

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).

နမူကတိက နညီ ကျိအယိ, နမန့် ကျိအတိမၤစၢလၢ တလံာ်ဘျုးလၢန့ၣ်လီၤ. ကိး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት 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 (amphetamine-dextroamphetamine)	NP	QL(2 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 (amphetamine-dextroamphetamine)	NP	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine cp24	P	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs	P	QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 5 MG (dextroamphetamine sulfate)	NP	QL(1 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 10 MG (dextroamphetamine sulfate)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 5 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate tabs 10 mg, 10 mg	P	QL(2 ea daily); AL(At least 3 yrs old)
dextroamphetamine sulfate cp24 10 mg, 10 mg	P	QL(2 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS	P	QL(1 ea daily)
Analeptics		
caffeine citrate soln or	P	Limit 2 fills per Lifetime; 2 rti MAX fill; 999 rti day(s) supply; QL(45 ml per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl	P	AL(At least 6 yrs old); ST
clonidine hcl (adhd) tb12	P	
guanfacine hcl (adhd)	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV (guanfacine hcl (adhd))	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (clonidine hcl (adhd))	NP	
STRATTERA (atomoxetine hcl)	NP	AL(At least 6 yrs old); ST
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	P	SP; PA
Stimulants - Misc.		
CONCERTA TBCR 18 MG, 18 MG, 18 MG (methylphenidate hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (methylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl tabs	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (dexmethylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tb24 36 mg	P	QL(2 ea daily)
methylphenidate hcl cpcr	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tabs 5 mg	P	QL(6 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tb24 54 mg, 54 mg, 54 mg	P	QL(1 ea daily)
methylphenidate hcl tbcR 36 mg, 36 mg, 36 mg	P	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcR 18 mg, 18 mg, 18 mg	P	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl tabs 10 mg, 10 mg</i>	P	QL(3 ea daily); AL(At least 3 yrs old)
RITALIN TABS 10 MG, 10 MG (<i>methylphenidate hcl</i>)	NP	QL(3 ea daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (<i>methylphenidate hcl</i>)	NP	QL(6 ea daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	P	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	P	QL(1 ea daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) caps 250 mg</i>	P	QL(4 ea daily)
Alternative Medicine - M's		
<i>melatonin tabs 5 mg, 5 mg</i>	P	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
<i>neomycin sulfate tabs</i>	P	
<i>tobramycin sulfate soln ij</i>	P	PA
<i>tobramycin sulfate solr</i>	P	PA
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

Drug Name	Drug Tier	Requirements/ Limits
Antirheumatic Antimetabolites		
METHOTREXATE	P	
OTREXUP SOAJ	P	SP; PA
RASUVO SOAJ 10 MG/0.2ML, 10 MG/0.2ML, 10 MG/0.2ML, 10 MG/0.2ML, 10 MG/0.2ML, 10 MG/0.2ML, 10 MG/0.2ML	P	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
AMJEVITA SOAJ	P	SP; PA
AMJEVITA SOSY 20 MG/0.4ML	P	SP; PA
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 SOAJ	P	SP; PA
SIMPONI SOSY	P	SP; PA
SIMPONI ARIA SOLN	P	SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOSY	P	SP; PA
ACTEMRA SOLN	P	SP; PA
ACTEMRA ACTPEN SOAJ	P	SP; PA
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 (naproxen sodium)	NP	QL(2 ea daily)
ANAPROX DS TABS (naproxen sodium)	NP	
CELEBREX (celecoxib)	NP	QL(2 ea daily); PA
celecoxib	P	QL(2 ea daily); PA
CHILDRENS ADVIL SUSP (ibuprofen)	NP	RX/OTC
CHILDRENS MOTRIN SUSP (ibuprofen)	NP	RX/OTC
DAYPRO (oxaprozin)	NP	
diclofenac potassium tabs 50 mg	P	
diclofenac sodium tb24	P	
diclofenac sodium tbec	P	
EC-NAPROSYN TBEC (naproxen)	NP	QL(2 ea daily)
etodolac tabs	P	
etodolac caps	P	
etodolac tb24	P	
FELDENE CAPS (piroxicam)	NP	
flurbiprofen tabs	P	
ibuprofen susp	P	RX/OTC
ibuprofen chew	P	
ibuprofen tabs 200 mg, 200 mg, 200 mg, 200 mg	P	
indomethacin cpcr	P	
indomethacin caps 50 mg, 50 mg	P	
INFANTS ADVIL SUSP (ibuprofen)	NP	
ketoprofen cp24	P	
ketoprofen caps 50 mg, 50 mg	P	
ketorolac tromethamine tabs	P	QL(20 ea per 31 days retail); AL(At least 17 yrs old)
LODINE TABS (etodolac)	NP	

Drug Name	Drug Tier	Requirements/ Limits
meloxicam tabs	P	
MOBIC TABS (meloxicam)	NP	
MOTRIN CHILDRENS CHEW (ibuprofen)	NP	
MOTRIN INFANTS DROPS SUSP (ibuprofen)	NP	
nabumetone	P	
NAPROSYN TABS 500 MG (naproxen)	NP	
NAPROSYN SUSP (naproxen)	NP	
naproxen susp	P	
naproxen tabs	P	
naproxen tbec	P	QL(2 ea daily)
naproxen sodium tabs 220 mg	P	QL(2 ea daily)
naproxen sodium tabs 275 mg, 275 mg	P	
oxaprozin	P	
piroxicam caps	P	
sulindac tabs	P	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	P	SP; PA
OTEZLA TBPK	P	SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA (leflunomide)	NP	QL(1 ea daily)
leflunomide	P	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	P	SP; PA
ENBREL SOSY	P	SP; PA
ENBREL SOLN	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		

Drug Name	Drug Tier	Requirements/ Limits
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 50 mg-325 mg</i>	P	
<i>butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg</i>	P	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine caps 40 mg-50 mg-325 mg</i>	P	QL(4 ea daily)
<i>butalbital-aspirin-caffeine caps</i>	P	QL(4 ea daily)
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	NP	QL(4 ea daily)
Analgesics Other		
<i>acetaminophen tabs 500 mg, 500 mg</i>	P	
<i>acetaminophen supp</i>	P	QL(12 ea per 31 days retail)
<i>acetaminophen elix</i>	P	
<i>acetaminophen chew</i>	P	
<i>acetaminophen liqd 160 mg/5ml</i>	P	
<i>acetaminophen susp 160 mg/5ml, 160 mg/5ml, 160 mg/5ml</i>	P	
<i>acetaminophen soln or 160 mg/5ml, 160 mg/5ml, 160 mg/5ml</i>	P	QL(240 ml per fill retail)
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	

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>aspirin chew</i>	P	
<i>aspirin tbec 325 mg, 325 mg</i>	P	
<i>aspirin tabs 325 mg</i>	P	
ASPIRIN SUPP 300 MG, 300 MG	P	QL(12 ea per 31 days retail)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
BUFFERIN (<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NP	
<i>diflunisal tabs</i>	P	
ECOTRIN 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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CODEINE SULFATE TABS	P	Opioid Smart PA; AL(At least 12 yrs old)	<i>morphine sulfate supp</i>	P	Opioid Smart PA; QL(0.78 ea daily)
DILAUDID TABS 4 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA	<i>morphine sulfate soln or 10 mg/0.5ml, 10 mg/0.5ml, 10 mg/0.5ml</i>	P	Opioid Smart PA
DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(4 ea daily)	MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	Opioid Smart PA; QL(3 ea daily)
DILAUDID TABS 2 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(8 ea daily)	OXAYDO TABS	P	Opioid Smart PA; QL(6 ea daily)
DURAGESIC PT72 12 MCG/HR, 12 MCG/HR, 12 MCG/HR, 12 MCG/HR, 12 MCG/HR (<i>fentanyl</i>)	NP	Opioid Smart PA; QL(0.34 ea daily)	<i>oxycodone hcl tabs</i>	P	Opioid Smart PA; QL(6 ea daily)
<i>fentanyl pt72 12 mcg/hr, 12 mcg/hr, 12 mcg/hr, 12 mcg/hr, 12 mcg/hr</i>	P	Opioid Smart PA; QL(0.34 ea daily)	<i>oxycodone hcl caps</i>	P	Opioid Smart PA; QL(6 ea daily)
<i>hydromorphone hcl tabs 2 mg</i>	P	Opioid Smart PA; QL(8 ea daily)	<i>oxycodone hcl soln</i>	P	Opioid Smart PA
<i>hydromorphone hcl tabs 4 mg</i>	P	Opioid Smart PA	<i>oxycodone hcl conc 100 mg/5ml</i>	P	Opioid Smart PA; QL(4 ml daily)
<i>hydromorphone hcl tabs 8 mg</i>	P	Opioid Smart PA; QL(4 ea daily)	ROXICODONE TABS (<i>oxycodone hcl</i>)	NP	Opioid Smart PA; QL(6 ea daily)
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 ea daily)	<i>tramadol hcl tabs 50 mg</i>	P	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)
<i>meperidine hcl soln or 50 mg/5ml</i>	P	Opioid Smart PA	ULTRAM TABS (<i>tramadol hcl</i>)	NP	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)
<i>meperidine hcl tabs 50 mg</i>	P	Opioid Smart PA; QL(6 ea daily)	Opioid Combinations		
<i>methadone hcl tabs 5 mg</i>	P	QL(4 ea daily); PA	<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 60 mg-300 mg</i>	P	Opioid Smart PA; QL(6 ea daily); AL(At least 12 yrs old)
<i>methadone hcl tabs 10 mg</i>	P	QL(10 ea daily); PA	<i>acetaminophen w/ codeine soln</i>	P	Opioid Smart PA; QL(30 ml daily); AL(At least 12 yrs old)
<i>morphine sulfate soln or 10 mg/5ml, 10 mg/5ml</i>	P	Opioid Smart PA; QL(16.67 ml daily)			
<i>morphine sulfate tabs</i>	P	Opioid Smart PA; QL(6 ea daily)			
<i>morphine sulfate tbc</i>	P	Opioid Smart PA; QL(3 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine w/ codeine 30 mg-40 mg-50 mg-325 mg</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine w/cod</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
<i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i>	P	Opioid Smart PA; QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	P	Opioid Smart PA; QL(10 ea daily)
<i>oxycodone w/ acetaminophen soln</i>	P	Opioid Smart PA
<i>oxycodone w/ acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	P	Opioid Smart PA; QL(6 ea daily)
<i>oxycodone-aspirin 325 mg-4.835 mg</i>	P	Opioid Smart PA; QL(6 ea daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	Opioid Smart PA; QL(6 ea daily)
<i>tramadol-acetaminophen</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 18 yrs old)
ULTRACET (<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

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate subl 2 mg-8 mg</i>	P	QL(3 ea daily); AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate film sl 0.5 mg-2 mg, 1 mg-4 mg</i>	P	QL(3 ea daily); AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg</i>	P	QL(12 ea daily); AL(At least 16 yrs old)
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily); AL(At least 16 yrs old)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 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		
METHITEST TABS	P	
<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	P	QL(62 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-shark liver oil-cocoa butter</i>	P	QL(12 ea per 31 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</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 susp</i>	P	QL(24 ml daily)
<i>alum & mag hydrox-simethicone liqd</i>	P	QL(24 ml daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) tabs 650 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		

Drug Name	Drug Tier	Requirements/ Limits
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 30 mg, 30 mg, 30 mg, 30 mg</i>	P	
<i>isosorbide mononitrate tabs</i>	P	QL(2 ea daily)
<i>isosorbide mononitrate tb24</i>	P	QL(1 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NP	
<i>nitroglycerin pt24</i>	P	
<i>nitroglycerin cpcr</i>	P	
<i>nitroglycerin subl</i>	P	
NITROSTAT SUBL (<i>nitroglycerin</i>)	NP	
ANTIANKXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 5 mg, 5 mg</i>	P	QL(6 ea daily)
<i>buspirone hcl 15 mg</i>	P	QL(4 ea daily)
<i>buspirone hcl 7.5 mg, 7.5 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	

Drug Name	Drug Tier	Requirements/ Limits
Benzodiazepines		
<i>alprazolam tabs</i>	P	QL(3 ea daily)
ATIVAN TABS 0.5 MG, 0.5 MG (<i>lorazepam</i>)	NP	QL(3 ea daily)
ATIVAN TABS 1 MG (<i>lorazepam</i>)	NP	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	P	QL(4 ea daily)
<i>clorazepate dipotassium tabs</i>	P	QL(3 ea daily)
<i>diazepam tabs</i>	P	QL(4 ea daily)
<i>diazepam soln or 5 mg/5ml</i>	P	
<i>lorazepam tabs 1 mg</i>	P	QL(4 ea daily)
<i>lorazepam tabs 0.5 mg, 0.5 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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
TIKOSYN (<i>dofetilide</i>)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
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 0.02 %</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 chew</i>	P	QL(1 ea daily)
<i>montelukast sodium tabs</i>	P	QL(1 ea daily)
<i>montelukast sodium pack</i>	P	QL(1 ea daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	NP	QL(1 ea daily)
<i>roflumilast</i>	P	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	P	QL(1 ea daily)
ASMANEX HFA AERO	P	QL(0.44 gm daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml, 0.5 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)
<i>fluticasone propionate hfa 44 mcg/act</i>	P	QL(11 gm per 25 days retail)
<i>fluticasone propionate hfa 110 mcg/act, 110 mcg/act</i>	P	QL(12 gm per 25 days retail)
PULMICORT SUSP 0.25 MG/2ML, 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(120 ml per fill retail); AL(Up to 8 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)
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	NP	QL(60 ea per 30 days retail); AL(At least 4 yrs old)
<i>albuterol sulfate aers</i>	P	QL(8.5 gm per fill retail; 17 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/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 syrp</i>	P	
<i>albuterol sulfate nebu 0.5 %, 0.5 %</i>	P	
<i>albuterol sulfate tb12</i>	P	
<i>albuterol sulfate tabs</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 nebu 1.25 mg/3ml, 1.25 mg/3ml</i>	P	QL(375 ml per 31 days retail)
<i>albuterol sulfate nebu 0.083 %</i>	P	QL(12.5 ml daily)
ALBUTEROL SULFATE NEBU	P	
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 31 days retail)
<i>fluticasone-salmeterol aepb 100 mcg/act-50 mcg/act, 250 mcg/act-50 mcg/act, 500 mcg/act-50 mcg/act</i>	P	QL(60 ea per 30 days retail); AL(At least 4 yrs old)
<i>ipratropium-albuterol soln</i>	P	QL(12 ml daily)
<i>levalbuterol tartrate</i>	P	QL(0.5 gm daily; 30 gm per 30 days retail)
SEREVENT DISKUS	P	1 rtl pack lmt per fill
<i>terbutaline sulfate tabs</i>	P	
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	QL(0.5 gm daily; 30 gm per 30 days retail)
Xanthines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THEO-24 CP24	P		<i>enoxaparin sodium sosal</i> 40 mg/0.4ml	P	Max 42 syringes in 180 days; QL(16.8 ml per 180 days retail); SP
<i>theophylline tb12 300 mg, 300 mg</i>	P		HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
<i>theophylline tb24</i>	P		<i>heparin sodium (porcine) soln ij 5000 unit/0.5ml, 5000 unit/0.5ml, 5000 unit/0.5ml, 5000 unit/0.5ml</i>	P	
<i>theophylline soln</i>	P	QL(475 ml per fill retail)	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
<i>theophylline elix</i>	P		LOVENOX SOSY 100 MG/ML, 100 MG/ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(42 ml per 180 days retail); SP
ANTICOAGULANTS - Blood Thinners			LOVENOX SOSY 80 MG/0.8ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(33.6 ml per 180 days retail); SP
Coumarin Anticoagulants			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
<i>warfarin sodium tabs</i>	P		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
Direct Factor Xa Inhibitors			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
ELIQUIS TABS	P	QL(2 ea daily)	ANTICONVULSANTS - Drugs to Treat Seizures		
ELIQUIS STARTER PACK TBPk	P	QL(2.47 ea daily)	Anticonvulsants - Benzodiazepines		
Heparins And Heparinoid-Like Agents			<i>clonazepam tabs</i>	P	QL(4 ea daily)
<i>enoxaparin sodium sosal</i> 30 mg/0.3ml	P	Max 42 syringes in 180 days; QL(12.6 ml per 180 days retail); SP	DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
<i>enoxaparin sodium sosal</i> 80 mg/0.8ml, 80 mg/0.8ml	P	Max 42 syringes in 180 days; QL(33.6 ml per 180 days retail); SP			
<i>enoxaparin sodium sosal</i> 60 mg/0.6ml	P	Max 42 syringes in 180 days; QL(25.2 ml per 180 days retail); SP			
<i>enoxaparin sodium soln ij</i> 300 mg/3ml	P	Max 42 syringes in 180 days; QL(126 ml per 180 days retail); SP			
<i>enoxaparin sodium sosal</i> 100 mg/ml, 100 mg/ml	P	Max 42 syringes in 180 days; QL(42 ml per 180 days retail); SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	LAMICTAL TABS (<i>lamotrigine</i>)	NP	
<i>diazepam (anticonvulsant) gel</i>	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	NP	
KLONOPIN TABS (<i>clonazepam</i>)	NP	QL(4 ea daily)	LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	QL(1 ea daily); ST
NAYZILAM	P	QL(10 ea per 30 days retail); PA	<i>lamotrigine tabs</i>	P	
VALTOCO LIQD	P	QL(10 ea per 30 days retail); PA	<i>lamotrigine chew</i>	P	
VALTOCO LQPK	P	QL(10 ea per 30 days retail); PA	<i>lamotrigine tb24</i>	P	QL(1 ea daily); ST
Anticonvulsants - Misc.			<i>levetiracetam tabs 500 mg</i>	P	QL(6 ea daily)
<i>carbamazepine tb12</i>	P		<i>levetiracetam soln or 100 mg/ml, 100 mg/ml</i>	P	QL(16 ml daily)
<i>carbamazepine tabs</i>	P		<i>levetiracetam tabs 1000 mg</i>	P	
<i>carbamazepine chew</i>	P		<i>levetiracetam tb24</i>	P	ST
<i>carbamazepine susp</i>	P		<i>levetiracetam tabs 250 mg, 250 mg</i>	P	QL(4 ea daily)
DIACOMIT CAPS 250 MG	P	QL(12 ea daily); SP; PA	MYSOLINE (<i>primidone</i>)	NP	
DIACOMIT CAPS 500 MG	P	QL(6 ea daily); SP; PA	NEURONTIN TABS 600 MG (<i>gabapentin</i>)	NP	QL(6 ea daily)
DIACOMIT PACK 250 MG	P	QL(12 ea daily); SP; PA	NEURONTIN TABS 800 MG (<i>gabapentin</i>)	NP	QL(4 ea daily)
DIACOMIT PACK 500 MG	P	QL(6 ea daily); SP; PA	NEURONTIN CAPS (<i>gabapentin</i>)	NP	QL(9 ea daily)
<i>gabapentin caps</i>	P	QL(9 ea daily)	NEURONTIN SOLN (<i>gabapentin</i>)	NP	
<i>gabapentin soln</i>	P		<i>oxcarbazepine tabs</i>	P	
<i>gabapentin tabs 600 mg</i>	P	QL(6 ea daily)	<i>oxcarbazepine susp</i>	P	
<i>gabapentin tabs 800 mg</i>	P	QL(4 ea daily)	<i>primidone</i>	P	
KEPPRA TABS 250 MG, 250 MG (<i>levetiracetam</i>)	NP	QL(4 ea daily)	TEGRETOL TABS (<i>carbamazepine</i>)	NP	
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP		TEGRETOL SUSP (<i>carbamazepine</i>)	NP	
KEPPRA TABS 500 MG (<i>levetiracetam</i>)	NP	QL(6 ea daily)	TEGRETOL-XR TB12 (<i>carbamazepine</i>)	NP	
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	NP	QL(16 ml daily)	TOPAMAX TABS 200 MG (<i>topiramate</i>)	NP	QL(2 ea daily)
KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	ST	TOPAMAX TABS 100 MG (<i>topiramate</i>)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX TABS 25 MG, 25 MG (<i>topiramate</i>)	NP	QL(6 ea daily)	<i>phenytoin sodium extended</i> 100 mg, 100 mg	P	
TOPAMAX SPRINKLE CPSP 15 MG (<i>topiramate</i>)	NP	QL(6 ea daily)	Succinimides		
TOPAMAX SPRINKLE CPSP 25 MG (<i>topiramate</i>)	NP	QL(8 ea daily)	<i>ethosuximide caps</i>	P	
<i>topiramate cpsp 15 mg</i>	P	QL(6 ea daily)	<i>ethosuximide soln</i>	P	
<i>topiramate tabs 100 mg</i>	P	QL(4 ea daily)	ZARONTIN SOLN (<i>ethosuximide</i>)	NP	
<i>topiramate tabs 200 mg</i>	P	QL(2 ea daily)	ZARONTIN CAPS (<i>ethosuximide</i>)	NP	
<i>topiramate cpsp 25 mg</i>	P	QL(8 ea daily)	Valproic Acid		
<i>topiramate tabs 25 mg, 25 mg</i>	P	QL(6 ea daily)	DEPAKOTE TBEC 125 MG (<i>divalproex sodium</i>)	NP	QL(2 ea daily)
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	NP		DEPAKOTE TBEC 500 MG (<i>divalproex sodium</i>)	NP	QL(7 ea daily)
TRILEPTAL TABS (<i>oxcarbazepine</i>)	NP		DEPAKOTE TBEC 250 MG (<i>divalproex sodium</i>)	NP	QL(3 ea daily)
ZONEGRAN CAPS 25 MG, 25 MG (<i>zonisamide</i>)	NP		DEPAKOTE ER TB24 500 MG (<i>divalproex sodium</i>)	NP	QL(7 ea daily)
<i>zonisamide caps</i>	P		DEPAKOTE ER TB24 250 MG (<i>divalproex sodium</i>)	NP	QL(3 ea daily)
Carbamates			DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	NP	QL(8 ea daily)
<i>felbamate tabs</i>	P		<i>divalproex sodium tb24 500 mg</i>	P	QL(7 ea daily)
<i>felbamate susp</i>	P		<i>divalproex sodium csdr</i>	P	QL(8 ea daily)
FELBATOL SUSP (<i>felbamate</i>)	NP		<i>divalproex sodium tb24 250 mg</i>	P	QL(3 ea daily)
FELBATOL TABS (<i>felbamate</i>)	NP		<i>divalproex sodium tbec 125 mg</i>	P	QL(2 ea daily)
GABA Modulators			<i>divalproex sodium tbec 500 mg</i>	P	QL(7 ea daily)
GABITRIL (<i>tiagabine hcl</i>)	NP		<i>divalproex sodium tbec 250 mg</i>	P	QL(3 ea daily)
<i>tiagabine hcl</i>	P		<i>valproate sodium soln iv 500 mg/5ml, 500 mg/5ml</i>	P	PA
Hydantoins			<i>valproate sodium soln or 250 mg/5ml</i>	P	
DILANTIN	P		<i>valproic acid caps</i>	P	
DILANTIN (<i>phenytoin sodium extended</i>)	NP		ANTIDEPRESSANTS - Drugs to Treat Depression		
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP				
DILANTIN-125 SUSP (<i>phenytoin</i>)	NP				
<i>phenytoin susp</i>	P				
<i>phenytoin chew</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Alpha-2 Receptor Antagonists (Tetracyclics)			WELLBUTRIN SR TB12 150 MG (<i>bupropion hcl</i>)	NP	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	P	QL(1.5 ea daily)	WELLBUTRIN XL TB24 150 MG (<i>bupropion hcl</i>)	NP	QL(3 ea daily)
<i>mirtazapine tabs 30 mg</i>	P	QL(1.5 ea daily)	WELLBUTRIN XL TB24 300 MG (<i>bupropion hcl</i>)	NP	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	P	QL(3 ea daily)	Monoamine Oxidase Inhibitors (MAOIs)		
<i>mirtazapine tabs 15 mg</i>	P	QL(3 ea daily)	NARDIL (<i>phenelzine sulfate</i>)	NP	
<i>mirtazapine tabs 7.5 mg, 7.5 mg</i>	P	QL(1 ea daily)	PARNATE (<i>tranylcypromine sulfate</i>)	NP	
<i>mirtazapine tbdp 45 mg</i>	P	QL(1 ea daily)	<i>phenelzine sulfate</i>	P	
REMERON TABS 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 ea daily)	<i>tranylcypromine sulfate</i>	P	
REMERON TABS 15 MG (<i>mirtazapine</i>)	NP	QL(3 ea daily)	Selective Serotonin Reuptake Inhibitors (SSRIs)		
REMERON SOLTAB TBDP 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 ea daily)	CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 ea daily); AL(At least 7 yrs old)
REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>)	NP	QL(3 ea daily)	CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(2 ea daily); AL(At least 7 yrs old)
REMERON SOLTAB TBDP 45 MG (<i>mirtazapine</i>)	NP	QL(1 ea daily)	CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	QL(4 ea daily)
Antidepressants - Misc.			<i>citalopram hydrobromide soln</i>	P	
<i>bupropion hcl tb12 150 mg</i>	P	QL(3 ea daily)	<i>citalopram hydrobromide tabs 20 mg</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
<i>bupropion hcl tb24 150 mg</i>	P	QL(3 ea daily)	<i>citalopram hydrobromide tabs 40 mg</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>bupropion hcl tb12 200 mg</i>	P	QL(2 ea daily)	<i>citalopram hydrobromide tabs 10 mg</i>	P	QL(4 ea daily)
<i>bupropion hcl tb24 300 mg</i>	P	QL(1 ea daily)	<i>escitalopram oxalate tabs 20 mg</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>bupropion hcl tabs</i>	P	QL(3 ea daily)	<i>escitalopram oxalate tabs 5 mg</i>	P	QL(4 ea daily)
<i>bupropion hcl tb12 100 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>maprotiline hcl</i>	P		<i>fluoxetine hcl tabs 20 mg</i>	P	QL(4 ea daily)
WELLBUTRIN SR TB12 100 MG (<i>bupropion hcl</i>)	NP	QL(4 ea daily)	<i>fluoxetine hcl caps 10 mg, 10 mg</i>	P	QL(4 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>bupropion hcl</i>)	NP	QL(2 ea daily)			

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

Drug Name	Drug Tier	Requirements/ Limits
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NP	QL(2 ea daily); AL(At least 7 yrs old)
<i>sertraline hcl tabs 25 mg, 25 mg</i>	P	QL(4 ea daily)
<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)
ZOLOFT TABS 25 MG, 25 MG (<i>sertraline hcl</i>)	NP	QL(4 ea daily)
ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	QL(2 ea daily); AL(At least 7 yrs old)
ZOLOFT CONC (<i>sertraline hcl</i>)	NP	QL(186 ml per 31 days retail)
Serotonin Modulators		
<i>nefazodone hcl</i>	P	
<i>trazodone hcl tabs 150 mg, 150 mg, 150 mg</i>	P	
<i>trazodone hcl tabs 300 mg</i>	P	QL(2 ea daily)
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
<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, 25 mg</i>	P	QL(1 ea daily)
<i>desvenlafaxine succinate 100 mg</i>	P	QL(4 ea daily)
<i>duloxetine hcl cpep 20 mg, 20 mg, 20 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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>)	NP	QL(4 ea daily)	<i>nortriptyline hcl caps</i>	P	
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	QL(2 ea daily)	PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	
PRISTIQ 25 MG, 25 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 ea daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	QL(4 ea daily)	Antidiabetic - Amylin Analogs		
<i>venlafaxine hcl tabs</i>	P		SYMLINPEN 120 SOPN	P	QL(11 ml per 31 days retail)
<i>venlafaxine hcl tb24 225 mg, 225 mg, 225 mg</i>	P	QL(1 ea daily); AL(At least 7 yrs old)	SYMLINPEN 60 SOPN	P	QL(6 ml per 31 days retail)
<i>venlafaxine hcl cp24 75 mg</i>	P	QL(5 ea daily)	Antidiabetic Combinations		
<i>venlafaxine hcl tb24 150 mg</i>	P	QL(1 ea daily)	ACTOPLUS MET TABS (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	P	QL(4 ea daily)	<i>alogliptin-metformin hcl</i>	P	QL(2 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	P	QL(2 ea daily)	<i>alogliptin-pioglitazone</i>	P	QL(1 ea daily)
Tricyclic Agents			<i>glipizide-metformin hcl</i>	P	
<i>amitriptyline hcl tabs</i>	P		<i>glyburide-metformin</i>	P	
<i>amoxapine</i>	P		<i>pioglitazone hcl-metformin hcl tabs</i>	P	QL(2 ea daily)
ANAFRANIL 75 MG (<i>clomipramine hcl</i>)	NP		SEGLUROMET	P	QL(2 ea daily)
<i>clomipramine hcl 75 mg</i>	P		SOLQUA 100/33	P	QL(0.6 ml daily); PA
<i>desipramine hcl tabs 25 mg</i>	P	QL(2 ea daily)	Biguanides		
<i>desipramine hcl tabs 10 mg, 10 mg, 10 mg, 10 mg, 10 mg</i>	P		<i>metformin hcl tb24 500 mg</i>	P	QL(4 ea daily)
<i>doxepin hcl caps</i>	P		<i>metformin hcl tabs 850 mg, 850 mg</i>	P	
<i>doxepin hcl conc</i>	P		<i>metformin hcl tb24 750 mg</i>	P	QL(3 ea daily)
<i>imipramine hcl tabs</i>	P		<i>metformin hcl tabs 500 mg</i>	P	QL(5 ea daily)
NORPRAMIN TABS 10 MG (<i>desipramine hcl</i>)	NP		Diabetic Other		
NORPRAMIN TABS 25 MG (<i>desipramine hcl</i>)	NP	QL(2 ea daily)	BD GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
<i>nortriptyline hcl soln</i>	P	QL(20 ml daily)	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glucagon (rdna)</i>	P	Limit 4 ea per 365 days retail	ADMELOG SOLOSTAR SOPN	P	QL(30 ml per 31 days retail)
GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	NP	Limit 4 ea per 365 days retail	BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)
GLUCOSE CHEW	P	Limit 50 ea per 31 days retail	HUMULIN 70/30 SUSP	P	QL(40 ml per 31 days retail)
GNP GLUCOSE CHEW	P	Limit 50 ea per 31 days retail	HUMULIN 70/30 KWIKPEN SUPN	P	QL(30 ml per 31 days retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 ea per 31 days retail	HUMULIN N SUSP	P	QL(40 ml per 31 days retail)
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 ea per 31 days retail	HUMULIN N KWIKPEN SUPN	P	QL(30 ml per 31 days retail)
SM GLUCOSE CHEW	P	Limit 50 ea per 31 days retail	HUMULIN R SOLN IJ	P	QL(40 ml per 31 days retail)
TRUEPLUS GLUCOSE CHEW	P	Limit 50 ea per 31 days retail	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 31 days retail)
TRUEPLUS GLUCOSE ON THE GO CHEW	P	Limit 50 ea per 31 days retail	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(30 ml per 31 days retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			INSULIN GLARGINE SOPN	P	Viatis Brand Only; QL(1 ml daily)
<i>alogliptin benzoate</i>	P	QL(1 ea daily)	INSULIN GLARGINE SOLN	P	Viatis Brand Only; QL(1 ml daily)
Incretin Mimetic Agents			INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(30 ml per 31 days retail)
ADLYXIN SOPN	P	QL(0.2 ml daily); PA	NOVOLIN 70/30 SUSP	P	QL(40 ml per 31 days retail)
ADLYXIN STARTER PACK PNKT	P	QL(0.2 ml daily); PA	NOVOLIN 70/30 FLEXPEN SUPN	P	QL(30 ml per 31 days retail)
BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 days retail); PA	NOVOLIN 70/30 FLEXPEN RELION SUPN	P	QL(30 ml per 31 days retail)
BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 31 days retail); AL(At least 18 yrs old); PA	NOVOLIN 70/30 RELION SUSP	P	QL(40 ml per 31 days retail)
BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 31 days retail); AL(At least 18 yrs old); PA	NOVOLIN N SUSP	P	QL(40 ml per 31 days retail)
TRULICITY	P	QL(2 ml per 28 days retail); PA	NOVOLIN N FLEXPEN SUPN	P	QL(30 ml per 31 days retail)
Insulin			NOVOLIN N FLEXPEN RELION SUPN	P	QL(30 ml per 31 days retail)
ADMELOG SOLN IJ	P	QL(30 ml per 31 days retail)	NOVOLIN N RELION SUSP	P	QL(40 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN R SOLN IJ	P	QL(40 ml per 31 days retail)	<i>bismuth subsalicylate chew 262 mg</i>	P	
NOVOLIN R RELION SOLN IJ	P	QL(40 ml per 31 days retail)	<i>bismuth subsalicylate susp 525 mg/15ml, 525 mg/15ml</i>	P	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	P	QL(30 ml per 31 days retail)	PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>)	NP	
NOVOLOG MIX 70/30 RELION SUSP	P	QL(40 ml per 31 days retail)	PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	NP	
Insulin Sensitizing Agents			PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	NP	
ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 ea daily)	Antiperistaltic Agents		
<i>pioglitazone hcl</i>	P	QL(1 ea daily)	<i>diphenoxylate w/ atropine liqd</i>	P	
Meglitinide Analogues			<i>diphenoxylate w/ atropine tabs</i>	P	
<i>nateglinide</i>	P	QL(3 ea daily)	IMODIUM A-D TABS (<i>loperamide hcl</i>)	NP	QL(8 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			IMODIUM A-D CAPS (<i>loperamide hcl</i>)	NP	QL(8 ea daily); RX/OTC
STEGLATRO	P	QL(1 ea daily)	LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	NP	
Sulfonylureas			<i>loperamide hcl tabs</i>	P	QL(8 ea daily)
AMARYL 4 MG (<i>glimepiride</i>)	NP	QL(2 ea daily)	<i>loperamide hcl caps</i>	P	QL(8 ea daily); RX/OTC
AMARYL 1 MG, 1 MG (<i>glimepiride</i>)	NP	QL(4 ea daily)	ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>glimepiride 1 mg, 1 mg</i>	P	QL(4 ea daily)	Antidotes - Chelating Agents		
<i>glimepiride 4 mg</i>	P	QL(2 ea daily)	CHEMET	P	
<i>glipizide tabs</i>	P		<i>deferasirox tbso</i>	P	SP; PA
<i>glipizide tb24</i>	P		<i>deferasirox tabs</i>	P	SP; PA
GLUCOTROL TABS 10 MG (<i>glipizide</i>)	NP		<i>deferasirox pack</i>	P	SP; PA
GLUCOTROL XL TB24 (<i>glipizide</i>)	NP		EXJADE TBSO (<i>deferasirox</i>)	NP	SP; PA
<i>glyburide tabs</i>	P		JADENU TABS (<i>deferasirox</i>)	NP	SP; PA
<i>glyburide micronized 1.5 mg, 1.5 mg, 1.5 mg</i>	P		JADENU SPRINKLE PACK (<i>deferasirox</i>)	NP	SP; PA
GLYNASE (<i>glyburide micronized</i>)	NP		Antidotes and Specific Antagonists		
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea					
Antidiarrheal/Probiotic Agents - Misc.					

Drug Name	Drug Tier	Requirements/ Limits
VISTOGARD	P	
Opioid Antagonists		
<i>naloxone hcl soln 4 mg/10ml, 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>naloxone hcl liqd</i>	P	QL(4 ea 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 tabs 24 mg</i>	P	QL(1 ea per 14 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, 4 mg</i>	P	QL(20 ea per 31 days retail)
<i>ondansetron hcl soln ij</i>	P	
<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)
<i>meclizine hcl tabs 25 mg, 25 mg</i>	P	RX/OTC
<i>meclizine hcl chew</i>	P	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		

Drug Name	Drug Tier	Requirements/ Limits
Antifungals		
<i>griseofulvin microsize susp</i>	P	
<i>griseofulvin microsize tabs</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, 100 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 150 mg</i>	P	QL(2 ea per fill retail)
<i>fluconazole tabs 50 mg</i>	P	QL(3 ea per 14 days retail)
<i>fluconazole susr</i>	P	QL(70 ml per fill retail)
<i>fluconazole tabs 100 mg, 100 mg</i>	P	
<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		
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	

Drug Name	Drug Tier	Requirements/ Limits
<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 tabs 25 mg</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl liqd 12.5 mg/5ml, 12.5 mg/5ml, 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 elix 12.5 mg/5ml</i>	P	QL(240 ml per fill retail)
Antihistamines - Non-Sedating		
<i>cetirizine hcl chew</i>	P	QL(1 ea daily)
<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 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
<i>loratadine tabs</i>	P	QL(1 ea daily)
<i>loratadine soln</i>	P	QL(300 ml per fill retail)
<i>loratadine tbdp 10 mg</i>	P	QL(1 ea daily)
XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	NP	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl syrp</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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)
Antihistamines - Piperidines		
<i>cyroheptadine hcl syrp</i>	P	
<i>cyroheptadine hcl tabs</i>	P	
ANTHYPERLIPIDEMICS - 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 powd</i>	P	
<i>cholestyramine pack</i>	P	
<i>cholestyramine light powd</i>	P	
<i>cholestyramine light pack</i>	P	
COLESTID TABS (<i>colestipol hcl</i>)	NP	
COLESTID GRAN (<i>colestipol hcl</i>)	NP	
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NP	
<i>colestipol hcl gran</i>	P	
<i>colestipol hcl tabs</i>	P	
QUESTRAN PACK (<i>cholestyramine</i>)	NP	
QUESTRAN POWD (<i>cholestyramine</i>)	NP	
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	
Fibric Acid Derivatives		
<i>fenofibrate tabs 54 mg</i>	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate tabs 160 mg</i>	P	QL(1 ea daily)
FENOFIBRATE TABS	P	QL(1 ea daily)
<i>fenofibrate micronized 67 mg</i>	P	QL(2 ea daily)
<i>fenofibrate micronized 134 mg, 134 mg</i>	P	QL(1 ea daily)
<i>gemfibrozil tabs</i>	P	QL(2 ea daily)
LOPID TABS (<i>gemfibrozil</i>)	NP	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs</i>	P	QL(1 ea daily)
CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	QL(1 ea daily)
LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 ea daily)
<i>lovastatin tabs 10 mg, 10 mg</i>	P	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	P	QL(2 ea daily)
<i>pravastatin sodium</i>	P	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	P	QL(1 ea daily)
<i>simvastatin tabs 5 mg, 5 mg, 5 mg, 5 mg</i>	P	QL(1 ea daily)
ZOCOR TABS 10 MG, 10 MG, 10 MG (<i>simvastatin</i>)	NP	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	P	ST
ZETIA (<i>ezetimibe</i>)	NP	ST
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	P	
<i>niacin (antihyperlipidemic) tabs</i>	P	
NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
ALTACE CAPS 1.25 MG, 1.25 MG, 1.25 MG, 1.25 MG (<i>ramipril</i>)	NP	QL(2 ea daily)
<i>benazepril hcl 5 mg, 5 mg, 5 mg</i>	P	QL(1 ea daily)
<i>benazepril hcl 40 mg</i>	P	QL(2 ea daily)
<i>captopril</i>	P	QL(3 ea daily)
<i>enalapril maleate tabs</i>	P	QL(2 ea daily)
<i>fosinopril sodium</i>	P	QL(1 ea daily)
<i>lisinopril tabs 2.5 mg, 2.5 mg, 2.5 mg, 2.5 mg, 2.5 mg</i>	P	
LOTENSIN 10 MG, 10 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, 1 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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan tabs</i>	P	QL(1 ea daily)	BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	QL(1 ea daily); ST
Antiadrenergic Antihypertensives			<i>bisoprolol & hydrochlorothiazide 6.25 mg-10 mg, 6.25 mg-5 mg</i>	P	QL(1 ea daily)
CARDURA (<i>doxazosin mesylate</i>)	NP		<i>candesartan cilexetil-hydrochlorothiazide</i>	P	
<i>clonidine hcl tabs</i>	P		<i>captopril & hydrochlorothiazide 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg</i>	P	QL(2 ea daily)
<i>doxazosin mesylate</i>	P		DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
<i>guanfacine hcl</i>	P		DUTOPROL TB24	P	QL(1 ea daily)
<i>methyldopa tabs</i>	P		<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 ea daily)
MINIPRESS CAPS (<i>prazosin hcl</i>)	NP		EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP	ST
<i>prazosin hcl caps</i>	P		EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	ST
<i>terazosin hcl</i>	P		<i>fosinopril sodium & hydrochlorothiazide</i>	P	QL(1 ea daily)
Antihypertensive Combinations			HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
ACCURETIC 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily)	<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily)	<i>lisinopril & hydrochlorothiazide</i>	P	
ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily)	<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 ea daily)	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	P	ST	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 ea daily)
<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)			
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)			

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol & hydrochlorothiazide tabs 25 mg-100 mg, 25 mg-50 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 12.5 mg-20 mg</i>	P	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 mg-10 mg</i>	P	QL(3 ea daily)
TARKA 180 MG-2 MG, 240 MG-2 MG, 240 MG-4 MG (<i>trandolapril-verapamil hcl</i>)	NP	
<i>telmisartan-amlodipine</i>	P	
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
<i>trandolapril-verapamil hcl</i>	P	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	ST
TWYNSTA (<i>telmisartan-amlodipine</i>)	NP	
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (<i>bisoprolol & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
Vasodilators		
<i>hydralazine hcl tabs</i>	P	
<i>minoxidil 10 mg</i>	P	QL(10 ea daily)
<i>minoxidil 2.5 mg</i>	P	QL(3 ea daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole tabs</i>	P	
<i>trimethoprim tabs</i>	P	
TRIMETHOPRIM TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	
<i>methenamine-hyosc-methylene blue-sod phospheryl sal tabs 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-40.8 mg</i>	P	
<i>sulfamethoxazole-trimethoprim tabs</i>	P	
<i>sulfamethoxazole-trimethoprim susp</i>	P	
Glycopeptides		
FIRVANQ SOLR OR (<i>vancomycin hcl</i>)	NP	QL(300 ml per fill retail)
VANCOCIN CAPS 250 MG (<i>vancomycin hcl</i>)	NP	QL(8 ea daily)
VANCOCIN CAPS 125 MG (<i>vancomycin hcl</i>)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl solr or 25 mg/ml, 25 mg/ml, 25 mg/ml</i>	P	QL(300 ml per fill retail)
<i>vancomycin hcl solr iv 500 mg</i>	P	QL(14 ea per 31 days retail)
<i>vancomycin hcl solr iv 1 gm, 1 gm</i>	P	QL(14 ea per fill retail)
<i>vancomycin hcl caps 250 mg</i>	P	QL(8 ea daily)
<i>vancomycin hcl caps 125 mg</i>	P	QL(4 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML, 250 MG/5ML, 250 MG/5ML	P	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN 150 MG, 150 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, 150 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
Pleuromutilins		
XENLETA TABS	P	SP; PA
Urinary Anti-infectives		
MACROBID (<i>nitrofurantoin monohyd macro</i>)	NP	
MACRODANTIN 50 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NP	
<i>methenamine mandelate</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin</i>	P	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 mg, 50 mg</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	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 100 mg, 100 mg</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		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS (<i>pyridostigmine bromide</i>)	NP	
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	NP	
<i>pyridostigmine bromide tbc</i>	P	
<i>pyridostigmine bromide tabs 60 mg</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat		

Drug Name	Drug Tier	Requirements/ Limits
Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	P	
<i>isoniazid tabs</i>	P	
<i>isoniazid syrp</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	
TRECATOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melfhalan</i>)	NP	
LEUKERAN	P	
<i>melfhalan</i>	P	
MYLERAN TABS	P	
Antimetabolites		
<i>mercaptopurine tabs</i>	P	
<i>methotrexate sodium tabs</i> 2.5 mg, 2.5 mg, 2.5 mg, 2.5 mg, 2.5 mg	P	
<i>methotrexate sodium soln</i> 1000 mg/40ml, 1000 mg/40ml, 1000 mg/40ml, 1000 mg/40ml	P	
PURIXAN SUSP	P	
TREXALL TABS	P	
Antineoplastic - Angiogenesis Inhibitors		
MVASI	P	SP; PA
ZIRABEV	P	SP; PA
Antineoplastic - Antibodies		
ENHERTU	P	SP; PA
PADCEV	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
RUXIENCE	P	SP; PA
TRUXIMA	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>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 Combinations		
PHESGO	P	SP; PA
Antineoplastic Enzyme Inhibitors		
BRAFTOVI 75 MG	P	SP; PA
IBRANCE CAPS	P	SP; PA
IBRANCE TABS	P	SP; PA
ICLUSIG	P	QL(1 ea daily); SP; PA
INREBIC	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
MEKTOVI	P	SP; PA
ROZLYTREK	P	SP; PA
Antineoplastic Enzymes		
ASPARLAS	P	SP; PA
Antineoplastics Misc.		
HYDREA (<i>hydroxyurea</i>)	NP	
<i>hydroxyurea</i>	P	
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium tabs</i>	P	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	P	
LODOSYN (<i>carbidopa</i>)	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs</i>	P	
<i>trihexyphenidyl hcl soln</i>	P	QL(16.67 ml daily)
<i>trihexyphenidyl hcl tabs</i>	P	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	P	
<i>amantadine hcl soln</i>	P	
<i>bromocriptine mesylate caps</i>	P	
<i>bromocriptine mesylate tabs 2.5 mg</i>	P	
<i>carbidopa-levodopa tabs</i>	P	
<i>carbidopa-levodopa tbcr</i>	P	
DHIVY TABS	P	
MIRAPEX TABS 0.125 MG, 0.125 MG, 0.125 MG, 0.125 MG (<i>pramipexole dihydrochloride</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL TABS (<i>bromocriptine mesylate</i>)	NP	
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole dihydrochloride tabs</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>ropinirole hydrochloride tabs 0.25 mg, 0.25 mg, 0.25 mg</i>	P	QL(6 ea daily)
<i>ropinirole hydrochloride tabs 0.5 mg, 0.5 mg, 0.5 mg, 0.5 mg</i>	P	QL(3 ea daily)
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl caps</i>	P	
<i>selegiline hcl tabs</i>	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate tabs</i>	P	
<i>lithium carbonate tbcr</i>	P	
<i>lithium carbonate caps</i>	P	
LITHIUM CARBONATE POWD	P	
LITHOBID TBCR (<i>lithium carbonate</i>)	NP	
Antipsychotics - Misc.		
GEODON (<i>ziprasidone hcl</i>)	NP	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA (<i>lurasidone hcl</i>)	NP	
<i>lurasidone hcl</i>	P	
NUPLAZID TABS 10 MG	P	QL(1 ea daily); PA
NUPLAZID CAPS	P	QL(1 ea daily); PA
<i>ziprasidone hcl</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ml per 28 days retail); SP; PA	<i>risperidone tabs</i>	P	QL(4 ea daily); AL(At least 5 yrs old)
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ml per 28 days retail); SP; PA	<i>risperidone tbdp</i>	P	QL(2 ea daily); AL(At least 5 yrs old)
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ml per 28 days retail); SP; PA	<i>risperidone soln</i>	P	QL(4 ml daily); AL(At least 5 yrs old)
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ml per 28 days retail); SP; PA	Butyrophenones		
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ml per 28 days retail); SP; PA	HALDOL DECANOATE 100 (<i>haloperidol decanoate</i>)	NP	
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	HALDOL DECANOATE 50 (<i>haloperidol decanoate</i>)	NP	
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	<i>haloperidol tabs 0.5 mg, 0.5 mg, 0.5 mg, 0.5 mg</i>	P	QL(3 ea daily)
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	<i>haloperidol tabs 20 mg</i>	P	
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	<i>haloperidol decanoate</i>	P	
PERSERIS PRSY	P	QL(1 ea per 28 days retail); SP; PA	<i>haloperidol lactate conc</i>	P	
RISPERDAL SOLN (<i>risperidone</i>)	NP	QL(4 ml daily); AL(At least 5 yrs old)	Dibenzapines		
RISPERDAL TABS 0.5 MG, 0.5 MG, 0.5 MG, 0.5 MG (<i>risperidone</i>)	NP	QL(4 ea daily); AL(At least 5 yrs old)	<i>clozapine tabs 100 mg</i>	P	QL(9 ea daily); AL(At least 18 yrs old)
RISPERDAL CONSTA	P	2 rtl MAX fill; 28 rtl day(s) supply; SP; PA	<i>clozapine tabs 25 mg, 25 mg, 25 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
			CLOZARIL TABS 50 MG, 50 MG, 50 MG (<i>clozapine</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
			CLOZARIL TABS 100 MG (<i>clozapine</i>)	NP	QL(9 ea daily); AL(At least 18 yrs old)
			<i>loxapine succinate</i>	P	QL(4 ea daily)
			<i>olanzapine tabs 7.5 mg, 7.5 mg</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
			<i>olanzapine tabs 2.5 mg, 2.5 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
			<i>olanzapine tabs 15 mg, 15 mg</i>	P	QL(1 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate tabs 25 mg, 25 mg, 25 mg, 25 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old)	ABILIFY MAINTENA SRER	P	QL(1 ea per 28 days retail); SP; PA
<i>quetiapine fumarate tabs 300 mg, 300 mg</i>	P	QL(2 ea daily); AL(At least 10 yrs old)	<i>aripiprazole tbdp</i>	P	QL(1 ea daily); AL(At least 6 yrs old); PA
SEROQUEL TABS 25 MG, 25 MG, 25 MG, 25 MG (<i>quetiapine fumarate</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)	<i>aripiprazole soln or</i>	P	QL(750 ml per 31 days retail); AL(At least 6 yrs old); PA
SEROQUEL TABS 300 MG, 300 MG (<i>quetiapine fumarate</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)	<i>aripiprazole tabs</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
ZYPREXA TABS 2.5 MG, 2.5 MG (<i>olanzapine</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)	ARISTADA 1064 MG/3.9ML	P	1 rtl MAX fill; 56 rtl day(s) supply; QL(4 ml per fill retail); SP; PA
ZYPREXA TABS 7.5 MG, 7.5 MG (<i>olanzapine</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)	ARISTADA 882 MG/3.2ML	P	QL(3.2 ml per 28 days retail); SP; PA
ZYPREXA TABS 15 MG, 15 MG (<i>olanzapine</i>)	NP	QL(1 ea daily); AL(At least 10 yrs old)	ARISTADA 441 MG/1.6ML	P	QL(1.6 ml per 28 days retail); SP; PA
Phenothiazines			ARISTADA 662 MG/2.4ML	P	QL(2.4 ml per 28 days retail); SP; PA
<i>chlorpromazine hcl tabs 25 mg, 25 mg, 25 mg, 25 mg</i>	P	QL(3 ea daily)	ARISTADA INITIO	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(2.5 ml per fill retail); SP; PA
<i>chlorpromazine hcl tabs 10 mg</i>	P	QL(10 ea daily)	Thioxanthenes		
<i>fluphenazine decanoate</i>	P		<i>thiothixene</i>	P	QL(3 ea daily)
<i>fluphenazine hcl tabs</i>	P		ANTISEPTICS & DISINFECTANTS		
<i>perphenazine tabs</i>	P	QL(4 ea daily)	Antiseptics & Disinfectants		
<i>prochlorperazine</i>	P		<i>formaldehyde soln 10 %</i>	P	QL(90 ml per fill retail)
<i>prochlorperazine maleate tabs</i>	P		Chlorine Antiseptics		
<i>thioridazine hcl</i>	P	QL(3 ea daily)	<i>chlorhexidine gluconate liqd</i>	P	
<i>trifluoperazine hcl tabs</i>	P	QL(2 ea daily)	HIBICLENS LIQD (<i>chlorhexidine gluconate</i>)	NP	
Quinolone Derivatives			ANTIVIRALS - Drugs to Treat Viral Infections		
ABILIFY TABS (<i>aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)	Antiretrovirals		
ABILIFY MAINTENA PRSY	P	QL(1 ea per 28 days retail); SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate soln</i>	P	QL(30 ml daily)	EPIVIR SOLN (<i>lamivudine</i>)	NP	QL(30 ml daily)
<i>abacavir sulfate tabs</i>	P	QL(2 ea daily)	EPIVIR TABS 150 MG (<i>lamivudine</i>)	NP	QL(2 ea daily)
<i>abacavir sulfate-lamivudine</i>	P	QL(1 ea daily)	EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NP	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine</i>	P	QL(2 ea daily)	<i>etravirine 200 mg</i>	P	QL(2 ea daily)
APTIVUS CAPS	P	QL(4 ea daily); ST	<i>etravirine</i>	P	QL(4 ea daily)
APTIVUS SOLN	P	QL(10 ml daily); ST	EVOTAZ	P	QL(1 ea daily)
<i>atazanavir sulfate caps 300 mg</i>	P		<i>fosamprenavir calcium tabs</i>	P	QL(4 ea daily)
<i>atazanavir sulfate caps 150 mg, 150 mg</i>	P	QL(2 ea daily)	GENVOYA	P	QL(1 ea daily)
BIKTARVY	P	QL(1 ea daily)	INTELENCE	P	QL(4 ea daily)
CIMDUO	P	QL(1 ea daily); ST	INTELENCE 200 MG (<i>etravirine</i>)	NP	QL(2 ea daily)
COMPLERA	P	QL(1 ea daily)	INTELENCE 100 MG (<i>etravirine</i>)	NP	QL(4 ea daily)
CRIXIVAN 400 MG	P	QL(6 ea daily)	INVIRASE TABS	P	QL(4 ea daily); ST
DELSTRIGO	P	QL(1 ea daily)	ISENTRESS PACK	P	QL(2 ea daily)
DESCOVY	P	QL(1 ea daily); PA	ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
DOVATO	P	QL(1 ea daily)	ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
EDURANT	P	QL(1 ea daily)	ISENTRESS TABS	P	QL(2 ea daily)
<i>efavirenz caps 200 mg</i>	P	QL(1 ea daily)	JULUCA	P	QL(1 ea daily)
<i>efavirenz tabs</i>	P	QL(1 ea daily)	KALETRA SOLN (<i>lopinavir-ritonavir</i>)	NP	QL(16 ml daily)
<i>efavirenz caps 50 mg</i>	P	QL(2 ea daily)	KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	NP	QL(6 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	NP	QL(4 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	<i>lamivudine tabs 300 mg</i>	P	QL(1 ea daily)
<i>emtricitabine caps</i>	P	QL(1 ea daily)	<i>lamivudine soln</i>	P	QL(30 ml daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg</i>	P	QL(1 ea daily)	<i>lamivudine tabs 150 mg</i>	P	QL(2 ea daily)
EMTRIVA CAPS (<i>emtricitabine</i>)	NP	QL(1 ea daily)	LEXIVA SUSP	P	QL(56 ml daily)
EMTRIVA SOLN	P	QL(24 ml daily)	LEXIVA TABS (<i>fosamprenavir calcium</i>)	NP	QL(4 ea daily)
EPIVIR TABS 300 MG (<i>lamivudine</i>)	NP	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lopinavir-ritonavir tabs 50 mg-200 mg</i>	P	QL(6 ea daily)	<i>stavudine caps</i>	P	QL(2 ea daily)
<i>lopinavir-ritonavir tabs 25 mg-100 mg</i>	P	QL(4 ea daily)	STRIBILD	P	QL(1 ea daily)
<i>lopinavir-ritonavir soln</i>	P	QL(16 ml daily)	SUSTIVA CAPS 200 MG (<i>efavirenz</i>)	NP	QL(1 ea daily)
<i>maraviroc tabs 300 mg</i>	P	QL(4 ea daily)	SUSTIVA CAPS 50 MG (<i>efavirenz</i>)	NP	QL(2 ea daily)
<i>maraviroc tabs 150 mg</i>	P	QL(2 ea daily)	SUSTIVA TABS (<i>efavirenz</i>)	NP	QL(1 ea daily)
<i>nevirapine susp</i>	P	QL(40 ml daily)	SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
<i>nevirapine tabs</i>	P	QL(2 ea daily)	SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
<i>nevirapine tb24 400 mg</i>	P	QL(1 ea daily)	TEMIXYS	P	QL(1 ea daily); ST
<i>nevirapine tb24 100 mg</i>	P	QL(3 ea daily)	<i>tenofovir disoproxil fumarate tabs</i>	P	QL(1 ea daily)
NORVIR TABS (<i>ritonavir</i>)	NP	QL(12 ea daily)	TIVICAY TABS 50 MG	P	
NORVIR SOLN	P	QL(15 ml daily)	TRIUMEQ TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
ODEFSEY	P		TRIZIVIR	P	QL(2 ea daily)
PIFELTRO	P	QL(1 ea daily)	TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
PREZCOBIX	P	QL(1 ea daily)	TYBOST	P	QL(1 ea daily); AL(At least 18 yrs old)
PREZISTA TABS 75 MG, 75 MG	P	QL(2 ea daily); ST	VIRACEPT TABS 250 MG	P	QL(9 ea daily)
PREZISTA SUSP	P	QL(12 ml daily); ST	VIRACEPT TABS 625 MG	P	QL(4 ea daily)
PREZISTA TABS 800 MG	P	QL(1 ea daily); ST	VIRAMUNE SUSP (<i>nevirapine</i>)	NP	QL(40 ml daily)
PREZISTA TABS 150 MG	P	QL(3 ea daily); ST	VIRAMUNE XR TB24 400 MG (<i>nevirapine</i>)	NP	QL(1 ea daily)
RETROVIR SYRP (<i>zidovudine</i>)	NP	QL(60 ml daily)	VIREAD TABS	P	QL(1 ea daily)
RETROVIR CAPS (<i>zidovudine</i>)	NP	QL(6 ea daily)	VIREAD POWD	P	QL(8 gm daily)
REYATAZ CAPS 150 MG, 150 MG (<i>atazanavir sulfate</i>)	NP	QL(2 ea daily)	VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
REYATAZ PACK	P	QL(6 ea daily)	ZIAGEN TABS (<i>abacavir sulfate</i>)	NP	QL(2 ea daily)
REYATAZ CAPS 300 MG (<i>atazanavir sulfate</i>)	NP				
<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 TABS 150 MG (<i>maraviroc</i>)	NP	QL(2 ea daily)			
SELZENTRY SOLN	P	QL(35 ml daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	QL(30 ml daily)	<i>oseltamivir phosphate susr</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)
<i>zidovudine caps</i>	P	QL(6 ea daily)	<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>zidovudine tabs</i>	P	QL(2 ea daily)	RELENZA DISKHALER	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s); AL(At least 5 yrs old)
<i>zidovudine syrp</i>	P	QL(60 ml daily)	TAMIFLU CAPS 45 MG, 45 MG (<i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)
CMV Agents			TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)
VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	QL(2 ea daily)	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)
<i>valganciclovir hcl tabs</i>	P	QL(2 ea daily)	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Hepatitis Agents			Alpha-Beta Blockers		
MAVYRET PACK	P	QL(6 ea daily); SP; PA	<i>carvedilol 3.125 mg, 3.125 mg, 3.125 mg</i>	P	QL(2 ea daily)
MAVYRET TABS	P	QL(3 ea daily); SP; PA	<i>carvedilol 25 mg</i>	P	QL(4 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS	P	QL(1 ea daily); SP; PA	<i>carvedilol phosphate</i>	P	QL(1 ea daily)
VEMLIDY	P	SP; PA	COREG 25 MG (<i>carvedilol</i>)	NP	QL(4 ea daily)
Herpes Agents			COREG 3.125 MG, 3.125 MG, 3.125 MG (<i>carvedilol</i>)	NP	QL(2 ea daily)
<i>acyclovir caps</i>	P	QL(50 ea per 31 days retail)	COREG CR (<i>carvedilol phosphate</i>)	NP	QL(1 ea daily)
<i>acyclovir tabs or 800 mg</i>	P	QL(50 ea per 31 days retail)	<i>labetalol hcl tabs 100 mg</i>	P	QL(3 ea daily)
<i>acyclovir tabs or 400 mg</i>	P	QL(3 ea daily)	<i>labetalol hcl tabs 200 mg</i>	P	QL(6 ea daily)
<i>acyclovir susp</i>	P	QL(400 ml per 31 days retail)			
<i>famciclovir</i>	P				
<i>valacyclovir hcl 1 gm, 1 gm</i>	P	QL(42 ea per 21 days retail)			
<i>valacyclovir hcl 500 mg</i>	P	QL(2 ea daily)			
VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(2 ea daily)			
VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(42 ea per 21 days retail)			
ZOVIRAX SUSP (<i>acyclovir</i>)	NP	QL(400 ml per 31 days retail)			
Influenza Agents					
<i>oseltamivir phosphate caps 45 mg, 45 mg</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)			

Drug Name	Drug Tier	Requirements/ Limits
<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 100 MG (<i>metoprolol tartrate</i>)	NP	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(4 ea daily)
<i>metoprolol succinate tb24 200 mg</i>	P	QL(2 ea daily)
<i>metoprolol succinate tb24 25 mg, 25 mg, 25 mg</i>	P	QL(4 ea daily)
<i>metoprolol tartrate tabs 100 mg</i>	P	QL(4.5 ea daily)
<i>metoprolol tartrate tabs 25 mg, 25 mg</i>	P	QL(4 ea daily)
TENORMIN TABS (<i>atenolol</i>)	NP	QL(2 ea daily)
TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 ea daily)
TOPROL XL TB24 25 MG, 25 MG, 25 MG (<i>metoprolol succinate</i>)	NP	QL(4 ea daily)
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 80 MG, 80 MG (<i>sotalol hcl</i>)	NP	
BETAPACE AF (<i>sotalol hcl (afib/af)</i>)	NP	QL(2 ea daily)
CORGARD TABS 20 MG, 20 MG, 20 MG (<i>nadolol</i>)	NP	QL(2 ea daily)
INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	QL(2 ea daily)
<i>nadolol tabs 20 mg, 20 mg, 20 mg</i>	P	QL(2 ea daily)
<i>pindolol tabs</i>	P	
<i>propranolol hcl cp24</i>	P	QL(2 ea daily)
<i>propranolol hcl soln or 20 mg/5ml, 20 mg/5ml</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol hcl tabs</i>	P	
<i>sotalol hcl tabs</i>	P	
<i>sotalol hcl (afib/af)</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, 30 MG, 30 MG (<i>diltiazem hcl</i>)	NP	QL(3 ea daily)
CARDIZEM CD CP24 180 MG, 180 MG, 180 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (<i>diltiazem hcl coated beads</i>)	NP	QL(2 ea daily)
<i>diltiazem hcl tabs</i>	P	QL(3 ea daily)
<i>diltiazem hcl cp24 120 mg, 120 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl cp24 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl cp12</i>	P	QL(2 ea daily)
<i>diltiazem hcl coated beads cp24 120 mg, 120 mg, 120 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl extended release beads 120 mg, 120 mg, 120 mg, 120 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl extended release beads 240 mg</i>	P	QL(2 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 tb24 30 mg, 30 mg</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine caps</i>	P	QL(4 ea daily)
NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 ea daily)
PROCARDIA XL TB24 30 MG, 30 MG (<i>nifedipine</i>)	NP	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (<i>nifedipine</i>)	NP	QL(2 ea daily)
TIAZAC 120 MG, 120 MG, 120 MG, 120 MG, 120 MG (<i>diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily)
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 tabs</i>	P	QL(3 ea daily)
<i>verapamil hcl cp24 120 mg, 120 mg, 120 mg, 120 mg</i>	P	QL(1 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 0.125 mg, 0.125 mg, 0.125 mg, 0.125 mg</i>	P	
<i>digoxin soln or 0.05 mg/ml</i>	P	
LANOXIN TABS 125 MCG, 125 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
Transthyretin Stabilizers		

Drug Name	Drug Tier	Requirements/ Limits
VYNDAMAX	P	SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil susr</i>	P	
<i>cefadroxil caps</i>	P	
<i>cefadroxil tabs</i>	P	
<i>cephalexin caps 250 mg, 250 mg</i>	P	
<i>cephalexin susr</i>	P	
Cephalosporins - 2nd Generation		
<i>cefaclor susr 250 mg/5ml, 250 mg/5ml, 250 mg/5ml</i>	P	
<i>cefaclor caps</i>	P	
<i>cefprozil tabs</i>	P	QL(20 ea per fill retail)
<i>cefprozil susr 250 mg/5ml</i>	P	1 rtl pack lmt per fill; AL(Up to 12 yrs old)
<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 caps</i>	P	QL(20 ea per fill retail)
<i>cefdinir susr</i>	P	1 rtl pack lmt per fill
<i>cefixime caps</i>	P	
<i>ceftriaxone sodium ij 1 gm, 1 gm, 1 gm</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	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel & ethinyl estradiol</i>	P		<i>norgestrel & ethinyl estradiol 30 mcg-0.3 mg</i>	P	QL(2 ea daily)
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P		SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P		TYBLUME CHEW	P	
<i>drospirenone-ethinyl estradiol 0.03 mg-3 mg</i>	P		YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	NP	
ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	NP		YAZ (<i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
<i>ethynodiol diacet & eth estrad 35 mcg-1 mg</i>	P		Combination Contraceptives - Transdermal		
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	NP		<i>norelgestromin-ethinyl estradiol</i>	P	
<i>levonorgestrel & eth estradiol tabs</i>	P		Combination Contraceptives - Vaginal		
<i>levonorgestrel-eth estradiol (triphasic)</i>	P		<i>etonogestrel-ethinyl estradiol</i>	P	QL(6 ea per fill retail)
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 mg-0.15 mg</i>	P		NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	NP	QL(6 ea per fill retail)
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP		Emergency Contraceptives		
<i>norethin acet & estrad-fe tabs 1 mg-20 mcg-75 mg, 1.5 mg-30 mcg-75 mg</i>	P		ELLA	P	QL(4 ea per 365 days retail)
<i>norethindrone & eth estradiol</i>	P		<i>levonorgestrel (emergency oc) 1.5 mg</i>	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per 21 days retail)
<i>norethindrone & ethinyl estradiol-fe</i>	P		PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per 21 days retail)
<i>norethindrone acet & eth estra</i>	P		Progestin Contraceptives - Injectable		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P		DEPO-PROVERA CONTRACEPTIVE SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
<i>norethindrone-eth estradiol (triphasic)</i>	P		DEPO-PROVERA CONTRACEPTIVE SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
<i>norgestimate-ethinyl estradiol</i>	P				
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)	<i>prednisolone sodium phosphate soln 15 mg/5ml, 15 mg/5ml, 15 mg/5ml</i>	P	
<i>medroxyprogesterone acetate (contraceptive) susp im</i>	P	QL(1 ml per fill retail)	<i>prednisolone sodium phosphate soln 20 mg/5ml</i>	P	QL(150 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susy im</i>	P	QL(1 ml per fill retail)	<i>prednisone tbpk</i>	P	
Progestin Contraceptives - Oral			<i>prednisone tabs</i>	P	
<i>norethindrone (contraceptive)</i>	P		<i>prednisone soln</i>	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			PREDNISONE INTENSOL CONC	P	
Glucocorticosteroids			Mineralocorticoids		
CORTEF TABS (<i>hydrocortisone</i>)	NP		<i>fludrocortisone acetate tabs</i>	P	
CORTISONE ACETATE TABS	P		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>dexamethasone soln</i>	P		Antitussives		
<i>dexamethasone elix</i>	P		<i>benzonatate 100 mg</i>	P	QL(6 ea daily); AL(At least 10 yrs old)
<i>dexamethasone tabs</i>	P		<i>benzonatate 200 mg</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(3 ea daily); AL(At least 10 yrs old)
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 4 mg/ml, 4 mg/ml</i>	P	QL(150 ml per 31 days retail)	DELSYM SUER (<i>dextromethorphan polistirex</i>)	NP	QL(240 ml per 6 days retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	P	QL(150 ml per 31 days retail)	DELSYM COUGH CHILDRENS SUER (<i>dextromethorphan polistirex</i>)	NP	QL(240 ml per 6 days retail)
<i>hydrocortisone tabs</i>	P		<i>dextromethorphan hbr liqd 7.5 mg/5ml</i>	P	QL(240 ml per 6 days retail)
MEDROL TABS 4 MG, 4 MG (<i>methylprednisolone</i>)	NP		<i>dextromethorphan polistirex suer</i>	P	QL(240 ml per 6 days retail)
MEDROL DOSEPAK TBPB (<i>methylprednisolone</i>)	NP		<i>dextromethorphan polistirex lqcr</i>	P	QL(240 ml per 6 days retail)
<i>methylprednisolone tabs 8 mg, 8 mg</i>	P		HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP	AL(At least 18 yrs old)
<i>methylprednisolone tbpk</i>	P				
PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	NP				
<i>prednisolone soln</i>	P				
<i>prednisolone tabs</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone bitartrate-homatropine methylbromide soln</i>	P	AL(At least 18 yrs old)	<i>dextromethorphan-guaifenesin liqd 100 mg/5ml-5 mg/5ml, 200 mg/5ml-200 mg/5ml-30 mg/5ml-30 mg/5ml, 400 mg/20ml-20 mg/20ml</i>	P	
TESSALON PERLES (benzonatate)	NP	QL(6 ea daily); AL(At least 10 yrs old)	<i>dextromethorphan-phenylephrine-acetaminophen caps</i>	P	
TRIAMINIC LONG ACTING COUGH LIQD (<i>dextromethorphan hbr</i>)	NP	QL(240 ml per 6 days retail)	DIMETAPP COLD & ALLERGY ELIX 2.5 MG/5ML-1 MG/5ML (<i>brompheniramine & phenyleph</i>)	NP	1 rtl MAX fill; 31 rtl day(s) supply; QL(120 ml per fill retail)
Cough/Cold/Allergy Combinations			ED BRON GP LIQD	P	QL(240 ml per 6 days retail)
<i>brompheniramine & phenyleph elix</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(120 ml per fill retail)	<i>guaifenesin-codeine syrp</i>	P	
<i>brompheniramine & pseudoeph liqd 15 mg/5ml-1 mg/5ml</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(120 ml per fill retail)	<i>guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml</i>	P	
<i>brompheniramine & pseudoeph elix</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(120 ml per fill retail)	<i>guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml</i>	P	
<i>cetirizine-pseudoephedrine</i>	P	QL(2 ea daily)	LOHIST-D LIQD	P	
COLD & FLU RELIEF NIGHTTIME D LIQD	P		<i>loratadine & pseudoephedrine tb24</i>	P	QL(1 ea daily)
<i>dextromethorphan-doxylamine-acetaminophen liqd</i>	P		<i>loratadine & pseudoephedrine tb12</i>	P	QL(2 ea daily)
<i>dextromethorphan-guaifenesin tb12 600 mg-30 mg</i>	P	QL(2 ea daily)	MAXI-TUSS PE LIQD	P	
<i>dextromethorphan-guaifenesin syrp 100 mg/5ml-10 mg/5ml, 100 mg/5ml-100 mg/5ml-10 mg/5ml-10 mg/5ml</i>	P	QL(240 ml per fill retail)	MAXI-TUSS PE MAX LIQD	P	QL(240 ml per 6 days retail)
<i>dextromethorphan-guaifenesin liqd 100 mg/5ml-10 mg/5ml, 150 mg/7.5ml-15 mg/7.5ml, 200 mg/10ml-20 mg/10ml, 200 mg/5ml-10 mg/5ml</i>	P	QL(240 ml per fill retail)	MUCINEX D TB12 (<i>pseudoephedrine-guaifenesin</i>)	NP	QL(210 ea per fill retail)
			MUCINEX D MAXIMUM STRENGTH TB12 (<i>pseudoephedrine-guaifenesin</i>)	NP	
			MUCINEX DM TB12 (<i>dextromethorphan-guaifenesin</i>)	NP	QL(2 ea daily)
			<i>phenylephrine-chlorphen-dm liqd 10 mg/5ml-4 mg/5ml-15 mg/5ml</i>	P	QL(240 ml per fill retail)
			<i>phenylephrine-dm liqd 2.5 mg/5ml-5 mg/5ml</i>	P	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-dm soln</i>	P	QL(240 ml per fill retail)	GERI-TUSSIN SYRP	P	QL(240 ml per 6 days retail)
<i>promethazine & phenylephrine syrp</i>	P	QL(240 ml per 6 days retail); AL(At least 2 yrs old)	<i>guaifenesin tb12 1200 mg</i>	P	
<i>promethazine w/codeine soln</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)	<i>guaifenesin tb12 600 mg</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(40 ea per fill retail)
<i>promethazine w/codeine syrp</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)	MUCINEX TB12 (<i>guaifenesin</i>)	NP	1 rtl MAX fill; 31 rtl day(s) supply; QL(40 ea per fill retail)
<i>promethazine-dm syrp</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)	MUCINEX MAXIMUM STRENGTH TB12 (<i>guaifenesin</i>)	NP	
<i>promethazine-phenylephrine-codeine</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)	<i>potassium iodide (expectorant) soln</i>	P	
<i>pseudoephed-bromphen-dm syrp 10 mg/5ml-30 mg/5ml-2 mg/5ml</i>	P	QL(240 ml per fill retail)	SSKI SOLN (<i>potassium iodide (expectorant)</i>)	NP	
<i>pseudoephedrine w/ dm-gg liqd 100 mg/5ml-30 mg/5ml-10 mg/5ml</i>	P	QL(240 ml per 6 days retail)	Misc. Respiratory Inhalants		
<i>pseudoephedrine-guaifenesin syrp 100 mg/5ml-30 mg/5ml</i>	P		<i>sodium chloride (inhalant) aers</i>	P	QL(240 ml per fill retail)
<i>pseudoephedrine-guaifenesin tb12 600 mg-60 mg</i>	P	QL(210 ea per fill retail)	<i>sodium chloride (inhalant) nebu 3 %, 3 %, 3 %</i>	P	
<i>pseudoephedrine-guaifenesin tb12 1200 mg-120 mg</i>	P		Mucolytics		
<i>pseudoephedrine-ibuprofen tabs</i>	P		<i>acetylcysteine soln</i>	P	
PX DAYTIME MULTI-SYMPTOM CAPS	P		DERMATOLOGICALS - Drugs to Treat Skin Conditions		
PX NITETIME MULTI-SYMPTOM CAPS	P		Acne Products		
SCOT-TUSSIN DM LIQD	P		ABSORICA 30 MG, 30 MG, 30 MG, 30 MG (<i>isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 12 yrs old); PA
VIRTUSSIN DAC SOLN	P		ACNE MEDICATION 10 LOTN	P	
Expectorants			ACNE MEDICATION 5 LOTN	P	
			BENZAC AC WASH LIQD 5 % (<i>benzoyl peroxide</i>)	NP	RX/OTC
			<i>benzoyl peroxide liqd 4 %, 4 %, 4 %, 4 %</i>	P	
			<i>benzoyl peroxide gel 5 %, 5 %, 5 %</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide bar</i>	P		<i>sulfacetamide sodium w/ sulfur lotn 10 %-5 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
BENZOYL PEROXIDE CLEANSER LIQD	P		<i>tretinoin crea 0.025 %, 0.025 %, 0.025 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NP		<i>tretinoin gel 0.025 %</i>	P	AL(Up to 35 yrs old)
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	NP	QL(60 ml per fill retail)	<i>tretinoin gel 0.01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) soln</i>	P		Antibiotics - Topical		
<i>clindamycin phosphate (topical) gel</i>	P	QL(60 gm per fill retail)	<i>bacitracin (topical) oint</i>	P	1 rtl pack lmt per fill
<i>clindamycin phosphate (topical) lotn</i>	P		<i>bacitracin zinc oint</i>	P	1 rtl pack lmt per fill
DIFFERIN DAILY DEEP CLEANSER LIQD (<i>benzoyl peroxide</i>)	NP	RX/OTC	CENTANY OINT	P	QL(30 gm per 31 days retail)
ERYGEL GEL (<i>erythromycin (acne aid)</i>)	NP	1 rtl pack lmt per fill	<i>gentamicin sulfate (topical) crea</i>	P	QL(1 gm daily; 30 gm per fill retail)
<i>erythromycin (acne aid) gel</i>	P	1 rtl pack lmt per fill	<i>gentamicin sulfate (topical) oint</i>	P	QL(1 gm daily; 30 gm per fill retail)
<i>erythromycin (acne aid) soln</i>	P		<i>mupirocin oint</i>	P	QL(30 gm per 31 days retail)
<i>isotretinoin 30 mg, 30 mg, 30 mg, 30 mg</i>	P	QL(2 ea daily); AL(At least 12 yrs old); PA	<i>mupirocin calcium (topical)</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
KLARON (<i>sulfacetamide sodium (acne)</i>)	NP	QL(118 ml per fill retail)	<i>neomycin-bacitracin-polymyxin oint</i>	P	QL(60 ea per 31 days retail)
RETIN-A GEL 0.01 % (<i>tretinoin</i>)	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	P	1 rtl pack lmt per fill
RETIN-A GEL 0.025 % (<i>tretinoin</i>)	NP	AL(Up to 35 yrs old)	NEOSPORIN ORIGINAL OINT (<i>neomycin-bacitracin-polymyxin</i>)	NP	QL(60 ea per 31 days retail)
RETIN-A CREA (<i>tretinoin</i>)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (<i>neomycin-polymyxin w/ pramoxine</i>)	NP	1 rtl pack lmt per fill
SODIUM SULFACETAMIDE/SULFUR SUSP 10 %-5 %	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 30 rtl day(s) supply	Antifungals - Topical		
<i>sulfacetamide sodium (acne)</i>	P	QL(118 ml per fill retail)	<i>clotrimazole (topical) soln</i>	P	1 rtl pack lmt per fill; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole (topical) crea</i>	P	QL(60 gm per 31 days retail); RX/OTC	<i>terbinafine hcl (topical) crea</i>	P	
<i>clotrimazole w/ betamethasone crea</i>	P	QL(45 gm per 31 days retail)	TINACTIN CREA (<i>tolnaftate</i>)	NP	QL(30 gm per fill retail)
<i>clotrimazole w/ betamethasone lotn</i>	P	QL(31 ml per 31 days retail)	<i>tolnaftate crea</i>	P	QL(30 gm per fill retail)
<i>econazole nitrate crea</i>	P	QL(30 gm per fill retail)	Antihistamines-Topical		
<i>ketoconazole (topical) crea</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	ITCH RELIEF CREA	P	
<i>ketoconazole (topical) sham 2 %</i>	P	QL(120 ml per fill retail)	Anti-inflammatory Agents - Topical		
<i>ketoconazole (topical) sham 1 %</i>	P		<i>diclofenac sodium (topical) gel ex</i>	P	QL(6.68 gm daily); RX/OTC
LAMISIL AT CREA (<i>terbinafine hcl (topical)</i>)	NP		VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	NP	QL(6.68 gm daily); RX/OTC
LAMISIL AT JOCK ITCH CREA (<i>terbinafine hcl (topical)</i>)	NP		Antineoplastic or Premalignant Lesion Agents - Topical		
LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NP	QL(60 gm per 31 days retail); RX/OTC	CARAC CREA (<i>fluorouracil (topical)</i>)	NP	
LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	NP	QL(60 gm per 31 days retail); RX/OTC	EFUDEX CREA (<i>fluorouracil (topical)</i>)	NP	QL(40 gm per 31 days retail)
MICATIN CREA (<i>miconazole nitrate (topical)</i>)	NP	QL(200 gm per 31 days retail)	<i>fluorouracil (topical) soln</i>	P	QL(10 ml per 31 days retail)
<i>miconazole nitrate (topical) crea</i>	P	QL(200 gm per 31 days retail)	<i>fluorouracil (topical) crea 5 %</i>	P	QL(40 gm per 31 days retail)
NIZORAL SHAM	P		<i>fluorouracil (topical) crea 0.5 %</i>	P	
<i>nystatin (topical) crea</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	Antipruritics - Topical		
<i>nystatin (topical) oint</i>	P	1 rtl pack lmt per fill	<i>camphor & menthol lotn</i>	P	1 rtl pack lmt per fill
<i>nystatin (topical) powd ex</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	SARNA LOTN (<i>camphor & menthol</i>)	NP	1 rtl pack lmt per fill
<i>nystatin-triamcinolone oint</i>	P	1 rtl pack lmt per fill	Antipsoriatics		
<i>nystatin-triamcinolone crea</i>	P	1 rtl pack lmt per fill	<i>calcipotriene soln</i>	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 31 rtl day(s) supply
			<i>calcipotriene crea</i>	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 31 rtl day(s) supply

Drug Name	Drug Tier	Requirements/ Limits
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 GEL (<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 CREA (<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 sham 1 %</i>	P	1 rtl pack lmt per fill
<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
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

Drug Name	Drug Tier	Requirements/ Limits
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 oint</i>	P	1 rtl pack lmt per fill
<i>acyclovir topical crea</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
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 crea</i>	P	
<i>betamethasone valerate lotn</i>	P	
<i>betamethasone valerate oint</i>	P	
<i>clobetasol propionate gel 0.05 %</i>	P	1 rtl pack lmt per fill
<i>clobetasol propionate soln 0.05 %</i>	P	1 rtl pack lmt per fill
<i>clobetasol propionate oint 0.05 %</i>	P	1 rtl pack lmt per fill
<i>clobetasol propionate crea 0.05 %</i>	P	1 rtl pack lmt per fill
<i>clobetasol propionate emollient base 0.05 %</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/ Limits
<i>desonide oint</i>	P	QL(2 gm daily)
<i>desonide crea</i>	P	QL(2 gm daily)
DESOWEN CREA (<i>desonide</i>)	NP	QL(2 gm daily)
<i>desoximetasone crea 0.05 %</i>	P	1 rtl pack lmt per fill
<i>desoximetasone crea 0.25 %</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	P	
<i>fluocinonide crea 0.05 %</i>	P	1 rtl pack lmt per fill
<i>fluocinonide oint</i>	P	1 rtl pack lmt per fill
<i>fluocinonide soln</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 0.05 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>hydrocortisone (topical) oint 2.5 %</i>	P	
<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) lotn 1 %, 1 %</i>	P	1 rtl pack lmt per fill
<i>hydrocortisone (topical) crea 2.5 %</i>	P	QL(120 gm per 31 days retail)
<i>hydrocortisone (topical) crea 1 %, 1 %</i>	P	1 rtl pack lmt per fill; RX/OTC
<i>hydrocortisone butyrate soln</i>	P	
<i>mometasone furoate soln</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/ Limits
<i>mometasone furoate crea</i>	P	1 rtl pack lmt per fill
<i>mometasone furoate oint</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 0.25 % (<i>desoximetasone</i>)	NP	1 rtl pack lmt per fill
TOPICORT CREA 0.05 % (<i>desoximetasone</i>)	NP	1 rtl pack lmt per fill
<i>triamcinolone acetonide (topical) crea 0.5 %</i>	P	1 rtl pack lmt per fill
<i>triamcinolone acetonide (topical) oint 0.1 %</i>	P	
<i>triamcinolone acetonide (topical) crea 0.025 %</i>	P	QL(30 gm per fill retail)
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	P	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.025 %</i>	P	1 rtl pack lmt per fill
<i>triamcinolone acetonide (topical) lotn</i>	P	1 rtl pack lmt per fill
TRIDESILON CREA 0.05 % (<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) crea</i>	P	QL(385 gm per 31 days retail); RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	QL(567 gm per 31 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Immunomodulating Agents - Topical			CAPZASIN-P CREA	P	1 rtl pack lmt per fill
ALDARA (<i>imiquimod</i>)	NP	QL(48 ea per 180 days retail)	CASTIVA WARMING LOTN	P	1 rtl pack lmt per fill
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)	<i>dibucaine</i>	P	1 rtl pack lmt per fill
Immunosuppressive Agents - Topical			<i>lidocaine crea 4 %</i>	P	1 rtl pack lmt per fill
ELIDEL (<i>pimecrolimus</i>)	NP	QL(100 gm per 31 days retail); AL(At least 2 yrs old); PA	<i>lidocaine hcl crea 4 %, 4 %</i>	P	1 rtl pack lmt per fill
<i>pimecrolimus</i>	P	QL(100 gm per 31 days retail); AL(At least 2 yrs old); PA	<i>lidocaine hcl gel 2 %</i>	P	QL(1 ml daily; 30 ml per fill retail)
PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	NP	QL(100 gm per 31 days retail); AL(At least 16 yrs old); PA	<i>lidocaine-prilocaine crea</i>	P	1 rtl pack lmt per fill
PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	NP	QL(100 gm per 31 days retail); AL(At least 2 yrs old); PA	LMX 4 CREA (<i>lidocaine</i>)	NP	1 rtl pack lmt per fill
<i>tacrolimus (topical) oint 0.03 %</i>	P	QL(100 gm per 31 days retail); AL(At least 2 yrs old); PA	RA ARTHRITIS PAIN RELIEF CREA	P	1 rtl pack lmt per fill
<i>tacrolimus (topical) oint 0.1 %</i>	P	QL(100 gm per 31 days retail); AL(At least 16 yrs old); PA	Misc. Topical		
Keratolytic/Antimitotic Agents			BASIS FACIAL MOISTURIZER CREA	P	
DERMAREST PSORIASIS GEL	P		BASIS OVERNIGHT CREA	P	
KERALYT GEL	P		DRYSOL SOLN	P	
KERALYT GEL (<i>salicylic acid</i>)	NP		EUCERIN ORIGINAL HEALING CREA (<i>skin protectants, misc.</i>)	NP	
<i>podofilox soln</i>	P		HYDROCERIN CREA	P	
<i>salicylic acid gel 6 %, 6 %</i>	P		<i>lanolin (topical) crea</i>	P	
Local Anesthetics - Topical			LANOLOR CREA	P	
<i>capsaicin crea 0.025 %, 0.025 %, 0.025 %, 0.025 %</i>	P	1 rtl pack lmt per fill	SENSI-CARE MOISTURIZING CREA	P	
CAPZASIN-HP CREA (<i>capsaicin</i>)	NP	1 rtl pack lmt per fill	<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) crea</i>	P	QL(45 gm per 31 days retail)
<i>metronidazole (topical) gel 0.75 %</i>	P	QL(45 gm per 31 days retail)
<i>metronidazole (topical) lotn</i>	P	
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	P	1 rtl pack lmt per fill
ELIMITE CREA (<i>permethrin</i>)	NP	QL(60 gm per fill retail)
LICEMD GEL	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 crea</i>	P	QL(60 gm per fill retail)
<i>permethrin liqd ex</i>	P	
<i>pyrethrins-piperonyl butoxide liqd</i>	P	
<i>pyrethrins-piperonyl butoxide sham 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	P	

Drug Name	Drug Tier	Requirements/ Limits
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 0.5 %</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 0.5 % (<i>coal tar extract</i>)	NP	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
CHEMSTRIP-K STRP	P	
KETONE STRP	P	
KETONE TEST STRIPS STRP	P	
KETOSTIX STRP	P	
ONETOUCH ULTRA STRP	P	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
RELION KETONE TEST STRIPS STRP	P	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
PANCREAZE CPEP	P	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide tabs</i>	P	
<i>acetazolamide cp12</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>methazolamide tabs</i>	P	
Diuretic Combinations		
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	NP	
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 ea daily)
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	NP	
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	P	
<i>triamterene & hydrochlorothiazide tabs 50 mg-75 mg</i>	P	
<i>triamterene & hydrochlorothiazide tabs 25 mg-37.5 mg</i>	P	QL(2 ea daily)
<i>triamterene & hydrochlorothiazide caps 25 mg-37.5 mg</i>	P	
Loop Diuretics		
<i>bumetanide tabs</i>	P	
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	NP	
<i>furosemide tabs</i>	P	
<i>furosemide soln or 10 mg/ml, 10 mg/ml</i>	P	
LASIX TABS (<i>furosemide</i>)	NP	
<i>torsemide tabs 5 mg, 5 mg, 5 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	

Drug Name	Drug Tier	Requirements/ Limits
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 mg, 25 mg</i>	P	
<i>hydrochlorothiazide caps</i>	P	
<i>hydrochlorothiazide tabs 25 mg, 25 mg</i>	P	
<i>indapamide tabs 1.25 mg, 1.25 mg</i>	P	
<i>metolazone</i>	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and 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, 35 mg</i>	P	QL(0.15 ea daily)
<i>alendronate sodium tabs 10 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
FORTEO SOPN	P	SP; PA
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 tabs 5 mg, 5 mg</i>	P	QL(1 ea daily); PA
<i>risedronate sodium tabs 35 mg</i>	P	QL(4 ea per 28 days retail); PA
<i>risedronate sodium tbec</i>	P	QL(4 ea per 28 days retail); PA
TYMLOS	P	SP; PA
Growth Hormones		

Drug Name	Drug Tier	Requirements/ Limits
NORDITROPIN FLEXPROM 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 SC	P	SP; PA
Metabolic Modifiers		
<i>calcitriol caps</i>	P	
CARNITOR SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)
CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(3 ea daily)
CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)
GALAFOLD	P	QL(0.5 ea daily); SP; PA
<i>levocarnitine (metabolic modifiers) soln or 1 gm/10ml</i>	P	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) tabs</i>	P	QL(3 ea daily)
ROCALTRON CAPS (<i>calcitriol</i>)	NP	
Posterior Pituitary Hormones		
DDAVP	P	QL(5 ml per fill retail); PA
DDAVP TABS (<i>desmopressin acetate</i>)	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
Somatostatic Agents		

Drug Name	Drug Tier	Requirements/ Limits
SANDOSTATIN LAR DEPOT KIT	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	Limit 8 patches per month; QL(0.286 ea daily)
<i>estradiol & norethindrone acetate tabs</i>	P	QL(1 ea daily)
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	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 (<i>estradiol</i>)	NP	Limit 4 patches per month; QL(0.143 ea daily)
ESTRACE TABS (<i>estradiol</i>)	NP	
<i>estradiol tabs</i>	P	
<i>estradiol ptwk</i>	P	Limit 4 patches per month; QL(0.143 ea daily)
<i>estradiol ptw 0.025 mg/24hr, 0.025 mg/24hr, 0.025 mg/24hr, 0.025 mg/24hr</i>	P	Limit 8 patches per month; QL(0.286 ea daily)
<i>estradiol ptw 0.0375 mg/24hr</i>	P	QL(0.286 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MINIVELLE PTTW 0.025 MG/24HR, 0.025 MG/24HR, 0.025 MG/24HR (<i>estradiol</i>)	NP	Limit 8 patches per month; QL(0.286 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR (<i>estradiol</i>)	NP	QL(0.286 ea daily)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.025 MG/24HR, 0.025 MG/24HR (<i>estradiol</i>)	NP	Limit 8 patches per month; QL(0.286 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR (<i>estradiol</i>)	NP	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 250 MG (<i>ciprofloxacin hcl</i>)	NP	
<i>ciprofloxacin hcl tabs 500 mg, 500 mg, 500 mg</i>	P	
<i>ciprofloxacin hcl tabs 100 mg</i>	P	QL(6 ea per fill retail)
<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 liqd or 20 mg/0.3ml</i>	P	
<i>simethicone chew 80 mg</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
Gallstone Solubilizing Agents		
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 soln or 5 mg/5ml, 5 mg/5ml</i>	P	
<i>metoclopramide hcl tabs</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)
CIMZIA PSKT	P	SP; PA
CIMZIA KIT	P	SP; PA
CIMZIA STARTER KIT PSKT	P	SP; PA
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 cpdr</i>	P	
<i>mesalamine enem</i>	P	QL(60 ml daily)
<i>mesalamine tbec 1.2 gm</i>	P	
<i>mesalamine tbec 800 mg</i>	P	QL(3 ea daily)
<i>mesalamine cp24</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
RENFLEXIS	P	SP; PA
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, 10 meq, 10 meq</i>	P	
<i>sodium citrate & citric acid</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) 0.9 %</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		
<i>phenazopyridine hcl tabs 100 mg, 100 mg, 100 mg</i>	P	
PYRIDIUM TABS (<i>phenazopyridine hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</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		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (<i>icatibant acetate</i>)	NP	SP; PA
<i>icatibant acetate soln</i>	P	SP; PA
<i>icatibant acetate sosy</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)
<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)

Drug Name	Drug Tier	Requirements/ Limits
PLAVIX 75 MG (clopidogrel bisulfate)	NP	QL(1 ea daily)
prasugrel hcl	P	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
Agents for Sickle Cell Disease		
ADAKVEO	P	SP; PA
DROXIA CAPS	P	
Cobalamins		
cyanocobalamin soln ij	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		
folic acid tabs 400 mcg, 400 mcg	P	QL(1 ea daily)
folic acid tabs 1 mg	P	RX/OTC
Hematopoietic Growth Factors		
REBLOZYL	P	SP; PA
RETACRIT	P	SP; PA
RETACRIT	P	SP; PA
ZARXIO	P	SP; PA
Hematopoietic Mixtures		
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (ferrous sulfate)	NP	QL(3.4 ml daily)
FERRETT'S TABS	P	QL(2 ea daily)
ferrous fumarate tabs	P	QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG	P	QL(3.34 ea daily)
ferrous sulfate soln	P	QL(3.4 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
ferrous sulfate tbec	P	
ferrous sulfate elix	P	
ferrous sulfate tabs 65 mg, 65 mg, 65 mg	P	
FERROUS SULFATE TBEC	P	
IRON TABS 28 MG, 28 MG, 28 MG	P	
IRON CHEWS PEDIATRIC CHEW	P	
polysaccharide iron complex caps 150 mg	P	QL(1 ea daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
LYSTEDA TABS (tranexamic acid)	NP	1 rtl MAX fill; 31 rtl day(s) supply; QL(30 ea per 5 days retail); AL(At least 12 yrs old)
tranexamic acid tabs	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		
diphenhydramine hcl (sleep) tabs 50 mg	P	
diphenhydramine hcl (sleep) tabs 25 mg	P	QL(4 ea daily)
diphenhydramine hcl (sleep) tabs 25 mg	P	QL(1 ea daily)
diphenhydramine hcl (sleep) caps 50 mg	P	
doxylamine succinate (sleep)	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Barbiturate Hypnotics			GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	NP	1 rtl pack lmt per fill
<i>phenobarbital tabs</i>	P		NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	NP	1 rtl pack lmt per fill
<i>phenobarbital elix</i>	P		peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	P	1 rtl pack lmt per fill
Non-Barbiturate Hypnotics			peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	1 rtl pack lmt per fill
AMBIEN TABS (zolpidem tartrate)	NP	QL(1 ea daily)	PEG-PREP	P	
<i>flurazepam hcl</i>	P	QL(1 ea daily)	sennosides-docusate sodium tabs	P	QL(4 ea daily)
HALCION 0.25 MG (triazolam)	NP		SENOKOT S TABS (sennosides-docusate sodium)	NP	QL(4 ea daily)
<i>midazolam hcl soln ij 10 mg/2ml, 10 mg/2ml, 10 mg/2ml, 10 mg/2ml, 10 mg/2ml</i>	P		Laxatives - Miscellaneous		
RESTORIL 15 MG, 15 MG (temazepam)	NP	QL(1 ea daily); AL(At least 18 yrs old)	<i>glycerin (laxative) supp 2 gm</i>	P	
<i>temazepam 15 mg, 15 mg</i>	P	QL(1 ea daily); AL(At least 18 yrs old)	GLYCERIN ADULT SUPP (glycerin (laxative))	NP	
<i>triazolam</i>	P		<i>lactulose soln</i>	P	
<i>zaleplon 5 mg</i>	P	QL(1 ea daily); AL(At least 18 yrs old)	MIRALAX POWD (polyethylene glycol 3350)	NP	QL(34 gm daily)
<i>zaleplon 10 mg</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	<i>polyethylene glycol 3350 powd</i>	P	QL(34 gm daily)
<i>zolpidem tartrate tabs</i>	P	QL(1 ea daily)	Saline Laxatives		
LAXATIVES - Bowel Treatment Drugs			FLEET ENEMA ENEM (sodium phosphates)	NP	
Bulk Laxatives			FLEET PEDIATRIC ENEM (sodium phosphates)	NP	
<i>calcium polycarbophil tabs</i>	P	QL(10 ea daily)	<i>magnesium citrate</i>	P	
FIBERCON TABS (calcium polycarbophil)	NP	QL(10 ea daily)	<i>magnesium hydroxide susp 1200 mg/15ml, 1200 mg/15ml, 1200 mg/15ml, 1200 mg/15ml</i>	P	QL(32 ml daily)
NATURAL FIBER LAXATIVE POWD	P		<i>sodium phosphates enem</i>	P	
<i>psyllium caps 0.52 gm</i>	P		Stimulant Laxatives		
<i>psyllium powd 28.3 %, 28.3 %, 28.3 %, 28.3 %, 28.3 %, 28.3 %</i>	P				
Laxative Combinations					

Drug Name	Drug Tier	Requirements/ Limits
<i>bisacodyl supp</i>	P	QL(12 ea per fill retail)
<i>bisacodyl tbec</i>	P	QL(1 ea daily)
DULCOLAX SUPP (<i>bisacodyl</i>)	NP	QL(12 ea per fill retail)
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 tabs</i>	P	
<i>docusate sodium caps 50 mg</i>	P	
<i>docusate sodium liqd</i>	P	
<i>docusate sodium syrp</i>	P	
<i>docusate sodium caps 100 mg, 100 mg</i>	P	QL(3 ea daily)
DOCUSATE SODIUM SYRP	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin tabs 250 mg</i>	P	QL(6 ea per fill retail)
<i>azithromycin tabs 600 mg</i>	P	QL(8 ea per 28 days retail)
<i>azithromycin susr 100 mg/5ml</i>	P	1 rtl pack lmt per fill
<i>azithromycin tabs 500 mg</i>	P	QL(4 ea daily)
<i>azithromycin pack</i>	P	QL(2 ea per fill retail)
<i>azithromycin susr 200 mg/5ml</i>	P	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX PACK (<i>azithromycin</i>)	NP	QL(2 ea per fill retail)
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 ea per fill retail)
ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ml per fill retail)
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(4 ea daily)
ZITHROMAX SUSR 100 MG/5ML (<i>azithromycin</i>)	NP	1 rtl pack lmt per fill
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	QL(6 ea per fill retail)
Clarithromycin		
<i>clarithromycin susr 250 mg/5ml</i>	P	2 rtl pack lmt per fill
<i>clarithromycin tabs</i>	P	QL(28 ea per fill retail)
<i>clarithromycin tb24</i>	P	QL(14 ea per fill retail)
<i>clarithromycin susr 125 mg/5ml</i>	P	1 rtl pack lmt per fill
Erythromycins		
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base cpep</i>	P	
<i>erythromycin base tabs</i>	P	
<i>erythromycin base tbec</i>	P	
<i>erythromycin ethylsuccinate tabs</i>	P	
<i>erythromycin ethylsuccinate susr</i>	P	
<i>erythromycin stearate tabs 250 mg</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
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		
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 3/SENSOR/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
LANCET DEVICE - MISC	P	1 per 180 days
LANCETS - MISC	P	6.67 per day; 200 per 30 days
ONETOUCH ULTRA 2 KIT	P	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRA CONTROL SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
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 MID CONTROL SOLUTION SOLN	P	
ONETOUCH VERIO REFLECT KIT	P	QL(1 ea per 365 days retail); RX/OTC
Misc. Devices		
ALCOHOL PREP PADS - MISC	P	Daily dose 16.67; 400 per claim; 500 per 30 days
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
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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREATHE EASE/LARGE MASK 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
BREATHE EASE/MEDIUM MASK 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
BREATHE EASE/SMALL MASK 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
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	CO MONITOR DEVI	P	RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	QL(2 ea per 360 days retail); RX/OTC	CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 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	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 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
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 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
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC
EASIVENT MISC	P	QL(2 ea per 360 days retail); RX/OTC	EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASIVENT/MASK-LARGE MISC	P	QL(2 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	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
EASIVENT/MASK-SMALL MISC	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
EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC	EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 days retail); RX/OTC	FILTER AIR PP MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	RX/OTC	FLEXICHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW HEPA FILTER 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
EASY FLOW WHITE/BLUE DEVI	P	RX/OTC	HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	RX/OTC	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	RX/OTC
EASY FLOW WHITE/PINK DEVI	P	RX/OTC			
EASY FLOW WHITE/WHITE DEVI	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	RX/OTC	MICROCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	RX/OTC	MICROCHAMBER MISC	P	QL(2 ea per 360 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC	MICROSPACER MISC	P	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTH THERMASK/INSPIRAMASK/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC	NEBULIZER CUP/TUBING DEVI	P	RX/OTC
INSPIRACHAMBER/SOOTH THERMASK/INSPIRAMASK/SMALL DEVI	P	QL(2 ea per 360 days retail); RX/OTC	NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
INSPIREASE DRUG DELIVERY SYSTEM MISC	P	QL(2 ea per 360 days retail); RX/OTC	NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
INSPIREASE RESERVOIR BAGS	P	QL(3 ea per 180 days retail)	NOSE CLIP MISC	P	QL(1 ea per 360 days retail); RX/OTC
KOKO PEAK PRO REPLACEMENT PLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	P	RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
MASK VORTEX/CHILD/FROG	P	QL(1 ea per 360 days retail); RX/OTC	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
MASK VORTEX/TODDLER/LADYBUG	P	QL(1 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND MISC	P	QL(2 ea per 360 days retail); RX/OTC
			OPTICHAMBER DIAMOND DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	PARI TREK S COMBO PACK DEVI	P	RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	PARI VORTEX ADULT MASK	P	QL(1 ea per 360 days retail); RX/OTC
PANDA MASK LARGE	P	QL(1 ea per 360 days retail); RX/OTC	PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
PANDA MASK MEDIUM	P	QL(1 ea per 360 days retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PANDA MASK SMALL	P	QL(1 ea per 360 days retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	1 per 360 days
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC	PEDIATRIC PANDA MASK	P	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KIT SIZE 1 MISC	P	QL(1 ea per 360 days retail); RX/OTC	PFLEX MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KIT SIZE 2 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
PARI BABY CONVERSION KIT SIZE 3 MISC	P	QL(1 ea per 360 days retail); RX/OTC	PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET 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
PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 days retail); RX/OTC	PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	RX/OTC	POCKET CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PARI MASK SET MISC	P	QL(1 ea per 360 days retail); RX/OTC	POCKET SPACER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 days retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	QL(2 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC
PRONEB ULTRA FILTER SET 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
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
QUAKE DEVI	P	RX/OTC	SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT AIR FILTER 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
REPLACEMENT FILTERS 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
RITEFLO DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	P	2 per 360 days
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC	SPIRO PD DEVI	P	RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	THRESHOLD IMT 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	THRESHOLD PEP DEVI	P	RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail); RX/OTC	TUBING/WING TIP 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	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	P	QL(2 ea per 360 days retail); RX/OTC
			VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 ea per 31 days retail); AL(At least 6 yrs old)
WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail); RX/OTC	<i>naratriptan hcl</i>	P	QL(9 ea per 31 days retail); AL(At least 18 yrs old)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			REL PAX (<i>eletriptan hydrobromide</i>)	NP	QL(6 ea per 31 days retail)
Migraine Combinations			<i>rizatriptan benzoate tbdp</i>	P	QL(12 ea per 31 days retail); AL(At least 6 yrs old)
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old)	<i>rizatriptan benzoate tabs</i>	P	QL(12 ea per 31 days retail); AL(At least 6 yrs old)
<i>ergotamine w/ caffeine tabs</i>	P	AL(At least 18 yrs old)	<i>sumatriptan</i>	P	QL(6 ea per 31 days retail); AL(At least 12 yrs old)
Serotonin Agonists			<i>sumatriptan succinate sosy 6 mg/0.5ml</i>	P	QL(2 ml per 31 days retail); AL(At least 12 yrs old)
AMERGE (<i>naratriptan hcl</i>)	NP	QL(9 ea per 31 days retail); AL(At least 18 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>eletriptan hydrobromide</i>	P	QL(6 ea per 31 days retail)	<i>sumatriptan succinate soct 6 mg/0.5ml</i>	P	QL(2 ml 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)	<i>sumatriptan succinate tabs</i>	P	QL(9 ea per 31 days retail); AL(At least 12 yrs old)
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)	<i>sumatriptan succinate soln 6 mg/0.5ml</i>	P	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX 5 MG/ACT, 5 MG/ACT (<i>sumatriptan</i>)	NP	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)
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)	<i>zolmitriptan soln 5 mg</i>	P	QL(6 ea 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	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan tbdp</i>	P	QL(6 ea per 31 days retail)	ENFAMIL ENFALYTE SOLN	P	
ZOMIG TABS 2.5 MG, 2.5 MG (<i>zolmitriptan</i>)	NP	QL(6 ea per 31 days retail)	EQUALYTE SOLN (<i>oral electrolytes</i>)	NP	
ZOMIG SOLN (<i>zolmitriptan</i>)	NP	QL(6 ea per 31 days retail); AL(At least 12 yrs old)	HYDRALYTE SOLN	P	
ZOMIG ZMT TBDP (<i>zolmitriptan</i>)	NP	QL(6 ea per 31 days retail)	HYDRALYTE FREEZER POPS SOLN	P	
MINERALS & ELECTROLYTES			KINDERLYTE SOLN	P	
Calcium			KINDERLYTE PREMAX SOLN	P	
CALCIUM 600+D HIGH POTENCY TABS	P	QL(2 ea daily)	<i>oral electrolytes soln</i>	P	
<i>calcium carbonate-cholecalciferol tabs 125 unit-500 mg, 200 unit-200 mg-500 mg, 200 unit-500 mg, 5 mcg-500 mg</i>	P		PEDIALYTE SOLN (<i>oral electrolytes</i>)	NP	
<i>calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 200 unit-600 mg, 400 unit-600 mg, 5 mcg-600 mg</i>	P	QL(2 ea daily)	PEDIALYTE ADVANCED CARE SOLN (<i>oral electrolytes</i>)	NP	
<i>calcium carbonate-vitamin d tabs 600 mg-200 unit, 600 mg-400 unit</i>	P	QL(2 ea daily)	PEDIALYTE FREEZER POPS SOLN (<i>oral electrolytes</i>)	NP	
<i>calcium carbonate-vitamin d tabs 125 unit-250 mg, 250 mg-125 unit, 500 mg-200 unit</i>	P		PEDIALYTE SINGLES SOLN (<i>oral electrolytes</i>)	NP	
<i>oyster shell</i>	P		Fluoride		
OYSTER SHELL CALCIUM/D TABS	P		<i>sodium fluoride chew 0.25 mg, 0.25 mg, 0.25 mg, 0.25 mg</i>	P	
PARVA-CAL	P		<i>sodium fluoride soln 0.5 mg/ml, 0.5 mg/ml</i>	P	RX/OTC
QC CALCIUM 500MG/D3 TABS	P		Magnesium		
Electrolyte Mixtures			MAGNESIUM CAPS 400 MG	P	
BIOLYTE SOLN	P		MAGNESIUM EXTRA STRENGTH CAPS	P	
CERASPORT SOLN	P		MAGNESIUM OXIDE CAPS	P	
CERASPORT EX1 SOLN	P		<i>magnesium oxide (mg supplement) tabs 400 mg</i>	P	
			MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>)	NP	
			Phosphate		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily); RX/OTC	CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NP	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 ea daily); RX/OTC	<i>cyclosporine caps</i>	P	
Potassium			<i>cyclosporine modified (for microemulsion) caps</i>	P	
K-TAB TBCR 10 MEQ, 10 MEQ (<i>potassium chloride</i>)	NP		<i>cyclosporine modified (for microemulsion) soln</i>	P	
<i>potassium bicarbonate tbef</i>	P		ENSPRYNG	P	SP; PA
<i>potassium chloride pack or 20 meq</i>	P		IMURAN TABS (<i>azathioprine</i>)	NP	
<i>potassium chloride tbc 10 meq, 10 meq</i>	P		<i>mycophenolate mofetil caps</i>	P	
<i>potassium chloride cpcr 8 meq</i>	P	QL(1 ea daily)	<i>mycophenolate mofetil tabs</i>	P	
<i>potassium chloride cpcr 10 meq</i>	P		<i>mycophenolate mofetil susr</i>	P	
<i>potassium chloride soln or 10 %, 10 %</i>	P		<i>mycophenolate sodium</i>	P	
<i>potassium chloride microencapsulated crystals er</i>	P		MYFORTIC (<i>mycophenolate sodium</i>)	NP	
Zinc			NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	NP	
<i>zinc sulfate caps</i>	P	QL(3.34 ea daily)	NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	NP	
MISCELLANEOUS THERAPEUTIC CLASSES			PROGRAF CAPS (<i>tacrolimus</i>)	NP	
Chelating Agents			RAPAMUNE SOLN (<i>sirolimus</i>)	NP	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	NP		RAPAMUNE TABS (<i>sirolimus</i>)	NP	
<i>penicillamine tabs</i>	P		SANDIMMUNE SOLN OR	P	QL(8 ml daily)
Immunosuppressive Agents			SANDIMMUNE CAPS (<i>cyclosporine</i>)	NP	
<i>azathioprine tabs</i>	P		<i>sirolimus soln</i>	P	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NP		<i>sirolimus tabs</i>	P	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NP		<i>tacrolimus caps</i>	P	
			Potassium Removing Agents		
			<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium polystyrene sulfonate powd</i>	P	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	P	2 rtl pack lmt per fill
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	NP	
Dental Products		
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>sodium fluoride (dental)</i>)	NP	QL(113 ml per 60 days retail)
PREVIDENT 5000 DRY MOUTH GEL (<i>sodium fluoride (dental)</i>)	NP	QL(113 ml per 60 days retail)
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>sodium fluoride (dental)</i>)	NP	QL(113 ml per 60 days retail)
PREVIDENT 5000 PLUS CREA (<i>sodium fluoride (dental)</i>)	NP	QL(113 gm per 60 days retail)
PREVIDENT FLUORIDE GEL (<i>sodium fluoride (dental)</i>)	NP	QL(113 gm per 60 days retail)
<i>sodium fluoride (dental) gel</i>	P	QL(113 gm per 60 days retail)
<i>sodium fluoride (dental) pste dt</i>	P	QL(113 gm per 60 days retail)
<i>sodium fluoride (dental) crea</i>	P	QL(113 gm per 60 days retail)
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/ Limits
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	P	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE 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</i>	P	QL(1 ea daily)
<i>b-complex vitamins caps</i>	P	QL(1 ea daily)
B-Complex w/ C		

Drug Name	Drug Tier	Requirements/ Limits
<i>b complex w/ c caps</i>	P	QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid caps</i>	P	QL(1 ea daily); RX/OTC
<i>b-complex w/ folic acid caps</i>	P	QL(1 ea daily); PA
<i>b-complex w/biotin & folic acid tabs</i>	P	QL(1 ea daily); PA
Multiple Vitamins w/ Calcium		
<i>multiple vitamins w/ calcium tabs</i>	P	QL(1 ea daily)
ONE-A-DAY WOMENS FORMULA TABS (multiple vitamins w/ calcium)	NP	QL(1 ea daily)
SM ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily)
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs</i>	P	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS CAPS	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	QL(1 ea daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
APPE-CURB CAPS	P	QL(1 ea daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	P	QL(1 ea daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	QL(1 ea daily); RX/OTC
BIO-35 IRON FREE CAPS	P	QL(1 ea daily); RX/OTC
BIOCAL CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CELEBRATE MULTI-COMplete18 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete36 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete45 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete60 CAPS	P	QL(1 ea daily); RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	P	QL(1 ea daily); RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC
CVS VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC
DECUBI-VITE CAPS	P	QL(1 ea daily); RX/OTC
DEKAS PLUS CAPS	P	QL(1 ea daily); RX/OTC
DEKAS PLUS OCEAN CAPS	P	QL(1 ea daily); RX/OTC
DEXATRAM CAPS	P	QL(1 ea daily); RX/OTC
EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN CAPS	P	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
FOLAGENT DHA CAPS	P	QL(1 ea daily); RX/OTC
FOLAMED DHA CAPS	P	QL(1 ea daily); RX/OTC
GENADEK STEP 1 CAPS	P	QL(1 ea daily); RX/OTC
GENADEK STEP 2 CAPS	P	QL(1 ea daily); RX/OTC
HEALTHY EYES SUPERVISION2 CAPS	P	QL(1 ea daily); RX/OTC
MENS 50+ ADVANCED CAPS	P	QL(1 ea daily); RX/OTC
MOOD FOOD ES CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>multiple vitamins w/ minerals caps</i>	P	QL(1 ea daily); RX/OTC	REMEDIENT CAPS	P	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS - MISC	P	1 per day	SUPER ANTIOXIDANT CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATION CAPS	P	QL(1 ea daily); RX/OTC	THERAMILL FORTE CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS	P	QL(1 ea daily); RX/OTC	THERANATAL LACTATION ONE CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS	P	QL(1 ea daily); RX/OTC	VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS	P	QL(1 ea daily); RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	P	QL(1 ea daily); RX/OTC
OCUVEL CAPS	P	QL(1 ea daily); RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	P	QL(1 ea daily); RX/OTC
OCUVITE ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC	VITABEX CAPS	P	QL(1 ea daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	P	QL(1 ea daily); RX/OTC	VITABEX PLUS CAPS	P	QL(1 ea daily); RX/OTC
OCUVITE LUTEIN CAPS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC CAPS	P	QL(1 ea daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS CAPS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPORT CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 CAPS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC/OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC	ZYVANA CAPS	P	QL(1 ea daily); RX/OTC
PRORENAL+D/OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC	Multivitamins		
PROTECT CARDIO AF CAPS	P	QL(1 ea daily); RX/OTC	AMLADEX TABS	P	QL(1 ea daily); RX/OTC
PROTECT PLUS SO CAPS	P	QL(1 ea daily); RX/OTC	DAILY MULTIPLE VITAMINS TABS	P	QL(1 ea daily); RX/OTC
PROTEGRA CAPS	P	QL(1 ea daily); RX/OTC	DERMACINRX DAVIMET CHEW	P	QL(1 ea daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	P	QL(1 ea daily); RX/OTC	ESTROFACTORS TABS	P	QL(1 ea daily); RX/OTC
			GENICIN VITA-Q TABS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	ACTIVNUTRIENTS CHEWABLE CHEW 1.05 MG-15 UNIT-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-60 MG-200 MG-1.05 MG, 1.9 MG-100 MCG-200 UNIT-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-100 MG-12 MG-1.5 MG-15 MG, 1.9 MG-100 MCG-200 UNIT-200 MCG-3000 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-100 MG-12 MG-1.5 MG-15 MG, 10 MG-0.333 MG-7.5 MCG-3 MG-150 UNIT-250 UNIT-0.043 MG-5 MCG-0.175 MG-0.013 MG-0.75 MG-11 MG-25 MCG-5 UNIT-85 MG-14 MG-16.75 MCG-66.75 MCG-31.25 MG, 10 MG-0.5 MG-37.5 MCG-100 MCG-200 UNIT-1.5 MCG-20 MCG-20 MCG-1000 UNIT-2.5 MG-15 MCG-9 UNIT-1.25 MG, 10 MG-1 MG-30 MCG-130 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-20 MCG-2.6 MG-1.35 MG-21 MCG-8.25 UNIT, 10 MG-1 MG-30 MCG-130 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-20 MCG-2.6 MG-1.35 MG-21 MG-200 UNIT, 10 MG-1 MG-30 MCG-70 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-20 MCG-2.6 MG-1.35 MG-21 MG-200 UNIT, 10 MG-1 MG-30 MCG-70 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-20 MCG-2.6 MG-21 MCG-8.25 UNIT-1.35 MG, 100 MG-1.9 MG-100 MCG-200 MCG-1500 UNIT-6 MCG-	P	QL(1 ea daily)
MULTI VITAMIN TABS	P	QL(1 ea daily); RX/OTC			
MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily); RX/OTC			
multiple vitamin tabs	P	QL(1 ea daily); RX/OTC			
MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC			
MULTIVITAMIN ADULT TABS	P	QL(1 ea daily); RX/OTC			
NEOMULTIVITE TABS	P	QL(1 ea daily); RX/OTC			
OMNICAP TABS	P	QL(1 ea daily); RX/OTC			
ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily); RX/OTC			
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC			
ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES CHEW	P	QL(1 ea daily); RX/OTC			
ONE-A-DAY ESSENTIAL TABS (multiple vitamin)	NP	QL(1 ea daily); RX/OTC			
ONE-A-DAY MENS TABS (multiple vitamin)	NP	QL(1 ea daily); RX/OTC			
QUINTABS TABS	P	QL(1 ea daily); RX/OTC			
THERA TABS	P	QL(1 ea daily); RX/OTC			
THEREMS MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC			
Ped Multi Vitamins w/FI & FE					
ped multivitamins w/fl & iron soln	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC			
Ped Multiple Vitamins w/ Minerals					
ACTIVNUTRIENTS CHEW	P	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
16000 UNIT-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG-200 UNIT, 100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG, 100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-3000 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG, 100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-5000 UNIT-6 MCG-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG-16000 UNIT, 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-1.25 MG, 15 MG-0.5 MG-37.5 MCG-100 MCG-200 UNIT-3 MCG-1000 UNIT-19 MG-2.5 MG-1.25 MG-15 MCG-9 UNIT, 15 MG-0.5 MG-37.5 MCG-100 MCG-300 UNIT-1.5 MCG-1000 UNIT-2.5 MG-1.25 MG-15 MCG-9 UNIT, 15 MG-0.5 MG-38 MCG-100 MCG-100 UNIT-2.5 MCG-19 MG-10 MCG-1000 UNIT-2.5 MG-20 MCG-10 UNIT-1.3 MG, 15 MG-0.5 MG-38 MCG-100 MCG-200 UNIT-1.5 MCG-19 MG-1000 UNIT-2.5 MG-15 MCG-9 UNIT-1.3 MG, 15 MG-0.5 MG-38 MCG-100 MCG-300 UNIT-1.5 MCG-1000 UNIT-2.5 MG-15 MCG-9 UNIT-1.3 MG, 15 MG-0.5 MG-38 MCG-100 MCG-7.5 MCG-1.5 MCG-300 MCG-2.5 MG-15 MCG-4.1 MG-1.3 MG, 15 MG-0.5 MG-38 MCG-9 UNIT-100			MCG-300 UNIT-1.5 MCG-1000 UNIT-2.5 MG-15 MCG-1.3 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-1.25 MG, 15 MG-38 MCG-100 MCG-0.5 MG-2.5 MG-7.5 MCG-4.1 MG-1.3 MG-15 MCG-300 MCG-1.5 MCG, 15 MG-6 MCG-60 MCG-0.3 MG-1.5 MG-7.5 MCG-3.5 MG-2.5 MG-45 MCG-200 MCG-0.6 MCG, 20 MG-1 MG-75 MCG-200 MCG-200 UNIT-3 MCG-1250 UNIT-212.5 MCG-2.5 MG-2.5 MG-187.5 MCG-1.5 MG-37.5 MCG-10 UNIT, 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-60 MG, 200 UNIT-40 MG-1 MG-150 MCG-200 MCG-0.75 MG-3 MCG-2500 UNIT-5 MG-0.85 MG-10 MG-10 MG-0.8 MG-20 MG-15 UNIT-0.1 MG-80 MG-60 MG, 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-38 MG-20 MCG-2000 UNIT-5 MG-2.5 MG-40 MCG-20 UNIT, 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-38 MG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-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-2.5 MG, 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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MG-1.6 MG-70 MCG, 45 MG-1.1 MG-6 MCG-150 MCG-0.6 MCG-6 MG-1.33 MG-500 MCG-183 UNIT, 45 MG-15 MCG-200 MCG-0.025 MG-2.5 MG-1.5 MG-1 MG-0.1 MG-25 MCG-0.5 MG-10 MCG-12.5 MG-5 MCG-2.5 MG-20 MCG-1.5 MG-38 MCG-350 MCG-5 MCG-0.5 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-8 MG, 60 MG-2 MG-50 MCG-200 MCG-300 UNIT-3.75 MCG-1.7 MG-10 MG-2500 UNIT-7.5 MG-2.5 MG-1.5 MG-2.5 MG-6.25 MG-12.5 MG-37.5 MCG-75 MCG-1 MG-15 MG-15 MCG-15 UNIT, 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-85 MCG, 7.5 MG-0.25 MG-22.5 MCG-7.5 UNIT-100 MCG-25 UNIT-1.5 MCG-1250 UNIT-5 MCG-5 MCG-1.25 MG-1 MG-2 MG-1 MG-15 MCG			FLINTSTONES GUMMIES COMPLETE CHEW <i>(pediatric multiple vitamin w/ minerals)</i>	NP	QL(1 ea daily)
			FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW <i>(pediatric multiple vitamin w/ minerals)</i>	NP	QL(1 ea daily)
			FLINTSTONES SOUR GUMMIES CHEW <i>(pediatric multiple vitamin w/ minerals)</i>	NP	QL(1 ea daily)
			FLINTSTONES TODDLER/TASTISMOOTH CHEW	P	QL(1 ea daily)
CENTRUM FLAVOR BURST KIDS CHEW	P	QL(1 ea daily)			
CENTRUM KIDS CHEW	P	QL(1 ea daily)			
FLINTSTONES GUMMIES CHEW <i>(pediatric multiple vitamin w/ minerals)</i>	NP	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP MULTI CHILDRENS CHEW 1.05 MG-15 UNIT-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-60 MG-200 MG-1.05 MG, 1.9 MG-100 MCG-200 UNIT-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-100 MG-12 MG-1.5 MG-15 MG, 1.9 MG-100 MCG-200 UNIT-200 MCG-3000 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-100 MG-12 MG-1.5 MG-15 MG, 10 MG-0.333 MG-7.5 MCG-3 MG-150 UNIT-250 UNIT-0.043 MG-5 MCG-0.175 MG-0.013 MG-0.75 MG-11 MG-25 MCG-5 UNIT-85 MG-14 MG-16.75 MCG-66.75 MCG-31.25 MG, 10 MG-0.5 MG-37.5 MCG-100 MCG-200 UNIT-1.5 MCG-20 MCG-20 MCG-1000 UNIT-2.5 MG-15 MCG-9 UNIT-1.25 MG, 10 MG-1 MG-30 MCG-130 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-20 MCG-2.6 MG-1.35 MG-21 MCG-8.25 UNIT, 10 MG-1 MG-30 MCG-130 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-20 MCG-2.6 MG-1.35 MG-21 MCG-8.25 UNIT, 10 MG-1 MG-30 MCG-70 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-20 MCG-2.6 MG-1.35 MG-21 MCG-8.25 UNIT, 10 MG-1 MG-30 MCG-70 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-2.6 MG-21 MCG-8.25 UNIT-1.35 MG, 100 MG-1.9 MG-100 MCG-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000	P	QL(1 ea daily)	MCG-10 MG-12 MG-1.5 MG-15 MG-200 UNIT, 100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG, 100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-3000 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG, 100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-5000 UNIT-6 MCG-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG-16000 UNIT, 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-1.25 MG, 15 MG-0.5 MG-37.5 MCG-100 MCG-200 UNIT-3 MCG-1000 UNIT-19 MG-2.5 MG-1.25 MG-15 MCG-9 UNIT, 15 MG-0.5 MG-37.5 MCG-100 MCG-300 UNIT-1.5 MCG-1000 UNIT-2.5 MG-1.25 MG-15 MCG-9 UNIT, 15 MG-0.5 MG-38 MCG-100 MCG-100 UNIT-2.5 MCG-19 MG-10 MCG-1000 UNIT-2.5 MG-20 MCG-10 UNIT-1.3 MG, 15 MG-0.5 MG-38 MCG-100 MCG-200 UNIT-1.5 MCG-19 MG-1000 UNIT-2.5 MG-15 MCG-9 UNIT-1.3 MG, 15 MG-0.5 MG-38 MCG-100 MCG-300 UNIT-1.5 MCG-1000 UNIT-2.5 MG-15 MCG-9 UNIT-1.3 MG, 15 MG-0.5 MG-38 MCG-100 MCG-7.5 MCG-1.5 MCG-300 MCG-2.5 MG-15 MCG-4.1 MG-1.3 MG, 15 MG-0.5 MG-38 MCG-9 UNIT-100 MCG-300 UNIT-1.5 MCG-		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
1000 UNIT-2.5 MG-15 MCG-1.3 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-1.25 MG, 15 MG-38 MCG-100 MCG-0.5 MG-2.5 MG-7.5 MCG-4.1 MG-1.3 MG-15 MCG-300 MCG-1.5 MCG, 15 MG-6 MCG-60 MCG-0.3 MG-1.5 MG-7.5 MCG-3.5 MG-2.5 MG-45 MCG-200 MCG-0.6 MCG, 20 MG-1 MG-75 MCG-200 MCG-200 UNIT-3 MCG-1250 UNIT-212.5 MCG-2.5 MG-2.5 MG-187.5 MCG-1.5 MG-37.5 MCG-10 UNIT, 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-60 MG, 200 UNIT-40 MG-1 MG-150 MCG-200 MCG-0.75 MG-3 MCG-2500 UNIT-5 MG-0.85 MG-10 MG-10 MG-0.8 MG-20 MG-15 UNIT-0.1 MG-80 MG-60 MG, 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-38 MG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-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-2.5 MG, 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-70 MCG, 45			MG-1.1 MG-6 MCG-150 MCG-0.6 MCG-6 MG-1.33 MG-500 MCG-183 UNIT, 45 MG-15 MCG-200 MCG-0.025 MG-2.5 MG-1.5 MG-1 MG-0.1 MG-25 MCG-0.5 MG-10 MCG-12.5 MG-5 MCG-2.5 MG-20 MCG-1.5 MG-38 MCG-350 MCG-5 MCG-0.5 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-8 MG, 60 MG-2 MG-50 MCG-200 MCG-300 UNIT-3.75 MCG-1.7 MG-10 MG-2500 UNIT-7.5 MG-2.5 MG-1.5 MG-2.5 MG-6.25 MG-12.5 MG-37.5 MCG-75 MCG-1 MG-15 MG-15 MCG-15 UNIT, 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-85 MCG, 7.5 MG-0.25 MG-22.5 MCG-7.5 UNIT-100 MCG-25 UNIT-1.5 MCG-1250 UNIT-5 MCG-5 MCG-1.25 MG-1 MG-2 MG-1 MG-15 MCG		
			HEALTHY KIDS GUMMIES CHEW	P	QL(1 ea daily)
			JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW	P	QL(1 ea daily)
			MULTIVITAMIN GUMMIES CHILDRENS CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MVW COMPLETE FORMULATION CHEW	P	QL(1 ea daily)	MULTIVITAMIN INFANT & TODDLER SOLN OR	P	QL(50 ml per fill retail)
ONE-A-DAY SCOOPY-DOO GUMMIES CHEW <i>(pediatric multiple vitamin w/ minerals)</i>	NP	QL(1 ea daily)	MULTIVITAMIN INFANT/TODDLER SOLN OR	P	QL(50 ml per fill retail)
ONE-A-DAY/JOLLY RANCHER CHEW <i>(pediatric multiple vitamin w/ minerals)</i>	NP	QL(1 ea daily)	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	QL(50 ml per fill retail)
<i>pediatric multiple vitamin w/ minerals chew</i>	P	QL(1 ea daily)	POLY-VI-SOL SOLN OR	P	QL(50 ml per fill retail)
VITALETS CHILDRENS CHEW	P	QL(1 ea daily)	POLY-VITA SOLN OR	P	QL(50 ml per fill retail)
YUMVSKIDS MULTI ZERO CHEW	P	QL(1 ea daily)	POLY-VITE PEDIATRIC SOLN OR	P	QL(50 ml per fill retail)
Ped MV w/ Fluoride			Prenatal Vitamins		
PEDIATRIC MULTIVITAMIN W/FL CHEW	P	AL: Up to 15 years	PRENATAL VITAMINS - MISC	P	
PEDIATRIC MULTIVITAMIN W/FL SOLN	P	AL: Up to 15 years	SELECT-OB+DHA MISC	P	QL(1 ea daily)
Ped MV w/ Iron			VITAFOL-ONE CAPS	P	QL(1 ea daily)
BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	QL(60 ml per fill retail)	Specialty Vitamins Products		
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	QL(60 ml per fill retail)	ADRENAL STRESS CALM TABS	P	QL(1 ea daily); RX/OTC
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	QL(60 ml per fill retail)	ALLERWELL ALLERGY FORMULA TABS	P	QL(1 ea daily); RX/OTC
POLY-VI-SOL/IRON SOLN	P	QL(60 ml per fill retail)	BIOTIN PLUS KERATIN TABS	P	QL(1 ea daily); RX/OTC
POLY-VITA/IRON SOLN	P	QL(60 ml per fill retail)	BRAIN MIGHT/DHA & CO Q10 TABS	P	QL(1 ea daily); RX/OTC
POLY-VITE/IRON SOLN	P	QL(60 ml per fill retail)	CENTRUM PERFORMANCE TABS	P	QL(1 ea daily); RX/OTC
Pediatric Multiple Vitamins			CENTRUM SPECIALIST ENERGY TABS	P	QL(1 ea daily); RX/OTC
BPROTECTED PEDIA POLY-VITE SOLN OR	P	QL(50 ml per fill retail)	CVS HAIR/SKIN/NAILS TABS	P	QL(1 ea daily); RX/OTC
			ELON MATRIX 5000 TABS	P	QL(1 ea daily); RX/OTC
			ELON MATRIX PLUS TABS	P	QL(1 ea daily); RX/OTC
			ELON MATRIX 5000 COMPLETE TABS	P	QL(1 ea daily); RX/OTC
			ELON MATRIX COMPLETE TABS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELON R3 TABS	P	QL(1 ea daily); RX/OTC	ZANAFLEX TABS 4 MG (tizanidine hcl)	NP	
HAIR FARE TABS	P	QL(1 ea daily); RX/OTC	Viscosupplements		
HAIR NOURISHING SUPPLEMENT TABS	P	QL(1 ea daily); RX/OTC	EUFLEXXA SOSY	P	SP; PA
HEALTHY HEART COMPLEX TABS	P	QL(1 ea daily); RX/OTC	HYALGAN SOSY	P	SP; PA
HEART TABS TABS	P	QL(1 ea daily); RX/OTC	MONOVISC	P	SP; PA
LIPIDSHIELD PLUS TABS	P	QL(1 ea daily); RX/OTC	ORTHOVISC	P	SP; PA
MG PLUS PROTEIN TABS	P	QL(1 ea daily); RX/OTC	SYNOJOYNT SOSY	P	SP; PA
MIL ADREGEN TABS	P	QL(1 ea daily); RX/OTC	SYNVISC SOSY	P	SP; PA
RA EAR CARE TABS	P	QL(1 ea daily); RX/OTC	SYNVISC ONE SOSY	P	SP; PA
<i>specialty vitamins products tabs</i>	P	QL(1 ea daily); RX/OTC	TRILURON SOSY	P	SP; PA
THERABETIC EYE HEALTH TABS	P	QL(1 ea daily); RX/OTC	NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
UPSPRING HE NATAL TABS	P	QL(1 ea daily); RX/OTC	Nasal Agents - Misc.		
Vitamins w/ Lipotropics			LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	1 rtl pack lmt per fill
<i>vitamins w/ lipotropics caps</i>	P	QL(1 ea daily)	OCEAN NASAL SPRAY SOLN (saline)	NP	1 rtl pack lmt per fill
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			<i>saline soln</i>	P	1 rtl pack lmt per fill
Central Muscle Relaxants			Nasal Antiallergy		
<i>baclofen tabs 10 mg, 10 mg</i>	P		<i>azelastine hcl</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s); RX/OTC
<i>chlorzoxazone tabs 500 mg</i>	P		<i>cromolyn sodium (nasal) 5.2 mg/act</i>	P	QL(26 ml per 31 days retail)
<i>cyclobenzaprine hcl tabs 7.5 mg</i>	P	QL(4 ea daily)	NASALCROM (<i>cromolyn sodium (nasal)</i>)	NP	QL(26 ml per 31 days retail)
<i>cyclobenzaprine hcl tabs 5 mg, 5 mg</i>	P	QL(3 ea daily)	Nasal Anticholinergics		
<i>methocarbamol tabs</i>	P		<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ml per 31 days retail)
<i>orphenadrine citrate tb12</i>	P	QL(2 ea daily)	<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 ml per 31 days retail)
<i>tizanidine hcl tabs</i>	P		Nasal Steroids		
			<i>budesonide (nasal)</i>	P	QL(9 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NP	1 rtl pack lmt per fill; RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	NP	1 rtl pack lmt per fill; RX/OTC
<i>flunisolide (nasal) 0.025 %</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 (<i>triamcinolone acetonide (nasal)</i>)	NP	QL(17 ml per 31 days retail); AL(At least 2 yrs old)
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 tb12</i>	P	QL(2 ea daily)
<i>pseudoephedrine hcl liqd 15 mg/5ml</i>	P	
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
Muscular Dystrophy Agents		
VYONDYS 53	P	SP; PA
NUTRIENTS		

Drug Name	Drug Tier	Requirements/ Limits
Carbohydrates		
POLYCOSE LIQD	P	QL(124 ml per 31 days retail)
POLYCOSE POWD	P	QL(350 gm 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		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	P	
<i>white petrolatum-mineral oil</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 (<i>dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per 31 days retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE	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 0.5 %</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	
<i>atropine sulfate (ophthalmic) soln</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>atropine sulfate (ophthalmic) oint</i>	P	QL(4 gm per fill retail)	<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 gm per 31 days retail)
CYCLOGYL (<i>cyclopentolate hcl</i>)	NP		BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	NP	QL(15 ml per 31 days retail)
CYCLOGYL 2 %	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	CILOXAN OINT	P	1 rtl pack lmt per fill
CYCLOGYL	P		CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	NP	1 rtl pack lmt per fill
<i>cyclopentolate hcl 0.5 %, 0.5 %</i>	P		<i>ciprofloxacin hcl (ophth) soln</i>	P	1 rtl pack lmt per fill
<i>cyclopentolate hcl 2 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	<i>erythromycin (ophth)</i>	P	
<i>homatropine hbr</i>	P		<i>gentamicin sulfate (ophth) oint</i>	P	QL(4 gm per 31 days retail)
MYDRIACYL SOLN (<i>tropicamide</i>)	NP		<i>gentamicin sulfate (ophth) soln</i>	P	2 rtl pack lmt per fill
<i>tropicamide soln</i>	P		<i>moxifloxacin hcl (ophth) soln op</i>	P	QL(3 ml per fill retail)
Miotics			<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 gm per 31 days retail)
ISOPTO CARPINE SOLN (<i>pilocarpine hcl</i>)	NP		<i>neomycin-polymyxin-gramicidin</i>	P	1 rtl pack lmt per fill
<i>pilocarpine hcl soln 1 %, 1 %, 1 %</i>	P		OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	QL(10 ml per 31 days retail)
Ophthalmic - Angiogenesis Inhibitors			<i>ofloxacin (ophth)</i>	P	QL(10 ml per 31 days retail)
BEOVU SOLN	P	SP; PA	<i>polymyxin b-trimethoprim</i>	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 30 rtl day(s) supply
BEVACIZUMAB IZ 3 MG/0.12ML, 3 MG/0.12ML, 3 MG/0.12ML, 3 MG/0.12ML	P	SP; PA	POLYTRIM (<i>polymyxin b-trimethoprim</i>)	NP	1 rtl pack lmt per fill; 1 rtl MAX fill; 30 rtl day(s) supply
EYLEA SOSY	P	SP; PA	<i>sulfacetamide sodium (ophth) oint</i>	P	QL(4 gm per 31 days retail)
Ophthalmic Adrenergic Agents			<i>sulfacetamide sodium (ophth) soln</i>	P	QL(15 ml per 31 days retail)
<i>apraclonidine hcl</i>	P		<i>tobramycin (ophth) soln</i>	P	QL(5 ml per 31 days retail)
<i>brimonidine tartrate 0.2 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	TOBREX SOLN (<i>tobramycin (ophth)</i>)	NP	QL(5 ml per 31 days retail)
IOPIDINE	P		TOBREX OINT	P	
Ophthalmic Anti-infectives			<i>trifluridine</i>	P	QL(8 ml per 31 days retail)
BACIGUENT	P	QL(4 gm per 31 days retail)			
<i>bacitracin (ophthalmic)</i>	P	QL(4 gm per 31 days retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	NP	QL(3 ml per fill retail)	neomycin-polymy-dexameth oint	P	QL(4 gm per 31 days retail)
Ophthalmic Decongestants			neomycin-polymyxin-hc (ophth)	P	QL(15 ml per 31 days retail)
naphazoline w/ pheniramine	P	QL(15 ml per 31 days retail)	PRED FORTE (prednisolone acetate (ophth))	NP	QL(15 ml per 31 days retail)
NAPHCON-A (naphazoline w/ pheniramine)	NP	QL(15 ml per 31 days retail)	PRED MILD	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
OPCON-A (naphazoline w/ pheniramine)	NP	QL(15 ml per 31 days retail)	PRED-G SUSP	P	1 rtl pack lmt per fill
tetrahydrozoline hcl (ophth) 0.05 %	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	prednisolone acetate (ophth)	P	QL(15 ml per 31 days retail)
VISINE RED EYE COMFORT (tetrahydrozoline hcl (ophth))	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	PREDNISOLONE ACETATE P-F	P	QL(15 ml per 31 days retail)
Ophthalmic Local Anesthetics			PREDNISOLONE SODIUM PHOSPHATE	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
tetracaine hcl (ophth)	P		sulfacetamide sod-prednisolone soln	P	QL(10 ml per 31 days retail)
Ophthalmic Steroids			TOBRADEX SUSP (tobramycin-dexamethasone)	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
BLEPHAMIDE SUSP	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	TOBRADEX OINT	P	QL(4 gm per 31 days retail)
BLEPHAMIDE S.O.P. OINT	P		tobramycin-dexamethasone susp	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
dexamethasone sodium phosphate (ophth)	P		Ophthalmics - Misc.		
fluorometholone (ophth) susp	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	ACULAR (ketorolac tromethamine (ophth))	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
FML OINT	P	QL(4 gm per 31 days retail)	ACULAR LS (ketorolac tromethamine (ophth))	NP	1 rtl MAX fill; 31 rtl day(s) supply
FML LIQUIFILM SUSP (fluorometholone (ophth))	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	ALOCRIIL	P	QL(5 ml per 31 days retail)
MAXITROL SUSP (neomycin-polymy-dexameth)	NP	QL(10 ml per 31 days retail)	ALOMIDE	P	QL(10 ml per 31 days retail)
MAXITROL OINT (neomycin-polymy-dexameth)	NP	QL(4 gm per 31 days retail)	azelastine hcl (ophth)	P	QL(6 ml per 31 days retail)
neomycin-polymy-dexameth susp	P	QL(10 ml per 31 days retail)	AZOPT (brinzolamide)	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<i>flurbiprofen sodium</i>	P	QL(5 ml per 31 days retail)
<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	1 rtl MAX fill; 31 rtl day(s) supply
<i>ketotifen fumarate (ophth) 0.025 %</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

Drug Name	Drug Tier	Requirements/ Limits
Otic Combinations		
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) soln</i>	P	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp</i>	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</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		
GAMMAGARD LIQUID	P	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP; PA
GAMMAKED	P	SP; PA
GAMUNEX-C	P	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP

Drug Name	Drug Tier	Requirements/ Limits
OCTAGAM SOLN 30 GM/300ML	P	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
XEMBIFY	P	SP; PA
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin chew 125 mg, 125 mg</i>	P	
<i>amoxicillin tabs 875 mg</i>	P	
<i>amoxicillin susr</i>	P	
<i>amoxicillin caps</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 tabs 125 mg-250 mg, 125 mg-500 mg</i>	P	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate chew</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate susr 42.9 mg/5ml-600 mg/5ml, 57 mg/5ml-400 mg/5ml</i>	P	2 rtl pack lmt per fill
<i>amoxicillin & pot clavulanate tb12</i>	P	QL(40 ea per 31 days retail)
<i>amoxicillin & pot clavulanate tabs 125 mg-875 mg</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate susr 28.5 mg/5ml-200 mg/5ml, 31.25 mg/5ml-125 mg/5ml, 62.5 mg/5ml-250 mg/5ml</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)
AUGMENTIN SUSR 62.5 MG/5ML-250 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 (<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>medroxyprogesterone acetate 2.5 mg, 2.5 mg, 2.5 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)

Drug Name	Drug Tier	Requirements/ Limits
PROVERA (medroxyprogesterone acetate)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
disulfiram 250 mg	P	
Antidementia Agents		
ARICEPT TABS 5 MG, 5 MG (donepezil hydrochloride)	NP	QL(1 ea daily)
donepezil hydrochloride tabs 5 mg, 5 mg	P	QL(1 ea daily)
EXELON 4.6 MG/24HR, 4.6 MG/24HR (rivastigmine)	NP	QL(1 ea daily); PA
galantamine hydrobromide soln	P	QL(6 ml daily)
galantamine hydrobromide cp24	P	QL(1 ea daily)
galantamine hydrobromide tabs	P	QL(2 ea daily)
memantine hcl tabs	P	Titration pack
memantine hcl tabs	P	QL(2 ea daily)
memantine hcl soln	P	QL(10 ml daily); PA
NAMENDA TABS (memantine hcl)	NP	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (memantine hcl)	NP	Titration pack
RAZADYNE ER CP24 (galantamine hydrobromide)	NP	QL(1 ea daily)
rivastigmine 4.6 mg/24hr, 4.6 mg/24hr	P	QL(1 ea daily); PA
rivastigmine tartrate caps	P	QL(2 ea daily); PA
Combination Psychotherapeutics		
perphenazine-amitriptyline	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Fibromyalgia Agents		
SAVELLA TABS	P	QL(2 ea daily); PA
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail); PA
Movement Disorder Drug Therapy		
tetrabenazine	P	SP; PA
XENAZINE (tetrabenazine)	NP	SP; PA
Multiple Sclerosis Agents		
AUBAGIO (teriflunomide)	NP	QL(1 ea daily); SP; PA
AVONEX PSKT	P	SP; PA
AVONEX PEN AJKT	P	SP; PA
COPAXONE SOSY (glatiramer acetate)	NP	SP; PA
dimethyl fumarate misc	P	SP; PA
dimethyl fumarate cpdr	P	SP; PA
EXTAVIA KIT	P	SP; PA
glatiramer acetate sosy	P	SP; PA
PLEGRIDY SOSY SC	P	SP; PA
PLEGRIDY SOPN	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 (dimethyl fumarate)	NP	SP; PA
TECFIDERA STARTER PACK MISC (dimethyl fumarate)	NP	SP; PA
teriflunomide	P	QL(1 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Smoking Deterrents		
APO-VARENICLINE TABS 0.5 MG	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)
APO-VARENICLINE TABS 1 MG	P	QL(2 ea daily; 56 ea per fill retail)
<i>bupropion hcl (smoking deterrent)</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)
CHANTIX TABS 0.5 MG (<i>varenicline tartrate</i>)	NP	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 CONTINUING MONTHPAK TABS (<i>varenicline tartrate</i>)	NP	QL(2 ea daily; 56 ea per fill retail)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 21 mg/24hr, 21 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)
<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)

Drug Name	Drug Tier	Requirements/ Limits
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 tabs 1 mg</i>	P	QL(2 ea daily; 56 ea per fill retail)
<i>varenicline tartrate tabs 0.5 mg</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)
<i>varenicline tartrate tbpk</i>	P	Limit: 2 Smoking Cessation Treatments per Year; 2 rti MAX fill; 365 rti day(s) supply; QL(53 ea per fill retail)
Transthyretin Amyloidosis Agents		
TEGSEDI	P	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ORKAMBI PACK	P	SP; PA
ORKAMBI TABS	P	SP; PA
SYMDEKO	P	SP; PA
TRIKAFTA TBPk	P	QL(3 ea daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Tetracyclines		
<i>doxycycline (monohydrate) tabs 50 mg, 50 mg</i>	P	PA
<i>doxycycline (monohydrate) caps 100 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	
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	
NP THYROID 120 TABS	P	
NP THYROID 15 TABS	P	
NP THYROID 30 TABS	P	
NP THYROID 60 TABS	P	
NP THYROID 90 TABS	P	
SYNTHROID TABS (<i>levothyroxine sodium</i>)	NP	
TOXOIDS		
Toxoid Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADACEL SUSP	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)	<i>hyoscyamine sulfate elix</i>	P	
			<i>hyoscyamine sulfate sublingual 0.125 mg</i>	P	
			LEVBIID TB12 (<i>hyoscyamine sulfate</i>)	NP	QL(4 ea daily)
			ROBINUL TABS (<i>glycopyrrolate</i>)	NP	QL(4 ea daily)
BOOSTRIX SUSP	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)	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, 300 mg/5ml</i>	P	
			<i>famotidine sus</i>	P	
			<i>famotidine tabs</i>	P	
			PEPCID TABS (<i>famotidine</i>)	NP	RX/OTC
BOOSTRIX SUSY	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)	PEPCID AC TABS (<i>famotidine</i>)	NP	
			PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	NP	RX/OTC
KINRIX SUSY	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail)	TAGAMET HB TABS (<i>cimetidine</i>)	NP	RX/OTC
QUADRACEL SUSY	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail)	Misc. Anti-Ulcer		
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			CARAFATE TABS (<i>sucralfate</i>)	NP	QL(4 ea daily)
Antispasmodics			CARAFATE SUSP (<i>sucralfate</i>)	NP	QL(420 ml per fill retail)
<i>dicyclomine hcl caps</i>	P		<i>sucralfate susp</i>	P	QL(420 ml per fill retail)
<i>dicyclomine hcl tabs</i>	P		<i>sucralfate tabs</i>	P	QL(4 ea daily)
<i>dicyclomine hcl soln or</i>	P	QL(496 ml per 31 days retail)	Proton Pump Inhibitors		
<i>glycopyrrolate tabs 1 mg, 1 mg</i>	P	QL(4 ea daily)	DEXILANT (<i>dexlansoprazole</i>)	NP	ST
<i>hyoscyamine sulfate tb12 0.375 mg</i>	P	QL(4 ea daily)	<i>dexlansoprazole</i>	P	ST
<i>hyoscyamine sulfate soln or 0.125 mg/ml</i>	P		<i>esomeprazole magnesium cpdr 20 mg</i>	P	QL(2 ea daily); RX/OTC
<i>hyoscyamine sulfate tabs 0.125 mg</i>	P		FIRST-OMEPRAZOLE SUSP	P	QL(10 ml daily)
<i>hyoscyamine sulfate tbdp 0.125 mg</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>lansoprazole cpdr 15 mg</i>	P	QL(4 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	P	QL(2 ea daily)
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 cpdr</i>	P	QL(2 ea daily)
<i>omeprazole tbec</i>	P	QL(1 ea daily)
<i>omeprazole magnesium tbec</i>	P	QL(1 ea daily)
<i>pantoprazole sodium tbec 20 mg</i>	P	QL(1 ea daily)
<i>pantoprazole sodium tbec 40 mg</i>	P	QL(2 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	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole thpk</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)

Drug Name	Drug Tier	Requirements/ Limits
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 ea daily)
DITROPAN XL TB24 5 MG, 5 MG (<i>oxybutynin chloride</i>)	NP	QL(2 ea daily)
<i>oxybutynin chloride tabs 5 mg</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 cp24</i>	P	QL(1 ea daily)
<i>tolterodine tartrate tabs</i>	P	QL(2 ea daily)
<i>tropium 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		
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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Viral Vaccines			<i>miconazole nitrate vaginal supp 200 mg</i>	P	QL(3 ea per fill retail; 3 ea per 31 days retail)
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)	<i>miconazole nitrate vaginal kit</i>	P	1 rtl pack lmt per fill
RABAVERT	P	4 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 18 yrs old)	<i>miconazole nitrate vaginal supp 100 mg</i>	P	QL(7 ea per 31 days retail)
SEASONAL INFLUENZA VACCINES	P	1 rtl MAX fill, 180 rtl day(s) supply	MONISTAT 3 CREA (<i>miconazole nitrate vaginal</i>)	NP	QL(25 gm per 31 days retail)
VAGINAL AND RELATED PRODUCTS			MONISTAT 3 COMBINATION PACK KIT (<i>miconazole nitrate vaginal</i>)	NP	1 rtl pack lmt per fill
Spermicides			MONISTAT 7 SIMPLY CURE CREA (<i>miconazole nitrate vaginal</i>)	NP	QL(45 gm per 31 days retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	P	1 rtl pack lmt per fill	<i>terconazole vaginal crea</i>	P	
Vaginal Anti-infectives			<i>terconazole vaginal supp</i>	P	
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	NP		<i>tioconazole vaginal 6.5 %</i>	P	
<i>clindamycin phosphate vaginal crea</i>	P		VANDAZOLE	P	
<i>clotrimazole vaginal crea 1 %</i>	P	QL(45 gm per 31 days retail)	Vaginal Estrogens		
<i>clotrimazole vaginal crea 2 %</i>	P	QL(21 gm per 31 days retail)	ESTRACE CREA (<i>estradiol vaginal</i>)	NP	QL(43 gm per 31 days retail)
GYNAZOLE-1	P		<i>estradiol vaginal crea</i>	P	QL(43 gm per 31 days retail)
GYNE-LOTRIMIN CREA (<i>clotrimazole vaginal</i>)	NP	QL(45 gm per 31 days retail)	<i>estradiol vaginal tabs</i>	P	
GYNE-LOTRIMIN 3 CREA (<i>clotrimazole vaginal</i>)	NP	QL(21 gm per 31 days retail)	PREMARIN	P	
<i>metronidazole vaginal</i>	P		VAGIFEM TABS (<i>estradiol vaginal</i>)	NP	
<i>miconazole nitrate vaginal crea 4 %</i>	P	QL(25 gm per 31 days retail)	VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
<i>miconazole nitrate vaginal crea 2 %</i>	P	QL(45 gm per 31 days retail)	Anaphylaxis Therapy Agents		
			<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	P	Limit 4 per year; QL(0.067 ea daily; 4 ea per 365 days retail)
			<i>epinephrine (anaphylaxis) soaj</i>	P	QL(0.067 ea daily; 4 ea per 365 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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, 1.25 mg	P	QL(8 ea per 31 days retail)
cholecalciferol caps 50 mcg, 50 mcg, 50 mcg, 50 mcg	P	QL(100 ea per fill retail)
cholecalciferol caps 5000 unit, 5000 unit	P	QL(2 ea daily)
DRISDOL CAPS (ergocalciferol)	NP	
ergocalciferol caps	P	
ergocalciferol soln or 8000 unit/ml	P	QL(60 ml per 90 days retail)
KEY-E CHEW	P	QL(2 ea daily)
MEPHYTON TABS (phytonadione)	NP	
phytonadione tabs 5 mg	P	
vitamin e caps 90 mg, 90 mg, 90 mg, 90 mg, 90 mg, 90 mg	P	QL(2 ea daily)
VITAMIN E CHEW	P	QL(2 ea daily)
Water Soluble Vitamins		
ascorbic acid tabs	P	QL(3.34 ea daily)
B-1 TABS	P	QL(3.34 ea daily)
niacin cpcr 250 mg, 250 mg	P	
niacin tbcr	P	
niacin tabs 500 mg	P	
NIACIN TR TBCR	P	
pyridoxine hcl tabs 100 mg, 100 mg, 100 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
riboflavin tabs	P	QL(3.34 ea daily)
SLO-NIACIN TBCR (niacin)	NP	
thiamine hcl tabs	P	QL(3.34 ea daily)
thiamine mononitrate tabs	P	QL(3.34 ea daily)

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 MCG-100 MCG-0.5 MG-2.5 MG-7.5
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 MCG-1.5 MCG, 15 MG-6 MCG-60
 MCG-0.3 MG-1.5 MG-7.5 MCG-3.5
 MG-2.5 MG-45 MCG-200 MCG-0.6
 MCG, 20 MG-1 MG-75 MCG-200
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albuterol sulfate syrp	9	ALOMIDE	72	42.9 mg/5ml-600 mg/5ml, 57 mg/5ml-	
albuterol sulfate tabs	9	ALORA PTTW	44	400 mg/5ml	74
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51		AMLADEX TABS	62	tabs	1
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51		amlodipine besylate-benazepril hcl		ANALPRAM-HC LOTN EX	6
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51		amlodipine besylate-valsartan	21	APO-VARENICLINE TABS 1 MG .	76
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51		amoxicillin & pot clavulanate chew	74	APTIVUS SOLN	28
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TABS	68	28.5 mg/5ml-200 mg/5ml, 31.25		ARIKAYCE	2
allopurinol	46	mg/5ml-125 mg/5ml, 62.5 mg/5ml-		aripiprazole soln or	27
ALOCRIL	72	250 mg/5ml	74	aripiprazole tabs	27
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ARISTADA 1064 MG/3.9ML	27	azelastine hcl (ophth)	72	BD AUTOSHIELD 29G X 3/16" ...	50
ARISTADA 441 MG/1.6ML	27	azelastine hcl	69	BD AUTOSHIELD DUO 30G X 5MM	50
ARISTADA 662 MG/2.4ML	27	azithromycin pack	49	BD GLUCOSE CHEW	15
ARISTADA 882 MG/3.2ML	27	azithromycin susr 100 mg/5ml	49	BD PEN NEEDLES	50
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ASPARLAS	25	B-1 TABS	81	benzonatate 100 mg	34
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ATROVENT HFA	8	b-complex vitamins caps	60	betaxolol hcl (ophth) soln	70
AUGMENTIN SUSR	74	b-complex vitamins tabs	60	bethanechol chloride	79
AVONEX PEN AJKT	75	b-complex w/ c & folic acid caps ...	61	BEVACIZUMAB IZ 3 MG/0.12ML, 3	
AVONEX PSKT	75	b-complex w/ folic acid caps	61	MG/0.12ML, 3 MG/0.12ML, 3	
AVSOLA	45	b-complex w/ biotin & folic acid tabs	61	MG/0.12ML	71
azathioprine tabs	59				

bicalutamide	24	VALVED HOLDING	budesonide-formoterol fumarate
BIKTARVY	28	CHAMBER/CHILD DEVI	dihydrate
BIO-35 GLUTEN-FREE CAPS	61	BREATHE EASE NEBULIZER	bumetanide tabs
BIO-35 IRON FREE CAPS	61	MASK/CHILD MISC	buprenorphine hcl subli
BIOCAL CAPS	61	BREATHE EASE NEBULIZER	buprenorphine hcl-naloxone hcl
BIOLYTE SOLN	58	MASK/INFANT MISC	dihydrate film sl 0.5 mg-2 mg, 1 mg-4
BIOTENE DRY MOUTH		BREATHE EASE/LARGE MASK	mg
MOISTURIZING SPRAY SOLN ...	60	DEVI	buprenorphine hcl-naloxone hcl
BIOTIN PLUS KERATIN TABS	68	BREATHE EASE/MEDIUM MASK	dihydrate subli 0.5 mg-2 mg
bisacodyl supp	49	DEVI	buprenorphine hcl-naloxone hcl
bisacodyl tbec	49	BREATHE EASE/SMALL MASK	dihydrate subli 2 mg-8 mg
bismuth subsalicylate chew 262 mg		DEVI	bupropion hcl (smoking deterrent) 76
17		BREATHERITE VALVED MDI	bupropion hcl tabs
bismuth subsalicylate susp 525		CHAMBER/COLLAPSIBLE DEVI ..	bupropion hcl tb12 100 mg
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bisoprolol & hydrochlorothiazide 6.25		CHAMBER/RIGID DEVI	bupropion hcl tb12 200 mg
mg-10 mg, 6.25 mg-5 mg	21	BRILINTA	bupropion hcl tb24 150 mg
bisoprolol fumarate	31	brimonidine tartrate 0.2 %	bupropion hcl tb24 300 mg
BLEPHAMIDE S.O.P. OINT	72	brinzolamide	buspirone hcl 15 mg
BLEPHAMIDE SUSP	72	bromocriptine mesylate caps	buspirone hcl 5 mg, 5 mg
BOOSTRIX SUSP	78	bromocriptine mesylate tabs 2.5 mg	buspirone hcl 7.5 mg, 7.5 mg
BOOSTRIX SUSY	78	25	butalbital-acetaminophen tabs 50
BPROTECTED PEDIA POLY-VITE		brompheniramine & phenyleph elix	mg-325 mg
SOLN OR	68	35	butalbital-acetaminophen-caffeine
BPROTECTED PEDIA POLY-		brompheniramine & pseudoeph elix	caps 40 mg-50 mg-325 mg
VITE/IRON SOLN	68	35	butalbital-acetaminophen-caffeine
BRAFTOVI 75 MG	24	brompheniramine & pseudoeph liqd	tabs 40 mg-50 mg-325 mg
BRAIN MIGHT/DHA & CO Q10		15 mg/5ml-1 mg/5ml	butalbital-acetaminophen-caffeine w/
TABS	68	BUBBLES THE FISH II PEDIATRIC	codeine 30 mg-40 mg-50 mg-325 mg
BREATHE COMFORT ANTI-STATIC		MASK/PVC MISC	
VALVED HOLDING		budesonide (inhalation) susp 0.5	6
CHAMBER/ADULT DEVI	51	mg/2ml, 0.5 mg/2ml	butalbital-aspirin-caffeine caps
BREATHE COMFORT ANTI-STATIC		9	butalbital-aspirin-caffeine w/cod
		budesonide (inhalation) susp 1	6
		mg/2ml	BYDUREON BCISE AUIJ
		9	16
		budesonide (nasal)	
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BYETTA SOPN 10 MCG/0.04ML ...16	captopril & hydrochlorothiazide 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg21	cefaclor susr 250 mg/5ml, 250 mg/5ml, 250 mg/5ml 32
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ELLA	33	enoxaparin sodium sosy 80 mg/0.8ml, 80 mg/0.8ml	10	escitalopram oxalate tabs 20 mg ..	13
ELON MATRIX 5000 TABS	68	ENSPRYNG	59	escitalopram oxalate tabs 5 mg	13
ELON MATRIX PLUS TABS	68	EPIFOAM FOAM	40	esomeprazole magnesium cpdr 20 mg	78
ELON MATRIX 5000 COMPLETE TABS	68	epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	80	estradiol & norethindrone acetate tabs	44
ELON MATRIX COMPLETE TABS 68		epinephrine (anaphylaxis) soaj	80	estradiol pttw 0.025 mg/24hr, 0.025 mg/24hr, 0.025 mg/24hr, 0.025 mg/24hr	44
ELON R3 TABS	69	EQ SPACE CHAMBER ANTI- STATIC DEVI	53	estradiol pttw 0.0375 mg/24hr	44
EMOLLIENT LOTION - MISC	40	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI	53	estradiol ptwk	44
emtricitabine caps	28	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI ...	53	estradiol tabs	44
emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg	28	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI	53	estradiol vaginal crea	80
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EMVERM CHEW	7	ergocalciferol caps	81	ESTROFACTORS TABS	62
enalapril maleate & hydrochlorothiazide	21	ergocalciferol soln or 8000 unit/ml .	81	ethambutol hcl tabs	24
enalapril maleate tabs	20	ergotamine w/ caffeine tabs	57	ethosuximide caps	12
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ENBREL SOLN	3	erythromycin (acne aid) soln	37	ethynodiol diacet & eth estrad 35 mcg-1 mg	33
ENBREL SOLR	3	erythromycin (ophth)	71	etodolac caps	3
ENBREL SOSY	3	erythromycin base cpep	49	etodolac tabs	3
ENBREL SURECLICK SOAJ	3	erythromycin base tabs	49	etodolac tb24	3
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ENHERTU	24			etravirine	28
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EULEXIN	24	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu tabs	47	fludrocortisone acetate tabs	34
EVOTAZ	28	FERROUS GLUCONATE TABS 324 MG	47	flunisolide (nasal) 0.025 %	70
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EXTAVIA KIT	75	ferrous sulfate tabs 65 mg, 65 mg, 65 mg	47	fluocinonide emulsified base	40
EYE HEALTH CAPS	61	ferrous sulfate tbec	47	fluocinonide gel	40
EYE MULTIVITAMIN CAPS	61	FERROUS SULFATE TBEC	47	fluocinonide oint	40
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FC2 FEMALE CONDOM	50	flecainide acetate	8	fluoxetine hcl soln	14
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felbamate tabs	12	FLEXICHAMBER CHILD MASK/LARGE	53	fluoxetine hcl tabs 20 mg	13
felodipine	31	FLEXICHAMBER CHILD MASK/SMALL	53	fluphenazine decanoate	27
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fenofibrate micronized 67 mg	20	FLINTSTONES TODDLER/TASTISMOOTH CHEW 65		flurazepam hcl	48
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				fluticasone propionate hfa 44 mcg/act	

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fluticasone-salmeterol aepb 100 mcg/act-50 mcg/act, 250 mcg/act-50 mcg/act, 500 mcg/act-50 mcg/act ... 9	LIBRE/READER/FLASH MONITORING SYSTEM 50	glatiramer acetate sosy 75
fluvoxamine maleate tabs 100 mg .14	FULL KIT NEBULIZER SET MISC 53	glimepiride 1 mg, 1 mg 17
fluvoxamine maleate tabs 25 mg, 25 mg 14	furosemide soln or 10 mg/ml, 10 mg/ml 43	glimepiride 4 mg 17
FLYP HYPERSONIQ CARTRIDGE MISC 53	furosemide tabs 43	glipizide tabs 17
FML OINT 72	gabapentin caps 11	glipizide tb24 17
FOLAGENT DHA CAPS 61	gabapentin soln 11	glipizide-metformin hcl 15
FOLAMED DHA CAPS 61	gabapentin tabs 600 mg 11	glucagon (rdna) 16
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	gentamicin sulfate (topical) oint ... 37	
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MG-25 MCG-0.5 MG-10 MCG-12.5 MG-5 MCG-2.5 MG-20 MCG-1.5 MG-38 MCG-350 MCG-5 MCG-0.5 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-8 MG, 60 MG-2 MG-50 MCG-200 MCG-300 UNIT-3.75 MCG-1.7 MG-10 MG-2500 UNIT-7.5 MG-2.5 MG-1.5 MG-2.5 MG-6.25 MG-12.5 MG-37.5 MCG-75 MCG-1 MG-15 MG-15 MCG-15 UNIT, 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-85 MCG, 7.5 MG-0.25 MG-22.5 MCG-7.5 UNIT-100 MCG-25 UNIT-1.5 MCG-1250 UNIT-5 MCG-5 MCG-1.25 MG-1 MG-2 MG-1 MG-15 MCG66

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UNIT-2.5 MG-15 MCG-9 UNIT-1.25 MG, 10 MG-1 MG-30 MCG-130 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-20 MCG-2.6 MG-1.35 MG-21 MCG-8.25 UNIT, 10 MG-1 MG-30 MCG-130 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-20 MCG-2.6 MG-1.35 MG-21 MG-200 UNIT, 10 MG-1 MG-30 MCG-70 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-20 MCG-2.6 MG-1.35 MG-21 MCG-8.25 UNIT, 10 MG-1 MG-30 MCG-70 MCG-200 UNIT-3 MCG-1050 UNIT-20 MCG-20 MCG-2.6 MG-21 MCG-8.25 UNIT-1.35 MG, 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-200 UNIT, 100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG, 100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-3000 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG, 100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-5000 UNIT-6 MCG-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG-16000 UNIT, 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-1.25 MG, 15 MG-0.5 MG-37.5 MCG-100 MCG-200 UNIT-3 MCG-1000 UNIT-19 MG-2.5 MG-1.25 MG-15 MCG-9 UNIT, 15 MG-0.5 MG-37.5 MCG-100 MCG-300 UNIT-1.5 MCG-1000 UNIT-2.5 MG-1.25 MG-15 MCG-9 UNIT, 15 MG-0.5 MG-38 MCG-100 MCG-100 UNIT-2.5 MCG-19 MG-10 MCG-1000 UNIT-2.5 MG-20 MCG-10 UNIT-1.3 MG, 15 MG-0.5 MG-38 MCG-100 MCG-200 UNIT-1.5 MCG-19 MG-1000 UNIT-2.5 MG-15 MCG-9 UNIT-1.3 MG, 15 MG-0.5 MG-38 MCG-100

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griseofulvin microsize tabs18

griseofulvin ultramicrosize18

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guaifenesin tb12 600 mg36

guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml 35

guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml 35

guaifenesin-codeine syrp35

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guanfacine hcl	21	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	hydrocortisone (topical) lotn 1 %, 1 %	40
GYNAZOLE-1	80	HUMIRA PEN-PS/UV STARTER PNKT	2	hydrocortisone (topical) oint 1 % ..	40
HAEGARDA SOLR SC	46	HUMIRA PSKT	2	hydrocortisone (topical) oint 2.5 %	40
HAIR FARE TABS	69	HUMULIN 70/30 KWIKPEN SUPN	16	hydrocortisone butyrate soln	40
HAIR NOURISHING SUPPLEMENT TABS	69	HUMULIN 70/30 SUSP	16	hydrocortisone tabs	34
haloperidol decanoate	26	HUMULIN N KWIKPEN SUPN	16	hydrocortisone w/acetic acid	73
haloperidol lactate conc	26	HUMULIN N SUSP	16	HYDROMORPHONE HCL SUPP ..	5
haloperidol tabs 0.5 mg, 0.5 mg, 0.5 mg, 0.5 mg, 0.5 mg	26	HUMULIN R SOLN IJ	16	hydromorphone hcl tabs 2 mg	5
haloperidol tabs 20 mg	26	HYALGAN SOSY	69	hydromorphone hcl tabs 4 mg	5
HEALTHY EYES SUPERVISION2 CAPS	61	hydralazine hcl tabs	22	hydromorphone hcl tabs 8 mg	5
HEALTHY HEART COMPLEX TABS 69		HYDRALYTE FREEZER POPS SOLN	58	hydroxychloroquine sulfate 100 mg, 100 mg	23
HEALTHY KIDS GUMMIES CHEW 67		HYDRALYTE SOLN	58	hydroxyurea	25
HEART TABS TABS	69	HYDROCERIN CREA	41	HYDROXYUREA	32
heparin sodium (porcine) soln ij 5000 unit/0.5ml, 5000 unit/0.5ml, 5000 unit/0.5ml, 5000 unit/0.5ml	10	hydrochlorothiazide caps	43	hydroxyzine hcl syrp	7
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	10	hydrochlorothiazide tabs 25 mg, 25 mg	43	hydroxyzine hcl tabs	7
HIGH POTENCY MULTIVITAMIN TABS	63	hydrocodone bitartrate-homatropine methylbromide soln	35	hydroxyzine pamoate caps	7
homatropine hbr	71	hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml- 7.5 mg/15ml	6	hyoscyamine sulfate elix	78
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	53	hydrocodone-acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg	6	hyoscyamine sulfate soln or 0.125 mg/ml	78
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	2	hydrocortisone (intrarectal)	6	hyoscyamine sulfate sub1 0.125 mg 78	
HUMIRA PEN PNKT	2	hydrocortisone (rectal) ex 2.5 %	7	hyoscyamine sulfate tabs 0.125 mg 78	
HUMIRA PEN-CD/UC/HS STARTER PNKT	2	hydrocortisone (topical) crea 1 %, 1 %	40	hyoscyamine sulfate tb12 0.375 mg 78	
		hydrocortisone (topical) crea 2.5 % 40		hyoscyamine sulfate tbdp 0.125 mg 78	
				HYPERRHO S/D SOSY IM 1500 UNIT	73
				IBRANCE CAPS	24
				IBRANCE TABS	24

ibuprofen chew	3	INSPIRACHAMBER/SOOTHERMAS	ipratropium bromide (nasal) 0.03 %
ibuprofen susp	3	K/INSPIRAMASK/SMALL DEVI ...	69
ibuprofen tabs 200 mg, 200 mg, 200		INSPIREASE DRUG	ipratropium bromide (nasal) 0.06 %
mg, 200 mg	3	DELIVERYSYSTEM MISC	69
icatibant acetate soln	46	INSPIREASE RESERVOIR BAGS	ipratropium bromide soln 0.02 % ...
icatibant acetate sosy	46	54	8
ICLUSIG	24	INSULIN ASPART	ipratropium-albuterol soln
imipramine hcl tabs	15	PROTAMINE/INSULIN ASPART	9
imiquimod 5 %	41	FLEXPEN SUPN	irbesartan
IMOVAX RABIES (H.D.C.V.) SUSR		16	20
80		INSULIN ASPART	irbesartan-hydrochlorothiazide
		PROTAMINE/INSULIN ASPART	21
		SUSP	IRON CHEWS PEDIATRIC CHEW
		16	47
		INSULIN GLARGINE SOLN	IRON TABS 28 MG, 28 MG, 28 MG
		16	47
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INSPIRATORYFLOW TRAINER		16	28
DEVI	53	INSULIN LISPRO	ISENTRESS CHEW 25 MG
		PROTAMINE/INSULIN LISPRO	28
IN-CHECK INSPIRATORY		KWIKPEN SUPN	ISENTRESS PACK
FLOWMETER/NASAL WITH MASK		16	28
DEVI	54	INSULIN SYRINGES - MISC	ISENTRESS TABS
		50	28
IN-CHECK INSPIRATORY		INTELENCE	isoniazid syrp
FLOWMETER/ORAL DEVI	54	28	24
INCRUSE ELLIPTA	8	INVEGA SUSTENNA 117	isoniazid tabs
		MG/0.75ML	24
indapamide tabs 1.25 mg, 1.25 mg		26	isobornide dinitrate tabs 30 mg, 30
43		INVEGA SUSTENNA 156 MG/ML	mg, 30 mg, 30 mg
		26	7
indomethacin caps 50 mg, 50 mg ...	3	INVEGA SUSTENNA 234 MG/1.5ML	isobornide mononitrate tabs
		26	7
indomethacin cpcr	3	INVEGA SUSTENNA 39 MG/0.25ML	isobornide mononitrate tb24
		26	7
INFANTS SILAPAP SOLN OR	4	INVEGA SUSTENNA 78 MG/0.5ML	isotretinoin 30 mg, 30 mg, 30 mg, 30
		26	mg
INFLECTRA	45	INVEGA TRINZA 273 MG/0.88ML	37
		26	ITCH RELIEF CREA
INNOSPIRE REPLACEMENT		INVEGA TRINZA 410 MG/1.32ML	38
FILTER MISC	54	26	itraconazole caps
INREBIC	24	INVEGA TRINZA 546 MG/1.75ML	18
		26	JULUCA
INSPIRACHAMBER/ANTI-STATIC		INVEGA TRINZA 819 MG/2.63ML	28
VALVED/MOUTHPIECE DEVI	54	26	JUST 4 KIDZ
INSPIRACHAMBER/LARGE DEVI	54	INVIRASE TABS	MULTIVITAMIN+PROBIOTIC CHEW
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lithium carbonate tabs	25	magnesium hydroxide susp 1200	melphalan	24	
lithium carbonate tbcr	25	mg/15ml, 1200 mg/15ml, 1200	memantine hcl soln	75	
LITTLE REMEDIES SALINE		mg/15ml, 1200 mg/15ml	48	memantine hcl tabs	75
SPRAY/DROPS SOLN	69	magnesium oxide (mg supplement)		MENS 50+ ADVANCED CAPS	61
LOHIST-D LIQD	35	tabs 400 mg	58	meperidine hcl soln or 50 mg/5ml ...	5
loperamide hcl caps	17	MAGNESIUM OXIDE CAPS	58	meperidine hcl tabs 50 mg	5
loperamide hcl tabs	17	magnesium oxide tabs 400 mg	7	meprobamate	7
lopinavir-ritonavir soln	29	malathion	42	mercaptopurine tabs	24
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35		MAVYRET TABS	30	15	
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loratadine tabs	19	MAXI-TUSS PE MAX LIQD	35	metformin hcl tb24 750 mg	15
loratadine tbdp 10 mg	19	meclizine hcl chew	18	methadone hcl tabs 10 mg	5
lorazepam tabs 0.5 mg, 0.5 mg	8	meclizine hcl tabs 25 mg, 25 mg ...	18	methadone hcl tabs 5 mg	5
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hydrochlorothiazide	21	medroxyprogesterone acetate		methenamine-hyosc-methylene blue-	
losartan potassium	20	(contraceptive) susy im	34	sod phos-phenyl sal tabs 10.8 mg-	
lovastatin tabs 10 mg, 10 mg	20	medroxyprogesterone acetate 2.5		81.6 mg-0.12 mg-36.2 mg-40.8 mg,	
lovastatin tabs 40 mg	20	mg, 2.5 mg, 2.5 mg	74	10.8 mg-81.6 mg-36.2 mg-0.12 mg-	
loxapine succinate	26	mefloquine hcl	23	40.8 mg	22
lurasidone hcl	25	megestrol acetate susp	24	methimazole tabs	77
MAGNESIUM CAPS 400 MG	58	megestrol acetate tabs	24	METHITEST TABS	6
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MULTIVITAMIN TABS	63	naproxen sodium tabs 275 mg, 275 mg	3	nevirapine tb24 100 mg	29
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trihexyphenidyl hcl tabs25	urea crea 40 %40	venlafaxine hcl cp24 150 mg 15
TRIKAFTA TBPK77	urea lotn 40 %40	venlafaxine hcl cp24 37.5 mg15
TRILURON SOSY 69	ursodiol caps45	venlafaxine hcl cp24 75 mg15
trimethoprim tabs 22	ursodiol tabs 250 mg45	venlafaxine hcl tabs15
TRIMETHOPRIM TABS 22	valacyclovir hcl 1 gm, 1 gm30	venlafaxine hcl tb24 150 mg15
TRINTELLIX14	valacyclovir hcl 500 mg30	venlafaxine hcl tb24 225 mg, 225 mg, 225 mg 15
TRIUMEQ TABS29	valganciclovir hcl tabs30	verapamil hcl cp24 120 mg, 120 mg, 120 mg, 120 mg32
TRIZIVIR29	valproate sodium soln iv 500 mg/5ml, 500 mg/5ml12	verapamil hcl tabs32
tropicamide soln71	valproate sodium soln or 250 mg/5ml 12	verapamil hcl tbcr32
	valproic acid caps12	vilazodone hcl tabs14
	valsartan tabs21	VIRACEPT TABS 250 MG29
	valsartan-hydrochlorothiazide22	VIRACEPT TABS 625 MG29
	VALTOCO LIQD 11	

VIREAD POWD	29	CHAMBER DEVI	57	zolpidem tartrate tabs	48
VIREAD TABS	29	VYNDAMAX	32	zonisamide caps	12
VIRTUSSIN DAC SOLN	36	VYONDYS 53	70	ZYVANA CAPS	62
VISION HEALTH CAPS	62	VYVANSE CAPS	1		
VISTA ADVANCED AREDS2 FORMULA CAPS	62	WAKIX	1		
VISTA ADVANCED DRY EYE FORMULA CAPS	62	warfarin sodium tabs	10		
VISTOGARD	18	white petrolatum-mineral oil	70		
VITABEX CAPS	62	WINDMILL TRAINER MISC	57		
VITABEX PLUS CAPS	62	XELJANZ TABS	2		
VITAFOL-ONE CAPS	68	XELJANZ XR TB24	2		
VITALETS CHILDRENS CHEW ...	68	XEMBIFY	74		
vitamin e caps 90 mg, 90 mg, 90 mg, 90 mg, 90 mg, 90 mg, 90 mg	81	XENLETA TABS	23		
VITAMIN E CHEW	81	XEROSTOMIA RELIEF SPRAY SOLN	60		
vitamins w/ lipotropics caps	69	XOLAIR SOLR	8		
VITEYES CLASSIC ADVANCED CAPS	62	XOLAIR SOSY	8		
VITEYES CLASSIC CAPS	62	YUMVSKIDS MULTI ZERO CHEW 68			
VITEYES CLASSIC MACULAR SUPPORT CAPS	62	zaleplon 10 mg	48		
VITEYES CLASSIC/OMEGA-3 CAPS	62	zaleplon 5 mg	48		
VITEYES CLASSIC+OMEGA-3 CAPS	62	ZARXIO	47		
VIVITROL	18	zidovudine caps	30		
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	56	zidovudine syrp	30		
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	56	zidovudine tabs	30		
VORTEX VALVED HOLDING		zinc oxide (topical) oint 20 %	41		
		zinc sulfate caps	59		
		ziprasidone hcl	25		
		ZIRABEV	24		
		zolmitriptan soln 5 mg	57		
		zolmitriptan tabs	57		
		zolmitriptan tbdp	58		