX fill,180 rtl day(s) supply,
TAMIFLU CAPS 45 MG, 75 MG (*oseltamivir phosphate*)	NP	QL(10 ea per 31 days retail)1 rtl MAX fill,180 rtl day(s) supply,
TAMIFLU SUSR 6 MG/ML (*oseltamivir phosphate*)	NP	QL(120 ml per 31 days retail)1 rtl MAX fill,180 rtl day(s) supply,
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol phosphate cp24	P	QL(1 ea daily)
carvedilol tabs 12.5 mg, 3.125 mg, 6.25 mg	P	QL(2 ea daily)
carvedilol tabs 25 mg	P	QL(4 ea daily)
COREG CR CP24 (*carvedilol phosphate*)	NP	QL(1 ea daily)
COREG TABS 12.5 MG, 3.125 MG, 6.25 MG (*carvedilol*)	NP	QL(2 ea daily)
COREG TABS 25 MG (*carvedilol*)	NP	QL(4 ea daily)
labetalol hcl tabs or 100 mg	P	QL(3 ea daily)
labetalol hcl tabs or 200 mg	P	QL(6 ea daily)
labetalol hcl tabs or 300 mg	P	QL(8 ea daily)
Beta Blockers Cardio-Selective		
acebutolol hcl caps	P	
atenolol tabs	P	QL(2 ea daily)
bisoprolol fumarate tabs or 10 mg, 5 mg	P	QL(1 ea daily)
LOPRESSOR TABS 100 MG (*metoprolol tartrate*)	NP	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (*metoprolol tartrate*)	NP	QL(4 ea daily)
metoprolol succinate tb24 200 mg	P	QL(2 ea daily)
metoprolol succinate tb24 25 mg, 100 mg, 50 mg	P	QL(4 ea daily)
metoprolol tartrate tabs or 100 mg	P	QL(4.5 ea daily)
metoprolol tartrate tabs or 25 mg, 50 mg	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TENORMIN TABS (*atenolol*)	NP	QL(2 ea daily)
TOPROL XL TB24 200 MG (*metoprolol succinate*)	NP	QL(2 ea daily)
TOPROL XL TB24 25 MG, 100 MG, 50 MG (*metoprolol succinate*)	NP	QL(4 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (*sotalol hcl (afib/afl)*)	NP	QL(2 ea daily)
BETAPACE TABS (*sotalol hcl*)	NP	
CORGARD TABS (*nadolol*)	NP	QL(2 ea daily)
HEMANGEOL SOLN	P	PA; SP
INDERAL LA CP24 (*propranolol hcl*)	NP	QL(2 ea daily)
nadolol tabs	P	QL(2 ea daily)
pindolol tabs	P	
propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg	P	QL(2 ea daily)
propranolol hcl soln or 40 mg/5ml, 20 mg/5ml	P	
propranolol hcl tabs or 10 mg, 20 mg, 80 mg, 40 mg, 60 mg	P	
sotalol hcl (afib/afl) tabs	P	QL(2 ea daily)
sotalol hcl tabs	P	
timolol maleate tabs	P	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate tabs	P	QL(1 ea daily)
CALAN SR TBCR (*verapamil hcl*)	NP	QL(2 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (*diltiazem hcl coated beads*)	NP	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (*diltiazem hcl coated beads*)	NP	QL(2 ea daily)
CARDIZEM TABS (*diltiazem hcl*)	NP	QL(3 ea daily)
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg	P	QL(1 ea daily)
diltiazem hcl coated beads cp24 240 mg	P	QL(2 ea daily)
diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg	P	QL(2 ea daily)
diltiazem hcl cp24 or 120 mg, 180 mg	P	QL(1 ea daily)
diltiazem hcl cp24 or 240 mg	P	QL(2 ea daily)
diltiazem hcl extended release beads cp24 240 mg	P	QL(2 ea daily)
diltiazem hcl extended release beads cp24 420 mg, 300 mg, 120 mg, 180 mg, 360 mg	P	QL(1 ea daily)
diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg	P	QL(3 ea daily)
felodipine tb24	P	QL(1 ea daily)
nicardipine hcl caps or 20 mg, 30 mg	P	
nifedipine caps 20 mg, 10 mg	P	QL(4 ea daily)
nifedipine tb24 60 mg	P	QL(2 ea daily)
nifedipine tb24 90 mg, 30 mg	P	QL(1 ea daily)
NORVASC TABS (*amlodipine besylate*)	NP	QL(1 ea daily)
PROCARDIA CAPS (*nifedipine*)	NP	QL(4 ea daily)
PROCARDIA XL TB24 60 MG (*nifedipine*)	NP	QL(2 ea daily)
PROCARDIA XL TB24 90 MG, 30 MG (*nifedipine*)	NP	QL(1 ea daily)
TIAZAC CP24 240 MG (*diltiazem hcl extended release beads*)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TIAZAC CP24 420 MG, 300 MG, 120 MG, 180 MG, 360 MG (*diltiazem hcl extended release beads*)	NP	QL(1 ea daily)
verapamil hcl cp24 or 360 mg, 120 mg, 180 mg, 240 mg	P	QL(1 ea daily)
verapamil hcl tabs or 40 mg, 120 mg, 80 mg	P	QL(3 ea daily)
verapamil hcl tbcr or 120 mg, 180 mg, 240 mg	P	QL(2 ea daily)
VERELAN CP24 (*verapamil hcl*)	NP	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln or 0.05 mg/ml	P	
digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg	P	
LANOXIN TABS OR 125 MCG, 250 MCG (*digoxin*)	NP	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI SOLR	P	PA; SP
UPTRAVI TABS	P	PA; SP
UPTRAVI TBPK	P	PA; SP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	P	
cefadroxil susr	P	
cefadroxil tabs	P	
cephalexin caps 250 mg, 500 mg	P	
cephalexin susr 125 mg/5ml, 250 mg/5ml	P	
KEFLEX CAPS 250 MG, 500 MG (*cephalexin*)	NP	
Cephalosporins - 2nd Generation		
cefaclor caps	P	
cefaclor susr	P	
cefprozil susr 125 mg/5ml	P	2 rtl pack lmt per fill,; AL(Up to 12 yrs old)
cefprozil susr 250 mg/5ml	P	1 rtl pack lmt per fill,; AL(Up to 12 yrs old)
cefprozil tabs 250 mg, 500 mg	P	QL(20 ea per fill retail)
cefuroxime axetil tabs	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
cefdinir caps 300 mg	P	QL(20 ea per fill retail)
cefdinir susr 250 mg/5ml, 125 mg/5ml	P	1 rtl pack lmt per fill,
ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg	P	QL(3 ea per fill retail)1 rtl MAX fill,31 rtl day(s) supply,
CHEMICALS		
Bulk Chemicals - H's		
HYDROXYUREA POWD XX	P	
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD XX	P	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
desogestrel & ethinyl estradiol tabs	P	
desogestrel-ethinyl estradiol (biphasic) tabs	P	
desogestrel-ethinyl estradiol (triphasic) tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
drospirenone-ethinyl estradiol tabs 0.02 mg-3 mg, 3 mg-0.02 mg	P	QL(1 ea daily)
drospirenone-ethinyl estradiol tabs 0.03 mg-3 mg, 3 mg-0.03 mg	P	
ESTROSTEP FE TABS (*norethindrone acetate-ethinyl estradiol-fe*)	NP	
ethynodiol diacet & eth estrad tabs 1 mg-35 mcg, 35 mcg-1 mg	P	
ethynodiol diacet & eth estrad tabs 1 mg-50 mcg, 50 mcg-1 mg	P	QL(1 ea daily)
GENERESS FE CHEW (*norethindrone & ethinyl estradiol-fe*)	NP	
levonorgestrel & eth estradiol tabs	P	
levonorgestrel-eth estradiol (triphasic) tabs	P	
levonorgestrel-ethinyl estradiol (91-day) tabs 0.03 mg-0.15 mg, 0.15 mg-0.03 mg	P	
MIRCETTE TABS (*desogestrel-ethinyl estradiol (biphasic)*)	NP	
norethin acet & estrad-fe tabs 1 mg-20 mcg-75 mg, 75 mg-1 mg-20 mcg, 1.5 mg-30 mcg-75 mg, 75 mg-1.5 mg-30 mcg	P	
norethindrone & eth estradiol tabs	P	
norethindrone & ethinyl estradiol-fe chew	P	
norethindrone acet & eth estra tabs	P	
norethindrone acetate-ethinyl estradiol-fe tabs	P	
norethindrone-eth estradiol (triphasic) tabs	P	
norgestimate-ethinyl estradiol (triphasic) tabs	P	
norgestimate-ethinyl estradiol tabs	P	
norgestrel & ethinyl estradiol tabs	P	QL(2 ea daily)
SEASONIQUE TABS (*levonorgestrel-ethinyl estradiol (91-day)*)	NP	
TYBLUME CHEW	P	
YASMIN 28 TABS (*drospirenone-ethinyl estradiol*)	NP	
YAZ TABS (*drospirenone-ethinyl estradiol*)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol ptwk	P	
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol ring	P	QL(6 ea per fill retail)
NUVARING RING (*etonogestrel-ethinyl estradiol*)	NP	QL(6 ea per fill retail)
Emergency Contraceptives		
ELLA TABS	P	Limit 4 ea per 365 days retail
levonorgestrel (emergency oc) tabs	P	QL(1 ea per 21 days retail)4 rtl MAX fill,365 rtl day(s) supply,
PLAN B ONE-STEP TABS (*levonorgestrel (emergency oc)*)	NP	QL(1 ea per 21 days retail)4 rtl MAX fill,365 rtl day(s) supply,
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (*medroxyprogesterone acetate (contraceptive)*)	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (*medroxyprogesterone acetate (contraceptive)*)	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	P	QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
medroxyprogesterone acetate (contraceptive) susp	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs	P	
ORTHO MICRONOR TABS (*norethindrone (contraceptive)*)	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (*hydrocortisone*)	NP	
dexamethasone elix 0.5 mg/5ml	P	
dexamethasone sodium phosphate soln 120 mg/30ml, 20 mg/5ml, 4 mg/ml	P	QL(150 ml per 31 days retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN 4 MG/ML	P	QL(150 ml per 31 days retail)
dexamethasone soln 0.5 mg/5ml	P	
dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 0.5 mg, 0.75 mg, 4 mg, 6 mg	P	
hydrocortisone tabs	P	
MEDROL DOSEPAK TBPK (*methylprednisolone*)	NP	
MEDROL TABS 8 MG, 4 MG (*methylprednisolone*)	NP	
methylprednisolone tabs 8 mg, 4 mg	P	
methylprednisolone tbpk 4 mg	P	
MILLIPRED TABS	P	
PEDIAPRED SOLN (*prednisolone sodium phosphate*)	NP	
prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml	P	
prednisolone sodium phosphate soln or 20 mg/5ml	P	QL(150 ml per fill retail)
prednisolone soln	P	
PREDNISONE INTENSOL CONC	P	
prednisone soln	P	
prednisone tabs	P	
prednisone tbpk	P	
Mineralocorticoids		
fludrocortisone acetate tabs	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate caps 100 mg	P	QL(6 ea daily); AL(At least 10 yrs old)
benzonatate caps 200 mg	P	QL(3 ea daily)1 rtl MAX fill,31 rtl day(s) supply,; AL(At least 10 yrs old)
DELSYM COUGH CHILDRENS SUER (*dextromethorphan polistirex*)	NP	QL(240 ml per 6 days retail)
DELSYM SUER (*dextromethorphan polistirex*)	NP	QL(240 ml per 6 days retail)
dextromethorphan hbr liqd 7.5 mg/5ml	P	QL(240 ml per 6 days retail)
dextromethorphan polistirex suer	P	QL(240 ml per 6 days retail)

Drug Name	Drug Tier	Requirements/ Limits
HYCODAN SOLN 1.5 MG/5ML-5 MG/5ML, 5 MG/5ML-1.5 MG/5ML (*hydrocodone bitartrate-homatropine methylbromide*)	NP	AL(At least 18 yrs old)
hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml, 5 mg/5ml-1.5 mg/5ml	P	AL(At least 18 yrs old)
TESSALON PERLES CAPS (*benzonatate*)	NP	QL(6 ea daily); AL(At least 10 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD 7.5 MG/5ML (*dextromethorphan hbr*)	NP	QL(240 ml per 6 days retail)
Cough/Cold/Allergy Combinations		
ADVIL COLD & SINUS TABS (*pseudoephedrine-ibuprofen*)	NP	
brompheniramine & phenyleph elix 1 mg/5ml-1 mg/5ml-2.5 mg/5ml-2.5 mg/5ml, 2.5 mg/5ml-1 mg/5ml, 2.5 mg/5ml-1 mg/5ml-2.5 mg/5ml-1 mg/5ml	P	QL(120 ml per fill retail)1 rtl MAX fill,31 rtl day(s) supply,
brompheniramine & pseudoeph elix	P	QL(120 ml per fill retail)1 rtl MAX fill,31 rtl day(s) supply,
brompheniramine & pseudoeph liqd	P	QL(120 ml per fill retail)1 rtl MAX fill,31 rtl day(s) supply,
cetirizine-pseudoephedrine tb12	P	QL(2 ea daily)
CHERACOL PLUS LIQD (*dextromethorphan-guaifenesin*)	NP	QL(240 ml per fill retail)
CHERACOL-D COUGH LIQD (*dextromethorphan-guaifenesin*)	NP	QL(240 ml per fill retail)
CLARITIN-D 12 HOUR TB12 (*loratadine & pseudoephedrine*)	NP	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (*loratadine & pseudoephedrine*)	NP	QL(1 ea daily)
COLD & FLU RELIEF NIGHTTIME D LIQD	P	
dextromethorphan-doxylamine-acetaminophen liqd 12.5 mg/30ml-30 mg/30ml-1000 mg/30ml, 500 mg/15ml-6.25 mg/15ml-15 mg/15ml, 6.25 mg/15ml-15 mg/15ml-500 mg/15ml, 6.25 mg/15ml-6.25 mg/15ml-10 %-15 mg/15ml-15 mg/15ml-500 mg/15ml-500 mg/15ml, 6.25 mg/15ml-6.25 mg/15ml-15 mg/15ml-15 mg/15ml-500 mg/15ml-500 mg/15ml-10 %	P	
dextromethorphan-guaifenesin liqd 10 mg/5ml-200 mg/5ml, 20 mg/10ml-400 mg/10ml, 200 mg/5ml-10 mg/5ml, 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml, 150 mg/7.5ml-15 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 200 mg/10ml-20 mg/10ml	P	QL(240 ml per fill retail)
dextromethorphan-guaifenesin liqd 30 mg/5ml-200 mg/5ml, 30 mg/5ml-30 mg/5ml-200 mg/5ml-200 mg/5ml, 100 mg/5ml-5 mg/5ml, 20 mg/20ml-400 mg/20ml, 400 mg/20ml-20 mg/20ml, 5 mg/5ml-100 mg/5ml	P	
dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml	P	QL(240 ml per fill retail)
dextromethorphan-guaifenesin tb12 30 mg-600 mg	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan-phenylephrine-acetaminophen caps 325 mg-5 mg-10 mg, 5 mg-10 mg-325 mg, 5 mg-5 mg-10 mg-10 mg-325 mg-325 mg	P	
DIMETAPP COLD & ALLERGY ELIX (*brompheniramine & phenyleph*)	NP	QL(120 ml per fill retail)1 rtl MAX fill,31 rtl day(s) supply,
ED BRON GP LIQD	P	QL(240 ml per 6 days retail)
guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml	P	
guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml	P	
guaifenesin-codeine syrp 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml	P	
LOHIST-D LIQD	P	
loratadine & pseudoephedrine tb12 120 mg-5 mg, 5 mg-120 mg	P	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 240 mg-10 mg	P	QL(1 ea daily)
MAXI-TUSS PE LIQD	P	
MAXI-TUSS PE MAX LIQD	P	QL(240 ml per 6 days retail)
MUCINEX D MAXIMUM STRENGTH TB12 (*pseudoephedrine-guaifenesin*)	NP	
MUCINEX D TB12 (*pseudoephedrine-guaifenesin*)	NP	QL(210 ea per fill retail)
MUCINEX DM TB12 (*dextromethorphan-guaifenesin*)	NP	QL(2 ea daily)
phenylephrine-chlorphen-dm liqd 4 mg/5ml-10 mg/5ml-15 mg/5ml	P	QL(240 ml per fill retail)
phenylephrine-dm liqd	P	QL(240 ml per fill retail)
phenylephrine-dm soln	P	QL(240 ml per fill retail)
promethazine & phenylephrine syrp	P	QL(240 ml per 6 days retail); AL(At least 2 yrs old)
promethazine w/codeine soln	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
promethazine w/codeine syrp	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
promethazine-dm syrp	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine-phenylephrine-codeine syrp	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
pseudoephed-bromphen-dm syrp	P	QL(240 ml per fill retail)
pseudoephedrine w/ dm-gg liqd 10 mg/5ml-30 mg/5ml-100 mg/5ml	P	QL(240 ml per 6 days retail)
pseudoephedrine-dm liqd	P	
pseudoephedrine-guaifenesin syrp 100 mg/5ml-30 mg/5ml, 30 mg/5ml-100 mg/5ml	P	
pseudoephedrine-guaifenesin tb12 120 mg-1200 mg	P	
pseudoephedrine-guaifenesin tb12 60 mg-600 mg, 600 mg-60 mg	P	QL(210 ea per fill retail)
pseudoephedrine-ibuprofen tabs 200 mg-30 mg, 30 mg-200 mg	P	
PX DAYTIME MULTI-SYMPTOM CAPS	P	
PX NITETIME MULTI-SYMPTOM CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
ROBITUSSIN PEAK COLD DM SYRP (*dextromethorphan-guaifenesin*)	NP	QL(240 ml per fill retail)
SCOT-TUSSIN DM LIQD	P	
VIRTUSSIN DAC SOLN	P	
ZYRTEC-D ALLERGY/CONGESTION TB12 (*cetirizine-pseudoephedrine*)	NP	QL(2 ea daily)
Expectorants		
guaifenesin syrp 100 mg/5ml	P	QL(240 ml per 6 days retail)
guaifenesin tb12 1200 mg	P	
guaifenesin tb12 600 mg	P	QL(40 ea per fill retail)1 rtl MAX fill,31 rtl day(s) supply,
MUCINEX MAXIMUM STRENGTH TB12 (*guaifenesin*)	NP	
MUCINEX TB12 (*guaifenesin*)	NP	QL(40 ea per fill retail)1 rtl MAX fill,31 rtl day(s) supply,
potassium iodide (expectorant) soln	P	
SSKI SOLN (*potassium iodide (expectorant)*)	NP	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) aers 0.9 %	P	QL(240 ml per fill retail)
sodium chloride (inhalant) nebu 0.9 %, 10 %, 3 %	P	
Mucolytics		
acetylcysteine soln	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		

Drug Name	Drug Tier	Requirements/ Limits
ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG (*isotretinoin*)	NP	PA; QL(2 ea daily); AL(At least 12 yrs old)
ACNE MEDICATION 10 LOTN	P	
ACNE MEDICATION 5 LOTN	P	
BENZAC AC WASH LIQD (*benzoyl peroxide*)	NP	RX/OTC
benzoyl peroxide bar 10 %	P	
BENZOYL PEROXIDE CLEANSER LIQD	P	
benzoyl peroxide gel 2.5 %, 5 %, 10 %	P	
benzoyl peroxide liqd 4 %, 10 %	P	
benzoyl peroxide liqd 5 %	P	RX/OTC
CLEOCIN-T LOTN (*clindamycin phosphate (topical)*)	NP	
clindamycin phosphate (topical) gel	P	1 rtl pack lmt per fill,
clindamycin phosphate (topical) lotn	P	
clindamycin phosphate (topical) soln	P	
DIFFERIN DAILY DEEP CLEANSER LIQD (*benzoyl peroxide*)	NP	RX/OTC
ERYGEL GEL (*erythromycin (acne aid)*)	NP	1 rtl pack lmt per fill,
erythromycin (acne aid) gel	P	1 rtl pack lmt per fill,
erythromycin (acne aid) soln	P	
isotretinoin caps 30 mg, 10 mg, 20 mg, 40 mg	P	PA; QL(2 ea daily); AL(At least 12 yrs old)
KLARON LOTN (*sulfacetamide sodium (acne)*)	NP	QL(118 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A CREA 0.05 %, 0.1 %, 0.025 % (*tretinoin*)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.01 % (*tretinoin*)	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.025 % (*tretinoin*)	NP	AL(Up to 35 yrs old)
SODIUM SULFACETAMIDE/SULFUR SUSP 5 %-10 %	P	1 rtl pack lmt per fill,1 rtl MAX fill,30 rtl day(s) supply,
sulfacetamide sodium (acne) lotn	P	QL(118 ml per fill retail)
sulfacetamide sodium w/ sulfur lotn 5 %-10 %	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
tretinoin crea 0.05 %, 0.1 %, 0.025 %	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)
tretinoin gel 0.01 %	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)
tretinoin gel 0.025 %	P	AL(Up to 35 yrs old)
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) gel 1 %	P	QL(6.68 gm daily); RX/OTC
VOLTAREN GEL (*diclofenac sodium (topical)*)	NP	QL(6.68 gm daily); RX/OTC
Antibiotics - Topical		
BACIGUENT OINT EX (*bacitracin (topical)*)	NP	1 rtl pack lmt per fill,
bacitracin (topical) oint	P	1 rtl pack lmt per fill,
bacitracin zinc oint	P	1 rtl pack lmt per fill,
CENTANY OINT	P	QL(30 gm per 31 days retail)
gentamicin sulfate (topical) crea	P	QL(1 gm daily,30 gm per fill retail)
gentamicin sulfate (topical) oint	P	QL(1 gm daily,30 gm per fill retail)
mupirocin calcium (topical) crea	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
mupirocin oint	P	QL(30 gm per 31 days retail)
neomycin-bacitracin-polymyxin oint	P	QL(60 gm per 31 days retail)
neomycin-polymyxin w/ pramoxine crea	P	1 rtl pack lmt per fill,
NEOSPORIN ORIGINAL OINT (*neomycin-bacitracin-polymyxin*)	NP	QL(60 gm per 31 days retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (*neomycin-polymyxin w/ pramoxine*)	NP	1 rtl pack lmt per fill,
Antifungals - Topical		
clotrimazole (topical) crea	P	QL(60 gm per 31 days retail); RX/OTC
clotrimazole (topical) soln	P	1 rtl pack lmt per fill,; RX/OTC
clotrimazole w/ betamethasone crea	P	QL(45 gm per 31 days retail)
clotrimazole w/ betamethasone lotn	P	QL(31 ml per 31 days retail)
econazole nitrate crea	P	QL(30 gm per fill retail)
ketoconazole (topical) crea 2 %	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
ketoconazole (topical) sham 1 %	P	
ketoconazole (topical) sham 2 %	P	QL(120 ml per fill retail)
LAMISIL AT CREA (*terbinafine hcl (topical)*)	NP	
LAMISIL AT JOCK ITCH CREA (*terbinafine hcl (topical)*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF CREA (*clotrimazole (topical)*)	NP	QL(60 gm per 31 days retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (*clotrimazole (topical)*)	NP	QL(60 gm per 31 days retail); RX/OTC
MICATIN CREA (*miconazole nitrate (topical)*)	NP	QL(200 ml per 31 days retail)
miconazole nitrate (topical) crea	P	QL(200 ml per 31 days retail)
nystatin (topical) crea	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
nystatin (topical) oint	P	1 rtl pack lmt per fill,
nystatin (topical) powd	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
nystatin-triamcinolone crea	P	1 rtl pack lmt per fill,
nystatin-triamcinolone oint	P	1 rtl pack lmt per fill,
terbinafine hcl (topical) crea	P	
TINACTIN CREA (*tolnaftate*)	NP	QL(30 gm per fill retail)
tolnaftate crea	P	QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (*fluorouracil (topical)*)	NP	
EFUDEX CREA (*fluorouracil (topical)*)	NP	QL(40 gm per 31 days retail)
fluorouracil (topical) crea 0.5 %	P	
fluorouracil (topical) crea 5 %	P	QL(40 gm per 31 days retail)
fluorouracil (topical) soln 2 %, 5 %	P	QL(10 ml per 31 days retail)
Antipruritics - Topical		
camphor & menthol lotn 0.5 %-0.5 %	P	1 rtl pack lmt per fill,
SARNA LOTN (*camphor & menthol*)	NP	1 rtl pack lmt per fill,
Antipsoriatics		
calcipotriene crea	P	1 rtl pack lmt per fill,1 rtl MAX fill,31 rtl day(s) supply,
calcipotriene soln	P	1 rtl pack lmt per fill,1 rtl MAX fill,31 rtl day(s) supply,
DOVONEX CREA (*calcipotriene*)	NP	1 rtl pack lmt per fill,1 rtl MAX fill,31 rtl day(s) supply,
SILIQ SOSY	P	PA; SP
TALTZ SOAJ	P	PA; SP
TALTZ SOSY	P	PA; SP
tazarotene crea	P	1 rtl pack lmt per fill,; AL(Up to 18 yrs old)
TAZORAC CREA 0.05 %	P	1 rtl pack lmt per fill,; AL(Up to 18 yrs old)
TAZORAC CREA 0.1 % (*tazarotene*)	NP	1 rtl pack lmt per fill,; AL(Up to 18 yrs old)
TAZORAC GEL 0.05 %, 0.1 %	P	1 rtl pack lmt per fill,; AL(Up to 18 yrs old)
Antiseborrheic Products		
OVACE PLUS WASH LIQD (*sulfacetamide sodium*)	NP	
OVACE WASH LIQD (*sulfacetamide sodium*)	NP	
selenium sulfide lotn 1 %	P	1 rtl pack lmt per fill,
selenium sulfide lotn 2.5 %	P	1 rtl pack lmt per fill,1 rtl MAX fill,30 rtl day(s) supply,
selenium sulfide sham 1 %	P	1 rtl pack lmt per fill,

Drug Name	Drug Tier	Requirements/ Limits
SELSUN BLUE DAILY LOTN (*selenium sulfide*)	NP	1 rtl pack lmt per fill,
SELSUN BLUE LOTN (*selenium sulfide*)	NP	1 rtl pack lmt per fill,
SELSUN BLUE MEDICATED LOTN (*selenium sulfide*)	NP	1 rtl pack lmt per fill,
SELSUN BLUE MOISTURIZING LOTN (*selenium sulfide*)	NP	1 rtl pack lmt per fill,
sulfacetamide sodium liqd 10 %	P	
Antivirals - Topical		
acyclovir topical crea	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
acyclovir topical oint	P	1 rtl pack lmt per fill,
ZOVIRAX CREA EX 5 % (*acyclovir topical*)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s),
ZOVIRAX OINT EX 5 % (*acyclovir topical*)	NP	1 rtl pack lmt per fill,
Burn Products		
SILVADENE CREA (*silver sulfadiazine*)	NP	
silver sulfadiazine crea	P	
Corticosteroids - Topical		
betamethasone dipropionate (topical) crea	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
betamethasone dipropionate augmented crea	P	1 rtl pack lmt per fill,
betamethasone valerate crea 0.1 %	P	
betamethasone valerate lotn 0.1 %	P	
betamethasone valerate oint 0.1 %	P	
clobetasol propionate crea	P	1 rtl pack lmt per fill,
clobetasol propionate emollient base crea	P	1 rtl pack lmt per fill,
clobetasol propionate gel	P	1 rtl pack lmt per fill,
clobetasol propionate oint	P	1 rtl pack lmt per fill,
clobetasol propionate soln	P	1 rtl pack lmt per fill,
desonide crea	P	QL(2 gm daily)
desonide oint	P	QL(2 gm daily)
DESOWEN CREA (*desonide*)	NP	QL(2 gm daily)
desoximetasone crea 0.05 %, 0.25 %	P	1 rtl pack lmt per fill,
DIPROLENE AF CREA (*betamethasone dipropionate augmented*)	NP	1 rtl pack lmt per fill,
EPIFOAM FOAM	P	
fluocinonide crea 0.05 %	P	1 rtl pack lmt per fill,
fluocinonide emulsified base crea	P	1 rtl pack lmt per fill,
fluocinonide gel 0.05 %	P	1 rtl pack lmt per fill,
fluocinonide oint 0.05 %	P	1 rtl pack lmt per fill,
fluocinonide soln 0.05 %	P	1 rtl pack lmt per fill,
fluticasone propionate crea 0.05 %	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
fluticasone propionate oint 0.005 %	P	1 rtl pack lmt per fill,
hydrocortisone (topical) crea 0.5 %	P	1 rtl pack lmt per fill,
hydrocortisone (topical) crea 1 %	P	1 rtl pack lmt per fill,; RX/OTC
hydrocortisone (topical) crea 2.5 %	P	QL(120 gm per 31 days retail)
hydrocortisone (topical) lotn 2.5 %, 1 %	P	1 rtl pack lmt per fill,

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (topical) oint 1 %	P	QL(2 gm daily)1 rtl pack lmt amt,31 rtl pack lmt day(s),; RX/OTC
hydrocortisone (topical) oint 2.5 %	P	
hydrocortisone butyrate soln	P	
hydrocortisone-aloe vera crea 1 %	P	1 rtl pack lmt per fill,
mometasone furoate crea	P	1 rtl pack lmt per fill,
mometasone furoate oint	P	1 rtl pack lmt per fill,
mometasone furoate soln	P	1 rtl pack lmt per fill,
MONISTAT SOOTHING CARE ITCH RELIEF CREA (*hydrocortisone (topical)*)	NP	1 rtl pack lmt per fill,; RX/OTC
TEMOVATE CREA (*clobetasol propionate*)	NP	1 rtl pack lmt per fill,
TEMOVATE OINT (*clobetasol propionate*)	NP	1 rtl pack lmt per fill,
TOPICORT CREA 0.05 %, 0.25 % (*desoximetasone*)	NP	1 rtl pack lmt per fill,
triamcinolone acetonide (topical) crea 0.025 %	P	QL(30 gm per fill retail)
triamcinolone acetonide (topical) crea 0.1 %	P	
triamcinolone acetonide (topical) crea 0.5 %	P	1 rtl pack lmt per fill,
triamcinolone acetonide (topical) lotn 0.1 %, 0.025 %	P	1 rtl pack lmt per fill,
triamcinolone acetonide (topical) oint 0.025 %, 0.5 %	P	1 rtl pack lmt per fill,
triamcinolone acetonide (topical) oint 0.1 %	P	
TRIDESILON CREA (*desonide*)	NP	QL(2 gm daily)
Emollient/Keratolytic Agents		
urea crea 40 %	P	RX/OTC
urea lotn 40 %	P	
Emollients		
EMOLLIENT LOTION - MISC	P	
LAC-HYDRIN TWELVE LOTN (*lactic acid (ammonium lactate)*)	NP	QL(567 ml per 31 days retail); RX/OTC
lactic acid (ammonium lactate) crea 12 %	P	QL(385 gm per 31 days retail); RX/OTC
lactic acid (ammonium lactate) lotn 12 %	P	QL(567 ml per 31 days retail); RX/OTC
Immunomodulating Agents - Topical		
ALDARA CREA (*imiquimod*)	NP	QL(48 ea per 180 days retail)
imiquimod crea 5 %	P	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA (*pimecrolimus*)	NP	PA; QL(100 gm per 31 days retail); AL(At least 2 yrs old)
pimecrolimus crea	P	PA; QL(100 gm per 31 days retail); AL(At least 2 yrs old)
PROTOPIC OINT 0.03 % (*tacrolimus (topical)*)	NP	PA; QL(100 gm per 31 days retail); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % (*tacrolimus (topical)*)	NP	PA; QL(100 gm per 31 days retail); AL(At least 16 yrs old)
tacrolimus (topical) oint 0.03 %	P	PA; QL(100 gm per 31 days retail); AL(At least 2 yrs old)
tacrolimus (topical) oint 0.1 %	P	PA; QL(100 gm per 31 days retail); AL(At least 16 yrs old)
Keratolytic/Antimitotic Agents		

Drug Name	Drug Tier	Requirements/ Limits
DERMAREST PSORIASIS GEL	P	
KERALYT GEL 3 %	P	
KERALYT GEL 6 % (*salicylic acid*)	NP	
podofilox soln	P	
salicylic acid gel ex 6 %	P	
Local Anesthetics - Topical		
capsaicin crea	P	1 rtl pack lmt per fill,
CAPZASIN-HP CREA (*capsaicin*)	NP	1 rtl pack lmt per fill,
CAPZASIN-P CREA	P	1 rtl pack lmt per fill,
CASTIVA WARMING LOTN	P	1 rtl pack lmt per fill,
dibucaine oint	P	1 rtl pack lmt per fill,
lidocaine crea ex 4 %	P	1 rtl pack lmt per fill,
lidocaine hcl crea ex 3 %	P	1 rtl pack lmt per fill,; RX/OTC
lidocaine hcl crea ex 4 %	P	1 rtl pack lmt per fill,
lidocaine hcl gel ex 2 %	P	QL(1 ml daily,30 ml per fill retail)
lidocaine hcl gel ex 2 %	P	QL(1 ml daily,30 ml per fill retail); RX/OTC
lidocaine-prilocaine crea	P	1 rtl pack lmt per fill,
LMX 4 CREA (*lidocaine*)	NP	1 rtl pack lmt per fill,
PREDATOR CREA (*lidocaine hcl*)	NP	1 rtl pack lmt per fill,
Misc. Topical		
BASIS FACIAL MOISTURIZER CREA	P	
BASIS OVERNIGHT CREA	P	
CARRINGTON MOISTURE BARRIER CREA	P	
CARRINGTON MOISTURE BARRIER/ZINC CREA	P	
DRYSOL SOLN	P	
EUCERIN CREA (*skin protectants, misc.*)	NP	
HYDRO-LAN CREA	P	
HYDROCERIN CREA	P	
lanolin (topical) crea	P	
LANOLOR CREA	P	
REMEDY PHYTOPLEX HYDRAGUARD CREA	P	
SENSI-CARE MOISTURIZING CREA	P	
skin protectants, misc. crea	P	
SORBIDON HYDRATE CREA	P	
zinc oxide (topical) oint 20 %	P	1 rtl pack lmt per fill,
Rosacea Agents		
METROCREAM CREA (*metronidazole (topical)*)	NP	QL(45 gm per 31 days retail)
METROLOTION LOTN (*metronidazole (topical)*)	NP	
metronidazole (topical) crea 0.75 %	P	QL(45 gm per 31 days retail)
metronidazole (topical) gel 0.75 %	P	QL(45 gm per 31 days retail)
metronidazole (topical) lotn 0.75 %	P	
Scabicides & Pediculicides		
crotamiton lotn	P	1 rtl pack lmt per fill,
CVS LICE SOLUTION KIT 3-STEP KIT	P	
ELIMITE CREA (*permethrin*)	NP	QL(60 gm per fill retail)
LICEMD GEL	P	

Drug Name	Drug Tier	Requirements/ Limits
malathion lotn	P	QL(59 ml per fill retail)2 rtl MAX fill,31 rtl day(s) supply,
NATROBA SUSP (*spinosad*)	NP	Limited to Age 6 months and older
NIX CREME RINSE LIQD (*permethrin*)	NP	
OVIDE LOTN (*malathion*)	NP	QL(59 ml per fill retail)2 rtl MAX fill,31 rtl day(s) supply,
permethrin crea ex 5 %	P	QL(60 gm per fill retail)
permethrin liqd ex 1 %	P	
permethrin lotn ex 1 %	P	QL(60 ml per fill retail)
pyrethrins-piperonyl butoxide liqd	P	
pyrethrins-piperonyl butoxide sham	P	
pyrethrins-piperonyl butoxide-permethrin-nit remover kit	P	
RID COMPLETE LICE ELIMINATION KIT (*pyrethrins-piperonyl butoxide-permethrin-nit remover*)	NP	
RID ESSENTIAL LICE ELIMINATION KIT KIT	P	
RID LIQD EX 0.33 %-4 % (*pyrethrins-piperonyl butoxide*)	NP	
SCHOOLTIME SHAMPOO SHAM	P	1 rtl pack lmt amt,14 rtl pack lmt day(s),
spinosad susp	P	Limited to Age 6 months and older
Tar Products		
coal tar extract sham 0.5 %	P	
DHS TAR GEL SHAM (*coal tar extract*)	NP	
DHS TAR SHAM (*coal tar extract*)	NP	
NEUTROGENA T/GEL SHAM (*coal tar extract*)	NP	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (*coal tar extract*)	NP	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
CHEMSTRIP-K STRP	P	
KETONE STRP	P	
KETONE TEST STRIPS STRP	P	
KETOSTIX STRP	P	
ONETOUCH ULTRA STRP	P	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
RELION KETONE TEST STRIPS STRP	P	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
PANCREAZE CPEP	P	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12	P	
acetazolamide tabs	P	
methazolamide tabs	P	
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (*spironolactone & hydrochlorothiazide*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
amiloride & hydrochlorothiazide tabs	P	QL(1 ea daily)
DYAZIDE CAPS (*triamterene & hydrochlorothiazide*)	NP	
MAXZIDE TABS (*triamterene & hydrochlorothiazide*)	NP	
MAXZIDE-25 TABS (*triamterene & hydrochlorothiazide*)	NP	QL(2 ea daily)
spironolactone & hydrochlorothiazide tabs	P	
triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	P	
triamterene & hydrochlorothiazide tabs 25 mg-37.5 mg, 37.5 mg-25 mg	P	QL(2 ea daily)
triamterene & hydrochlorothiazide tabs 50 mg-75 mg	P	
Loop Diuretics		
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	P	
BUMEX TABS (*bumetanide*)	NP	
furosemide soln or 10 mg/ml, 8 mg/ml	P	
furosemide tabs or 20 mg, 40 mg, 80 mg	P	
LASIX TABS (*furosemide*)	NP	
SOAANZ TABS 20 MG	P	
torsemide tabs 10 mg, 100 mg, 5 mg	P	QL(1 ea daily)
torsemide tabs 20 mg	P	
Potassium Sparing Diuretics		
ALDACTONE TABS (*spironolactone*)	NP	
amiloride hcl tabs	P	QL(4 ea daily)
spironolactone tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
Thiazides and Thiazide-Like Diuretics		
chlorthalidone tabs	P	
hydrochlorothiazide caps 12.5 mg	P	
hydrochlorothiazide tabs 25 mg, 50 mg	P	
indapamide tabs	P	
metolazone tabs	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (*risedronate sodium*)	NP	PA; QL(4 ea per 28 days retail)
alendronate sodium soln 70 mg/75ml	P	QL(10.8 ml daily)
alendronate sodium tabs 10 mg, 5 mg	P	QL(1 ea daily)
alendronate sodium tabs 35 mg, 70 mg	P	QL(0.15 ea daily)
ATELVIA TBEC (*risedronate sodium*)	NP	PA; QL(4 ea per 28 days retail)
calcitonin (salmon) soln ij 200 unit/ml	P	QL(2 ml per fill retail)
calcitonin (salmon) soln na 200 unit/act	P	1 rtl pack lmt per fill,
FOSAMAX TABS (*alendronate sodium*)	NP	QL(0.15 ea daily)
MIACALCIN SOLN (*calcitonin (salmon)*)	NP	QL(2 ml per fill retail)
risedronate sodium tabs 30 mg, 5 mg	P	PA; QL(1 ea daily)
risedronate sodium tabs 35 mg	P	PA; QL(4 ea per 28 days retail)
risedronate sodium tbec 35 mg	P	PA; QL(4 ea per 28 days retail)
TYMLOS SOPN	P	PA; SP
GnRH/LHRH Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
ORILISSA TABS	P	PA; SP
Growth Hormones		
NORDITROPIN FLEXPRO SOPN	P	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (*raloxifene hcl*)	NP	QL(1 ea daily)
raloxifene hcl tabs	P	QL(1 ea daily)
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT	P	PA; SP
Metabolic Modifiers		
calcitriol caps or 0.25 mcg, 0.5 mcg	P	
CARNITOR SF SOLN (*levocarnitine (metabolic modifiers)*)	NP	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML (*levocarnitine (metabolic modifiers)*)	NP	QL(30 ml daily)
CARNITOR TABS OR 330 MG (*levocarnitine (metabolic modifiers)*)	NP	QL(3 ea daily)
levocarnitine (metabolic modifiers) soln 1 gm/10ml	P	QL(30 ml daily)
levocarnitine (metabolic modifiers) tabs 330 mg	P	QL(3 ea daily)
ROCALTROL CAPS 0.25 MCG, 0.5 MCG (*calcitriol*)	NP	
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 %	P	PA; QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (*desmopressin acetate spray*)	NP	PA; QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (*desmopressin acetate*)	NP	QL(6 ea daily)
desmopressin acetate spray refrigerated soln	P	PA; QL(5 ml per fill retail)
desmopressin acetate spray soln	P	PA; QL(5 ml per fill retail)
desmopressin acetate tabs	P	QL(6 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (*estradiol & norethindrone acetate*)	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	Limit 8 patches per month;QL(0.28 6 ea daily)
estradiol & norethindrone acetate tabs	P	QL(1 ea daily)
FEMHRT TABS (*norethindrone acetate-ethinyl estradiol*)	NP	
norethindrone acetate-ethinyl estradiol tabs	P	
PREMPRO TABS	P	
Estrogens		
ALORA PTTW	P	Limit 8 patches per month;QL(0.28 6 ea daily)
CLIMARA PTWK (*estradiol*)	NP	Limit 4 patches per month;QL(0.14 3 ea daily)
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (*estradiol*)	NP	
estradiol pttw td 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	P	Limit 8 patches per month;QL(0.28 6 ea daily)
estradiol pttw td 0.0375 mg/24hr	P	QL(0.286 ea daily)
estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr	P	Limit 4 patches per month;QL(0.14 3 ea daily)
estradiol tabs or 0.5 mg, 1 mg, 2 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NP	Limit 8 patches per month;QL(0.28 6 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR (*estradiol*)	NP	QL(0.286 ea daily)
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	QL(1 ea daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NP	Limit 8 patches per month;QL(0.28 6 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR (*estradiol*)	NP	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (*ciprofloxacin hcl*)	NP	
ciprofloxacin hcl tabs 100 mg	P	QL(6 ea per fill retail)
ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg	P	
levofloxacin tabs or 250 mg, 500 mg, 750 mg	P	QL(14 ea per fill retail)
ofloxacin tabs 400 mg	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (*simethicone*)	NP	
MYLICON INFANTS GAS RELIEF SUSP (*simethicone*)	NP	
simethicone chew 80 mg	P	
simethicone liqd 20 mg/0.3ml, 40 mg/0.6ml	P	
simethicone susp 20 mg/0.3ml, 40 mg/0.6ml	P	
Gallstone Solubilizing Agents		
ACTIGALL CAPS (*ursodiol*)	NP	
URSO 250 TABS (*ursodiol*)	NP	QL(7 ea daily)
ursodiol caps 300 mg	P	
ursodiol tabs 250 mg	P	QL(7 ea daily)
Gastrointestinal Stimulants		
metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml	P	
metoclopramide hcl tabs or 10 mg, 5 mg	P	
REGLAN TABS (*metoclopramide hcl*)	NP	
Inflammatory Bowel Agents		
APRISO CP24 (*mesalamine*)	NP	
ASACOL HD TBEC (*mesalamine*)	NP	QL(3 ea daily)
AVSOLA SOLR	P	PA; SP
AZULFIDINE EN-TABS TBEC (*sulfasalazine*)	NP	
AZULFIDINE TABS (*sulfasalazine*)	NP	
balsalazide disodium caps	P	QL(9 ea daily)
COLAZAL CAPS (*balsalazide disodium*)	NP	QL(9 ea daily)
DELZICOL CPDR (*mesalamine*)	NP	
INFLECTRA SOLR	P	PA; SP
LIALDA TBEC (*mesalamine*)	NP	
mesalamine cp24 or 0.375 gm	P	
mesalamine cpdr or 400 mg	P	
mesalamine enem re 4 gm	P	QL(60 ml daily)
mesalamine tbec or 1.2 gm	P	
mesalamine tbec or 800 mg	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RENFLEXIS SOLR	P	PA; SP
SFROWASA ENEM	P	
sulfasalazine tabs	P	
sulfasalazine tbec	P	
Intestinal Acidifiers		
lactulose (encephalopathy) soln	P	
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbcr 540 mg, 10 meq, 1080 mg	P	
sodium citrate & citric acid soln	P	QL(16.67 ml daily); RX/OTC
UROCIT-K 10 TBCR (*potassium citrate (alkalinizer)*)	NP	
UROCIT-K 5 TBCR (*potassium citrate (alkalinizer)*)	NP	
Genitourinary Irrigants		
sodium chloride (gu irrigant) soln	P	
Prostatic Hypertrophy Agents		
finasteride tabs	P	QL(1 ea daily)
FLOMAX CAPS (*tamsulosin hcl*)	NP	QL(2 ea daily)
PROSCAR TABS (*finasteride*)	NP	QL(1 ea daily)
tamsulosin hcl caps	P	QL(2 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs 100 mg, 200 mg	P	
PYRIDIUM TABS (*phenazopyridine hcl*)	NP	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	P	
Gout Agents		
allopurinol tabs	P	
colchicine tabs	P	QL(6 ea per fill retail)1 rtl MAX fill,31 rtl day(s) supply,
COLCRYS TABS (*colchicine*)	NP	QL(6 ea per fill retail)1 rtl MAX fill,31 rtl day(s) supply,
ZYLOPRIM TABS (*allopurinol*)	NP	
Uricosurics		
probenecid tabs	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (*icatibant acetate*)	NP	PA; SP
icatibant acetate soln	P	PA; SP
Complement Inhibitors		
HAEGARDA SOLR	P	PA; SP
Hematorheologic Agents		
pentoxifylline tbcr	P	
Platelet Aggregation Inhibitors		
BRILINTA TABS	P	QL(2 ea daily)
cilostazol tabs	P	QL(2 ea daily)
clopidogrel bisulfate tabs or 75 mg	P	QL(1 ea daily)
dipyridamole tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
EFFIENT TABS (*prasugrel hcl*)	NP	QL(1 ea daily)
PLAVIX TABS (*clopidogrel bisulfate*)	NP	QL(1 ea daily)
prasugrel hcl tabs	P	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
Cobalamins		
cyanocobalamin soln 1000 mcg/ml	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		
folic acid tabs 1 mg	P	RX/OTC
folic acid tabs 800 mcg, 400 mcg	P	QL(1 ea daily)
Hematopoietic Growth Factors		
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P	PA; SP
ZARXIO SOSY	P	PA; SP
ZIEXTENZO SOSY	P	PA; SP
Hematopoietic Mixtures		
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (*ferrous sulfate*)	NP	QL(3.4 ml daily)
FERRETTS TABS	P	QL(2 ea daily)
ferrous fumarate tabs	P	QL(2 ea daily)
FERROUS GLUCONATE TABS	P	QL(3.34 ea daily)
ferrous sulfate elix 220 mg/5ml	P	
ferrous sulfate soln 15 mg/ml	P	QL(3.4 ml daily)
ferrous sulfate tabs 325 mg, 65 mg	P	
FERROUS SULFATE TBEC 324 MG	P	
ferrous sulfate tbec 325 mg	P	
HEMOCYTE TABS (*ferrous fumarate*)	NP	QL(2 ea daily)
IRON CHEWS PEDIATRIC CHEW	P	
IRON TABS	P	
polysaccharide iron complex caps	P	QL(1 ea daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
LYSTEDA TABS (*tranexamic acid*)	NP	QL(30 ea per 5 days retail)1 rtl MAX fill,31 rtl day(s) supply,; AL(At least 12 yrs old)
tranexamic acid tabs or 650 mg	P	QL(30 ea per 5 days retail)1 rtl MAX fill,31 rtl day(s) supply,; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) caps 50 mg	P	
diphenhydramine hcl (sleep) tabs 25 mg	P	QL(1 ea daily)
diphenhydramine hcl (sleep) tabs 50 mg	P	
doxylamine succinate (sleep) tabs	P	
NYTOL MAXIMUM STRENGTH TABS (*diphenhydramine hcl (sleep)*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
UNISOM SLEEPGELS CAPS (*diphenhydramine hcl (sleep)*)	NP	
UNISOM SLEEPTABS TABS (*doxylamine succinate (sleep)*)	NP	
Barbiturate Hypnotics		
phenobarbital elix	P	
phenobarbital soln	P	
phenobarbital tabs	P	
Non-Barbiturate Hypnotics		
AMBIEN TABS (*zolpidem tartrate*)	NP	QL(1 ea daily)
flurazepam hcl caps	P	QL(1 ea daily)
HALCION TABS (*triazolam*)	NP	
midazolam hcl soln ij 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 10 mg/10ml, 25 mg/5ml, 5 mg/ml, 50 mg/10ml	P	
RESTORIL CAPS 15 MG, 30 MG (*temazepam*)	NP	QL(1 ea daily); AL(At least 18 yrs old)
temazepam caps 15 mg, 30 mg	P	QL(1 ea daily); AL(At least 18 yrs old)
triazolam tabs	P	
zaleplon caps 10 mg	P	QL(2 ea daily); AL(At least 18 yrs old)
zaleplon caps 5 mg	P	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate tabs or 10 mg, 5 mg	P	QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs	P	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EVAC POWD (*psyllium*)	NP	
FIBERCON TABS (*calcium polycarbophil*)	NP	QL(10 ea daily)
KONSYL DAILY FIBER POWD 100 % (*psyllium*)	NP	
METAMUCIL CAPS 0.52 GM (*psyllium*)	NP	
METAMUCIL ORIGINAL TEXTURE POWD (*psyllium*)	NP	
METAMUCIL POWD 48.57 % (*psyllium*)	NP	
NATURAL FIBER LAXATIVE POWD	P	
psyllium caps 0.52 gm, 520 mg	P	
psyllium powd 30.9 %, 33 %, 68 %, 30 %, 100 %, 48.57 %, 58.6 %, 28.3 %	P	
Laxative Combinations		
GOLYTELY SOLR (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*)	NP	1 rtl pack lmt per fill,
NULYTELY SOLR (*peg 3350-potassium chloride-sod bicarbonate-sod chloride*)	NP	1 rtl pack lmt per fill,
NULYTELY/FLAVOR PACKS SOLR (*peg 3350-potassium chloride-sod bicarbonate-sod chloride*)	NP	1 rtl pack lmt per fill,
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	P	1 rtl pack lmt per fill,
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	P	1 rtl pack lmt per fill,
PEG-PREP KIT	P	
sennosides-docusate sodium tabs	P	QL(4 ea daily)
SENOKOT S TABS (*sennosides-docusate sodium*)	NP	QL(4 ea daily)
Laxatives - Miscellaneous		

Drug Name	Drug Tier	Requirements/ Limits
glycerin (laxative) supp 2 gm	P	
GLYCERIN ADULT SUPP (*glycerin (laxative)*)	NP	
lactulose soln 10 gm/15ml, 20 gm/30ml	P	
MIRALAX POWD 17 GM/SCOOP (*polyethylene glycol 3350*)	NP	QL(34 gm daily)
polyethylene glycol 3350 powd 17 gm/scoop	P	QL(34 gm daily)
SORBITOL SOLN OR 70 %	P	
Saline Laxatives		
FLEET ENEMA ENEM (*sodium phosphates*)	NP	
FLEET ENEMA SIX PACK ENEM (*sodium phosphates*)	NP	
FLEET PEDIATRIC ENEM (*sodium phosphates*)	NP	
magnesium citrate soln 1.745 gm/30ml,	P	
magnesium hydroxide susp 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %	P	QL(32 ml daily)
sodium phosphates enem	P	
Stimulant Laxatives		
bisacodyl supp re 10 mg	P	QL(12 ea per fill retail)
bisacodyl tbec or 5 mg	P	QL(1 ea daily)
DULCOLAX PINK LAXATIVE TBEC (*bisacodyl*)	NP	QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (*bisacodyl*)	NP	QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (*bisacodyl*)	NP	QL(1 ea daily)
sennosides tabs 8.6 mg	P	
SENOKOT TABS (*sennosides*)	NP	
Surfactant Laxatives		
COLACE CAPS (*docusate sodium*)	NP	QL(3 ea daily)
COLACE CLEAR CAPS (*docusate sodium*)	NP	
docusate sodium caps or 250 mg, 100 mg	P	QL(3 ea daily)
docusate sodium caps or 50 mg	P	
docusate sodium liqd or 100 mg/10ml, 150 mg/15ml, 50 mg/5ml	P	
docusate sodium syrp or 60 mg/15ml	P	
docusate sodium tabs or 100 mg	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin pack or 1 gm	P	QL(2 ea per fill retail)
azithromycin susr or 100 mg/5ml	P	1 rtl pack lmt per fill,
azithromycin susr or 200 mg/5ml	P	QL(60 ml per fill retail)
azithromycin tabs or 250 mg	P	QL(6 ea per fill retail)
azithromycin tabs or 500 mg	P	QL(4 ea daily)
azithromycin tabs or 600 mg	P	QL(8 ea per 28 days retail)
ZITHROMAX PACK OR 1 GM (*azithromycin*)	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR OR 100 MG/5ML (*azithromycin*)	NP	1 rtl pack lmt per fill,
ZITHROMAX SUSR OR 200 MG/5ML (*azithromycin*)	NP	QL(60 ml per fill retail)
ZITHROMAX TABS OR 250 MG (*azithromycin*)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (*azithromycin*)	NP	QL(4 ea daily)
ZITHROMAX TRI-PAK TABS (*azithromycin*)	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (*azithromycin*)	NP	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Clarithromycin		
clarithromycin susr 125 mg/5ml	P	1 rtl pack lmt per fill,
clarithromycin susr 250 mg/5ml	P	2 rtl pack lmt per fill,
clarithromycin tabs 250 mg, 500 mg	P	QL(28 ea per fill retail)
clarithromycin tb24 500 mg	P	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (*erythromycin ethylsuccinate*)	NP	
ERYPED 200 SUSR (*erythromycin ethylsuccinate*)	NP	
ERYPED 400 SUSR (*erythromycin ethylsuccinate*)	NP	
erythromycin base cpep	P	
erythromycin base tabs	P	
erythromycin base tbec	P	
erythromycin ethylsuccinate susr	P	
erythromycin ethylsuccinate tabs	P	
erythromycin stearate tabs	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
BANDAGES-DRESSINGS-TAPE - MISC	P	
Contraceptives		
CONDOMS-MISC	P	36 per 31 days
FC2 FEMALE CONDOM MISC	P	Limit 12 ea per 31 days retail;QL(12 ea per 31 days retail)
Diabetic Supplies		

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	P	QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	P	QL(6.67 ea daily)
ADVANCED MOBILE LANCET 30G MISC	P	QL(6.67 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 32G MISC	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G MISC	P	QL(6.67 ea daily)
AURORA LANCET SUPER THIN30G MISC	P	QL(6.67 ea daily)
AURORA LANCET THIN 23G MISC	P	QL(6.67 ea daily)
BD LANCET ULTRAFINE 30G MISC	P	QL(6.67 ea daily)
CAREONE LANCET SUPER THIN/30G MISC	P	QL(6.67 ea daily)
CAREONE LANCET THIN MISC	P	QL(6.67 ea daily)
CARESENS LANCETS MISC	P	QL(6.67 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	P	QL(6.67 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	P	QL(6.67 ea daily)
COMFORT LANCETS MISC	P	QL(6.67 ea daily)
CVS LANCETS 21G MISC	P	QL(6.67 ea daily)
CVS LANCETS MICRO THIN 33G MISC	P	QL(6.67 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	P	QL(6.67 ea daily)
CVS LANCETS ORIGINAL MISC	P	QL(6.67 ea daily)
CVS LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS ULTRA-THIN 30G MISC	P	QL(6.67 ea daily)
CVS ULTRA THIN LANCETS MISC	P	QL(6.67 ea daily)
DIATHRIVE LANCETS MISC	P	QL(6.67 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	P	QL(6.67 ea daily)
DROPLET LANCETS ULTRA THIN 30G MISC	P	QL(6.67 ea daily)
DRUG MART LANCETS THIN MISC	P	QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	P	QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	P	QL(6.67 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	P	QL(6.67 ea daily)
E-Z JECT LANCETS 21G MISC	P	QL(6.67 ea daily)
E-Z JECT LANCETS COLOR MISC	P	QL(6.67 ea daily)
E-Z JECT LANCETS MISC	P	QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	P	QL(6.67 ea daily)
EQL COLOR LANCETS 21G MISC	P	QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	P	QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G MISC	P	QL(6.67 ea daily)
EQL THIN LANCETS 26G MISC	P	QL(6.67 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	P	QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	P	QL(6.67 ea daily)
EZ-LETS LANCETS 30G MISC	P	QL(6.67 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	P	QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	P	QL(6.67 ea daily)
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM DEVI	P	PA; QL(1 ea per 365 days retail)
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM MISC	P	PA; QL(2 ea per 28 days retail)
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM DEVI	P	PA; QL(1 ea per 365 days retail)
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM MISC	P	PA; QL(2 ea per 28 days retail)
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM DEVI	P	PA; QL(1 ea per 365 days retail)

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM MISC	P	PA; QL(3 ea per 30 days retail)
GENTLE-LET GP LANCETS MISC	P	QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	P	QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	P	QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	P	QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	P	QL(6.67 ea daily)
GLUCOCOM LANCETS 28G MISC	P	QL(6.67 ea daily)
GLUCOCOM LANCETS 30G MISC	P	QL(6.67 ea daily)
GNP LANCETS 21G MISC	P	QL(6.67 ea daily)
GNP LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
GNP LANCETS THIN MISC	P	QL(6.67 ea daily)
GNP STERILE LANCETS 28G MISC	P	QL(6.67 ea daily)
GNP STERILE LANCETS 30G MISC	P	QL(6.67 ea daily)
GNP STERILE LANCETS 33G MISC	P	QL(6.67 ea daily)
GOJJI STERILE LANCETS 30G MISC	P	QL(6.67 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	P	QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	P	QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	P	QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	P	QL(6.67 ea daily)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
HY-VEE LANCETS MISC	P	QL(6.67 ea daily)
HY-VEE THIN LANCETS MISC	P	QL(6.67 ea daily)
KINNEY LANCETS MISC	P	QL(6.67 ea daily)
KINNEY THIN LANCETS MISC	P	QL(6.67 ea daily)
KROGER HEALTHPRO TWIST LANCETS/26G MISC	P	QL(6.67 ea daily)
KROGER LANCETS 21G MISC	P	QL(6.67 ea daily)
KROGER LANCETS MICRO THIN33G MISC	P	QL(6.67 ea daily)
KROGER LANCETS MISC	P	QL(6.67 ea daily)
KROGER LANCETS SUPER THIN MISC	P	QL(6.67 ea daily)
KROGER LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
KROGER LANCETS THIN MISC	P	QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	P	QL(6.67 ea daily)
LANCET DEVICE - MISC	P	1 per 180 days
LANCETS - MISC	P	200 per 31 days
LANCETS 26G TWIST TOP MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 28G MISC	P	QL(6.67 ea daily)
LANCETS 30G MISC	P	QL(6.67 ea daily)
LANCETS MISC	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 21G MISC	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G MISC	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 28G MISC	P	QL(6.67 ea daily)
LANCETS THIN MISC	P	QL(6.67 ea daily)
LANCETS ULTRA THIN MISC	P	QL(6.67 ea daily)
LIVE BETTER LANCET SUPERTHIN 30G MISC	P	QL(6.67 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	P	QL(6.67 ea daily)
LONGS LANCETS STANDARD MISC	P	QL(6.67 ea daily)
LONGS LANCETS THIN MISC	P	QL(6.67 ea daily)
MEDISENSE THIN LANCETS MISC	P	QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	P	QL(6.67 ea daily)
MEIJER LANCETS MISC	P	QL(6.67 ea daily)
MEIJER LANCETS THIN MISC	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	P	QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS MISC	P	QL(6.67 ea daily)
MONOLET LANCETS MISC	P	QL(6.67 ea daily)
MONOLET OPD LANCETS MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVA SUREFLEX LANCETS MISC	P	QL(6.67 ea daily)
ONETOUCH CLUB LANCETS FINE POINT MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	P	QL(6.67 ea daily)
ONETOUCH FINEPOINT LANCETS MISC	P	QL(6.67 ea daily)
ONETOUCH ULTRA 2 KIT	P	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRA CONTROL SOLN	P	
ONETOUCH ULTRA MINI KIT	P	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRASOFT LANCETS MISC	P	QL(6.67 ea daily)
ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN	P	
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	P	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO KIT	P	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO MID CONTROL SOLUTION SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO REFLECT KIT	P	QL(1 ea per 365 days retail); RX/OTC
PC LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
PERFECT LANCETS 30G MISC	P	QL(6.67 ea daily)
PHARMACY COUNTER LANCETS MISC	P	QL(6.67 ea daily)
PRECISION THINS GP LANCET MISC	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
PRODIGY TWIST TOP LANCETS MISC	P	QL(6.67 ea daily)
PSS SELECT GP LANCETS MISC	P	QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS MISC	P	QL(6.67 ea daily)
PX LANCETS MICROTHIN 33G MISC	P	QL(6.67 ea daily)
PX LANCETS ULTRA THIN MISC	P	QL(6.67 ea daily)
QC LANCETS SUPER THIN MISC	P	QL(6.67 ea daily)
QC LANCETS ULTRA THIN MISC	P	QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G MISC	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	P	QL(6.67 ea daily)
REALITY LANCETS MISC	P	QL(6.67 ea daily)
RELION LANCETS MICRO-THIN33G MISC	P	QL(6.67 ea daily)
RELION LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	P	QL(6.67 ea daily)
RELION ULTRA THIN LANCETS/30G MISC	P	QL(6.67 ea daily)
RELION ULTRA THIN LANCETS30G MISC	P	QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	P	QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	P	QL(6.67 ea daily)
REXALL LANCETS ULTRA THIN MISC	P	QL(6.67 ea daily)
RIGHTEST GL300 LANCETS MISC	P	QL(6.67 ea daily)
SAFETY SEAL LANCETS 28G MISC	P	QL(6.67 ea daily)
SAFETY SEAL LANCETS 30G MISC	P	QL(6.67 ea daily)
SB LANCETS THIN MISC	P	QL(6.67 ea daily)
SB LANCETS ULTRA THIN MISC	P	QL(6.67 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	P	QL(6.67 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	P	QL(6.67 ea daily)
SM MICRO THIN LANCETS 33G MISC	P	QL(6.67 ea daily)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	P	QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	P	QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	P	QL(6.67 ea daily)
STERILANCE TL MISC	P	QL(6.67 ea daily)
SUPER THIN LANCETS MISC	P	QL(6.67 ea daily)
TECHLITE AST LANCETS MISC	P	QL(6.67 ea daily)
TECHLITE LANCETS 30G MISC	P	QL(6.67 ea daily)
TECHLITE LANCETS MISC	P	QL(6.67 ea daily)
TGT LANCET MICRO THIN 33G MISC	P	QL(6.67 ea daily)
TGT LANCET THIN 26G MISC	P	QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G MISC	P	QL(6.67 ea daily)
THINLETS GP LANCETS MISC	P	QL(6.67 ea daily)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	P	QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	P	QL(6.67 ea daily)
ULTILET CLASSIC LANCETS MISC	P	QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET MISC	P	QL(6.67 ea daily)
UNILET EXCELITE II MISC	P	QL(6.67 ea daily)
UNILET EXCELITE MISC	P	QL(6.67 ea daily)
UNILET G.P. LANCET MISC	P	QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	P	QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN MISC	P	QL(6.67 ea daily)
UNILET LANCET MISC	P	QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	P	QL(6.67 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	P	QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	P	QL(6.67 ea daily)
UNILET SUPERLITE LANCET MISC	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	P	QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	P	QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	P	QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	P	QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	P	QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
VALUMARK LANCET SUPER THIN 30G MISC	P	QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	P	QL(6.67 ea daily)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	P	QL(6.67 ea daily)
Misc. Devices		
ALCOHOL PREP PADS - MISC	P	400 per claim
ALCOHOL PREP PADS PADS	P	QL(400 ea per fill retail); RX/OTC
ALCOHOL SWABS PADS	P	QL(400 ea per fill retail); RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS	P	QL(400 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD SWABS SINGLE USE PADS	P	QL(400 ea per fill retail); RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS	P	QL(400 ea per fill retail); RX/OTC
CURITY ALCOHOL SWABS PADS	P	QL(400 ea per fill retail); RX/OTC
CVS PREP PADS PADS	P	QL(400 ea per fill retail); RX/OTC
DROPSAFE ALCOHOL PREP PADS PADS	P	QL(400 ea per fill retail); RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS	P	QL(400 ea per fill retail); RX/OTC
EQL ALCOHOL SWABS PADS	P	QL(400 ea per fill retail); RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS	P	QL(400 ea per fill retail); RX/OTC
GNP ALCOHOL SWABS PADS	P	QL(400 ea per fill retail); RX/OTC
H-E-B INCONTROL ALCOHOL PADS PADS	P	QL(400 ea per fill retail); RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS	P	QL(400 ea per fill retail); RX/OTC
QC ALCOHOL SWABS PADS	P	QL(400 ea per fill retail); RX/OTC
RA ALCOHOL SWABS PADS	P	QL(400 ea per fill retail); RX/OTC
REALITY SWABS PADS	P	QL(400 ea per fill retail); RX/OTC
RELION ALCOHOL SWABS PADS	P	QL(400 ea per fill retail); RX/OTC
SB ALCOHOL PREP PADS PADS	P	QL(400 ea per fill retail); RX/OTC
SHOPKO ALCOHOL SWABS PADS	P	QL(400 ea per fill retail); RX/OTC
SM ALCOHOL PREP PADS PADS	P	QL(400 ea per fill retail); RX/OTC
TGT ALCOHOL SWABS PADS	P	QL(400 ea per fill retail); RX/OTC
ULTICARE ALCOHOL SWABS PADS	P	QL(400 ea per fill retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	P	QL(400 ea per fill retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	P	QL(400 ea per fill retail); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	P	QL(400 ea per fill retail); RX/OTC
Parenteral Therapy Supplies		
BD AUTOSHIELD 29G X 3/16" MISC	P	QL(5 ea daily)
BD AUTOSHIELD DUO 30G X 5MM MISC	P	QL(5 ea daily)
BD PEN NEEDLES	P	5 per day
INSULIN SYRINGES - MISC	P	5 per day
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ml per 360 days retail); RX/OTC
ACTIVITY POUCH MISC	P	QL(1 ml per 360 days retail); RX/OTC
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADULT MASK DEVI	P	RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ml per 360 days retail); RX/OTC
ADULT MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
AEROBIKA DEVI	P	RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MV MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROTRACH PLUS MISC	P	QL(1 ml per 360 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ml per 360 days retail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC
ARIAL CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ml per 360 days retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	RX/OTC
BREATHERITE W/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/SMALL MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ml per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CO MONITOR DEVI	P	RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ml per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
EASIVENT MISC	P	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-LARGE MISC	P	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	P	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW 300 MM HOSE MISC	P	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	RX/OTC
EASY FLOW WHITE/PINK DEVI	P	RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC
EBASE CONTROLLER KIT MISC	P	QL(1 ml per 360 days retail); RX/OTC
EFLOW SCF AEROSOL HEAD MISC	P	QL(1 ml per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
FILTER AIR PP MISC	P	QL(1 ml per 360 days retail); RX/OTC
FLEXICHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ml per 360 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 ml per 360 days retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ml per 360 days retail); RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI	P	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	P	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE RESERVOIR BAGS MISC	P	QL(3 ea per 180 days retail)
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITEAIRE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ml per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ml per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ml per 360 days retail); RX/OTC
MICROCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
MICROCHAMBER MISC	P	QL(2 ea per 360 days retail); RX/OTC
MICROELITE FILTER REPLACEMENTS MISC	P	QL(1 ml per 360 days retail); RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC	P	QL(1 ml per 360 days retail); RX/OTC
MICROSPACER MISC	P	QL(2 ea per 360 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ml per 360 days retail); RX/OTC
MINIELITE RECHARGEABLE BATTERY MISC	P	QL(1 ml per 360 days retail); RX/OTC
MISTASSIST DEVI	P	RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ml per 360 days retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEBULIZER MASK ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 ml per 360 days retail); RX/OTC
NOSE CLIP MISC	P	QL(1 ml per 360 days retail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	P	RX/OTC
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	P	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MISC	P	QL(2 ea per 360 days retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ml per 360 days retail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	RX/OTC
PARI MASK SET MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PARI TREK S COMBO PACK DEVI	P	RX/OTC
PARI VORTEX ADULT MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ml per 360 days retail); RX/OTC
Pediatric Mouthpiece/Disposable MISC	P	1 per 360 days
PFLEX MISC	P	QL(1 ml per 360 days retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ml per 360 days retail); RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ml per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ml per 360 days retail); RX/OTC
POCKET CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
POCKET SPACER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PRIMEAIRE DUAL-VALVED HOLDING CHAMBER DEVI	P	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 ml per 360 days retail); RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	RX/OTC
QUAKE DEVI	P	RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 ml per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ml per 360 days retail); RX/OTC
RITEFLO DEVI	P	QL(2 ea per 360 days retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
Spacer/Aerosol-Holding Chambers - Device	P	2 per 360 days
SPIRO PD DEVI	P	RX/OTC
THRESHOLD IMT MISC	P	QL(1 ml per 360 days retail); RX/OTC
THRESHOLD PEP DEVI	P	RX/OTC
TUBING/WING TIP MISC	P	QL(1 ml per 360 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILDS DEVI	P	RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILDS /FROG DEVI	P	RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER DEVI	P	RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
WATCHHALER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
WINDMILL TRAINER MISC	P	QL(1 ml per 360 days retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (*ergotamine w/ caffeine*)	NP	AL(At least 18 yrs old)
ergotamine w/ caffeine tabs or 1 mg-100 mg	P	AL(At least 18 yrs old)
Serotonin Agonists		
AMERGE TABS (*naratriptan hcl*)	NP	QL(9 ea per 31 days retail); AL(At least 18 yrs old)
eletriptan hydrobromide tabs	P	QL(6 ea per 31 days retail)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (*sumatriptan*)	NP	QL(6 ea per 31 days retail); AL(At least 12 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (*sumatriptan succinate*)	NP	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (*sumatriptan succinate*)	NP	QL(2 ml per 31 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (*sumatriptan succinate*)	NP	QL(2 ml per 31 days retail); AL(At least 12 yrs old)
IMITREX TABS OR 100 MG, 25 MG, 50 MG (*sumatriptan succinate*)	NP	QL(9 ea per 31 days retail); AL(At least 12 yrs old)
MAXALT TABS (*rizatriptan benzoate*)	NP	QL(12 ea per 31 days retail); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
MAXALT-MLT TBDP (*rizatriptan benzoate*)	NP	QL(12 ea per 31 days retail); AL(At least 6 yrs old)
naratriptan hcl tabs	P	QL(9 ea per 31 days retail); AL(At least 18 yrs old)
RELPAX TABS (*eletriptan hydrobromide*)	NP	QL(6 ea per 31 days retail)
rizatriptan benzoate tabs	P	QL(12 ea per 31 days retail); AL(At least 6 yrs old)
rizatriptan benzoate tbdp	P	QL(12 ea per 31 days retail); AL(At least 6 yrs old)
sumatriptan soln	P	QL(6 ea per 31 days retail); AL(At least 12 yrs old)
sumatriptan succinate soaj sc 6 mg/0.5ml	P	QL(2 ml per 31 days retail); AL(At least 12 yrs old)
sumatriptan succinate soct sc 6 mg/0.5ml	P	QL(2 ml per 31 days retail); AL(At least 12 yrs old)
sumatriptan succinate soln sc 6 mg/0.5ml	P	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
sumatriptan succinate sosy sc 6 mg/0.5ml	P	QL(2 ml per 31 days retail); AL(At least 12 yrs old)
sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg	P	QL(9 ea per 31 days retail); AL(At least 12 yrs old)
zolmitriptan soln na 5 mg	P	QL(6 ea per 31 days retail); AL(At least 12 yrs old)
zolmitriptan tabs or 2.5 mg, 5 mg	P	QL(6 ea per 31 days retail)
zolmitriptan tbdp or 2.5 mg, 5 mg	P	QL(6 ea per 31 days retail)
ZOMIG SOLN NA 5 MG (*zolmitriptan*)	NP	QL(6 ea per 31 days retail); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG (*zolmitriptan*)	NP	QL(6 ea per 31 days retail)
ZOMIG ZMT TBDP (*zolmitriptan*)	NP	QL(6 ea per 31 days retail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600+D HIGH POTENCY TABS	P	QL(2 ea daily)
calcium carbonate-cholecalciferol tabs 200 unit-600 mg, 5 mcg-600 mg, 200 unit-200 unit-500 mg-500 mg, 5 mcg-500 mg, 500 mg-200 unit	P	
calcium carbonate-vitamin d tabs 125 unit-500 mg, 125 unit-250 mg, 200 unit-500 mg, 500 mg-200 unit	P	
calcium carbonate-vitamin d tabs 200 unit-600 mg	P	QL(2 ea daily)
OYSTER SHELL CALCIUM 500+ D TABS	P	
OYSTER SHELL CALCIUM/D TABS	P	
oyster shell tabs	P	
PARVA-CAL TABS	P	
QC CALCIUM 500MG/D3 TABS	P	
Electrolyte Mixtures		
BIOLYTE SOLN	P	
CERALYTE 70 SOLN 20 MEQ/L-30 MEQ/L-60 MEQ/L-70 MEQ/L	P	
CERASPORT EX1 SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-18 MEQ/L-20 MEQ/L	P	
ENFAMIL ENFALYTE SOLN	P	
EQUALYTE SOLN (*oral electrolytes*)	NP	
HYDRALYTE FREEZER POPS SOLN	P	
HYDRALYTE SOLN 107.5 MG/250ML-132.5 MG/250ML-140 MG/250ML, 16 GM/L-20 MEQ/L-45 MEQ/L-45 MEQ/L-90 MEQ/L, 16 GM/L-20 MEQ/L-45 MEQ/L-90 MEQ/L-45 MEQ/L, 210 MG/250ML-270 MG/250ML	P	
KINDERLYTE PREMAX SOLN 3.1 MG/360ML-320 MG/360ML-620 MG/360ML-630 MG/360ML, 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML	P	
KINDERLYTE SOLN 3.1 MG/360ML-300 MG/360ML-445 MG/360ML-560 MG/360ML, 3.1 MG/360ML-300 MG/360ML-460 MG/360ML-570 MG/360ML	P	
oral electrolytes soln	P	
PEDIALYTE ADVANCED CARE SOLN (*oral electrolytes*)	NP	
PEDIALYTE FREEZER POPS SOLN (*oral electrolytes*)	NP	
PEDIALYTE SINGLES SOLN (*oral electrolytes*)	NP	
PEDIALYTE SOLN 0.5 MG/59ML-1.2 MEQ/59ML-1.5 GM/59ML-2.1 MEQ/59ML-2.7 MEQ/59ML, 20 MEQ/L-25 GM/L-30 MEQ/L-35 MEQ/L-45 MEQ/L, 35 MEQ/L-20 MEQ/L-25 GM/L-30 MEQ/L-45 MEQ/L, 35 MEQ/L-7.8 MG/L-20 MEQ/L-25 GM/L-45 MEQ/L, 4.7 MEQ/237ML-8.3 MEQ/237ML-10.6 MEQ/237ML, 5 GM/L-20 GM/L-20 MEQ/L-35 MEQ/L-45 MEQ/L (*oral electrolytes*)	NP	
Fluoride		
sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg	P	
sodium fluoride soln 0.125 mg/drop	P	
sodium fluoride soln 0.5 mg/ml	P	RX/OTC
Magnesium		
MAGNESIUM CAPS 400 MG	P	
MAGNESIUM EXTRA STRENGTH CAPS	P	
magnesium oxide (mg supplement) tabs 400 mg	P	
MAGNESIUM OXIDE CAPS 400 MG	P	
MAGOX 400 TABS (*magnesium oxide (mg supplement*))	NP	
Phosphate		
K-PHOS NEUTRAL TABS (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*)	NP	QL(8 ea daily)
pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs	P	QL(8 ea daily)
Potassium		

Drug Name	Drug Tier	Requirements/ Limits
K-TAB TBCR 10 MEQ, 8 MEQ (*potassium chloride*)	NP	
potassium bicarbonate tbef	P	
potassium chloride cpcr or 10 meq	P	
potassium chloride cpcr or 8 meq	P	QL(1 ea daily)
potassium chloride microencapsulated crystals er tbcr	P	
potassium chloride pack or 20 meq	P	
potassium chloride soln or 20 %, 10 %	P	
potassium chloride tbcr or 10 meq, 8 meq	P	
Zinc		
zinc sulfate caps or 220 mg	P	QL(3.34 ea daily)
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS (*penicillamine*)	NP	
penicillamine tabs	P	
Immunosuppressive Agents		
azathioprine tabs or 100 mg, 50 mg, 75 mg	P	
CELLCEPT CAPS (*mycophenolate mofetil*)	NP	
CELLCEPT SUSR (*mycophenolate mofetil*)	NP	
CELLCEPT TABS (*mycophenolate mofetil*)	NP	
cyclosporine caps or 100 mg, 25 mg	P	
cyclosporine modified (for microemulsion) caps	P	
cyclosporine modified (for microemulsion) soln	P	
ENSPRYNG SOSY	P	PA; SP
IMURAN TABS (*azathioprine*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
mycophenolate mofetil caps or 250 mg	P	
mycophenolate mofetil susr or 200 mg/ml	P	
mycophenolate mofetil tabs or 500 mg	P	
mycophenolate sodium tbec	P	
MYFORTIC TBEC (*mycophenolate sodium*)	NP	
NEORAL CAPS (*cyclosporine modified (for microemulsion)*)	NP	
NEORAL SOLN (*cyclosporine modified (for microemulsion)*)	NP	
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NP	
RAPAMUNE SOLN (*sirolimus*)	NP	
RAPAMUNE TABS (*sirolimus*)	NP	
SANDIMMUNE CAPS OR 100 MG, 25 MG (*cyclosporine*)	NP	
SANDIMMUNE SOLN OR 100 MG/ML	P	QL(8 ml daily)
sirolimus soln	P	
sirolimus tabs	P	
tacrolimus caps	P	
Potassium Removing Agents		
sodium polystyrene sulfonate powd	P	
sodium polystyrene sulfonate susp	P	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln 2 %	P	QL(100 ml per fill retail)
Anti-infectives - Throat		

Drug Name	Drug Tier	Requirements/ Limits
nystatin (mouth-throat) susp	P	2 rtl pack lmt per fill,
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat) soln	P	
PERIDEX SOLN (*chlorhexidine gluconate (mouth-throat)*)	NP	
Dental Products		
PREVIDENT 5000 BOOSTER PLUS PSTE (*sodium fluoride (dental)*)	NP	QL(113 ml per 60 days retail)
PREVIDENT 5000 DRY MOUTH GEL (*sodium fluoride (dental)*)	NP	QL(113 ml per 60 days retail)
PREVIDENT 5000 ORTHO DEFENSE PSTE (*sodium fluoride (dental)*)	NP	QL(113 ml per 60 days retail)
PREVIDENT 5000 PLUS CREA (*sodium fluoride (dental)*)	NP	QL(113 gm per 60 days retail)
PREVIDENT FLUORIDE GEL (*sodium fluoride (dental)*)	NP	QL(113 ml per 60 days retail)
sodium fluoride (dental) crea dt 1.1 %	P	QL(113 gm per 60 days retail)
sodium fluoride (dental) gel dt 1.1 %	P	QL(113 ml per 60 days retail)
sodium fluoride (dental) pste dt 1.1 %	P	QL(113 ml per 60 days retail)
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth) pste	P	1 rtl pack lmt per fill,
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	P	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE SOLN	P	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC
pilocarpine hcl (oral) tabs 5 mg	P	QL(6 ea daily)
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS 5 MG (*pilocarpine hcl (oral)*)	NP	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins caps or 0.5 mg-1 mcg-3 mg-3 mg-5 mg-20 mg-60 mg-60 mg, 1 mg-1.5 mg-2 mg-10 mg-70 mg-100 mcg-100 mg	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
b-complex vitamins tabs or 0.1 mg-1 mg-2 mg-3 mg-5 mcg-20 mg, 0.2 mg-1.5 mg-2 mg-10 mg-10 mg, 1 mg-2 mg-3 mg-5 mcg-20 mg-83 mg, 2 mcg-2 mg-2 mg-2 mg-5 mg-15 mg, 2 mg-2 mg-3 mg-3 mg-3 mg-3 mg-6 mcg-6 mcg-10 mg-10 mg-20 mg-20 mg, 2 mg-3 mg-3 mg-6 mcg-10 mg-20 mg, 4 mg-5 mg-7 mg-10 mg-25 mcg	P	QL(1 ea daily)
B-Complex w/ C		
b complex w/ c caps 5 mg-10 mg-10 mg-15 mg-50 mg-300 mg, 5 mg-10 mg-10.2 mg-15 mg-50 mg-300 mg	P	QL(1 ea daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid caps 1 mg-1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg, 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg, 5 mg-1 mg-1.5 mg-1.7 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg	P	QL(1 ea daily); RX/OTC
b-complex w/ folic acid caps 0.5 mg-1 mcg-3 mg-3 mg-5 mg-20 mg-60 mg-400 mcg-60 mg, 10 mg-10 mg-50 mg-100 mcg-103 mg-150 mg-500 mcg	P	PA; QL(1 ea daily)
b-complex w/biotin & folic acid tabs 0.05 mg-50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-86 mg-300 mcg-400 mcg, 0.3 mg-25 mcg-25 mcg-25 mg-25 mg-25 mg-25 mg-25 mg, 0.4 mg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg, 1.5 mg-1.7 mg-2 mg-6 mcg-20 mg-30 mcg-200 mcg, 10 mg-10 mcg-10 mg-10 mg-10 mg-20 mg-20 mg-25 mcg-30 mg-100 mcg-100 mg-200 mg, 100 mcg-0.4 mg-30 mg-100 mcg-100 mcg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg, 100 mcg-100 mcg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-400 mcg, 100 mcg-100 mcg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-400 mcg, 12.5 mcg-45 mcg-50 mg-5 mg-12.5 mg-50 mg-50 mg-180 mg-400 mcg, 25 mcg-12.5 mcg-12.5 mg-12.5 mg-50 mcg-50 mg-50 mg-50 mg, 25 mcg-25 mcg-25 mg-25 mg-100 mg-400 mcg-25 mg-25 mg, 25 mcg-25 mcg-25 mg-25 mg-25 mg-25 mg-100 mg-400 mcg, 25 mcg-5 mg-5 mg-5 mg-20 mg-25 mcg-40 mg-50 mcg-50 mcg-50 mg-100 mcg, 30 mg-100 mcg-100 mcg-100 mcg-100 mg-100 mg-100 mg-100 mg-100 mg-100 mg-400 mcg, 5 mg-12.5 mcg-12.5 mg-45 mcg-50 mg-50 mg-50 mg-180 mg-400 mcg, 5 mg-5 mg-7.5 mg-12.5 mcg-12.5 mg-25 mg-50 mcg-50 mg-125 mcg-125 mg-200 mcg, 50 mcg-50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-400 mcg, 50 mcg-50 mcg-50 mg-50	P	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
mg-50 mg-50 mg-50 mg-100 mcg, 50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-400 mcg, 50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-100 mg-200 mg-400 mcg, 50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-400 mcg, 50 mg-50 mg-0.4 mg-50 mcg-50 mg-50 mg-50 mg		
Multiple Vitamins w/ Calcium		
multiple vitamins w/ calcium tabs	P	QL(1 ea daily)
ONE-A-DAY WOMENS FORMULA TABS (*multiple vitamins w/ calcium*)	NP	QL(1 ea daily)
SM ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily)
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron tabs	P	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS CAPS	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	QL(1 ea daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	P	QL(1 ea daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	QL(1 ea daily); RX/OTC
BIO-35 IRON FREE CAPS	P	QL(1 ea daily); RX/OTC
BIOCAL CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CELEBRATE MULTI-COMPLETE18 CAPS 0.666 MG-0.666 MG-1.133 MG-1.333 MG-2 MG-5 MG-6 MG-6.666 MG-10 UNIT-13.333 MCG-13.333 MG-25 MCG-30 MG-33.333 MG-46.666 MCG-50 MCG-66.666 MCG-166.666 MCG-200 MCG-266.666 MCG-1000 UNIT-1666.666 UNIT	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE36 CAPS 0.666 MG-1 MG-1.333 MG-4 MG-4 MG-6.666 MG-10 MG-12 MG-13.333 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-166.666 MCG-200 MCG-200 MCG-1000 UNIT-3333.333 UNIT	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE45 CAPS 4 MG-0.666 MG-1 MG-1.33 MG-4 MG-6.666 MG-10 MG-13.333 MG-15 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-200 MCG-266.666 MCG-333.333 MCG-1000 UNIT-3333.333 UNIT	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE60 CAPS 1 MG-6.666 MG-13.333 MG-0.666 MG-1.333 MG-4 MG-4 MG-10 MG-20 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-200 MCG-266.666 MCG-333.333 MCG-1000 UNIT-3333.333 UNIT	P	QL(1 ea daily); RX/OTC
CELLULAR SECURITY CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CHOICEFUL MULTIVITAMIN CAPS 1 MG-1.5 MG-1.9 MG-5 MCG-8 MG-15 MG-18 MG-30 MG-80 MCG-170 UNIT-180 MCG-700 MCG-1000 UNIT-14000 UNIT	P	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS ANTIOXIDANT CAPS	P	QL(1 ea daily); RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC
CVS VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC
DECUBI-VITE CAPS	P	QL(1 ea daily); RX/OTC
DEKAS PLUS CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MG-100 MCG-150 UNIT-200 MCG-1000 MCG-3000 UNIT-18167 UNIT	P	QL(1 ea daily); RX/OTC
DEKAS PLUS OCEAN CAPS	P	QL(1 ea daily); RX/OTC
EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN CAPS	P	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
FOLAGENT DHA CAPS	P	QL(1 ea daily); RX/OTC
FOLAMED DHA CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FORTAVIT CAPS 1 MG-1 MG-1 MG-1.5 MG-2 MCG-2.5 MG-5 MCG-5 MG-5 MG-7.5 MG-8 MG-13 MCG-15 MG-15 MG-25 MCG-25 MCG-25 MCG-25 MG-25 MG-25 MG-25 MG-25 MG-25 MG-25 MG-40 MG-50 MCG-50 MG-67.5 MG-75 MCG-100 MG-150 MG-150 UNIT-200 MCG-200 UNIT-5000 UNIT	P	QL(1 ea daily); RX/OTC
GENADEK STEP 1 CAPS	P	QL(1 ea daily); RX/OTC
GENADEK STEP 2 CAPS	P	QL(1 ea daily); RX/OTC
HAIR/SKIN/NAILS CAPS 0.9 MG-11 MG-100 MG-2500 MCG-2500 UNIT	P	QL(1 ea daily); RX/OTC
HEALTHY EYES SUPERVISION2 CAPS	P	QL(1 ea daily); RX/OTC
MENS 50+ ADVANCED CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
multiple vitamins w/ minerals caps 0.33 mg-0.33 mg-0.5 mg-0.83 mg-1.67 mg-3.3 mg-3.3 mg-0.67 mg-1.67 mcg-1.67 mg-4 mg-6.7 mg-6.7 mg-8.3 mg-16.5 mg-16.7 mcg-16.7 mcg-16.7 mg-20 mg-20 mg-20.8 mcg-25 mg-33.3 mcg-33.3 mcg-33.3 mcg-33.3 mg-33.3 mg-33.3 mg-33.3 mg-41.7 mg-50 mcg-66.7 unit-66.7 unit-83.3 mg-83.3 mg-83.3 mg-133.3 mcg-166.7 mcg-833.3 unit, 0.333 mg-1 mg-1.667 mg-1.667 mg-1.667 mg-2.5 mg-2.667 mcg-3.333 mg-4.167 mcg-5 mg-8.333 mg-8.333 mg-10 mg-10 mg-10 unit-20 mg-30 mg-133.333 mcg-666.667 unit-1666.667 mcg-1666.667 unit, 0.5 mg-0.567 mg-0.667 mg-0.667 mg-1.667 mg-2 mcg-3 mg-3.333 mg-5 mg-6.667 mg-10 unit-20 mg-20 mg-33.333 mg-33.333 mg-50 mcg-66.667 mg-83.333 mg-133.333 mcg-133.333 mg-166.667 mg-200 mcg-2000 unit, 0.8 mg-5 mg-34.8 mg-200 unit-226 mg, 0.9 mg-1 mg-1.2 mg-1.3 mg-1.3 mg-2 mg-2.3 mg-2.4 mcg-7 mg-10 mg-10 unit-16 mg-34 mcg-45 mg-240 mcg-280 mg-600 mcg, 1 mg-1 mg-1.7 mg-2.7 mg-3.3 mcg-4.3 mcg-4.3 mg-5.7 mg-8.3 unit-11.3 mg-14 mcg-14 mcg-42.3 mcg-42.3 mcg-42.3 mg-56.7 mg-56.7 mg-85 mg-106.3 unit-255 mcg-2973 unit, 1 mg-1 mg-5 mg-10 mg-200 unit-250 mg, 1 mg-1 mg-5 mg-10 mg-90 mg-250 mg, 1 mg-1 mg-5 mg-12.5 mg-200 unit-250 mg, 1 mg-1 mg-5 mg-40 mg-200 unit-250 mg, 1	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
mg-1 mg-5 mg-5 mg-7.5 mg-10 mg-10 mg-10 mg-20 mg-25 mcg-100 mcg-200 unit-250 mg-500 unit, 1 mg-1 mg-5 mg-9 mg-30 unit-90 mg-150 mg-160 mg-250 mg, 1 mg-1.5 mg-7.5 mg-15 mcg-200 unit-250 mg-10000 unit, 1 mg-2 mg-1.5 mg-1.7 mg-2 mg-2 mg-6 mcg-10 mg-15 mg-20 mg-30 mcg-30 mg-30 unit-40 mg-70 mcg-75 mcg-100 mcg-120 mcg-120 mg-150 mcg-200 mcg-500 mcg-2000 unit-5000 unit, 1 mg-2 mg-2 mg-3 mg-5 mg-6 mg-7 mg-10 mcg-10 mcg-25 mg-30 mg-30 mg-32 mg-300 mcg-315 mg-1000 mcg, 1 mg-2 mg-4 mg-5 mg-10 mcg-10 mg-10 mg-25 mg-50 unit-70 mg-80 mg-150 mg-8000 unit, 1 mg-5 mg-20 unit-26.667 mg-88.333 mg-273.333 unit-491.667 mg-1000 unit, 1 mg-5 mg-7.5 mg-10 mg-15 mg-1 mg-5 mg-5 mg-25 mcg-25 mg-25 mg-25 mg-25 mg-25 mg-25 mg-25 unit-30 mcg-35 mg-50 mg-50 mg-70 mcg-75 mcg-100 mcg-100 mcg-100 mg-150 mcg-150 mcg-150 mg-250 mcg-400 mcg-400 unit-10000 unit, 1.333 mg-0.667 mg-1 mg-1.133 mg-3.333 mg-3.333 mg-4 mg-5 mg-6.667 mg-10 mg-10 mg-10 mg-10 mg-10 unit-15 mg-16.667 mg-23.333 mcg-25 mcg-33.333 mcg-33.333 mg-40 mcg-40 mg-50 mcg-133.333 mg-200 mcg-266.667 mcg-1000 unit-3333.333 unit, 1.5 mg-1.7 mg-2 mg-2 mg-4 mg-6 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-30 mcg-40 mcg-40 mg-45 mcg-50 unit-60 mg-100 mg-120 mcg-		

Drug Name	Drug Tier	Requirements/ Limits
*150 mcg-400 mcg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-4 mg-6 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-30 mcg-40 mcg-40 mg-45 mcg-50 unit-60 mg-100 mg-120 mcg-150 mcg-600 mcg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-4 mg-4 mg-10 mg-15 mg-18 mcg-20 mg-22.5 mg-25 mcg-30 mcg-40 mcg-40 mcg-40 mg-45 mcg-60 mg-100 mg-120 mcg-150 mcg-400 mcg-750 mcg, 1.5 mg-1.7 mg-2 mg-4 mg-6 mg-10 mg-15 mg-20 mg-25 mcg-30 mcg-60 mg-60 unit-70 mcg-75 mcg-80 mcg-100 mg-120 mcg-150 mcg-200 mg-400 mcg-1000 unit-2500 unit, 1.7 mg-2 mg-2 mg-2 mg-3 mg-4 mg-4 mg-5 mcg-6 mg-9.5 mg-10 mcg-10 mcg-10 mg-15 mcg-15 mg-16 mg-18 mg-20 mcg-20 mg-20 mg-21 mg-30 mcg-33 unit-70 mcg-72 mg-75 mcg-100 mcg-120 mcg-150 mcg-150 mcg-234 mcg-552 mcg-600 mcg-1000 unit-2500 unit, 2 mg-1.2 mg-1.7 mg-2 mg-3 mg-5 mg-15 mg-16 mg-18 mcg-20 mcg-30 mcg-45 unit-90 mg-100 mg-105 mcg-120 mcg-120 mg-210 mg-400 mcg-400 unit-600 mcg-3500 unit, 2 mg-15 mg-30 unit-60 mg, 2 mg-2 mg-3.4 mg-4 mg-4 mg-4.5 mg-5 mcg-6 mg-6 mg-9.5 mg-10 mcg-10 mcg-10 mg-16 mg-20 mcg-20 mg-20 mg-21 mg-22.5 mg-25 mcg-30 mcg-33 unit-72 mg-90 mcg-100 mcg-105 mcg-150 mcg-150 mcg-180 mcg-234 mcg-400 mcg-552 mcg-1000 unit-2500 unit, 2 mg-3 mg-3 mg-6 mg-12 mcg-15 unit-25 mcg-25 mcg-25 mg-25 mg-50 mg-50 mg-250 mg-500 unit-800 mcg-2500 unit, 2 mg-4 mg-10 mg-15 mg-1.5 mg-1.7 mg-6 mg-20 mg-25 mcg-30 mcg-60 mg-60 unit-70 mcg-75 mcg-80 mcg-100 mg-120 mcg-150 mcg-200 mg-400 mcg-1000 unit-2500 unit, 2 mg-5 mg-5 mg-7.2 mg-15 mg-25 mg-25 mg-25 mg-25 mg-25 mg-25 mg-25 mg-50 mg-100 mcg-100 mg-100 unit-150 mcg-150 mcg-150 mg-200 mcg-200 mcg-300 mcg-400 mcg-400 unit-5000 unit, 2 mg-6 mg-15 mg-22 mg-30 unit-60 mg, 2.7 mg-1 mg-1 mg-1.7 mg-3.3 mcg-4.3 mcg-4.3 mg-5.7 mg-8.3 unit-11.3 mg-14 mcg-14 mcg-42.3 mcg-42.3 mcg-42.3 mg-56.7 mg-56.7 mg-85 mg-106.3 unit-255 mcg-2973 unit, 20 mg-10 mg-15 mg-18 mg-25 mg-30 mcg-70 mcg-90 mg-300 mcg-400 unit, 226 mg-0.8 mg-34.8 mg-200 mg-14320 unit, 226 mg-0.8 mg-34.8 mg-200 unit-14320 unit, 25 mcg-100 unit-200 mg-5000 unit, 25 mg-45 mg-100 unit-500 mg, 3.333 mg-6.667 mg-16.667 unit-33.333 mg-133.333 mg-166.667 mg, 4 mg-1.5 mg-1.7 mg-2 mg-4 mg-10 mg-15 mg-18 mcg-20 mg-30 mcg-40 mcg-40 mcg-40 mg-45 mcg-50 unit-100 mg-120 mcg-150 mcg-400 mcg-1000 unit-2500 unit-60 mg, 4 mg-1.5 mg-1.7 mg-2 mg-6 mg-10 mg-15 mg-20 mg-25 mcg-30 mcg-60 mg-60 unit-70 mcg-75 mcg-80 mcg-100 mg-120 mcg-150 mcg-200 mg-400 mcg-1000 unit-2500 unit, 5 mcg-0.5 mg-0.5 mg-		

Drug Name	Drug Tier	Requirements/ Limits
3.75 mg-25 mg-68.75 unit-100 mcg-300 mg-375 mg, 5 mg-1 mg-2 mg-4 mg-10 mcg-10 mg-10 mg-25 mg-50 unit-70 mg-80 mg-150 mg-8000 unit, 50 mcg-400 unit-500 mg-25000 unit, 6 mg-13.5 mg-15 mg-60 mg, 7.5 mg-50 mcg-400 unit-500 mg, 9 mg-1 mg-1 mg-5 mg-30 unit-90 mg-150 mg-160 mg-250 mg		
MULTIPLE VITAMINS W/ MINERALS TABS - MISC	P	1 per day
MVW COMPLETE FORMULATION CAPS 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-800 MCG-1500 UNIT-16000 UNIT	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS	P	QL(1 ea daily); RX/OTC
OCUVEL CAPS	P	QL(1 ea daily); RX/OTC
OCUVITE ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	P	QL(1 ea daily); RX/OTC
OCUVITE LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRESERVISION AREDS 2 CAPS 0.4 MG-0.5 MG-2.5 MG-17.4 MG-87.5 MG-100 UNIT-113 MG-162.5 MG-250 MG, 1 MG-1 MG-5 MG-40 MG-200 UNIT-250 MG, 1 MG-1 MG-5 MG-40 MG-90 MG-250 MG, 40 MG-1 MG-1 MG-5 MG-200 UNIT-250 MG	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
PRORENAL+D/OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
PROTECT CARDIO AF CAPS	P	QL(1 ea daily); RX/OTC
PROTECT PLUS SO CAPS	P	QL(1 ea daily); RX/OTC
PROTEGRA CAPS	P	QL(1 ea daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	P	QL(1 ea daily); RX/OTC
REMEDIENT CAPS	P	QL(1 ea daily); RX/OTC
REPLACE CAPS	P	QL(1 ea daily); RX/OTC
SUPER ANTIOXIDANT CAPS	P	QL(1 ea daily); RX/OTC
THERAMILL FORTE CAPS	P	QL(1 ea daily); RX/OTC
THERANATAL LACTATION ONE CAPS	P	QL(1 ea daily); RX/OTC
VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	P	QL(1 ea daily); RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	P	QL(1 ea daily); RX/OTC
VITABEX CAPS	P	QL(1 ea daily); RX/OTC
VITABEX PLUS CAPS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VITEYES CLASSIC CAPS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC/OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
ZYVANA CAPS	P	QL(1 ea daily); RX/OTC
Multivitamins		
AMLADEX TABS	P	QL(1 ea daily); RX/OTC
CHEW-12 CHEW	P	QL(1 ea daily)
DAILY MULTIPLE VITAMINS TABS	P	QL(1 ea daily); RX/OTC
ESTROFACTORS TABS	P	QL(1 ea daily); RX/OTC
GENICIN VITA-Q TABS	P	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
MULTI VITAMIN TABS	P	QL(1 ea daily); RX/OTC
MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily); RX/OTC
multiple vitamin tabs 0.4 mg-0.4 mg-1.5 mg-1.5 mg-1.7 mg-1.7 mg-2 mg-2 mg-6 mcg-6 mcg-10 mg-10 mg-20 mg-20 mg-30 unit-30 unit-60 mg-60 mg-400 unit-400 unit-5000 unit-5000 unit, 0.4 mg-0.4 mg-1.5 mg-1.5 mg-1.7 mg-1.7 mg-2 mg-2 mg-6 mcg-6 mcg-10 mg-10 mg-20 mg-20 mg-30 unit-60 mg-60 mg-400 unit-400 unit-5000 unit-5000 unit-30 unit, 0.4 mg-1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-60 mg-400 unit-5000 unit, 0.4 mg-1.5 mg-1.7 mg-2 mg-6 mcg-20 mg-60 mg-400 unit-5000 unit, 0.4 mg-6 mg-10 mg-10.3 mg-15 unit-18 mcg-20 mg-100 mg-333 mg-400 unit-5000 unit, 1 mcg-1 mg-1 mg-2 mg-2.5 mg-20 mg-50 mg-400 unit-5000 unit, 1 mcg-1 mg-1 mg-2 mg-2.5 mg-20 mg-50 mg-75 mg-400 unit-5000 unit, 1 mcg-1 mg-2 mg-2.5 mg-7 mg-20 mg-50 mg-400 unit-5000 unit, 1 mcg-2.5 mg-1 mg-1 mg-2 mg-20 mg-50 mg-400 unit-5000 unit, 1 mg-1 mg-1.5 mg-1.7 mg-3 mcg-10 mcg-20 mg-50 mg-60 mg-1200 mcg, 1 mg-1 mg-1.5 mg-1.7 mg-3 mcg-20 mg-50 mg-60 mg-400 unit-4000 unit, 1.5 mg-1.7 mg-2 mg-10 mg-20 mg-30 unit-60 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-4 mg-6 mcg-10 mcg-10 mg-13.5 mg-20 mg-60 mg-400 mcg-824 mcg, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mcg-20 mg-60 mg-400 mcg-1500 mcg, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-400 mcg-400 unit-5000 unit-60 mg-30 mcg, 1.5 mg-	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-45 mg-60 mg-400 mcg-400 unit-3000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-60 mg-300 mcg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-60 mg-400 mcg-400 unit-3000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-60 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-60 mg-75 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 unit-20 mg-60 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-15 unit-20 mg-20 mg-60 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-20 mg-60 mg-125 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-20 mg-60 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-7.5 unit-10 mg-20 mg-45 mg-60 mg-500 mcg-800 unit-3000 unit, 1.7 mg-1 mg-1 mg-1.5 mg-3 mcg-10 mcg-20 mg-50 mg-60 mg-1200 mcg, 1.7 mg-1 mg-1 mg-1.5 mg-3 mcg-20 mg-50 mg-60 mg-400 unit-4000 unit, 1.7 mg-2 mg-6 mcg-20 mg-30 unit-60 mg-400 mcg-400 unit-3000 unit-5000 unit-1.5 mg, 10 mg-1.5 mg-1.7 mg-2 mg-25 mcg-25 mg-40 mg-50 mg-50 mg-50 mg-100 mg-400 mcg-2000 mcg-2500 unit, 10.3 mg-0.4 mg-6 mg-10 mg-15 unit-18 mcg-20 mg-100 mg-333 mg-5000 unit-400 unit, 12 mcg-3 mg-10 mg-10 mg-20 mg-30 unit-45 mcg-100 mg-400 mcg-500 mg, 12 mcg-5 mg-10 mg-10 mg-20 mg-30 unit-45 mcg-100 mg-400 mcg-500 mg, 2 mg-0.4 mg-1.5 mg-1.7 mg-6 mcg-20 mg-60 mg-400 unit-5000 unit, 200 unit-250 mg-10000 unit, 200 unit-250 mg-5000 unit, 3 mg-3 mg-3.4 mg-9 mcg-10 mg-20 mg-30 mcg-30 unit-90 mg-400 mcg-400 unit-5000 unit, 40 mg-5 mg-10 mg-10 mg-50 mg-62.5 mg-100 mcg-120 mg-400 mcg, 5 mg-10 mg-10 mg-12 mcg-20 mg-30 unit-45 mcg-100 mg-400 mcg-500 mg, 5 mg-10 mg-12 mcg-15 mg-20 mg-30 unit-45 mcg-100 mg-400 mcg-500 mg, 6 mcg-1.5 mg-1.7 mg-2 mg-10 mg-20 mg-30 unit-60 mg-400 mcg-400 unit-5000 unit, 6 mcg-1.5 mg-1.7 mg-2 mg-10 mg-20 mg-30 unit-60 mg-400 unit-5000 unit, 9 mcg-3 mg-3 mg-3.4 mg-10 mg-20 mg-30 mcg-30 unit-90 mg-400 mcg-400 unit-5000 unit		
MULTIVITAMIN ADULT TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
NEOMULTIVITE TABS	P	QL(1 ea daily); RX/OTC
OMNICAP TABS	P	QL(1 ea daily); RX/OTC
ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY ESSENTIAL TABS (*multiple vitamin*)	NP	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS TABS (*multiple vitamin*)	NP	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QUINTABS TABS	P	QL(1 ea daily); RX/OTC
THERA TABS	P	QL(1 ea daily); RX/OTC
THEREMS MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
Ped MV w/ Fluoride		
pediatric multivitamin w/fl chew	P	AL: Up to 15 years
pediatric multivitamin w/fl soln	P	AL: Up to 15 years
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	QL(60 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	QL(60 ml per fill retail)
POLY-VI-SOL/IRON SOLN	P	QL(60 ml per fill retail)
POLY-VITA/IRON SOLN	P	QL(60 ml per fill retail)
POLY-VITE/IRON SOLN	P	QL(60 ml per fill retail)
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron soln	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
CENTRUM FLAVOR BURST KIDS CHEW	P	QL(1 ea daily)
CENTRUM KIDS CHEW	P	QL(1 ea daily)
FLINTSTONES GUMMIES CHEW (*pediatric multiple vitamin w/ minerals & c*)	NP	QL(1 ea daily)
FLINTSTONES GUMMIES COMPLETE CHEW (*pediatric multiple vitamin w/ minerals & c*)	NP	QL(1 ea daily)
FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW (*pediatric multiple vitamin w/ minerals & c*)	NP	QL(1 ea daily)
FLINTSTONES SOUR GUMMIES CHEW (*pediatric multiple vitamin w/ minerals & c*)	NP	QL(1 ea daily)
FLINTSTONES TODDLER/TASTISMOOTH CHEW	P	QL(1 ea daily)
GNP CHILDRENS COMPLETE CHEWABLES CHEW	P	QL(1 ea daily)
HEALTHY KIDS GUMMIES CHEW	P	QL(1 ea daily)
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW	P	QL(1 ea daily)
MULTIVITAMIN GUMMIES CHILDRENS CHEW 0.3 MG-0.6 MCG-1.5 MG-2.5 MG-3.5 MG-6 MCG-7.5 MCG-15 MG-45 MCG-60 MCG-200 MCG	P	QL(1 ea daily)
MVW COMPLETE FORMULATION CHEW 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-15 MG-100 MCG-100 MG-200 MCG-200 UNIT-1000 MCG-1500 UNIT-16000 UNIT	P	QL(1 ea daily)
NF FORMULAS CHILDRENS CHEWABLE CHEW	P	QL(1 ea daily)
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW (*pediatric multiple vitamin w/ minerals & c*)	NP	QL(1 ea daily)
ONE-A-DAY/JOLLY RANCHER CHEW (*pediatric multiple vitamin w/ minerals & c*)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
pediatric multiple vitamin w/ minerals & c chew 0.013 mg-0.043 mg-0.175 mg-0.333 mg-0.75 mg-3 mg-5 mcg-5 unit-7.5 mcg-10 mg-11 mg-14 mg-16.75 mcg-25 mcg-31.25 mg-66.75 mcg-85 mg-150 unit-250 unit, 0.25 mg-1 mg-1 mg-1.25 mg-1.5 mcg-2 mg-5 mcg-5 mcg-7.5 mg-7.5 unit-15 mcg-22.5 mcg-25 unit-100 mcg-1250 unit, 0.5 mg-0.5 mg-0.5 mg-0.75 mg-0.85 mg-1 mg-1 mg-1.25 mg-2.5 mg-2.5 mg-2.5 mg-3 mcg-3 mg-5 mg-5 mg-10 mcg-15 unit-20 mcg-25 mg-30 mcg-50 mg-60 mg-75 mcg-75 mcg-200 mcg-200 unit-2500 unit, 0.5 mg-1.25 mg-1.5 mcg-2.5 mg-9 unit-10 mg-15 mcg-20 mcg-20 mcg-37.5 mcg-100 mcg-200 unit-1000 unit, 0.5 mg-1.25 mg-1.5 mcg-2.5 mg-9 unit-15 mcg-15 mg-37.5 mcg-100 mcg-300 unit-1000 unit, 0.5 mg-1.25 mg-2.5 mg-3 mcg-9 unit-15 mcg-15 mg-19 mg-37.5 mcg-100 mcg-200 unit-1000 unit, 0.5 mg-1.3 mg-1.5 mcg-2.5 mg-4.1 mg-7.5 mcg-15 mcg-15 mg-38 mcg-100 mcg-300 mcg, 0.5 mg-1.3 mg-1.5 mcg-2.5 mg-9 unit-15 mcg-15 mg-38 mcg-100 mcg-300 unit-1000 unit, 0.5 mg-1.3 mg-2.5 mcg-2.5 mg-10 mcg-10 unit-15 mg-19 mg-20 mcg-38 mcg-100 mcg-100 unit-1000 unit, 0.6 mcg-1.1 mg-1.33 mg-6 mcg-6 mg-45 mg-150 mcg-183 unit-500 mcg, 1 mg-1.35 mg-2.6 mg-3 mcg-10 mg-20 mcg-20 mcg-21 mg-30 mcg-130 mcg-200 unit-200 unit-1050 unit, 1 mg-1.35 mg-2.6 mg-3 mcg-	P	QL(1 ea daily)
8.25 unit-10 mg-20 mcg-20 mcg-21 mcg-30 mcg-130 mcg-200 unit-1050 unit, 1 mg-1.35 mg-2.6 mg-3 mcg-8.25 unit-10 mg-20 mcg-20 mcg-21 mcg-30 mcg-70 mcg-200 unit-1050 unit, 1 mg-1.5 mg-2.5 mg-2.5 mg-3 mcg-10 unit-20 mg-37.5 mcg-75 mcg-187.5 mcg-200 mcg-200 unit-212.5 mcg-1250 unit, 1 mg-2.5 mg-5 mcg-5 mg-20 mcg-20 unit-30 mg-38 mg-40 mcg-75 mcg-200 mcg-200 unit-2000 unit, 1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-200 mg-300 mcg-400 unit-2500 unit, 1.5 mg-1.7 mg-1.9 mg-6 mcg-10 mg-12 mg-15 mg-100 mcg-100 mg-200 mcg-200 unit-1000 mcg-1500 unit-16000 unit, 1.5 mg-1.7 mg-1.9 mg-6 mcg-10 mg-12 mg-15 mg-100 mcg-100 mg-200 mcg-200 unit-1000 mcg-3000 unit-16000 unit, 1.5 mg-1.7 mg-1.9 mg-6 mcg-10 mg-12 mg-15 mg-100 mcg-100 mg-200 mcg-200 unit-1000 mcg-5000 unit-16000 unit, 1.5 mg-1.7 mg-1.9 mg-6 mcg-10 mg-15 mg-200 mcg-200 unit-1000 mcg-1500 unit-12 mg-100 mcg-100 mg-16000 unit, 2 mg-1 mg-1.5 mg-1.7 mg-2.5 mg-2.5 mg-3.75 mcg-6.25 mg-7.5 mg-10 mg-12.5 mg-15 mcg-15 mg-15 unit-37.5 mcg-50 mcg-60 mg-75 mcg-200 mcg-300 unit-2500 unit, 2.5 mg-0.5 mg-1.3 mg-1.5 mcg-9 unit-15 mcg-15 mg-19 mg-38 mcg-100 mcg-200 unit-1000 unit, 6 mcg-1.5 mg-1.7 mg-1.9 mg-10 mg-12 mg-15 mg-100 mcg-100 mg-200 mcg-200 unit-1000 mcg-		

Drug Name	Drug Tier	Requirements/ Limits
3000 unit-16000 unit		
VITALETS CHILDRENS CHEW	P	QL(1 ea daily)
VITAMAX CHEW	P	QL(1 ea daily)
ZOO FRIENDS COMPLETE CHEW	P	QL(1 ea daily)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN	P	QL(50 ml per fill retail)
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (*pediatric multiple vitamin w/ c & fa*)	NP	QL(1 ea daily)
PC PEDIATRIC POLY-VITAMIN DROPS SOLN	P	QL(50 ml per fill retail)
pediatric multiple vitamin w/ c & fa chew	P	QL(1 ea daily)
POLY-VI-SOL SOLN	P	QL(50 ml per fill retail)
POLY-VITA SOLN	P	QL(50 ml per fill retail)
POLY-VITE PEDIATRIC SOLN	P	QL(50 ml per fill retail)
Prenatal Vitamins		
PRENATAL VITAMINS - MISC	P	
SELECT-OB+DHA MISC	P	QL(1 ea daily)
VITAFOL-ONE CAPS	P	QL(1 ea daily)
Specialty Vitamins Products		
ADRENAL STRESS CALM TABS	P	QL(1 ea daily); RX/OTC
ALLERWELL ALLERGY FORMULA TABS	P	QL(1 ea daily); RX/OTC
BIOTIN PLUS KERATIN TABS	P	QL(1 ea daily); RX/OTC
BRAIN MIGHT/DHA & CO Q10 TABS	P	QL(1 ea daily); RX/OTC
CENTRUM PERFORMANCE TABS	P	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST ENERGY TABS	P	QL(1 ea daily); RX/OTC
CVS HAIR/SKIN/NAILS TABS	P	QL(1 ea daily); RX/OTC
ELON MATRIX 5000 TABS	P	QL(1 ea daily); RX/OTC
ELON MATRIX PLUS TABS	P	QL(1 ea daily); RX/OTC
ELON MATRIX 5000 COMPLETE TABS	P	QL(1 ea daily); RX/OTC
ELON MATRIX COMPLETE TABS	P	QL(1 ea daily); RX/OTC
ELON R3 TABS	P	QL(1 ea daily); RX/OTC
HAIR FARE TABS	P	QL(1 ea daily); RX/OTC
HAIR NOURISHING SUPPLEMENT TABS	P	QL(1 ea daily); RX/OTC
HEALTHY HEART COMPLEX TABS	P	QL(1 ea daily); RX/OTC
HEART TABS TABS	P	QL(1 ea daily); RX/OTC
LIPIDSHIELD PLUS TABS	P	QL(1 ea daily); RX/OTC
MG PLUS PROTEIN TABS	P	QL(1 ea daily); RX/OTC
MIL ADREGEN TABS	P	QL(1 ea daily); RX/OTC
RA EAR CARE TABS	P	QL(1 ea daily); RX/OTC
specialty vitamins products tabs	P	QL(1 ea daily); RX/OTC
THERABETIC EYE HEALTH TABS	P	QL(1 ea daily); RX/OTC
UPSPRING HE NATAL TABS	P	QL(1 ea daily); RX/OTC
Vitamins w/ Lipotropics		

Drug Name	Drug Tier	Requirements/ Limits
vitamins w/ lipotropics caps 0.5 mg-0.5 mg-1 mg-2 mcg-2 mg-2 unit-2.5 mg-3 mg-4 mg-5 mg-15 mg-30 mg-31.4 mg-40 mg-58 mg-75 mg-75 mg-400 unit-10000 unit, 1.65 mg-2 mcg-2 mg-3 mg-3 mg-10 mg-83 mg-86 mg-110 mg-240 mg, 50 mcg-50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg, 50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-100 mcg	P	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen tabs or 10 mg, 20 mg	P	
chlorzoxazone tabs 500 mg	P	
cyclobenzaprine hcl tabs 10 mg, 5 mg	P	QL(3 ea daily)
cyclobenzaprine hcl tabs 7.5 mg	P	QL(4 ea daily)
methocarbamol tabs or 500 mg, 750 mg	P	
orphenadrine citrate tb12 or 100 mg	P	QL(2 ea daily)
ROBAXIN-750 TABS (*methocarbamol*)	NP	
tizanidine hcl tabs 4 mg, 2 mg	P	
ZANAFLEX TABS 4 MG (*tizanidine hcl*)	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (*saline*)	NP	1 rtl pack lmt per fill,
saline soln na 0.002 %-0.65 %	P	1 rtl pack lmt per fill,
Nasal Antiallergy		
azelastine hcl soln 0.1 %, 137 mcg/spray	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
azelastine hcl soln 0.15 %, 205.5 mcg/spray	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),; RX/OTC
cromolyn sodium (nasal) aers	P	QL(26 ml per 31 days retail)
NASALCROM AERS (*cromolyn sodium (nasal)*)	NP	QL(26 ml per 31 days retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) soln 0.03 %	P	QL(31 ml per 31 days retail)
ipratropium bromide (nasal) soln 0.06 %	P	QL(15 ml per 31 days retail)
Nasal Steroids		
budesonide (nasal) susp	P	QL(9 ml per 31 days retail)
FLONASE ALLERGY RELIEF CHILDRENS SUSP (*fluticasone propionate (nasal)*)	NP	1 rtl pack lmt per fill,; RX/OTC
FLONASE ALLERGY RELIEF SUSP (*fluticasone propionate (nasal)*)	NP	1 rtl pack lmt per fill,; RX/OTC
flunisolide (nasal) soln	P	QL(25 ml per 31 days retail)
fluticasone propionate (nasal) susp	P	1 rtl pack lmt per fill,; RX/OTC
NASACORT ALLERGY 24HR AERO	P	QL(17 ml per 31 days retail); AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO (*triamcinolone acetonide (nasal)*)	NP	QL(17 ml per 31 days retail); AL(At least 2 yrs old)
NASACORT ALLERGY 24HR CHILDRENS AERO (*triamcinolone acetonide (nasal)*)	NP	QL(17 ml per 31 days retail); AL(At least 2 yrs old)
triamcinolone acetonide (nasal) aero	P	QL(17 ml per 31 days retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Sympathomimetic Decongestants		
phenylephrine hcl (oral) tabs	P	QL(24 ea per fill retail)
pseudoephedrine hcl liqd 15 mg/5ml	P	
pseudoephedrine hcl tabs 60 mg, 30 mg	P	
pseudoephedrine hcl tb12 120 mg	P	QL(2 ea daily)
SUDAFED CHILDRENS LIQD	P	
SUDAFED CONGESTION TABS (*pseudoephedrine hcl*)	NP	
SUDAFED PE SINUS CONGESTION TABS (*phenylephrine hcl (oral)*)	NP	QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS (*pseudoephedrine hcl*)	NP	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (*riluzole*)	NP	PA
riluzole tabs	P	PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	P	PA; SP
DYSPORT SOLR	P	PA; SP
XEOMIN SOLR	P	PA; SP
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	P	QL(124 ml per 31 days retail)
POLYCOSE POWD	P	QL(350 gm per 31 days retail)
Misc. Nutritional Substances		
omega-3 fatty acids caps	P	QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		

Drug Name	Drug Tier	Requirements/ Limits
Artificial Tears and Lubricants		
polyvinyl alcohol soln	P	
white petrolatum-mineral oil oint	P	1 rtl pack lmt per fill,
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) soln	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
carteolol hcl (ophth) soln	P	1 rtl MAX fill,31 rtl day(s) supply,
COSOPT SOLN (*dorzolamide hcl-timolol maleate*)	NP	QL(10 ml per 31 days retail)
dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 22.3 mg/ml-6.8 mg/ml, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml	P	QL(10 ml per 31 days retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	P	QL(10 ml per 31 days retail)
levobunolol hcl soln	P	QL(15 ml per 31 days retail)
timolol maleate (ophth) soln 0.25 %, 0.5 %	P	QL(15 ml per 31 days retail)
timolol maleate (ophth) soln 0.5 %	P	QL(15 ea per 31 days retail)
TIMOPTIC OCUDOSE SOLN 0.25 %	P	QL(15 ea per 31 days retail)
TIMOPTIC OCUDOSE SOLN 0.5 % (*timolol maleate (ophth)*)	NP	QL(15 ea per 31 days retail)
TIMOPTIC SOLN (*timolol maleate (ophth)*)	NP	QL(15 ml per 31 days retail)
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) oint	P	QL(4 gm per fill retail)
atropine sulfate (ophthalmic) soln	P	
ATROPINE SULFATE SOLN OP 1 % (*atropine sulfate (ophthalmic)*)	NP	
CYCLOGYL SOLN 0.5 %, 1 % (*cyclopentolate hcl*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL SOLN 2 % (*cyclopentolate hcl*)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s),
cyclopentolate hcl soln 0.5 %, 1 %	P	
cyclopentolate hcl soln 2 %	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
homatropine hbr soln	P	
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (*tropicamide*)	NP	
tropicamide soln	P	
Miotics		
ISOPTO CARPINE SOLN (*pilocarpine hcl*)	NP	
pilocarpine hcl soln	P	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB SOSY	P	PA; SP
Ophthalmic Adrenergic Agents		
apraclonidine hcl soln	P	
brimonidine tartrate soln 0.2 %	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
IOPIDINE SOLN	P	
Ophthalmic Anti-infectives		
BACIGUENT OINT OP	P	QL(4 gm per 31 days retail)
bacitracin (ophthalmic) oint	P	QL(4 gm per 31 days retail)
bacitracin-polymyxin b (ophth) oint	P	QL(4 gm per 31 days retail)
BLEPH-10 SOLN (*sulfacetamide sodium (ophth)*)	NP	QL(15 ml per 31 days retail)
CILOXAN OINT	P	1 rtl pack lmt per fill,
CILOXAN SOLN (*ciprofloxacin hcl (ophth)*)	NP	1 rtl pack lmt per fill,

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin hcl (ophth) soln	P	1 rtl pack lmt per fill,
erythromycin (ophth) oint	P	
gentamicin sulfate (ophth) oint	P	QL(4 gm per 31 days retail)
gentamicin sulfate (ophth) soln	P	2 rtl pack lmt per fill,
moxifloxacin hcl (ophth) soln	P	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin oint	P	QL(4 gm per 31 days retail)
neomycin-polymyxin-gramicidin soln	P	1 rtl pack lmt per fill,
OCUFLOX SOLN (*ofloxacin (ophth)*)	NP	QL(10 ml per 31 days retail)
ofloxacin (ophth) soln	P	QL(10 ml per 31 days retail)
polymyxin b-trimethoprim soln	P	1 rtl pack lmt per fill,1 rtl MAX fill,30 rtl day(s) supply,
POLYTRIM SOLN (*polymyxin b-trimethoprim*)	NP	1 rtl pack lmt per fill,1 rtl MAX fill,30 rtl day(s) supply,
sulfacetamide sodium (ophth) oint	P	QL(4 gm per 31 days retail)
sulfacetamide sodium (ophth) soln	P	QL(15 ml per 31 days retail)
tobramycin (ophth) soln	P	QL(5 ml per 31 days retail)
TOBREX OINT	P	
TOBREX SOLN (*tobramycin (ophth)*)	NP	QL(5 ml per 31 days retail)
trifluridine soln	P	QL(8 ml per 31 days retail)
VIGAMOX SOLN (*moxifloxacin hcl (ophth)*)	NP	QL(3 ml per fill retail)
Ophthalmic Decongestants		
naphazoline w/ pheniramine soln	P	QL(15 ml per 31 days retail)
NAPHCON-A SOLN (*naphazoline w/ pheniramine*)	NP	QL(15 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/ Limits
OPCON-A SOLN (*naphazoline w/ pheniramine*)	NP	QL(15 ml per 31 days retail)
tetrahydrozoline hcl (ophth) soln	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
VISINE RED EYE COMFORT SOLN (*tetrahydrozoline hcl (ophth)*)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s),
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth) soln	P	
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	P	
BLEPHAMIDE SUSP	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
dexamethasone sodium phosphate (ophth) soln	P	
fluorometholone (ophth) susp	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
FML LIQUIFILM SUSP (*fluorometholone (ophth)*)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s),
FML OINT	P	QL(4 gm per 31 days retail)
MAXITROL OINT 0.1 %-3.5 MG/GM-10000 UNIT/GM (*neomycin-polymy-dexameth*)	NP	QL(4 gm per 31 days retail)
MAXITROL SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML (*neomycin-polymy-dexameth*)	NP	QL(10 ml per 31 days retail)
neomycin-polymy-dexameth oint 0.1 %-3.5 mg/gm-10000 unit/gm	P	QL(4 gm per 31 days retail)
neomycin-polymy-dexameth susp 0.1 %-3.5 mg/ml-10000 unit/ml	P	QL(10 ml per 31 days retail)
neomycin-polymyxin-hc (ophth) susp	P	QL(15 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/ Limits
PRED FORTE SUSP (*prednisolone acetate (ophth)*)	NP	QL(15 ml per 31 days retail)
PRED MILD SUSP	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
PRED-G SUSP	P	1 rtl pack lmt per fill,
prednisolone acetate (ophth) susp	P	QL(15 ml per 31 days retail)
PREDNISOLONE ACETATE P-F SUSP	P	QL(15 ml per 31 days retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
sulfacetamide sod-prednisolone soln	P	QL(10 ml per 31 days retail)
TOBRADEX OINT	P	QL(4 gm per 31 days retail)
TOBRADEX SUSP (*tobramycin-dexamethasone*)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s),
tobramycin-dexamethasone susp	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
Ophthalmics - Misc.		
ACULAR LS SOLN (*ketorolac tromethamine (ophth)*)	NP	1 rtl MAX fill,31 rtl day(s) supply,
ACULAR SOLN (*ketorolac tromethamine (ophth)*)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s),
ALOCRIL SOLN	P	QL(5 ml per 31 days retail)
ALOMIDE SOLN	P	QL(10 ml per 31 days retail)
azelastine hcl (ophth) soln	P	QL(6 ml per 31 days retail)
AZOPT SUSP (*brinzolamide*)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s),
brinzolamide susp	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
cromolyn sodium (ophth) soln	P	QL(10 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/ Limits
diclofenac sodium (ophth) soln	P	QL(3 ml per 31 days retail)
DORZOLAMIDE HCL SOLN	P	QL(10 ml per 31 days retail)
dorzolamide hcl soln	P	QL(10 ml per 31 days retail)
flurbiprofen sodium soln	P	QL(5 ml per 31 days retail)
ketorolac tromethamine (ophth) soln 0.4 %	P	1 rtl MAX fill,31 rtl day(s) supply,
ketorolac tromethamine (ophth) soln 0.5 %	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
ketotifen fumarate (ophth) soln	P	QL(10 ml per 31 days retail)
TRUSOPT SOLN (*dorzolamide hcl*)	NP	QL(10 ml per 31 days retail)
ZADITOR SOLN (*ketotifen fumarate (ophth)*)	NP	QL(10 ml per 31 days retail)
Prostaglandins - Ophthalmic		
LATANOPROST SOLN	P	QL(5 ml per 31 days retail)
latanoprost soln	P	QL(5 ml per 31 days retail)
XALATAN SOLN (*latanoprost*)	NP	QL(5 ml per 31 days retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic) soln	P	QL(15 ml per 31 days retail)
carbamide peroxide (otic) soln	P	QL(15 ml per 31 days retail)
DEBROX SOLN (*carbamide peroxide (otic)*)	NP	QL(15 ml per 31 days retail)
Otic Anti-infectives		
ofloxacin (otic) soln	P	1 rtl pack lmt per fill,
Otic Combinations		
CIPRODEX SUSP (*ciprofloxacin-dexamethasone*)	NP	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
ciprofloxacin-dexamethasone susp	P	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
neomycin-polymyxin-hc (otic) soln	P	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) susp	P	1 rtl pack lmt per fill,
Otic Steroids		
DERMOTIC OIL (*fluocinolone acetonide (otic)*)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s),
fluocinolone acetonide (otic) oil	P	1 rtl pack lmt amt,31 rtl pack lmt day(s),
hydrocortisone w/acetic acid soln	P	QL(20 ml per 31 days retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate tabs or 0.2 mg	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY	P	SP
RHOGAM ULTRA-FILTERED PLUS SOSY	P	SP
Monoclonal Antibodies		
SYNAGIS SOLN	P	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps 250 mg, 500 mg	P	
amoxicillin chew 125 mg, 250 mg	P	
amoxicillin susr 125 mg/5ml, 250 mg/5ml, 200 mg/5ml, 400 mg/5ml	P	
amoxicillin tabs 875 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
ampicillin caps	P	
Natural Penicillins		
penicillin v potassium solr	P	
penicillin v potassium tabs	P	
Penicillin Combinations		
amoxicillin & pot clavulanate chew 28.5 mg-200 mg, 57 mg-400 mg	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate susr 200 mg/5ml-28.5 mg/5ml, 28.5 mg/5ml-200 mg/5ml, 250 mg/5ml-62.5 mg/5ml, 62.5 mg/5ml-250 mg/5ml	P	1 rtl pack lmt per fill,
amoxicillin & pot clavulanate susr 400 mg/5ml-57 mg/5ml, 57 mg/5ml-400 mg/5ml, 42.9 mg/5ml-600 mg/5ml, 600 mg/5ml-42.9 mg/5ml	P	2 rtl pack lmt per fill,
amoxicillin & pot clavulanate tabs 125 mg-250 mg, 250 mg-125 mg, 125 mg-500 mg, 500 mg-125 mg	P	QL(30 ea per fill retail)
amoxicillin & pot clavulanate tabs 125 mg-875 mg, 875 mg-125 mg	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate tb12 1000 mg-62.5 mg, 62.5 mg-1000 mg	P	QL(40 ea per 31 days retail)
AUGMENTIN ES-600 SUSR (*amoxicillin & pot clavulanate*)	NP	2 rtl pack lmt per fill,
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	1 rtl pack lmt per fill,
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (*amoxicillin & pot clavulanate*)	NP	1 rtl pack lmt per fill,
AUGMENTIN TABS 500 MG-125 MG (*amoxicillin & pot clavulanate*)	NP	QL(30 ea per fill retail)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX GEL	P	AL(At least 1 yrs old)
SIMPLYTHICK EASYMIX GEL	P	AL(At least 1 yrs old)
SIMPLYTHICK GEL	P	AL(At least 1 yrs old)
Liquid Vehicles		
SORBITOL SOLN XX 70 %,	P	RX/OTC
Semi Solid Vehicles		
lanolin oint	P	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (*norethindrone acetate*)	NP	
hydroxyprogesterone caproate oil	P	PA; SP
MAKENA OIL IM 250 MG/ML (*hydroxyprogesterone caproate*)	NP	PA; SP
MAKENA SOAJ SC 275 MG/1.1ML	P	PA; SP
medroxyprogesterone acetate tabs	P	
norethindrone acetate tabs	P	
progesterone caps or 100 mg, 200 mg	P	QL(1 ea daily)
PROMETRIUM CAPS (*progesterone*)	NP	QL(1 ea daily)
PROVERA TABS (*medroxyprogesterone acetate*)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		

Drug Name	Drug Tier	Requirements/ Limits
ANTABUSE TABS 250 MG (*disulfiram*)	NP	
disulfiram tabs 250 mg	P	
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (*donepezil hydrochloride*)	NP	QL(1 ea daily)
donepezil hydrochloride tabs 5 mg, 10 mg	P	QL(1 ea daily)
EXELON PT24 4.6 MG/24HR, 9.5 MG/24HR (*rivastigmine*)	NP	PA; QL(1 ea daily)
galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg	P	QL(1 ea daily)
galantamine hydrobromide soln 4 mg/ml	P	QL(6 ml daily)
galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg	P	QL(2 ea daily)
memantine hcl soln 10 mg/5ml, 2 mg/ml	P	PA; QL(10 ml daily)
memantine hcl tabs	P	
memantine hcl tabs 10 mg, 5 mg	P	QL(2 ea daily)
NAMENDA TABS (*memantine hcl*)	NP	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (*memantine hcl*)	NP	
RAZADYNE ER CP24 (*galantamine hydrobromide*)	NP	QL(1 ea daily)
RAZADYNE TABS (*galantamine hydrobromide*)	NP	QL(2 ea daily)
rivastigmine pt24 4.6 mg/24hr, 9.5 mg/24hr	P	PA; QL(1 ea daily)
rivastigmine tartrate caps	P	PA; QL(2 ea daily)
Combination Psychotherapeutics		
perphenazine-amitriptyline tabs	P	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	P	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	P	PA; QL(55 ea per 365 days retail)
Movement Disorder Drug Therapy		
AUSTEDO TABS	P	PA; SP
Multiple Sclerosis Agents		
AUBAGIO TABS	P	PA; QL(1 ea daily); SP
AVONEX PEN AJKT	P	PA; SP
AVONEX PSKT	P	PA; SP
COPAXONE SOSY (*glatiramer acetate*)	NP	PA; SP
dimethyl fumarate cpdr	P	PA; SP
dimethyl fumarate misc	P	PA; SP
EXTAVIA KIT	P	PA; SP
GILENYA CAPS 0.25 MG	P	PA; SP
GILENYA CAPS 0.5 MG	P	PA; QL(1 ea daily); SP
glatiramer acetate sosy	P	PA; SP
PLEGRIDY SOPN SC	P	PA; SP
PLEGRIDY SOSY SC	P	PA; SP
PLEGRIDY STARTER PACK SOPN	P	PA; SP
PLEGRIDY STARTER PACK SOSY	P	PA; SP
REBIF REBIDOSE SOAJ	P	PA; SP
REBIF REBIDOSE TITRATIONPACK SOAJ	P	PA; SP
REBIF SOSY	P	PA; SP
REBIF TITRATION PACK SOSY	P	PA; SP
TECFIDERA CPDR (*dimethyl fumarate*)	NP	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TECFIDERA STARTER PACK MISC (*dimethyl fumarate*)	NP	PA; SP
Smoking Deterrents		
APO-VARENICLINE TABS 0.5 MG	P	Limit: 2 Smoking Cessation Treatments per Year;QL(2 ea daily)
APO-VARENICLINE TABS 1 MG	P	QL(2 ea daily,56 ea per fill retail)
bupropion hcl (smoking deterrent) tb12	P	Limit: 2 Smoking Cessation Treatments per Year;QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	P	QL(2 ea daily,56 ea per fill retail)
CHANTIX STARTING MONTH PAK TABS (*varenicline tartrate*)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(53 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
CHANTIX TABS 0.5 MG (*varenicline tartrate*)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(2 ea daily)
CHANTIX TABS 1 MG	P	QL(2 ea daily,56 ea per fill retail)
NICODERM CQ PT24 (*nicotine*)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(1 ea daily)
NICORETTE GUM 4 MG, 2 MG (*nicotine polacrilex*)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(24 ea daily)
NICORETTE LOZG 2 MG, 4 MG (*nicotine polacrilex*)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(20 ea daily)
NICORETTE MINI LOZG (*nicotine polacrilex*)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(20 ea daily)
NICORETTE STARTER KIT GUM (*nicotine polacrilex*)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(24 ea daily)
nicotine polacrilex gum 4 mg, 2 mg	P	Limit: 2 Smoking Cessation Treatments per Year;QL(24 ea daily)
nicotine polacrilex lozg 2 mg, 4 mg	P	Limit: 2 Smoking Cessation Treatments per Year;QL(20 ea daily)
nicotine pt24	P	Limit: 2 Smoking Cessation Treatments per Year;QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NICOTINE TRANSDERMAL SYSTEM KIT	P	Limit: 2 Smoking Cessation Treatments per Year;QL(56 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
NICOTROL INHALER INHA	P	Limit: 2 Smoking Cessation Treatments per Year;SL(16.8 ea daily)
NICOTROL NS SOLN	P	Limit: 2 Smoking Cessation Treatments per Year;SL(4 ml daily)
varenicline tartrate misc	P	Limit: 2 Smoking Cessation Treatments per Year;QL(53 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
varenicline tartrate tabs 0.5 mg	P	Limit: 2 Smoking Cessation Treatments per Year;QL(2 ea daily)
varenicline tartrate tabs 1 mg	P	QL(2 ea daily,56 ea per fill retail)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Pulmonary Fibrosis Agents		
OFEV CAPS	P	PA; SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
doxycycline (monohydrate) caps 50 mg, 100 mg	P	PA
doxycycline (monohydrate) tabs 50 mg, 100 mg	P	PA
doxycycline hyclate caps or 50 mg, 100 mg	P	
doxycycline hyclate tabs or 100 mg	P	
minocycline hcl caps 100 mg, 50 mg, 75 mg	P	
tetracycline hcl caps 500 mg	P	
VIBRAMYCIN CAPS 100 MG (*doxycycline hyclate*)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	P	
propylthiouracil tabs	P	
TAPAZOLE TABS (*methimazole*)	NP	
Thyroid Hormones		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	NP	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	P	
CYTOMEL TABS (*liothyronine sodium*)	NP	
levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	P	
liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg	P	
SYNTHROID TABS (*levothyroxine sodium*)	NP	
thyroid tabs	P	
TOXOIDS		
Toxoid Combinations		

Drug Name	Drug Tier	Requirements/ Limits
ADACEL SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 18 yrs old)
BOOSTRIX SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 18 yrs old)
BOOSTRIX SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 18 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
dicyclomine hcl caps or 10 mg	P	
dicyclomine hcl soln or 10 mg/5ml	P	QL(496 ml per 31 days retail)
dicyclomine hcl tabs or 20 mg	P	
glycopyrrolate tabs or 1 mg, 2 mg	P	QL(4 ea daily)
hyoscyamine sulfate elix or 0.125 mg/5ml	P	
hyoscyamine sulfate soln or 0.125 mg/ml	P	
hyoscyamine sulfate subl sl 0.125 mg	P	
hyoscyamine sulfate tabs or 0.125 mg	P	
hyoscyamine sulfate tb12 or 0.375 mg	P	QL(4 ea daily)
hyoscyamine sulfate tbdp or 0.125 mg	P	
LEVBID TB12 (*hyoscyamine sulfate*)	NP	QL(4 ea daily)
ROBINUL FORTE TABS (*glycopyrrolate*)	NP	QL(4 ea daily)
ROBINUL TABS (*glycopyrrolate*)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
H-2 Antagonists		
cimetidine hcl soln	P	
cimetidine tabs 200 mg	P	RX/OTC
cimetidine tabs 300 mg, 400 mg, 800 mg	P	
famotidine susr or 40 mg/5ml	P	
famotidine tabs or 20 mg	P	RX/OTC
famotidine tabs or 40 mg, 10 mg	P	
PEPCID AC MAXIMUM STRENGTH TABS (*famotidine*)	NP	RX/OTC
PEPCID AC TABS 10 MG (*famotidine*)	NP	
PEPCID AC TABS 20 MG (*famotidine*)	NP	RX/OTC
PEPCID TABS 20 MG (*famotidine*)	NP	RX/OTC
PEPCID TABS 40 MG (*famotidine*)	NP	
TAGAMET HB TABS (*cimetidine*)	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (*sucralfate*)	NP	QL(420 ml per fill retail)
CARAFATE TABS 1 GM (*sucralfate*)	NP	QL(4 ea daily)
sucralfate susp 1 gm/10ml	P	QL(420 ml per fill retail)
sucralfate tabs 1 gm	P	QL(4 ea daily)
Proton Pump Inhibitors		
DEXILANT CPDR (*dexlansoprazole*)	NP	ST
dexlansoprazole cpdr	P	ST
esomeprazole magnesium cpdr 20 mg	P	OTC Covered Only;QL(2 ea daily); RX/OTC
esomeprazole magnesium cpdr 20 mg	P	QL(2 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FIRST-OMEPRAZOLE SUSP	P	QL(10 ml daily)
lansoprazole cpdr 15 mg	P	OTC covered only;QL(4 ea daily); RX/OTC
lansoprazole cpdr 15 mg	P	QL(4 ea daily); RX/OTC
lansoprazole cpdr 30 mg	P	QL(2 ea daily)
NEXIUM 24HR CLEAR MINIS CPDR (*esomeprazole magnesium*)	P	OTC Covered Only;QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (*esomeprazole magnesium*)	P	OTC Covered Only;QL(2 ea daily); RX/OTC
omeprazole cpdr 10 mg, 40 mg	P	QL(2 ea daily)
omeprazole cpdr 20 mg	P	QL(2 ea daily); RX/OTC
omeprazole magnesium tbec 20 mg	P	QL(1 ea daily)
omeprazole tbec 20 mg	P	QL(1 ea daily)
pantoprazole sodium tbec or 20 mg	P	QL(1 ea daily)
pantoprazole sodium tbec or 40 mg	P	QL(2 ea daily)
PREVACID CPDR (*lansoprazole*)	NP	QL(2 ea daily)
PRILOSEC OTC TBEC (*omeprazole magnesium*)	NP	QL(1 ea daily)
PROTONIX TBEC OR 20 MG (*pantoprazole sodium*)	NP	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (*pantoprazole sodium*)	NP	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (*misoprostol*)	NP	
misoprostol tabs	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole misc	P	14 rtl MAX day(s) supply,365 rtl lmt day(s),

Drug Name	Drug Tier	Requirements/ Limits
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
DETROL LA CP24 (*tolterodine tartrate*)	NP	QL(1 ea daily)
DETROL TABS (*tolterodine tartrate*)	NP	QL(2 ea daily)
DITROPAN XL TB24 (*oxybutynin chloride*)	NP	QL(2 ea daily)
oxybutynin chloride syrp 5 mg/5ml	P	QL(16 ml daily)
oxybutynin chloride tabs 5 mg	P	QL(3 ea daily)
oxybutynin chloride tb24 10 mg, 15 mg, 5 mg	P	QL(2 ea daily)
tolterodine tartrate cp24 2 mg, 4 mg	P	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	P	QL(2 ea daily)
trospium chloride tabs 20 mg	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	P	
VACCINES		
Bacterial Vaccines		
PNEUMOVAX 23 INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 18 yrs old)
PNEUMOVAX 23/1 DOSE INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PREVNAR 13 SUSP	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 18 yrs old)
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSY	P	QL(0.25 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	QL(0.25 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2022-2023 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUAD 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUAD QUADRIVALENT 2021-2022 PRSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 65 yrs old)
FLUAD QUADRIVALENT 2022-2023 PRSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 65 yrs old)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 65 yrs old)
FLUARIX QUADRIVALENT 2019-2020 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUARIX QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUARIX QUADRIVALENT 2022-2023 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUBLOK QUADRIVALENT 2020-2021 SOSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUBLOK QUADRIVALENT 2021-2022 SOSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUBLOK QUADRIVALENT 2022-2023 SOSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLULAVAL QUADRIVALENT 2019-2020 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLULAVAL QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUMIST QUADRIVALENT SUSP	P	QL(1 ea per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old - Up to 49 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	P	QL(0.7 ml per fill retail); AL(At least 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE PF 2021-2022 SUSY	P	QL(0.7 ml per fill retail); AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023 SUSY	P	QL(0.7 ml per fill retail); AL(At least 65 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 12 yrs old)
IMOVAX RABIES (*H.D.C.V.*) INJ	P	QL(1 ea per fill retail)4 rtl MAX fill,999 rtl day(s) supply,; AL(At least 18 yrs old)
RABAVERT SUSR	P	QL(1 ea per fill retail)4 rtl MAX fill,999 rtl day(s) supply,; AL(At least 18 yrs old)
Seasonal Influenza Vaccine	P	QL(1 ea per 180 days retail); AL: At least 12 yrs old
VAGINAL AND RELATED PRODUCTS		
Spermicides		
VCF VAGINAL CONTRACEPTIVE FILM FILM	P	1 rtl pack lmt per fill,
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (*clindamycin phosphate vaginal*)	NP	
clindamycin phosphate vaginal crea	P	
clotrimazole vaginal crea 1 %	P	QL(45 gm per 31 days retail)
clotrimazole vaginal crea 2 %	P	QL(21 gm per 31 days retail)
GYNAZOLE-1 CREA	P	
GYNE-LOTRIMIN 3 CREA (*clotrimazole vaginal*)	NP	QL(21 gm per 31 days retail)
GYNE-LOTRIMIN CREA (*clotrimazole vaginal*)	NP	QL(45 gm per 31 days retail)
metronidazole vaginal gel	P	
miconazole nitrate vaginal crea 2 %	P	QL(45 gm per 31 days retail)
miconazole nitrate vaginal crea 4 %	P	QL(25 gm per 31 days retail)
miconazole nitrate vaginal kit	P	1 rtl pack lmt per fill,
miconazole nitrate vaginal supp 100 mg	P	QL(7 ea per 31 days retail)
miconazole nitrate vaginal supp 200 mg	P	QL(3 ea per fill retail,3 ea per 31 days retail)

Drug Name	Drug Tier	Requirements/ Limits
MONISTAT 3 COMBINATION PACK KIT (*miconazole nitrate vaginal*)	NP	1 rtl pack lmt per fill,
MONISTAT 3 CREA (*miconazole nitrate vaginal*)	NP	QL(25 gm per 31 days retail)
MONISTAT 7 SIMPLY CURE CREA (*miconazole nitrate vaginal*)	NP	QL(45 gm per 31 days retail)
terconazole vaginal crea	P	
terconazole vaginal supp	P	
tioconazole vaginal oint	P	
VANDAZOLE GEL	P	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (*estradiol vaginal*)	NP	QL(43 gm per 31 days retail)
estradiol vaginal crea 0.1 mg/gm	P	QL(43 gm per 31 days retail)
estradiol vaginal tabs 10 mcg	P	
PREMARIN CREA VA 0.625 MG/GM	P	
VAGIFEM TABS (*estradiol vaginal*)	NP	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml	P	QL(0.067 ea daily,4 ea per 365 days retail)
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	P	Limit 4 per year;QL(0.067 ea daily,4 ea per 365 days retail)
Vasopressors		
midodrine hcl tabs	P	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 1.25 mg, 50000 unit	P	QL(8 ea per 31 days retail)
cholecalciferol caps 1000 unit, 2000 unit, 25 mcg, 50 mcg	P	QL(100 ea per fill retail)
cholecalciferol caps 125 mcg, 5000 unit	P	QL(2 ea daily)
DRISDOL CAPS (*ergocalciferol*)	NP	
ergocalciferol caps 1.25 mg, 50000 unit	P	
ergocalciferol soln 8000 unit/ml	P	QL(60 ml per 90 days retail)
MEPHYTON TABS (*phytonadione*)	NP	
phytonadione tabs	P	
vitamin e caps 100 unit, 200 unit, 400 unit, 180 mg	P	QL(2 ea daily)
VITAMIN E CHEW 400 UNIT	P	QL(2 ea daily)
Water Soluble Vitamins		
ascorbic acid tabs or 250 mg, 1000 mg, 37 mg-1000 mg, 10 mg-500 mg, 14 mg-25 mg-500 mg, 25 mg-35 mg-500 mg, 37 mg-500 mg, 500 mg-10 mg	P	QL(3.34 ea daily)
B-1 TABS	P	QL(3.34 ea daily)
niacin cpcr	P	
niacin tabs	P	
niacin tbcr	P	
NIACIN TR TBCR	P	
pyridoxine hcl tabs	P	
riboflavin tabs	P	QL(3.34 ea daily)
SLO-NIACIN TBCR (*niacin*)	NP	
thiamine hcl tabs	P	QL(3.34 ea daily)
thiamine mononitrate tabs	P	QL(3.34 ea daily)

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