

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).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:

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

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

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

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

Se você fala português do Brasil, os serviços de assistência em sua língua 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).

နမူကတိကညီ ကျိအယိ, နမူနာ ကျိအတိမၤစၢလၢ တလၢ်ဘူလၢ်စူ နိတမၤဘၣ်သ့န့ၣ်လီၤ. ကိး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፡ ወደ ሚክሳለው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው፡ 711)።

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငွ်အတွက် 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 (<i>amphetamine-dextroamphetamine</i>)	NP	QL(2 ea daily);AL(At least 3 yrs old)
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	QL(1 ea daily);AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine tabs</i>	P	QL(2 ea daily);AL(At least 3 yrs old)
<i>amphetamine-dextroamphetamine cp24</i>	P	QL(1 ea daily);AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	NP	QL(2 ea daily);AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG (<i>dextroamphetamine sulfate</i>)	NP	QL(1 ea daily);AL(At least 6 yrs old)
<i>dextroamphetamine sulfate cp24 5 MG</i>	P	QL(1 ea daily);AL(At least 6 yrs old)
<i>dextroamphetamine sulfate tabs 5 MG, 10 MG</i>	P	QL(2 ea daily);AL(At least 3 yrs old)
<i>dextroamphetamine sulfate cp24 10 MG, 15 MG</i>	P	QL(2 ea daily);AL(At least 6 yrs old)
VYVANSE CAPS	P	QL(1 ea daily);ST
Analeptics		
<i>caffeine citrate soln or</i>	P	Limit 2 fills per Lifetime;2 rtl MAX fill,999 rtl day(s) supply;QL(45 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	P	AL(At least 6 yrs old);ST
<i>clonidine hcl (adhd) tb12</i>	P	
<i>guanfacine hcl (adhd)</i>	P	QL(1 ea daily);AL(At least 6 yrs old)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	QL(1 ea daily);AL(At least 6 yrs old)
KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	NP	
STRATTERA (<i>atomoxetine hcl</i>)	NP	AL(At least 6 yrs old);ST
Stimulants - Misc.		
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>methylphenidate hcl</i>)	NP	QL(1 ea daily);AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (<i>methylphenidate hcl</i>)	NP	QL(2 ea daily);AL(At least 6 yrs old)
<i>dexmethylphenidate hcl tabs</i>	P	QL(2 ea daily);AL(At least 6 yrs old)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	NP	QL(2 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tb24 18 MG, 27 MG, 54 MG</i>	P	QL(1 ea daily)
<i>methylphenidate hcl tabs 10 MG, 20 MG</i>	P	QL(3 ea daily);AL(At least 3 yrs old)
<i>methylphenidate hcl tbc 10 MG, 20 MG, 36 MG</i>	P	QL(2 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tb24 36 MG</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cpr</i>	P	QL(1 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 5 MG</i>	P	QL(6 ea daily);AL(At least 3 yrs old)
<i>methylphenidate hcl tbc 18 MG, 27 MG, 54 MG</i>	P	QL(1 ea daily);AL(At least 6 yrs old)
RITALIN TABS 5 MG (<i>methylphenidate hcl</i>)	NP	QL(6 ea daily);AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>methylphenidate hcl</i>)	NP	QL(3 ea daily);AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASSTEK 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 - G's		
<i>ginger (zingiber officinalis) caps 250 MG</i>	P	QL(4 ea daily)
Alternative Medicine - M's		
<i>melatonin tabs 3 MG, 5 MG</i>	P	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>neomycin sulfate tabs</i>	P	
<i>tobramycin sulfate soln ij</i>	P	PA
<i>tobramycin sulfate solr</i>	P	PA

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	P	SP;PA
XELJANZ TABS	P	SP;PA
XELJANZ XR TB24	P	SP;PA
Antirheumatic Antimetabolites		
METHOTREXATE	P	
OTREXUP SOAJ	P	SP;PA
RASUVO SOAJ	P	SP;PA
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PSKT	P	SP;PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	SP;PA
HUMIRA PEN PNKT	P	SP;PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP;PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP;PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP;PA
SIMPONI SOSY	P	SP;PA
SIMPONI SOAJ	P	SP;PA
SIMPONI ARIA SOLN	P	SP;PA
Interleukin-6 Receptor Inhibitors		
KEVZARA SOSY	P	SP;PA
KEVZARA SOAJ	P	SP;PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ALEVE TABS (<i>naproxen sodium</i>)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ALEVE ARTHRITIS TABS (<i>naproxen sodium</i>)	NP	QL(2 ea daily)
ANAPROX DS TABS (<i>naproxen sodium</i>)	NP	
CELEBREX (<i>celecoxib</i>)	NP	QL(2 ea daily);PA
<i>celecoxib</i>	P	QL(2 ea daily);PA
CHILDRENS ADVIL SUSP (<i>ibuprofen</i>)	NP	RX/OTC
CHILDRENS MOTRIN SUSP (<i>ibuprofen</i>)	NP	RX/OTC
DAYPRO (<i>oxaprozin</i>)	NP	
<i>diclofenac potassium tabs 50 MG</i>	P	
<i>diclofenac sodium tbec</i>	P	
<i>diclofenac sodium tb24</i>	P	
EC-NAPROSYN TBEC (<i>naproxen</i>)	NP	QL(2 ea daily)
<i>etodolac caps</i>	P	
<i>etodolac tb24</i>	P	
<i>etodolac tabs</i>	P	
FELDENE CAPS (<i>piroxicam</i>)	NP	
<i>flurbiprofen tabs</i>	P	
<i>ibuprofen chew</i>	P	
<i>ibuprofen susp</i>	P	RX/OTC
<i>ibuprofen tabs 200 MG, 400 MG, 600 MG, 800 MG</i>	P	
<i>indomethacin cpcr</i>	P	
<i>indomethacin caps 25 MG, 50 MG</i>	P	
INFANTS ADVIL SUSP (<i>ibuprofen</i>)	NP	
<i>ketoprofen caps 50 MG, 75 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen cp24</i>	P	
<i>ketorolac tromethamine tabs</i>	P	QL(20 ea per 31 days retail);AL(At least 17 yrs old)
LODINE TABS (<i>etodolac</i>)	NP	
<i>meloxicam tabs</i>	P	
MOBIC TABS (<i>meloxicam</i>)	NP	
MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	NP	
MOTRIN INFANTS DROPS SUSP (<i>ibuprofen</i>)	NP	
<i>nabumetone</i>	P	
NAPROSYN SUSP (<i>naproxen</i>)	NP	
NAPROSYN TABS 500 MG (<i>naproxen</i>)	NP	
<i>naproxen susp</i>	P	
<i>naproxen tbec</i>	P	QL(2 ea daily)
<i>naproxen tabs</i>	P	
<i>naproxen sodium tabs 275 MG, 550 MG</i>	P	
<i>naproxen sodium tabs 220 MG</i>	P	QL(2 ea daily)
<i>oxaprozin</i>	P	
<i>piroxicam caps</i>	P	
<i>sulindac tabs</i>	P	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	P	SP;PA
OTEZLA TBPK	P	SP;PA
Pyrimidine Synthesis Inhibitors		
ARAVA (<i>leflunomide</i>)	NP	QL(1 ea daily)
<i>leflunomide</i>	P	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN	P	SP;PA
ENBREL SOSY	P	SP;PA
ENBREL SOLR	P	SP;PA
ENBREL MINI SOCT	P	SP;PA
ENBREL SURECLICK SOAJ	P	SP;PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
BUTALBITAL/ASPIRIN/CAFFEINE TABS 50 MG-325 MG-40 MG	P	QL(4 ea daily)
<i>butalbital-acetaminophen tabs 325 MG-50 MG</i>	P	
<i>butalbital-acetaminophen-caffeine caps 325 MG-40 MG-50 MG</i>	P	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine tabs 325 MG-40 MG-50 MG</i>	P	QL(4 ea daily)
<i>butalbital-aspirin-caffeine caps 50 MG-325 MG-40 MG</i>	P	QL(4 ea daily)
ESGIC TABS 325 MG-40 MG-50 MG (<i>butalbital-acetaminophen-caffeine</i>)	NP	QL(4 ea daily)
FIORINAL CAPS 50 MG-325 MG-40 MG (<i>butalbital-aspirin-caffeine</i>)	NP	QL(4 ea daily)
Analgesics Other		
<i>acetaminophen tabs 325 MG, 500 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen soln or 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	QL(240 ml per fill retail)
<i>acetaminophen elix</i>	P	
<i>acetaminophen supp</i>	P	QL(12 ea per 31 days retail)
<i>acetaminophen chew</i>	P	
<i>acetaminophen liqd 160 MG/5ML</i>	P	
<i>acetaminophen susp 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per 31 days retail)
INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)
TYLENOL TABS (<i>acetaminophen</i>)	NP	
TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>)	NP	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>acetaminophen</i>)	NP	
TYLENOL CHILDRENS PAIN +FEVER SUSP (<i>acetaminophen</i>)	NP	
TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>)	NP	
TYLENOL FOR CHILDREN/ADULTS SUSP (<i>acetaminophen</i>)	NP	
TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>)	NP	
Salicylates		

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin chew</i>	P	
<i>aspirin tabs 325 MG</i>	P	
<i>aspirin tbec 81 MG, 325 MG</i>	P	
ASPIRIN SUPP 300 MG, 600 MG	P	QL(12 ea per 31 days retail)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
BUFFERIN 325 MG (<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NP	
<i>diflunisal tabs</i>	P	
ECOTRIN TBEC (<i>aspirin</i>)	NP	
ECOTRIN MAXIMUM STRENGTH TBEC (<i>aspirin</i>)	NP	
ECOTRIN REGULAR STRENGTH TBEC (<i>aspirin</i>)	NP	
<i>salsalate</i>	P	
ST JOSEPH ADULT CHEW	P	
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate tabs</i>	P	Opioid Smart PA;AL(At least 12 yrs old)
CODEINE SULFATE TABS	P	Opioid Smart PA;AL(At least 12 yrs old)
DILAUDID TABS 4 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA

Drug Name	Drug Tier	Requirements/Limits
DILAUDID TABS 2 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA;QL(8 ea daily)
DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA;QL(4 ea daily)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR (<i>fentanyl</i>)	NP	Opioid Smart PA;QL(0.34 ea daily)
<i>fentanyl pt72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	Opioid Smart PA;QL(0.34 ea daily)
<i>hydromorphone hcl tabs 4 MG</i>	P	Opioid Smart PA
<i>hydromorphone hcl tabs 2 MG</i>	P	Opioid Smart PA;QL(8 ea daily)
<i>hydromorphone hcl tabs 8 MG</i>	P	Opioid Smart PA;QL(4 ea daily)
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA;QL(2 ea daily)
<i>meperidine hcl tabs 50 MG</i>	P	Opioid Smart PA;QL(6 ea daily)
<i>meperidine hcl soln or 50 MG/5ML</i>	P	Opioid Smart PA
<i>methadone hcl tabs 5 MG</i>	P	QL(4 ea daily);PA
<i>methadone hcl tabs 10 MG</i>	P	QL(10 ea daily);PA
<i>morphine sulfate supp</i>	P	Opioid Smart PA;QL(0.78 ea daily)
<i>morphine sulfate soln or 10 MG/5ML, 20 MG/5ML</i>	P	Opioid Smart PA;QL(16.67 ml daily)
<i>morphine sulfate tbcr</i>	P	Opioid Smart PA;QL(3 ea daily)
<i>morphine sulfate soln or 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	P	Opioid Smart PA

Drug Name	Drug Tier	Requirement s/Limits
<i>morphine sulfate tabs</i>	P	Opioid Smart PA;QL(6 ea daily)
MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	Opioid Smart PA;QL(3 ea daily)
OXAYDO TABS	P	Opioid Smart PA;QL(6 ea daily)
<i>oxycodone hcl conc 100 MG/5ML</i>	P	Opioid Smart PA;QL(4 ml daily)
<i>oxycodone hcl tabs</i>	P	Opioid Smart PA;QL(6 ea daily)
<i>oxycodone hcl caps</i>	P	Opioid Smart PA;QL(6 ea daily)
<i>oxycodone hcl soln</i>	P	Opioid Smart PA
ROXICODONE TABS (<i>oxycodone hcl</i>)	NP	Opioid Smart PA;QL(6 ea daily)
<i>tramadol hcl tabs 50 MG</i>	P	Opioid Smart PA;QL(8 ea daily);AL(At least 18 yrs old)
ULTRAM TABS (<i>tramadol hcl</i>)	NP	Opioid Smart PA;QL(8 ea daily);AL(At least 18 yrs old)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120 MG/5ML-12 MG/5ML</i>	P	Opioid Smart PA;QL(30 ml daily);AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300 MG-15 MG, 300 MG-30 MG, 300 MG-60 MG</i>	P	Opioid Smart PA;QL(6 ea daily);AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine 325 MG-30 MG-40 MG-50 MG</i>	P	Opioid Smart PA;QL(4 ea daily);AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine w/cod 50 MG-325 MG-30 MG-40 MG</i>	P	Opioid Smart PA;QL(4 ea daily);AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
FIORINAL/CODEINE #3 50 MG-325 MG-30 MG-40 MG (<i>butalbital-aspirin-caffeine w/cod</i>)	NP	Opioid Smart PA;QL(4 ea daily);AL(At least 12 yrs old)
<i>hydrocodone-acetaminophen soln 2.5 MG/5ML-108 MG/5ML, 5 MG/10ML-217 MG/10ML, 7.5 MG/15ML-325 MG/15ML</i>	P	Opioid Smart PA;QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG</i>	P	Opioid Smart PA;QL(6 ea daily)
NORCO TABS 10 MG-325 MG, 5 MG-325 MG (<i>hydrocodone-acetaminophen</i>)	NP	Opioid Smart PA;QL(6 ea daily)
NORCO TABS 7.5 MG-325 MG (<i>hydrocodone-acetaminophen</i>)	NP	Opioid Smart PA;QL(8 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	P	Opioid Smart PA;QL(6 ea daily)
<i>oxycodone w/ acetaminophen soln 5 MG/5ML-325 MG/5ML</i>	P	Opioid Smart PA
<i>oxycodone-aspirin 4.835 MG-325 MG</i>	P	Opioid Smart PA;QL(6 ea daily)
PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (<i>oxycodone w/ acetaminophen</i>)	NP	Opioid Smart PA;QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen 37.5 MG-325 MG</i>	P	Opioid Smart PA;QL(4 ea daily);AL(At least 18 yrs old)
ULTRACET 37.5 MG-325 MG (<i>tramadol-acetaminophen</i>)	NP	Opioid Smart PA;QL(4 ea daily);AL(At least 18 yrs old)
Opioid Partial Agonists		
<i>buprenorphine hcl subl</i>	P	PA
<i>buprenorphine hcl-naloxone hcl dihydrate film sl 2 MG-0.5 MG, 4 MG-1 MG</i>	P	QL(3 ea daily);AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 2 MG-0.5 MG</i>	P	QL(12 ea daily);AL(At least 16 yrs old)
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL 12 MG-3 MG, 8 MG-2 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily);AL(At least 16 yrs old)
SUBOXONE FILM SL 2 MG-0.5 MG, 4 MG-1 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 ea daily);AL(At least 16 yrs old)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
DEPO-TESTOSTERONE SOLN IM 200 MG/ML (<i>testosterone cypionate</i>)	NP	QL(4 ml per 31 days retail)
DEPO-TESTOSTERONE SOLN IM 100 MG/ML (<i>testosterone cypionate</i>)	NP	QL(0.2858 ml daily)
METHITEST TABS	P	

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate soln im 200 MG/ML</i>	P	QL(4 ml per 31 days retail)
<i>testosterone cypionate soln im 100 MG/ML</i>	P	QL(0.2858 ml daily)
<i>testosterone enanthate soln im</i>	P	QL(0.1429 ml daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (<i>hydrocortisone intrarectal</i>)	NP	
<i>hydrocortisone intrarectal</i>	P	
Rectal Combinations		
ANALPRAM-HC LOTN EX 1 %-2.5 %	P	QL(62 ml per 31 days retail)
<i>phenylephrine-shark liver oil-cocoa butter 3 %-0.25 %-85.5 %</i>	P	QL(12 ea per 31 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum 3 %-0.25 %-71.9 %-14 %</i>	P	QL(60 gm per 31 days retail)
Rectal Steroids		
ANUSOL-HC EX (<i>hydrocortisone rectal</i>)	NP	
<i>hydrocortisone (rectal) ex 2.5 %</i>	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone liqd</i>	P	QL(24 ml daily)
<i>alum & mag hydrox-simethicone susp</i>	P	QL(24 ml daily)
Antacids - Aluminum Salts		

Drug Name	Drug Tier	Requirement s/Limits
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) tabs 325 MG, 650 MG</i>	P	QL(3.34 ea daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) chew 500 MG</i>	P	
TUMS CHEW (<i>calcium carbonate (antacid)</i>)	NP	
TUMS LASTING EFFECTS CHEW (<i>calcium carbonate (antacid)</i>)	NP	
Antacids - Magnesium Salts		
<i>magnesium oxide tabs 400 MG</i>	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
EMVERM CHEW	P	QL(1 ea per fill retail)
<i>pyrantel pamoate susp 144 MG/ML</i>	P	1 rtl MAX fill,31 rtl day(s) supply;QL(60 ml per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>isosorbide dinitrate</i>)	NP	
<i>isosorbide dinitrate tabs 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate tb24</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>isosorbide mononitrate tabs</i>	P	QL(2 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NP	
<i>nitroglycerin cpcr</i>	P	
<i>nitroglycerin subl</i>	P	
<i>nitroglycerin pt24</i>	P	
NITROSTAT SUBL (<i>nitroglycerin</i>)	NP	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 ea daily)
<i>buspirone hcl 15 MG</i>	P	QL(4 ea daily)
<i>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily)
<i>hydroxyzine hcl syrp</i>	P	
<i>hydroxyzine hcl tabs</i>	P	
<i>hydroxyzine pamoate caps</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
<i>alprazolam tabs</i>	P	QL(3 ea daily)
ATIVAN TABS 1 MG (<i>lorazepam</i>)	NP	QL(4 ea daily)
ATIVAN TABS .5 MG, 2 MG (<i>lorazepam</i>)	NP	QL(3 ea daily)
<i>chlordiazepoxide hcl caps</i>	P	QL(4 ea daily)
<i>clorazepate dipotassium tabs</i>	P	QL(3 ea daily)
<i>diazepam soln or 5 MG/5ML</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>diazepam tabs</i>	P	QL(4 ea daily)
<i>lorazepam tabs 1 MG</i>	P	QL(4 ea daily)
<i>lorazepam tabs .5 MG, 2 MG</i>	P	QL(3 ea daily)
<i>oxazepam caps</i>	P	QL(4 ea daily)
TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	NP	QL(3 ea daily)
VALIUM TABS (<i>diazepam</i>)	NP	QL(4 ea daily)
XANAX TABS (<i>alprazolam</i>)	NP	QL(3 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	P	
NORPACE CAPS (<i>disopyramide phosphate</i>)	NP	
NORPACE CR CP12 150 MG	P	
<i>quinidine gluconate tbc</i>	P	
<i>quinidine sulfate tabs</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	
<i>propafenone hcl cp12</i>	P	
<i>propafenone hcl tabs</i>	P	
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	NP	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs 200 MG</i>	P	
<i>dofetilide</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
TIKOSYN (<i>dofetilide</i>)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA SOSY	P	SP;PA
FASENRA PEN SOAJ	P	SP;PA
XOLAIR SOSY	P	SP;PA
XOLAIR SOLR	P	SP;PA
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	P	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
INCRUSE ELLIPTA	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>ipratropium bromide soln .02 %</i>	P	QL(375 ml per 25 days retail)
TUDORZA PRESSAIR	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
Leukotriene Modulators		
<i>montelukast sodium tabs</i>	P	QL(1 ea daily)
<i>montelukast sodium pack</i>	P	QL(1 ea daily)
<i>montelukast sodium chew</i>	P	QL(1 ea daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	P	QL(1 ea daily)
ASMANEX HFA AERO	P	QL(0.44 gm daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>budesonide (inhalation) susp .25 MG/2ML, .5 MG/2ML</i>	P	QL(120 ml per fill retail);AL(Up to 8 yrs old)
<i>budesonide (inhalation) susp 1 MG/2ML</i>	P	QL(60 ml per 31 days retail);AL(Up to 8 yrs old)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per 25 days retail);AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT	P	QL(11 gm per 25 days retail);AL(Up to 12 yrs old)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(60 ml per 31 days retail);AL(Up to 8 yrs old)
PULMICORT SUSP .25 MG/2ML, .5 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(120 ml per fill retail);AL(Up to 8 yrs old)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	NP	QL(60 ea per 31 days retail);AL(At least 4 yrs old)
<i>albuterol sulfate tabs</i>	P	
<i>albuterol sulfate nebu .63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ml per 31 days retail)
<i>albuterol sulfate nebu .083 %</i>	P	QL(12.5 ml daily)
<i>albuterol sulfate syrup</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>albuterol sulfate aers</i>	P	Limit: 1 inhaler per fill, 2 per month;QL(18 gm per fill retail,36 gm per 30 days retail)
<i>albuterol sulfate nebu .5 %, 2.5 MG/0.5ML</i>	P	
<i>albuterol sulfate aers</i>	P	QL(6.7 gm per fill retail,13.4 gm per 30 days retail)
<i>albuterol sulfate aers</i>	P	QL(8.5 gm per fill retail,17 gm per 30 days retail)
<i>albuterol sulfate tb12</i>	P	
ALBUTEROL SULFATE NEBU	P	
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	P	QL(4 gm per 31 days retail)
<i>fluticasone-salmeterol aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT</i>	P	QL(60 ea per 31 days retail);AL(At least 4 yrs old)
<i>ipratropium-albuterol soln 0.5 MG/3ML-2.5 MG/3ML</i>	P	QL(12 ml daily)
SEREVENT DISKUS	P	1 rtl pack lmt per fill
<i>terbutaline sulfate tabs</i>	P	
Xanthines		
THEO-24 CP24	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>theophylline soln</i>	P	QL(475 ml per fill retail)
<i>theophylline tb12 300 MG, 450 MG</i>	P	
<i>theophylline elix</i>	P	
<i>theophylline tb24</i>	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium tabs</i>	P	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	P	QL(2 ea daily)
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium sosy 30 MG/0.3ML</i>	P	Max 42 syringes in 180 days;QL(12.6 ml per 180 days retail);SP
<i>enoxaparin sodium sosy 100 MG/ML, 150 MG/ML</i>	P	Max 42 syringes in 180 days;QL(42 ml per 180 days retail);SP
<i>enoxaparin sodium sosy 40 MG/0.4ML</i>	P	Max 42 syringes in 180 days;QL(16.8 ml per 180 days retail);SP
<i>enoxaparin sodium soln ij 300 MG/3ML</i>	P	Max 42 syringes in 180 days;QL(126 ml per 180 days retail);SP
<i>enoxaparin sodium sosy 80 MG/0.8ML, 120 MG/0.8ML</i>	P	Max 42 syringes in 180 days;QL(33.6 ml per 180 days retail);SP

Drug Name	Drug Tier	Requirement s/Limits
<i>enoxaparin sodium sosy 60 MG/0.6ML</i>	P	Max 42 syringes in 180 days;QL(25.2 ml per 180 days retail);SP
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
<i>heparin sodium (porcine) soln ij 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days;QL(16.8 ml per 180 days retail);SP
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days;QL(126 ml per 180 days retail);SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days;QL(33.6 ml per 180 days retail);SP
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days;QL(25.2 ml per 180 days retail);SP
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days;QL(12.6 ml per 180 days retail);SP

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(42 ml per 180 days retail); SP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs</i>	P	QL(4 ea daily)
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
<i>diazepam (anticonvulsant) gel</i>	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
KLONOPIN TABS (<i>clonazepam</i>)	NP	QL(4 ea daily)
NAYZILAM	P	QL(10 ea per 30 days retail); PA
VALTOCO LQPK	P	QL(10 ea per 30 days retail); PA
VALTOCO LIQD	P	QL(10 ea per 30 days retail); PA
Anticonvulsants - Misc.		
<i>carbamazepine susp</i>	P	
<i>carbamazepine tb12</i>	P	
<i>carbamazepine tabs</i>	P	
<i>carbamazepine chew</i>	P	
<i>gabapentin tabs 600 MG</i>	P	QL(6 ea daily)
<i>gabapentin tabs 800 MG</i>	P	QL(4 ea daily)
<i>gabapentin caps</i>	P	QL(9 ea daily)
<i>gabapentin soln</i>	P	
KEPPRA TABS 500 MG (<i>levetiracetam</i>)	NP	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP	
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	NP	QL(16 ml daily)
KEPPRA TABS 250 MG, 750 MG (<i>levetiracetam</i>)	NP	QL(4 ea daily)
KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	ST
LAMICTAL TABS (<i>lamotrigine</i>)	NP	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	NP	
LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	QL(1 ea daily); ST
<i>lamotrigine tabs</i>	P	
<i>lamotrigine chew</i>	P	
<i>lamotrigine tb24</i>	P	QL(1 ea daily); ST
<i>levetiracetam tabs 1000 MG</i>	P	
<i>levetiracetam tabs 250 MG, 750 MG</i>	P	QL(4 ea daily)
<i>levetiracetam tabs 500 MG</i>	P	QL(6 ea daily)
<i>levetiracetam tb24</i>	P	ST
<i>levetiracetam soln or 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ml daily)
MYSOLINE (<i>primidone</i>)	NP	
NEURONTIN SOLN (<i>gabapentin</i>)	NP	
NEURONTIN TABS 600 MG (<i>gabapentin</i>)	NP	QL(6 ea daily)
NEURONTIN CAPS (<i>gabapentin</i>)	NP	QL(9 ea daily)
NEURONTIN TABS 800 MG (<i>gabapentin</i>)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>oxcarbazepine tabs</i>	P	
<i>oxcarbazepine susp</i>	P	
<i>primidone</i>	P	
TEGRETOL TABS (<i>carbamazepine</i>)	NP	
TEGRETOL SUSP (<i>carbamazepine</i>)	NP	
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	NP	
TOPAMAX TABS 200 MG (<i>topiramate</i>)	NP	QL(2 ea daily)
TOPAMAX TABS 25 MG, 50 MG (<i>topiramate</i>)	NP	QL(6 ea daily)
TOPAMAX TABS 100 MG (<i>topiramate</i>)	NP	QL(4 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (<i>topiramate</i>)	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>topiramate</i>)	NP	QL(8 ea daily)
<i>topiramate cpsp 15 MG</i>	P	QL(6 ea daily)
<i>topiramate cpsp 25 MG</i>	P	QL(8 ea daily)
<i>topiramate tabs 100 MG</i>	P	QL(4 ea daily)
<i>topiramate tabs 200 MG</i>	P	QL(2 ea daily)
<i>topiramate tabs 25 MG, 50 MG</i>	P	QL(6 ea daily)
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	NP	
TRILEPTAL TABS (<i>oxcarbazepine</i>)	NP	
ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>)	NP	
<i>zonisamide caps</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
Carbamates		
<i>felbamate susp</i>	P	
<i>felbamate tabs</i>	P	
FELBATOL TABS (<i>felbamate</i>)	NP	
FELBATOL SUSP (<i>felbamate</i>)	NP	
GABA Modulators		
GABITRIL (<i>tiagabine hcl</i>)	NP	
<i>tiagabine hcl</i>	P	
Hydantoins		
DILANTIN (<i>phenytoin sodium extended</i>)	NP	
DILANTIN	P	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP	
DILANTIN-125 SUSP (<i>phenytoin</i>)	NP	
<i>phenytoin susp</i>	P	
<i>phenytoin chew</i>	P	
<i>phenytoin sodium extended 30 MG, 100 MG</i>	P	
Succinimides		
<i>ethosuximide soln</i>	P	
<i>ethosuximide caps</i>	P	
ZARONTIN CAPS (<i>ethosuximide</i>)	NP	
ZARONTIN SOLN (<i>ethosuximide</i>)	NP	
Valproic Acid		
DEPAKOTE TBEC 125 MG (<i>divalproex sodium</i>)	NP	QL(2 ea daily)
DEPAKOTE TBEC 250 MG (<i>divalproex sodium</i>)	NP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE TBEC 500 MG (<i>divalproex sodium</i>)	NP	QL(7 ea daily)
DEPAKOTE ER TB24 250 MG (<i>divalproex sodium</i>)	NP	QL(3 ea daily)
DEPAKOTE ER TB24 500 MG (<i>divalproex sodium</i>)	NP	QL(7 ea daily)
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	NP	QL(8 ea daily)
<i>divalproex sodium tbec 500 MG</i>	P	QL(7 ea daily)
<i>divalproex sodium tb24 500 MG</i>	P	QL(7 ea daily)
<i>divalproex sodium tbec 250 MG</i>	P	QL(3 ea daily)
<i>divalproex sodium tbec 125 MG</i>	P	QL(2 ea daily)
<i>divalproex sodium tb24 250 MG</i>	P	QL(3 ea daily)
<i>divalproex sodium csdr</i>	P	QL(8 ea daily)
<i>valproate sodium soln or 250 MG/5ML</i>	P	
<i>valproate sodium soln iv 100 MG/ML</i>	P	PA
<i>valproic acid caps</i>	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 15 MG</i>	P	QL(3 ea daily)
<i>mirtazapine tabs 7.5 MG, 45 MG</i>	P	QL(1 ea daily)
<i>mirtazapine tabs 30 MG</i>	P	QL(1.5 ea daily)
<i>mirtazapine tbdp 15 MG</i>	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tbdp 45 MG</i>	P	QL(1 ea daily)
<i>mirtazapine tbdp 30 MG</i>	P	QL(1.5 ea daily)
REMERON TABS 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 ea daily)
REMERON TABS 15 MG (<i>mirtazapine</i>)	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>mirtazapine</i>)	NP	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>)	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tb12 150 MG</i>	P	QL(3 ea daily)
<i>bupropion hcl tb12 200 MG</i>	P	QL(2 ea daily)
<i>bupropion hcl tb24 150 MG</i>	P	QL(3 ea daily)
<i>bupropion hcl tb24 300 MG</i>	P	QL(1 ea daily)
<i>bupropion hcl tb12 100 MG</i>	P	QL(4 ea daily)
<i>bupropion hcl tabs</i>	P	QL(3 ea daily)
<i>maprotiline hcl</i>	P	
WELLBUTRIN SR TB12 200 MG (<i>bupropion hcl</i>)	NP	QL(2 ea daily)
WELLBUTRIN SR TB12 100 MG (<i>bupropion hcl</i>)	NP	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>bupropion hcl</i>)	NP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL TB24 300 MG (<i>bupropion hcl</i>)	NP	QL(1 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>bupropion hcl</i>)	NP	QL(3 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL (<i>phenelzine sulfate</i>)	NP	
PARNATE (<i>tranylcypromine sulfate</i>)	NP	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	P	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(2 ea daily);AL(At least 7 yrs old)
CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	QL(4 ea daily)
CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 ea daily);AL(At least 7 yrs old)
<i>citalopram hydrobromide tabs 40 MG</i>	P	QL(1 ea daily);AL(At least 7 yrs old)
<i>citalopram hydrobromide soln</i>	P	
<i>citalopram hydrobromide tabs 20 MG</i>	P	QL(2 ea daily);AL(At least 7 yrs old)
<i>citalopram hydrobromide tabs 10 MG</i>	P	QL(4 ea daily)
<i>escitalopram oxalate tabs 20 MG</i>	P	QL(1 ea daily);AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tabs 5 MG</i>	P	QL(4 ea daily)
<i>escitalopram oxalate tabs 10 MG</i>	P	QL(2 ea daily);AL(At least 7 yrs old)
<i>fluoxetine hcl tabs 20 MG</i>	P	QL(4 ea daily)
<i>fluoxetine hcl soln</i>	P	QL(120 ml per fill retail)
<i>fluoxetine hcl caps 10 MG, 20 MG</i>	P	QL(4 ea daily)
<i>fluoxetine hcl tabs 10 MG</i>	P	QL(1 ea daily);AL(At least 7 yrs old)
<i>fluoxetine hcl caps 40 MG</i>	P	QL(2 ea daily);AL(At least 7 yrs old)
<i>fluvoxamine maleate tabs 25 MG, 50 MG</i>	P	QL(2 ea daily);AL(At least 7 yrs old)
<i>fluvoxamine maleate tabs 100 MG</i>	P	QL(3 ea daily)
LEXAPRO TABS 10 MG (<i>escitalopram oxalate</i>)	NP	QL(2 ea daily);AL(At least 7 yrs old)
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	NP	QL(4 ea daily)
LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>)	NP	QL(1 ea daily);AL(At least 7 yrs old)
<i>paroxetine hcl tabs 30 MG, 40 MG</i>	P	QL(2 ea daily);AL(At least 7 yrs old)
<i>paroxetine hcl susp</i>	P	QL(40 ml daily);PA
<i>paroxetine hcl tabs 10 MG</i>	P	QL(6 ea daily)
<i>paroxetine hcl tabs 20 MG</i>	P	QL(3 ea daily)
<i>paroxetine hcl tb24</i>	P	QL(1 ea daily);AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/Limits
PAXIL TABS 10 MG (<i>paroxetine hcl</i>)	NP	QL(6 ea daily)
PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	QL(2 ea daily);AL(At least 7 yrs old)
PAXIL TABS 20 MG (<i>paroxetine hcl</i>)	NP	QL(3 ea daily)
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	QL(40 ml daily);PA
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	QL(1 ea daily);AL(At least 7 yrs old)
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NP	QL(4 ea daily)
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NP	QL(2 ea daily);AL(At least 7 yrs old)
<i>sertraline hcl conc</i>	P	QL(186 ml per 31 days retail)
<i>sertraline hcl tabs 100 MG</i>	P	QL(2 ea daily);AL(At least 7 yrs old)
<i>sertraline hcl tabs 25 MG, 50 MG</i>	P	QL(4 ea daily)
ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(4 ea daily)
ZOLOFT CONC (<i>sertraline hcl</i>)	NP	QL(186 ml per 31 days retail)
ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	QL(2 ea daily);AL(At least 7 yrs old)
Serotonin Modulators		
<i>nefazodone hcl</i>	P	
<i>trazodone hcl tabs 300 MG</i>	P	QL(2 ea daily)
<i>trazodone hcl tabs 50 MG, 100 MG, 150 MG</i>	P	
TRINTELLIX	P	QL(1 ea daily);AL(At least 18 yrs old);PA
VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	QL(1 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone hcl tabs</i>	P	QL(1 ea daily);PA
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	QL(1 ea daily);AL(At least 7 yrs old)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 ea daily)
<i>desvenlafaxine succinate 100 MG</i>	P	QL(4 ea daily)
<i>duloxetine hcl cpep 20 MG, 30 MG, 60 MG</i>	P	QL(1 ea daily);AL(At least 7 yrs old)
EFFEXOR XR CP24 75 MG (<i>venlafaxine hcl</i>)	NP	QL(5 ea daily)
EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>)	NP	QL(4 ea daily)
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	QL(2 ea daily)
PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 ea daily)
PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	QL(4 ea daily)
<i>venlafaxine hcl tb24 37.5 MG, 75 MG, 225 MG</i>	P	QL(1 ea daily);AL(At least 7 yrs old)
<i>venlafaxine hcl tb24 150 MG</i>	P	QL(1 ea daily)
<i>venlafaxine hcl tabs</i>	P	
<i>venlafaxine hcl cp24 150 MG</i>	P	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 MG</i>	P	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 MG</i>	P	QL(5 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine</i>	P	
ANAFRANIL 75 MG (<i>clomipramine hcl</i>)	NP	
<i>clomipramine hcl</i> 75 MG	P	
<i>desipramine hcl tabs</i> 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	
<i>desipramine hcl tabs</i> 25 MG	P	QL(2 ea daily)
<i>doxepin hcl caps</i>	P	
<i>doxepin hcl conc</i>	P	
<i>imipramine hcl tabs</i>	P	
NORPRAMIN TABS 25 MG (<i>desipramine hcl</i>)	NP	QL(2 ea daily)
NORPRAMIN TABS 10 MG (<i>desipramine hcl</i>)	NP	
<i>nortriptyline hcl caps</i>	P	
<i>nortriptyline hcl soln</i>	P	QL(20 ml daily)
PAMELOR CAPS (<i>nortriptyline hcl</i>)	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 (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 ea daily)
<i>alogliptin-metformin hcl</i>	P	QL(2 ea daily)
<i>alogliptin-pioglitazone</i>	P	QL(1 ea daily)
<i>glipizide-metformin hcl</i>	P	
<i>glyburide-metformin</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-metformin hcl tabs</i>	P	QL(2 ea daily)
SEGLUROMET	P	QL(2 ea daily)
SOLIQUA 100/33 33 MCG/ML-100 UNIT/ML	P	QL(0.6 ml daily);ST
Biguanides		
<i>metformin hcl tabs</i> 850 MG, 1000 MG	P	
<i>metformin hcl tabs</i> 500 MG	P	QL(5 ea daily)
<i>metformin hcl tb24</i> 500 MG	P	QL(4 ea daily)
<i>metformin hcl tb24</i> 750 MG	P	QL(3 ea daily)
Diabetic Other		
BD GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
CVS GLUCOSE CHEW	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
<i>glucagon (rdna)</i>	P	Limit 4 ea per 365 days retail
GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	NP	Limit 4 ea per 365 days retail
GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
GNP GLUCOSE CHEW	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	P	Limit 50 ea per 31 days retail

Drug Name	Drug Tier	Requirement s/Limits
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
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	P	QL(1 ea daily)
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 days retail);PA
BYDUREON PEN PEN	P	QL(4 ea per 28 days retail);AL(At least 18 yrs old);PA
BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 31 days retail);AL(At least 18 yrs old);PA
BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 31 days retail);AL(At least 18 yrs old);PA
Insulin		
ADMELOG SOLN IJ	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 SUSP 70 UNIT/ML-30 UNIT/ML	P	QL(40 ml per 31 days retail)
HUMULIN 70/30 KWIKPEN SUPN 70 UNIT/ML-30 UNIT/ML	P	QL(30 ml per 31 days retail)
HUMULIN N SUSP	P	QL(40 ml per 31 days retail)
HUMULIN N KWIKPEN SUPN	P	QL(30 ml per 31 days retail)
HUMULIN R SOLN IJ	P	QL(40 ml per 31 days retail)

Drug Name	Drug Tier	Requirement s/Limits
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 70 %-30 %	P	QL(40 ml per 31 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	P	QL(30 ml per 31 days retail)
INSULIN GLARGINE SOLN	P	Viatis Brand Only;QL(1 ml daily)
INSULIN GLARGINE SOPN	P	Viatis Brand Only;QL(1 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 75 UNIT/ML-25 UNIT/ML	P	QL(30 ml per 31 days retail)
NOVOLIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	P	QL(40 ml per 31 days retail)
NOVOLIN 70/30 FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	P	QL(30 ml per 31 days retail)
NOVOLIN 70/30 FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	P	QL(30 ml per 31 days retail)
NOVOLIN 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	P	QL(40 ml per 31 days retail)
NOVOLIN N SUSP	P	QL(40 ml per 31 days retail)
NOVOLIN N FLEXPEN SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN N FLEXPEN RELION SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN N RELION SUSP	P	QL(40 ml per 31 days retail)
NOVOLIN R SOLN IJ	P	QL(40 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R RELION SOLN IJ	P	QL(40 ml per 31 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	P	QL(30 ml per 31 days retail)
NOVOLOG MIX 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	P	QL(40 ml per 31 days retail)
Insulin Sensitizing Agents		
ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 ea daily)
<i>pioglitazone hcl</i>	P	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	P	QL(3 ea daily)
STARLIX (<i>nateglinide</i>)	NP	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
STEGLATRO	P	QL(1 ea daily)
Sulfonylureas		
AMARYL 1 MG, 2 MG (<i>glimepiride</i>)	NP	QL(4 ea daily)
AMARYL 4 MG (<i>glimepiride</i>)	NP	QL(2 ea daily)
<i>glimepiride 4 MG</i>	P	QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 ea daily)
<i>glipizide tabs</i>	P	
<i>glipizide tb24</i>	P	
GLUCOTROL TABS 10 MG (<i>glipizide</i>)	NP	
GLUCOTROL XL TB24 (<i>glipizide</i>)	NP	
<i>glyburide tabs</i>	P	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	
GLYNASE (<i>glyburide micronized</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate susp 525 MG/15ML, 1050 MG/30ML</i>	P	
<i>bismuth subsalicylate chew 262 MG</i>	P	
PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>)	NP	
PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	NP	
PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	NP	
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	P	QL(40 ml daily)
<i>diphenoxylate w/ atropine tabs 2.5 MG-0.025 MG</i>	P	
<i>diphenoxylate w/ atropine liqd 2.5 MG/5ML-0.025 MG/5ML</i>	P	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	NP	QL(8 ea daily);RX/OTC
IMODIUM A-D TABS (<i>loperamide hcl</i>)	NP	QL(8 ea daily)
LOMOTIL TABS 2.5 MG-0.025 MG (<i>diphenoxylate w/ atropine</i>)	NP	
<i>loperamide hcl tabs</i>	P	QL(8 ea daily)
<i>loperamide hcl caps</i>	P	QL(8 ea daily);RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		

Drug Name	Drug Tier	Requirements/Limits
CHEMET	P	
Antidotes and Specific Antagonists		
VISTOGARD	P	
Opioid Antagonists		
<i>naloxone hcl liqd</i>	P	QL(4 ea per 90 days retail)
<i>naloxone hcl soln .4 MG/ML, 4 MG/10ML</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl soct</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl sosy</i>	P	QL(4 ml per 90 days retail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD (<i>naloxone hcl</i>)	NP	QL(4 ea per 90 days retail)
VIVITROL	P	QL(1 ea per 30 days retail);SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron tbdp</i>	P	QL(20 ea per 31 days retail)
<i>ondansetron hcl soln or 4 MG/5ML</i>	P	QL(50 ml per 31 days retail)
<i>ondansetron hcl tabs 4 MG, 8 MG</i>	P	QL(20 ea per 31 days retail)
<i>ondansetron hcl soln ij</i>	P	
<i>ondansetron hcl tabs 24 MG</i>	P	QL(1 ea per 14 days retail)
<i>ondansetron hcl sosy</i>	P	
ZOFRAN TABS 4 MG (<i>ondansetron hcl</i>)	NP	QL(20 ea per 31 days retail)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	RX/OTC
<i>dimenhydrinate tabs</i>	P	QL(24 ea per fill retail)
DRAMAMINE CHEW	P	QL(24 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl tabs 12.5 MG, 25 MG</i>	P	RX/OTC
<i>meclizine hcl chew</i>	P	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize tabs</i>	P	
<i>griseofulvin microsize susp</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin tabs</i>	P	QL(6 ea daily)
<i>terbinafine hcl tabs</i>	P	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN TABS 100 MG, 200 MG (<i>fluconazole</i>)	NP	
DIFLUCAN TABS 50 MG (<i>fluconazole</i>)	NP	QL(3 ea per 14 days retail)
DIFLUCAN TABS 150 MG (<i>fluconazole</i>)	NP	QL(2 ea per fill retail)
DIFLUCAN SUSR (<i>fluconazole</i>)	NP	QL(70 ml per fill retail)
<i>fluconazole tabs 50 MG</i>	P	QL(3 ea per 14 days retail)
<i>fluconazole tabs 150 MG</i>	P	QL(2 ea per fill retail)
<i>fluconazole tabs 100 MG, 200 MG</i>	P	
<i>fluconazole susr</i>	P	QL(70 ml per fill retail)
<i>itraconazole caps</i>	P	QL(1 ea daily);PA
SPORANOX CAPS (<i>itraconazole</i>)	NP	QL(1 ea daily);PA
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	NP	QL(1 ea daily);PA
ANTIHIISTAMINES - Drugs to Treat Allergies		

Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate tabs</i>	P	QL(120 ea per fill retail)
<i>chlorpheniramine maleate syrp</i>	P	
CHLOR-TRIMETON SYRP (<i>chlorpheniramine maleate</i>)	NP	
<i>dexchlorpheniramine maleate soln</i>	P	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY EXTRA STRENGTH TABS	P	
<i>clemastine fumarate tabs 1.34 MG</i>	P	QL(2 ea daily)
<i>diphenhydramine hcl elix 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl caps</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl liqd 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl tabs 25 MG</i>	P	QL(4 ea daily)
Antihistamines - Non-Sedating		
<i>cetirizine hcl tabs</i>	P	QL(1 ea daily)
<i>cetirizine hcl soln or</i>	P	QL(300 ml per fill retail);RX/OTC
<i>cetirizine hcl chew</i>	P	QL(1 ea daily)
<i>cetirizine hcl syrp or</i>	P	QL(300 ml per fill retail);RX/OTC
<i>fexofenadine hcl tabs 180 MG</i>	P	QL(1 ea daily)
<i>fexofenadine hcl tabs 60 MG</i>	P	QL(2 ea daily)
<i>levocetirizine dihydrochloride tabs</i>	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine tbdp</i>	P	QL(1 ea daily)
<i>loratadine tabs</i>	P	QL(1 ea daily)
<i>loratadine soln</i>	P	QL(300 ml per fill retail)
<i>loratadine syrp</i>	P	QL(300 ml per fill retail)
XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	NP	QL(1 ea daily);RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl tabs</i>	P	AL(At least 2 yrs old)
<i>promethazine hcl soln 6.25 MG/5ML</i>	P	QL(240 ml per fill retail);AL(At least 2 yrs old)
<i>promethazine hcl supp</i>	P	QL(12 ea per fill retail);AL(At least 2 yrs old)
<i>promethazine hcl syrp</i>	P	QL(240 ml per fill retail);AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	P	
<i>cyproheptadine hcl tabs</i>	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	P	QL(1 ea daily);ST
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	QL(1 ea daily);ST
Bile Acid Sequestrants		
<i>cholestyramine pack</i>	P	
<i>cholestyramine powd</i>	P	
<i>cholestyramine light powd</i>	P	
<i>cholestyramine light pack</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
COLESTID TABS (colestipol hcl)	NP	
COLESTID GRAN (colestipol hcl)	NP	
COLESTID FLAVORED GRAN (colestipol hcl)	NP	
colestipol hcl gran	P	
colestipol hcl tabs	P	
QUESTRAN POWD (cholestyramine)	NP	
QUESTRAN PACK (cholestyramine)	NP	
QUESTRAN LIGHT POWD (cholestyramine light)	NP	
Fibric Acid Derivatives		
fenofibrate tabs 54 MG	P	QL(3 ea daily)
fenofibrate tabs 160 MG	P	QL(1 ea daily)
FENOFIBRATE TABS	P	QL(1 ea daily)
fenofibrate micronized 67 MG	P	QL(2 ea daily)
fenofibrate micronized 134 MG, 200 MG	P	QL(1 ea daily)
gemfibrozil tabs	P	QL(2 ea daily)
LOPID TABS (gemfibrozil)	NP	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium	P	QL(1 ea daily)
CRESTOR TABS (rosuvastatin calcium)	NP	QL(1 ea daily)
LIPITOR (atorvastatin calcium)	NP	QL(1 ea daily)
lovastatin tabs 40 MG	P	QL(2 ea daily)
lovastatin tabs 10 MG, 20 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
PRAVACHOL 20 MG, 40 MG (pravastatin sodium)	NP	QL(1 ea daily)
pravastatin sodium	P	QL(1 ea daily)
rosuvastatin calcium tabs	P	QL(1 ea daily)
simvastatin tabs 5 MG, 10 MG, 20 MG, 40 MG	P	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	NP	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	ST
ZETIA (ezetimibe)	NP	ST
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tabs	P	
niacin (antihyperlipidemic) tbc	P	
NIASPAN TBCR (niacin antihyperlipidemic))	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (quinapril hcl)	NP	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	NP	QL(2 ea daily)
benazepril hcl 5 MG, 10 MG, 20 MG	P	QL(1 ea daily)
benazepril hcl 40 MG	P	QL(2 ea daily)
captopril	P	QL(3 ea daily)
enalapril maleate tabs	P	QL(2 ea daily)
fosinopril sodium	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril tabs 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	
LOTENSIN 10 MG, 20 MG (<i>benazepril hcl</i>)	NP	QL(1 ea daily)
LOTENSIN 40 MG (<i>benazepril hcl</i>)	NP	QL(2 ea daily)
PRINIVIL TABS (<i>lisinopril</i>)	NP	
<i>quinapril hcl</i>	P	
<i>ramipril caps</i>	P	QL(2 ea daily)
<i>trandolapril 1 MG, 2 MG</i>	P	QL(1 ea daily)
<i>trandolapril 4 MG</i>	P	QL(2 ea daily)
VASOTEC TABS (<i>enalapril maleate</i>)	NP	QL(2 ea daily)
ZESTRIL TABS (<i>lisinopril</i>)	NP	
Angiotensin II Receptor Antagonists		
ATACAND (<i>candesartan cilexetil</i>)	NP	
AVAPRO (<i>irbesartan</i>)	NP	QL(1 ea daily)
BENICAR (<i>olmesartan medoxomil</i>)	NP	QL(1 ea daily);ST
<i>candesartan cilexetil</i>	P	
COZAAR (<i>losartan potassium</i>)	NP	QL(1 ea daily)
DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 ea daily)
<i>irbesartan</i>	P	QL(1 ea daily)
<i>losartan potassium</i>	P	QL(1 ea daily)
MICARDIS (<i>telmisartan</i>)	NP	
<i>olmesartan medoxomil</i>	P	QL(1 ea daily);ST
<i>telmisartan</i>	P	
<i>valsartan tabs</i>	P	QL(1 ea daily)
Antiadrenergic Antihypertensives		

Drug Name	Drug Tier	Requirements/Limits
CARDURA (<i>doxazosin mesylate</i>)	NP	
CATAPRES TABS (<i>clonidine hcl</i>)	NP	
<i>clonidine hcl tabs</i>	P	
<i>doxazosin mesylate</i>	P	
<i>guanfacine hcl</i>	P	
<i>methyldopa tabs</i>	P	
MINIPRESS CAPS (<i>prazosin hcl</i>)	NP	
<i>prazosin hcl caps</i>	P	
<i>terazosin hcl</i>	P	
Antihypertensive Combinations		
ACCURETIC 10 MG-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily)
ACCURETIC 20 MG-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily)
ACCURETIC 10 MG-12.5 MG	P	QL(3 ea daily)
ACCURETIC 20 MG-25 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	P	ST
<i>amlodipine besylate-valsartan</i>	P	ST
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	ST
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	
<i>atenolol & chlorthalidone</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NP	ST
<i>benazepril & hydrochlorothiazide</i>	P	QL(1 ea daily)
BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	QL(1 ea daily);ST
<i>bisoprolol & hydrochlorothiazide 10 MG-6.25 MG, 5 MG-6.25 MG</i>	P	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	P	
<i>captopril & hydrochlorothiazide 25 MG-15 MG, 25 MG-25 MG, 50 MG-15 MG</i>	P	QL(2 ea daily)
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
DUTOPROL TB24	P	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 ea daily)
EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP	ST
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	ST
<i>fosinopril sodium & hydrochlorothiazide</i>	P	QL(1 ea daily)
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide</i>	P	
LOPRESSOR HCT TABS 50 MG-25 MG (<i>metoprolol & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 ea daily)
LOTENSIN HCT 10 MG-12.5 MG, 20 MG-12.5 MG, 20 MG-25 MG (<i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (<i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide tabs 100 MG-25 MG, 50 MG-25 MG</i>	P	QL(2 ea daily)
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	QL(1 ea daily);ST
<i>propranolol & hydrochlorothiazide</i>	P	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 20 MG-12.5 MG</i>	P	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 20 MG-25 MG</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG (trandolapril-verapamil hcl)	NP	
telmisartan-amlodipine	P	
telmisartan-hydrochlorothiazide	P	QL(1 ea daily)
TENORETIC 100 100 MG-25 MG (atenolol & chlorthalidone)	NP	QL(2 ea daily)
TENORETIC 50 50 MG-25 MG (atenolol & chlorthalidone)	NP	QL(2 ea daily)
trandolapril-verapamil hcl	P	
TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	ST
TWYNSTA (telmisartan-amlodipine)	NP	
valsartan-hydrochlorothiazide	P	QL(1 ea daily)
VASERETIC 10 MG-25 MG (enalapril maleate & hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC (lisinopril & hydrochlorothiazide)	NP	
ZIAC 10 MG-6.25 MG, 5 MG-6.25 MG (bisoprolol & hydrochlorothiazide)	NP	QL(1 ea daily)
Vasodilators		
hydralazine hcl tabs	P	
minoxidil 2.5 MG	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
minoxidil 10 MG	P	QL(10 ea daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS 500 MG (metronidazole)	NP	
metronidazole tabs	P	
trimethoprim tabs	P	
TRIMETHOPRIM TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM TABS 80 MG-400 MG (sulfamethoxazole-trimethoprim)	NP	
BACTRIM DS TABS 160 MG-800 MG (sulfamethoxazole-trimethoprim)	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 40.8 MG-10.8 MG-81.6 MG-0.12 MG-36.2 MG, 40.8 MG-10.8 MG-81.6 MG-36.2 MG-0.12 MG	P	
sulfamethoxazole-trimethoprim tabs	P	
sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML	P	
Glycopeptides		
FIRVANQ SOLR OR	P	QL(300 ml per fill retail)
VANCOCIN CAPS 250 MG (vancomycin hcl)	NP	QL(8 ea daily)
VANCOCIN CAPS 125 MG (vancomycin hcl)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl caps 250 MG</i>	P	QL(8 ea daily)
<i>vancomycin hcl solr iv 500 MG</i>	P	QL(14 ea per 31 days retail)
<i>vancomycin hcl solr iv 1 GM, 1000 MG</i>	P	QL(14 ea per fill retail)
<i>vancomycin hcl caps 125 MG</i>	P	QL(4 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN 150 MG, 300 MG (<i>clindamycin hcl</i>)	NP	
CLEOCIN PEDIATRIC GRANULES (<i>clindamycin palmitate hydrochloride</i>)	NP	QL(300 ml per fill retail)
<i>clindamycin hcl 150 MG, 300 MG</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)
Oxazolidinones		
SIVEXTRO TABS	P	QL(6 ea per fill retail);PA
Urinary Anti-infectives		
MACROBID (<i>nitrofurantoin monohyd macro</i>)	NP	
MACRODANTIN 50 MG, 100 MG (<i>nitrofurantoin macrocrystal</i>)	NP	
<i>methenamine mandelate</i>	P	
<i>nitrofurantoin</i>	P	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM 120 MG-20 MG	P	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate tabs 250 MG</i>	P	
<i>chloroquine phosphate tabs 500 MG</i>	P	QL(1 ea daily)
<i>hydroxychloroquine sulfate</i>	P	
KRINTAFEL	P	QL(0.67 ea daily)
<i>mefloquine hcl</i>	P	
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	NP	
<i>primaquine phosphate tabs</i>	P	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
MESTINON TABS (<i>pyridostigmine bromide</i>)	NP	
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	NP	
<i>pyridostigmine bromide tabs 60 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide tbc</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	P	
<i>isoniazid syrp</i>	P	
<i>isoniazid tabs</i>	P	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	NP	
MYCOBUTIN (<i>rifabutin</i>)	NP	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin caps</i>	P	
TRECTOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melphalan</i>)	NP	
LEUKERAN	P	
<i>melphalan</i>	P	
MYLERAN TABS	P	
Antimetabolites		
<i>mercaptopurine tabs</i>	P	
<i>methotrexate sodium soln 1 GM/40ML, 50 MG/2ML, 250 MG/10ML</i>	P	
<i>methotrexate sodium tabs 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG</i>	P	
PURIXAN SUSP	P	
TREXALL TABS	P	

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Antibodies		
RUXIENCE	P	SP;PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	P	SP;PA
OGIVRI	P	SP;PA
TRAZIMERA 420 MG	P	SP;PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	P	SP;PA
<i>anastrozole</i>	P	
ARIMIDEX (<i>anastrozole</i>)	NP	
AROMASIN (<i>exemestane</i>)	NP	
<i>bicalutamide</i>	P	QL(1 ea daily)
CASODEX (<i>bicalutamide</i>)	NP	QL(1 ea daily)
EULEXIN	P	
<i>exemestane</i>	P	
FARESTON (<i>toremifene citrate</i>)	NP	PA
FEMARA (<i>letrozole</i>)	NP	
<i>flutamide</i>	P	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	QL(0.167 ml daily);AL(At least 16 yrs old);SP;PA
<i>letrozole</i>	P	
<i>megestrol acetate susp</i>	P	
<i>megestrol acetate tabs</i>	P	
<i>tamoxifen citrate tabs</i>	P	
<i>toremifene citrate</i>	P	PA
ZYTIGA (<i>abiraterone acetate</i>)	NP	SP;PA
Antineoplastic Enzyme Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TABS	P	SP;PA
ICLUSIG	P	QL(1 ea daily);SP;PA
Antineoplastics Misc.		
HYDREA (hydroxyurea)	NP	
hydroxyurea	P	
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium tabs	P	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	P	
LODOSYN (carbidopa)	NP	
Antiparkinson Anticholinergics		
benztropine mesylate tabs	P	
trihexyphenidyl hcl tabs	P	
trihexyphenidyl hcl soln	P	QL(16.67 ml daily)
Antiparkinson Dopaminergics		
amantadine hcl caps	P	
amantadine hcl soln	P	
bromocriptine mesylate tabs 2.5 MG	P	
bromocriptine mesylate caps	P	
carbidopa-levodopa tabs	P	
carbidopa-levodopa tbc	P	
DHIVY TABS 25 MG-100 MG	P	

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX TABS .125 MG, .5 MG, .75 MG, 1 MG (pramipexole dihydrochloride)	NP	QL(3 ea daily);AL(At least 18 yrs old)
PARLODEL TABS (bromocriptine mesylate)	NP	
PARLODEL CAPS (bromocriptine mesylate)	NP	
pramipexole dihydrochloride tabs	P	QL(3 ea daily);AL(At least 18 yrs old)
ropinirole hydrochloride tabs .25 MG, 3 MG, 4 MG	P	QL(6 ea daily)
ropinirole hydrochloride tabs .5 MG, 1 MG, 2 MG, 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 tbc	P	
lithium carbonate tabs	P	
lithium carbonate caps	P	
LITHIUM CARBONATE POWD	P	
LITHOBID TBCR (lithium carbonate)	NP	
Antipsychotics - Misc.		

Drug Name	Drug Tier	Requirements/Limits
GEODON (<i>ziprasidone hcl</i>)	NP	QL(2 ea daily);AL(At least 18 yrs old)
NUPLAZID CAPS	P	QL(1 ea daily);PA
NUPLAZID TABS 10 MG	P	QL(1 ea daily);PA
<i>ziprasidone hcl</i>	P	QL(2 ea daily);AL(At least 18 yrs old)
Benzisoxazoles		
INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ml per 28 days retail);SP;PA
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ml per 28 days retail);SP;PA
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ml per 28 days retail);SP;PA
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ml per 28 days retail);SP;PA
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ml per 28 days retail);SP;PA
INVEGA TRINZA 819 MG/2.63ML	P	1 rtl MAX fill,84 rtl day(s) supply;QL(2.7 ml per fill retail);SP;PA
INVEGA TRINZA 546 MG/1.75ML	P	1 rtl MAX fill,84 rtl day(s) supply;QL(1.8 ml per fill retail);SP;PA
INVEGA TRINZA 410 MG/1.32ML	P	1 rtl MAX fill,84 rtl day(s) supply;QL(1.4 ml per fill retail);SP;PA
INVEGA TRINZA 273 MG/0.88ML	P	1 rtl MAX fill,84 rtl day(s) supply;QL(0.88 ml per fill retail);SP;PA
PERSERIS PRSY	P	QL(1 ea per 28 days retail);SP;PA

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NP	QL(4 ea daily);AL(At least 5 yrs old)
RISPERDAL SOLN (<i>risperidone</i>)	NP	QL(4 ml daily);AL(At least 5 yrs old)
RISPERDAL CONSTA	P	QL(1 ea per 14 days retail);SP;PA
<i>risperidone soln</i>	P	QL(4 ml daily);AL(At least 5 yrs old)
<i>risperidone tbdp</i>	P	QL(2 ea daily);AL(At least 5 yrs old)
<i>risperidone tabs</i>	P	QL(4 ea daily);AL(At least 5 yrs old)
Butyrophenones		
HALDOL DECANOATE 100 (<i>haloperidol decanoate</i>)	NP	
HALDOL DECANOATE 50 (<i>haloperidol decanoate</i>)	NP	
<i>haloperidol tabs .5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	QL(3 ea daily)
<i>haloperidol tabs 20 MG</i>	P	
<i>haloperidol decanoate</i>	P	
<i>haloperidol lactate conc</i>	P	
Dibenzapines		
<i>clozapine tabs 25 MG, 50 MG, 200 MG</i>	P	QL(3 ea daily);AL(At least 18 yrs old)
<i>clozapine tabs 100 MG</i>	P	QL(9 ea daily);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
CLOZARIL TABS 100 MG (<i>clozapine</i>)	NP	QL(9 ea daily);AL(At least 18 yrs old)
CLOZARIL TABS 25 MG, 50 MG, 200 MG (<i>clozapine</i>)	NP	QL(3 ea daily);AL(At least 18 yrs old)
<i>loxapine succinate</i>	P	QL(4 ea daily)
<i>olanzapine tabs 2.5 MG, 5 MG</i>	P	QL(4 ea daily);AL(At least 10 yrs old)
<i>olanzapine tabs 7.5 MG, 10 MG</i>	P	QL(2 ea daily);AL(At least 10 yrs old)
<i>olanzapine tabs 15 MG, 20 MG</i>	P	QL(1 ea daily);AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 ea daily);AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 300 MG, 400 MG</i>	P	QL(2 ea daily);AL(At least 10 yrs old)
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (<i>quetiapine fumarate</i>)	NP	QL(4 ea daily);AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	QL(2 ea daily);AL(At least 10 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG (<i>olanzapine</i>)	NP	QL(4 ea daily);AL(At least 10 yrs old)
ZYPREXA TABS 7.5 MG, 10 MG (<i>olanzapine</i>)	NP	QL(2 ea daily);AL(At least 10 yrs old)
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	NP	QL(1 ea daily);AL(At least 10 yrs old)
Phenothiazines		
<i>chlorpromazine hcl tabs 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl tabs 10 MG</i>	P	QL(10 ea daily)
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl tabs</i>	P	
<i>perphenazine tabs</i>	P	QL(4 ea daily)
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate tabs</i>	P	
<i>thioridazine hcl</i>	P	QL(3 ea daily)
<i>trifluoperazine hcl tabs</i>	P	QL(2 ea daily)
Quinolinone Derivatives		
ABILIFY TABS (<i>aripiprazole</i>)	NP	QL(1 ea daily);AL(At least 6 yrs old)
ABILIFY MAINTENA PRSY	P	QL(1 ea per 28 days retail);SP;PA
ABILIFY MAINTENA SRER	P	QL(1 ea per 28 days retail);SP;PA
<i>aripiprazole soln or</i>	P	QL(750 ml per 31 days retail);AL(At least 6 yrs old);PA
<i>aripiprazole tbdp</i>	P	QL(1 ea daily);AL(At least 6 yrs old);PA
<i>aripiprazole tabs</i>	P	QL(1 ea daily);AL(At least 6 yrs old)
ARISTADA 882 MG/3.2ML	P	QL(3.2 ml per 28 days retail);SP;PA
ARISTADA 1064 MG/3.9ML	P	1 rtl MAX fill,56 rtl day(s) supply;QL(4 ml per fill retail);SP;PA
ARISTADA 441 MG/1.6ML	P	QL(1.6 ml per 28 days retail);SP;PA
ARISTADA 662 MG/2.4ML	P	QL(2.4 ml per 28 days retail);SP;PA

Drug Name	Drug Tier	Requirement s/Limits
ARISTADA INITIO	P	1 rtl MAX fill,180 rtl day(s) supply;QL(2.5 ml per fill retail);SP;PA
Thioxanthenes		
<i>thiothixene</i>	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde soln 10 %</i>	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate liqd</i>	P	
HIBICLENS LIQD (<i>chlorhexidine gluconate</i>)	NP	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate tabs</i>	P	QL(2 ea daily)
<i>abacavir sulfate soln</i>	P	QL(30 ml daily)
<i>abacavir sulfate-lamivudine 600 MG-300 MG</i>	P	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine 300 MG-300 MG-150 MG</i>	P	QL(2 ea daily)
APTIVUS SOLN	P	QL(10 ml daily);ST
APTIVUS CAPS	P	QL(4 ea daily);ST
<i>atazanavir sulfate caps 150 MG, 200 MG</i>	P	QL(2 ea daily)
<i>atazanavir sulfate caps 300 MG</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
ATRIPLA 300 MG-200 MG-600 MG (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
BIKTARVY	P	QL(1 ea daily)
CIMDUO 300 MG-300 MG	P	QL(1 ea daily);ST
COMPLERA 25 MG-200 MG-300 MG	P	QL(1 ea daily)
CRIXIVAN 200 MG	P	QL(9 ea daily)
CRIXIVAN 400 MG	P	QL(6 ea daily)
DELSTRIGO 100 MG-300 MG-300 MG	P	QL(1 ea daily)
DESCOVY	P	QL(1 ea daily);PA
<i>didanosine cpdr 200 MG, 250 MG, 400 MG</i>	P	QL(1 ea daily)
DOVATO 50 MG-300 MG	P	QL(1 ea daily)
EDURANT	P	QL(1 ea daily)
<i>efavirenz caps 200 MG</i>	P	QL(1 ea daily)
<i>efavirenz tabs</i>	P	QL(1 ea daily)
<i>efavirenz caps 50 MG</i>	P	QL(2 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG-600 MG</i>	P	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)
<i>emtricitabine caps</i>	P	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG</i>	P	QL(1 ea daily)
EMTRIVA SOLN	P	QL(24 ml daily)

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA CAPS (<i>emtricitabine</i>)	NP	QL(1 ea daily)
EPIVIR SOLN (<i>lamivudine</i>)	NP	QL(30 ml daily)
EPIVIR TABS 150 MG (<i>lamivudine</i>)	NP	QL(2 ea daily)
EPIVIR TABS 300 MG (<i>lamivudine</i>)	NP	QL(1 ea daily)
EPZICOM 600 MG-300 MG (<i>abacavir sulfate-lamivudine</i>)	NP	QL(1 ea daily)
<i>etravirine</i>	P	QL(4 ea daily)
<i>etravirine 200 MG</i>	P	QL(2 ea daily)
EVOTAZ 150 MG-300 MG	P	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	P	QL(4 ea daily)
GENVOYA 150 MG-200 MG-150 MG-10 MG	P	QL(1 ea daily)
INTELENCE 200 MG (<i>etravirine</i>)	NP	QL(2 ea daily)
INTELENCE 100 MG (<i>etravirine</i>)	NP	QL(4 ea daily)
INTELENCE	P	QL(4 ea daily)
INVIRASE TABS	P	QL(4 ea daily);ST
ISENTRESS TABS	P	QL(2 ea daily)
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
ISENTRESS PACK	P	QL(2 ea daily)
JULUCA 50 MG-25 MG	P	QL(1 ea daily)
KALETRA TABS 200 MG-50 MG (<i>lopinavir-ritonavir</i>)	NP	QL(6 ea daily)
KALETRA SOLN 400 MG/5ML-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NP	QL(16 ml daily)

Drug Name	Drug Tier	Requirements/Limits
KALETRA TABS 100 MG-25 MG (<i>lopinavir-ritonavir</i>)	NP	QL(4 ea daily)
<i>lamivudine tabs 150 MG</i>	P	QL(2 ea daily)
<i>lamivudine tabs 300 MG</i>	P	QL(1 ea daily)
<i>lamivudine soln</i>	P	QL(30 ml daily)
LEXIVA TABS (<i>fosamprenavir calcium</i>)	NP	QL(4 ea daily)
LEXIVA SUSP	P	QL(56 ml daily)
<i>lopinavir-ritonavir tabs 200 MG-50 MG</i>	P	QL(6 ea daily)
<i>lopinavir-ritonavir tabs 100 MG-25 MG</i>	P	QL(4 ea daily)
<i>lopinavir-ritonavir soln 400 MG/5ML-100 MG/5ML</i>	P	QL(16 ml daily)
<i>maraviroc tabs 150 MG</i>	P	QL(2 ea daily)
<i>maraviroc tabs 300 MG</i>	P	QL(4 ea daily)
<i>nevirapine susp</i>	P	QL(40 ml daily)
<i>nevirapine tabs</i>	P	QL(2 ea daily)
<i>nevirapine tb24 100 MG</i>	P	QL(3 ea daily)
<i>nevirapine tb24 400 MG</i>	P	QL(1 ea daily)
NORVIR SOLN	P	QL(15 ml daily)
NORVIR TABS (<i>ritonavir</i>)	NP	QL(12 ea daily)
ODEFSEY 25 MG-200 MG-25 MG	P	
PIFELTRO	P	QL(1 ea daily)
PREZCOBIX 800 MG-150 MG	P	QL(1 ea daily)
PREZISTA TABS 800 MG	P	QL(1 ea daily);ST

Drug Name	Drug Tier	Requirement s/Limits
PREZISTA TABS 150 MG	P	QL(3 ea daily);ST
PREZISTA TABS 75 MG, 600 MG	P	QL(2 ea daily);ST
PREZISTA SUSP	P	QL(12 ml daily);ST
RETROVIR SYRP (<i>zidovudine</i>)	NP	QL(60 ml daily)
RETROVIR CAPS (<i>zidovudine</i>)	NP	QL(6 ea daily)
REYATAZ PACK	P	QL(6 ea daily)
REYATAZ CAPS 300 MG (<i>atazanavir sulfate</i>)	NP	
REYATAZ CAPS 150 MG, 200 MG (<i>atazanavir sulfate</i>)	NP	QL(2 ea daily)
<i>ritonavir tabs</i>	P	QL(12 ea daily)
RUKOBIA	P	PA
SELZENTRY TABS 300 MG (<i>maraviroc</i>)	NP	QL(4 ea daily)
SELZENTRY SOLN	P	QL(35 ml daily)
SELZENTRY TABS 150 MG (<i>maraviroc</i>)	NP	QL(2 ea daily)
<i>stavudine caps</i>	P	QL(2 ea daily)
STRIBILD 150 MG-200 MG-300 MG-150 MG	P	QL(1 ea daily)
SUSTIVA TABS (<i>efavirenz</i>)	NP	QL(1 ea daily)
SUSTIVA CAPS 50 MG (<i>efavirenz</i>)	NP	QL(2 ea daily)
SUSTIVA CAPS 200 MG (<i>efavirenz</i>)	NP	QL(1 ea daily)
SYMFI 300 MG-300 MG-600 MG (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
SYMFI LO 300 MG-300 MG-400 MG (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
TEMIXYS 300 MG-300 MG	P	QL(1 ea daily);ST
<i>tenofovir disoproxil fumarate tabs</i>	P	QL(1 ea daily)
TIVICAY TABS 50 MG	P	
TRIUMEQ TABS 50 MG-300 MG-600 MG	P	QL(1 ea daily);AL(At least 18 yrs old)
TRIZIVIR 300 MG-300 MG-150 MG	P	QL(2 ea daily)
TRUVADA 300 MG-200 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
TYBOST	P	QL(1 ea daily);AL(At least 18 yrs old)
VIRACEPT TABS 250 MG	P	QL(9 ea daily)
VIRACEPT TABS 625 MG	P	QL(4 ea daily)
VIRAMUNE SUSP (<i>nevirapine</i>)	NP	QL(40 ml daily)
VIRAMUNE XR TB24 400 MG (<i>nevirapine</i>)	NP	QL(1 ea daily)
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
VIREAD TABS	P	QL(1 ea daily)
VIREAD POWD	P	QL(8 gm daily)
ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	QL(30 ml daily)
ZIAGEN TABS (<i>abacavir sulfate</i>)	NP	QL(2 ea daily)
<i>zidovudine caps</i>	P	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine syrp</i>	P	QL(60 ml daily)
<i>zidovudine tabs</i>	P	QL(2 ea daily)
CMV Agents		
VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	QL(2 ea daily)
<i>valganciclovir hcl tabs</i>	P	QL(2 ea daily)
Hepatitis Agents		
MAVYRET PACK 50 MG-20 MG	P	QL(6 ea daily);SP;PA
MAVYRET TABS 100 MG-40 MG	P	QL(3 ea daily);SP;PA
SOFOSBUVIR/VELPAT ASVIR TABS 400 MG-100 MG	P	QL(1 ea daily);SP;PA
VEMLIDY	P	SP;PA
Herpes Agents		
<i>acyclovir susp</i>	P	QL(400 ml per 31 days retail)
<i>acyclovir tabs or 800 MG</i>	P	QL(50 ea per 31 days retail)
<i>acyclovir tabs or 400 MG</i>	P	QL(3 ea daily)
<i>acyclovir caps</i>	P	QL(50 ea per 31 days retail)
<i>famciclovir</i>	P	
<i>valacyclovir hcl 500 MG</i>	P	QL(2 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	P	QL(42 ea per 21 days retail)
VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(42 ea per 21 days retail)
VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(2 ea daily)
ZOVIRAX SUSP (<i>acyclovir</i>)	NP	QL(400 ml per 31 days retail)
Influenza Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps 30 MG</i>	P	1 rtl MAX fill,180 rtl day(s) supply;QL(20 ea per 31 days retail)
<i>oseltamivir phosphate caps 45 MG, 75 MG</i>	P	1 rtl MAX fill,180 rtl day(s) supply;QL(10 ea per 31 days retail)
<i>oseltamivir phosphate susr</i>	P	1 rtl MAX fill,180 rtl day(s) supply;QL(120 ml per 31 days retail)
RELENZA DISKHALER	P	1 rtl pack lmt amt,31 rtl pack lmt day(s);AL(At least 5 yrs old)
TAMIFLU CAPS 30 MG (<i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill,180 rtl day(s) supply;QL(20 ea per 31 days retail)
TAMIFLU CAPS 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill,180 rtl day(s) supply;QL(10 ea per 31 days retail)
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill,180 rtl day(s) supply;QL(120 ml per 31 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 25 MG</i>	P	QL(4 ea daily)
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(2 ea daily)
<i>carvedilol phosphate</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>carvedilol</i>)	NP	QL(2 ea daily)
COREG 25 MG (<i>carvedilol</i>)	NP	QL(4 ea daily)
COREG CR (<i>carvedilol phosphate</i>)	NP	QL(1 ea daily)
<i>labetalol hcl tabs 100 MG</i>	P	QL(3 ea daily)
<i>labetalol hcl tabs 200 MG</i>	P	QL(6 ea daily)
<i>labetalol hcl tabs 300 MG</i>	P	QL(8 ea daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	P	
<i>atenolol tabs</i>	P	QL(2 ea daily)
<i>bisoprolol fumarate</i>	P	QL(1 ea daily)
LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(4 ea daily)
LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(4.5 ea daily)
<i>metoprolol succinate tb24 25 MG, 50 MG, 100 MG</i>	P	QL(4 ea daily)
<i>metoprolol succinate tb24 200 MG</i>	P	QL(2 ea daily)
<i>metoprolol tartrate tabs 100 MG</i>	P	QL(4.5 ea daily)
<i>metoprolol tartrate tabs 25 MG, 50 MG</i>	P	QL(4 ea daily)
TENORMIN TABS (<i>atenolol</i>)	NP	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(4 ea daily)
TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 ea daily)
Beta Blockers Non-Selective		

Drug Name	Drug Tier	Requirement s/Limits
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	
BETAPACE AF (<i>sotalol hcl (afib/afl)</i>)	NP	QL(2 ea daily)
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	NP	QL(2 ea daily)
HEMANGEOL SOLN OR	P	SP;PA
INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	QL(2 ea daily)
<i>nadolol tabs 20 MG, 40 MG, 80 MG</i>	P	QL(2 ea daily)
<i>pindolol tabs</i>	P	
<i>propranolol hcl tabs</i>	P	
<i>propranolol hcl soln or 20 MG/5ML, 40 MG/5ML</i>	P	
<i>propranolol hcl cp24</i>	P	QL(2 ea daily)
<i>sotalol hcl tabs</i>	P	
<i>sotalol hcl (afib/afl)</i>	P	QL(2 ea daily)
<i>timolol maleate tabs</i>	P	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs</i>	P	QL(1 ea daily)
CALAN SR TBCR (<i>verapamil hcl</i>)	NP	QL(2 ea daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	NP	QL(3 ea daily)
CARDIZEM CD CP24 240 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(2 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cp24 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl tabs</i>	P	QL(3 ea daily)
<i>diltiazem hcl cp12</i>	P	QL(2 ea daily)
<i>diltiazem hcl cp24 120 MG, 180 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl coated beads cp24 120 MG, 180 MG, 300 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 ea daily)
<i>felodipine</i>	P	QL(1 ea daily)
<i>nicardipine hcl caps</i>	P	
<i>nifedipine tb24 60 MG</i>	P	QL(2 ea daily)
<i>nifedipine caps</i>	P	QL(4 ea daily)
<i>nifedipine tb24 30 MG, 90 MG</i>	P	QL(1 ea daily)
NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 ea daily)
PROCARDIA CAPS (<i>nifedipine</i>)	NP	QL(4 ea daily)
PROCARDIA XL TB24 60 MG (<i>nifedipine</i>)	NP	QL(2 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL(1 ea daily)
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TIAZAC 240 MG (<i>diltiazem hcl extended release beads</i>)	NP	QL(2 ea daily)
<i>verapamil hcl tbc</i>	P	QL(2 ea daily)
<i>verapamil hcl cp24 120 MG, 180 MG, 240 MG, 360 MG</i>	P	QL(1 ea daily)
<i>verapamil hcl tabs</i>	P	QL(3 ea daily)
VERELAN CP24 (<i>verapamil hcl</i>)	NP	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin tabs .125 MG, .25 MG, 125 MCG, 250 MCG</i>	P	
<i>digoxin soln or .05 MG/ML</i>	P	
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	NP	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TABS	P	SP;PA
UPTRAVI SOLR	P	SP;PA
UPTRAVI TITRATION PACK TBPK	P	SP;PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	P	
<i>cefadroxil sus</i>	P	
<i>cefadroxil tabs</i>	P	
<i>cephalexin caps 250 MG, 500 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin susr</i>	P	
KEFLEX CAPS 250 MG, 500 MG (<i>cephalexin</i>)	NP	
Cephalosporins - 2nd Generation		
<i>cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	P	
<i>cefaclor caps</i>	P	
<i>cefprozil susr 250 MG/5ML</i>	P	1 rtl pack lmt per fill;AL(Up to 12 yrs old)
<i>cefprozil tabs</i>	P	QL(20 ea per fill retail)
<i>cefprozil susr 125 MG/5ML</i>	P	2 rtl pack lmt per fill;AL(Up to 12 yrs old)
<i>cefuroxime axetil tabs</i>	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir susr</i>	P	1 rtl pack lmt per fill
<i>cefdinir caps</i>	P	QL(20 ea per fill retail)
<i>cefixime caps</i>	P	
<i>ceftriaxone sodium inj 1 GM, 250 MG, 500 MG</i>	P	1 rtl MAX fill,31 rtl day(s) supply;QL(3 ea per fill retail)
SUPRAX CAPS (<i>cefixime</i>)	NP	
CHEMICALS		
Bulk Chemicals - H's		
HYDROXYUREA	P	
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD	P	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		

Drug Name	Drug Tier	Requirements/Limits
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol 3 MG-0.03 MG</i>	P	
ESTROSTEP FE 75 MG-1 MG (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	NP	
<i>ethynodiol diacet & eth estrad 1 MG-35 MCG</i>	P	
GENERESS FE 75 MG-25 MCG-0.8 MG (<i>norethindrone & ethinyl estradiol-fe</i>)	NP	
<i>levonorgestrel & eth estradiol tabs</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	P	
MIRCETTE 0 (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP	
<i>norethin acet & estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG</i>	P	
<i>norethindrone & eth estradiol</i>	P	
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol-fe 75 MG-1 MG</i>	P	
<i>norethindrone-eth estradiol (triphasic) 0</i>	P	
<i>norgestimate-ethinyl estradiol 0.25 MG-35 MCG</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	P	
<i>norgestrel & ethinyl estradiol 0.3 MG-30 MCG</i>	P	QL(2 ea daily)
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	
TYBLUME CHEW 0.1 MG-20 MCG	P	
YASMIN 28 3 MG-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	NP	
YAZ 3 MG-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol 150 MCG/24HR-35 MCG/24HR</i>	P	
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol 0.12 MG/24HR-0.015 MG/24HR</i>	P	QL(6 ea per fill retail)
NUVARING 0.12 MG/24HR-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	NP	QL(6 ea per fill retail)
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/Limits
ELLA	P	QL(4 ea per 365 days retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	4 rti MAX fill,365 rti day(s) supply;QL(1 ea per 21 days retail)
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	NP	4 rti MAX fill,365 rti day(s) supply;QL(1 ea per 21 days retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susy im</i>	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susp im</i>	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	
ORTHO MICRONOR (<i>norethindrone (contraceptive)</i>)	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs		

Drug Name	Drug Tier	Requirements/Limits
to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (hydrocortisone)	NP	
dexamethasone tabs	P	
dexamethasone elix	P	
dexamethasone soln	P	
dexamethasone sodium phosphate soln ij 4 MG/ML, 20 MG/5ML, 120 MG/30ML	P	QL(150 ml per 31 days retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	P	QL(150 ml per 31 days retail)
hydrocortisone tabs	P	
MEDROL TABS 4 MG, 8 MG (methylprednisolone)	NP	
MEDROL DOSEPAK TBPK (methylprednisolone)	NP	
methylprednisolone tbpk	P	
methylprednisolone tabs 4 MG, 8 MG	P	
MILLIPRED TABS	P	
PEDIAPRED SOLN (prednisolone sodium phosphate)	NP	
prednisolone soln	P	
prednisolone sodium phosphate soln 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	P	
prednisolone sodium phosphate soln 20 MG/5ML	P	QL(150 ml per fill retail)
prednisone soln	P	

Drug Name	Drug Tier	Requirements/Limits
prednisone tbpk	P	
prednisone tabs	P	
PREDNISONE INTENSOL CONC	P	
Mineralocorticoids		
fludrocortisone acetate tabs	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 100 MG	P	QL(6 ea daily);AL(At least 10 yrs old)
benzonatate 200 MG	P	1 rtl MAX fill,31 rtl day(s) supply;QL(3 ea daily);AL(At least 10 yrs old)
DELSYM SUER (dextromethorphan polistirex)	NP	QL(240 ml per 6 days retail)
DELSYM COUGH CHILDRENS 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 lqcr	P	QL(240 ml per 6 days retail)
dextromethorphan polistirex suer	P	QL(240 ml per 6 days retail)
HYCODAN SOLN 5 MG/5ML-1.5 MG/5ML (hydrocodone bitartrate-homatropine methylbromide)	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate-homatropine methylbromide soln</i> 5 MG/5ML-1.5 MG/5ML	P	AL(At least 18 yrs old)
TESSALON PERLES (benzonatate)	NP	QL(6 ea daily);AL(At least 10 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD (dextromethorphan hbr)	NP	QL(240 ml per 6 days retail)
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph elix</i> 1 MG/5ML-2.5 MG/5ML	P	1 rtl MAX fill,31 rtl day(s) supply;QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph liqd</i> 1 MG/5ML-15 MG/5ML	P	1 rtl MAX fill,31 rtl day(s) supply;QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph elix</i> 1 MG/5ML-15 MG/5ML	P	1 rtl MAX fill,31 rtl day(s) supply;QL(120 ml per fill retail)
<i>cetirizine-pseudoephedrine</i> 5 MG-120 MG	P	QL(2 ea daily)
COLD & FLU RELIEF NIGHTTIME D LIQD 6.25 MG/15ML-500 MG/15ML-15 MG/15ML-30 MG/15ML	P	
<i>dextromethorphan-doxylamine-acetaminophen liqd</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-guaifenesin liqd</i> 10 MG/5ML-100 MG/5ML, 10 MG/5ML-200 MG/5ML, 15 MG/7.5ML-150 MG/7.5ML, 20 MG/10ML-200 MG/10ML	P	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin liqd</i> 20 MG/20ML-400 MG/20ML, 30 MG/5ML-200 MG/5ML, 30 MG/5ML-200 MG/5ML-200 MG/5ML-30 MG/5ML, 5 MG/5ML-100 MG/5ML	P	
<i>dextromethorphan-guaifenesin syrup</i> 10 MG/5ML-100 MG/5ML, 10 MG/5ML-100 MG/5ML-100 MG/5ML-10 MG/5ML	P	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin tb</i> 12 30 MG-600 MG	P	QL(2 ea daily)
<i>dextromethorphan-phenylephrine-acetaminophen caps</i> 10 MG-5 MG-325 MG	P	
DIMETAPP COLD & ALLERGY ELIX 1 MG/5ML-2.5 MG/5ML (brompheniramine & phenyleph)	NP	1 rtl MAX fill,31 rtl day(s) supply;QL(120 ml per fill retail)
ED BRON GP LIQD 100 MG/5ML-5 MG/5ML	P	QL(240 ml per 6 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin-codeine syrp 100 MG/5ML-10 MG/5ML</i>	P	
<i>guaifenesin-codeine liqd 100 MG/5ML-10 MG/5ML</i>	P	
<i>guaifenesin-codeine soln 100 MG/5ML-10 MG/5ML</i>	P	
LOHIST-D LIQD 30 MG/5ML-2 MG/5ML	P	
<i>loratadine & pseudoephedrine tb12 5 MG-120 MG</i>	P	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10 MG-240 MG</i>	P	QL(1 ea daily)
MAXI-TUSS PE LIQD 2 MG/5ML-5 MG/5ML	P	
MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML	P	QL(240 ml per 6 days retail)
MUCINEX D TB12 60 MG-600 MG (<i>pseudoephedrine-guaifenesin</i>)	NP	QL(210 ea per fill retail)
MUCINEX D MAXIMUM STRENGTH TB12 120 MG-1200 MG (<i>pseudoephedrine-guaifenesin</i>)	NP	QL(0 ea daily)
MUCINEX DM TB12 30 MG-600 MG (<i>dextromethorphan-guaifenesin</i>)	NP	QL(2 ea daily)
MUCUS RELIEF D TB12 120 MG-1200 MG	P	QL(0 ea daily)
<i>phenylephrine-chlorphen-dm liqd 15 MG/5ML-10 MG/5ML-4 MG/5ML</i>	P	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine-dm liqd 5 MG/5ML-2.5 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>phenylephrine-dm soln 5 MG/5ML-2.5 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>promethazine & phenylephrine syrp 5 MG/5ML-6.25 MG/5ML</i>	P	QL(240 ml per 6 days retail);AL(At least 2 yrs old)
<i>promethazine w/codeine soln 6.25 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per fill retail);AL(At least 18 yrs old)
<i>promethazine w/codeine syrp 6.25 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per fill retail);AL(At least 18 yrs old)
<i>promethazine-dm syrp 15 MG/5ML-6.25 MG/5ML</i>	P	QL(240 ml per fill retail);AL(At least 2 yrs old)
<i>promethazine-phenylephrine-codeine 5 MG/5ML-10 MG/5ML-6.25 MG/5ML</i>	P	QL(240 ml per fill retail);AL(At least 18 yrs old)
<i>pseudoephed-bromphen-dm syrp 2 MG/5ML-10 MG/5ML-30 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>pseudoephedrine w/dm-gg liqd 10 MG/5ML-100 MG/5ML-30 MG/5ML</i>	P	QL(240 ml per 6 days retail)
<i>pseudoephedrine-guaifenesin syrp 30 MG/5ML-100 MG/5ML</i>	P	
<i>pseudoephedrine-guaifenesin tb12 120 MG-1200 MG</i>	P	QL(0 ea daily)
<i>pseudoephedrine-guaifenesin tb12 60 MG-600 MG</i>	P	QL(210 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine-ibuprofen tabs 200 MG-30 MG</i>	P	
PX DAYTIME MULTI-SYMPTOM CAPS 30 MG-325 MG-15 MG	P	
PX NITETIME MULTI-SYMPTOM CAPS 6.25 MG-325 MG-15 MG-30 MG	P	
SCOT-TUSSIN DM LIQD 15 MG/5ML-2 MG/5ML	P	
VIRTUSSIN DAC SOLN 30 MG/5ML-70 %-10 MG/5ML-100 MG/5ML	P	
Expectorants		
<i>guaifenesin tb12 600 MG</i>	P	1 rtl MAX fill,31 rtl day(s) supply;QL(40 ea per fill retail)
<i>guaifenesin tb12 1200 MG</i>	P	QL(0 ea daily)
MUCINEX TB12 (<i>guaifenesin</i>)	NP	1 rtl MAX fill,31 rtl day(s) supply;QL(40 ea per fill retail)
MUCINEX MAXIMUM STRENGTH TB12 (<i>guaifenesin</i>)	NP	QL(0 ea daily)
<i>potassium iodide (expectorant) soln</i>	P	
SSKI SOLN (<i>potassium iodide (expectorant)</i>)	NP	
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) aers</i>	P	QL(240 ml per fill retail)
<i>sodium chloride (inhalant) nebu .9 %, 3 %, 10 %</i>	P	
Mucolytics		

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine soln</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	NP	QL(2 ea daily);AL(At least 12 yrs old);PA
ACNE MEDICATION 10 LOTN	P	
ACNE MEDICATION 5 LOTN	P	
BENZAC AC WASH LIQD 5 % (<i>benzoyl peroxide</i>)	NP	RX/OTC
<i>benzoyl peroxide liqd 4 %, 5 %, 6 %, 10 %</i>	P	
<i>benzoyl peroxide gel 2.5 %, 5 %, 10 %</i>	P	
<i>benzoyl peroxide bar</i>	P	
BENZOYL PEROXIDE CLEANSER LIQD	P	
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NP	
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	NP	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) soln</i>	P	
<i>clindamycin phosphate (topical) gel</i>	P	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) lotn</i>	P	
DIFFERIN DAILY DEEP CLEANSER LIQD (<i>benzoyl peroxide</i>)	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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 10 MG, 20 MG, 30 MG, 40 MG	P	QL(2 ea daily);AL(At least 12 yrs old);PA
KLARON (sulfacetamide sodium (acne))	NP	QL(118 ml per fill retail)
RETIN-A GEL .025 % (tretinoin)	NP	AL(Up to 35 yrs old)
RETIN-A CREA (tretinoin)	NP	QL(20 gm per fill retail);AL(Up to 35 yrs old)
RETIN-A GEL .01 % (tretinoin)	NP	QL(15 gm per fill retail);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)	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 gel .025 %	P	AL(Up to 35 yrs old)
tretinoin gel .01 %	P	QL(15 gm per fill retail);AL(Up to 35 yrs old)
tretinoin crea .025 %, .05 %, .1 %	P	QL(20 gm per fill retail);AL(Up to 35 yrs old)
Antibiotics - Topical		
bacitracin (topical) oint	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/Limits
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 oint	P	QL(30 gm per 31 days retail)
mupirocin calcium (topical)	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
neomycin-bacitracin-polymyxin oint 400 UNIT/GM-3.5 MG/GM-5000 UNIT/GM	P	QL(60 ea per 31 days retail)
neomycin-polymyxin w/ pramoxine 10000 UNIT/GM-10 MG/GM-3.5 MG/GM	P	1 rtl pack lmt per fill
NEOSPORIN ORIGINAL OINT 400 UNIT/GM-3.5 MG/GM-5000 UNIT/GM (neomycin-bacitracin-polymyxin)	NP	QL(60 ea per 31 days retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH 10000 UNIT/GM-10 MG/GM-3.5 MG/GM (neomycin-polymyxin w/ pramoxine)	NP	1 rtl pack lmt per fill
Antifungals - Topical		
clotrimazole (topical) soln	P	1 rtl pack lmt per fill;RX/OTC
clotrimazole (topical) crea	P	QL(60 gm per 31 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone crea 1 %-0.05 %</i>	P	QL(45 gm per 31 days retail)
<i>clotrimazole w/ betamethasone lotn 1 %-0.05 %</i>	P	QL(31 ml per 31 days retail)
<i>econazole nitrate crea</i>	P	QL(30 gm per fill retail)
<i>ketoconazole (topical) crea</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>ketoconazole (topical) sham 1 %</i>	P	
<i>ketoconazole (topical) sham 2 %</i>	P	QL(120 ml per fill retail)
LAMISIL AT CREA (<i>terbinafine hcl (topical)</i>)	NP	
LAMISIL AT JOCK ITCH CREA (<i>terbinafine hcl (topical)</i>)	NP	
LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NP	QL(60 gm per 31 days retail);RX/OTC
LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	NP	QL(60 gm per 31 days retail);RX/OTC
MICATIN CREA (<i>miconazole nitrate (topical)</i>)	NP	QL(200 gm per 31 days retail)
<i>miconazole nitrate (topical) crea</i>	P	QL(200 gm per 31 days retail)
<i>nystatin (topical) oint</i>	P	1 rtl pack lmt per fill
<i>nystatin (topical) crea</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>nystatin (topical) powd ex</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>nystatin-triamcinolone crea 100000 UNIT/GM-1 MG/GM</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone oint 100000 UNIT/GM-0.1 %</i>	P	1 rtl pack lmt per fill
<i>terbinafine hcl (topical) crea</i>	P	
TINACTIN CREA (<i>tolnaftate</i>)	NP	QL(30 gm per fill retail)
<i>tolnaftate crea</i>	P	QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel ex</i>	P	QL(6.68 gm daily);RX/OTC
VOLTAREN GEL EX (<i>diclofenac sodium (topical)</i>)	NP	QL(6.68 gm daily);RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
CARAC CREA (<i>fluorouracil (topical)</i>)	NP	
EFUDEX CREA (<i>fluorouracil (topical)</i>)	NP	QL(40 gm per 31 days retail)
<i>fluorouracil (topical) soln</i>	P	QL(10 ml per 31 days retail)
<i>fluorouracil (topical) crea .5 %</i>	P	
<i>fluorouracil (topical) crea 5 %</i>	P	QL(40 gm per 31 days retail)
Antipruritics - Topical		
<i>camphor & menthol lotn 0.5 %-0.5 %</i>	P	1 rtl pack lmt per fill
SARNA LOTN 0.5 %-0.5 % (<i>camphor & menthol</i>)	NP	1 rtl pack lmt per fill
Antipsoriatics		
<i>calcipotriene soln</i>	P	1 rtl pack lmt per fill,1 rtl MAX fill,31 rtl day(s) supply

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene crea</i>	P	1 rtl pack lmt per fill, 1 rtl MAX fill, 31 rtl day(s) supply
DOVONEX CREA (<i>calcipotriene</i>)	NP	1 rtl pack lmt per fill, 1 rtl MAX fill, 31 rtl day(s) supply
SILIQ	P	SP;PA
TALTZ SOAJ	P	SP;PA
TALTZ SOSY	P	SP;PA
<i>tazarotene crea</i>	P	1 rtl pack lmt per fill; AL (Up to 18 yrs old)
<i>tazarotene gel</i>	P	1 rtl pack lmt per fill; AL (Up to 18 yrs old)
TAZORAC CREA (<i>tazarotene</i>)	NP	1 rtl pack lmt per fill; AL (Up to 18 yrs old)
TAZORAC CREA	P	1 rtl pack lmt per fill; AL (Up to 18 yrs old)
TAZORAC GEL (<i>tazarotene</i>)	NP	1 rtl pack lmt per fill; AL (Up to 18 yrs old)
Antiseborrheic Products		
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NP	
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NP	
<i>selenium sulfide lotn 2.5 %</i>	P	1 rtl pack lmt per fill, 1 rtl MAX fill, 30 rtl day(s) supply
<i>selenium sulfide lotn 1 %</i>	P	1 rtl pack lmt per fill
<i>selenium sulfide sham 1 %</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/Limits
SELSUN BLUE LOTN (<i>selenium sulfide</i>)	NP	1 rtl pack lmt per fill
SELSUN BLUE DAILY LOTN (<i>selenium sulfide</i>)	NP	1 rtl pack lmt per fill
SELSUN BLUE MEDICATED LOTN (<i>selenium sulfide</i>)	NP	1 rtl pack lmt per fill
SELSUN BLUE MOISTURIZING LOTN (<i>selenium sulfide</i>)	NP	1 rtl pack lmt per fill
<i>sulfacetamide sodium liqd</i>	P	
Antivirals - Topical		
<i>acyclovir topical crea</i>	P	1 rtl pack lmt amt, 31 rtl pack lmt day(s)
<i>acyclovir topical oint</i>	P	1 rtl pack lmt per fill
ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	1 rtl pack lmt amt, 31 rtl pack lmt day(s)
ZOVIRAX OINT (<i>acyclovir topical</i>)	NP	1 rtl pack lmt per fill
Burn Products		
SILVADENE (<i>silver sulfadiazine</i>)	NP	
<i>silver sulfadiazine</i>	P	
Corticosteroids - Topical		
<i>betamethasone dipropionate (topical) crea</i>	P	1 rtl pack lmt amt, 30 rtl pack lmt day(s)
<i>betamethasone dipropionate augmented crea</i>	P	1 rtl pack lmt per fill
<i>betamethasone valerate oint</i>	P	
<i>betamethasone valerate crea</i>	P	
<i>betamethasone valerate lotn</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate soln .05 %</i>	P	1 rtl pack lmt per fill
<i>clobetasol propionate oint .05 %</i>	P	1 rtl pack lmt per fill
<i>clobetasol propionate crea .05 %</i>	P	1 rtl pack lmt per fill
<i>clobetasol propionate gel .05 %</i>	P	1 rtl pack lmt per fill
<i>clobetasol propionate emollient base .05 %</i>	P	1 rtl pack lmt per fill
<i>desonide crea</i>	P	QL(2 gm daily)
<i>desonide oint</i>	P	QL(2 gm daily)
DESOWEN CREA (<i>desonide</i>)	NP	QL(2 gm daily)
<i>desoximetasone crea .05 %</i>	P	1 rtl pack lmt per fill
<i>desoximetasone crea .25 %</i>	P	1 rtl pack lmt per fill
DIPROLENE AF CREA (<i>betamethasone dipropionate augmented</i>)	NP	1 rtl pack lmt per fill
EPIFOAM FOAM 1 %-1 %	P	
<i>fluocinonide oint</i>	P	1 rtl pack lmt per fill
<i>fluocinonide soln</i>	P	1 rtl pack lmt per fill
<i>fluocinonide crea .05 %</i>	P	1 rtl pack lmt per fill
<i>fluocinonide gel</i>	P	1 rtl pack lmt per fill
<i>fluocinonide emulsified base</i>	P	1 rtl pack lmt per fill
<i>fluticasone propionate oint</i>	P	1 rtl pack lmt per fill
<i>fluticasone propionate crea .05 %</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) lotn 1 %, 2.5 %</i>	P	1 rtl pack lmt per fill
<i>hydrocortisone (topical) oint 1 %</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s);QL(2 gm daily);RX/OTC
<i>hydrocortisone (topical) crea .5 %, 1 %</i>	P	1 rtl pack lmt per fill;RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	P	QL(120 gm per 31 days retail)
<i>hydrocortisone (topical) oint 2.5 %</i>	P	
<i>hydrocortisone butyrate soln</i>	P	
<i>mometasone furoate soln</i>	P	1 rtl pack lmt per fill
<i>mometasone furoate oint</i>	P	1 rtl pack lmt per fill
<i>mometasone furoate crea</i>	P	1 rtl pack lmt per fill
MONISTAT SOOTHING CARE ITCH RELIEF CREA (<i>hydrocortisone (topical)</i>)	NP	1 rtl pack lmt per fill;RX/OTC
TEMOVATE CREA (<i>clobetasol propionate</i>)	NP	1 rtl pack lmt per fill
TEMOVATE OINT (<i>clobetasol propionate</i>)	NP	1 rtl pack lmt per fill
TOPICORT CREA .05 % (<i>desoximetasone</i>)	NP	1 rtl pack lmt per fill
TOPICORT CREA .25 % (<i>desoximetasone</i>)	NP	1 rtl pack lmt per fill
<i>triamcinolone acetone (topical) crea .025 %</i>	P	QL(30 gm per fill retail)
<i>triamcinolone acetone (topical) lotn</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirement s/Limits
<i>triamcinolone acetone (topical) oint .025 %, .5 %</i>	P	1 rtl pack lmt per fill
<i>triamcinolone acetone (topical) oint .1 %</i>	P	
<i>triamcinolone acetone (topical) crea .1 %</i>	P	
<i>triamcinolone acetone (topical) crea .5 %</i>	P	1 rtl pack lmt per fill
TRIDESILON CREA .05 % (<i>desonide</i>)	NP	QL(2 gm daily)
Emollient/Keratolytic Agents		
<i>urea crea 40 %</i>	P	RX/OTC
<i>urea lotn 40 %</i>	P	
Emollients		
EMOLLIENT LOTION - MISC	P	
<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	QL(567 gm per 31 days retail);RX/OTC
<i>lactic acid (ammonium lactate) crea</i>	P	QL(385 gm per 31 days retail);RX/OTC
Immunomodulating Agents - Topical		
ALDARA (<i>imiquimod</i>)	NP	QL(48 ea per 180 days retail)
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL (<i>pimecrolimus</i>)	NP	QL(100 gm per 31 days retail);AL(At least 2 yrs old);PA
<i>pimecrolimus</i>	P	QL(100 gm per 31 days retail);AL(At least 2 yrs old);PA

Drug Name	Drug Tier	Requirement s/Limits
PROTOPIC OINT .03 % (<i>tacrolimus (topical)</i>)	NP	QL(100 gm per 31 days retail);AL(At least 2 yrs old);PA
PROTOPIC OINT .1 % (<i>tacrolimus (topical)</i>)	NP	QL(100 gm per 31 days retail);AL(At least 16 yrs old);PA
<i>tacrolimus (topical) oint .03 %</i>	P	QL(100 gm per 31 days retail);AL(At least 2 yrs old);PA
<i>tacrolimus (topical) oint .1 %</i>	P	QL(100 gm per 31 days retail);AL(At least 16 yrs old);PA
Keratolytic/Antimitotic Agents		
DERMAREST PSORIASIS GEL	P	
KERALYT GEL	P	
KERALYT GEL (<i>salicylic acid</i>)	NP	
<i>podofilox soln</i>	P	
<i>salicylic acid gel 3 %, 6 %</i>	P	
Local Anesthetics - Topical		
<i>capsaicin crea .025 %, .035 %, .075 %, .1 %</i>	P	1 rtl pack lmt per fill
CAPZASIN-HP CREA (<i>capsaicin</i>)	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
<i>dibucaine</i>	P	1 rtl pack lmt per fill
<i>lidocaine crea 4 %</i>	P	1 rtl pack lmt per fill
<i>lidocaine hcl crea 3 %, 4 %</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl gel 2 %</i>	P	QL(1 ml daily,30 ml per fill retail)
<i>lidocaine-prilocaine crea</i>	P	1 rtl pack lmt per fill
LMX 4 CREA (<i>lidocaine</i>)	NP	1 rtl pack lmt per fill
RA ARTHRITIS PAIN RELIEF CREA	P	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 78 %-10 %	P	
DRYSOL SOLN	P	
EUCERIN CREA (<i>skin protectants, misc.</i>)	NP	
HYDROCERIN CREA	P	
<i>lanolin (topical) crea</i>	P	
LANOLOR CREA 0	P	
REMEDY PHYTOPLEX HYDRAGUARD CREA	P	
SENSI-CARE MOISTURIZING CREA	P	
<i>skin protectants, misc. crea</i>	P	
SORBIDON HYDRATE CREA	P	
<i>zinc oxide (topical) oint 20 %</i>	P	1 rtl pack lmt per fill
Rosacea Agents		
METROCREAM CREA (<i>metronidazole (topical)</i>)	NP	QL(45 gm per 31 days retail)

Drug Name	Drug Tier	Requirements/Limits
METROLOTION LOTN (<i>metronidazole (topical)</i>)	NP	
<i>metronidazole (topical) lotn</i>	P	
<i>metronidazole (topical) crea</i>	P	QL(45 gm per 31 days retail)
<i>metronidazole (topical) gel .75 %</i>	P	QL(45 gm per 31 days retail)
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	P	1 rtl pack lmt per fill
CVS LICE SOLUTION KIT 3-STEP 0.5 %-4 %-0.33 %	P	
ELIMITE CREA (<i>permethrin</i>)	NP	QL(60 gm per fill retail)
LICEMD GEL 0.33 %-4 %	P	
<i>malathion</i>	P	2 rtl MAX fill,31 rtl day(s) supply;QL(59 ml per fill retail)
NATROBA (<i>spinosad</i>)	NP	Limited to Age 6 months and older
NIX CREME RINSE LIQD EX (<i>permethrin</i>)	NP	
OVIDE (<i>malathion</i>)	NP	2 rtl MAX fill,31 rtl day(s) supply;QL(59 ml per fill retail)
<i>permethrin lotn</i>	P	QL(60 ml per fill retail)
<i>permethrin liqd ex</i>	P	
<i>permethrin crea</i>	P	QL(60 gm per fill retail)
<i>pyrethrins-piperonyl butoxide liqd</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>pyrethrins-piperonyl butoxide sham 0.33 %-4 %, 0.33 %-4 %-0.33 %</i>	P	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 0.5 %-4 %-0.33 %</i>	P	
RID LIQD 0.33 %-4 % (<i>pyrethrins-piperonyl butoxide</i>)	NP	
RID COMPLETE LICE ELIMINATION 0.5 %-4 %-0.33 % (<i>pyrethrins-piperonyl butoxide-permethrin-nit remover</i>)	NP	
RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	P	
SCHOOLTIME SHAMPOO SHAM	P	1 rtl pack lmt amt, 14 rtl pack lmt day(s)
<i>spinosad</i>	P	Limited to Age 6 months and older
Tar Products		
<i>coal tar extract sham .5 %</i>	P	
DHS TAR SHAM (<i>coal tar extract</i>)	NP	
DHS TAR GEL SHAM (<i>coal tar extract</i>)	NP	
NEUTROGENA T/GEL SHAM .5 % (<i>coal tar extract</i>)	NP	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
CHEMSTRIP-K STRP	P	
KETONE STRP	P	

Drug Name	Drug Tier	Requirements/Limits
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		
<i>acetazolamide cp12</i>	P	
<i>acetazolamide tabs</i>	P	
<i>methazolamide tabs</i>	P	
Diuretic Combinations		
ALDACTAZIDE 25 MG-25 MG (<i>spironolactone & hydrochlorothiazide</i>)	NP	
<i>amiloride & hydrochlorothiazide 5 MG-50 MG</i>	P	QL(1 ea daily)
MAXZIDE TABS 75 MG-50 MG (<i>triamterene & hydrochlorothiazide</i>)	NP	
MAXZIDE-25 TABS 37.5 MG-25 MG (<i>triamterene & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
<i>spironolactone & hydrochlorothiazide 25 MG-25 MG</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>triamterene & hydrochlorothiazide tabs 75 MG-50 MG</i>	P	
<i>triamterene & hydrochlorothiazide caps 37.5 MG-25 MG</i>	P	
<i>triamterene & hydrochlorothiazide tabs 37.5 MG-25 MG</i>	P	QL(2 ea daily)
Loop Diuretics		
<i>bumetanide tabs</i>	P	
BUMEX TABS (<i>bumetanide</i>)	NP	
<i>furosemide tabs</i>	P	
<i>furosemide soln or 10 MG/ML, 40 MG/5ML</i>	P	
LASIX TABS (<i>furosemide</i>)	NP	
SOAANZ TABS 20 MG	P	
<i>torsemide tabs 5 MG, 10 MG, 100 MG</i>	P	QL(1 ea daily)
<i>torsemide tabs 20 MG</i>	P	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	NP	
<i>amiloride hcl tabs</i>	P	QL(4 ea daily)
<i>spironolactone tabs</i>	P	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>hydrochlorothiazide caps</i>	P	
<i>hydrochlorothiazide tabs 25 MG, 50 MG</i>	P	
<i>indapamide tabs 1.25 MG, 2.5 MG</i>	P	
<i>metolazone</i>	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and		

Drug Name	Drug Tier	Requirement s/Limits
Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	QL(4 ea per 28 days retail);PA
<i>alendronate sodium soln</i>	P	QL(10.8 ml daily)
<i>alendronate sodium tabs 35 MG, 70 MG</i>	P	QL(0.15 ea daily)
<i>alendronate sodium tabs 5 MG, 10 MG</i>	P	QL(1 ea daily)
ATELVIA TBEC (<i>risedronate sodium</i>)	NP	QL(4 ea per 28 days retail);PA
<i>calcitonin (salmon) ij</i>	P	QL(2 ml per fill retail)
<i>calcitonin (salmon) na</i>	P	1 rtl pack lmt per fill
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	QL(0.15 ea daily)
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	NP	QL(2 ml per fill retail)
<i>risedronate sodium tbec</i>	P	QL(4 ea per 28 days retail);PA
<i>risedronate sodium tabs 5 MG, 30 MG</i>	P	QL(1 ea daily);PA
<i>risedronate sodium tabs 35 MG</i>	P	QL(4 ea per 28 days retail);PA
TYMLOS	P	SP;PA
Growth Hormones		
NORDITROPIN FLEXPLO SOPN	P	SP;PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	NP	QL(1 ea daily)
<i>raloxifene hcl</i>	P	QL(1 ea daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI	P	SP;PA
Metabolic Modifiers		

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol caps</i>	P	
CARNITOR TABS (levocarnitine (metabolic modifiers))	NP	QL(3 ea daily)
CARNITOR SOLN OR (levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)
CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) tabs</i>	P	QL(3 ea daily)
<i>levocarnitine (metabolic modifiers) soln or 1 GM/10ML</i>	P	QL(30 ml daily)
ROCALtrol CAPS (calcitriol)	NP	
Posterior Pituitary Hormones		
DDAVP	P	QL(5 ml per fill retail);PA
DDAVP TABS (desmopressin acetate)	NP	QL(6 ea daily)
<i>desmopressin acetate tabs</i>	P	QL(6 ea daily)
<i>desmopressin acetate spray</i>	P	QL(5 ml per fill retail);PA
<i>desmopressin acetate spray refrigerated</i>	P	QL(5 ml per fill retail);PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVElla TABS 0.5 MG-1 MG (estradiol & norethindrone acetate)	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	Limit 8 patches per month;QL(0.286 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tabs</i>	P	QL(1 ea daily)
FEMHRT 2.5 MCG-0.5 MG (norethindrone acetate-ethinyl estradiol)	NP	
<i>norethindrone acetate-ethinyl estradiol</i>	P	
PREMPRO	P	
Estrogens		
ALORA PTTW	P	Limit 8 patches per month;QL(0.286 ea daily)
CLIMARA PTWK (estradiol)	NP	Limit 4 patches per month;QL(0.143 ea daily)
ESTRACE TABS (estradiol)	NP	
<i>estradiol pttw .025 MG/24HR, .05 MG/24HR, .075 MG/24HR, .1 MG/24HR</i>	P	Limit 8 patches per month;QL(0.286 ea daily)
<i>estradiol ptwk</i>	P	Limit 4 patches per month;QL(0.143 ea daily)
<i>estradiol tabs</i>	P	
<i>estradiol pttw .0375 MG/24HR</i>	P	QL(0.286 ea daily)
MINIVELLE PTTW .0375 MG/24HR (estradiol)	NP	QL(0.286 ea daily)
MINIVELLE PTTW .025 MG/24HR, .05 MG/24HR, .075 MG/24HR, .1 MG/24HR (estradiol)	NP	Limit 8 patches per month;QL(0.286 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW .025 MG/24HR, .05 MG/24HR, .075 MG/24HR, .1 MG/24HR (<i>estradiol</i>)	NP	Limit 8 patches per month; QL(0.286 ea daily)
VIVELLE-DOT PTTW .0375 MG/24HR (<i>estradiol</i>)	NP	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	
<i>ciprofloxacin hcl tabs 100 MG</i>	P	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs 250 MG, 500 MG, 750 MG</i>	P	
<i>levofloxacin tabs</i>	P	QL(14 ea per fill retail)
<i>ofloxacin 400 MG</i>	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP (<i>simethicone</i>)	NP	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>simethicone</i>)	NP	
<i>simethicone susp</i>	P	
<i>simethicone chew 80 MG</i>	P	
<i>simethicone liqd or</i>	P	
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>ursodiol</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
URSO 250 TABS (<i>ursodiol</i>)	NP	QL(7 ea daily)
<i>ursodiol caps</i>	P	
<i>ursodiol tabs 250 MG</i>	P	QL(7 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl tabs</i>	P	
<i>metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML</i>	P	
REGLAN TABS (<i>metoclopramide hcl</i>)	NP	
Inflammatory Bowel Agents		
APRISO CP24 (<i>mesalamine</i>)	NP	
ASACOL HD TBEC (<i>mesalamine</i>)	NP	QL(3 ea daily)
AVSOLA	P	SP;PA
AZULFIDINE TABS (<i>sulfasalazine</i>)	NP	
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	
<i>balsalazide disodium caps</i>	P	QL(9 ea daily)
COLAZAL CAPS (<i>balsalazide disodium</i>)	NP	QL(9 ea daily)
DELZICOL CPDR (<i>mesalamine</i>)	NP	
INFLECTRA	P	SP;PA
LIALDA TBEC (<i>mesalamine</i>)	NP	
<i>mesalamine tbec 800 MG</i>	P	QL(3 ea daily)
<i>mesalamine tbec 1.2 GM</i>	P	
<i>mesalamine cpdr</i>	P	
<i>mesalamine enem</i>	P	QL(60 ml daily)
<i>mesalamine cp24</i>	P	
RENFLEXIS	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
SFROWASA ENEM	P	
<i>sulfasalazine tabs</i>	P	
<i>sulfasalazine tbec</i>	P	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 10 MEQ, 540 MG, 1080 MG</i>	P	
<i>sodium citrate & citric acid 334 MG/5ML-500 MG/5ML</i>	P	QL(16.67 ml daily);RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) .9 %</i>	P	
Prostatic Hypertrophy Agents		
<i>finasteride</i>	P	QL(1 ea daily)
FLOMAX (<i>tamsulosin hcl</i>)	NP	QL(2 ea daily)
PROSCAR (<i>finasteride</i>)	NP	QL(1 ea daily)
<i>tamsulosin hcl</i>	P	QL(2 ea daily)
Urinary Analgesics		

Drug Name	Drug Tier	Requirements/Limits
<i>phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG</i>	P	
PYRIDIUM TABS (<i>phenazopyridine hcl</i>)	NP	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid 0.5 MG-500 MG</i>	P	
Gout Agents		
<i>allopurinol</i>	P	
<i>colchicine tabs</i>	P	1 rtl MAX fill,31 rtl day(s) supply;QL(6 ea per fill retail)
COLCRYS TABS (<i>colchicine</i>)	NP	1 rtl MAX fill,31 rtl day(s) supply;QL(6 ea per fill retail)
ZYLOPRIM (<i>allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR (<i>icatibant acetate</i>)	NP	SP;PA
<i>icatibant acetate</i>	P	SP;PA
Complement Inhibitors		
HAEGARDA SOLR SC	P	SP;PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Platelet Aggregation Inhibitors		
BRILINTA	P	QL(2 ea daily)
<i>cilostazol</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 ea daily)
<i>dipyridamole</i>	P	
EFFIENT (<i>prasugrel hcl</i>)	NP	QL(1 ea daily)
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	QL(1 ea daily)
<i>prasugrel hcl</i>	P	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sick Cell Disease		
DROXIA CAPS	P	
Cobalamins		
<i>cyanocobalamin soln ij</i>	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		
<i>folic acid tabs 400 MCG, 800 MCG</i>	P	QL(1 ea daily)
<i>folic acid tabs 1 MG</i>	P	RX/OTC
Hematopoietic Growth Factors		
RETACRIT	P	SP;PA
RETACRIT	P	SP;PA
ZARXIO	P	SP;PA
ZIEXTENZO	P	SP;PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs 6.9 MG-5 MG-1 MG-15 MCG-6 MG-30 MG-200 MG-10 MG-324 MG-10 MG-18.2 MG-0.8 MG-1.3 MG</i>	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	NP	QL(3.4 ml daily)
FERRETT'S TABS	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous fumarate tabs</i>	P	QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG	P	QL(3.34 ea daily)
<i>ferrous sulfate tabs 28 MG, 65 MG, 325 MG</i>	P	
<i>ferrous sulfate elix</i>	P	
<i>ferrous sulfate soln</i>	P	QL(3.4 ml daily)
<i>ferrous sulfate tbec</i>	P	
FERROUS SULFATE TBEC	P	
HEMOCYTE TABS (<i>ferrous fumarate</i>)	NP	QL(2 ea daily)
IRON TABS 28 MG, 65 MG, 325 MG	P	
IRON CHEWS PEDIATRIC CHEW	P	
<i>polysaccharide iron complex caps 150 MG</i>	P	QL(1 ea daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
LYSTEDA TABS (<i>tranexamic acid</i>)	NP	1 rtl MAX fill,31 rtl day(s) supply;QL(30 ea per 5 days retail);AL(At least 12 yrs old)
<i>tranexamic acid tabs</i>	P	1 rtl MAX fill,31 rtl day(s) supply;QL(30 ea per 5 days retail);AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) caps 50 MG</i>	P	
<i>diphenhydramine hcl (sleep) tabs 50 MG</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>diphenhydramine hcl (sleep) tabs 25 MG</i>	P	QL(1 ea daily)
<i>doxylamine succinate (sleep)</i>	P	
NYTOL MAXIMUM STRENGTH TABS (<i>diphenhydramine hcl (sleep)</i>)	NP	
Barbiturate Hypnotics		
<i>phenobarbital elix</i>	P	
<i>phenobarbital tabs</i>	P	
Non-Barbiturate Hypnotics		
AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	QL(1 ea daily)
<i>flurazepam hcl</i>	P	QL(1 ea daily)
HALCION .25 MG (<i>triazolam</i>)	NP	
<i>midazolam hcl soln ij</i>	P	
RESTORIL 15 MG, 30 MG (<i>temazepam</i>)	NP	QL(1 ea daily);AL(At least 18 yrs old)
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 ea daily);AL(At least 18 yrs old)
<i>triazolam</i>	P	
<i>zaleplon 5 MG</i>	P	QL(1 ea daily);AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	P	QL(2 ea daily);AL(At least 18 yrs old)
<i>zolpidem tartrate tabs</i>	P	QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	P	QL(10 ea daily)
FIBERCON TABS (<i>calcium polycarbophil</i>)	NP	QL(10 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
NATURAL FIBER LAXATIVE POWD	P	
<i>psyllium caps .52 GM</i>	P	
<i>psyllium powd 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 68 %, 100 %</i>	P	
Laxative Combinations		
GOLYTELY SOLR 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	1 rtl pack lmt per fill
NULYTELY 420 GM-5.72 GM-1.48 GM-11.2 GM (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NP	1 rtl pack lmt per fill
NULYTELY/FLAVOR PACKS 420 GM-5.72 GM-1.48 GM-11.2 GM (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NP	1 rtl pack lmt per fill
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	P	1 rtl pack lmt per fill
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride 420 GM-5.72 GM-1.48 GM-11.2 GM</i>	P	1 rtl pack lmt per fill
PEG-PREP 210 GM-2.86 GM-5 MG-0.74 GM-5.6 GM	P	
<i>sennosides-docusate sodium tabs 8.6 MG-50 MG</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
SENOKOT S TABS 8.6 MG-50 MG (<i>sennosides-docusate sodium</i>)	NP	QL(4 ea daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) supp 2 GM</i>	P	
GLYCERIN ADULT SUPP (<i>glycerin (laxative)</i>)	NP	
<i>lactulose soln</i>	P	
MIRALAX POWD (<i>polyethylene glycol 3350</i>)	NP	QL(34 gm daily)
<i>polyethylene glycol 3350 powd</i>	P	QL(34 gm daily)
Saline Laxatives		
FLEET ENEMA ENEM 7 GM/197ML-19 GM/197ML (<i>sodium phosphates</i>)	NP	
FLEET PEDIATRIC ENEM 3.5 GM/59ML-9.5 GM/59ML (<i>sodium phosphates</i>)	NP	
<i>magnesium citrate</i>	P	
<i>magnesium hydroxide susp 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	QL(32 ml daily)
<i>sodium phosphates enem</i>	P	
Stimulant Laxatives		
<i>bisacodyl tbec</i>	P	QL(1 ea daily)
<i>bisacodyl supp</i>	P	QL(12 ea per fill retail)
DULCOLAX SUPP (<i>bisacodyl</i>)	NP	QL(12 ea per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
DULCOLAX TBEC (<i>bisacodyl</i>)	NP	QL(1 ea daily)
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	NP	QL(1 ea daily)
<i>sennosides tabs 8.6 MG</i>	P	
SENOKOT TABS (<i>sennosides</i>)	NP	
Surfactant Laxatives		
COLACE CAPS 100 MG (<i>docusate sodium</i>)	NP	QL(3 ea daily)
COLACE CLEAR CAPS (<i>docusate sodium</i>)	NP	
<i>docusate sodium syrp</i>	P	
<i>docusate sodium tabs</i>	P	
<i>docusate sodium caps 50 MG</i>	P	
<i>docusate sodium caps 100 MG, 250 MG</i>	P	QL(3 ea daily)
<i>docusate sodium liqd</i>	P	
DOCUSATE SODIUM SYRP	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin susr 200 MG/5ML</i>	P	QL(60 ml per fill retail)
<i>azithromycin susr 100 MG/5ML</i>	P	1 rtl pack lmt per fill
<i>azithromycin tabs 600 MG</i>	P	QL(8 ea per 28 days retail)
<i>azithromycin tabs 250 MG</i>	P	QL(6 ea per fill retail)
<i>azithromycin tabs 500 MG</i>	P	QL(4 ea daily)
<i>azithromycin pack</i>	P	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX SUSR 200 MG/5ML (azithromycin)	NP	QL(60 ml per fill retail)
ZITHROMAX SUSR 100 MG/5ML (azithromycin)	NP	1 rtl pack lmt per fill
ZITHROMAX TABS 250 MG (azithromycin)	NP	QL(6 ea per fill retail)
ZITHROMAX PACK (azithromycin)	NP	QL(2 ea per fill retail)
ZITHROMAX TABS 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)
Clarithromycin		
clarithromycin tb24	P	QL(14 ea per fill retail)
clarithromycin tabs	P	QL(28 ea per fill retail)
clarithromycin susr 250 MG/5ML	P	2 rtl pack lmt per fill
clarithromycin susr 125 MG/5ML	P	1 rtl pack lmt per fill
Erythromycins		
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	NP	
ERYPED 200 SUSR (erythromycin ethylsuccinate)	NP	
ERYPED 400 SUSR (erythromycin ethylsuccinate)	NP	
erythromycin base tabs	P	
erythromycin base cpep	P	
erythromycin base tbec	P	

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate tabs	P	
erythromycin ethylsuccinate susr	P	
erythromycin stearate tabs 250 MG	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
BANDAGES-DRESSINGS-TAPE - MISC	P	
Contraceptives		
CONDOMS-MISC	P	36 per 31 days
FC2 FEMALE CONDOM	P	Limit 12 ea per 31 days retail;QL(12 ea per 31 days retail)
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	QL(6.67 ea daily)
ADVANCED MOBILE LANCET 30G	P	QL(6.67 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 32G	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G	P	QL(6.67 ea daily)
AURORA LANCET SUPER THIN30G	P	QL(6.67 ea daily)
AURORA LANCET THIN 23G	P	QL(6.67 ea daily)
BD LANCET ULTRAFINE 30G	P	QL(6.67 ea daily)
CAREONE LANCET SUPER THIN/30G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CAREONE LANCET THIN	P	QL(6.67 ea daily)
CARESENS LANCETS	P	QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 28G	P	QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 30G	P	QL(6.67 ea daily)
CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	QL(6.67 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G	P	QL(6.67 ea daily)
COMFORT LANCETS	P	QL(6.67 ea daily)
CVS LANCETS 21G	P	QL(6.67 ea daily)
CVS LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
CVS LANCETS MICRO-THIN 33G	P	QL(6.67 ea daily)
CVS LANCETS ORIGINAL	P	QL(6.67 ea daily)
CVS LANCETS THIN 26G	P	QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
CVS LANCETS ULTRA-THIN 30G	P	QL(6.67 ea daily)
CVS ULTRA THIN LANCETS	P	QL(6.67 ea daily)
DIATHRIVE LANCETS	P	QL(6.67 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
DROPLET LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
DRUG MART LANCETS THIN	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DRUG MART UNILET LANCETSSUPER THIN 30G	P	QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G	P	QL(6.67 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/TWIST	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST	P	QL(6.67 ea daily)
EQL COLOR LANCETS 21G	P	QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G	P	QL(6.67 ea daily)
EQL THIN LANCETS 26G	P	QL(6.67 ea daily)
E-Z JECT LANCETS	P	QL(6.67 ea daily)
E-Z JECT LANCETS 21G	P	QL(6.67 ea daily)
E-Z JECT LANCETS COLOR	P	QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G	P	QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EZ-LETS LANCETS 26G SUPER-SOFT	P	QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT	P	QL(6.67 ea daily)
EZ-LETS LANCETS 30G	P	QL(6.67 ea daily)
FIFTY50 UNILET LANCETS 33G	P	QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail);PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 days retail);PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail);PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail);PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail);PA
GENTLE-LET GP LANCETS	P	QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P	QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P	QL(6.67 ea daily)
GLUCOCOM LANCETS 28G	P	QL(6.67 ea daily)
GLUCOCOM LANCETS 30G	P	QL(6.67 ea daily)
GNP LANCETS 21G	P	QL(6.67 ea daily)
GNP LANCETS THIN	P	QL(6.67 ea daily)
GNP LANCETS THIN 26G	P	QL(6.67 ea daily)
GNP STERILE LANCETS 28G	P	QL(6.67 ea daily)
GNP STERILE LANCETS 30G	P	QL(6.67 ea daily)
GNP STERILE LANCETS 33G	P	QL(6.67 ea daily)
GOJJI STERILE LANCETS 30G	P	QL(6.67 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	QL(6.67 ea daily)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
HY-VEE LANCETS	P	QL(6.67 ea daily)
HY-VEE THIN LANCETS	P	QL(6.67 ea daily)
KINNEY LANCETS	P	QL(6.67 ea daily)
KINNEY THIN LANCETS	P	QL(6.67 ea daily)
KROGER HEALTHPRO TWIST LANCETS/26G	P	QL(6.67 ea daily)
KROGER LANCETS	P	QL(6.67 ea daily)
KROGER LANCETS 21G	P	QL(6.67 ea daily)
KROGER LANCETS MICRO THIN33G	P	QL(6.67 ea daily)
KROGER LANCETS SUPER THIN	P	QL(6.67 ea daily)
KROGER LANCETS THIN	P	QL(6.67 ea daily)
KROGER LANCETS THIN 26G	P	QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G	P	QL(6.67 ea daily)
LANCET DEVICE - MISC	P	1 per 180 days
LANCETS	P	QL(6.67 ea daily)
LANCETS - MISC	P	200 per 31 days
LANCETS 26G TWIST TOP	P	QL(6.67 ea daily)
LANCETS 30G	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 21G	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 28G	P	QL(6.67 ea daily)
LANCETS THIN	P	QL(6.67 ea daily)
LANCETS ULTRA THIN	P	QL(6.67 ea daily)
LIVE BETTER LANCET SUPERTHIN 30G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LIVE BETTER LANCET ULTRATHIN 28G	P	QL(6.67 ea daily)
LONGS LANCETS STANDARD	P	QL(6.67 ea daily)
LONGS LANCETS THIN	P	QL(6.67 ea daily)
MEDISENSE THIN LANCETS	P	QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G	P	QL(6.67 ea daily)
MEIJER LANCETS	P	QL(6.67 ea daily)
MEIJER LANCETS THIN	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G	P	QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS	P	QL(6.67 ea daily)
MONOLET LANCETS	P	QL(6.67 ea daily)
MONOLET OPD LANCETS	P	QL(6.67 ea daily)
NOVA SUREFLEX LANCETS	P	QL(6.67 ea daily)
ONETOUCH CLUB LANCETS FINE POINT	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G	P	QL(6.67 ea daily)
ONETOUCH FINEPOINT LANCETS	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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	P	QL(6.67 ea daily)
ONETOUCH VERIO KIT	P	QL(1 ea per 365 days retail);RX/OTC
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 MID CONTROL SOLUTION SOLN	P	
ONETOUCH VERIO REFLECT KIT	P	QL(1 ea per 365 days retail);RX/OTC
PC LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
PERFECT LANCETS 30G	P	QL(6.67 ea daily)
PHARMACY COUNTER LANCETS	P	QL(6.67 ea daily)
PRECISION THINS GP LANCET	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G	P	QL(6.67 ea daily)
PRODIGY TWIST TOP LANCETS	P	QL(6.67 ea daily)
PSS SELECT GP LANCETS	P	QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS	P	QL(6.67 ea daily)
PX LANCETS MICROTHIN 33G	P	QL(6.67 ea daily)
PX LANCETS ULTRA THIN	P	QL(6.67 ea daily)
QC LANCETS SUPER THIN	P	QL(6.67 ea daily)
QC LANCETS ULTRA THIN	P	QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G	P	QL(6.67 ea daily)
REALITY LANCETS	P	QL(6.67 ea daily)
RELION LANCETS MICRO-THIN33G	P	QL(6.67 ea daily)
RELION LANCETS THIN 26G	P	QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G	P	QL(6.67 ea daily)
RELION ULTRA THIN LANCETS/30G	P	QL(6.67 ea daily)
RELION ULTRA THIN LANCETS30G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RELION ULTRA THIN PLUS LANCETS 32G	P	QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G	P	QL(6.67 ea daily)
REXALL LANCETS ULTRA THIN	P	QL(6.67 ea daily)
RIGHTTEST GL300 LANCETS	P	QL(6.67 ea daily)
SB LANCETS THIN	P	QL(6.67 ea daily)
SB LANCETS ULTRA THIN	P	QL(6.67 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
SIDE BUTTON SAFETY LANCET21G	P	QL(6.67 ea daily)
SM MICRO THIN LANCETS 33G	P	QL(6.67 ea daily)
SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	QL(6.67 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G	P	QL(6.67 ea daily)
STERILANCE TL	P	QL(6.67 ea daily)
SUPER THIN LANCETS	P	QL(6.67 ea daily)
TECHLITE AST LANCETS	P	QL(6.67 ea daily)
TECHLITE LANCETS 30G	P	QL(6.67 ea daily)
TGT LANCET MICRO THIN 33G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TGT LANCET THIN 26G	P	QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G	P	QL(6.67 ea daily)
THINLETS GP LANCETS	P	QL(6.67 ea daily)
TODAYS HEALTH SUPER THINLANCETS 30G	P	QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G	P	QL(6.67 ea daily)
ULILET CLASSIC LANCETS	P	QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET	P	QL(6.67 ea daily)
UNILET EXCELITE	P	QL(6.67 ea daily)
UNILET EXCELITE II	P	QL(6.67 ea daily)
UNILET G.P. LANCET	P	QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET	P	QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN	P	QL(6.67 ea daily)
UNILET LANCET	P	QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G	P	QL(6.67 ea daily)
UNILET LANCETS SUPER-THIN30G	P	QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G	P	QL(6.67 ea daily)
UNILET SUPERLITE LANCET	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 LANCETS THIN26G	P	QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G	P	QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G	P	QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G	P	QL(6.67 ea daily)
VALUMARK LANCET SUPER THIN 30G	P	QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G	P	QL(6.67 ea daily)
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
Misc. Devices		
ALCOHOL PREP PADS	P	QL(400 ea per fill retail);RX/OTC
ALCOHOL PREP PADS - MISC	P	400 per claim
ALCOHOL SWABS	P	QL(400 ea per fill retail);RX/OTC
BD SWABS SINGLE USE	P	QL(400 ea per fill retail);RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	QL(400 ea per fill retail);RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	QL(400 ea per fill retail);RX/OTC
CVS PREP PADS	P	QL(400 ea per fill retail);RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	QL(400 ea per fill retail);RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	QL(400 ea per fill retail);RX/OTC
EQL ALCOHOL SWABS	P	QL(400 ea per fill retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FIFTY50 ALCOHOL PREP PADS	P	QL(400 ea per fill retail);RX/OTC
GNP ALCOHOL SWABS	P	QL(400 ea per fill retail);RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	QL(400 ea per fill retail);RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	QL(400 ea per fill retail);RX/OTC
QC ALCOHOL SWABS	P	QL(400 ea per fill retail);RX/OTC
RA ALCOHOL SWABS	P	QL(400 ea per fill retail);RX/OTC
REALITY SWABS	P	QL(400 ea per fill retail);RX/OTC
RELION ALCOHOL SWABS	P	QL(400 ea per fill retail);RX/OTC
SB ALCOHOL PREP PADS	P	QL(400 ea per fill retail);RX/OTC
SM ALCOHOL PREP PADS	P	QL(400 ea per fill retail);RX/OTC
ULTICARE ALCOHOL SWABS	P	QL(400 ea per fill retail);RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	QL(400 ea per fill retail);RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	QL(400 ea per fill retail);RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	QL(400 ea per fill retail);RX/OTC
Parenteral Therapy Supplies		
BD AUTOSHIELD 29G X 3/16"	P	QL(5 ea daily)
BD AUTOSHIELD DUO 30G X 5MM	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 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ACTIVITY POUCH MISC	P	QL(1 ea 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 ea per 360 days retail);RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ADULT MASK DEVI	P	RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ea 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

Drug Name	Drug Tier	Requirements/Limits
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 ea 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 ea 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 ea 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

Drug Name	Drug Tier	Requirements/Limits
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
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 ea per 360 days retail);RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea 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 MISC	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

Drug Name	Drug Tier	Requirements/Limits
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 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 ea per 360 days retail);RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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 ea per 360 days retail);RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea 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
CO MONITOR DEVI	P	RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail);RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ea 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 ea 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
EASE CONTROLLER KIT MISC	P	QL(1 ea 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 ea 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 ea per 360 days retail);RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail);RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ea 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 ea 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

Drug Name	Drug Tier	Requirements/Limits
INSPIRACHAMBER/SO OTHERMASK/INSPIRAMASK/MEDIUM DEVI	P	QL(2 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/SO OTHERMASK/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	P	QL(3 ea per 180 days retail)
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail);RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail);RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea 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 ea per 360 days retail);RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC	P	QL(1 ea 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 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MINIELITE RECHARGEABLE BATTERY MISC	P	QL(1 ea per 360 days retail);RX/OTC
MISTASSIST DEVI	P	RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail);RX/OTC
NEBULIZER CUP/TUBING DEVI	P	RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 days retail);RX/OTC
NOSE CLIP MISC	P	QL(1 ea 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

Drug Name	Drug Tier	Requirements/Limits
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 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
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 days retail);RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	RX/OTC
PARI MASK SET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI TREK S COMBO PACK DEVI	P	RX/OTC
PARI VORTEX ADULT MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
PEDIATRIC DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail);RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	1 per 360 days
PFLEX MISC	P	QL(1 ea per 360 days retail);RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 days retail);RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea 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
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 ea per 360 days retail);RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	QL(2 ea per 360 days retail);RX/OTC
QUAKE DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ea 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 ea per 360 days retail);RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ea 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 ea per 360 days retail);RX/OTC
THRESHOLD PEP DEVI	P	RX/OTC
TUBING/WING TIP MISC	P	QL(1 ea 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/FROG 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

Drug Name	Drug Tier	Requirements/Limits
WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail);RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS 1 MG-100 MG (<i>ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old)
<i>ergotamine w/ caffeine tabs 1 MG-100 MG</i>	P	AL(At least 18 yrs old)
Serotonin Agonists		
AMERGE (<i>naratriptan hcl</i>)	NP	QL(9 ea per 31 days retail);AL(At least 18 yrs old)
<i>eletriptan hydrobromide</i>	P	QL(6 ea per 31 days retail)
IMITREX SOLN 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2.5 ml per 30 days retail);AL(At least 12 yrs old)
IMITREX 5 MG/ACT, 20 MG/ACT (<i>sumatriptan</i>)	NP	QL(6 ea per 31 days retail);AL(At least 12 yrs old)
IMITREX TABS (<i>sumatriptan succinate</i>)	NP	QL(9 ea per 31 days retail);AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2 ml per 31 days retail);AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2 ml per 31 days retail);AL(At least 12 yrs old)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 ea per 31 days retail);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 ea per 31 days retail);AL(At least 6 yrs old)
<i>naratriptan hcl</i>	P	QL(9 ea per 31 days retail);AL(At least 18 yrs old)
RELPAX (<i>eletriptan hydrobromide</i>)	NP	QL(6 ea per 31 days retail)
<i>rizatriptan benzoate tabs</i>	P	QL(12 ea per 31 days retail);AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp</i>	P	QL(12 ea per 31 days retail);AL(At least 6 yrs old)
<i>sumatriptan</i>	P	QL(6 ea per 31 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate soln 6 MG/0.5ML</i>	P	QL(2.5 ml per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate tabs</i>	P	QL(9 ea per 31 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate soct 6 MG/0.5ML</i>	P	QL(2 ml per 31 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate sosy 6 MG/0.5ML</i>	P	QL(2 ml per 31 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate soaj 6 MG/0.5ML</i>	P	QL(2 ml per 31 days retail);AL(At least 12 yrs old)
<i>zolmitriptan soln 5 MG</i>	P	QL(6 ea per 31 days retail);AL(At least 12 yrs old)
<i>zolmitriptan tabs</i>	P	QL(6 ea per 31 days retail)
<i>zolmitriptan tbdp</i>	P	QL(6 ea per 31 days retail)
ZOMIG SOLN 5 MG (<i>zolmitriptan</i>)	NP	QL(6 ea per 31 days retail);AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	QL(6 ea per 31 days retail)
ZOMIG ZMT TBDP (<i>zolmitriptan</i>)	NP	QL(6 ea per 31 days retail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	P	QL(2 ea daily)
<i>calcium carbonate-cholecalciferol tabs 500 MG-125 UNIT, 500 MG-200 UNIT, 500 MG-200 UNIT-200 UNIT-500 MG, 500 MG-5 MCG</i>	P	
<i>calcium carbonate-cholecalciferol tabs 600 MG-10 MCG, 600 MG-200 UNIT, 600 MG-400 UNIT, 600 MG-5 MCG</i>	P	QL(2 ea daily)
<i>calcium carbonate-vitamin d tabs 200 UNIT-600 MG, 400 UNIT-600 MG</i>	P	QL(2 ea daily)
<i>calcium carbonate-vitamin d tabs 125 UNIT-250 MG, 200 UNIT-500 MG, 250 MG-125 UNIT, 500 MG-125 UNIT, 500 MG-200 UNIT</i>	P	
<i>oyster shell</i>	P	
OYSTER SHELL CALCIUM 500+ D TABS 500 MG-125 UNIT	P	
OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG	P	
PARVA-CAL 500 MG-200 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits
QC CALCIUM 500MG/D3 TABS 500 MG-200 UNIT	P	
Electrolyte Mixtures		
BIOLYTE SOLN 1.1 GM/437ML-16 MG/437ML-5 MG/437ML-500 MCG/437ML-3 MG/437ML-8 GM/473ML-400 MG/437ML-700 MG/437ML-1 MCG/437ML	P	
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-20 MEQ/L-18 MEQ/L	P	
CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-35 MEQ/L-30 MEQ/L	P	
ENFAMIL ENFALYTE SOLN 4.5 MEQ/100ML-3.3 MEQ/100ML-2.5 MEQ/100ML-5 MEQ/100ML	P	
EQUALYTE SOLN 20 MEQ/L-25 GM/L-30.1 MEQ/L-67.6 MEQ/L-78.2 MEQ/L (oral electrolytes)	NP	
HYDRALYTE SOLN 140 MG/250ML-107.5 MG/250ML-132.5 MG/250ML	P	
HYDRALYTE FREEZER POPS SOLN 45 MEQ/L-16 GM/L-90 MEQ/L-20 MEQ/L-55 MEQ/L	P	

Drug Name	Drug Tier	Requirements/Limits
KINDERLYTE SOLN 1590 MG/L-840 MG/L-1270 MG/L-8.6 MG/L	P	
KINDERLYTE PREMAX SOLN 630 MG/360ML-620 MG/360ML-330 MG/360ML-3.1 MG/360ML	P	
<i>oral electrolytes soln</i> 40 MEQ/L-20 GM/L-7.8 MG/L-20 MEQ/L-50 MEQ/L	P	
PEDIALYTE SOLN (oral electrolytes)	NP	
PEDIALYTE ADVANCED CARE SOLN 20 MEQ/L-2.8 MG/360ML-50 MEQ/L-60 MEQ/L (oral electrolytes)	NP	
PEDIALYTE FREEZER POPS SOLN 35 MEQ/L-25 GM/L-30 MEQ/L-20 MEQ/L-45 MEQ/L (oral electrolytes)	NP	
PEDIALYTE SINGLES SOLN 7 MEQ/200ML-5.6 GM/200ML-1.6 MG/200ML-4 MEQ/200ML-9 MEQ/200ML (oral electrolytes)	NP	
Fluoride		
<i>sodium fluoride soln</i> .125 MG/DROP, .5 MG/ML	P	RX/OTC
<i>sodium fluoride chew</i> .25 MG, .5 MG, 1 MG, 2.2 MG	P	

Drug Name	Drug Tier	Requirements/Limits
Magnesium		
MAGNESIUM CAPS 400 MG	P	
MAGNESIUM EXTRA STRENGTH CAPS	P	
MAGNESIUM OXIDE CAPS	P	
<i>magnesium oxide (mg supplement) tabs 400 MG</i>	P	
MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>)	NP	
Phosphate		
K-PHOS NEUTRAL 130 MG-852 MG-155 MG (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily);RX/OTC
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 MG-852 MG-155 MG</i>	P	QL(8 ea daily);RX/OTC
Potassium		
K-TAB TBCR 8 MEQ, 10 MEQ (<i>potassium chloride</i>)	NP	
<i>potassium bicarbonate tbef</i>	P	
<i>potassium chloride soln or 10 %, 20 %</i>	P	
<i>potassium chloride pack or 20 MEQ</i>	P	
<i>potassium chloride cpcr 8 MEQ</i>	P	QL(1 ea daily)
<i>potassium chloride tbcr 8 MEQ, 10 MEQ</i>	P	
<i>potassium chloride cpcr 10 MEQ</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystals er</i>	P	
Zinc		
<i>zinc sulfate caps</i>	P	QL(3.34 ea daily)
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS (<i>penicillamine</i>)	NP	
<i>penicillamine tabs</i>	P	
Immunosuppressive Agents		
<i>azathioprine tabs</i>	P	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NP	
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NP	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NP	
<i>cyclosporine caps</i>	P	
<i>cyclosporine modified (for microemulsion) soln</i>	P	
<i>cyclosporine modified (for microemulsion) caps</i>	P	
ENSPRYNG	P	SP;PA
IMURAN TABS (<i>azathioprine</i>)	NP	
<i>mycophenolate mofetil tabs</i>	P	
<i>mycophenolate mofetil caps</i>	P	
<i>mycophenolate mofetil susr</i>	P	
<i>mycophenolate sodium</i>	P	

Drug Name	Drug Tier	Requirements/Limits
MYFORTIC (mycophenolate sodium)	NP	
NEORAL CAPS (cyclosporine modified (for microemulsion))	NP	
NEORAL SOLN (cyclosporine modified (for microemulsion))	NP	
PROGRAF CAPS (tacrolimus)	NP	
RAPAMUNE SOLN (sirolimus)	NP	
RAPAMUNE TABS (sirolimus)	NP	
SANDIMMUNE SOLN OR	P	QL(8 ml daily)
SANDIMMUNE CAPS (cyclosporine)	NP	
sirolimus soln	P	
sirolimus tabs	P	
tacrolimus caps	P	
Potassium Removing Agents		
sodium polystyrene sulfonate powd	P	
sodium polystyrene sulfonate susp or 15 GM/60ML	P	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
nystatin (mouth-throat)	P	2 rtl pack lmt per fill
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	P	

Drug Name	Drug Tier	Requirements/Limits
PERIDEX (chlorhexidine gluconate (mouth-throat))	NP	
Dental Products		
PREVIDENT 5000 BOOSTER PLUS PSTE DT (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 DT (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 gm per 60 days retail)
sodium fluoride (dental) gel	P	QL(113 gm per 60 days retail)
sodium fluoride (dental) pste dt	P	QL(113 gm per 60 days retail)
sodium fluoride (dental) crea	P	QL(113 gm per 60 days retail)
Steroids - Mouth/Throat/Dental		
triamcinolone acetone (mouth)	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 0.032 %-0.009 %-0.569 %-0.052 %	P	QL(900 ml per fill retail);RX/OTC
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
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 SOLN	P	QL(900 ea per fill retail);RX/OTC
MOUTH KOTE REMINT 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
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 ea daily)
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail);RX/OTC
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	NP	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail);RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins tabs 25 MCG-7 MG-4 MG-5 MG-10 MG</i>	P	QL(1 ea daily)
<i>b-complex vitamins caps 70 MG-100 MCG-1.5 MG-2 MG-10 MG-1 MG-100 MG</i>	P	QL(1 ea daily)
B-Complex w/ C		
<i>b complex w/ c caps 10 MG-300 MG-5 MG-15 MG-10.2 MG-50 MG</i>	P	QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid caps 6 MCG-100 MG-150 MCG-1000 MCG-1.5 MG-20 MG-10 MG-5 MG-1.7 MG</i>	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
<i>b-complex w/ folic acid caps 150 MG-100 MCG-103 MG-10 MG-10 MG-50 MG-500 MCG</i>	P	QL(1 ea daily);PA
<i>b-complex w/biotin & folic acid tabs 50 MCG-300 MCG-400 MCG-50 MG-50 MG-0.05 MG-50 MG-50 MG-50 MG-50 MG-86 MG</i>	P	QL(1 ea daily);PA
Multiple Vitamins w/ Calcium		
<i>multiple vitamins w/ calcium tabs 0.25 MG-0.5 MG-75 UNIT-125 MG-13.63 MG-0.75 MG-15 MG-250 MG-0.25 MCG-0.25 MG</i>	P	QL(1 ea daily)
ONE-A-DAY WOMENS FORMULA TABS 20 MCG-60 MG-2 MG-30 MCG-30 UNIT-400 MCG-1.5 MG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-15 MG-50 MG-450 MG-2 MG-2 MG-120 MCG (<i>multiple vitamins w/ calcium</i>)	NP	QL(1 ea daily)
SM ONE DAILY ESSENTIAL TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG	P	QL(1 ea daily)
Multiple Vitamins w/ Iron		

Drug Name	Drug Tier	Requirements/Limits
<i>multiple vitamins w/ iron tabs 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG</i>	P	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 13.5 MG-60 MG-2 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-1.5 MG	P	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS CAPS 170 MCG-62.5 MG-250 MCG-5 MG-16 MG-9 MG-5 MG-50 MG-5 MG-9 MG-3 MG-1.25 MCG-33.5 MG-25 MG-0.125 MG-12.5 MCG-24.75 MG-125 MCG-187.5 MCG-3.25 MG-25 MG-25 MCG-25 MCG-560 MCG-125 MCG	P	QL(1 ea daily);RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS 100 MCG-62.5 MG-250 MCG-5 MG-16 MG-9 MG-5 MG-50 MG-5 MG-9 MG-3.25 MG-1.25 MCG-33.5 MG-25 MG-0.125 MG-12.5 MCG-24.75 MG-125 MCG-0.25 MG-187.5 MCG-3.25 MG-25 MG-25 MCG-25 MCG-560 MCG-125 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
APPE-CURB CAPS 15 MCG-125 MG-18.75 MG-93.75 MG-187.5 MG-9.375 MG-250 MG	P	QL(1 ea daily);RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS 100 MCG-130 MG-12 MG-600 MCG-800 MCG-20 MG-3000 UNIT-12 MG-120 MCG-40 MG-10000 UNIT-20 MG-45 MG-2 MG-60 UNIT-200 MG-15 MG-150 MCG-2 MG-100 MCG-1000 MCG-75 MCG	P	QL(1 ea daily);RX/OTC
BIO-35 GLUTEN-FREE CAPS 33.334 MG-45 MG-7 MG-10 UNIT-133.334 MCG-5 MCG-6 MG-5 MG-32.5 MG-32.5 MG-25 MG-33.334 MCG-3 MG-15 MG-12.5 MG-33.334 MCG-5 MG-5 MG-17.5 MG-5 MG-50 UNIT-1 MG-50 MG-50 MCG-37.834 MG-1 MG-100 MG-113 MG-66.667 MG-1000 UNIT-50 MG-33.5 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BIO-35 IRON FREE CAPS 33.334 MG-45 MG-7 MG-10 UNIT-133.334 MCG-5 MCG-6 MG-5 MG-32.5 MG-32.5 MG-25 MG-33.334 MCG-15 MG-12.5 MG-33.334 MCG-5 MG-5 MG-17.5 MG-5 MG-50 UNIT-1 MG-50 MG-50 MCG-37.834 MG-1 MG-50 MG-113 MG-20 MG-66.667 MG-1000 UNIT-15 MG-50 MG-50 MG-33.5 MG	P	QL(1 ea daily);RX/OTC
BIOCAL CAPS 45 MG-800 MCG-100 UNIT-40 MCG-500 MG	P	QL(1 ea daily);RX/OTC
CELEBRATE MULTI-COMPLETE18 CAPS 46.666 MCG-30 MG-1.333 MG-200 MCG-10 UNIT-266.666 MCG-1000 UNIT-166.666 MCG-1666.666 UNIT-1.133 MG-13.333 MCG-13.333 MG-6.666 MG-6 MG-2 MG-33.333 MG-50 MCG-25 MCG-66.666 MCG-0.666 MG-5 MG-0.666 MG	P	QL(1 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
CELLULAR SECURITY CAPS 8.333 MCG-250 MG-0.833 MG-33.333 MCG-66.667 UNIT-133.333 MG-66.667 UNIT-1.667 MCG-833.333 UNIT-0.833 MG-1.667 MG-0.667 MG-5 MG-20.833 MG-41.667 MG-2.5 MG-16.667 MCG	P	QL(1 ea daily);RX/OTC
CHOICEFUL MULTIVITAMIN CAPS 15 MG-30 MG-1.9 MG-80 MCG-170 UNIT-180 MCG-1000 UNIT-5 MCG-14000 UNIT-1.5 MG-700 MCG-18 MG-8 MG-1 MG	P	QL(1 ea daily);RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS 160 MG-150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG	P	QL(1 ea daily);RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS 250 MG-150 MG-5 MG-1 MG-1 MG-9 MG-30 UNIT-90 MG-160 MG	P	QL(1 ea daily);RX/OTC
CVS VISION HEALTH CAPS 1 MG-250 MG-200 UNIT-5 MG-1 MG-10 MG	P	QL(1 ea daily);RX/OTC
DECUBI-VITE CAPS 50 MG-500 MG-3 MG-15 MCG-400 MCG-200 UNIT-9 MCG-2500 UNIT-3.4 MG-30 MG-10 MG-3 MG-30 UNIT	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DEKAS PLUS CAPS 75 MCG-1.9 MG-100 MCG-200 MCG-1.5 MG-3000 UNIT-12 MCG-18167 UNIT-1.7 MG-1000 MCG-10 MG-75 MG-12 MG-10 MG-150 UNIT-10 MG	P	QL(1 ea daily);RX/OTC
DEKAS PLUS OCEAN CAPS 75 MCG-1.9 MG-100 MCG-200 MCG-1.5 MG-75 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-75 MG-12 MG-10 MG-101 MG-10 MG-5450 MCG	P	QL(1 ea daily);RX/OTC
EYE HEALTH CAPS 200 UNIT-250 MG-5 MG-1 MG-10 MG-1 MG	P	QL(1 ea daily);RX/OTC
EYE MULTIVITAMIN CAPS 40 MG-250 MG-5 MG-1 MG-90 MG-2 MG	P	QL(1 ea daily);RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS 34.8 MG-226 MG-5 MG-90 MG-2 MG	P	QL(1 ea daily);RX/OTC
FOLAGENT DHA CAPS 8 MCG-60 MG-300 MCG-1000 MCG-1.7 MG-20 MG-2.5 MG-10 MG-2 MG-10 MCG-20.1 MG-35 MG-28 MG-50 MG-2 MG-15 MG-200 MG-150 MCG-200 MG-1200 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FOLAMED DHA CAPS 8 MCG-60 MG-300 MCG-1000 MCG-1.7 MG-20 MG-2.5 MG-10 MG-2 MG-10 MCG-20.1 MG-35 MG-28 MG-50 MG-2 MG-15 MG-200 MG-150 MCG-200 MG-1200 MCG	P	QL(1 ea daily);RX/OTC
GENADEK STEP 1 CAPS 75 MCG-75 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-75 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-12 MG-10 MG-100.5 MG-10 MG-5450 MCG	P	QL(1 ea daily);RX/OTC
GENADEK STEP 2 CAPS 75 MCG-75 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-125 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-12 MG-10 MG-100.5 MG-10 MG-5450 MCG	P	QL(1 ea daily);RX/OTC
HEALTHY EYES SUPERVISION2 CAPS 10 MG-250 MG-5 MG-1 MG-90 MG-1 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MENS 50+ ADVANCED CAPS 150 MCG-72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-300 MCG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	P	QL(1 ea daily);RX/OTC
MOOD FOOD ES CAPS 255 MCG-10 MG-50 MG-50 MG-2.5 MG-150 MG-50 MG-35 MG-1.5 MG-25 MCG-15 MCG	P	QL(1 ea daily);RX/OTC
<i>multiple vitamins w/ minerals caps 15 MG-60 MG-13.5 MG-6 MG</i>	P	QL(1 ea daily);RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS - MISC	P	1 per day
MVW COMPLETE FORMULATION CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MVW COMPLETE FORMULATIOND3000 CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-3000 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	P	QL(1 ea daily);RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-5000 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	P	QL(1 ea daily);RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-20 MG-12 MG-1.5 MG-200 UNIT	P	QL(1 ea daily);RX/OTC
OCUVEL CAPS	P	QL(1 ea daily);RX/OTC
OCUVITE ADULT 50+ CAPS 250 MG-150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG	P	QL(1 ea daily);RX/OTC
OCUVITE ADULT FORMULA CAPS 100 MG-100 MG-15 UNIT-2 MG-9 MG-1 MG	P	QL(1 ea daily);RX/OTC
OCUVITE LUTEIN CAPS 2 MG-60 MG-30 UNIT-5 MG-15 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-DAILY MULTI CAPS CAPS 100 MCG-150 MG-15 MG-100 MCG-800 MCG-10 MCG-100 MCG-15 MG-10 MG-10 MG-50 MG-500 MCG-25 MG-1 MG-500 MCG-2 MG-15 MG-100 MCG-40 MG-3000 MCG-5 MG-75 MCG-25 MG-150 MCG-5 MG-10 MG	P	QL(1 ea daily);RX/OTC
PRESERVISION AREDS CAPS 200 UNIT-226 MG-34.8 MG-0.8 MG-14320 UNIT	P	QL(1 ea daily);RX/OTC
PRESERVISION AREDS 2 CAPS 90 MG-250 MG-5 MG-1 MG-40 MG-1 MG	P	QL(1 ea daily);RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS 25 MCG-250 MG-1 MG-15 MCG-200 UNIT-0.75 MG-300 UNIT-12.5 MCG-0.85 MG-15 MCG-10 MG-5 MG-5 MG-1 MG-50 MG-1 MG-40 MG-22.5 MCG-75 MCG-200 UNIT-9.5 MCG	P	QL(1 ea daily);RX/OTC
PRESERVISION/LUTEIN CAPS 200 UNIT-226 MG-5 MG-34.8 MG-0.8 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRORENAL+D/OMEGA -3 CAPS 500 MG-30 MG-5 MG-15 MCG-5 UNIT-400 MCG-0.75 MG-500 UNIT-1.2 MG-1 MG-10 MG-2.5 MG-4 MG-4 MG-0.45 MG-21.5 MCG-110 MG-165 MG	P	QL(1 ea daily);RX/OTC
PROTECT CARDIO AF CAPS 50 MG-250 MG-120 UNIT-25 MG-25 MG-25 MG-25 MG-32 UNIT-30 MG-50 MG-174 MG-200 UNIT-75 MCG-60 MG-25 MG-100 MG-50 MCG-340 MG-90 MG-50 MCG-1100 MCG-50 MCG-500 MCG	P	QL(1 ea daily);RX/OTC
PROTECT PLUS SO CAPS 0.5 MG-250 MG-150 MCG-25 MG-25 MG-20 MG-25 MG-25 MG-25 MG-25 MG-25 MG-15 MG-15 MG-5 MCG-144 MG-100 MG-2.5 MG-25 MCG-100 MCG-0.5 MG-25 MCG-15 MG-15 MG-50 MG-50 MCG-2875 MCG-50 MCG-25 MCG-500 MCG	P	QL(1 ea daily);RX/OTC
PROTEGRA CAPS 50 MG-250 MG-60 UNIT-7.5 MG-1 MG-5000 UNIT-1.5 MG-15 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
QC OCUHEALTH VISION SUPPORT 2 CAPS 1 MG-250 MG-90 MG-5 MG-1 MG-10 MG	P	QL(1 ea daily);RX/OTC
REMEDIENT CAPS 8.5 MG-200 MG-1 MG-20 MCG-28 MG-60.3 MG-40 MG-8 MG-6 MCG-3.6 MG	P	QL(1 ea daily);RX/OTC
REPLACE CAPS 40 UNIT-100 MG-25 MG-0.02 MG-0.4 MG-25 MG-1000 UNIT-500 MCG-75 MG-25 MG-40 MG-4500 UNIT-2.5 MG-20 MG-10 MG-90 MG-2.5 MG-20 MCG-5 MG-50 MCG-0.1 MG-10 MG-900 MG-225 MCG-50 MCG-50 MG	P	QL(1 ea daily);RX/OTC
SUPER ANTIOXIDANT CAPS 3 MG-166.67 MG-30 UNIT-333.33 MG-10 MG-1000 MCG-1000 MCG-1000 MCG-10 MG-2 MG-333.33 UNIT-5 MG-25 MCG-6.67 MG-10 MG-1000 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERAMILL FORTE CAPS 8 MCG-167 MG-4 MG-17 MG-50 MCG-67 UNIT-67 MCG-33 UNIT-16.5 MCG-12.5 MG-12.5 MG-12.5 MG-34 MG-17 MG-8 MG-17 MG-67 MG-0.25 MG-3 MCG-67 MG-16.5 MG-33 MCG-33 MCG-3500 UNIT-17 MG-2.5 MG-4 MG-2 MG-33 MCG	P	QL(1 ea daily);RX/OTC
THERANATAL LACTATION ONE CAPS 30 MG-60 MG-2.5 MG-300 MCG-30 UNIT-400 MCG-6400 UNIT-8 MCG-2 MG-9 MG-1.7 MG-300 MG-220 MCG	P	QL(1 ea daily);RX/OTC
VISION HEALTH CAPS 40 MG-250 MG-5 MG-1 MG-90 MG-2 MG	P	QL(1 ea daily);RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS 27.5 MCG-137.5 MG-25 MG-5 MG-1 MG-1 MG-250 MG-12.5 MG	P	QL(1 ea daily);RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS 37.5 MG-12.5 MG-12.5 MCG-5 MG-1 MG-3 MG-133 MG-667 MG-25 MG-333 MG-250 MG-25 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITABEX CAPS 50 MG-250 MG-6 MG-25 MCG-800 MCG-3 MG-500 UNIT-12 MCG-3 MG-50 MG-25 MG-25 MG-25 MCG-2500 UNIT-15 UNIT-2 MG	P	QL(1 ea daily);RX/OTC
VITABEX PLUS CAPS 10 MCG-120 MG-5 MG-25 MCG-500 MCG-25 MG-3 MG-1000 UNIT-6 MCG-3 MG-25 MG-10 MG-10 MG-10 UNIT	P	QL(1 ea daily);RX/OTC
VITEYES CLASSIC CAPS 89 MG-250 MG-5 MG-1 MG-12.5 MG-0.6 MG	P	QL(1 ea daily);RX/OTC
VITEYES CLASSIC ADVANCED CAPS 25 MG-250 MG-25 MG-5 MG-1.75 MG-12.5 MG-0.6 MG-100 MCG-134.5 MG-20 MG	P	QL(1 ea daily);RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS 89 MG-250 MG-5 MG-1 MG-12.5 MG-0.6 MG	P	QL(1 ea daily);RX/OTC
VITEYES CLASSIC/OMEGA-3 CAPS 360 MG-166.667 MG-89.333 MG-3.333 MG-0.667 MG-8.333 MG-0.4 MG-116.667 MG-216.667 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITEYES CLASSIC+OMEGA-3 CAPS 360 MG-166.667 MG-89.333 MG-3.333 MG-0.667 MG-8.333 MG-0.4 MG-116.667 MG-216.667 MG	P	QL(1 ea daily);RX/OTC
ZYVANA CAPS 48.5 MCG-263.5 MG-6 MG-20.5 MCG-11.5 MG	P	QL(1 ea daily);RX/OTC
Multivitamins		
AMLADEX TABS 1 MG-125 MG-1 MG-25 MG-12.5 MG-5 MG-50 MG-12.5 MCG	P	QL(1 ea daily);RX/OTC
CHEW-12 CHEW 1250 UNIT-20 MG-0.35 MG-75 MCG-5 UNIT-100 MCG-200 UNIT-1.5 MCG-0.4 MG-4.5 MG-2.5 MG-0.35 MG	P	QL(1 ea daily);RX/OTC
DAILY MULTIPLE VITAMINS TABS 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-21 MG-900 MCG	P	QL(1 ea daily);RX/OTC
DERMACINRX DAVIMET CHEW 4.5 MCG-60 MG-1000 MCG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-10 MG-750 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ESTROFACTORS TABS 0.67 MG-16.7 MG-66.7 UNIT-13 MCG-30 MG-66.7 MG-66.7 UNIT-833 UNIT-10 MCG-266 MCG-66.7 MG-70 MG-33 MG	P	QL(1 ea daily);RX/OTC
GENICIN VITA-Q TABS 1000 MCG-125 MG-12.5 MG-1000 MCG-25 MG-12.5 MCG-50 MG-5 MG	P	QL(1 ea daily);RX/OTC
HIGH POTENCY MULTIVITAMIN TABS 35 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-10 MCG-9 MCG-3.4 MG-20 MG-1500 MCG-10 MG-45 MG-13.6 MG	P	QL(1 ea daily);RX/OTC
MULTI VITAMIN TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG	P	QL(1 ea daily);RX/OTC
MULTI VITAMIN/D-3 TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.9 MG-20 MG-3000 UNIT-50 MG-1.5 MG-40 MG	P	QL(1 ea daily);RX/OTC
<i>multiple vitamin tabs 60 MG-50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG</i>	P	QL(1 ea daily);RX/OTC
MULTIVITAMIN TABS	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN ADULT TABS 1500 MCG-60 MG-2 MG-400 MCG-1.5 MG-10 MCG-6 MCG-1.7 MG-20 MG	P	QL(1 ea daily);RX/OTC
NEOMULTIVITE TABS 2 MCG-60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-5 MCG-1500 MCG	P	QL(1 ea daily);RX/OTC
OMNICAP TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG	P	QL(1 ea daily);RX/OTC
ONE DAILY ESSENTIAL TABS 900 MCG-60 MG-2 MG-500 MCG-1.5 MG-20 MCG-6 MCG-1.7 MG-20 MG-10 MG-45 MG-3.3 MG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES CHEW 16 MCG-30 MG-1 MG-75 MCG-7.5 UNIT-200 MCG-200 UNIT-4.5 MCG-2000 UNIT	P	QL(1 ea daily);RX/OTC
ONE-A-DAY ESSENTIAL TABS 5000 UNIT-60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT (multiple vitamin)	NP	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY MENS TABS 5000 UNIT-200 MG-3 MG-0.4 MG-20 MG-2.25 MG-9 MCG-10 MG-2.55 MG-400 UNIT-45 UNIT (multiple vitamin)	NP	QL(1 ea daily);RX/OTC
QUINTABS TABS 50 UNIT-400 UNIT-300 MG-30 MG-30 MCG-400 MCG-30 MG-30 MCG-5000 UNIT-30 MG-100 MG-30 MG	P	QL(1 ea daily);RX/OTC
THERA TABS 45 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-400 UNIT-9 MCG-3.4 MG-20 MG-5000 UNIT-10 MG-30 UNIT	P	QL(1 ea daily);RX/OTC
THEREMS MULTIVITAMIN TABS 9 MCG-90 MG-30 MCG-400 MCG-3 MG-20 MG-3 MG-10 MG-3.4 MG-10 MCG-13.6 MG-45 MG-35 MG-1500 MCG	P	QL(1 ea daily);RX/OTC
Ped Multi Vitamins w/FI & FE		
<i>ped multivitamins w/fl & iron soln</i>	P	QL(50 ml per fill retail);AL(Up to 21 yrs old);RX/OTC
Ped Multiple Vitamins w/ Minerals		

Drug Name	Drug Tier	Requirements/Limits
ACTIVNUTRIENTS CHEW 85 MCG-62.5 MG-37.5 MCG-1.25 MG-2.5 MG-0.625 MG-2.5 MG-1.25 MG-61.5 MCG-3 MCG-30.75 MCG-3.125 MCG-8.375 MG-0.75 MG-12.5 MG-0.125 MG-12.5 MCG-12.5 MCG-0.125 MG-1.875 MG-12.5 MG-18.75 MCG-12.5 MCG-3.75 MCG-150 MCG-12.5 MCG	P	QL(1 ea daily)
CENTRUM FLAVOR BURST KIDS CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-100 MCG-19 MG-200 UNIT-2.5 MCG-500 UNIT-10 MCG-2.5 MG-20 MCG-10 UNIT	P	QL(1 ea daily)
CENTRUM KIDS CHEW 8 MG-60 MG-2 MG-45 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-10 MCG-20 MG-450 MCG-10 MG-1.5 MG-40 MG-15 MG-2 MG-108 MG-20 MCG-150 MCG-13.5 MG-50 MG-1 MG-20 MCG	P	QL(1 ea daily)
FLINTSTONES GUMMIES CHEW 0.4 MG-20 MG-0.35 MG-22.5 MCG-2.5 UNIT-300 UNIT-1.5 MCG-800 UNIT-1.25 MG-35 MCG (<i>pediatric multiple vitamin w/ minerals & c</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FLINTSTONES GUMMIES COMPLETE CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-9 UNIT-100 MCG-300 UNIT-1.5 MCG-1000 UNIT-2.5 MG-15 MCG (<i>pediatric multiple vitamin w/ minerals & c</i>)	NP	QL(1 ea daily)
FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW 1.25 MG-62.5 MG-0.5 MG-37.5 MCG-10 UNIT-100 MCG-100 UNIT-2.5 MCG-10 MCG-1000 UNIT-2.5 MG-20 MCG (<i>pediatric multiple vitamin w/ minerals & c</i>)	NP	QL(1 ea daily)
FLINTSTONES SOUR GUMMIES CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-9 UNIT-100 MCG-200 UNIT-1.5 MCG-19 MG-1000 UNIT-2.5 MG-15 MCG (<i>pediatric multiple vitamin w/ minerals & c</i>)	NP	QL(1 ea daily)
FLINTSTONES TODDLER/TASTISMOO TH CHEW 70 MCG-40 MG-0.7 MG-150 MCG-10 UNIT-100 MCG-600 UNIT-3 MCG-0.8 MG-6 MG-1600 UNIT-2.5 MG-80 MG-0.7 MG-1.6 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
HEALTHY KIDS GUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-200 UNIT-200 MCG-200 UNIT-5 MCG-38 MG-20 MCG-2000 UNIT-5 MG-40 MCG	P	QL(1 ea daily)
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW 1.25 MG-15 MG-1 MG-10 MCG-40 MCG-7.5 MCG-1.5 MCG-300 MCG-1 MG-1.5 MG-1.5 MG	P	QL(1 ea daily)
MULTIVITAMIN GUMMIES CHILDRENS CHEW	P	QL(1 ea daily)
MVW COMPLETE FORMULATION CHEW 200 UNIT-100 MG-1.9 MG-100 MCG-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG	P	QL(1 ea daily)
ONE-A-DAY SCOOPY-DOO GUMMIES CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-10 UNIT-100 MCG-100 UNIT-2.5 MCG-15 MCG-10 MCG-1000 UNIT-2.5 MG-20 MCG (<i>pediatric multiple vitamin w/ minerals & c</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY/JOLLY RANCHER CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-10 UNIT-100 MCG-100 UNIT-2.5 MCG-15 MCG-10 MCG-1000 UNIT-2.5 MG-20 MCG (<i>pediatric multiple vitamin w/ minerals & c</i>)	NP	QL(1 ea daily)
<i>pediatric multiple vitamin w/ minerals & c chew</i>	P	QL(1 ea daily)
VITALETS CHILDRENS CHEW 60 MG-200 UNIT-40 MG-1 MG-150 MCG-15 UNIT-200 MCG-0.75 MG-3 MCG-2500 UNIT-0.85 MG-10 MG-5 MG-10 MG-0.8 MG-20 MG-0.1 MG-80 MG	P	QL(1 ea daily)
ZOO FRIENDS COMPLETE CHEW 9 MG-1 MG-20 MCG-200 MCG-300 UNIT-3 MCG-0.85 MG-7.5 MG-1500 UNIT-30 MG-5 MG-50 MG-0.75 MG-6 MG-1 MG-5 MG-75 MCG-15 UNIT	P	QL(1 ea daily)
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		

Drug Name	Drug Tier	Requirements/Limits
BPROTECTED PEDIA POLY-VITE/IRON SOLN 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-10 MG/ML	P	QL(60 ml per fill retail)
MULTIVITAMIN W/IRON/INFANT/TOD DLER SOLN 250 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-11 MG/ML	P	QL(60 ml per fill retail)
PC PEDIATRIC POLY- VITAMIN DROPS/IRON SOLN 10 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-35 MG/ML	P	QL(60 ml per fill retail)
POLY-VI-SOL/IRON SOLN 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-250 MCG/ML-4 MG/ML-11 MG/ML-5 MG/ML	P	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
POLY-VITA/IRON SOLN 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML-10 MG/ML	P	QL(60 ml per fill retail)
POLY-VITE/IRON SOLN 11 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-0.4 MG/ML-5 UNIT/ML	P	QL(60 ml per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML	P	QL(50 ml per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-250 MCG/ML	P	QL(50 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN INFANT/TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-400 UNIT/ML-5 MG/ML-250 MCG/ML	P	QL(50 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR 35 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-750 UNIT/ML-0.6 MG/ML-8 MG/ML	P	QL(50 ml per fill retail)
POLY-VI-SOL SOLN OR 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-0.5 MCG/ML-250 MCG/ML-4 MG/ML-5 MG/ML	P	QL(50 ml per fill retail)
POLY-VITA SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-2 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML	P	QL(50 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
POLY-VITE PEDIATRIC SOLN OR 5 UNIT/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-50 MG/ML-0.4 MG/ML	P	QL(50 ml per fill retail)
Prenatal Vitamins		
PRENATAL VITAMINS - MISC	P	
SELECT-OB+DHA MISC 250 MG-60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-20 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG	P	QL(1 ea daily)
VITAFOL-ONE CAPS 200 MG-30 MG-2.5 MG-1 MG-1000 UNIT-12 MCG-1.8 MG-15 MG-1.6 MG-20 MG-25 MG-2 MG-1100 UNIT-150 MCG-20 UNIT-29 MG	P	QL(1 ea daily)
Specialty Vitamins Products		
ADRENAL STRESS CALM TABS 20 MG-150 MG-80 MG-80 MG-60 MG-5 MG-12 MG-1 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALLERWELL ALLERGY FORMULA TABS 15 MG-40 MG-15 MG-3 MG-5 MG-90 MG-25 MG-90 MG-25 MG-120 MG-1.5 MG-25 MG-1 MG-200 MG-0.12 MG-4.5 MG-40 MG-80 MG-40 MG-2 MG-3 MG-18 MCG-25 MG	P	QL(1 ea daily);RX/OTC
BIOTIN PLUS KERATIN TABS 100 MG-10000 MCG	P	QL(1 ea daily);RX/OTC
BRAIN MIGHT/DHA & CO Q10 TABS 100 MG-100 MG-1 MG-1.6 MCG-334 MCG-111 MG-111 MG-3.3 MG-1.6 MG-10 MG-334 MCG-10 MG-140 MG	P	QL(1 ea daily);RX/OTC
CENTRUM PERFORMANCE TABS 50 MG-120 MG-6 MG-50 MCG-400 MCG-400 UNIT-18 MCG-5.1 MG-25 MCG-40 MG-3500 UNIT-12 MG-18 MG-4.5 MG-11 MG-40 MG-80 MG-100 MG-75 MCG-150 MCG-60 UNIT-48 MG-0.9 MG-5 MCG-10 MCG-4 MG-60 MCG-70 MCG-10 MCG-120 MCG-72 MG-4 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM SPECIALIST ENERGY TABS 50 MG-120 MG-6 MG-50 MCG-400 MCG-400 UNIT-18 MCG-5.1 MG-25 MCG-40 MG-3500 UNIT-12 MG-18 MG-4.5 MG-11 MG-40 MG-80 MG-60 MCG-100 MG-75 MCG-150 MCG-60 UNIT-48 MG-0.9 MG-5 MCG-10 MCG-4 MG-70 MCG-10 MCG-120 MCG-72 MG-4 MG	P	QL(1 ea daily);RX/OTC
CVS HAIR/SKIN/NAILS TABS 6.25 MG-60 MG-1500 MCG-100 MCG-50 MG-500 UNIT-0.85 MG-10 MG-250 MCG-2500 UNIT-0.75 MG-7.5 MG-100 MG-2.5 MG-0.5 MG-30 UNIT-50 MG	P	QL(1 ea daily);RX/OTC
ELON MATRIX 5000 TABS 100 MG-50 MG-5000 MCG	P	QL(1 ea daily);RX/OTC
ELON MATRIX PLUS TABS 100 MG-50 MG-3000 MCG	P	QL(1 ea daily);RX/OTC
ELON MATRIX 5000 COMPLETE TABS 15 MG-100 MG-50 MG-10 MG-5000 MCG-33 MCG-333 UNIT-1.7 MG-50 MG-33 MG-33 MG-250 MCG-1666 UNIT-8.3 MG-33 UNIT-200 MG-100 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ELON MATRIX COMPLETE TABS 100 MG-100 MG-50 MG-10 MG-3000 MCG-33 UNIT-33 MCG-8.3 MG-1.7 MG-50 MG-33 MG-33 MG-250 MCG-1666 UNIT-333 UNIT-15 MG-200 MG	P	QL(1 ea daily);RX/OTC
ELON R3 TABS 25 MG-2500 MCG-100 MG	P	QL(1 ea daily);RX/OTC
HAIR FARE TABS 100 MG-150 MCG-400 MCG-35 MG-5 MCG-100 MG-4.5 MG-30 MG-1 MG-10 MG-4.5 MG-125 MG-100 MG-100 MG-150 MCG-5 MG	P	QL(1 ea daily);RX/OTC
HAIR NOURISHING SUPPLEMENT TABS 7.5 MG-59 MG-3000 MCG-12 MG-10 MG-15 MG-6 MG-36.7 MG	P	QL(1 ea daily);RX/OTC
HEALTHY HEART COMPLEX TABS 100 MG-100 MG-800 MCG-200 MCG	P	QL(1 ea daily);RX/OTC
HEART TABS TABS 25 MG-100 MG-3 MG-100 MCG-50 MG-1 MG-3 MCG-200 UNIT-1 MG-500 MCG-50 MCG-50 MG-2000 MCG-100 MG-95 UNIT-20 MCG-50 MG-1250 UNIT-15 MCG-250 UNIT-25 MG-5 MG-25 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LIPIDSHIELD PLUS TABS	P	QL(1 ea daily);RX/OTC
MG PLUS PROTEIN TABS 133 MG	P	QL(1 ea daily);RX/OTC
MIL ADREGEN TABS 50 MG-250 MG-50 MG-60 MG-250 MG-50 MG-25 MG-10 MG	P	QL(1 ea daily);RX/OTC
RA EAR CARE TABS 200 MG-100 MG-0.333 MG-1.667 MCG-1 MG-113.333 MG-113.333 MG-3.333 MG-1.667 MG-0.333 MG-29 MG	P	QL(1 ea daily);RX/OTC
<i>specialty vitamins products tabs 1 MG-40 MG-1.67 MG-1 MG-66.67 MCG-1.67 MG-33.333 UNIT-2.67 MCG-1666.67 UNIT-1.67 MG-25 MG-10 MG-8.333 MG-5 MG-8.333 MG-4.167 MG-1 MG-8.333 MG-33.333 MG-4.167 MCG-2.5 MG-1.67 MG-237 MG-37.5 MCG-5 UNIT-50 MG-8.333 MG-10 MG</i>	P	QL(1 ea daily);RX/OTC
THERABETIC EYE HEALTH TABS 50 MG-100 MG-2000 MCG-100 MG-10 MG-2 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
UPSPRING HE NATAL TABS 266.666 MCG-233.333 MG-22.333 MG-83.333 MG-23.333 MCG-8.333 MG-697 MCG-0.166 MG-33.333 MCG	P	QL(1 ea daily);RX/OTC
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics caps 50 MG-50 MG-50 MCG-100 MCG-50 MCG-50 MG-50 MG-50 MG-50 MG-50 MG-50 MG</i>	P	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs 10 MG, 20 MG</i>	P	
<i>chlorzoxazone tabs 500 MG</i>	P	
<i>cyclobenzaprine hcl tabs 7.5 MG</i>	P	QL(4 ea daily)
<i>cyclobenzaprine hcl tabs 5 MG, 10 MG</i>	P	QL(3 ea daily)
<i>methocarbamol tabs</i>	P	
<i>orphenadrine citrate tb12</i>	P	QL(2 ea daily)
ROBAXIN-750 TABS (methocarbamol)	NP	
<i>tizanidine hcl tabs</i>	P	
ZANAFLEX TABS 4 MG (tizanidine hcl)	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	1 rtl pack lmt per fill
OCEAN NASAL SPRAY SOLN (saline)	NP	1 rtl pack lmt per fill
<i>saline soln</i>	P	1 rtl pack lmt per fill
Nasal Antiallergy		
<i>azelastine hcl</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s);RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	QL(26 ml per 31 days retail)
NASALCROM (cromolyn sodium (nasal))	NP	QL(26 ml per 31 days retail)
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) .03 %</i>	P	QL(31 ml per 31 days retail)
<i>ipratropium bromide (nasal) .06 %</i>	P	QL(15 ml per 31 days retail)
Nasal Steroids		
<i>budesonide (nasal)</i>	P	QL(9 ml per 31 days retail)
FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal))	NP	1 rtl pack lmt per fill;RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))	NP	1 rtl pack lmt per fill;RX/OTC
<i>flunisolide (nasal) .025 %</i>	P	QL(25 ml per 31 days retail)
<i>fluticasone propionate (nasal) susp</i>	P	1 rtl pack lmt per fill;RX/OTC
NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal))	NP	QL(17 ml per 31 days retail);AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	NP	QL(17 ml per 31 days retail);AL(At least 2 yrs old)
<i>triamcinolone acetonide (nasal) aero</i>	P	QL(17 ml per 31 days retail);AL(At least 2 yrs old)
Sympathomimetic Decongestants		
<i>phenylephrine hcl (oral) tabs</i>	P	QL(24 ea per fill retail)
<i>pseudoephedrine hcl tabs</i>	P	
<i>pseudoephedrine hcl liqd 15 MG/5ML</i>	P	
<i>pseudoephedrine hcl tb12</i>	P	QL(2 ea daily)
SUDAFED CHILDRENS LIQD	P	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (<i>riluzole</i>)	NP	PA
<i>riluzole tabs</i>	P	PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	P	SP;PA
DYSPORT	P	SP;PA
XEOMIN	P	SP;PA
NUTRIENTS		
Carbohydrates		
POLYCOSE POWD	P	QL(350 gm per 31 days retail)
POLYCOSE LIQD	P	QL(124 ml per 31 days retail)
Misc. Nutritional Substances		
<i>omega-3 fatty acids caps</i>	P	QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		

Drug Name	Drug Tier	Requirement s/Limits
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	P	
<i>white petrolatum-mineral oil 15 %-83 %</i>	P	1 rtl pack lmt per fill
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>carteolol hcl (ophth)</i>	P	1 rtl MAX fill,31 rtl day(s) supply
COSOPT 22.3 MG/ML-6.8 MG/ML (<i>dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per 31 days retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE 2 %-0.5 %	P	QL(10 ml per 31 days retail)
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 31 days retail)
<i>levobunolol hcl .5 %</i>	P	QL(15 ml per 31 days retail)
<i>timolol maleate (ophth) soln</i>	P	QL(15 ea per 31 days retail)
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(15 ml per 31 days retail)
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(15 ea per 31 days retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	NP	
ATROPINE SULFATE SOLN	P	
<i>atropine sulfate (ophthalmic) oint</i>	P	QL(4 gm per fill retail)
<i>atropine sulfate (ophthalmic) soln</i>	P	

Drug Name	Drug Tier	Requirements/Limits
CYCLOGYL 2 % (cyclopentolate hcl)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s)
CYCLOGYL .5 %, 1 % (cyclopentolate hcl)	NP	
cyclopentolate hcl 2 %	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
cyclopentolate hcl .5 %, 1 %	P	
homatropine hbr	P	
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (tropicamide)	NP	
tropicamide soln	P	
Miotics		
ISOPTO CARPINE SOLN (pilocarpine hcl)	NP	
pilocarpine hcl soln 1 %, 2 %, 4 %	P	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB IO 2.75 MG/0.11ML, 3.75 MG/0.15ML	P	SP;PA
Ophthalmic Adrenergic Agents		
apraclonidine hcl	P	
brimonidine tartrate .2 %	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
IOPIDINE	P	
Ophthalmic Anti-infectives		
BACIGUENT	P	QL(4 gm per 31 days retail)
bacitracin (ophthalmic)	P	QL(4 gm per 31 days retail)
bacitracin-polymyxin b (ophth) 500 UNIT/GM-10000 UNIT/GM	P	QL(4 gm per 31 days retail)

Drug Name	Drug Tier	Requirements/Limits
BLEPH-10 SOLN (sulfacetamide sodium (ophth))	NP	QL(15 ml per 31 days retail)
CILOXAN SOLN (ciprofloxacin hcl (ophth))	NP	1 rtl pack lmt per fill
CILOXAN OINT	P	1 rtl pack lmt per fill
ciprofloxacin hcl (ophth) soln	P	1 rtl pack lmt per fill
erythromycin (ophth)	P	
gentamicin sulfate (ophth) soln	P	2 rtl pack lmt per fill
gentamicin sulfate (ophth) oint	P	QL(4 gm per 31 days retail)
moxifloxacin hcl (ophth) soln op	P	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin 400 UNIT/GM-3.5 MG/GM-10000 UNIT/GM	P	QL(4 gm per 31 days retail)
neomycin-polymyxin-gramicidin 0.025 MG/ML-1.75 MG/ML-10000 UNIT/ML	P	1 rtl pack lmt per fill
OCUFLOX (ofloxacin (ophth))	NP	QL(10 ml per 31 days retail)
ofloxacin (ophth)	P	QL(10 ml per 31 days retail)
polymyxin b-trimethoprim 0.1 %-10000 UNIT/ML	P	1 rtl pack lmt per fill,1 rtl MAX fill,30 rtl day(s) supply
POLYTRIM 0.1 %-10000 UNIT/ML (polymyxin b-trimethoprim)	NP	1 rtl pack lmt per fill,1 rtl MAX fill,30 rtl day(s) supply
sulfacetamide sodium (ophth) soln	P	QL(15 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (ophth) oint</i>	P	QL(4 gm per 31 days retail)
<i>tobramycin (ophth) soln</i>	P	QL(5 ml per 31 days retail)
TOBREX SOLN (<i>tobramycin (ophth)</i>)	NP	QL(5 ml per 31 days retail)
TOBREX OINT	P	
<i>trifluridine</i>	P	QL(8 ml per 31 days retail)
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ml per fill retail)
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine</i>	P	QL(15 ml per 31 days retail)
NAPHCON-A 0.025 %-0.3 % (<i>naphazoline w/ pheniramine</i>)	NP	QL(15 ml per 31 days retail)
OPCON-A 0.027 %-0.315 % (<i>naphazoline w/ pheniramine</i>)	NP	QL(15 ml per 31 days retail)
<i>tetrahydrozoline hcl (ophth) .05 %</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
VISINE RED EYE COMFORT (<i>tetrahydrozoline hcl (ophth)</i>)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s)
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth)</i>	P	
Ophthalmic Steroids		
BLEPHAMIDE SUSP 10 %-0.2 %	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
BLEPHAMIDE S.O.P. OINT 10 %-0.2 %	P	
<i>dexamethasone sodium phosphate (ophth)</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone (ophth) susp</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
FML OINT	P	QL(4 gm per 31 days retail)
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s)
MAXITROL SUSP 10000 UNIT/ML-0.1 %-3.5 MG/ML (<i>neomycin-polymyx-dexameth</i>)	NP	QL(10 ml per 31 days retail)
MAXITROL OINT 10000 UNIT/GM-0.1 %-3.5 MG/GM (<i>neomycin-polymyx-dexameth</i>)	NP	QL(4 gm per 31 days retail)
<i>neomycin-polymyx-dexameth susp 10000 UNIT/ML-0.1 %-3.5 MG/ML</i>	P	QL(10 ml per 31 days retail)
<i>neomycin-polymyx-dexameth oint 10000 UNIT/GM-0.1 %-3.5 MG/GM</i>	P	QL(4 gm per 31 days retail)
<i>neomycin-polymyxin-hc (ophth) 10000 UNIT/ML-1 %-3.5 MG/ML</i>	P	QL(15 ml per 31 days retail)
PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NP	QL(15 ml per 31 days retail)
PRED MILD	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
PRED-G SUSP 0.3 %-1 %	P	1 rtl pack lmt per fill
<i>prednisolone acetate (ophth)</i>	P	QL(15 ml per 31 days retail)
PREDNISOLONE ACETATE P-F	P	QL(15 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>sulfacetamide sod-prednisolone soln 10 %-0.23 %</i>	P	QL(10 ml per 31 days retail)
TOBRADEX OINT 0.3 %-0.1 %	P	QL(4 gm per 31 days retail)
TOBRADEX SUSP 0.3 %-0.1 % (<i>tobramycin-dexamethasone</i>)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>tobramycin-dexamethasone susp 0.3 %-0.1 %</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
Ophthalmics - Misc.		
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s)
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NP	1 rtl MAX fill,31 rtl day(s) supply
ALOCIL	P	QL(5 ml per 31 days retail)
ALOMIDE	P	QL(10 ml per 31 days retail)
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per 31 days retail)
AZOPT (<i>brinzolamide</i>)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>brinzolamide</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per 31 days retail)
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 31 days retail)
<i>dorzolamide hcl</i>	P	QL(10 ml per 31 days retail)
DORZOLAMIDE HCL	P	QL(10 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium</i>	P	QL(5 ml per 31 days retail)
<i>ketorolac tromethamine (ophth) .5 %</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>ketorolac tromethamine (ophth) .4 %</i>	P	1 rtl MAX fill,31 rtl day(s) supply
<i>ketotifen fumarate (ophth) .025 %</i>	P	QL(10 ml per 31 days retail)
TRUSOPT (<i>dorzolamide hcl</i>)	NP	QL(10 ml per 31 days retail)
ZADITOR (<i>ketotifen fumarate (ophth)</i>)	NP	QL(10 ml per 31 days retail)
Prostaglandins - Ophthalmic		
<i>latanoprost soln</i>	P	QL(5 ml per 31 days retail)
LATANOPROST SOLN	P	QL(5 ml per 31 days retail)
XALATAN SOLN (<i>latanoprost</i>)	NP	QL(5 ml per 31 days retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	QL(15 ml per 31 days retail)
<i>carbamide peroxide (otic) 6.5 %</i>	P	QL(15 ml per 31 days retail)
DEBROX 6.5 % (<i>carbamide peroxide (otic)</i>)	NP	QL(15 ml per 31 days retail)
Otic Anti-infectives		
<i>ofloxacin (otic)</i>	P	1 rtl pack lmt per fill
Otic Combinations		
CIPRODEX 0.3 %-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	NP	1 rtl MAX fill,30 rtl day(s) supply;QL(7.5 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone 0.3 %</i> -0.1 %	P	1 rtl MAX fill,30 rtl day(s) supply;QL(7.5 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) soln 10000 UNIT/ML</i> -1 %-3.5 MG/ML	P	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp 10000 UNIT/ML</i> -1 %-3.5 MG/ML	P	1 rtl pack lmt per fill
Otic Steroids		
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	NP	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>fluocinolone acetonide (otic)</i>	P	1 rtl pack lmt amt,31 rtl pack lmt day(s)
<i>hydrocortisone w/acetic acid 2 %-1 %</i>	P	QL(20 ml per 31 days retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP;PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin susr</i>	P	
<i>amoxicillin caps</i>	P	
<i>amoxicillin tabs 875 MG</i>	P	
<i>amoxicillin chew 125 MG, 250 MG</i>	P	
<i>ampicillin caps 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium tabs</i>	P	
<i>penicillin v potassium solr</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate susr 125 MG/5ML</i> -31.25 MG/5ML, 200 MG/5ML-28.5 MG/5ML, 250 MG/5ML-62.5 MG/5ML	P	1 rtl pack lmt per fill
<i>amoxicillin & pot clavulanate tb12 1000 MG</i> -62.5 MG	P	QL(40 ea per 31 days retail)
<i>amoxicillin & pot clavulanate tabs 875 MG</i> -125 MG	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate susr 400 MG/5ML</i> -57 MG/5ML, 600 MG/5ML-42.9 MG/5ML	P	2 rtl pack lmt per fill
<i>amoxicillin & pot clavulanate tabs 250 MG</i> -125 MG, 500 MG-125 MG	P	QL(30 ea per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
AUGMENTIN TABS 500 MG-125 MG (<i>amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (<i>amoxicillin & pot clavulanate</i>)	NP	1 rtl pack lmt per fill
AUGMENTIN SUSR	P	1 rtl pack lmt per fill
AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML (<i>amoxicillin & pot clavulanate</i>)	NP	2 rtl pack lmt per fill
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	P	AL(At least 1 yrs old)
SIMPLYTHICK EASY MIX	P	AL(At least 1 yrs old)
SIMPLYTHICK EASYMIX	P	AL(At least 1 yrs old)
Liquid Vehicles		
SORBITOL XX 70 %	P	RX/OTC
Semi Solid Vehicles		
<i>lanolin xx</i>	P	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>norethindrone acetate</i>)	NP	
<i>hydroxyprogesterone caproate oil</i>	P	SP;PA
MAKENA SOAJ	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
MAKENA OIL (<i>hydroxyprogesterone caproate</i>)	NP	SP;PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>norethindrone acetate tabs</i>	P	
<i>progesterone caps</i>	P	QL(1 ea daily)
PROMETRIUM CAPS (<i>progesterone</i>)	NP	QL(1 ea daily)
PROVERA (<i>medroxyprogesterone acetate</i>)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	P	
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 MG, 10 MG</i>	P	QL(1 ea daily)
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	NP	QL(1 ea daily);PA
<i>galantamine hydrobromide tabs</i>	P	QL(2 ea daily)
<i>galantamine hydrobromide soln</i>	P	QL(6 ml daily)
<i>galantamine hydrobromide cp24</i>	P	QL(1 ea daily)
<i>memantine hcl tabs</i>	P	
<i>memantine hcl tabs</i>	P	QL(2 ea daily)
<i>memantine hcl soln</i>	P	QL(10 ml daily);PA

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TABS (<i>memantine hcl</i>)	NP	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	NP	QL(1 ea daily)
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	P	QL(1 ea daily);PA
<i>rivastigmine tartrate caps</i>	P	QL(2 ea daily);PA
Combination Psychotherapeutics		
<i>perphenazine-amitriptyline</i>	P	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	P	QL(2 ea daily);PA
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail);PA
Multiple Sclerosis Agents		
AUBAGIO	P	QL(1 ea daily);SP;PA
AVONEX PSKT	P	SP;PA
AVONEX PEN AJKT	P	SP;PA
COPAXONE SOSY (<i>glatiramer acetate</i>)	NP	SP;PA
<i>dimethyl fumarate cpdr</i>	P	SP;PA
<i>dimethyl fumarate misc</i>	P	SP;PA
EXTAVIA KIT	P	SP;PA
<i>fingolimod hcl</i>	P	QL(1 ea daily);SP;PA
GILENYA (<i>fingolimod hcl</i>)	NP	QL(1 ea daily);SP;PA
GILENYA .5 MG	P	QL(1 ea daily);SP;PA
<i>glatiramer acetate sosy</i>	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SOPN	P	SP;PA
PLEGRIDY SOSY SC	P	SP;PA
PLEGRIDY STARTER PACK SOPN	P	SP;PA
PLEGRIDY STARTER PACK SOSY SC	P	SP;PA
REBIF SOSY	P	SP;PA
REBIF REBIDOSE SOAJ	P	SP;PA
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP;PA
REBIF TITRATION PACK SOSY	P	SP;PA
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP;PA
TECFIDERA STARTER PACK MISC (<i>dimethyl fumarate</i>)	NP	SP;PA
Smoking Deterrents		
APO-VARENICLINE TABS .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)
<i>bupropion hcl (smoking deterrent)</i>	P	Limit: 2 Smoking Cessation Treatments per Year;QL(2 ea daily)
CHANTIX TABS 1 MG (<i>varenicline tartrate</i>)	NP	QL(2 ea daily,56 ea per fill retail)
CHANTIX TABS .5 MG (<i>varenicline tartrate</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS (<i>varenicline tartrate</i>)	NP	QL(2 ea daily,56 ea per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
CHANTIX STARTING MONTH PAK TBPk (<i>varenicline tartrate</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year;2 rtl MAX fill,365 rtl day(s) supply;QL(53 ea per fill retail)
NICODERM CQ PT24 (<i>nicotine</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(1 ea daily)
NICORETTE GUM (<i>nicotine polacrilex</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(24 ea daily)
NICORETTE LOZG (<i>nicotine polacrilex</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(20 ea daily)
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(20 ea daily)
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year;QL(24 ea daily)
<i>nicotine pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	Limit: 2 Smoking Cessation Treatments per Year;QL(1 ea daily)
<i>nicotine polacrilex gum</i>	P	Limit: 2 Smoking Cessation Treatments per Year;QL(24 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>nicotine polacrilex lozg</i>	P	Limit: 2 Smoking Cessation Treatments per Year;QL(20 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	Limit: 2 Smoking Cessation Treatments per Year;2 rtl MAX fill,365 rtl day(s) supply;QL(56 ea per fill retail)
NICOTROL INHALER INHA	P	Limit: 2 Smoking Cessation Treatments per Year;QL(16.8 ea daily);SL
NICOTROL NS SOLN	P	Limit: 2 Smoking Cessation Treatments per Year;QL(4 ml daily);SL
<i>varenicline tartrate tbpk</i>	P	Limit: 2 Smoking Cessation Treatments per Year;2 rtl MAX fill,365 rtl day(s) supply;QL(53 ea per fill retail)
<i>varenicline tartrate tabs .5 MG</i>	P	Limit: 2 Smoking Cessation Treatments per Year;QL(2 ea daily)
<i>varenicline tartrate tabs 1 MG</i>	P	QL(2 ea daily,56 ea per fill retail)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Pulmonary Fibrosis Agents		
OFEV	P	SP;PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits
Tetracyclines		
<i>doxycycline (monohydrate) caps 50 MG, 100 MG</i>	P	PA
<i>doxycycline (monohydrate) tabs 50 MG, 100 MG</i>	P	PA
<i>doxycycline hyclate caps</i>	P	
<i>doxycycline hyclate tabs 100 MG</i>	P	
<i>minocycline hcl caps</i>	P	
<i>tetracycline hcl caps 500 MG</i>	P	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	P	
<i>propylthiouracil</i>	P	
TAPAZOLE TABS 10 MG (<i>methimazole</i>)	NP	
Thyroid Hormones		
ARMOUR THYROID TABS	P	
CYTOMEL TABS (<i>liothyronine sodium</i>)	NP	
<i>levothyroxine sodium tabs</i>	P	
<i>liothyronine sodium tabs</i>	P	
SYNTHROID TABS (<i>levothyroxine sodium</i>)	NP	
<i>thyroid tabs 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG</i>	P	
TOXOIDS		

Drug Name	Drug Tier	Requirements/Limits
Toxoid Combinations		
ADACEL SUSP 15.5 MCG/0.5ML-2 LF/0.5ML-5 LF/0.5ML	P	1 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 18 yrs old)
BOOSTRIX SUSP 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	1 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 18 yrs old)
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	1 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 18 yrs old)
KINRIX SUSY 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	P	1 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail)
QUADRACEL SUSY 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	P	1 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>dicyclomine hcl soln or</i>	P	QL(496 ml per 31 days retail)
<i>dicyclomine hcl tabs</i>	P	
<i>dicyclomine hcl caps</i>	P	
<i>glycopyrrolate tabs 1 MG, 2 MG</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate soln or .125 MG/ML</i>	P	
<i>hyoscyamine sulfate tabs .125 MG</i>	P	
<i>hyoscyamine sulfate tb12 .375 MG</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate sublingual .125 MG</i>	P	
<i>hyoscyamine sulfate elixir</i>	P	
<i>hyoscyamine sulfate tablet .125 MG</i>	P	
LEVBID TB12 (<i>hyoscyamine sulfate</i>)	NP	QL(4 ea daily)
ROBINUL TABS (<i>glycopyrrolate</i>)	NP	QL(4 ea daily)
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	NP	QL(4 ea daily)
H-2 Antagonists		
<i>cimetidine tabs</i>	P	RX/OTC
<i>cimetidine hcl or 300 MG/5ML, 400 MG/6.67ML</i>	P	
<i>famotidine tabs</i>	P	
<i>famotidine suspr</i>	P	
PEPCID TABS (<i>famotidine</i>)	NP	RX/OTC
PEPCID AC TABS (<i>famotidine</i>)	NP	
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	NP	RX/OTC
TAGAMET HB TABS (<i>cimetidine</i>)	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP (<i>sucralfate</i>)	NP	QL(420 ml per fill retail)
CARAFATE TABS (<i>sucralfate</i>)	NP	QL(4 ea daily)
<i>sucralfate susp</i>	P	QL(420 ml per fill retail)
<i>sucralfate tabs</i>	P	QL(4 ea daily)
Proton Pump Inhibitors		
DEXILANT (<i>dexlansoprazole</i>)	NP	ST

Drug Name	Drug Tier	Requirements/Limits
<i>dexlansoprazole</i>	P	ST
<i>esomeprazole magnesium caplet 20 MG</i>	P	QL(2 ea daily);RX/OTC
FIRST-OMEPRAZOLE SUSP	P	QL(10 ml daily)
<i>lansoprazole caplet 30 MG</i>	P	QL(2 ea daily)
<i>lansoprazole caplet 15 MG</i>	P	QL(4 ea daily);RX/OTC
NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	P	OTC Covered Only;QL(2 ea daily);RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	P	OTC Covered Only;QL(2 ea daily);RX/OTC
<i>omeprazole tbec</i>	P	QL(1 ea daily)
<i>omeprazole caplet</i>	P	QL(2 ea daily);RX/OTC
<i>omeprazole magnesium tbec</i>	P	QL(1 ea daily)
<i>pantoprazole sodium tbec 40 MG</i>	P	QL(2 ea daily)
<i>pantoprazole sodium tbec 20 MG</i>	P	QL(1 ea daily)
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	QL(2 ea daily)
PRILOSEC OTC TBEC (<i>omeprazole magnesium</i>)	NP	QL(1 ea daily)
PROTONIX TBEC 40 MG (<i>pantoprazole sodium</i>)	NP	QL(2 ea daily)
PROTONIX TBEC 20 MG (<i>pantoprazole sodium</i>)	NP	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC (<i>misoprostol</i>)	NP	
<i>misoprostol</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole 30 MG-500 MG-500 MG</i>	P	14 rtl MAX day(s) supply, 365 rtl lmt day(s)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL TABS (<i>tolterodine tartrate</i>)	NP	QL(2 ea daily)
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	NP	QL(2 ea daily)
<i>oxybutynin chloride tabs</i>	P	QL(3 ea daily)
<i>oxybutynin chloride syrp</i>	P	QL(16 ml daily)
<i>oxybutynin chloride tb24</i>	P	QL(2 ea daily)
<i>tolterodine tartrate tabs</i>	P	QL(2 ea daily)
<i>tolterodine tartrate cp24</i>	P	QL(1 ea daily)
<i>trospium chloride tabs</i>	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	P	
VACCINES		
Bacterial Vaccines		

Drug Name	Drug Tier	Requirement s/Limits
PNEUMOVAX 23	P	2 rtl MAX fill, 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)
PNEUMOVAX 23/1 DOSE	P	2 rtl MAX fill, 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)
PREVNAR 13	P	2 rtl MAX fill, 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)
PREVNAR 20	P	AL(At least 19 yrs old)
VAXNEUVANCE	P	AL(At least 19 yrs old)
Viral Vaccines		
IMOVAX RABIES (H.D.C.V.) SUSR	P	4 rtl MAX fill, 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 18 yrs old)
RABAVERT	P	4 rtl MAX fill, 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 18 yrs old)
SEASONAL INFLUENZA VACCINES	P	1 rtl MAX fill, 180 rtl day(s) supply
VAGINAL AND RELATED PRODUCTS		
Spermicides		
VCF VAGINAL CONTRACEPTIVE FILM FILM	P	1 rtl pack lmt per fill
Vaginal Anti-infectives		

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CREA (clindamycin phosphate vaginal)	NP	
clindamycin phosphate vaginal crea	P	
clotrimazole vaginal crea 2 %	P	QL(21 gm per 31 days retail)
clotrimazole vaginal crea 1 %	P	QL(45 gm per 31 days retail)
GYNAZOLE-1	P	
GYNE-LOTTRIMIN CREA (clotrimazole vaginal)	NP	QL(45 gm per 31 days retail)
GYNE-LOTTRIMIN 3 CREA (clotrimazole vaginal)	NP	QL(21 gm per 31 days retail)
metronidazole vaginal	P	
miconazole nitrate vaginal kit 0	P	1 rtl pack lmt per fill
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 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)
MONISTAT 3 CREA (miconazole nitrate vaginal)	NP	QL(25 gm per 31 days retail)
MONISTAT 3 COMBINATION PACK KIT 0 (miconazole nitrate vaginal)	NP	1 rtl pack lmt per fill
MONISTAT 7 SIMPLY CURE CREA (miconazole nitrate vaginal)	NP	QL(45 gm per 31 days retail)
terconazole vaginal crea	P	

Drug Name	Drug Tier	Requirements/Limits
terconazole vaginal supp	P	
tioconazole vaginal 6.5 %	P	
VANDAZOLE	P	
Vaginal Estrogens		
ESTRACE CREA (estradiol vaginal)	NP	QL(43 gm per 31 days retail)
estradiol vaginal tabs	P	
estradiol vaginal crea	P	QL(43 gm per 31 days retail)
PREMARIN	P	
VAGIFEM TABS (estradiol vaginal)	NP	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj .3 MG/0.3ML	P	Limit 4 per year; QL(0.067 ea daily, 4 ea per 365 days retail)
epinephrine (anaphylaxis) soaj	P	QL(0.067 ea daily, 4 ea per 365 days retail)
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	NP	Limit 4 per year; QL(2 ea per 30 days retail)
Vasopressors		
midodrine hcl	P	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 1.25 MG, 1.25 MG, 50000 UNIT	P	QL(8 ea per 31 days retail)
cholecalciferol caps 125 MCG, 5000 UNIT	P	QL(2 ea daily)
cholecalciferol caps 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT	P	QL(100 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DRISDOL CAPS (<i>ergocalciferol</i>)	NP	
<i>ergocalciferol caps</i>	P	
<i>ergocalciferol soln or 8000 UNIT/ML</i>	P	QL(60 ml per 90 days retail)
KEY-E CHEW	P	QL(2 ea daily)
MEPHYTON TABS (<i>phytonadione</i>)	NP	
<i>phytonadione tabs 5 MG</i>	P	
<i>vitamin e caps 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT</i>	P	QL(2 ea daily)
VITAMIN E CHEW	P	QL(2 ea daily)
Water Soluble Vitamins		
<i>ascorbic acid tabs</i>	P	QL(3.34 ea daily)
B-1 TABS	P	QL(3.34 ea daily)
<i>niacin cpcr 250 MG, 500 MG</i>	P	
<i>niacin tbcrr</i>	P	
<i>niacin tabs 500 MG</i>	P	
NIACIN TR TBCR	P	
<i>pyridoxine hcl tabs 25 MG, 50 MG, 100 MG</i>	P	
<i>riboflavin tabs</i>	P	QL(3.34 ea daily)
SLO-NIACIN TBCR (<i>niacin</i>)	NP	
<i>thiamine hcl tabs</i>	P	QL(3.34 ea daily)
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<i>dorzolamide hcl-timolol maleate</i>	93	EASIVENT/MASK-MEDIUM.....	66	ECOTRIN REGULAR STRENGTH.	5
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EMVERM.....	8	<i>erythromycin (ophth)</i>	94	EYE HEALTH.....	79
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EPIFOAM.....	46	<i>estradiol & norethindrone</i> <i>acetate</i>	51	<i>ezetimibe-simvastatin</i>	21
<i>epinephrine (anaphylaxis)</i>	104	<i>estradiol vaginal</i>	104	E-ZJECT LANCETS MICRO-THIN 33G.....	58
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<i>famotidine</i>	102	FIRAZYR.....	53	<i>flurbiprofen</i>	3
FARESTON.....	27	FIRST-OMEPRAZOLE.....	102	<i>flurbiprofen sodium</i>	96
FASENRA.....	9	FIRVANQ.....	25	<i>flutamide</i>	27
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FC2 FEMALE CONDOM.....	57	<i>flavoxate hcl</i>	103	<i>fluticasone propionate (nasal)</i>	92
<i>felbamate</i>	13	<i>flecainide acetate</i>	9	FLUTICASONE PROPIONATE HFA	10
FELBATOL.....	13	FLEET ENEMA.....	56	<i>fluticasone-salmeterol</i>	10
FELDENE.....	3	FLEET PEDIATRIC.....	56	<i>fluvoxamine maleate</i>	15
<i>felodipine</i>	36	FLEXICHAMBER.....	67	FLYP HYPERSONIQ CARTRIDGE	67
FEMARA.....	27	FLINTSTONES GUMMIES.....	86	FML.....	95
FEMHRT.....	51	FLINTSTONES GUMMIES		FML LIQUIFILM.....	95
<i>fenofibrate</i>	22	COMPLETE.....	86	FOCALIN.....	1
FENOFIBRATE.....	22	FLINTSTONES GUMMIES		FOLAGENT DHA.....	79
<i>fenofibrate micronized</i>	22	PLUSIMMUNITY		FOLAMED DHA.....	80
FENSOLVI.....	50	SUPPORT/EXTRA C.....	86	<i>folic acid</i>	54
<i>fentanyl</i>	5	FLINTSTONES SOUR GUMMIES	86	<i>formaldehyde</i>	31
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<i>ferrous fumarate</i>	54	FLOMAX.....	53	<i>fosinopril sodium</i>	22
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<i>finasteride</i>	53	<i>fluoxetine hcl</i>	15	MONITORING SYSTEM.....	59
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FIORINAL.....	4	<i>fluphenazine hcl</i>	30	2/READER/FLASH GLUCOSE	

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<i>furosemide</i>	50	GLUCOCOM LANCETS 30G.....	59	<i>guaifenesin-codeine</i>	41
<i>gabapentin</i>	12	GLUCOSE.....	17	<i>guanfacine hcl</i>	23
GABITRIL.....	13	GLUCOTROL.....	19	<i>guanfacine hcl (adhd)</i>	1
<i>galantamine hydrobromide</i>	98	GLUCOTROL XL.....	19	GYNAZOLE-1.....	104
<i>gemfibrozil</i>	22	<i>glyburide</i>	19	GYNE-LOTRIMIN.....	104
GENADEK STEP 1.....	80	<i>glyburide micronized</i>	19	GYNE-LOTRIMIN 3.....	104
GENADEK STEP 2.....	80	<i>glyburide-metformin</i>	17	HAEGARDA.....	53
GENERESS FE.....	37	<i>glycerin (laxative)</i>	56	HAIR FARE.....	91
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<i>gentamicin sulfate (ophth)</i>	94	<i>glycopyrrolate</i>	101	HALCION.....	55
<i>gentamicin sulfate (topical)</i>	43	GLYNASE.....	19	HALDOL DECANOATE 100.....	29
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GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT..	59	GNP GLUCOSE.....	17	<i>haloperidol</i>	29
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	59	GNP LANCETS 21G.....	59	<i>haloperidol decanoate</i>	29
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GEODON.....	29	GNP STERILE LANCETS 28G....	59	HEALTHY HEART COMPLEX....	91
GILENYA.....	99	GNP STERILE LANCETS 30G....	59	HEALTHY KIDS GUMMIES.....	87
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<i>glatiramer acetate</i>	99	GOJJI STERILE LANCETS 30G...	59	H-E-B INCONTROL ALCOHOL PADS.....	63
<i>glimepiride</i>	19	GOLYTELY.....	55	H-E-B INCONTROL LANCETS MICRO THIN 33G.....	59
<i>glipizide</i>	19	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.	59	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	59
<i>glipizide-metformin hcl</i>	17	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL.....	59	H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	60
		GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL.....	59	HEMANGEOL.....	35
		GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL.....	59	HEMOCYTE.....	54
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<i>heparin sodium (porcine)</i>	11	<i>hydrocortisone butyrate</i>	46	IN-CHECK INSPIRATORY	
HIBICLENS.....	31	<i>hydrocortisone w/acetic acid</i>	97	FLOWMETER/ORAL.....	67
HIGH POTENCY MULTIVITAMIN		<i>hydromorphone hcl</i>	5	INCRUSE ELLIPTA.....	9
.....	84	HYDROMORPHONE HCL.....	5	<i>indapamide</i>	50
<i>homatropine hbr</i>	94	<i>hydroxychloroquine sulfate</i>	26	INDERAL LA.....	35
HUDSON RCI SEE-THRU		<i>hydroxyprogesterone caproate</i>		<i>indomethacin</i>	3
AEROSOL MASK			98	INFANTS ADVIL.....	3
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STARTER.....	2	<i>hyoscyamine sulfate</i>	101,102	INSPIRACHAMBER/LARGE.....	67
HUMIRA PEN-PEDIATRIC UC		HYPERRHO S/D.....	97	INSPIRACHAMBER/SOOTHERM	
STARTER PACK.....	2	HY-VEE LANCETS.....	60	ASK/INSPIRAMASK/MEDIUM.	68
HUMIRA PEN-PS/UV STARTER..	2	HY-VEE THIN LANCETS.....	60	INSPIRACHAMBER/SOOTHERM	
HUMULIN 70/30.....	18	HYZAAR.....	24	ASK/INSPIRAMASK/SMALL.....	68
HUMULIN 70/30 KWIKPEN.....	18	IBRANCE.....	28	INSPIREASE DRUG	
HUMULIN N.....	18	<i>ibuprofen</i>	3	DELIVERYSYSTEM.....	68
HUMULIN N KWIKPEN.....	18	<i>icatibant acetate</i>	53	INSPIREASE RESERVOIR BAGS	68
HUMULIN R.....	18	ICLUSIG.....	28	INSULIN ASPART	
HYCODAN.....	39	<i>imipramine hcl</i>	17	PROTAMINE/INSULIN ASPART18	
<i>hydralazine hcl</i>	25	<i>imiquimod</i>	47	INSULIN ASPART	
HYDRALYTE.....	73	IMITREX.....	71	PROTAMINE/INSULIN ASPART	
HYDRALYTE FREEZER POPS.....	73	IMITREX STATDOSE REFILL.....	71	FLEXPEN.....	18
HYDREA.....	28	IMITREX STATDOSE SYSTEM...71		INSULIN GLARGINE.....	18
HYDROCERIN.....	48	IMODIUM A-D.....	19	INSULIN LISPRO	
<i>hydrochlorothiazide</i>	50	IMOVAX RABIES (H.D.C.V.)...103		PROTAMINE/INSULIN LISPRO	
<i>hydrocodone bitartrate-</i>		IMURAN.....	74	KWIKPEN.....	18
<i>homatropine methylbromide</i>	40	IN-CHECK DIAL		INSULIN SYRINGES - MISC.....	63
<i>hydrocodone-acetaminophen</i> ..	6	INSPIRATORYFLOW TRAINER..67		INTELENCE.....	32
<i>hydrocortisone</i>	39	IN-CHECK INSPIRATORY		INTUNIV.....	1
<i>hydrocortisone (intrarectal)</i>	7	FLOWMETER/NASAL WITH		INVEGA SUSTENNA.....	29
<i>hydrocortisone (rectal)</i>	7			INVEGA TRINZA.....	29
				INVIRASE.....	32

IOPIDINE.....	94	<i>ketorolac tromethamine (ophth)</i>	96	LAMICTAL.....	12
<i>ipratropium bromide</i>	9	KETOSTIX.....	49	LAMICTAL CHEWABLE DISPERSIBLE.....	12
<i>ipratropium bromide (nasal)</i> ..	92	<i>ketotifen fumarate (ophth)</i>	96	LAMICTAL XR.....	12
<i>ipratropium-albuterol</i>	10	KEVZARA.....	2	LAMISIL AT.....	44
<i>irbesartan</i>	23	KEY-E.....	105	LAMISIL AT JOCK ITCH.....	44
<i>irbesartan-hydrochlorothiazide</i>	24	KINDERLYTE.....	73	<i>lamivudine</i>	32
IRON.....	54	KINDERLYTE PREMAX.....	73	<i>lamotrigine</i>	12
IRON CHEWS PEDIATRIC.....	54	KINNEY LANCETS.....	60	LANCET DEVICE - MISC.....	60
ISENTRESS.....	32	KINNEY THIN LANCETS.....	60	LANCETS.....	60
<i>isoniazid</i>	27	KINRIX.....	101	LANCETS - MISC.....	60
ISOPTO ATROPINE.....	94	KLARON.....	43	LANCETS 26G TWIST TOP.....	60
ISOPTO CARPINE.....	94	KLONOPIN.....	12	LANCETS 30G.....	60
ISORDIL TITRADOSE.....	8	KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE.....	68	LANCETS SAFETY SEAL 21G.....	60
<i>isosorbide dinitrate</i>	8	K-PHOS NEUTRAL.....	74	LANCETS SAFETY SEAL 26G.....	60
<i>isosorbide mononitrate</i>	8	KRINTAFEL.....	26	LANCETS SAFETY SEAL 28G.....	60
<i>isotretinoin</i>	43	KROGER HEALTHPRO TWIST LANCETS/26G.....	60	LANCETS THIN.....	60
ITCH RELIEF.....	44	KROGER LANCETS.....	60	LANCETS ULTRA THIN.....	60
<i>itraconazole</i>	20	KROGER LANCETS 21G.....	60	<i>lanolin</i>	98
JULUCA.....	32	KROGER LANCETS MICRO THIN33G.....	60	<i>lanolin (topical)</i>	48
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC...	87	KROGER LANCETS SUPER THIN	60	LANOLOR.....	48
KALETRA.....	32	KROGER LANCETS THIN.....	60	LANOXIN.....	36
KANJINTI.....	27	KROGER LANCETS THIN 26G...	60	<i>lansoprazole</i>	102
KAPVAY.....	1	KROGER LANCETS ULTRATHIN30G.....	60	LASIX.....	50
KEFLEX.....	37	K-TAB.....	74	<i>latanoprost</i>	96
KEPPRA.....	12	<i>labetalol hcl</i>	35	LATANOPROST.....	96
KEPPRA XR.....	12	<i>lactic acid (ammonium lactate)</i>	47	LEADER QUICK DISSOLVE GLUCOSE.....	17
KERALYT.....	47	<i>lactulose</i>	56	<i>leflunomide</i>	3
<i>ketoconazole (topical)</i>	44	<i>lactulose (encephalopathy)</i>	53	<i>letrozole</i>	27
KETONE.....	49			<i>leucovorin calcium</i>	28
KETONE TEST STRIPS.....	49			LEUKERAN.....	27
<i>ketoprofen</i>	3			LEVBIID.....	102
<i>ketorolac tromethamine</i>	3			<i>levetiracetam</i>	12

<i>levobunolol hcl</i>	93	LIVE BETTER LANCET SUPERTHIN 30G.....	60	<i>magnesium citrate</i>	56
<i>levocarnitine (metabolic modifiers)</i>	51	LIVE BETTER LANCET ULTRATHIN 28G.....	60	MAGNESIUM EXTRA STRENGTH	74
<i>levocetirizine dihydrochloride</i> ..	21	LMX 4.....	48	<i>magnesium hydroxide</i>	56
<i>levofloxacin</i>	52	LODINE.....	3	<i>magnesium oxide</i>	8
<i>levonorgestrel & eth estradiol</i> 37		LODOSYN.....	28	MAGNESIUM OXIDE.....	74
<i>levonorgestrel (emergency oc)</i>	38	LOHIST-D.....	41	<i>magnesium oxide (mg supplement)</i>	74
<i>levonorgestrel-eth estradiol (triphasic)</i>	37	LOMOTIL.....	19	MAGOX 400.....	74
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	37	LONGS LANCETS STANDARD..	60	MAKENA.....	98
<i>levothyroxine sodium</i>	101	LONGS LANCETS THIN.....	60	<i>malathion</i>	48
LEXAPRO.....	15	<i>loperamide hcl</i>	19	<i>maprotiline hcl</i>	14
LEXIVA.....	32	LOPID.....	22	<i>maraviroc</i>	32
LIALDA.....	52	<i>lopinavir-ritonavir</i>	32	MAVYRET.....	34
LICEMD.....	48	LOPRESSOR.....	35	MAXALT.....	71
<i>lidocaine</i>	47	LOPRESSOR HCT.....	24	MAXALT-MLT.....	72
<i>lidocaine hcl</i>	47,48	<i>loratadine</i>	21	MAXITROL.....	95
<i>lidocaine hcl (mouth-throat)</i> ..	75	<i>loratadine & pseudoephedrine</i>	41	MAXI-TUSS PE.....	41
<i>lidocaine-prilocaine</i>	48	<i>lorazepam</i>	9	MAXI-TUSS PE MAX.....	41
<i>liothyronine sodium</i>	101	<i>losartan potassium</i>	23	MAXZIDE.....	49
LIPIDSHIELD PLUS.....	91	<i>losartan potassium & hydrochlorothiazide</i>	24	MAXZIDE-25.....	49
LIPITOR.....	22	LOTENSIN.....	23	<i>meclizine hcl</i>	20
<i>lisinopril</i>	23	LOTENSIN HCT.....	24	MEDISENSE THIN LANCETS.....	60
<i>lisinopril & hydrochlorothiazide</i>	24	LOTREL.....	24	MEDROL.....	39
LITETOUCH MASK LARGE.....	68	LOTRIMIN AF.....	44	MEDROL DOSEPAK.....	39
LITETOUCH MASK MEDIUM...	68	LOTRIMIN AF JOCK ITCH.....	44	<i>medroxyprogesterone acetate</i>	98
LITETOUCH MASK SMALL.....	68	<i>lovastatin</i>	22	<i>medroxyprogesterone acetate (contraceptive)</i>	38
<i>lithium carbonate</i>	28	LOVENOX.....	11,12	<i>mefloquine hcl</i>	26
LITHIUM CARBONATE.....	28	<i>loxapine succinate</i>	30	<i>megestrol acetate</i>	27
LITHOBID.....	28	LYSTEDA.....	54	MEIJER ALCOHOL SWABS EXTRA-THICK.....	63
LITTLE REMEDIES SALINE SPRAY/DROPS.....	92	MACROBID.....	26	MEIJER COLOR LANCETS UNIVERSAL 33G.....	60
		MACRODANTIN.....	26		
		MAGNESIUM.....	74		

MEIJER LANCETS.....	60	<i>methylprednisolone</i>	39	MINIVELLE.....	51
MEIJER LANCETS THIN.....	60	<i>metoclopramide hcl</i>	52	<i>minocycline hcl</i>	101
MEIJER LANCETS UNIVERSAL21G.....	60	<i>metolazone</i>	50	<i>minoxidil</i>	25
MEIJER LANCETS UNIVERSAL30G.....	60	<i>metoprolol & hydrochlorothiazide</i>	24	MIRALAX.....	56
MEIJER LANCETS UNIVERSAL33G.....	60	<i>metoprolol succinate</i>	35	MIRAPEX.....	28
MEIJER SUPER THIN LANCETS	60	<i>metoprolol tartrate</i>	35	MIRCETTE.....	37
<i>melatonin</i>	2	METROCREAM.....	48	<i>mirtazapine</i>	14
<i>meloxicam</i>	3	METROLOTION.....	48	<i>misoprostol</i>	102
<i>melphalan</i>	27	<i>metronidazole</i>	25	MISTASSIST.....	68
<i>memantine hcl</i>	98	<i>metronidazole (topical)</i>	48	MOBIC.....	3
MENS 50+ ADVANCED.....	80	<i>metronidazole vaginal</i>	104	MOI-STIR.....	76
<i>meperidine hcl</i>	5	<i>mexiletine hcl</i>	9	<i>mometasone furoate</i>	46
MEPHYTON.....	105	MG PLUS PROTEIN.....	91	MONISTAT 3.....	104
<i>meprobamate</i>	8	MIACALCIN.....	50	MONISTAT 3 COMBINATION PACK.....	104
<i>mercaptopurine</i>	27	MICARDIS.....	23	MONISTAT 7 SIMPLY CURE... 104	
<i>mesalamine</i>	52	MICARDIS HCT.....	24	MONISTAT SOOTHING CARE ITCH RELIEF.....	46
MESTINON.....	26	MICATIN.....	44	MONOLET LANCETS.....	60
MESTINON TIMESPAN.....	26	<i>miconazole nitrate (topical)</i> ... 44		MONOLET OPD LANCETS.....	60
<i>metformin hcl</i>	17	<i>miconazole nitrate vaginal</i> ... 104		<i>montelukast sodium</i>	9
<i>methadone hcl</i>	5	MICROCHAMBER.....	68	MOOD FOOD ES.....	80
<i>methazolamide</i>	49	MICROELITE FILTER REPLACEMENTS.....	68	<i>morphine sulfate</i>	5,6
<i>methenamine mandelate</i>	26	MICROELITE RECHARGEABLE BATTERY.....	68	MOTRIN CHILDRENS.....	3
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal</i>	25	MICROSPACER.....	68	MOTRIN INFANTS DROPS.....	3
<i>methimazole</i>	101	<i>midazolam hcl</i>	55	MOUTH KOTE.....	76
METHITEST.....	7	<i>midodrine hcl</i>	104	MOUTH KOTE REMINT.....	76
<i>methocarbamol</i>	92	MIL ADREGEN.....	91	<i>moxifloxacin hcl (ophth)</i>	94
METHOTREXATE.....	2	MILLIPRED.....	39	MS CONTIN.....	6
<i>methotrexate sodium</i>	27	MINIELITE FILTER REPLACEMENTS.....	68	MUCINEX.....	42
<i>methyl dopa</i>	23	MINIELITE RECHARGEABLE BATTERY.....	68	MUCINEX D.....	41
<i>methylergonovine maleate</i>	97	MINIPRESS.....	23	MUCINEX D MAXIMUM STRENGTH.....	41
<i>methylphenidate hcl</i>	1,2			MUCINEX DM.....	41

MUCINEX MAXIMUM STRENGTH.....	42	MYFORTIC.....	75	<i>neomycin sulfate</i>	2
MUCUS RELIEF D.....	41	MYLERAN.....	27	<i>neomycin-bacitracin zn-polymyxin</i>	94
MULTI VITAMIN.....	84	MYLICON INFANTS GAS RELIEF	52	<i>neomycin-bacitracin-polymyxin</i>	43
MULTI VITAMIN/D-3.....	84	MYLICON INFANTS GAS RELIEF DYE FREE.....	52	<i>neomycin-polymy-dexameth</i> ..	95
<i>multiple vitamin</i>	84	MYSOLINE.....	12	<i>neomycin-polymyxin w/ pramoxine</i>	43
<i>multiple vitamins w/ calcium</i> ..	76	<i>nabumetone</i>	3	<i>neomycin-polymyxin-gramicidin</i>	94
<i>multiple vitamins w/ iron</i>	77	<i>nadolol</i>	35	<i>neomycin-polymyxin-hc (ophth)</i>	95
<i>multiple vitamins w/ minerals</i>	80	<i>naloxone hcl</i>	20	<i>neomycin-polymyxin-hc (otic)</i>	97
MULTIPLE VITAMINS W/ MINERALS TABS - MISC.....	80	<i>naltrexone hcl</i>	20	NEORAL.....	75
MULTIVITAMIN.....	84	NAMENDA.....	99	NEOSPORIN ORIGINAL.....	43
MULTIVITAMIN ADULT.....	85	NAMENDA TITRATION PAK....	99	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH.....	43
MULTIVITAMIN GUMMIES CHILDRENS.....	87	<i>naphazoline w/ pheniramine</i> ..	95	NEURONTIN.....	12
MULTIVITAMIN INFANT & TODDLER.....	88	NAPHCN-A.....	95	NEUTROGENA T/GEL.....	49
MULTIVITAMIN INFANT/TODDLER.....	89	NAPROSYN.....	3	<i>nevirapine</i>	32
MULTIVITAMIN W/IRON/INFANT/TODDLER....	88	<i>naproxen</i>	3	NEXIUM 24HR.....	102
<i>mupirocin</i>	43	<i>naproxen sodium</i>	3	NEXIUM 24HR CLEAR MINIS.	102
<i>mupirocin calcium (topical)</i>	43	<i>naratriptan hcl</i>	72	<i>niacin</i>	105
MVW COMPLETE FORMULATION.....	80,87	NARCAN.....	20	<i>niacin (antihyperlipidemic)</i>	22
MVW COMPLETE FORMULATIOND3000.....	81	NARDIL.....	15	NIACIN TR.....	105
MVW COMPLETE FORMULATIOND500.....	81	NASACORT ALLERGY 24HR.....	92	NIASPAN.....	22
MVW COMPLETE FORMULATIONMINIS.....	81	NASACORT ALLERGY 24HR CHILDRENS.....	93	<i>nicardipine hcl</i>	36
MYAMBUTOL.....	27	NASALCROM.....	92	NICODERM CQ.....	100
MYCOBUTIN.....	27	<i>nateglinide</i>	19	NICORETTE.....	100
<i>mycophenolate mofetil</i>	74	NATROBA.....	48	NICORETTE MINI.....	100
<i>mycophenolate sodium</i>	74	NATURAL FIBER LAXATIVE.....	55	NICORETTE STARTER KIT.....	100
MYDRIACYL.....	94	NAYZILAM.....	12	<i>nicotine</i>	100
		NEBULIZER AIR TUBE/PLUGS..	68	<i>nicotine polacrilex</i>	100
		NEBULIZER CUP/TUBING.....	68	NICOTINE TRANSDERMAL SYSTEM.....	100
		NEBULIZER MASK ADULT.....	68	NICOTROL INHALER.....	100
		NEBULIZER MASK CHILD.....	68		
		<i>nefazodone hcl</i>	16		
		NEOMULTIVITE.....	85		

NICOTROL NS.....	100	NORPACE CR.....	9	OCUVITE ADULT 50+.....	81
<i>nifedipine</i>	36	NORPRAMIN.....	17	OCUVITE ADULT FORMULA....	81
NITRO-BID.....	8	<i>nortriptyline hcl</i>	17	OCUVITE LUTEIN.....	81
NITRO-DUR.....	8	NORVASC.....	36	ODEFSEY.....	32
<i>nitrofurantoin</i>	26	NORVIR.....	32	OFEV.....	100
<i>nitrofurantoin macrocrystal</i> ...	26	NOSE CLIP.....	68	<i>ofloxacin</i>	52
<i>nitrofurantoin monohyd macro</i>	26	NOVA SUREFLEX LANCETS.....	60	<i>ofloxacin (ophth)</i>	94
<i>nitroglycerin</i>	8	NOVOLIN 70/30.....	18	<i>ofloxacin (otic)</i>	96
NITROSTAT.....	8	NOVOLIN 70/30 FLEXPEN.....	18	OGIVRI.....	27
NIX CREME RINSE.....	48	NOVOLIN 70/30 FLEXPEN RELION.....	18	<i>olanzapine</i>	30
NORCO.....	6	NOVOLIN 70/30 RELION.....	18	<i>olmesartan medoxomil</i>	23
NORDITROPIN FLEXPEN.....	50	NOVOLIN N.....	18	<i>olmesartan medoxomil-</i> <i>amlodipine-hydrochlorothiazide</i>	24
<i>norelgestromin-ethinyl estradiol</i>	38	NOVOLIN N FLEXPEN.....	18	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i>	24
<i>norethin acet & estrad-fe</i>	37	NOVOLIN N FLEXPEN RELION.	18	OLUMIANT.....	2
<i>norethindrone & eth estradiol</i> 37		NOVOLIN N RELION.....	18	OMBRA TABLE TOP COMPRESSOR.....	68
<i>norethindrone & ethinyl</i> <i>estradiol-fe</i>	37	NOVOLIN R.....	18	<i>omega-3 fatty acids</i>	93
<i>norethindrone (contraceptive)</i>	38	NOVOLIN R RELION.....	19	<i>omeprazole</i>	102
<i>norethindrone acet & eth estra</i>	37	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION...	19	<i>omeprazole magnesium</i>	102
<i>norethindrone acetate</i>	98	NOVOLOG MIX 70/30 RELION	19	OMNICAP.....	85
<i>norethindrone acetate-ethinyl</i> <i>estradiol</i>	51	NULYTELY.....	55	<i>ondansetron</i>	20
<i>norethindrone acetate-ethinyl</i> <i>estradiol-fe</i>	38	NULYTELY/FLAVOR PACKS.....	55	<i>ondansetron hcl</i>	20
<i>norethindrone-eth estradiol</i> <i>(triphasic)</i>	38	NUMOISYN.....	76	ONE DAILY ESSENTIAL.....	85
<i>norgestimate-ethinyl estradiol</i>	38	NUPLAZID.....	29	ONE FLOW FVC MONITORING SPIROMETER.....	68
<i>norgestimate-ethinyl estradiol</i> <i>(triphasic)</i>	38	NUVARING.....	38	ONE FLOW TESTER TUBE MOUTHPIECE.....	68
<i>norgestrel & ethinyl estradiol</i> .	38	<i>nystatin</i>	20	ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES.....	85
NORPACE.....	9	<i>nystatin (mouth-throat)</i>	75	ONE-A-DAY ESSENTIAL.....	85
		<i>nystatin (topical)</i>	44	ONE-A-DAY MENS.....	85
		<i>nystatin-triamcinolone</i>	44		
		NYTOL MAXIMUM STRENGTH	55		
		OCEAN NASAL SPRAY.....	92		
		OCUFLOX.....	94		
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ONE-A-DAY/JOLLY RANCHER..	87	OPCON-A.....	95	OVACE PLUS WASH.....	45
ONE-DAILY MULTI CAPS.....	81	OPTICHAMBER ADVANTAGE/LARGE MASK.....	68	OVACE WASH.....	45
ONETOUCH CLUB LANCETS FINE POINT.....	60	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK.....	68	OVIDE.....	48
ONETOUCH DELICA LANCETS EXTRA FINE 33G.....	60	OPTICHAMBER ADVANTAGE/SMALL FACE MASK.....	68	<i>oxaprozin</i>	3
ONETOUCH DELICA LANCETS FINE 30G.....	60	OPTICHAMBER DIAMOND.....	69	OXAYDO.....	6
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G.....	60	OPTICHAMBER DIAMOND/LARGEFACE MASK	69	<i>oxazepam</i>	9
ONETOUCH DELICA PLUS LANCETS FINE 30G.....	60	OPTICHAMBER DIAMOND/MEDIUM FACE MASK.....	69	<i>oxcarbazepine</i>	13
ONETOUCH FINEPOINT LANCETS.....	60	OPTICHAMBER FACE MASK/LARGE.....	69	<i>oxybutynin chloride</i>	103
ONETOUCH ULTRA.....	49	OPTICHAMBER FACE MASK/MEDIUM.....	69	<i>oxycodone hcl</i>	6
ONETOUCH ULTRA 2.....	61	OPTICHAMBER FACE MASK/SMALL.....	69	<i>oxycodone w/ acetaminophen</i> ..	6
ONETOUCH ULTRA CONTROL..	61	OPTIHALER.....	69	<i>oxycodone-aspirin</i>	6
ONETOUCH ULTRA MINI.....	61	OPTIHALER MDI DRUG DELIVERY SYSTEM.....	69	<i>oyster shell</i>	72
ONETOUCH ULTRASOFT LANCETS.....	61	<i>oral electrolytes</i>	73	OYSTER SHELL CALCIUM 500+ D	72
ONETOUCH VERIO.....	61	ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT..	76	OYSTER SHELL CALCIUM/D.....	72
ONETOUCH VERIO CONTROL SOLUTION HIGH.....	61	<i>orphenadrine citrate</i>	92	PAMELOR.....	17
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM.....	61	ORTHO MICRONOR.....	38	PANCREAZE.....	49
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM.....	61	<i>oseltamivir phosphate</i>	34	<i>pantoprazole sodium</i>	102
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				PARI ERAPID NEBULIZER HANDSET.....	69
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PARI SOFT PLASTIC ADULT MASK.....	69	<i>chloride-sod sulfate</i>	55	<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	7
PARI SOFT PLASTIC PEDIATRIC MASK.....	69	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> .	55	<i>phenytoin</i>	13
PARI TREK S COMBO PACK.....	69	PEG-PREP.....	55	<i>phenytoin sodium extended</i> ...	13
PARI VORTEX ADULT MASK....	69	<i>penicillamine</i>	74	<i>phytonadione</i>	105
PARLODEL.....	28	<i>penicillin v potassium</i>	97	PIFELTRO.....	32
PARNATE.....	15	<i>pentoxifylline</i>	53	PILLOW MASK/ADULT.....	70
<i>paroxetine hcl</i>	15	PEPCID.....	102	PILLOW MASK/CHILD.....	70
PARVA-CAL.....	72	PEPCID AC.....	102	PILLOW MASK/PEDIATRIC.....	70
PAXIL.....	16	PEPCID AC MAXIMUM STRENGTH.....	102	<i>pilocarpine hcl</i>	94
PAXIL CR.....	16	PEPTO-BISMOL.....	19	<i>pilocarpine hcl (oral)</i>	76
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