

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 နည်း ကျိအယိ, နမူနာ ကျိအတိမၤစၢလၢ တလၢ်ဘူလၢ်စူ နိတမၤဘၣ်သ့န့ၣ်လီၤ. 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 XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	NP	QL(2 ea daily); AL(At least 3 yrs old)
<i>amphetamine-dextroamphetamine</i> CP24	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine</i> TABS	P	QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	NP	QL(2 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG (<i>dextroamphetamine sulfate</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate</i> CP24 5 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate</i> CP24 10 MG, 15 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate</i> TABS 5 MG, 10 MG	P	QL(2 ea daily); AL(At least 3 yrs old)
VYVANSE CAPS (<i>lisdexamfetamine dimesylate</i>)	NP	QL(1 ea daily)
Analeptics		
<i>caffeine citrate</i> 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)		

Drug Name	Drug Tier	Requirements/Limits
Agents		
<i>atomoxetine hcl</i>	P	AL(At least 6 yrs old); ST
<i>clonidine hcl (adhd)</i> TB12	P	
<i>guanfacine hcl (adhd)</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	NP	
STRATTERA (<i>atomoxetine hcl</i>)	NP	AL(At least 6 yrs old); ST
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	P	SP; PA
Stimulants - Misc.		
CONCERTA TBCR 36 MG (<i>methylphenidate hcl</i>)	NP	QL(2 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>methylphenidate hcl</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl</i> TABS	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	NP	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl</i> CPCR	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl</i> TABS 10 MG, 20 MG	P	QL(3 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl</i> TABS 5 MG	P	QL(6 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl</i> TB24 18 MG, 27 MG, 54 MG	P	QL(1 ea daily)
<i>methylphenidate hcl</i> TB24 36 MG	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl</i> TBCR 10 MG, 20 MG, 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl</i> TBCR 18 MG, 27 MG, 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 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		
GRASSTK 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)</i> CAPS 250 MG	P	QL(4 ea daily)
Alternative Medicine - M's		
<i>melatonin</i> TABS 3 MG, 5 MG	P	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
<i>neomycin sulfate</i> TABS	P	
<i>tobramycin sulfate</i> SOLN IJ	P	PA
<i>tobramycin sulfate</i> SOLR	P	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
OLUMIANT	P	SP; PA
XELJANZ XR TB24	P	SP; PA
XELJANZ TABS	P	SP; PA
Antirheumatic Antimetabolites		
METHOTREXATE	P	
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	P	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
AMJEVITA SOAJ	P	SP; PA
AMJEVITA SOSY 10 MG/0.2ML, 20 MG/0.4ML	P	SP; PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	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 PNKT	P	SP; PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA
HUMIRA PSKT	P	SP; PA
SIMPONI ARIA SOLN	P	SP; PA
SIMPONI SOAJ	P	SP; PA
SIMPONI SOSY	P	SP; PA
Interleukin-6 Receptor Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA ACTPEN SOAJ	P	SP; PA	indomethacin CAPS 25 MG, 50 MG	P	
ACTEMRA SOLN	P	SP; PA	indomethacin CPCR	P	
ACTEMRA SOSY	P	SP; PA	INFANTS ADVIL SUSP (ibuprofen)	NP	
KEVZARA SOAJ	P	SP; PA	ketoprofen CAPS 50 MG, 75 MG	P	
KEVZARA SOSY	P	SP; PA	ketoprofen CP24	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			ketorolac tromethamine TABS	P	QL(20 ea per 31 days retail); AL(At least 17 yrs old)
ALEVE ARTHRITIS TABS (naproxen sodium)	NP	QL(2 ea daily)	LODINE TABS (etodolac)	NP	
ALEVE TABS (naproxen sodium)	NP	QL(2 ea daily)	meloxicam TABS	P	
ANAPROX DS TABS (naproxen sodium)	NP		MOBIC TABS (meloxicam)	NP	
CELEBREX (celecoxib)	NP	QL(2 ea daily); PA	MOTRIN CHILDRENS CHEW (ibuprofen)	NP	
celecoxib	P	QL(2 ea daily); PA	MOTRIN INFANTS DROPS SUSP (ibuprofen)	NP	
CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen)	NP	RX/OTC	nabumetone	P	
CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen)	NP	RX/OTC	NAPROSYN SUSP (naproxen)	NP	
DAYPRO (oxaprozin)	NP		NAPROSYN TABS 500 MG (naproxen)	NP	
diclofenac potassium TABS 50 MG	P		naproxen sodium TABS 220 MG	P	QL(2 ea daily)
diclofenac sodium TB24	P		naproxen sodium TABS 275 MG, 550 MG	P	
diclofenac sodium TBEC	P		naproxen SUSP	P	
EC-NAPROSYN TBEC (naproxen)	NP	QL(2 ea daily)	naproxen TABS	P	
etodolac CAPS	P		naproxen TBEC	P	QL(2 ea daily)
etodolac TABS	P		oxaprozin	P	
etodolac TB24	P		piroxicam CAPS	P	
FELDENE CAPS (piroxicam)	NP		sulindac TABS	P	
flurbiprofen TABS	P		Phosphodiesterase 4 (PDE4) Inhibitors		
ibuprofen CHEW	P		OTEZLA TABS	P	SP; PA
ibuprofen SUSP	P	RX/OTC	OTEZLA TBPK	P	SP; PA
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	P		Pyrimidine Synthesis Inhibitors		
			ARAVA (leflunomide)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>leflunomide</i>	P	QL(1 ea daily)	FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per 31 days retail)
Soluble Tumor Necrosis Factor Receptor Agents			INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)
ENBREL MINI SOCT	P	SP; PA	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>acetaminophen</i>)	NP	
ENBREL SURECLICK SOAJ	P	SP; PA	TYLENOL CHILDRENS PAIN +FEVER SUSP (<i>acetaminophen</i>)	NP	
ENBREL SOLN	P	SP; PA	TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>)	NP	
ENBREL SOLR	P	SP; PA	TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>)	NP	
ENBREL SOSY	P	SP; PA	TYLENOL FOR CHILDREN/ADULTS SUSP (<i>acetaminophen</i>)	NP	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>)	NP	
Analgesic Combinations			TYLENOL TABS (<i>acetaminophen</i>)	NP	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily)	Salicylates		
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily)	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P		<i>aspirin CHEW</i>	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 ea daily)	ASPIRIN SUPP 300 MG, 600 MG	P	QL(12 ea per 31 days retail)
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	NP	QL(4 ea daily)	<i>aspirin TABS 325 MG</i>	P	
Analgesics Other			<i>aspirin TBEC 81 MG, 325 MG</i>	P	
<i>acetaminophen CHEW</i>	P		BUFFERIN (<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NP	
<i>acetaminophen ELIX</i>	P		<i>diflunisal TABS</i>	P	
<i>acetaminophen LIQD 160 MG/5ML</i>	P		ECOTRIN ARTHRITIS PAIN TBEC (<i>aspirin</i>)	NP	
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	QL(240 ml per fill retail)	ECOTRIN REGULAR STRENGTH TBEC (<i>aspirin</i>)	NP	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 ea per 31 days retail)			
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	P				
<i>acetaminophen TABS 325 MG, 500 MG</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ECOTRIN TBEC (<i>aspirin</i>)	NP		<i>methadone hcl TABS 5 MG</i>	P	QL(4 ea daily); PA
<i>salsalate</i>	P		<i>methadone hcl TABS 10 MG</i>	P	QL(10 ea daily); PA
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW	P		<i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	P	Opioid Smart PA
ST JOSEPH ADULT CHEW	P		<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	Opioid Smart PA; QL(16.67 ml daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>morphine sulfate SUPP</i>	P	Opioid Smart PA; QL(0.78 ea daily)
Opioid Agonists			<i>morphine sulfate TABS</i>	P	Opioid Smart PA; QL(6 ea daily)
<i>codeine sulfate TABS 30 MG</i>	P	Opioid Smart PA; AL(At least 12 yrs old)	<i>morphine sulfate TBCR</i>	P	Opioid Smart PA; QL(3 ea daily)
CODEINE SULFATE TABS	P	Opioid Smart PA; AL(At least 12 yrs old)	MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	Opioid Smart PA; QL(3 ea daily)
DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(4 ea daily)	OXAYDO TABS 5 MG	P	Opioid Smart PA; QL(6 ea daily)
DILAUDID TABS 2 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(8 ea daily)	<i>oxycodone hcl CAPS</i>	P	Opioid Smart PA; QL(6 ea daily)
DILAUDID TABS 4 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Opioid Smart PA; QL(4 ml daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	Opioid Smart PA; QL(0.34 ea daily)	<i>oxycodone hcl SOLN</i>	P	Opioid Smart PA
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 ea daily)	<i>oxycodone hcl TABS</i>	P	Opioid Smart PA; QL(6 ea daily)
<i>hydromorphone hcl TABS 4 MG</i>	P	Opioid Smart PA	ROXICODONE TABS (<i>oxycodone hcl</i>)	NP	Opioid Smart PA; QL(6 ea daily)
<i>hydromorphone hcl TABS 8 MG</i>	P	Opioid Smart PA; QL(4 ea daily)	<i>tramadol hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)
<i>hydromorphone hcl TABS 2 MG</i>	P	Opioid Smart PA; QL(8 ea daily)			
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	P	Opioid Smart PA			
<i>meperidine hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(6 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits
ULTRAM TABS (<i>tramadol hcl</i>)	NP	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	P	Opioid Smart PA; QL(30 ml daily); AL(At least 12 yrs old)
<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>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)
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)

Drug Name	Drug Tier	Requirements/ Limits
<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-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG</i>	P	QL(2 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)
<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 SUBL</i>	P	PA
SUBLOCADE SOSY	P	SP
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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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 LIQD</i>	P	QL(24 ml daily)
<i>alum & mag hydrox-simethicone SUSP</i>	P	QL(24 ml daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	QL(3.34 ea daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
TUMS LASTING EFFECTS CHEW (<i>calcium carbonate (antacid)</i>)	NP	
TUMS CHEW (<i>calcium carbonate (antacid)</i>)	NP	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
EMVERM CHEW	P	QL(1 ea per fill retail)
<i>pyrantel pamoate SUSP 144 MG/ML</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(60 ml per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>isosorbide dinitrate</i>)	NP	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate 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 CPCR</i>	P	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SUBL</i>	P	
NITROSTAT SUBL (<i>nitroglycerin</i>)	NP	
ANTIANKXIETY AGENTS - Drugs to Treat Anxiety		

Drug Name	Drug Tier	Requirements/ Limits
Antianxiety Agents - Misc.		
<i>buspirone hcl 15 MG</i>	P	QL(4 ea daily)
<i>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily)
<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 ea daily)
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
<i>alprazolam TABS</i>	P	QL(3 ea daily)
ATIVAN TABS 0.5 MG, 2 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 SOLN OR 5 MG/5ML</i>	P	
<i>diazepam TABS</i>	P	QL(4 ea daily)
<i>lorazepam TABS 1 MG</i>	P	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	P	QL(3 ea daily)
<i>oxazepam CAPS</i>	P	QL(4 ea daily)
TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	NP	QL(3 ea daily)
VALIUM TABS (<i>diazepam</i>)	NP	QL(4 ea daily)
XANAX TABS (<i>alprazolam</i>)	NP	QL(3 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		

Drug Name	Drug Tier	Requirements/ Limits
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	
NORPACE CR CP12 150 MG	P	
NORPACE CAPS (<i>disopyramide phosphate</i>)	NP	
<i>quinidine gluconate TBCR</i>	P	
<i>quinidine sulfate TABS</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	
<i>propafenone hcl CP12</i>	P	
<i>propafenone hcl TABS</i>	P	
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	NP	
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	P	
<i>dofetilide</i>	P	
TIKOSYN (<i>dofetilide</i>)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	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)

Drug Name	Drug Tier	Requirements/ Limits
<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 PACK</i>	P	QL(1 ea daily)
<i>montelukast sodium TABS</i>	P	QL(1 ea daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	NP	QL(1 ea daily)
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 0.25 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, 220 MCG/ACT</i>	P	QL(12 gm per 25 days retail)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(60 ml per 31 days retail); AL(Up to 8 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(120 ml per fill retail); AL(Up to 8 yrs old)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	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)
<i>albuterol sulfate AERS</i>	P	QL(6.7 gm per fill retail; 13.4 gm per 30 days retail)
<i>albuterol sulfate AERS</i>	P	QL(18 gm per fill retail; 36 gm per 30 days retail)
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ml per 31 days retail)
<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	P	
<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ml daily)
ALBUTEROL SULFATE NEBU	P	
<i>albuterol sulfate SYRP</i>	P	
<i>albuterol sulfate TABS</i>	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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	P	QL(60 ea per 30 days retail); AL(At least 4 yrs old)	<i>enoxaparin sodium SOSY</i> 60 MG/0.6ML	P	Max 42 syringes in 180 days; QL(25.2 ml per 180 days retail); SP
<i>ipratropium-albuterol</i> SOLN	P	QL(12 ml daily)	<i>enoxaparin sodium SOSY</i> 30 MG/0.3ML	P	Max 42 syringes in 180 days; QL(12.6 ml per 180 days retail); SP
<i>levalbuterol tartrate</i>	P	QL(0.5 gm daily; 30 gm per 30 days retail)	<i>enoxaparin sodium SOSY</i> 100 MG/ML, 150 MG/ML	P	Max 42 syringes in 180 days; QL(42 ml per 180 days retail); SP
SEREVENT DISKUS	P	1 rtl pack lmt per fill	<i>enoxaparin sodium SOSY</i> 80 MG/0.8ML, 120 MG/0.8ML	P	Max 42 syringes in 180 days; QL(33.6 ml per 180 days retail); SP
<i>terbutaline sulfate TABS</i>	P		<i>enoxaparin sodium SOSY</i> 40 MG/0.4ML	P	Max 42 syringes in 180 days; QL(16.8 ml per 180 days retail); SP
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	QL(0.5 gm daily; 30 gm per 30 days retail)	<i>heparin sodium (porcine)</i> SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
Xanthines			HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
THEO-24 CP24	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
THEOPHYLLINE ER TB12	P		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>theophylline ELIX</i>	P		LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(16.8 ml per 180 days retail); SP
<i>theophylline SOLN</i>	P	QL(475 ml per fill retail)			
<i>theophylline TB12 300</i> MG, 450 MG	P				
<i>theophylline TB24</i>	P				
ANTICOAGULANTS - Blood Thinners					
Coumarin Anticoagulants					
<i>warfarin sodium TABS</i>	P				
Direct Factor Xa Inhibitors					
ELIQUIS STARTER PACK TBPk	P	QL(2.47 ea daily)			
ELIQUIS TABS	P	QL(2 ea daily)			
Heparins And Heparinoid-Like Agents					
<i>enoxaparin sodium SOLN</i> IJ 300 MG/3ML	P	Max 42 syringes in 180 days; QL(126 ml per 180 days retail); SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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>carbamazepine SUSP</i>	P	
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(42 ml per 180 days retail); SP	<i>carbamazepine TABS</i>	P	
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(33.6 ml per 180 days retail); SP	<i>carbamazepine TB12</i>	P	
ANTICONVULSANTS - Drugs to Treat Seizures			DIACOMIT CAPS 500 MG	P	QL(6 ea daily); SP; PA
Anticonvulsants - Benzodiazepines			DIACOMIT CAPS 250 MG	P	QL(12 ea daily); SP; PA
<i>clonazepam TABS</i>	P	QL(4 ea daily)	DIACOMIT PACK 250 MG	P	QL(12 ea daily); SP; PA
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT PACK 500 MG	P	QL(6 ea daily); SP; PA
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	<i>gabapentin CAPS</i>	P	QL(9 ea daily)
<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	<i>gabapentin SOLN</i>	P	
KLONOPIN TABS (<i>clonazepam</i>)	NP	QL(4 ea daily)	<i>gabapentin TABS 600 MG</i>	P	QL(6 ea daily)
NAYZILAM	P	QL(10 ea per 30 days retail); PA	<i>gabapentin TABS 800 MG</i>	P	QL(4 ea daily)
VALTOCO 10 MG DOSE LIQD	P	QL(10 ea per 30 days retail); PA	KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	ST
VALTOCO 15 MG DOSE LQPK	P	QL(10 ea per 30 days retail); PA	KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	NP	QL(16 ml daily)
VALTOCO 20 MG DOSE LQPK	P	QL(10 ea per 30 days retail); PA	KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP	
VALTOCO 5 MG DOSE LIQD	P	QL(10 ea per 30 days retail); PA	KEPPRA TABS 250 MG, 750 MG (<i>levetiracetam</i>)	NP	QL(4 ea daily)
Anticonvulsants - Misc.			KEPPRA TABS 500 MG (<i>levetiracetam</i>)	NP	QL(6 ea daily)
<i>carbamazepine CHEW</i>	P		LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	NP	
			LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	QL(1 ea daily); ST
			LAMICTAL TABS (<i>lamotrigine</i>)	NP	
			<i>lamotrigine CHEW</i>	P	
			<i>lamotrigine TABS</i>	P	
			<i>lamotrigine TB24</i>	P	QL(1 ea daily); ST
			<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ml daily)
			<i>levetiracetam TABS 500 MG</i>	P	QL(6 ea daily)
			<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam TABS 1000 MG</i>	P	
<i>levetiracetam TB24</i>	P	ST
<i>MYSOLINE (primidone)</i>	NP	
<i>NEURONTIN CAPS (gabapentin)</i>	NP	QL(9 ea daily)
<i>NEURONTIN SOLN (gabapentin)</i>	NP	
<i>NEURONTIN TABS 600 MG (gabapentin)</i>	NP	QL(6 ea daily)
<i>NEURONTIN TABS 800 MG (gabapentin)</i>	NP	QL(4 ea daily)
<i>oxcarbazepine SUSP</i>	P	
<i>oxcarbazepine TABS</i>	P	
<i>primidone</i>	P	
<i>TEGRETOL SUSP (carbamazepine)</i>	NP	
<i>TEGRETOL TABS (carbamazepine)</i>	NP	
<i>TEGRETOL-XR TB12 (carbamazepine)</i>	NP	
<i>TOPAMAX SPRINKLE CPSP 15 MG (topiramate)</i>	NP	QL(6 ea daily)
<i>TOPAMAX SPRINKLE CPSP 25 MG (topiramate)</i>	NP	QL(8 ea daily)
<i>TOPAMAX TABS 100 MG (topiramate)</i>	NP	QL(4 ea daily)
<i>TOPAMAX TABS 200 MG (topiramate)</i>	NP	QL(2 ea daily)
<i>TOPAMAX TABS 25 MG, 50 MG (topiramate)</i>	NP	QL(6 ea daily)
<i>topiramate CPSP 25 MG</i>	P	QL(8 ea daily)
<i>topiramate CPSP 15 MG</i>	P	QL(6 ea daily)
<i>topiramate TABS 200 MG</i>	P	QL(2 ea daily)
<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 ea daily)
<i>topiramate TABS 100 MG</i>	P	QL(4 ea daily)
<i>TRILEPTAL SUSP (oxcarbazepine)</i>	NP	
<i>TRILEPTAL TABS (oxcarbazepine)</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>ZONEGRAN CAPS 25 MG, 100 MG (zonisamide)</i>	NP	
<i>zonisamide CAPS</i>	P	
Carbamates		
<i>felbamate SUSP</i>	P	
<i>felbamate TABS</i>	P	
<i>FELBATOL SUSP (felbamate)</i>	NP	
<i>FELBATOL TABS (felbamate)</i>	NP	
GABA Modulators		
<i>GABITRIL (tiagabine hcl)</i>	NP	
<i>tiagabine hcl</i>	P	
Hydantoins		
<i>DILANTIN 30 MG</i>	P	
<i>DILANTIN (phenytoin sodium extended)</i>	NP	
<i>DILANTIN INFATABS CHEW (phenytoin)</i>	NP	
<i>DILANTIN-125 SUSP (phenytoin)</i>	NP	
<i>phenytoin sodium extended 100 MG</i>	P	
<i>phenytoin CHEW</i>	P	
<i>phenytoin SUSP</i>	P	
Succinimides		
<i>ethosuximide CAPS</i>	P	
<i>ethosuximide SOLN</i>	P	
<i>ZARONTIN CAPS (ethosuximide)</i>	NP	
<i>ZARONTIN SOLN (ethosuximide)</i>	NP	
Valproic Acid		
<i>DEPAKOTE ER TB24 500 MG (divalproex sodium)</i>	NP	QL(7 ea daily)
<i>DEPAKOTE ER TB24 250 MG (divalproex sodium)</i>	NP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	NP	QL(8 ea daily)
DEPAKOTE TBEC 250 MG (<i>divalproex sodium</i>)	NP	QL(3 ea daily)
DEPAKOTE TBEC 500 MG (<i>divalproex sodium</i>)	NP	QL(7 ea daily)
DEPAKOTE TBEC 125 MG (<i>divalproex sodium</i>)	NP	QL(2 ea daily)
<i>divalproex sodium CSDR</i>	P	QL(8 ea daily)
<i>divalproex sodium TB24 500 MG</i>	P	QL(7 ea daily)
<i>divalproex sodium TB24 250 MG</i>	P	QL(3 ea daily)
<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 ea daily)
<i>divalproex sodium TBEC 250 MG</i>	P	QL(3 ea daily)
<i>divalproex sodium TBEC 125 MG</i>	P	QL(2 ea daily)
<i>valproate sodium SOLN OR 250 MG/5ML</i>	P	
<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	P	PA
<i>valproic acid CAPS</i>	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 ea daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 ea daily)
<i>mirtazapine TABS 15 MG</i>	P	QL(3 ea daily)
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 ea daily)
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 ea daily)
<i>mirtazapine TBDP 45 MG</i>	P	QL(1 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>mirtazapine</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>)	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 ea daily)
REMERON TABS 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 ea daily)
REMERON TABS 15 MG (<i>mirtazapine</i>)	NP	QL(3 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	P	QL(3 ea daily)
<i>bupropion hcl TB12 150 MG</i>	P	QL(3 ea daily)
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 ea daily)
<i>bupropion hcl TB12 100 MG</i>	P	QL(4 ea daily)
<i>bupropion hcl TB24 150 MG</i>	P	QL(3 ea daily)
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>bupropion hcl</i>)	NP	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>bupropion hcl</i>)	NP	QL(2 ea daily)
WELLBUTRIN SR TB12 100 MG (<i>bupropion hcl</i>)	NP	QL(4 ea daily)
WELLBUTRIN XL TB24 300 MG (<i>bupropion hcl</i>)	NP	QL(1 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>bupropion hcl</i>)	NP	QL(3 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL (<i>phenelzine sulfate</i>)	NP	
PARNATE (<i>tranylcypromine sulfate</i>)	NP	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	P	
Selective Serotonin Reuptake Inhibitors (SSRIs)		

Drug Name	Drug Tier	Requirements/ Limits
CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	QL(4 ea daily)
CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 ea daily); AL(At least 7 yrs old)
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(2 ea daily); AL(At least 7 yrs old)
<i>citalopram hydrobromide SOLN</i>	P	
<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 ea daily)
<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl CAPS 40 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	P	QL(4 ea daily)
<i>fluoxetine hcl SOLN</i>	P	QL(120 ml per fill retail)
<i>fluoxetine hcl TABS 10 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl TABS 20 MG</i>	P	QL(4 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	NP	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(4 ea daily)
Serotonin Modulators		
<i>nefazodone hcl</i>	P	
<i>trazodone hcl</i> TABS 300 MG	P	QL(2 ea daily)
<i>trazodone hcl</i> TABS 50 MG, 100 MG, 150 MG	P	
TRINTELLIX	P	QL(1 ea daily); AL(At least 18 yrs old); PA
VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	QL(1 ea daily); PA
<i>vilazodone hcl</i> TABS	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</i> 100 MG	P	QL(4 ea daily)
<i>desvenlafaxine succinate</i> 25 MG, 50 MG	P	QL(1 ea daily)
<i>duloxetine hcl</i> CPEP 20 MG, 30 MG, 60 MG	P	QL(1 ea daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 75 MG (<i>venlafaxine hcl</i>)	NP	QL(5 ea daily)
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>)	NP	QL(4 ea daily)
PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 ea daily)
PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	QL(4 ea daily)
<i>venlafaxine hcl</i> CP24 150 MG	P	QL(2 ea daily)
<i>venlafaxine hcl</i> CP24 75 MG	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl</i> CP24 37.5 MG	P	QL(4 ea daily)
<i>venlafaxine hcl</i> TABS	P	
<i>venlafaxine hcl</i> TB24 37.5 MG, 75 MG, 225 MG	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>venlafaxine hcl</i> TB24 150 MG	P	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl</i> TABS	P	
<i>amoxapine</i>	P	
ANAFRANIL 75 MG (<i>clomipramine hcl</i>)	NP	
<i>clomipramine hcl</i> 75 MG	P	
<i>desipramine hcl</i> TABS 25 MG	P	QL(2 ea daily)
<i>desipramine hcl</i> TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	
<i>doxepin hcl</i> CAPS	P	
<i>doxepin hcl</i> CONC	P	
<i>imipramine hcl</i> TABS	P	
NORPRAMIN TABS 10 MG (<i>desipramine hcl</i>)	NP	
NORPRAMIN TABS 25 MG (<i>desipramine hcl</i>)	NP	QL(2 ea daily)
<i>nortriptyline hcl</i> CAPS	P	
<i>nortriptyline hcl</i> SOLN	P	QL(20 ml daily)
PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ml per 31 days retail)
SYMLINPEN 60 SOPN	P	QL(6 ml per 31 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alogliptin-metformin hcl</i>	P	QL(2 ea daily)	TRUEPLUS GLUCOSE ON THE GO CHEW	P	QL(50 ea per 31 days retail)
<i>alogliptin-pioglitazone</i>	P	QL(1 ea daily)	TRUEPLUS GLUCOSE CHEW	P	QL(50 ea per 31 days retail)
<i>glipizide-metformin hcl</i>	P		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>glyburide-metformin</i>	P		<i>alogliptin benzoate</i>	P	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	P	QL(2 ea daily)	Incretin Mimetic Agents		
SEGLUROMET	P	QL(2 ea daily)	ADLYXIN STARTER PACK PNKT	P	QL(0.2 ml daily); PA
SOLIQUA 100/33	P	QL(0.6 ml daily); PA	ADLYXIN SOPN	P	QL(0.2 ml daily); PA
Biguanides			BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 days retail); PA
<i>metformin hcl TABS 850 MG, 1000 MG</i>	P		BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 31 days retail); AL(At least 18 yrs old); PA
<i>metformin hcl TABS 500 MG</i>	P	QL(5 ea daily)	BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 31 days retail); AL(At least 18 yrs old); PA
<i>metformin hcl TB24 500 MG</i>	P	QL(4 ea daily)	TRULICITY	P	QL(2 ml per 28 days retail); PA
<i>metformin hcl TB24 750 MG</i>	P	QL(3 ea daily)	Insulin		
Diabetic Other			ADMELOG SOLOSTAR SOPN	P	QL(30 ml per 31 days retail)
BD GLUCOSE CHEW	P	QL(50 ea per 31 days retail)	ADMELOG SOLN IJ	P	QL(30 ml per 31 days retail)
CVS GLUCOSE CHEW	P	QL(50 ea per 31 days retail)	BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)
CVS SOFT GLUCOSE CHEW	P	QL(50 ea per 31 days retail)	HUMULIN 70/30 KWIKPEN SUPN	P	QL(30 ml per 31 days retail)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	QL(50 ea per 31 days retail)	HUMULIN 70/30 SUSP	P	QL(40 ml per 31 days retail)
<i>glucagon (rdna)</i>	P	QL(4 ea per 365 days retail)	HUMULIN N KWIKPEN SUPN	P	QL(30 ml per 31 days retail)
GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	NP	QL(4 ea per 365 days retail)	HUMULIN N SUSP	P	QL(40 ml per 31 days retail)
GLUCOSE CHEW	P	QL(50 ea per 31 days retail)	HUMULIN R SOLN IJ	P	QL(40 ml per 31 days retail)
GNP GLUCOSE CHEW	P	QL(50 ea per 31 days retail)	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(30 ml per 31 days retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	QL(50 ea per 31 days retail)			
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	QL(50 ea per 31 days retail)			
SM GLUCOSE CHEW	P	QL(50 ea per 31 days retail)			

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 31 days retail)
INSULIN GLARGINE SOLN	P	Viatis Brand Only; QL(1 ml daily)
INSULIN GLARGINE SOPN	P	Viatis Brand Only; QL(1 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN 70/30 FLEXPEN SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN 70/30 RELION SUSP	P	QL(40 ml per 31 days retail)
NOVOLIN 70/30 SUSP	P	QL(40 ml per 31 days retail)
NOVOLIN N FLEXPEN RELION SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN N FLEXPEN SUPN	P	QL(30 ml per 31 days retail)
NOVOLIN N RELION SUSP	P	QL(40 ml per 31 days retail)
NOVOLIN N SUSP	P	QL(40 ml per 31 days retail)
NOVOLIN R RELION SOLN IJ	P	QL(40 ml per 31 days retail)
NOVOLIN R SOLN IJ	P	QL(40 ml per 31 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	P	QL(30 ml per 31 days retail)
NOVOLOG MIX 70/30 RELION SUSP	P	QL(40 ml per 31 days retail)
Insulin Sensitizing Agents		
ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 ea daily)
<i>pioglitazone hcl</i>	P	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	P	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		

Drug Name	Drug Tier	Requirements/ Limits
Inhibitors		
STEGLATRO	P	QL(1 ea daily)
Sulfonylureas		
AMARYL 4 MG (<i>glimepiride</i>)	NP	QL(2 ea daily)
AMARYL 1 MG, 2 MG (<i>glimepiride</i>)	NP	QL(4 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 ea daily)
<i>glimepiride 4 MG</i>	P	QL(2 ea daily)
<i>glipizide TABS</i>	P	
<i>glipizide TB24</i>	P	
GLUCOTROL XL TB24 (<i>glipizide</i>)	NP	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	
<i>glyburide TABS</i>	P	
GLYNASE (<i>glyburide micronized</i>)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	P	
<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	P	
PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	NP	
PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	NP	
PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>)	NP	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
IMODIUM A-D CAPS (loperamide hcl)	NP	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS (loperamide hcl)	NP	QL(8 ea daily)
LOMOTIL TABS (diphenoxylate w/ atropine)	NP	
loperamide hcl CAPS	P	QL(8 ea daily); RX/OTC
loperamide hcl TABS	P	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox PACK	P	SP; PA
deferasirox TABS	P	SP; PA
deferasirox TBSO	P	SP; PA
EXJADE TBSO (deferasirox)	NP	SP; PA
JADENU SPRINKLE PACK (deferasirox)	NP	SP; PA
JADENU TABS (deferasirox)	NP	SP; PA
Antidotes and Specific Antagonists		
VISTOGARD	P	
Opioid Antagonists		
naloxone hcl LIQD	P	QL(4 ea per 90 days retail); RX/OTC
naloxone hcl SOCT	P	QL(2 ml per 90 days retail)
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	P	QL(2 ml per 90 days retail)
naloxone hcl SOSY	P	QL(4 ml per 90 days retail)
naltrexone hcl	P	
NARCAN LIQD (naloxone hcl)	NP	QL(4 ea per 90 days retail); RX/OTC
VIVITROL	P	QL(1 ea per 30 days retail); SP
ANTIEMETICS - Drugs to Treat Nausea and		

Drug Name	Drug Tier	Requirements/ Limits
Vomiting		
5-HT3 Receptor Antagonists		
ondansetron hcl SOLN IJ	P	
ondansetron hcl SOLN OR 4 MG/5ML	P	QL(50 ml per 31 days retail)
ondansetron hcl SOSY	P	
ondansetron hcl TABS 4 MG, 8 MG	P	QL(20 ea per 31 days retail)
ondansetron hcl TABS 24 MG	P	QL(1 ea per 14 days retail)
ondansetron TBDP	P	QL(20 ea per 31 days retail)
ZOFRAN TABS 4 MG (ondansetron hcl)	NP	QL(20 ea per 31 days retail)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (meclizine hcl)	NP	RX/OTC
dimenhydrinate TABS	P	QL(24 ea per fill retail)
DRAMAMINE CHEW	P	QL(24 ea per fill retail)
meclizine hcl CHEW	P	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	P	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
griseofulvin microsize SUSP	P	
griseofulvin microsize TABS	P	
griseofulvin ultramicrosize	P	
nystatin TABS	P	QL(6 ea daily)
terbinafine hcl TABS	P	QL(1 ea daily; 90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR (fluconazole)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 150 MG (fluconazole)	NP	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
DIFLUCAN TABS 50 MG (<i>fluconazole</i>)	NP	QL(3 ea per 14 days retail)
DIFLUCAN TABS 100 MG, 200 MG (<i>fluconazole</i>)	NP	
<i>fluconazole SUSR</i>	P	QL(70 ml per fill retail)
<i>fluconazole TABS 150 MG</i>	P	QL(2 ea per fill retail)
<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<i>fluconazole TABS 50 MG</i>	P	QL(3 ea per 14 days retail)
<i>itraconazole CAPS</i>	P	QL(1 ea daily); PA
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	NP	QL(1 ea daily); PA
SPORANOX CAPS (<i>itraconazole</i>)	NP	QL(1 ea daily); PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	P	
<i>chlorpheniramine maleate TABS</i>	P	QL(120 ea per fill retail)
<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 CAPS</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	P	QL(4 ea daily)
Antihistamines - Non-Sedating		

Drug Name	Drug Tier	Requirements/ Limits
<i>cetirizine hcl CHEW</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>cetirizine hcl TABS</i>	P	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SOLN (<i>loratadine</i>)	P	QL(300 ml per fill retail)
<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 SOLN</i>	P	QL(300 ml per fill retail)
<i>loratadine TABS</i>	P	QL(1 ea daily)
<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 SOLN 6.25 MG/5ML</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP</i>	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SYRP</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cycloheptadine hcl SYRP</i>	P	
<i>cycloheptadine hcl TABS</i>	P	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ezetimibe-simvastatin</i>	P	QL(1 ea daily); ST	CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	QL(1 ea daily)
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	QL(1 ea daily); ST	LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 ea daily)
Bile Acid Sequestrants			<i>lovastatin TABS 40 MG</i>	P	QL(2 ea daily)
<i>cholestyramine light PACK</i>	P		<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 ea daily)
<i>cholestyramine light POWD</i>	P		<i>pravastatin sodium</i>	P	QL(1 ea daily)
<i>cholestyramine PACK</i>	P		<i>rosuvastatin calcium TABS</i>	P	QL(1 ea daily)
<i>cholestyramine POWD</i>	P		<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 ea daily)
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NP		ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	QL(1 ea daily)
COLESTID GRAN (<i>colestipol hcl</i>)	NP		Intestinal Cholesterol Absorption Inhibitors		
COLESTID TABS (<i>colestipol hcl</i>)	NP		<i>ezetimibe</i>	P	ST
<i>colestipol hcl GRAN</i>	P		ZETIA (<i>ezetimibe</i>)	NP	ST
<i>colestipol hcl TABS</i>	P		Nicotinic Acid Derivatives		
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP		<i>niacin (antihyperlipidemic) TABS</i>	P	
QUESTRAN PACK (<i>cholestyramine</i>)	NP		<i>niacin (antihyperlipidemic) TBCR</i>	P	
QUESTRAN POWD (<i>cholestyramine</i>)	NP		NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	NP	
Fibric Acid Derivatives			ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
<i>fenofibrate micronized 67 MG</i>	P	QL(2 ea daily)	ACE Inhibitors		
<i>fenofibrate micronized 134 MG, 200 MG</i>	P	QL(1 ea daily)	ACCUPRIL (<i>quinapril hcl</i>)	NP	
<i>fenofibrate TABS 160 MG</i>	P	QL(1 ea daily)	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	QL(2 ea daily)
<i>fenofibrate TABS 54 MG</i>	P	QL(3 ea daily)	<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 ea daily)
FENOFIBRATE TABS	P	QL(1 ea daily)	<i>benazepril hcl 40 MG</i>	P	QL(2 ea daily)
<i>gemfibrozil TABS</i>	P	QL(2 ea daily)	<i>captopril</i>	P	QL(3 ea daily)
LOPID TABS (<i>gemfibrozil</i>)	NP	QL(2 ea daily)	<i>enalapril maleate TABS</i>	P	QL(2 ea daily)
HMG CoA Reductase Inhibitors			<i>fosinopril sodium</i>	P	QL(1 ea daily)
<i>atorvastatin calcium TABS</i>	P	QL(1 ea daily)			

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

Drug Name	Drug Tier	Requirements/ Limits
<i>methyldopa TABS</i>	P	
MINIPRESS CAPS (<i>prazosin hcl</i>)	NP	
<i>prazosin hcl CAPS</i>	P	
<i>terazosin hcl</i>	P	
Antihypertensive Combinations		
ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily)
ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily)
ACCURETIC 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	P	ST
<i>amlodipine besylate-valsartan</i>	P	ST
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	ST
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	
<i>atenolol & chlorthalidone</i>	P	QL(2 ea daily)
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NP	ST
<i>benazepril & hydrochlorothiazide</i>	P	QL(1 ea daily)
BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	QL(1 ea daily); ST
<i>bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan cilexetil-hydrochlorothiazide</i>	P		<i>metoprolol & hydrochlorothiazide TABS 50 MG-100 MG</i>	P	QL(1 ea daily)
<i>captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	P	QL(2 ea daily)	MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
<i>captopril & hydrochlorothiazide 25 MG-50 MG</i>	P	QL(3 ea daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	ST
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)	<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	QL(1 ea daily); ST
DUTOPROL TB24	P	QL(1 ea daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 ea daily)
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 ea daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	P	QL(4 ea daily)
EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP	ST	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 ea daily)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	ST	TARKA 240 MG-2 MG (<i>trandolapril-verapamil hcl</i>)	NP	
<i>fosinopril sodium & hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>telmisartan-amlodipine</i>	P	
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 ea daily)	<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 ea daily)	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
<i>lisinopril & hydrochlorothiazide</i>	P		TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>trandolapril-verapamil hcl</i>	P	
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)	TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	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)	TWYNSTA (<i>telmisartan-amlodipine</i>)	NP	
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>	P	QL(2 ea daily)	<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 2.5 MG</i>	P	QL(3 ea daily)
<i>minoxidil 10 MG</i>	P	QL(10 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	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl 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 SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</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)
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	P	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	P	QL(1 ea daily)
<i>chloroquine phosphate TABS 250 MG</i>	P	
<i>hydroxychloroquine sulfate 100 MG, 200 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 TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	NP	
MESTINON TABS (<i>pyridostigmine bromide</i>)	NP	
<i>pyridostigmine bromide TABS 60 MG</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SYRP</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>isoniazid TABS</i>	P	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	NP	
MYCOBUTIN (<i>rifabutin</i>)	NP	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	
TRECATOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melfalan</i>)	NP	
LEUKERAN	P	
<i>melfalan</i>	P	
MYLERAN TABS	P	
Antimetabolites		
<i>mercaptopurine TABS</i>	P	
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	P	
PURIXAN SUSP	P	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
Antineoplastic - Angiogenesis Inhibitors		
MVASI	P	SP; PA
ZIRABEV	P	SP; PA
Antineoplastic - Antibodies		
ENHERTU	P	SP; PA
PADCEV	P	SP; PA
RUXIENCE	P	SP; PA
TRUXIMA	P	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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
MEKTOVI	P	SP; PA
ROZLYTREK	P	SP; PA
Antineoplastic Enzymes		
ASPARLAS	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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, 0.5 MG, 0.75 MG, 1 MG (<i>pramipexole dihydrochloride</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NP	
PARLODEL TABS (<i>bromocriptine mesylate</i>)	NP	
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 ea daily)
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 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 CAPS</i>	P	
LITHIUM CARBONATE POWD	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	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 CAPS	P	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	P	QL(1 ea daily); PA
<i>ziprasidone hcl</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ml per 28 days retail); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ml per 28 days retail); SP; PA
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ml per 28 days retail); SP; PA
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ml per 28 days retail); SP; PA
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ml per 28 days retail); SP; PA
INVEGA TRINZA 819 MG/2.63ML	P	1 rtl MAX fill; 84 rtl day(s) supply; QL(2.7 ml per fill retail); SP; PA
INVEGA TRINZA 410 MG/1.32ML	P	1 rtl MAX fill; 84 rtl day(s) supply; QL(1.4 ml per fill retail); SP; PA
INVEGA TRINZA 546 MG/1.75ML	P	1 rtl MAX fill; 84 rtl day(s) supply; QL(1.8 ml per fill retail); SP; PA
INVEGA TRINZA 273 MG/0.88ML	P	1 rtl MAX fill; 84 rtl day(s) supply; QL(0.88 ml per fill retail); SP; PA
PERSERIS PRSY	P	QL(1 ea per 28 days retail); SP; PA
RISPERDAL CONSTA	P	2 rtl MAX fill; 28 rtl day(s) supply; SP; PA
RISPERDAL SOLN (<i>risperidone</i>)	NP	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NP	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone SOLN</i>	P	QL(4 ml daily); AL(At least 5 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone TABS</i>	P	QL(4 ea daily); AL(At least 5 yrs old)	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
<i>risperidone TBDP</i>	P	QL(2 ea daily); AL(At least 5 yrs old)	SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (<i>quetiapine fumarate</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)
Butyrophenones			SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)
HALDOL DECANOATE 100 (<i>haloperidol decanoate</i>)	NP		ZYPREXA TABS 2.5 MG, 5 MG (<i>olanzapine</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)
HALDOL DECANOATE 50 (<i>haloperidol decanoate</i>)	NP		ZYPREXA TABS 7.5 MG, 10 MG (<i>olanzapine</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)
<i>haloperidol decanoate</i>	P		ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	NP	QL(1 ea daily); AL(At least 10 yrs old)
<i>haloperidol lactate CONC</i>	P		Phenothiazines		
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	QL(3 ea daily)	<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 ea daily)
<i>haloperidol TABS 20 MG</i>	P		<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 ea daily)
Dibenzapines			<i>fluphenazine decanoate</i>	P	
<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	P	QL(3 ea daily); AL(At least 18 yrs old)	<i>fluphenazine hcl TABS</i>	P	
<i>clozapine TABS 100 MG</i>	P	QL(9 ea daily); AL(At least 18 yrs old)	<i>perphenazine TABS</i>	P	QL(4 ea daily)
CLOZARIL TABS 100 MG (<i>clozapine</i>)	NP	QL(9 ea daily); AL(At least 18 yrs old)	<i>prochlorperazine</i>	P	
CLOZARIL TABS 25 MG, 50 MG, 200 MG (<i>clozapine</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)	<i>prochlorperazine maleate TABS</i>	P	
<i>loxapine succinate</i>	P	QL(4 ea daily)	<i>thioridazine hcl</i>	P	QL(3 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)	<i>trifluoperazine hcl TABS</i>	P	QL(2 ea daily)
<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 ea daily); AL(At least 10 yrs old)	Quinolinone Derivatives		
<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)	ABILIFY MAINTENA PRSY	P	QL(1 ea per 28 days retail); SP; PA
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)	ABILIFY MAINTENA SRER	P	QL(1 ea per 28 days retail); SP; PA
			ABILIFY TABS (<i>aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole SOLN OR</i>	P	QL(750 ml per 31 days retail); AL(At least 6 yrs old); PA	<i>abacavir sulfate-lamivudine-zidovudine</i>	P	QL(2 ea daily)
<i>aripiprazole TABS</i>	P	QL(1 ea daily); AL(At least 6 yrs old)	<i>abacavir sulfate SOLN</i>	P	QL(30 ml daily)
<i>aripiprazole TBDP</i>	P	QL(1 ea daily); AL(At least 6 yrs old); PA	<i>abacavir sulfate TABS</i>	P	QL(2 ea daily)
ARISTADA 882 MG/3.2ML	P	QL(3.2 ml per 28 days retail); SP; PA	APTIVUS CAPS	P	QL(4 ea daily); ST
ARISTADA 1064 MG/3.9ML	P	1 rtl MAX fill; 56 rtl day(s) supply; QL(4 ml per fill retail); SP; PA	<i>atazanavir sulfate CAPS 300 MG</i>	P	
ARISTADA 662 MG/2.4ML	P	QL(2.4 ml per 28 days retail); SP; PA	<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 ea daily)
ARISTADA 441 MG/1.6ML	P	QL(1.6 ml per 28 days retail); SP; PA	BIKTARVY	P	QL(1 ea daily)
ARISTADA INITIO	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(2.5 ml per fill retail); SP; PA	CIMDUO	P	QL(1 ea daily); ST
Thioxanthenes			COMPLERA	P	QL(1 ea daily)
<i>thiothixene</i>	P	QL(3 ea daily)	CRIVAN 400 MG	P	QL(6 ea daily)
ANTISEPTICS & DISINFECTANTS			<i>darunavir TABS 800 MG</i>	P	QL(1 ea daily); ST
Antiseptics & Disinfectants			<i>darunavir TABS 600 MG</i>	P	QL(2 ea daily); ST
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ml per fill retail)	DELSTRIGO	P	QL(1 ea daily)
Chlorine Antiseptics			DESCOVY	P	QL(1 ea daily); PA
<i>chlorhexidine gluconate LIQD</i>	P		DOVATO	P	QL(1 ea daily)
HIBICLENS LIQD (<i>chlorhexidine gluconate</i>)	NP		EDURANT	P	QL(1 ea daily)
ANTIVIRALS - Drugs to Treat Viral Infections			<i>efavirenz CAPS 200 MG</i>	P	QL(1 ea daily)
Antiretrovirals			<i>efavirenz CAPS 50 MG</i>	P	QL(2 ea daily)
<i>abacavir sulfate-lamivudine</i>	P	QL(1 ea daily)	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)
			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)
			<i>efavirenz TABS</i>	P	QL(1 ea daily)
			<i>emtricitabine CAPS</i>	P	QL(1 ea daily)
			<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 ea daily)
			EMTRIVA CAPS (<i>emtricitabine</i>)	NP	QL(1 ea daily)
			EMTRIVA SOLN	P	QL(24 ml daily)
			EPIVIR SOLN (<i>lamivudine</i>)	NP	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPIVIR TABS 150 MG (<i>lamivudine</i>)	NP	QL(2 ea daily)	<i>lopinavir-ritonavir</i> TABS 25 MG-100 MG	P	QL(4 ea daily)
EPIVIR TABS 300 MG (<i>lamivudine</i>)	NP	QL(1 ea daily)	<i>lopinavir-ritonavir</i> TABS 50 MG-200 MG	P	QL(6 ea daily)
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NP	QL(1 ea daily)	<i>maraviroc</i> TABS 300 MG	P	QL(4 ea daily)
<i>etravirine</i> 100 MG	P	QL(4 ea daily)	<i>maraviroc</i> TABS 150 MG	P	QL(2 ea daily)
<i>etravirine</i> 200 MG	P	QL(2 ea daily)	<i>nevirapine</i> SUSP	P	QL(40 ml daily)
EVOTAZ	P	QL(1 ea daily)	<i>nevirapine</i> TABS	P	QL(2 ea daily)
<i>fosamprenavir calcium</i> TABS	P	QL(4 ea daily)	<i>nevirapine</i> TB24 100 MG	P	QL(3 ea daily)
GENVOYA	P	QL(1 ea daily)	<i>nevirapine</i> TB24 400 MG	P	QL(1 ea daily)
INTELENCE 25 MG	P	QL(4 ea daily)	NORVIR SOLN	P	QL(15 ml daily)
INTELENCE 200 MG (<i>etravirine</i>)	NP	QL(2 ea daily)	NORVIR TABS (<i>ritonavir</i>)	NP	QL(12 ea daily)
INTELENCE 100 MG (<i>etravirine</i>)	NP	QL(4 ea daily)	ODEFSEY	P	
INVIRASE TABS	P	QL(4 ea daily); ST	PIFELTRO	P	QL(1 ea daily)
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)	PREZCOBIX	P	QL(1 ea daily)
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)	PREZISTA SUSP	P	QL(12 ml daily); ST
ISENTRESS PACK	P	QL(2 ea daily)	PREZISTA TABS 75 MG	P	QL(2 ea daily); ST
ISENTRESS TABS	P	QL(2 ea daily)	PREZISTA TABS 600 MG (<i>darunavir</i>)	NP	QL(2 ea daily); ST
JULUCA	P	QL(1 ea daily)	PREZISTA TABS 800 MG (<i>darunavir</i>)	NP	QL(1 ea daily); ST
KALETRA SOLN (<i>lopinavir-ritonavir</i>)	NP	QL(16 ml daily)	PREZISTA TABS 150 MG	P	QL(3 ea daily); ST
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	NP	QL(6 ea daily)	RETROVIR CAPS (<i>zidovudine</i>)	NP	QL(6 ea daily)
KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	NP	QL(4 ea daily)	RETROVIR SYRP (<i>zidovudine</i>)	NP	QL(60 ml daily)
<i>lamivudine</i> SOLN	P	QL(30 ml daily)	REYATAZ CAPS 300 MG (<i>atazanavir sulfate</i>)	NP	
<i>lamivudine</i> TABS 300 MG	P	QL(1 ea daily)	REYATAZ CAPS 150 MG, 200 MG (<i>atazanavir sulfate</i>)	NP	QL(2 ea daily)
<i>lamivudine</i> TABS 150 MG	P	QL(2 ea daily)	REYATAZ PACK	P	QL(6 ea daily)
LEXIVA SUSP	P	QL(56 ml daily)	<i>ritonavir</i> TABS	P	QL(12 ea daily)
LEXIVA TABS (<i>fosamprenavir calcium</i>)	NP	QL(4 ea daily)	RUKOBIA	P	PA
<i>lopinavir-ritonavir</i> SOLN	P	QL(16 ml daily)	SELZENTRY SOLN	P	QL(35 ml daily)
			SELZENTRY TABS 300 MG (<i>maraviroc</i>)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY TABS 150 MG (<i>maraviroc</i>)	NP	QL(2 ea daily)	ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	QL(30 ml daily)
<i>stavudine CAPS</i>	P	QL(2 ea daily)	ZIAGEN TABS (<i>abacavir sulfate</i>)	NP	QL(2 ea daily)
STRIBILD	P	QL(1 ea daily)	<i>zidovudine CAPS</i>	P	QL(6 ea daily)
SUSTIVA CAPS 50 MG (<i>efavirenz</i>)	NP	QL(2 ea daily)	<i>zidovudine SYRP</i>	P	QL(60 ml daily)
SUSTIVA CAPS 200 MG (<i>efavirenz</i>)	NP	QL(1 ea daily)	<i>zidovudine TABS</i>	P	QL(2 ea daily)
SUSTIVA TABS (<i>efavirenz</i>)	NP	QL(1 ea daily)	CMV Agents		
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)	VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	QL(2 ea daily)
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)	<i>valganciclovir hcl TABS</i>	P	QL(2 ea daily)
TEMIXYS	P	QL(1 ea daily); ST	Hepatitis Agents		
<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 ea daily)	MAVYRET PACK	P	QL(6 ea daily); SP; PA
TIVICAY TABS 50 MG	P		MAVYRET TABS	P	QL(3 ea daily); SP; PA
TRIUMEQ TABS	P	QL(1 ea daily); AL(At least 18 yrs old)	SOFOSBUVIR/VELPATA SVIR TABS	P	QL(1 ea daily); SP; PA
TRIZIVIR	P	QL(2 ea daily)	VEMLIDY	P	SP; PA
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)	Herpes Agents		
TYBOST	P	QL(1 ea daily); AL(At least 18 yrs old)	<i>acyclovir CAPS</i>	P	QL(50 ea per 31 days retail)
VIRACEPT TABS 250 MG	P	QL(9 ea daily)	<i>acyclovir SUSP</i>	P	QL(400 ml per 31 days retail)
VIRACEPT TABS 625 MG	P	QL(4 ea daily)	<i>acyclovir TABS OR 400 MG</i>	P	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (<i>nevirapine</i>)	NP	QL(1 ea daily)	<i>acyclovir TABS OR 800 MG</i>	P	QL(50 ea per 31 days retail)
VIRAMUNE SUSP (<i>nevirapine</i>)	NP	QL(40 ml daily)	<i>famciclovir</i>	P	
VIREAD POWD	P	QL(8 gm daily)	<i>valacyclovir hcl 1 GM, 1000 MG</i>	P	QL(42 ea per 21 days retail)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)	<i>valacyclovir hcl 500 MG</i>	P	QL(2 ea daily)
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)	VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(42 ea per 21 days retail)
			VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(2 ea daily)
			ZOVIRAX SUSP (<i>acyclovir</i>)	NP	QL(400 ml per 31 days retail)
			Influenza Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)	COREG CR (<i>carvedilol phosphate</i>)	NP	QL(1 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>labetalol hcl TABS 200 MG</i>	P	QL(6 ea daily)
<i>oseltamivir phosphate SUSR</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)	<i>labetalol hcl TABS 100 MG</i>	P	QL(3 ea daily)
RELENZA DISKHALER	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s); AL(At least 5 yrs old)	<i>labetalol hcl TABS 300 MG</i>	P	QL(8 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)	Beta Blockers Cardio-Selective		
TAMIFLU CAPS 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)	<i>acebutolol hcl CAPS</i>	P	
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)	<i>atenolol TABS</i>	P	QL(2 ea daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure			<i>bisoprolol fumarate</i>	P	QL(1 ea daily)
Alpha-Beta Blockers			LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(4 ea daily)
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(2 ea daily)	LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(4.5 ea daily)
<i>carvedilol 25 MG</i>	P	QL(4 ea daily)	<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 ea daily)
<i>carvedilol phosphate</i>	P	QL(1 ea daily)	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 ea daily)
COREG 25 MG (<i>carvedilol</i>)	NP	QL(4 ea daily)	<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 ea daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>carvedilol</i>)	NP	QL(2 ea daily)	<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 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, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(4 ea daily)
			Beta Blockers Non-Selective		
			BETAPACE AF (<i>sotalol hcl (afib/afl)</i>)	NP	QL(2 ea daily)
			BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	
			CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INDERAL LA CP24 (propranolol hcl)	NP	QL(2 ea daily)	diltiazem hcl CP24 120 MG, 180 MG	P	QL(1 ea daily)
nadolol TABS 20 MG, 40 MG, 80 MG	P	QL(2 ea daily)	diltiazem hcl CP24 240 MG	P	QL(2 ea daily)
pindolol TABS	P		diltiazem hcl TABS	P	QL(3 ea daily)
propranolol hcl CP24	P	QL(2 ea daily)	felodipine	P	QL(1 ea daily)
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	P		nicardipine hcl CAPS	P	
propranolol hcl TABS	P		nifedipine CAPS	P	QL(4 ea daily)
sotalol hcl (afib/afl)	P	QL(2 ea daily)	nifedipine TB24 30 MG, 90 MG	P	QL(1 ea daily)
sotalol hcl TABS	P		nifedipine TB24 60 MG	P	QL(2 ea daily)
timolol maleate TABS	P		NORVASC TABS (amlodipine besylate)	NP	QL(1 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			PROCARDIA XL TB24 30 MG, 90 MG (nifedipine)	NP	QL(1 ea daily)
Calcium Channel Blockers			PROCARDIA XL TB24 60 MG (nifedipine)	NP	QL(2 ea daily)
amlodipine besylate TABS	P	QL(1 ea daily)	TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl extended release beads)	NP	QL(1 ea daily)
CALAN SR TBCR (verapamil hcl)	NP	QL(2 ea daily)	TIAZAC 240 MG (diltiazem hcl extended release beads)	NP	QL(2 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (diltiazem hcl coated beads)	NP	QL(1 ea daily)	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	P	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (diltiazem hcl coated beads)	NP	QL(2 ea daily)	verapamil hcl TABS	P	QL(3 ea daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	NP	QL(3 ea daily)	verapamil hcl TBCR	P	QL(2 ea daily)
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	P	QL(1 ea daily)	VERELAN CP24 (verapamil hcl)	NP	QL(1 ea daily)
diltiazem hcl coated beads CP24 240 MG	P	QL(2 ea daily)	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	P	QL(1 ea daily)	Cardiac Glycosides		
diltiazem hcl extended release beads 240 MG	P	QL(2 ea daily)	digoxin SOLN OR 0.05 MG/ML	P	
diltiazem hcl CP12	P	QL(2 ea daily)	digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	P	
			LANOXIN TABS 125 MCG, 250 MCG (digoxin)	NP	

Drug Name	Drug Tier	Requirements/ Limits
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	P	SP; PA
UPTRAVI SOLR	P	SP; PA
UPTRAVI TABS	P	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	P	
<i>cephalexin CAPS 250 MG, 500 MG</i>	P	
<i>cephalexin SUSR</i>	P	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	P	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	P	
<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>cefprozil TABS</i>	P	QL(20 ea per fill retail)
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>cefixime CAPS</i>	P	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(3 ea per fill retail)
SUPRAX CAPS (<i>cefixime</i>)	NP	
CHEMICALS		
Bulk Chemicals - H's		
HYDROXYUREA	P	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	P	
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	P	QL(1 ea daily)
ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	NP	
<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	P	
<i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i>	P	QL(1 ea daily)
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	NP	
<i>levonorgestrel & eth estradiol TABS</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</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 & eth estradiol</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 & ethinyl estradiol-fe</i>	P		Progestin Contraceptives - Injectable		
<i>norethindrone acet & eth estra</i>	P		DEPO-PROVERA CONTRACEPTIVE SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P		DEPO-PROVERA CONTRACEPTIVE SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ml per fill retail)
<i>norethindrone-eth estradiol (triphasic)</i>	P		DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)
<i>norgestimate-ethinyl estradiol</i>	P		<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ml per fill retail)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P		<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ml per fill retail)
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 ea daily)	Progestin Contraceptives - Oral		
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP		<i>norethindrone (contraceptive)</i>	P	
TYBLUME CHEW	P		CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	NP		Glucocorticosteroids		
YAZ (<i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)	CORTEF TABS (<i>hydrocortisone</i>)	NP	
Combination Contraceptives - Transdermal			CORTISONE ACETATE TABS	P	
<i>norelgestromin-ethinyl estradiol</i>	P		<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(150 ml per 31 days retail)
Combination Contraceptives - Vaginal					
<i>etonogestrel-ethinyl estradiol</i>	P	QL(6 ea per fill retail)			
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	NP	QL(6 ea per fill retail)			
Emergency Contraceptives					
ELLA	P	QL(4 ea per 365 days retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(150 ml per 31 days retail)	<i>benzonatate 100 MG</i>	P	QL(6 ea daily); AL(At least 10 yrs old)
<i>dexamethasone ELIX</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 SOLN</i>	P				
<i>dexamethasone TABS</i>	P				
<i>hydrocortisone TABS</i>	P				
MEDROL DOSEPAK TBPk (methylprednisolone)	NP		DELSYM COUGH CHILDRENS SUER (dextromethorphan polistirex)	NP	QL(240 ml per 6 days retail)
MEDROL TABS 4 MG, 8 MG (methylprednisolone)	NP		DELSYM SUER (dextromethorphan polistirex)	NP	QL(240 ml per 6 days retail)
<i>methylprednisolone TABS 4 MG, 8 MG</i>	P		<i>dextromethorphan hbr LIQD 7.5 MG/5ML</i>	P	QL(240 ml per 6 days retail)
<i>methylprednisolone TBPk</i>	P		<i>dextromethorphan polistirex LQCR</i>	P	QL(240 ml per 6 days retail)
MILLIPRED TABS	P		<i>dextromethorphan polistirex SUER</i>	P	QL(240 ml per 6 days retail)
PEDIAPRED SOLN (prednisolone sodium phosphate)	NP				
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ml per fill retail)	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	NP	AL(At least 18 yrs old)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML</i>	P		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)
<i>prednisolone SOLN</i>	P		TESSALON PERLES (benzonatate)	NP	QL(6 ea daily); AL(At least 10 yrs old)
<i>prednisolone TABS</i>	P		TRIAMINIC LONG ACTING COUGH LIQD (dextromethorphan hbr)	NP	QL(240 ml per 6 days retail)
PREDNISONE INTENSOL CONC	P		Cough/Cold/Allergy Combinations		
<i>prednisone SOLN</i>	P		<i>brompheniramine & phenyleph ELIX</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(120 ml per fill retail)
<i>prednisone TABS</i>	P		<i>brompheniramine & pseudoeph ELIX</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(120 ml per fill retail)
<i>prednisone TBPk</i>	P				
Mineralocorticoids					
<i>fludrocortisone acetate TABS</i>	P				
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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 SOLN 10 MG/5ML-100 MG/5ML</i>	P	
<i>cetirizine-pseudoephedrine</i>	P	QL(2 ea daily)	<i>guaifenesin-codeine SYRP</i>	P	
COLD & FLU RELIEF NIGHTTIME D LIQD	P		LOHIST-D LIQD	P	
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P		<i>loratadine & pseudoephedrine TB12</i>	P	QL(2 ea daily)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-200 MG/5ML-30 MG/5ML-30 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P		<i>loratadine & pseudoephedrine TB24</i>	P	QL(1 ea daily)
<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)	MAXI-TUSS PE MAX LIQD	P	QL(240 ml per 6 days retail)
<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 LIQD	P	
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	QL(2 ea daily)	MUCINEX D MAXIMUM STRENGTH TB12 (<i>pseudoephedrine-guaifenesin</i>)	NP	
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P		MUCINEX DM TB12 (<i>dextromethorphan-guaifenesin</i>)	NP	QL(2 ea daily)
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)	MUCINEX D TB12 (<i>pseudoephedrine-guaifenesin</i>)	NP	QL(210 ea per fill retail)
ED BRON GP LIQD	P	QL(240 ml per 6 days retail)	<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML</i>	P		<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	QL(240 ml per fill retail)
			<i>phenylephrine-dm SOLN</i>	P	QL(240 ml per fill retail)
			<i>promethazine & phenylephrine SYRP</i>	P	QL(240 ml per 6 days retail); AL(At least 2 yrs old)
			<i>promethazine w/codeine SOLN</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
			<i>promethazine w/codeine SYRP</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
			<i>promethazine-dm SYRP</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine-codeine</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per 6 days retail)
<i>pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML</i>	P	
<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	P	
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	P	QL(210 ea per fill retail)
<i>pseudoephedrine-ibuprofen TABS</i>	P	
PX DAYTIME MULTI-SYMPTOM CAPS	P	
PX NITETIME MULTI-SYMPTOM CAPS	P	
SCOT-TUSSIN DM LIQD	P	
VIRTUSSIN DAC SOLN	P	
Expectorants		
GERI-TUSSIN SYRP	P	QL(240 ml per 6 days retail)
<i>guaifenesin TB12 1200 MG</i>	P	
<i>guaifenesin TB12 600 MG</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(40 ea per fill retail)
MUCINEX MAXIMUM STRENGTH TB12 (<i>guaifenesin</i>)	NP	
MUCINEX TB12 (<i>guaifenesin</i>)	NP	1 rtl MAX fill; 31 rtl day(s) supply; QL(40 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>potassium iodide (expectorant) SOLN</i>	P	
SSKI SOLN (<i>potassium iodide (expectorant)</i>)	NP	
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) AERS</i>	P	QL(240 ml per fill retail)
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P	
Mucolytics		
<i>acetylcysteine SOLN</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 12 yrs old); PA
ACNE MEDICATION 10 LOTN	P	
ACNE MEDICATION 5 LOTN	P	
BENZAC AC WASH LIQD 5 % (<i>benzoyl peroxide</i>)	NP	RX/OTC
BENZOYL PEROXIDE CLEANSER LIQD	P	
<i>benzoyl peroxide BAR</i>	P	
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	
<i>benzoyl peroxide LIQD 4 %, 5 %, 10 %</i>	P	
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NP	
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	NP	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) GEL</i>	P	QL(60 gm per fill retail)
<i>clindamycin phosphate (topical) LOTN</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) SOLN</i>	P		<i>bacitracin (topical) OINT</i>	P	1 rtl pack lmt per fill
DIFFERIN DAILY DEEP CLEANSER LIQD (<i>benzoyl peroxide</i>)	NP	RX/OTC	<i>bacitracin zinc OINT</i>	P	1 rtl pack lmt per fill
ERYGEL GEL (<i>erythromycin (acne aid)</i>)	NP	1 rtl pack lmt per fill	CENTANY OINT	P	QL(30 gm per 31 days retail)
<i>erythromycin (acne aid) GEL</i>	P	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) SOLN</i>	P		<i>gentamicin sulfate (topical) OINT</i>	P	QL(1 gm daily; 30 gm per fill retail)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 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>mupirocin OINT</i>	P	QL(30 gm per 31 days retail)
RETIN-A CREA (<i>tretinoin</i>)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	P	QL(60 ea per 31 days retail)
RETIN-A GEL 0.025 % (<i>tretinoin</i>)	NP	AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	P	1 rtl pack lmt per fill
RETIN-A GEL 0.01 % (<i>tretinoin</i>)	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)	NEOSPORIN ORIGINAL OINT (<i>neomycin-bacitracin-polymyxin</i>)	NP	QL(60 ea per 31 days retail)
SODIUM SULFACETAMIDE/SULFUR SUSP 10 %-5 %	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 30 rtl day(s) supply	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (<i>neomycin-polymyxin w/ pramoxine</i>)	NP	1 rtl pack lmt per fill
<i>sulfacetamide sodium (acne)</i>	P	QL(118 ml per fill retail)	Antifungals - Topical		
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	<i>clotrimazole (topical) CREA</i>	P	QL(60 gm per 31 days retail); RX/OTC
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>clotrimazole (topical) SOLN</i>	P	1 rtl pack lmt per fill; RX/OTC
<i>tretinoin GEL 0.01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)	<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 gm per 31 days retail)
<i>tretinoin GEL 0.025 %</i>	P	AL(Up to 35 yrs old)	<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ml per 31 days retail)
Antibiotics - Topical			<i>econazole nitrate CREA</i>	P	QL(30 gm per fill retail)
			<i>ketoconazole (topical) CREA</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
			<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
LAMISIL AT JOCK ITCH CREA (<i>terbinafine hcl (topical)</i>)	NP	
LAMISIL AT CREA (<i>terbinafine hcl (topical)</i>)	NP	
LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	NP	QL(60 gm per 31 days retail); RX/OTC
LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NP	QL(60 gm per 31 days retail); RX/OTC
MICATIN CREA (<i>miconazole nitrate (topical)</i>)	NP	QL(200 gm per 31 days retail)
<i>miconazole nitrate (topical) CREA</i>	P	QL(200 gm per 31 days retail)
NIZORAL SHAM	P	
<i>nystatin (topical) CREA</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>nystatin (topical) OINT</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)
<i>nystatin-triamcinolone CREA</i>	P	1 rtl pack lmt per fill
<i>nystatin-triamcinolone OINT</i>	P	1 rtl pack lmt per fill
<i>terbinafine hcl (topical) CREA</i>	P	
TINACTIN CREA (<i>tolnaftate</i>)	NP	QL(30 gm per fill retail)
<i>tolnaftate CREA</i>	P	QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 gm daily); RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	NP	QL(6.68 gm daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic or Premalignant Lesion Agents - Topical		
CARAC CREA (<i>fluorouracil (topical)</i>)	NP	
EFUDEX CREA (<i>fluorouracil (topical)</i>)	NP	QL(40 gm per 31 days retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	P	
<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 gm per 31 days retail)
<i>fluorouracil (topical) SOLN</i>	P	QL(10 ml per 31 days retail)
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	P	1 rtl pack lmt per fill
SARNA LOTN (<i>camphor & menthol</i>)	NP	1 rtl pack lmt per fill
Antipsoriatics		
<i>calcipotriene CREA</i>	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 31 rtl day(s) supply
<i>calcipotriene SOLN</i>	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 31 rtl day(s) supply
DOVONEX CREA (<i>calcipotriene</i>)	NP	1 rtl pack lmt per fill; 1 rtl MAX fill; 31 rtl day(s) supply
SILIQ	P	SP; PA
TALTZ SOAJ	P	SP; PA
TALTZ SOSY	P	SP; PA
<i>tazarotene CREA</i>	P	1 rtl pack lmt per fill; AL(Up to 18 yrs old)
<i>tazarotene GEL</i>	P	1 rtl pack lmt per fill; AL(Up to 18 yrs old)
TAZORAC CREA	P	1 rtl pack lmt per fill; AL(Up to 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAZORAC CREA (<i>tazarotene</i>)	NP	1 rtl pack lmt per fill; AL(Up to 18 yrs old)	ZOVIRAX OINT (<i>acyclovir topical</i>)	NP	1 rtl pack lmt per fill
TAZORAC GEL (<i>tazarotene</i>)	NP	1 rtl pack lmt per fill; AL(Up to 18 yrs old)	Burn Products		
Antiseborrheic Products			SILVADENE (<i>silver sulfadiazine</i>)	NP	
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NP		<i>silver sulfadiazine</i>	P	
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NP		Corticosteroids - Topical		
<i>selenium sulfide LOTN 2.5 %</i>	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 30 rtl day(s) supply	<i>betamethasone dipropionate (topical) CREA</i>	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
<i>selenium sulfide LOTN 1 %</i>	P	1 rtl pack lmt per fill	<i>betamethasone dipropionate augmented CREA</i>	P	1 rtl pack lmt per fill
<i>selenium sulfide SHAM 1 %</i>	P	1 rtl pack lmt per fill	<i>betamethasone valerate CREA</i>	P	
SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (<i>selenium sulfide</i>)	NP	1 rtl pack lmt per fill	<i>betamethasone valerate LOTN</i>	P	
SELSUN BLUE DAILY LOTN (<i>selenium sulfide</i>)	NP	1 rtl pack lmt per fill	<i>betamethasone valerate OINT</i>	P	
SELSUN BLUE MEDICATED LOTN (<i>selenium sulfide</i>)	NP	1 rtl pack lmt per fill	<i>clobetasol propionate emollient base 0.05 %</i>	P	1 rtl pack lmt per fill
SELSUN BLUE MOISTURIZING LOTN (<i>selenium sulfide</i>)	NP	1 rtl pack lmt per fill	<i>clobetasol propionate CREA 0.05 %</i>	P	1 rtl pack lmt per fill
SELSUN BLUE LOTN (<i>selenium sulfide</i>)	NP	1 rtl pack lmt per fill	<i>clobetasol propionate GEL 0.05 %</i>	P	1 rtl pack lmt per fill
<i>sulfacetamide sodium LIQD</i>	P		<i>clobetasol propionate OINT 0.05 %</i>	P	1 rtl pack lmt per fill
Antivirals - Topical			<i>clobetasol propionate SOLN 0.05 %</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)	<i>desonide CREA</i>	P	QL(2 gm daily)
<i>acyclovir topical OINT</i>	P	1 rtl pack lmt per fill	<i>desonide OINT</i>	P	QL(2 gm daily)
ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	DESOWEN CREA (<i>desonide</i>)	NP	QL(2 gm daily)
			<i>desoximetasone CREA</i>	P	1 rtl pack lmt per fill
			<i>desoximetasone CREA</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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide emulsified base</i>	P	1 rtl pack lmt per fill	TOPICORT CREA (<i>desoximetasone</i>)	NP	1 rtl pack lmt per fill
<i>fluocinonide CREA 0.05 %</i>	P	1 rtl pack lmt per fill	TOPICORT CREA (<i>desoximetasone</i>)	NP	1 rtl pack lmt per fill
<i>fluocinonide GEL</i>	P	1 rtl pack lmt per fill	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	P	
<i>fluocinonide OINT</i>	P	1 rtl pack lmt per fill	<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	P	QL(30 gm per fill retail)
<i>fluocinonide SOLN</i>	P	1 rtl pack lmt per fill	<i>triamcinolone acetonide (topical) CREA 0.5 %</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>triamcinolone acetonide (topical) LOTN</i>	P	1 rtl pack lmt per fill
<i>fluticasone propionate OINT</i>	P	1 rtl pack lmt per fill	<i>triamcinolone acetonide (topical) OINT 0.1 %</i>	P	
<i>hydrocortisone (topical) CREA 0.5 %, 1 %</i>	P	1 rtl pack lmt per fill; RX/OTC	<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %</i>	P	1 rtl pack lmt per fill
<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(120 gm per 31 days retail)	TRIDESILON CREA 0.05 % (<i>desonide</i>)	NP	QL(2 gm daily)
<i>hydrocortisone (topical) LOTN 1 %, 2.5 %</i>	P	1 rtl pack lmt per fill	Emollient/Keratolytic Agents		
<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>urea CREA 40 %</i>	P	RX/OTC
<i>hydrocortisone (topical) OINT 2.5 %</i>	P		<i>urea LOTN 40 %</i>	P	
<i>hydrocortisone butyrate SOLN</i>	P		Emollients		
<i>mometasone furoate CREA</i>	P	1 rtl pack lmt per fill	EMOLLIENT LOTION - MISC	P	
<i>mometasone furoate OINT</i>	P	1 rtl pack lmt per fill	<i>lactic acid (ammonium lactate) CREA</i>	P	QL(385 gm per 31 days retail); RX/OTC
<i>mometasone furoate SOLN</i>	P	1 rtl pack lmt per fill	<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(567 gm per 31 days retail); RX/OTC
MONISTAT SOOTHING CARE ITCH RELIEF CREA (<i>hydrocortisone (topical)</i>)	NP	1 rtl pack lmt per fill; RX/OTC	Immunomodulating Agents - Topical		
TEMOVATE CREA (<i>clobetasol propionate</i>)	NP	1 rtl pack lmt per fill	ALDARA (<i>imiquimod</i>)	NP	QL(48 ea per 180 days retail)
TEMOVATE OINT (<i>clobetasol propionate</i>)	NP	1 rtl pack lmt per fill	<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)
			Immunosuppressive Agents - Topical		
			ELIDEL (<i>pimecrolimus</i>)	NP	QL(100 gm per 31 days retail); AL(At least 2 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pimecrolimus</i>	P	QL(100 gm per 31 days retail); AL(At least 2 yrs old); PA	<i>lidocaine CREA 4 %</i>	P	1 rtl pack lmt per fill
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 (<i>salicylic acid</i>)	NP		DRYSOL SOLN	P	
KERALYT GEL	P		EUCERIN ORIGINAL HEALING CREA (<i>skin protectants, misc.</i>)	NP	
<i>podofilox SOLN</i>	P		HYDROCERIN CREA	P	
<i>salicylic acid GEL 6 %</i>	P		<i>lanolin (topical) CREA</i>	P	
Local Anesthetics - Topical			LANOLOR CREA	P	
<i>capsaicin CREA 0.025 %, 0.075 %, 0.1 %</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	
CAPZASIN-P CREA	P	1 rtl pack lmt per fill	SORBIDON HYDRATE CREA	P	
CASTIVA WARMING LOTN	P	1 rtl pack lmt per fill	<i>zinc oxide (topical) OINT 20 %</i>	P	1 rtl pack lmt per fill
<i>dibucaine</i>	P	1 rtl pack lmt per fill	Rosacea Agents		
<i>lidocaine hcl CREA 3 %, 4 %</i>	P	1 rtl pack lmt per fill	METROCREAM CREA (<i>metronidazole (topical)</i>)	NP	QL(45 gm per 31 days retail)
<i>lidocaine hcl GEL 2 %</i>	P	QL(1 ml daily; 30 ml per fill retail)	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		

Drug Name	Drug Tier	Requirements/ Limits
<i>crotamiton LOTN</i>	P	1 rtl pack lmt per fill
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 CREA</i>	P	QL(60 gm per fill retail)
<i>permethrin LIQD EX</i>	P	
<i>permethrin LOTN</i>	P	QL(60 ml per fill retail)
<i>pyrethrins-piperonyl butoxide LIQD</i>	P	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P	
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	P	
SCHOOLTIME SHAMPOO SHAM	P	1 rtl pack lmt amt; 14 rtl pack lmt day(s)
<i>spinosad</i>	P	Limited to Age 6 months and older
Tar Products		
<i>coal tar extract SHAM 0.5 %</i>	P	
DHS TAR GEL SHAM (<i>coal tar extract</i>)	NP	
DHS TAR SHAM (<i>coal tar extract</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA T/GEL SHAM 0.5 % (<i>coal tar extract</i>)	NP	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
CHEMSTRIP-K STRP	P	
KETONE TEST STRIPS STRP	P	
KETONE STRP	P	
KETOSTIX STRP	P	
ONETOUCH ULTRA STRP	P	Limit 150 per 30 days insulin users;100 per 90 days non-insulin user; RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	Limit 150 per 30 days insulin users;100 per 90 days non-insulin user; RX/OTC
RELION KETONE TEST STRIPS STRP	P	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	
<i>acetazolamide TABS</i>	P	
<i>methazolamide TABS</i>	P	
Diuretic Combinations		
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	NP	
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	NP	QL(2 ea daily)
MAXZIDE TABS (triamterene & hydrochlorothiazide)	NP	
spironolactone & hydrochlorothiazide	P	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	P	
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	P	QL(2 ea daily)
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	P	
Loop Diuretics		
bumetanide TABS	P	
BUMEX TABS 0.5 MG (bumetanide)	NP	
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	P	
furosemide TABS	P	
LASIX TABS (furosemide)	NP	
torsemide TABS 20 MG	P	
torsemide TABS 5 MG, 10 MG, 100 MG	P	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (spironolactone)	NP	
amiloride hcl TABS	P	QL(4 ea daily)
spironolactone TABS	P	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	P	
hydrochlorothiazide CAPS	P	
hydrochlorothiazide TABS 25 MG, 50 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
indapamide TABS 1.25 MG, 2.5 MG	P	
metolazone	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (risedronate sodium)	NP	QL(4 ea per 28 days retail); PA
alendronate sodium SOLN	P	QL(10.8 ml daily)
alendronate sodium TABS 35 MG, 70 MG	P	QL(0.15 ea daily)
alendronate sodium TABS 5 MG, 10 MG	P	QL(1 ea daily)
ATELVIA TBEC (risedronate sodium)	NP	QL(4 ea per 28 days retail); PA
calcitonin (salmon) NA	P	1 rtl pack lmt per fill
calcitonin (salmon) IJ	P	QL(2 ml per fill retail)
FORTEO SOPN	P	SP; PA
FOSAMAX TABS 70 MG (alendronate sodium)	NP	QL(0.15 ea daily)
MIACALCIN IJ (calcitonin (salmon))	NP	QL(2 ml per fill retail)
risedronate sodium TABS 5 MG, 30 MG	P	QL(1 ea daily); PA
risedronate sodium TABS 35 MG	P	QL(4 ea per 28 days retail); PA
risedronate sodium TBEC	P	QL(4 ea per 28 days retail); PA
TYMLOS	P	SP; PA
Growth Hormones		
NORDITROPIN FLEXP SOPN	P	SP; PA
Hormone Receptor Modulators		
EVISTA (raloxifene hcl)	NP	QL(1 ea daily)
raloxifene hcl	P	QL(1 ea daily)
LHRH/GnRH Agonist Analog Pituitary		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Suppressants			COMBIPATCH PTTW	P	Limit 8 patches per month; QL(0.286 ea daily)
FENSOLVI SC	P	SP; PA	<i>estradiol & norethindrone acetate TABS</i>	P	QL(1 ea daily)
Metabolic Modifiers			FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	NP	
<i>calcitriol CAPS</i>	P		<i>norethindrone acetate-ethinyl estradiol</i>	P	
CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)	PREMPRO	P	
CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)	Estrogens		
CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	NP	QL(3 ea daily)	ALORA PTTW	P	Limit 8 patches per month; QL(0.286 ea daily)
GALAFOLD	P	QL(0.5 ea daily); SP; PA	CLIMARA PTWK (<i>estradiol</i>)	NP	Limit 4 patches per month; QL(0.143 ea daily)
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	P	QL(30 ml daily)	ESTRACE TABS (<i>estradiol</i>)	NP	
<i>levocarnitine (metabolic modifiers) TABS</i>	P	QL(3 ea daily)	<i>estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	P	Limit 8 patches per month; QL(0.286 ea daily)
ROCALTRON CAPS (<i>calcitriol</i>)	NP		<i>estradiol PTTW 0.0375 MG/24HR</i>	P	QL(0.286 ea daily)
Posterior Pituitary Hormones			<i>estradiol PTWK</i>	P	Limit 4 patches per month; QL(0.143 ea daily)
DDAVP TABS (<i>desmopressin acetate</i>)	NP	QL(6 ea daily)	<i>estradiol TABS</i>	P	
<i>desmopressin acetate spray</i>	P	QL(5 ml per fill retail); PA	MINIVELLE PTTW 0.0375 MG/24HR (<i>estradiol</i>)	NP	QL(0.286 ea daily)
<i>desmopressin acetate spray refrigerated</i>	P	QL(5 ml per fill retail); PA	MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NP	Limit 8 patches per month; QL(0.286 ea daily)
<i>desmopressin acetate TABS</i>	P	QL(6 ea daily)	PREMARIN TABS	P	QL(1 ea daily)
Somatostatic Agents			VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NP	Limit 8 patches per month; QL(0.286 ea daily)
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)			

Drug Name	Drug Tier	Requirements/ Limits
VIVELLE-DOT PTTW 0.0375 MG/24HR (estradiol)	NP	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS 100 MG	P	QL(6 ea per fill retail)
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	P	
CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	NP	
levofloxacin TABS	P	QL(14 ea per fill retail)
ofloxacin 400 MG	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (simethicone)	NP	
MYLICON INFANTS GAS RELIEF SUSP (simethicone)	NP	
simethicone CHEW 80 MG	P	
simethicone LIQD OR 20 MG/0.3ML	P	
simethicone SUSP	P	
Gallstone Solubilizing Agents		
URSO 250 TABS (ursodiol)	NP	QL(7 ea daily)
ursodiol CAPS	P	
ursodiol TABS 250 MG	P	QL(7 ea daily)
Gastrointestinal Stimulants		
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	P	

Drug Name	Drug Tier	Requirements/ Limits
metoclopramide hcl TABS	P	
REGLAN TABS (metoclopramide hcl)	NP	
Inflammatory Bowel Agents		
APRISO CP24 (mesalamine)	NP	
ASACOL HD TBEC (mesalamine)	NP	QL(3 ea daily)
AVSOLA	P	SP; PA
AZULFIDINE EN-TABS TBEC (sulfasalazine)	NP	
AZULFIDINE TABS (sulfasalazine)	NP	
balsalazide disodium CAPS	P	QL(9 ea daily)
CIMZIA STARTER KIT PSKT	P	SP; PA
CIMZIA KIT	P	SP; PA
CIMZIA PSKT	P	SP; PA
COLAZAL CAPS (balsalazide disodium)	NP	QL(9 ea daily)
DELZICOL CPDR (mesalamine)	NP	
INFLECTRA	P	SP; PA
LIALDA TBEC (mesalamine)	NP	
mesalamine CP24	P	
mesalamine CPDR	P	
mesalamine ENEM	P	QL(60 ml daily)
mesalamine TBEC 800 MG	P	QL(3 ea daily)
mesalamine TBEC 1.2 GM	P	
RENFLEXIS	P	SP; PA
SFROWASA ENEM	P	
sulfasalazine TABS	P	
sulfasalazine TBEC	P	
Intestinal Acidifiers		

Drug Name	Drug Tier	Requirements/ Limits
<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) TBCR 10 MEQ, 540 MG, 1080 MG</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, 200 MG</i>	P	
PYRIDIDIUM TABS (<i>phenazopyridine hcl</i>)	NP	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol</i>	P	
<i>colchicine TABS</i>	P	1 rti MAX fill; 31 rti day(s) supply; QL(6 ea per fill retail)
COLCRYS TABS (<i>colchicine</i>)	NP	1 rti MAX fill; 31 rti 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)
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	QL(1 ea daily)
<i>prasugrel hcl</i>	P	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>cyanocobalamin SOLN IJ</i>	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 ea daily)
<i>folic acid TABS 1 MG</i>	P	RX/OTC
Hematopoietic Growth Factors		
REBLOZYL	P	SP; PA
RETACRIT	P	SP; PA
RETACRIT	P	SP; PA
ZARXIO	P	SP; PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	NP	QL(3.4 ml daily)
FERRETT'S TABS	P	QL(2 ea daily)
<i>ferrous fumarate TABS 324 MG</i>	P	QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG	P	QL(3.34 ea daily)
<i>ferrous sulfate ELIX</i>	P	
<i>ferrous sulfate SOLN</i>	P	QL(3.4 ml daily)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	P	
<i>ferrous sulfate TBEC</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
FERROUS SULFATE TBEC	P	
IRON CHEWS PEDIATRIC CHEW	P	
IRON TABS 28 MG	P	
<i>polysaccharide iron complex CAPS 150 MG</i>	P	QL(1 ea daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
LYSTEDA TABS (<i>tranexamic acid</i>)	NP	1 rtl MAX fill; 31 rtl day(s) supply; QL(30 ea per 5 days retail); AL(At least 12 yrs old)
<i>tranexamic acid TABS</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(30 ea per 5 days retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	P	
<i>doxylamine succinate (sleep)</i>	P	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	P	
<i>phenobarbital TABS</i>	P	
Non-Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	QL(1 ea daily)
<i>flurazepam hcl</i>	P	QL(1 ea daily)
HALCION 0.25 MG (<i>triazolam</i>)	NP	
<i>midazolam hcl SOLN IJ</i>	P	
RESTORIL 15 MG, 30 MG (<i>temazepam</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>triazolam</i>	P	
<i>zaleplon 5 MG</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	P	QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	P	QL(10 ea daily)
NATURAL FIBER LAXATIVE POWD	P	
<i>psyllium CAPS 0.52 GM</i>	P	
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 100 %</i>	P	
Laxative Combinations		
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	1 rtl pack lmt per fill
NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NP	1 rtl pack lmt per fill
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	1 rtl pack lmt per fill
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/ Limits
PEG-PREP	P	
<i>sennosides-docusate sodium TABS</i>	P	QL(4 ea daily)
SENOKOT S TABS (<i>sennosides-docusate sodium</i>)	NP	QL(4 ea daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 2 GM</i>	P	
GLYCERIN ADULT SUPP (<i>glycerin (laxative)</i>)	NP	
<i>lactulose SOLN</i>	P	
MIRALAX POWD (<i>polyethylene glycol 3350</i>)	NP	QL(34 gm daily)
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 gm daily)
Saline Laxatives		
FLEET ENEMA ENEM (<i>sodium phosphates</i>)	NP	
FLEET PEDIATRIC ENEM (<i>sodium phosphates</i>)	NP	
<i>magnesium citrate</i>	P	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	QL(32 ml daily)
<i>sodium phosphates ENEM</i>	P	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	P	QL(12 ea per fill retail)
<i>bisacodyl TBEC</i>	P	QL(1 ea daily)
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	NP	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)
<i>sennosides TABS 8.6 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
SENOKOT TABS (sennosides)	NP	
Surfactant Laxatives		
COLACE CLEAR CAPS (docusate sodium)	NP	
COLACE CAPS 100 MG (docusate sodium)	NP	QL(3 ea daily)
docusate sodium CAPS 100 MG, 250 MG	P	QL(3 ea daily)
docusate sodium CAPS 50 MG	P	
docusate sodium LIQD	P	
docusate sodium SYRP	P	
DOCUSATE SODIUM SYRP	P	
docusate sodium TABS	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	P	QL(2 ea per fill retail)
azithromycin SUSR 200 MG/5ML	P	QL(60 ml per fill retail)
azithromycin SUSR 100 MG/5ML	P	1 rtl pack lmt per fill
azithromycin TABS 600 MG	P	QL(8 ea per 28 days retail)
azithromycin TABS 500 MG	P	QL(4 ea daily)
azithromycin TABS 250 MG	P	QL(6 ea per fill retail)
ZITHROMAX TRI-PAK TABS (azithromycin)	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (azithromycin)	NP	QL(6 ea per fill retail)
ZITHROMAX PACK (azithromycin)	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML (azithromycin)	NP	1 rtl pack lmt per fill
ZITHROMAX SUSR 200 MG/5ML (azithromycin)	NP	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX TABS 250 MG (azithromycin)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (azithromycin)	NP	QL(4 ea daily)
Clarithromycin		
clarithromycin SUSR 250 MG/5ML	P	2 rtl pack lmt per fill
clarithromycin SUSR 125 MG/5ML	P	1 rtl pack lmt per fill
clarithromycin TABS	P	QL(28 ea per fill retail)
clarithromycin TB24	P	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	NP	
ERYPED 200 SUSR (erythromycin ethylsuccinate)	NP	
ERYPED 400 SUSR (erythromycin ethylsuccinate)	NP	
erythromycin base CPEP	P	
erythromycin base TABS	P	
erythromycin base TBEC	P	
erythromycin ethylsuccinate SUSR	P	
erythromycin ethylsuccinate TABS	P	
erythromycin stearate TABS 250 MG	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
BANDAGES-DRESSINGS-TAPE - MISC	P	
Contraceptives		
CONDOMS-MISC	P	36 per 31 days
FC2 FEMALE CONDOM	P	QL(12 ea per 31 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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	
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		

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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 LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADULT MASK DEVI	P	RX/OTC
AEROBIKA DEVI	P	RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MV MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW-VU/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/MEDIUM 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/SMALL 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 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
AEROCHAMBER/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail); RX/OTC	BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROTRACH PLUS MISC	P	QL(1 ea per 360 days retail); RX/OTC	BREATHE EASE/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE 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
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	BREATHE EASE/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC	BREATHERRITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	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	BREATHERRITE VALVED MDI CHAMBER/RIGID DEVI	P	QL(2 ea per 360 days retail); RX/OTC
			BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE FULL RANGE 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 LOWRANGE/PEDIATRIC 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/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA 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	DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC	EASIVENT/MASK-LARGE MISC	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	EASIVENT/MASK-MEDIUM MISC	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	EASIVENT/MASK-SMALL MISC	P	QL(2 ea per 360 days retail); RX/OTC
CO MONITOR DEVI	P	RX/OTC	EASIVENT MISC	P	QL(2 ea per 360 days retail); RX/OTC
			EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 ADULT MASK/SMALL	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC	FLEXICHAMBER DEVI	P	QL(2 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	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	RX/OTC
EASY FLOW WHITE/PINK DEVI	P	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC	INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 days retail); RX/OTC	INSPIRACHAMBER/LAR GE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	INSPIRACHAMBER/SOO THERMASK/INSPIRAMA SK/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC			
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI	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 DRUG DELIVERYSYSTEM MISC	P	QL(2 ea per 360 days retail); RX/OTC	NOSE CLIP MISC	P	QL(1 ea per 360 days retail); RX/OTC
INSPIREASE RESERVOIR BAGS	P	QL(3 ea per 180 days retail)	OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	P	RX/OTC
LITETOUCH MASK LARGE 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 MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE 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 INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
MASK VORTEX/CHILD/FROG	P	QL(2 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
MASK VORTEX/TODDLER/LADYBUG	P	QL(2 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
MICROCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
MICROCHAMBER MISC	P	QL(2 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	P	QL(2 ea per 360 days retail); RX/OTC
MICROSPACER MISC	P	QL(2 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND MISC	P	QL(2 ea per 360 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail); RX/OTC	PANDA MASK LARGE	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	PANDA MASK MEDIUM	P	QL(2 ea per 360 days retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	P	RX/OTC	PANDA MASK SMALL	P	QL(2 ea per 360 days retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC	PEDIATRIC PANDA MASK	P	QL(2 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
PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PARI TREK S COMBO PACK DEVI	P	RX/OTC	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PARI VORTEX ADULT MASK	P	QL(2 ea per 360 days retail); RX/OTC	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PEDIATRIC DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	1 per 360 days	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 NBL 100 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 REPLACEMENT FILTERS 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/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail); RX/OTC	THRESHOLD PEP DEVI	P	RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE 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 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
SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 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
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER 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	WINDMILL TRAINER 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	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	Migraine Combinations		
			CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old)
			<i>ergotamine w/ caffeine</i> TABS	P	AL(At least 18 yrs old)
			Serotonin Agonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMERGE (<i>naratriptan hcl</i>)	NP	QL(9 ea per 31 days retail); AL(At least 18 yrs old)	<i>sumatriptan</i>	P	QL(6 ea 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 SOAJ 6 MG/0.5ML</i>	P	QL(2 ml per 31 days retail); AL(At least 12 yrs old)
IMITREX 5 MG/ACT, 20 MG/ACT (<i>sumatriptan</i>)	NP	QL(6 ea per 31 days retail); AL(At least 12 yrs old)	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ml per 31 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(2 ml per 31 days retail); AL(At least 12 yrs old)	<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 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)	<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>zolmitriptan SOLN 5 MG</i>	P	QL(6 ea per 31 days retail); AL(At least 12 yrs old)
IMITREX TABS (<i>sumatriptan succinate</i>)	NP	QL(9 ea per 31 days retail); AL(At least 12 yrs old)	<i>zolmitriptan TABS</i>	P	QL(6 ea per 31 days retail)
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 ea per 31 days retail); AL(At least 6 yrs old)	<i>zolmitriptan TBDP</i>	P	QL(6 ea per 31 days retail)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 ea per 31 days retail); AL(At least 6 yrs old)	ZOMIG ZMT TBDP (<i>zolmitriptan</i>)	NP	QL(6 ea per 31 days retail)
<i>naratriptan hcl</i>	P	QL(9 ea per 31 days retail); AL(At least 18 yrs old)	ZOMIG SOLN (<i>zolmitriptan</i>)	NP	QL(6 ea per 31 days retail); AL(At least 12 yrs old)
RELPAX (<i>eletriptan hydrobromide</i>)	NP	QL(6 ea per 31 days retail)	ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	QL(6 ea per 31 days retail)
<i>rizatriptan benzoate TABS</i>	P	QL(12 ea per 31 days retail); AL(At least 6 yrs old)	MINERALS & ELECTROLYTES		
<i>rizatriptan benzoate TBDP</i>	P	QL(12 ea per 31 days retail); AL(At least 6 yrs old)	Calcium		
			CALCIUM 600+D HIGH POTENCY TABS	P	QL(2 ea daily)
			<i>calcium carbonate-cholecalciferol TABS 125 UNIT-500 MG, 200 UNIT-200 UNIT-500 MG-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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 SOLN (<i>oral electrolytes</i>)	NP	
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	QL(2 ea daily)	Fluoride		
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P		<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	P	
<i>oyster shell</i>	P		<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	P	RX/OTC
OYSTER SHELL CALCIUM/D TABS	P		Magnesium		
PARVA-CAL	P		MAGNESIUM EXTRA STRENGTH CAPS	P	
QC CALCIUM 500MG/D3 TABS	P		<i>magnesium oxide (mg supplement) TABS 400 MG</i>	P	
Electrolyte Mixtures			MAGNESIUM OXIDE CAPS	P	
BIOLYTE SOLN	P		MAGNESIUM CAPS 400 MG	P	
CERALYTE 70 SOLN	P		MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>)	NP	
CERASPORT EX1 SOLN	P		Phosphate		
CERASPORT SOLN	P		K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily); RX/OTC
ENFAMIL ENFALYTE SOLN	P		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 ea daily); RX/OTC
EQUALYTE SOLN (<i>oral electrolytes</i>)	NP		Potassium		
HYDRALYTE FREEZER POPS SOLN	P		K-TAB TBCR 8 MEQ, 10 MEQ (<i>potassium chloride</i>)	NP	
HYDRALYTE SOLN	P		<i>potassium bicarbonate TBEF</i>	P	
KINDERLYTE PREMAX SOLN	P		<i>potassium chloride microencapsulated crystals er</i>	P	
KINDERLYTE SOLN	P		<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 ea daily)
<i>oral electrolytes SOLN</i>	P				
PEDIALYTE ADVANCED CARE SOLN (<i>oral electrolytes</i>)	NP				
PEDIALYTE FREEZER POPS SOLN (<i>oral electrolytes</i>)	NP				
PEDIALYTE SINGLES SOLN (<i>oral electrolytes</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride CPCR 10 MEQ</i>	P		MYFORTIC (<i>mycophenolate sodium</i>)	NP	
<i>potassium chloride PACK OR 20 MEQ</i>	P		NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	NP	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	P		NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	NP	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P		PROGRAF CAPS (<i>tacrolimus</i>)	NP	
Zinc			RAPAMUNE SOLN (<i>sirolimus</i>)	NP	
<i>zinc sulfate CAPS</i>	P	QL(3.34 ea daily)	RAPAMUNE TABS (<i>sirolimus</i>)	NP	
MISCELLANEOUS THERAPEUTIC CLASSES			SANDIMMUNE CAPS (<i>cyclosporine</i>)	NP	
Chelating Agents			SANDIMMUNE SOLN OR <i>sirolimus SOLN</i>	P	QL(8 ml daily)
DEPEN TITRATABS <i>TABS (penicillamine)</i>	NP		<i>sirolimus TABS</i>	P	
<i>penicillamine TABS</i>	P		<i>tacrolimus CAPS</i>	P	
Immunosuppressive Agents			Potassium Removing Agents		
<i>azathioprine TABS</i>	P		<i>sodium polystyrene sulfonate POWD</i>	P	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NP		<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	P	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NP		MOUTH/THROAT/DENTAL AGENTS		
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NP		Anesthetics Topical Oral		
<i>cyclosporine modified (for microemulsion) CAPS</i>	P		<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ml per fill retail)
<i>cyclosporine modified (for microemulsion) SOLN</i>	P		Anti-infectives - Throat		
<i>cyclosporine CAPS</i>	P		<i>nystatin (mouth-throat)</i>	P	2 rtl pack lmt per fill
ENSPRYNG	P	SP; PA	Antiseptics - Mouth/Throat		
IMURAN TABS (<i>azathioprine</i>)	NP		<i>chlorhexidine gluconate (mouth-throat)</i>	P	
<i>mycophenolate mofetil CAPS</i>	P		PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	NP	
<i>mycophenolate mofetil SUSR</i>	P		Dental Products		
<i>mycophenolate mofetil TABS</i>	P				
<i>mycophenolate sodium</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>sodium fluoride (dental)</i>)	NP	QL(113 ml per 60 days retail)	MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC
PREVIDENT 5000 DRY MOUTH GEL (<i>sodium fluoride (dental)</i>)	NP	QL(113 ml per 60 days retail)	MOUTH KOTE SOLN	P	QL(900 ea per fill retail); RX/OTC
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>sodium fluoride (dental)</i>)	NP	QL(113 ml per 60 days retail)	NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC
PREVIDENT 5000 PLUS CREA (<i>sodium fluoride (dental)</i>)	NP	QL(113 gm per 60 days retail)	ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC
PREVIDENT FLUORIDE GEL (<i>sodium fluoride (dental)</i>)	NP	QL(113 gm per 60 days retail)	<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 ea daily)
<i>sodium fluoride (dental) CREA</i>	P	QL(113 gm per 60 days retail)	RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC
<i>sodium fluoride (dental) GEL</i>	P	QL(113 gm per 60 days retail)	SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	NP	QL(6 ea daily)
<i>sodium fluoride (dental) PSTE DT</i>	P	QL(113 gm per 60 days retail)	XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
Steroids - Mouth/Throat/Dental			MULTIVITAMINS		
<i>triamcinolone acetonide (mouth)</i>	P	1 rtl pack lmt per fill	B-Complex Vitamins		
Throat Products - Misc.			<i>b-complex vitamins CAPS</i>	P	QL(1 ea daily)
AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC	<i>b-complex vitamins TABS</i>	P	QL(1 ea daily)
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC	B-Complex w/ C		
CAPHOSOL SOLN	P	QL(900 ml per fill retail); RX/OTC	<i>b complex w/ c CAPS</i>	P	QL(1 ea daily)
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC	B-Complex w/ Folic Acid		
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC	<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 ea daily); RX/OTC
MOI-STIR SOLN	P	QL(900 ml per fill retail); 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 (<i>multiple vitamins w/ calcium</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SM ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily)	CHOICEFUL MULTIVITAMIN CAPS	P	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron			CVS ADULT 50+ EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
<i>multiple vitamins w/ iron TABS</i>	P	QL(1 ea daily)	CVS EYE HEALTH ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	QL(1 ea daily)	CVS VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals			DECUBI-VITE CAPS	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	P	QL(1 ea daily); RX/OTC	DEKAS PLUS OCEAN CAPS	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	QL(1 ea daily); RX/OTC	DEKAS PLUS CAPS	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS CAPS	P	QL(1 ea daily); RX/OTC	DEXATRAM CAPS	P	QL(1 ea daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	QL(1 ea daily); RX/OTC	EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
APETIBEX CAPS	P	QL(1 ea daily); RX/OTC	EYE MULTIVITAMIN/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
APPE-CURB CAPS	P	QL(1 ea daily); RX/OTC	EYE MULTIVITAMIN CAPS	P	QL(1 ea daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	P	QL(1 ea daily); RX/OTC	FOLAGENT DHA CAPS	P	QL(1 ea daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	QL(1 ea daily); RX/OTC	FOLAMED DHA CAPS	P	QL(1 ea daily); RX/OTC
BIO-35 IRON FREE CAPS	P	QL(1 ea daily); RX/OTC	GENADEK STEP 1 CAPS	P	QL(1 ea daily); RX/OTC
BIOCAL CAPS	P	QL(1 ea daily); RX/OTC	GENADEK STEP 2 CAPS	P	QL(1 ea daily); RX/OTC
BONEUP 3 PER DAY CAPS	P	QL(1 ea daily); RX/OTC	HAIR/SKIN/NAILS CAPS	P	QL(1 ea daily); RX/OTC
BONEUP CAPS	P	QL(1 ea daily); RX/OTC	HEALTHY EYES SUPERVISION2 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete18 CAPS	P	QL(1 ea daily); RX/OTC	IMMUNE ESSENTIALS DAILY CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete36 CAPS	P	QL(1 ea daily); RX/OTC	MENS 50+ ADVANCED CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete45 CAPS	P	QL(1 ea daily); RX/OTC	MOOD FOOD ES CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete60 CAPS	P	QL(1 ea daily); RX/OTC	MOOD FOOD CAPS	P	QL(1 ea daily); RX/OTC
			MULTIPLE VITAMINS W/ MINERALS TABS - MISC	P	1 per day

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	PROTEGRA CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATION CAPS	P	QL(1 ea daily); RX/OTC	QC OCUHEALTH VISION SUPPORT 2 CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIONND3000 CAPS	P	QL(1 ea daily); RX/OTC	REMEDIENT CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIONND500 CAPS	P	QL(1 ea daily); RX/OTC	SUPER ANTIOXIDANT CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS	P	QL(1 ea daily); RX/OTC	SUPPORT-500 CAPS	P	QL(1 ea daily); RX/OTC
MVW MODULATOR FORMULATION MINIS CAPS	P	QL(1 ea daily); RX/OTC	THERAMILL FORTE CAPS	P	QL(1 ea daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	P	QL(1 ea daily); RX/OTC	THERANATAL LACTATION ONE CAPS	P	QL(1 ea daily); RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	QL(1 ea daily); RX/OTC	VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC
OCUVITE ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	P	QL(1 ea daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	P	QL(1 ea daily); RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	P	QL(1 ea daily); RX/OTC
OCUVITE LUTEIN CAPS	P	QL(1 ea daily); RX/OTC	VITABEX PLUS CAPS	P	QL(1 ea daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	QL(1 ea daily); RX/OTC	VITABEX CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 CAPS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPORT CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 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	VITEYES CLASSIC+OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
PRORENAL+D/OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC CAPS	P	QL(1 ea daily); RX/OTC
PROTECT CARDIO AF CAPS	P	QL(1 ea daily); RX/OTC	ZYVANA CAPS	P	QL(1 ea daily); RX/OTC
PROTECT PLUS SO CAPS	P	QL(1 ea daily); RX/OTC	Multivitamins		
			AMLADEX TABS	P	QL(1 ea daily); RX/OTC
			DAILY MULTIPLE VITAMINS TABS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DERMACINRX DAVIMET CHEW	P	QL(1 ea daily); RX/OTC	<i>ped multivitamins w/fl & iron SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
ESTROFACTORS TABS	P	QL(1 ea daily); RX/OTC	Ped Multiple Vitamins w/ Minerals		
GENICIN VITA-Q TABS	P	QL(1 ea daily); RX/OTC	ACTIVNUTRIENTS CHEWABLE CHEW	P	QL(1 ea daily)
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	ACTIVNUTRIENTS CHEW	P	QL(1 ea daily)
MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily); RX/OTC	CENTRUM FLAVOR BURST KIDS CHEW	P	QL(1 ea daily)
MULTI VITAMIN TABS	P	QL(1 ea daily); RX/OTC	CENTRUM KIDS CHEW	P	QL(1 ea daily)
<i>multiple vitamin TABS</i>	P	QL(1 ea daily); RX/OTC	FLINTSTONES COMPLETE CHEW 90 MG-30 MCG-240 MCG-0.97 MG-12 MG-1.7 MG-5 MG-1.3 MG-20 MCG-7.5 MG-10 MG-15 MG-0.44 MG-5 MG-140 MG-150 MCG-400 MCG-2.4 MCG	P	QL(1 ea daily)
MULTIVITAMIN ADULT TABS	P	QL(1 ea daily); RX/OTC	FLINTSTONES GUMMIES COMPLETE CHEW (<i>pediatric multiple vitamin w/ minerals</i>)	NP	QL(1 ea daily)
MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW (<i>pediatric multiple vitamin w/ minerals</i>)	NP	QL(1 ea daily)
NEOMULTIVITE TABS	P	QL(1 ea daily); RX/OTC	FLINTSTONES GUMMIES CHEW (<i>pediatric multiple vitamin w/ minerals</i>)	NP	QL(1 ea daily)
OMNICAP TABS	P	QL(1 ea daily); RX/OTC	FLINTSTONES SOUR GUMMIES CHEW (<i>pediatric multiple vitamin w/ minerals</i>)	NP	QL(1 ea daily)
ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily); RX/OTC	FLINTSTONES TODDLER/TASTISMOOT H CHEW	P	QL(1 ea daily)
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC	GNP MULTI CHILDRENS CHEW	P	QL(1 ea daily)
ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES CHEW	P	QL(1 ea daily); RX/OTC	HEALTHY KIDS GUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY ESSENTIAL TABS (<i>multiple vitamin</i>)	NP	QL(1 ea daily); RX/OTC			
ONE-A-DAY MENS TABS (<i>multiple vitamin</i>)	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			
TM-DAILY VITE TABS	P	QL(1 ea daily); RX/OTC			
Ped Multi Vitamins w/Fl & FE					

Drug Name	Drug Tier	Requirements/ Limits
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW	P	QL(1 ea daily)
MULTIVITAMIN GUMMIES CHILDRENS CHEW	P	QL(1 ea daily)
MVW COMPLETE FORMULATION CHEW	P	QL(1 ea daily)
ONE-A-DAY SCOOPY-DOO GUMMIES CHEW (pediatric multiple vitamin w/ minerals)	NP	QL(1 ea daily)
ONE-A-DAY/JOLLY RANCHER CHEW (pediatric multiple vitamin w/ minerals)	NP	QL(1 ea daily)
pediatric multiple vitamin w/ minerals CHEW	P	QL(1 ea daily)
VITALETS CHILDRENS CHEW	P	QL(1 ea daily)
YUMVSKIDS MULTI ZERO CHEW	P	QL(1 ea daily)
Ped MV w/ Fluoride		
PEDIATRIC MULTIVITAMIN W/FL CHEW	P	AL: Up to 15 years
PEDIATRIC MULTIVITAMIN W/FL SOLN	P	AL: Up to 15 years
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	QL(60 ml per fill retail)
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	QL(60 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	QL(60 ml per fill retail)
POLY-VI-SOL/IRON SOLN	P	QL(60 ml per fill retail)
POLY-VITA/IRON SOLN	P	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
POLY-VITE/IRON SOLN	P	QL(60 ml per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR	P	QL(50 ml per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN OR	P	QL(50 ml per fill retail)
MULTIVITAMIN INFANT/TODDLER SOLN OR	P	QL(50 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	QL(50 ml per fill retail)
POLY-VI-SOL SOLN OR	P	QL(50 ml per fill retail)
POLY-VITA SOLN OR	P	QL(50 ml per fill retail)
POLY-VITE PEDIATRIC SOLN OR	P	QL(50 ml per fill retail)
Prenatal Vitamins		
PRENATAL VITAMINS - MISC	P	
SELECT-OB+DHA MISC	P	QL(1 ea daily)
VITAFOL-ONE CAPS	P	QL(1 ea daily)
Specialty Vitamins Products		
ADRENAL STRESS CALM TABS	P	QL(1 ea daily); RX/OTC
ALLERWELL ALLERGY FORMULA TABS	P	QL(1 ea daily); RX/OTC
BIOTIN PLUS KERATIN TABS	P	QL(1 ea daily); RX/OTC
BRAIN MIGHT/DHA & CO Q10 TABS	P	QL(1 ea daily); RX/OTC
CENTRUM PERFORMANCE TABS	P	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST ENERGY TABS	P	QL(1 ea daily); RX/OTC
CVS HAIR/SKIN/NAILS TABS	P	QL(1 ea daily); RX/OTC
ELON MATRIX 5000 TABS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ELON MATRIX PLUS TABS	P	QL(1 ea daily); RX/OTC
ELON MATRIX 5000 COMPLETE TABS	P	QL(1 ea daily); RX/OTC
ELON MATRIX COMPLETE TABS	P	QL(1 ea daily); RX/OTC
ELON R3 TABS	P	QL(1 ea daily); RX/OTC
HAIR FARE TABS	P	QL(1 ea daily); RX/OTC
HAIR NOURISHING SUPPLEMENT TABS	P	QL(1 ea daily); RX/OTC
HEALTHY HEART COMPLEX TABS	P	QL(1 ea daily); RX/OTC
HEART TABS TABS	P	QL(1 ea daily); RX/OTC
LIPIDSHIELD PLUS TABS	P	QL(1 ea daily); RX/OTC
MG PLUS PROTEIN TABS	P	QL(1 ea daily); RX/OTC
MIL ADREGEN TABS	P	QL(1 ea daily); RX/OTC
RA EAR CARE TABS	P	QL(1 ea daily); RX/OTC
<i>specialty vitamins products TABS</i>	P	QL(1 ea daily); RX/OTC
THERABETIC EYE HEALTH TABS	P	QL(1 ea daily); RX/OTC
UPSPRING HE NATAL TABS	P	QL(1 ea daily); RX/OTC
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics CAPS</i>	P	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen TABS 10 MG, 20 MG</i>	P	
<i>chlorzoxazone TABS 500 MG</i>	P	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 ea daily)
<i>methocarbamol TABS</i>	P	
<i>orphenadrine citrate TB12</i>	P	QL(2 ea daily)
<i>tizanidine hcl TABS</i>	P	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NP	
Viscosupplements		
EUFLEXXA SOSY	P	SP; PA
HYALGAN SOSY	P	SP; PA
MONOVISC	P	SP; PA
ORTHOVISC	P	SP; PA
SYNOJOYNT SOSY	P	SP; PA
SYNVISC ONE SOSY	P	SP; PA
SYNVISC SOSY	P	SP; PA
TRILURON SOSY	P	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	1 rtl pack lmt per fill
OCEAN NASAL SPRAY SOLN (<i>saline</i>)	NP	1 rtl pack lmt per fill
<i>saline SOLN</i>	P	1 rtl pack lmt per fill
Nasal Antiallergy		
<i>azelastine hcl</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s); RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	QL(26 ml per 31 days retail)
NASALCROM (<i>cromolyn sodium (nasal)</i>)	NP	QL(26 ml per 31 days retail)
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ml per 31 days retail)
Nasal Steroids		
<i>budesonide (nasal)</i>	P	QL(9 ml per 31 days retail)
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	NP	1 rtl pack lmt per fill; RX/OTC
FLONASE ALLERGY RELIEF 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 CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	NP	QL(17 ml per 31 days retail); AL(At least 2 yrs old)
NASACORT ALLERGY 24HR 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)
SUDAFED CHILDRENS LIQD	P	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (<i>riluzole</i>)	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>riluzole TABS</i>	P	PA
Muscular Dystrophy Agents		
VYONDYS 53	P	SP; PA
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	P	QL(124 ml per 31 days retail)
POLYCOSE POWD	P	QL(350 gm per 31 days retail)
Misc. Nutritional Substances		
<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 OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(15 ea per 31 days retail)
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(15 ml per 31 days retail)
Cycloplegic Mydriatics		

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)	BACIGUENT	P	QL(4 gm per 31 days retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	P		<i>bacitracin (ophthalmic)</i>	P	QL(4 gm per 31 days retail)
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	NP		<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 0.5 %	P		CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	NP	1 rtl pack lmt per fill
<i>cyclopentolate hcl 2 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	<i>ciprofloxacin hcl (ophth) SOLN</i>	P	1 rtl pack lmt per fill
<i>cyclopentolate hcl 0.5 %, 1 %</i>	P		<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 %, 2 %, 4 %</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 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	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 OINT	P	
IOPIDINE	P				
Ophthalmic Anti-infectives					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOBREX SOLN (<i>tobramycin (ophth)</i>)	NP	QL(5 ml per 31 days retail)	MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NP	QL(10 ml per 31 days retail)
<i>trifluridine</i>	P	QL(8 ml per 31 days retail)	<i>neomycin-polymy-dexameth OINT</i>	P	QL(4 gm per 31 days retail)
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ml per fill retail)	<i>neomycin-polymy-dexameth SUSP</i>	P	QL(10 ml per 31 days retail)
Ophthalmic Decongestants			<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ml per 31 days retail)
<i>naphazoline w/ pheniramine</i>	P	QL(15 ml per 31 days retail)	PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NP	QL(15 ml per 31 days retail)
NAPHCON-A (<i>naphazoline w/ pheniramine</i>)	NP	QL(15 ml per 31 days retail)	PRED MILD	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
OPCON-A (<i>naphazoline w/ pheniramine</i>)	NP	QL(15 ml per 31 days retail)	PRED-G SUSP	P	1 rtl pack lmt per fill
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	<i>prednisolone acetate (ophth)</i>	P	QL(15 ml per 31 days retail)
VISINE RED EYE COMFORT (<i>tetrahydrozoline hcl (ophth)</i>)	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)
<i>tetracaine hcl (ophth)</i>	P		<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ml per 31 days retail)
Ophthalmic Steroids			TOBRADEX OINT	P	QL(4 gm per 31 days retail)
BLEPHAMIDE S.O.P. OINT	P		TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	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)	<i>tobramycin-dexamethasone SUSP</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>dexamethasone sodium phosphate (ophth)</i>	P		Ophthalmics - Misc.		
<i>fluorometholone (ophth) SUSP</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NP	1 rtl MAX fill; 31 rtl day(s) supply
FML OINT	P	QL(4 gm per 31 days retail)	ALOCRIIL	P	QL(5 ml per 31 days retail)
MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	NP	QL(4 gm per 31 days retail)	ALOMIDE	P	QL(10 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per 31 days retail)
AZOPT (<i>brinzolamide</i>)	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>brinzolamide</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per 31 days retail)
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 31 days retail)
<i>dorzolamide hcl</i>	P	QL(10 ml per 31 days retail)
DORZOLAMIDE HCL	P	QL(10 ml per 31 days retail)
<i>flurbiprofen sodium</i>	P	QL(5 ml per 31 days retail)
<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	1 rtl MAX fill; 31 rtl day(s) supply
<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<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)
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		

Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin (otic)</i>	P	1 rtl pack lmt per fill
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 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	P	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
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 CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS 875 MG</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	2 rtl pack lmt per fill
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 ea per fill retail)
<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 TB12</i>	P	QL(40 ea per 31 days retail)
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	2 rtl pack lmt per fill
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (<i>amoxicillin & pot clavulanate</i>)	NP	1 rtl pack lmt per fill
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	1 rtl pack lmt per fill
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)
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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P		RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	NP	QL(1 ea daily)
<i>norethindrone acetate TABS</i>	P		<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	P	QL(1 ea daily); PA
<i>progesterone CAPS</i>	P	QL(1 ea daily)	<i>rivastigmine tartrate CAPS</i>	P	QL(2 ea daily); PA
PROMETRIUM CAPS (<i>progesterone</i>)	NP	QL(1 ea daily)	Combination Psychotherapeutics		
PROVERA (<i>medroxyprogesterone acetate</i>)	NP		<i>perphenazine-amitriptyline</i>	P	QL(4 ea daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			Fibromyalgia Agents		
Agents for Chemical Dependency			SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail); PA
<i>disulfiram 250 MG</i>	P		SAVELLA TABS	P	QL(2 ea daily); PA
Antidementia Agents			Movement Disorder Drug Therapy		
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 ea daily)	<i>tetrabenazine</i>	P	SP; PA
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)	XENAZINE (<i>tetrabenazine</i>)	NP	SP; PA
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	NP	QL(1 ea daily); PA	Multiple Sclerosis Agents		
<i>galantamine hydrobromide CP24</i>	P	QL(1 ea daily)	AUBAGIO (<i>teriflunomide</i>)	NP	QL(1 ea daily); SP; PA
<i>galantamine hydrobromide SOLN</i>	P	QL(6 ml daily)	AVONEX PEN AJKT	P	SP; PA
<i>galantamine hydrobromide TABS</i>	P	QL(2 ea daily)	AVONEX PSKT	P	SP; PA
<i>memantine hcl SOLN</i>	P	QL(10 ml daily); PA	COPAXONE SOSY (<i>glatiramer acetate</i>)	NP	SP; PA
<i>memantine hcl TABS</i>	P	Titration pack	<i>dimethyl fumarate CPDR</i>	P	SP; PA
<i>memantine hcl TABS</i>	P	QL(2 ea daily)	<i>dimethyl fumarate MISC</i>	P	SP; PA
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	Titration pack	EXTAVIA KIT	P	SP; PA
NAMENDA TABS (<i>memantine hcl</i>)	NP	QL(2 ea daily)	<i>glatiramer acetate SOSY</i>	P	SP; PA
			PLEGRIDY STARTER PACK SOPN	P	SP; PA
			PLEGRIDY STARTER PACK SOSY SC	P	SP; PA
			PLEGRIDY SOPN	P	SP; PA
			PLEGRIDY SOSY SC	P	SP; PA
			REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA
			REBIF REBIDOSE SOAJ	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REBIF TITRATION PACK SOSY	P	SP; PA	NICODERM CQ PT24 (<i>nicotine</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(1 ea daily)
REBIF SOSY	P	SP; PA	NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)
TECFIDERA STARTER PACK MISC (<i>dimethyl fumarate</i>)	NP	SP; PA	NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP; PA	NICORETTE GUM (<i>nicotine polacrilex</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)
<i>teriflunomide</i>	P	QL(1 ea daily); SP; PA	NICORETTE LOZG (<i>nicotine polacrilex</i>)	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)
Smoking Deterrents			<i>nicotine polacrilex GUM</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)
APO-VARENICLINE TABS 1 MG	P	QL(2 ea daily; 56 ea per fill retail)	<i>nicotine polacrilex LOZG</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)
APO-VARENICLINE TABS 0.5 MG	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)			
<i>bupropion hcl (smoking deterrent)</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)			
CHANTIX CONTINUING MONTHPAK TABS (<i>varenicline tartrate</i>)	NP	QL(2 ea daily; 56 ea per fill retail)			
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)			
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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)	Lung Conditions		
<i>nicotine PT24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(1 ea daily)	Cystic Fibrosis Agents		
NICOTROL INHALER INHA	P	Limit: 2 Smoking Cessation Treatments per Year; QL(16.8 ea daily); SL	ORKAMBI PACK	P	SP; PA
NICOTROL NS SOLN	P	Limit: 2 Smoking Cessation Treatments per Year; QL(4 ml daily); SL	ORKAMBI TABS	P	SP; PA
<i>varenicline tartrate TABS 0.5 MG</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)	SYMDEKO	P	SP; PA
<i>varenicline tartrate TABS 1 MG</i>	P	QL(2 ea daily; 56 ea per fill retail)	TRIKAFTA TBPK	P	QL(3 ea daily); SP; PA
<i>varenicline tartrate TBPK</i>	P	Limit: 2 Smoking Cessation Treatments per Year; 2 rtl MAX fill; 365 rtl day(s) supply; QL(53 ea per fill retail)	Pulmonary Fibrosis Agents		
Transthyretin Amyloidosis Agents			ESBRIET CAPS (<i>pirfenidone</i>)	NP	SP; PA
TEGSEDI	P	SP; PA	ESBRIET TABS (<i>pirfenidone</i>)	NP	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat			OFEV	P	SP; PA
			<i>pirfenidone CAPS</i>	P	SP; PA
			<i>pirfenidone TABS</i>	P	SP; PA
			TETRACYCLINES - Drugs to Treat Bacterial Infections		
			Tetracyclines		
			<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	P	PA
			<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	P	PA
			<i>doxycycline hyclate CAPS</i>	P	
			<i>doxycycline hyclate TABS 100 MG</i>	P	
			<i>minocycline hcl CAPS</i>	P	
			<i>tetracycline hcl CAPS 500 MG</i>	P	
			VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NP	
			THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
			Antithyroid Agents		
			<i>methimazole TABS</i>	P	
			<i>propylthiouracil</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
Thyroid Hormones		
ARMOUR THYROID TABS	P	
CYTOMEL TABS (liothyronine sodium)	NP	
levothyroxine sodium TABS	P	
liothyronine sodium TABS	P	
NIVA THYROID TABS	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 (levothyroxine sodium)	NP	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
TOXOIDS		
Toxoid Combinations		
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)
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)
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)
ULCER DRUGS - Drugs to Treat Bowel, Intestine		

Drug Name	Drug Tier	Requirements/ Limits
and Stomach Conditions		
Antispasmodics		
dicyclomine hcl CAPS	P	
dicyclomine hcl SOLN OR	P	QL(496 ml per 31 days retail)
dicyclomine hcl TABS	P	
glycopyrrolate TABS 1 MG, 2 MG	P	QL(4 ea daily)
hyoscyamine sulfate ELIX	P	
hyoscyamine sulfate SOLN OR 0.125 MG/ML	P	
hyoscyamine sulfate SUBL 0.125 MG	P	
hyoscyamine sulfate TABS 0.125 MG	P	
hyoscyamine sulfate TB12 0.375 MG	P	QL(4 ea daily)
hyoscyamine sulfate TBDP 0.125 MG	P	
LEVBIID TB12 (hyoscyamine sulfate)	NP	QL(4 ea daily)
ROBINUL FORTE TABS (glycopyrrolate)	NP	QL(4 ea daily)
ROBINUL TABS (glycopyrrolate)	NP	QL(4 ea daily)
H-2 Antagonists		
cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	P	
cimetidine TABS	P	RX/OTC
famotidine SUSP	P	
famotidine TABS	P	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	NP	RX/OTC
PEPCID AC TABS (famotidine)	NP	
PEPCID TABS (famotidine)	NP	RX/OTC
TAGAMET HB TABS (cimetidine)	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Misc. Anti-Ulcer		
CARAFATE SUSP (<i>sucralfate</i>)	NP	QL(420 ml per fill retail)
CARAFATE TABS (<i>sucralfate</i>)	NP	QL(4 ea daily)
<i>sucralfate SUSP</i>	P	QL(420 ml per fill retail)
<i>sucralfate TABS</i>	P	QL(4 ea daily)
Proton Pump Inhibitors		
DEXILANT (<i>dexlansoprazole</i>)	NP	ST
<i>dexlansoprazole</i>	P	ST
<i>esomeprazole magnesium CPDR 20 MG</i>	P	QL(2 ea daily); RX/OTC
FIRST-OMEPRAZOLE SUSP	P	QL(10 ml daily)
<i>lansoprazole CPDR 15 MG</i>	P	OTC covered only; QL(4 ea daily); RX/OTC
<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 CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	P	OTC Covered Only; QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	P	OTC Covered Only; QL(2 ea daily); RX/OTC
OMEPRAZOLE + SYRSPEND SFALKA SUSP	P	QL(10 ml daily); AL(Up to 12 yrs old)
<i>omeprazole magnesium TBEC</i>	P	QL(1 ea daily)
<i>omeprazole CPDR</i>	P	QL(2 ea daily)
<i>omeprazole 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)

Drug Name	Drug Tier	Requirements/ Limits
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 20 MG (<i>pantoprazole sodium</i>)	NP	QL(1 ea daily)
PROTONIX TBEC 40 MG (<i>pantoprazole sodium</i>)	NP	QL(2 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 LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 ea daily)
DETROL TABS (<i>tolterodine tartrate</i>)	NP	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	NP	QL(2 ea daily)
<i>oxybutynin chloride SYRP</i>	P	QL(16 ml daily)
<i>oxybutynin chloride TABS 5 MG</i>	P	QL(3 ea 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>trospium chloride TABS</i>	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	P	

Drug Name	Drug Tier	Requirements/Limits
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)
Viral Vaccines		
IMOVAX RABIES (H.D.C.V.) SUSR	P	4 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 18 yrs old)
RABAVERT	P	4 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 18 yrs old)
SEASONAL INFLUENZA VACCINES	P	1 rtl MAX fill, 180 rtl day(s) supply
VAGINAL AND RELATED PRODUCTS		
Spermicides		

Drug Name	Drug Tier	Requirements/Limits
VCF VAGINAL CONTRACEPTIVE FILM FILM	P	1 rtl pack lmt per fill
Vaginal Anti-infectives		
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	NP	
<i>clindamycin phosphate vaginal CREA</i>	P	
<i>clotrimazole vaginal CREA 1 %</i>	P	QL(45 gm per 31 days retail)
<i>clotrimazole vaginal CREA 2 %</i>	P	QL(21 gm per 31 days retail)
GYNAZOLE-1	P	
<i>metronidazole vaginal</i>	P	
<i>miconazole nitrate vaginal CREA 4 %</i>	P	QL(25 gm per 31 days retail)
<i>miconazole nitrate vaginal CREA 2 %</i>	P	QL(45 gm per 31 days retail)
<i>miconazole nitrate vaginal KIT</i>	P	1 rtl pack lmt per fill
<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 ea per 31 days retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 ea per fill retail; 3 ea per 31 days retail)
MONISTAT 3 COMBINATION PACK KIT (<i>miconazole nitrate vaginal</i>)	NP	1 rtl pack lmt per fill
MONISTAT 3 CREA (<i>miconazole nitrate vaginal</i>)	NP	QL(25 gm per 31 days retail)
MONISTAT 7 SIMPLY CURE CREA (<i>miconazole nitrate vaginal</i>)	NP	QL(45 gm per 31 days retail)
<i>terconazole vaginal CREA</i>	P	
<i>terconazole vaginal SUPP</i>	P	
<i>tioconazole vaginal 6.5 %</i>	P	
VANDAZOLE	P	
Vaginal Estrogens		

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

Drug Name	Drug Tier	Requirements/ Limits
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT	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 TR TBCR	P	
niacin CPCR 250 MG, 500 MG	P	
niacin TABS 500 MG	P	
niacin TBCR	P	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	P	
riboflavin TABS	P	QL(3.34 ea daily)
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clindamycin phosphate (topical) LOTN	CO MONITOR REPLACEMENT TPIECES MISC	53	cromolyn sodium NEBU	8
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clobetasol propionate emollient base 0.05 %	CODEINE SULFATE TABS	5	CVS EYE HEALTH ADULT 50+ CAPS	62
clobetasol propionate GEL 0.05 % 40	colchicine TABS	47	CVS GLUCOSE CHEW	16
clobetasol propionate OINT 0.05 % 40	colchicine w/ probenecid	47	CVS HAIR/SKIN/NAILS TABS	65
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clonazepam TABS	colestipol hcl TABS	20	cyanocobalamin SOLN IJ	48
clonidine hcl (adhd) TB12	COMBIPATCH PTTW	45	cyclobenzaprine hcl TABS 5 MG, 10 MG	66
clonidine hcl TABS	COMBIVENT RESPIMAT AERS	9	cyclobenzaprine hcl TABS 7.5 MG	66
clopidogrel bisulfate 75 MG	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ...	53	CYCLOGYL 0.5 %	68
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clotrimazole (topical) SOLN	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	53	cyclopentolate hcl 2 %	68
clotrimazole vaginal CREA 1 %	COMPLERA	28	cyclosporine CAPS	60
clotrimazole vaginal CREA 2 %	CONDOMS-MISC	50	cyclosporine modified (for microemulsion) CAPS	60
clotrimazole w/ betamethasone CREA	CORTISONE ACETATE TABS	34	cyclosporine modified (for microemulsion) SOLN	60
clotrimazole w/ betamethasone LOTN	CREON CPEP	43	cyproheptadine hcl SYRP	19
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EASY FLOW BLACK/BLUE DEVI	54	ELON MATRIX 5000 TABS	65	enoxaparin sodium SOSY 80	
EASY FLOW BLACK/ORANGE DEVI		ELON MATRIX PLUS TABS	66	MG/0.8ML, 120 MG/0.8ML	10
54		ELON MATRIX 5000 COMPLETE		ENSPRYNG	60
EASY FLOW BLACK/RED DEVI	54	TABS	66	EPIFOAM FOAM	40
EASY FLOW BLACK/WHITE DEVI		ELON MATRIX COMPLETE TABS		epinephrine (anaphylaxis) SOAJ	78
54		66		EQ SPACE CHAMBER ANTI- STATIC DEVI	54
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54		EMOLLIENT LOTION - MISC	41	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI	54
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54		emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	28	EQL DRY MOUTH ORAL RINSE SOLN	61
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EASY FLOW WHITE/GREEN DEVI		EMVERM CHEW	7	ergocalciferol SOLN OR 8000 UNIT/ML	78
54		enalapril maleate & hydrochlorothiazide	22	ergotamine w/ caffeine TABS	57
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54		ENBREL SOLN	4	erythromycin (ophth)	68
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54		ENBREL SOSY	4	erythromycin base TABS	50
EBASE CONTROLLER KIT MISC	54	ENBREL SURECLICK SOAJ	4	erythromycin base TBEC	50
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efavirenz CAPS 50 MG	28	enoxaparin sodium SOSY 30 MG/0.3ML	10		
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efavirenz-lamivudine-tenofovir disoproxil fumarate	28				
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gentamicin sulfate (ophth) SOLN ..	68	guaifenesin TB12 600 MG	37	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2
gentamicin sulfate (topical) CREA .	38	guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML	36	HUMIRA PEN PNKT	2
gentamicin sulfate (topical) OINT ..	38	guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML	36	HUMIRA PEN-CD/UC/HS STARTER PNKT	2
GENVOYA	29	guaifenesin-codeine SYRP	36	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2
GERI-TUSSIN SYRP	37	guanfacine hcl (adhd)	1	HUMIRA PEN-PS/UV STARTER PNKT	2
ginger (zingiber officinalis) CAPS 250 MG	2	guanfacine hcl	21	HUMIRA PSKT	2
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glyburide-metformin	16	HEALTHY KIDS GUMMIES CHEW 64		hydrochlorothiazide TABS 25 MG, 50 MG	44
glycerin (laxative) SUPP 2 GM	49	HEART TABS TABS	66	hydrocodone bitartrate-homatropine methylbromide SOLN	35
glycopyrrolate TABS 1 MG, 2 MG .	75	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	10	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217	
GNP GLUCOSE CHEW	16				
GNP MULTI CHILDRENS CHEW .	64				
GNP QUICK DISSOLVE GLUCOSE CHEW	16				
GRASTEK SUBL	2				
griseofulvin microsize SUSP	18				

MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 6	hyoscyamine sulfate SUBL 0.125 MG75	indapamide TABS 1.25 MG, 2.5 MG . 44
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG6	hyoscyamine sulfate TABS 0.125 MG75	indomethacin CAPS 25 MG, 50 MG 3
hydrocortisone (intrarectal)7	hyoscyamine sulfate TB12 0.375 MG 75	indomethacin CPCR3
hydrocortisone (rectal) EX 2.5 %7	hyoscyamine sulfate TBDP 0.125 MG75	INFANTS SILAPAP SOLN OR4
hydrocortisone (topical) CREA 0.5 %, 1 %41	HYPERRHO S/D SOSY IM 1500 UNIT71	INFLECTRA46
hydrocortisone (topical) CREA 2.5 % 41	IBRANCE CAPS25	INNOSPIRE REPLACEMENT FILTER MISC54
hydrocortisone (topical) LOTN 1 %, 2.5 %41	IBRANCE TABS25	INREBIC25
hydrocortisone (topical) OINT 1 % .41	ibuprofen CHEW3	INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI 54
hydrocortisone (topical) OINT 2.5 % . 41	ibuprofen SUSP3	INSPIRACHAMBER/LARGE DEVI 54
hydrocortisone butyrate SOLN41	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG3	INSPIRACHAMBER/SOOTHERMAS K/INSPIRAMASK/MEDIUM DEVI . 54
hydrocortisone TABS35	icatibant acetate SOLN47	INSPIRACHAMBER/SOOTHERMAS K/INSPIRAMASK/SMALL DEVI ... 55
hydrocortisone w/acetic acid70	icatibant acetate SOSY47	INSPIREASE DRUG DELIVERYSYSTEM MISC 55
HYDROMORPHONE HCL SUPP ...5	ICLUSIG25	INSPIREASE RESERVOIR BAGS 55
hydromorphone hcl TABS 2 MG5	imipramine hcl TABS15	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN16
hydromorphone hcl TABS 4 MG5	imiquimod 5 %41	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP17
hydromorphone hcl TABS 8 MG5	IMMUNE ESSENTIALS DAILY CAPS62	INSULIN GLARGINE SOLN17
hydroxychloroquine sulfate 100 MG, 200 MG24	IMOVAX RABIES (H.D.C.V.) SUSR 77	INSULIN GLARGINE SOPN17
hydroxyurea25	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI54	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN17
HYDROXYUREA33	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI54	INSULIN SYRINGES - MISC51
hydroxyzine hcl SYRP8	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI54	INTELENCE 25 MG29
hydroxyzine hcl TABS8	INCRUSE ELLIPTA8	INVEGA SUSTENNA 117 MG/0.75ML26
hydroxyzine pamoate CAPS8		
hyoscyamine sulfate ELIX75		
hyoscyamine sulfate SOLN OR 0.125 MG/ML75		

INVEGA SUSTENNA 156 MG/ML .26	isosorbide mononitrate TABS7	REPLACEMENTPLASTIC
INVEGA SUSTENNA 234 MG/1.5ML 26	isosorbide mononitrate TB247	MOUTHPIECE MISC 55
INVEGA SUSTENNA 39 MG/0.25ML 26	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG38	KRINTAFEL24
INVEGA SUSTENNA 78 MG/0.5ML 26	ITCH RELIEF CREA39	labetalol hcl TABS 100 MG31
INVEGA TRINZA 273 MG/0.88ML 26	itraconazole CAPS19	labetalol hcl TABS 200 MG31
INVEGA TRINZA 410 MG/1.32ML 26	JULUCA29	labetalol hcl TABS 300 MG31
INVEGA TRINZA 546 MG/1.75ML 26	JUST 4 KIDZ	lactic acid (ammonium lactate) CREA41
INVEGA TRINZA 819 MG/2.63ML 26	MULTIVITAMIN+PROBIOTIC CHEW65	lactic acid (ammonium lactate) LOTN 12 %41
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IOPIDINE68	KERALYT GEL42	lactulose SOLN49
ipratropium bromide (nasal) 0.03 % 67	ketoconazole (topical) CREA38	lamivudine SOLN29
ipratropium bromide (nasal) 0.06 % 66	ketoconazole (topical) SHAM 2 % .38	lamivudine TABS 150 MG29
ipratropium bromide SOLN 0.02 % .9	KETONE STRP43	lamivudine TABS 300 MG29
ipratropium-albuterol SOLN10	KETONE TEST STRIPS STRP ...43	lamotrigine CHEW11
irbesartan21	ketoprofen CAPS 50 MG, 75 MG ...3	lamotrigine TABS11
irbesartan-hydrochlorothiazide22	ketoprofen CP243	lamotrigine TB2411
IRON CHEWS PEDIATRIC CHEW 48	ketorolac tromethamine (ophth) 0.4 %70	LANCET DEVICE - MISC51
IRON TABS 28 MG48	ketorolac tromethamine (ophth) 0.5 %70	LANCETS - MISC51
ISENTRESS CHEW 100 MG29	ketorolac tromethamine TABS3	lanolin (topical) CREA42
ISENTRESS CHEW 25 MG29	KETOSTIX STRP43	lanolin XX71
ISENTRESS PACK29	ketotifen fumarate (ophth) 0.025 % 70	LANOLOR CREA42
ISENTRESS TABS29	KEVZARA SOAJ3	lansoprazole CPDR 15 MG76
isoniazid SYRP24	KEVZARA SOSY3	lansoprazole CPDR 30 MG76
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	KINDERLYTE SOLN59	leflunomide4
	KOKO PEAK PRO	letrozole25
		leucovorin calcium TABS25

LEUKERAN	24	liothyronine sodium TABS	75	losartan potassium & hydrochlorothiazide	22
levabuterol tartrate	10	LIPIDSHIELD PLUS TABS	66	losartan potassium	21
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	11	lisinopril & hydrochlorothiazide ...	22	lovastatin TABS 10 MG, 20 MG ...	20
levetiracetam TABS 1000 MG	12	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	21	lovastatin TABS 40 MG	20
levetiracetam TABS 250 MG, 750 MG	11	LITETOUCH MASK LARGE MISC	55	loxapine succinate	27
levetiracetam TABS 500 MG	11	LITETOUCH MASK MEDIUM MISC .	55	lurasidone hcl	26
levetiracetam TB24	12	LITETOUCH MASK SMALL MISC	55	MAGNESIUM CAPS 400 MG	59
levobunolol hcl 0.5 %	67	lithium carbonate CAPS	26	magnesium citrate	49
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	45	LITHIUM CARBONATE POWD ...	26	MAGNESIUM EXTRA STRENGTH CAPS	59
levocarnitine (metabolic modifiers) TABS	45	lithium carbonate TABS	26	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	49
levocetirizine dihydrochloride TABS 19		lithium carbonate TBCR	26	magnesium oxide (mg supplement) TABS 400 MG	59
levofloxacin TABS	46	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	66	MAGNESIUM OXIDE CAPS	59
levonorgestrel & eth estradiol TABS 33		LOHIST-D LIQD	36	magnesium oxide TABS 400 MG ...	7
levonorgestrel (emergency oc) 1.5 MG	34	loperamide hcl CAPS	18	malathion	43
levonorgestrel-eth estradiol (triphasic)	33	loperamide hcl TABS	18	maraviroc TABS 150 MG	29
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	33	lopinavir-ritonavir SOLN	29	maraviroc TABS 300 MG	29
levothyroxine sodium TABS	75	lopinavir-ritonavir TABS 25 MG-100 MG	29	MASK VORTEX/CHILD/FROG ...	55
LEXIVA SUSP	29	lopinavir-ritonavir TABS 50 MG-200 MG	29	MASK VORTEX/TODDLER/LADYBUG ..	55
LICEMD GEL	43	loratadine & pseudoephedrine TB12 .	36	MAVYRET PACK	30
lidocaine CREA 4 %	42	loratadine & pseudoephedrine TB24 .	36	MAVYRET TABS	30
lidocaine hcl (mouth-throat) 2 % ...	60	loratadine SOLN	19	MAXI-TUSS PE LIQD	36
lidocaine hcl CREA 3 %, 4 %	42	loratadine TABS	19	MAXI-TUSS PE MAX LIQD	36
lidocaine hcl GEL 2 %	42	loratadine TBDP 10 MG	19	meclizine hcl CHEW	18
lidocaine-prilocaine CREA	42	lorazepam TABS 0.5 MG, 2 MG	8	meclizine hcl TABS 12.5 MG, 25 MG 18	
		lorazepam TABS 1 MG	8	medroxyprogesterone acetate (contraceptive) SUSP IM	34

medroxyprogesterone acetate (contraceptive) SUSY IM34	methazolamide TABS43	metoclopramide hcl TABS46
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG72	methenamine mandelate23	metolazone44
mefloquine hcl24	methenamine-hyosc-methylene blue- sod phos-phenyl 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 MG23	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG22
megestrol acetate SUSP25	methimazole TABS74	metoprolol & hydrochlorothiazide TABS 50 MG-100 MG22
megestrol acetate TABS25	METHITEST TABS6	metoprolol succinate TB24 200 MG 31
MEKTOVI25	methocarbamol TABS66	metoprolol succinate TB24 25 MG, 50 MG, 100 MG31
melatonin TABS 3 MG, 5 MG2	METHOTREXATE2	metoprolol tartrate TABS 100 MG .31
meloxicam TABS3	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML24	metoprolol tartrate TABS 25 MG, 50 MG31
melphalan24	methotrexate sodium TABS 2.5 MG 24	metronidazole (topical) CREA42
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memantine hcl TABS72	methylergonovine maleate TABS ..70	metronidazole (topical) LOTN42
MENS 50+ ADVANCED CAPS62	methylphenidate hcl CPCR1	metronidazole TABS23
meperidine hcl SOLN OR 50 MG/5ML5	methylphenidate hcl TABS 10 MG, 20 MG1	metronidazole vaginal77
meperidine hcl TABS 50 MG5	methylphenidate hcl TABS 5 MG ...1	mexiletine hcl8
meprobamate8	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG1	MG PLUS PROTEIN TABS66
mercaptopurine TABS24	methylphenidate hcl TB24 36 MG ...1	miconazole nitrate (topical) CREA .39
mesalamine CP2446	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG2	miconazole nitrate vaginal CREA 2 %77
mesalamine CPDR46	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG2	miconazole nitrate vaginal CREA 4 %77
mesalamine ENEM46	methylprednisolone TABS 4 MG, 8 MG35	miconazole nitrate vaginal KIT77
mesalamine TBEC 1.2 GM46	methylprednisolone TBPK35	miconazole nitrate vaginal SUPP 100 MG77
mesalamine TBEC 800 MG46	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML46	miconazole nitrate vaginal SUPP 200 MG77
metformin hcl TABS 500 MG16		MICROCHAMBER DEVI55
metformin hcl TABS 850 MG, 1000 MG16		MICROCHAMBER MISC55
metformin hcl TB24 500 MG16		
metformin hcl TB24 750 MG16		
methadone hcl TABS 10 MG5		
methadone hcl TABS 5 MG5		

MICROSPACER MISC	55	MG/5ML, 20 MG/5ML	5	CHEW	65
midazolam hcl SOLN IJ	49	morphine sulfate SUPP	5	MVW COMPLETE FORMULATIOND3000 CAPS	63
midodrine hcl	78	morphine sulfate TABS	5	MVW COMPLETE FORMULATIOND500 CAPS	63
MIL ADREGEN TABS	66	morphine sulfate TBCR	5	MVW COMPLETE FORMULATIONMINIS CAPS	63
MILLIPRED TABS	35	MOUTH KOTE REMINT SOLN	61	MVW MODULATOR FORMULATION CAPS	63
MINIELITE FILTER REPLACEMENTS MISC	55	MOUTH KOTE SOLN	61	MVW MODULATOR FORMULATION MINIS CAPS	63
minocycline hcl CAPS	74	moxifloxacin hcl (ophth) SOLN OP	68	MYLERAN TABS	24
minoxidil 10 MG	23	MULTI VITAMIN TABS	64	nabumetone	3
minoxidil 2.5 MG	23	MULTI VITAMIN/D-3 TABS	64	nadolol TABS 20 MG, 40 MG, 80 MG	32
mirtazapine TABS 15 MG	13	multiple vitamin TABS	64	naloxone hcl LIQD	18
mirtazapine TABS 30 MG	13	multiple vitamins w/ calcium TABS	61	naloxone hcl SOCT	18
mirtazapine TABS 7.5 MG, 45 MG	13	multiple vitamins w/ iron TABS	62	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	18
mirtazapine TBDP 15 MG	13	multiple vitamins w/ minerals CAPS	63	naloxone hcl SOSY	18
mirtazapine TBDP 30 MG	13	MULTIPLE VITAMINS W/ MINERALS TABS - MISC	62	naltrexone hcl	18
mirtazapine TBDP 45 MG	13	MULTIVITAMIN ADULT TABS	64	naphazoline w/ pheniramine	69
misoprostol	76	MULTIVITAMIN GUMMIES CHILDRENS CHEW	65	naproxen sodium TABS 220 MG ...	3
MOI-STIR SOLN	61	MULTIVITAMIN INFANT & TODDLER SOLN OR	65	naproxen sodium TABS 275 MG, 550 MG	3
mometasone furoate CREA	41	MULTIVITAMIN INFANT/TODDLER SOLN OR	65	naproxen SUSP	3
mometasone furoate OINT	41	MULTIVITAMIN TABS	64	naproxen TABS	3
mometasone furoate SOLN	41	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	65	naproxen TBEC	3
MONOVISC	66	MULTIVITAMIN TABS	64	naratriptan hcl	58
montelukast sodium CHEW	9	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	65		
montelukast sodium PACK	9	mupirocin calcium (topical)	38		
montelukast sodium TABS	9	mupirocin OINT	38		
MOOD FOOD CAPS	62	MVASI	24		
MOOD FOOD ES CAPS	62	MVW COMPLETE FORMULATION CAPS	63		
morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML	5	MVW COMPLETE FORMULATION			
morphine sulfate SOLN OR 10					

nateglinide	17	niacin CPCR 250 MG, 500 MG	78	norethindrone & ethinyl estradiol-fe	34
NATURAL FIBER LAXATIVE POWD		niacin TABS 500 MG	78	norethindrone (contraceptive)	34
49		niacin TBCR	78	norethindrone acet & eth estra	34
NAYZILAM	11	NIACIN TR TBCR	78	norethindrone acetate TABS	72
NEBULIZER AIR TUBE/PLUGS		nicardipine hcl CAPS	32	norethindrone acetate-ethinyl	
MISC	55	nicotine polacrilex GUM	73	estradiol	45
NEBULIZER CUP/TUBING DEVI ..	55	nicotine polacrilex LOZG	73	norethindrone acetate-ethinyl	
NEBULIZER MASK ADULT MISC ..	55	nicotine PT24 7 MG/24HR, 14		estradiol-fe	34
NEBULIZER MASK CHILD MISC ..	55	MG/24HR, 21 MG/24HR	74	norethindrone-eth estradiol (triphasic)	
nefazodone hcl	15	NICOTINE TRANSDERMAL			34
NEOMULTIVITE TABS	64	SYSTEM KIT	74	norgestimate-ethinyl estradiol	
neomycin sulfate TABS	2	NICOTROL INHALER INHA	74	(triphasic)	34
neomycin-bacitracin zn-polymyxin	68	NICOTROL NS SOLN	74	norgestimate-ethinyl estradiol	34
neomycin-bacitracin-polymyxin OINT		nifedipine CAPS	32	norgestrel & ethinyl estradiol 30	
38		nifedipine TB24 30 MG, 90 MG	32	MCG-0.3 MG	34
neomycin-polymy-dexameth OINT	69	nifedipine TB24 60 MG	32	NORPACE CR CP12 150 MG	8
neomycin-polymy-dexameth SUSP		NITRO-BID OINT	7	nortriptyline hcl CAPS	15
69		nitrofurantoin	23	nortriptyline hcl SOLN	15
neomycin-polymyxin w/ pramoxine		nitrofurantoin macrocrystal 50 MG,		NORVIR SOLN	29
38		100 MG	23	NOSE CLIP MISC	55
neomycin-polymyxin-gramicidin ...	68	nitrofurantoin monohyd macro	23	NOVOLIN 70/30 FLEXPEN RELION	
neomycin-polymyxin-hc (ophth) ...	69	nitroglycerin CPCR	7	SUPN	17
neomycin-polymyxin-hc (otic) SOLN .		nitroglycerin PT24	7	NOVOLIN 70/30 FLEXPEN SUPN	17
70		nitroglycerin SUBL	7	NOVOLIN 70/30 RELION SUSP ...	17
neomycin-polymyxin-hc (otic) SUSP .		NIVA THYROID TABS	75	NOVOLIN 70/30 SUSP	17
70		NIZORAL SHAM	39	NOVOLIN N FLEXPEN RELION	
nevirapine SUSP	29	NORDITROPIN FLEXPEN SOPN	44	SUPN	17
nevirapine TABS	29	norelgestromin-ethinyl estradiol ...	34	NOVOLIN N FLEXPEN SUPN	17
nevirapine TB24 100 MG	29	norethin acet & estrad-fe TABS 1		NOVOLIN N RELION SUSP	17
nevirapine TB24 400 MG	29	MG-20 MCG-75 MG, 1.5 MG-30		NOVOLIN N SUSP	17
niacin (antihyperlipidemic) TABS ..	20	MCG-75 MG	34	NOVOLIN R RELION SOLN IJ	17
niacin (antihyperlipidemic) TBCR ..	20	norethindrone & eth estradiol	34	NOVOLIN R SOLN IJ	17

NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	17	OGIVRI	25	TABS	64
NOVOLOG MIX 70/30 RELION SUSP	17	olanzapine TABS 15 MG, 20 MG ..	27	ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES CHEW	64
NP THYROID 120 TABS	75	olanzapine TABS 2.5 MG, 5 MG ..	27	ONE-DAILY MULTI CAPS CAPS ..	63
NP THYROID 15 TABS	75	olanzapine TABS 7.5 MG, 10 MG ..	27	ONETOUCH ULTRA 2 KIT	51
NP THYROID 30 TABS	75	olmesartan medoxomil	21	ONETOUCH ULTRA CONTROL SOLN	51
NP THYROID 60 TABS	75	olmesartan medoxomil-amlodipine- hydrochlorothiazide	22	ONETOUCH ULTRA STRP	43
NP THYROID 90 TABS	75	olmesartan medoxomil- hydrochlorothiazide	22	ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN	51
NUMOISYN LIQD	61	OLUMIANT	2	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	51
NUPLAZID CAPS	26	OMBRA TABLE TOP COMPRESSOR DEVI	55	ONETOUCH VERIO MID CONTROL SOLUTION SOLN	51
NUPLAZID TABS 10 MG	26	omega-3 fatty acids CAPS	67	ONETOUCH VERIO REFLECT KIT 51	
nystatin (mouth-throat)	60	OMEPRAZOLE + SYRSPEND SFALKA SUSP	76	ONETOUCH VERIO TEST STRIPS STRP	43
nystatin (topical) CREA	39	omeprazole CPDR	76	ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPO SABLE MISC	55
nystatin (topical) OINT	39	omeprazole magnesium TBEC	76	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC .	55
nystatin (topical) POWD EX	39	omeprazole TBEC	76	OPTICHAMBER DIAMOND DEVI ..	55
nystatin TABS	18	OMNICAP TABS	64	OPTICHAMBER DIAMOND MISC ..	55
nystatin-triamcinolone CREA	39	ondansetron hcl SOLN IJ	18	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	55
nystatin-triamcinolone OINT	39	ondansetron hcl SOLN OR 4 MG/5ML	18	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	55
OCTAGAM SOLN 30 GM/300ML ..	71	ondansetron hcl SOSY	18	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	55
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	63	ondansetron hcl TABS 24 MG	18		
OCUVITE ADULT 50+ CAPS	63	ondansetron hcl TABS 4 MG, 8 MG 18			
OCUVITE ADULT FORMULA CAPS .	63	ondansetron TBDP	18		
OCUVITE LUTEIN CAPS	63	ONE DAILY ESSENTIAL TABS ...	64		
ODEFSEY	29	ONE FLOW FVC MONITORING SPIROMETER DEVI	55		
OFEV	74	ONE FLOW TESTER TUBE MOUTHPIECE MISC	55		
ofloxacin (ophth)	68	ONE VITE DAILY MULTIVITAMIN			
ofloxacin (otic)	70				
ofloxacin 400 MG	46				

oral electrolytes SOLN59	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG6	PARI TREK S COMBO PACK DEVI . 56
ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT SOLN61	oyster shell 59	PARI VORTEX ADULT MASK56
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OTEZLA TABS3	PARI ALTERA NEBULIZER HANDSET MISC56	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN65
OTEZLA TBPk3	PARI BABY CONVERSION KIT SIZE 1 MISC56	ped multivitamins w/fl & iron SOLN 64
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML2	PARI BABY CONVERSION KIT SIZE 2 MISC56	PEDIATRIC DISPOSABLE MOUTPIECE MISC56
oxaprozin 3	PARI BABY CONVERSION KIT SIZE 3 MISC56	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC 56
OXAYDO TABS 5 MG5	PARI ERAPID NEBULIZER HANDSET MISC56	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC . 56
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oxcarbazepine SUSP12	PARI MANUAL INTERRUPTER DEVI56	PEDIATRIC MULTIVITAMIN W/FL CHEW65
oxcarbazepine TABS12	PARI MASK SET MISC56	PEDIATRIC MULTIVITAMIN W/FL SOLN65
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oxycodone hcl CONC 100 MG/5ML 5		
oxycodone hcl SOLN5		
oxycodone hcl TABS5		
oxycodone w/ acetaminophen SOLN 6		

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penicillamine TABS60	phenytoin SUSP 12	polyethylene glycol 3350 POWD .. 49
penicillin v potassium SOLR71	PHESGO 25	polymyxin b-trimethoprim 68
penicillin v potassium TABS 71	phytonadione TABS 5 MG78	polysaccharide iron complex CAPS
pentoxifylline 47	PIFELTRO29	150 MG 48
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permethrin LIQD EX 43	PILLOW MASK/CHILD MISC56	POLY-VI-SOL SOLN OR 65
permethrin LOTN 43	PILLOW MASK/PEDIATRIC MISC 56	POLY-VI-SOL/IRON SOLN65
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PFLEX MISC56	pimecrolimus 42	65
PHARMACIST CHOICE	pindolol TABS32	POLY-VITE/IRON SOLN65
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phenelzine sulfate 13	pirfenidone TABS 74	60
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phenylephrine hcl (oral) TABS67	PLEGRIDY SOSY SC72	microencapsulated crystals er 59
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10 MG/5ML-4 MG/5ML-15 MG/5ML	72	MEQ 60
36	PLEGRIDY STARTER PACK SOSY	potassium chloride SOLN OR 10 %,
phenylephrine-dm LIQD 2.5	SC72	20 % 60
MG/5ML-5 MG/5ML36	PNEUMOVAX 2377	potassium chloride TBCR 8 MEQ, 10
phenylephrine-dm SOLN 36	PNEUMOVAX 23/1 DOSE77	MEQ 60
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butter7	POCKET SPACER DEVI 56	10 MEQ, 540 MG, 1080 MG 47
phenylephrine-shark liver oil-mineral	podofilox SOLN 42	potassium iodide (expectorant) SOLN
oil-petrolatum 7	POLYCOSE LIQD67	37
phenytoin CHEW12		pramipexole dihydrochloride TABS
phenytoin sodium extended 100 MG .		25
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prazosin hcl CAPS	21	PREZISTA TABS 75 MG	29	propranolol hcl CP24	32
PRED MILD	69	primaquine phosphate TABS	24	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	32
PRED-G SUSP	69	primidone	12	propranolol hcl TABS	32
prednisolone acetate (ophth)	69	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	56	propylthiouracil	74
PREDNISOLONE ACETATE P-F	69	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	56	PRORENAL+D/OMEGA-3 CAPS	63
PREDNISOLONE SODIUM PHOSPHATE	69	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	56	PROTECT CARDIO AF CAPS	63
prednisolone sodium phosphate SOLN 20 MG/5ML	35	probenecid	47	PROTECT PLUS SO CAPS	63
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	35	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	56	PROTEGRA CAPS	63
prednisolone SOLN	35	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	56	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 37	
prednisolone TABS	35	prochlorperazine	27	pseudoephedrine hcl TABS	67
PREDNISONE INTENSOL CONC	35	prochlorperazine maleate TABS ...	27	pseudoephedrine hcl TB12	67
prednisone SOLN	35	progesterone CAPS	72	pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML	37
prednisone TABS	35	promethazine & phenylephrine SYRP	36	pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML	37
prednisone TBPk	35	promethazine hcl SOLN 6.25 MG/5ML	19	pseudoephedrine-guaifenesin TB12 1200 MG-120 MG	37
PREMARIN	78	promethazine hcl SUPP	19	pseudoephedrine-guaifenesin TB12 600 MG-60 MG	37
PREMARIN TABS	45	promethazine hcl SYRP	19	pseudoephedrine-ibuprofen TABS	37
PREMPRO	45	promethazine hcl TABS	19	psyllium CAPS 0.52 GM	49
PRENATAL VITAMINS - MISC ...	65	promethazine w/codeine SOLN ...	36	psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 100 %	49
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PRESERVISION AREDS CAPS ...	63	promethazine-phenylephrine-codeine	37	PURIXAN SUSP	24
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pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %43	RABAVERT77	risedronate sodium TABS 35 MG .44
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	REPLACEMENT FILTERS MISC .57	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG26
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SEASONAL INFLUENZA VACCINES77	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC57	sodium chloride (gu irrigant) 0.9 % 47
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SOOTHENEB NBL 100 CHILD MASK MISC	57	sulfacetamide sodium (ophth) SOLN . 68	tacrolimus (topical) OINT 0.03 % ..	42	
SOOTHENEB NBL 100 MEDICATION CUP MISC	57	sulfacetamide sodium LIQD	40	tacrolimus (topical) OINT 0.1 % ...	42
SOOTHENEB NBL 100 MESH CAP MISC	57	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	38	tacrolimus CAPS	60
SOOTHENEB NBL100 ADULT MASK MISC	57	sulfacetamide sod-prednisolone SOLN	69	TALTZ SOAJ	39
SORBIDON HYDRATE CREA	42	sulfamethoxazole-trimethoprim SUSP	23	TALTZ SOSY	39
SORBITOL XX 70 %	71	sulfamethoxazole-trimethoprim TABS	23	tamoxifen citrate TABS	25
sotalol hcl (afib/afl)	32	sulfasalazine TABS	46	tamsulosin hcl	47
sotalol hcl TABS	32	sulfasalazine TBEC	46	tazarotene CREA	39
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	57	sulindac TABS	3	tazarotene GEL	39
specialty vitamins products TABS .	66	sumatriptan	58	TAZORAC CREA	39
spinosad	43	sumatriptan succinate SOAJ 6 MG/0.5ML	58	TEGSEDI	74
SPIRO PD DEVI	57	sumatriptan succinate SOCT 6 MG/0.5ML	58	telmisartan	21
spironolactone & hydrochlorothiazide	44	sumatriptan succinate SOLN 6 MG/0.5ML	58	telmisartan-amlodipine	22
spironolactone TABS	44	SUPER ANTIOXIDANT CAPS	63	telmisartan-hydrochlorothiazide ..	22
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW	5	SUPPORT-500 CAPS	63	temazepam 15 MG, 30 MG	49
ST JOSEPH ADULT CHEW	5	SYMDEKO	74	TEMIXYS	30
stavudine CAPS	30	SYMLINPEN 120 SOPN	15	tenofovir disoproxil fumarate TABS 30	
STEGLATRO	17	SYMLINPEN 60 SOPN	15	terazosin hcl	21
STRIBILD	30	SYNAGIS SOLN	71	terbinafine hcl (topical) CREA	39
SUBLOCADE SOSY	6	SYNOJOYNT SOSY	66	terbinafine hcl TABS	18
sucralfate SUSP	76	SYNVISC ONE SOSY	66	terbutaline sulfate TABS	10
sucralfate TABS	76	SYNVISC SOSY	66	terconazole vaginal CREA	77
SUDAFED CHILDRENS LIQD	67			terconazole vaginal SUPP	77
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				testosterone cypionate SOLN IM 100 MG/ML	6
				testosterone cypionate SOLN IM 200 MG/ML	6

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tetrabenazine72	tizanidine hcl TABS66	TRECATOR24
tetracaine hcl (ophth)69	TM-DAILY VITE TABS64	tretinoin CREA 0.025 %, 0.05 %, 0.1 %38
tetracycline hcl CAPS 500 MG74	TOBRADEX OINT69	tretinoin GEL 0.01 %38
tetrahydrozoline hcl (ophth) 0.05 % 69	tobramycin (ophth) SOLN68	tretinoin GEL 0.025 %38
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theophylline SOLN10	TOBREX OINT68	triamcinolone acetonide (topical) CREA 0.025 %41
theophylline TB12 300 MG, 450 MG . 10	tolnaftate CREA39	triamcinolone acetonide (topical) CREA 0.1 %41
theophylline TB2410	tolterodine tartrate CP2476	triamcinolone acetonide (topical) CREA 0.5 %41
THERA TABS64	tolterodine tartrate TABS76	triamcinolone acetonide (topical) LOTN41
THERABETIC EYE HEALTH TABS 66	topiramate CPSP 15 MG12	triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %41
THERAMILL FORTE CAPS63	topiramate CPSP 25 MG12	triamcinolone acetonide (topical) OINT 0.1 %41
THERANATAL LACTATION ONE CAPS63	topiramate TABS 100 MG12	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG44
THEREMS MULTIVITAMIN TABS .64	topiramate TABS 200 MG12	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG44
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timolol maleate TABS32	tranexamic acid TABS48	
tioconazole vaginal 6.5 %77	tranylcypromine sulfate13	
	TRAZIMERA 420 MG25	
	trazodone hcl TABS 300 MG15	

trihexyphenidyl hcl TABS	25	valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	13	MG, 225 MG	15
TRIKAFTA TBPK	74	valproate sodium SOLN OR 250 MG/5ML	13	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	32
TRILURON SOSY	66	valproic acid CAPS	13	verapamil hcl TABS	32
trimethoprim TABS	23	valsartan TABS	21	verapamil hcl TBCR	32
TRINTELLIX	15	valsartan-hydrochlorothiazide	22	vilazodone hcl TABS	15
TRIUMEQ TABS	30	VALTOCO 10 MG DOSE LIQD	11	VIRACEPT TABS 250 MG	30
TRIZIVIR	30	VALTOCO 15 MG DOSE LQPK ...	11	VIRACEPT TABS 625 MG	30
tropicamide SOLN	68	VALTOCO 20 MG DOSE LQPK ...	11	VIREAD POWD	30
tropium chloride TABS	76	VALTOCO 5 MG DOSE LIQD	11	VIREAD TABS 150 MG, 200 MG, 250 MG	30
TRUEPLUS GLUCOSE CHEW	16	vancomycin hcl CAPS 125 MG ...	23	VIRTUSSIN DAC SOLN	37
TRUEPLUS GLUCOSE ON THE GO CHEW	16	vancomycin hcl CAPS 250 MG ...	23	VISION HEALTH CAPS	63
TRULICITY	16	vancomycin hcl SOLR IV 1 GM, 1000 MG	23	VISTA ADVANCED AREDS2 FORMULA CAPS	63
TRUXIMA	24	vancomycin hcl SOLR IV 500 MG .	23	VISTA ADVANCED DRY EYE FORMULA CAPS	63
TUBING/WING TIP MISC	57	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .	23	VISTOGARD	18
TUDORZA PRESSAIR	9	VANDAZOLE	77	VITABEX CAPS	63
TYBLUME CHEW	34	varenicline tartrate TABS 0.5 MG .	74	VITABEX PLUS CAPS	63
TYBOST	30	varenicline tartrate TABS 1 MG ...	74	VITAFOL-ONE CAPS	65
TYMLOS	44	varenicline tartrate TBPK	74	VITALETS CHILDRENS CHEW ...	65
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UPTRAVI TABS	33	VEMLIDY	30	vitamins w/ lipotropics CAPS	66
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urea CREA 40 %	41	venlafaxine hcl CP24 37.5 MG	15	VITEYES CLASSIC CAPS	63
urea LOTN 40 %	41	venlafaxine hcl CP24 75 MG	15	VITEYES CLASSIC MACULAR SUPPORT CAPS	63
ursodiol CAPS	46	venlafaxine hcl TABS	15	VITEYES CLASSIC/OMEGA-3 CAPS	
ursodiol TABS 250 MG	46	venlafaxine hcl TB24 150 MG	15		
valacyclovir hcl 1 GM, 1000 MG ...	30	venlafaxine hcl TB24 37.5 MG, 75			
valacyclovir hcl 500 MG	30				
valganciclovir hcl TABS	30				

63	zidovudine TABS	30
VITEYES CLASSIC+OMEGA-3	zinc oxide (topical) OINT 20 %	42
CAPS	zinc sulfate CAPS	60
63	ziprasidone hcl	26
VIVITROL	18	
VORTEX HOLDING	ZIRABEV	24
CHAMBER/MASK/CHILDS/FROG	zolmitriptan SOLN 5 MG	58
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VORTEX HOLDING	zolmitriptan TABS	58
CHAMBER/MASK/TODDLER/LADY	zolmitriptan TBDP	58
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VORTEX VALVED HOLDING	zolpidem tartrate TABS	49
CHAMBER DEVI	57	
VYNDAMAX	zonisamide CAPS	12
33	ZYVANA CAPS	63
VYONDYS 53	67	
WAKIX	1	
warfarin sodium TABS	10	
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XELJANZ TABS	2	
XELJANZ XR TB24	2	
XEMBIFY	71	
XENLETA TABS	23	
XEROSTOMIA RELIEF SPRAY		
SOLN	61	
XOLAIR SOLR	8	
XOLAIR SOSY	8	
YUMVSKIDS MULTI ZERO CHEW		
65		
zaleplon 10 MG	49	
zaleplon 5 MG	49	
ZARXIO	48	
zidovudine CAPS	30	
zidovudine SYRP	30	