

Peach State Health Plan: Planning for Healthy Babies InterPregnancy Care (IPC) - Preferred Drug List (PDL)



This Preferred Drug List is searchable. Here is how to search for a medicine:

1. Press Control F to open the search tool
2. Type the medicine name into the text box
3. Press enter

Planning for Healthy Babies: Inter-Pregnancy Care (IPC) Pharmacy Program

Peach State Health Plan covers all forms of birth control for Planning for Healthy Babies: Inter-Pregnancy Care (IPC) women. We also cover some medicines to help IPC women with their chronic diseases like diabetes and high blood pressure. The pharmacy team works with doctors and pharmacists to be sure the medicines to prevent unwanted pregnancies and the medicines to keep you healthy are covered on the Inter-Pregnancy Care Preferred Drug List (IPC-PDL). Your doctor must write a prescription for these all of these medicines.

Planning for Health Babies: Inter-Pregnancy Care Preferred Drug List (IPC-PDL)

The Peach State Health Plan Inter-Pregnancy Care Preferred Drug List (IPC-PDL) is the list of covered medicines. The IPC-PDL tells you the medicines you can get at local pharmacies. The list is updated every three months by the Peach State Pharmacy and Therapeutics (P&T) Committee. The group is made up of the Peach State Health Plan Medical Director, Pharmacy Director, and several Georgia doctors, pharmacists, and specialists.

The Inter-Pregnancy Care Pharmacy Program does not pay for all medicines. Only these kinds of medicines are covered:

- Birth control
- Antibiotics used to treat Sexually Transmitted Infections (except HIV/AIDS and Hepatitis)
- Folic Acid and Multivitamins with Folic Acid
- Medicines for lower vaginal tract and vaginal skin infections
- Medicines to treat Urinary Tract Infections (UTIs)
- Medicines to treat chronic diseases

Some medicines have limits on age, dose, and maximum quantities. These medicines need a prior authorization (PA) if the doctor thinks you need more than the limit.

You can call Member Services to talk to someone about the list of medicines Peach State Health Plan covers. The Member Service phone number is 1-800-704-1484 (TTY/TTD 1-800-255-0056). You can also use the “Drug Lookup” Tool in the secure member webpage to see if your medicine is covered. You can get to the tool by using this link <https://members.envolverx.com/>.

Pharmacy Benefit Manager (PBM)

Peach State Health Plan works with Envolve Pharmacy Solutions to pay for pharmacy claims. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager (PBM). Some medicines on the IPC-PDL need a prior authorization (PA). Envolve Pharmacy Solutions reviews those requests.

Specialty Drugs

Some medicines are only paid for when you get them from Peach State Health Plan’s specialty pharmacy. AcariaHealth is the specialty pharmacy you should use.

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The Peach State Health Plan Pharmacy Director and Medical Director review the PA requests for these medicines. AcariaHealth provides you with the following services:

- Delivers medicines to the home or doctor's office
- Has pharmacists who can help 24 hours a day, seven days a week to answer your questions and help with medicines
- Helps you know your medicine better. This will help you understand your health condition better.

These medicines are not usually available at local pharmacies. Medicines that AcariaHealth provides are marked in the PDL and on the Biopharmaceutical Pharmacy Program list. Both of these lists are on the Peach State Health Plan website at www.pshp.com.

Prior Authorizations (PA)

Some medicines on the IPC-PDL may require PA. A request should be sent by the doctor or pharmacy to Envolve Pharmacy Solutions on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at www.pshp.com. The completed form and doctor notes to show your history should be **faxed to Envolve Pharmacy Solutions at 1-877-386-4695**.

Peach State Health Plan will cover the medicine if:

- There is a medical reason you need that specific medication.
- Other medications on the PDL have not worked.

All reviews are done by a licensed clinical pharmacist. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Envolve Pharmacy Solutions sends your doctor a fax. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions will send a letter to you and a fax to your doctor. The letter will have a list of other medicines. It will also tell you about the appeal process.

Dispensing Limits

The pharmacy can give you up to 31 days' supply of each new prescription or refill. There may be some medicine, like Depo-Provera, that is given once and lasts 84 days. 80% of the days' supply or 25 days must have passed before the medicine can be refilled for IPC-PDL medicines. Controlled Substances must have 90% of the supply used before the medicine can be refilled.

Appropriate Use and Safety Edits

Your safety is very important to Peach State Health Plan. One of the ways we look out for your safety is through point-of sale (POS) edits when the medicine claim is sent by the pharmacy. These edits are based on the Food and Drug Administration (FDA) approvals. One example would be only allowing one medicine in the same therapy class each month.

More information about the medicines that are part of the these edits can be found in the **Appropriate Use and Safety Edits** document on the Peach State Health Plan website at www.pshp.com.

Step Therapy

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Some medicines on the IPC-PDL may require another medicine to be used first. This is called Step Therapy. If you filled that required medicine with Peach State Health Plan already, the step therapy medicine will be covered. If you have not tried the IPC-PDL medicine, your doctor will need to send in a PA form with other medicine you have tried. If Envolve Pharmacy Solutions does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Quantity Limits

Peach State Health Plan may limit how much of a medicine you can get at one time. If the doctor feels you need a larger amount, a PA may be sent to Envolve Pharmacy Solutions. If Envolve Pharmacy Solutions does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Medical Necessity Requests

Only medicines listed on the IPC-PDL are covered for Inter-Pregnancy Care women. If you need a medicine that is not on the IPC-PDL, your doctor can make a medical necessity (MN) PA request for the medicine. There are medicines on the PDL to treat most conditions covered by P4HB-IPC. For medicines not on the IPC-PDL, Peach State Health Plan requires:

- Doctor's notes to show you tried at least two IPC-PDL medicines in the same class and used for the same diagnosis; or
- Doctor's notes to show you are allergic or cannot take at least two IPC-PDL medicines in the same class; or
- Doctor's notes to show you cannot take any of the IPC-PDL agents for your diagnosis.

All reviews are done by a licensed clinical pharmacist. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Envolve Pharmacy Solutions sends your doctor a fax. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions will send a letter to you and a fax to your doctor. The letter will have a list of other medicines. It will also tell you about the appeal process.

72 Hour Emergency Supply Policy

State and Federal law says a pharmacy can give you a 72 hour (3 day) supply of medicine if you are waiting on PA review. Pharmacies will be paid for the 3 day supply even if the PA is not approved. The pharmacy must **call Envolve Pharmacy Solutions at 1-866-399-0928** for assistance to send the 72 hour supply for payment.

Exclusions

Only drug categories listed on the Peach State Health Plan IPC-PDL are covered for Inter-Pregnancy Care women. All other drug categories are not covered.

Drugs Covered Under the Medical Benefit

Peach State Health Plan covers some vaccines and medicines under the medical benefit for Planning for Healthy Babies: Inter-Pregnancy Care. These medicines cannot be filled at a local pharmacy. The doctor can bill Peach State Health Plan for them. For questions about which vaccines and injectable

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drugs are covered, call Peach State Health Plan's Member Services Department.

Some birth control must be given in the doctor's office. Intrauterine Devices (IUDs), like Mirena, Liletta, Skyla, and Paragard, can be placed during your family planning office visit. . Implantable contraception, called Nexplanon, can be inserted during your family planning office visit too. If you have questions about birth control, ask your doctor.

Over-the-Counter Medications

The Peach State Health Plan IPC-PDL covers some OTC medicines. These OTCs are covered when your doctor writes a prescription for one of them.

Tobacco Cessation Medications

Tobacco Cessation is when you quit smoking cigarettes. These are the medicines Peach State Health Plan covers: generic nicotine replacement products (gum, lozenges, and patches) and bupropion SR (Zyban). You will need a prescription from your doctor for these medicines.

Generic Drugs

Brand-name medicines will not be covered without PA when a generic is available. Generic medicines have the same active ingredient, work the same as brand-name medicines. If you or your doctor feels a brand-name medicine is needed, your doctor can ask for PA. We will cover the brand-name medicine if there is a medical reason you need the brand-name. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions will send a letter to you and a fax to your doctor. The letter will have a list of other medicine. It will also tell you about the appeal process.

Filling a Prescription

You can have medicine filled at a Peach State Health Plan pharmacy. You can find a pharmacy by calling Peach State Health Plan Member Services. You can also look for a pharmacy close to you using the Provider-Lookup tool on the website. You will need to give the pharmacist your prescription and Peach State Health Plan ID card.

Ordering, Prescribing and Referring (OPR) Provider Requirements

Georgia Medicaid and the Center for Medicaid and Medicare Services (CMS) want your doctor to be listed with Georgia Medicaid. Peach State Health Plan and Envolve Pharmacy Solutions check pharmacy claims to be sure the doctor on your prescription is known to Georgia Medicaid. If your prescription is written by a non-registered doctor, the prescription will be rejected. Pharmacies will also get a claims message if their store is not listed with Georgia Medicaid.

Copayments

Co-pays are not required for Planning for Healthy Babies women.

Contact Information

Peach State Health Plan Member Services: 1-800-704-1484
 Fax: 1-800-659-7518

Peach State Health Plan Member Services TTY/TDD: 1-800-255-0056

Envolve Pharmacy Solutions Prior Authorizations: 1-866-399-0928
 Fax: **1-877-386-4695**

Envolve Pharmacy Solutions – RxAdvance Pharmacy Help Desk: 1-800-518-5973

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
<i>P</i>	Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	Age Limit: Drug is limited to a specific age
<i>PA</i>	Prior Authorization: Review required before prescription can be filled
<i>QL</i>	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both prescription and over the counter coverage
<i>SP</i>	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
<i>ST</i>	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	Short-acting opioid medicines can only be filled for 7-days at a time. This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records.
<i>ADHD</i>	First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12, after 30 days can be filled. Edit resets if no fills in 4 months.
<i>Test Strips</i>	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days

Drug Name	Drug Tier	Drug Restriction
ALTERNATIVE THERAPY		
ALTERNATIVE THERAPY - ANTIOXIDANT		
Macuvite With Lutein 5,000 unit-60 mg-30 unit-2 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Prosight 5,000 unit-60 mg-30 unit tablet	P	Rx;QL(Allowed 1 per 1 day)
Vision Formula-2 250 mg-200 unit-40 mg-1 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
ALTERNATIVE THERAPY - UNCLASSIFIED		
ginger extract 250 mg capsule	P	Rx;QL(Allowed 4 per 1 day)
Methacholine with Liver 110 mg-83 mg-240 mg-86 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
PHYTOMULTI 3 MG-3 MG-200 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC		
ANALGESIC OPIOID AGONISTS		
codeine sulfate 15 mg tablet	P	Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day);Clinical Edit: Opioid
codeine sulfate 30 mg tablet	P	Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day);Clinical Edit: Opioid

Drug Name	Drug Tier	Drug Restriction
codeine sulfate 60 mg tablet	P	Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day);Clinical Edit: Opioid
fentanyl 100 mcg/hr transdermal patch	P	Rx;QL(Allowed 10 per 30 days)
fentanyl 12 mcg/hr transdermal patch	P	Rx;QL(Allowed 10 per 30 days)
fentanyl 25 mcg/hr transdermal patch	P	Rx;QL(Allowed 10 per 30 days)
fentanyl 50 mcg/hr transdermal patch	P	Rx;QL(Allowed 10 per 30 days)
fentanyl 75 mcg/hr transdermal patch	P	Rx;QL(Allowed 10 per 30 days)
hydromorphone 2 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
hydromorphone 3 mg rectal suppository	P	Rx;QL(Allowed 2 per 1 day);Clinical Edit: Opioid
hydromorphone 4 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
hydromorphone 8 mg tablet	P	Rx;QL(Allowed 4 per 1 day);Clinical Edit: Opioid

Drug Name	Drug Tier	Drug Restriction
meperidine 100 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
meperidine 50 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
meperidine 50 mg/5 mL oral solution	P	Rx;QL(Allowed 30 per 1 day);Clinical Edit: Opioid
methadone 10 mg tablet	P	Rx;QL(Allowed 10 per 1 day)
methadone 5 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
morphine 10 mg rectal suppository	P	Rx;QL(Allowed 18 per Rx);Clinical Edit: Opioid
morphine 10 mg/5 mL oral solution	P	Rx;QL(Allowed 21.4 per 1 day);Clinical Edit: Opioid
morphine 15 mg immediate release tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
morphine 20 mg rectal suppository	P	Rx;QL(Allowed 18 per Rx);Clinical Edit: Opioid
morphine 20 mg/5 mL (4 mg/mL) oral solution	P	Rx;QL(Allowed 21.4 per 1 day);Clinical Edit: Opioid
morphine 30 mg immediate release tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid

Drug Name	Drug Tier	Drug Restriction
morphine 30 mg rectal suppository	P	Rx;QL(Allowed 18 per Rx);Clinical Edit: Opioid
morphine 5 mg rectal suppository	P	Rx;QL(Allowed 18 per Rx);Clinical Edit: Opioid
morphine concentrate 100 mg/5 mL (20 mg/mL) oral solution	P	Rx;QL(Allowed 240 per Rx);Clinical Edit: Opioid
morphine ER 100 mg tablet,extended release	P	Rx;QL(Allowed 3 per 1 day)
morphine ER 15 mg tablet,extended release	P	Rx;QL(Allowed 3 per 1 day)
morphine ER 200 mg tablet,extended release	P	Rx;QL(Allowed 3 per 1 day)
morphine ER 30 mg tablet,extended release	P	Rx;QL(Allowed 3 per 1 day)
morphine ER 60 mg tablet,extended release	P	Rx;QL(Allowed 3 per 1 day)
oxycodone 10 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid

Drug Name	Drug Tier	Drug Restriction
oxycodone 15 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
oxycodone 20 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
oxycodone 20 mg/mL oral concentrate	P	Rx;QL(Allowed 90 per Rx);Clinical Edit: Opioid
oxycodone 30 mg tablet	P	Rx;QL(Allowed 4 per 1 day);Clinical Edit: Opioid
oxycodone 5 mg capsule	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
oxycodone 5 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
oxycodone 5 mg/5 mL oral solution	P	Rx;QL(Allowed 30 per 1 day);Clinical Edit: Opioid
oxycodone ER 10 mg tablet, crush resistant, extended release 12 hr	P	Rx;QL(Allowed 2 per 1 day)
oxycodone ER 15 mg tablet, crush resistant, extended release 12 hr	P	Rx;QL(Allowed 2 per 1 day)
oxycodone ER 20 mg tablet, crush resistant, extended release 12 hr	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
oxycodone ER 30 mg tablet, crush resistant, extended release 12 hr	P	Rx;QL(Allowed 2 per 1 day)
oxycodone ER 40 mg tablet, crush resistant, extended release 12 hr	P	Rx;QL(Allowed 2 per 1 day)
oxycodone ER 60 mg tablet, crush resistant, extended release 12 hr	P	Rx;QL(Allowed 2 per 1 day)
oxycodone ER 80 mg tablet, crush resistant, extended release 12 hr	P	Rx;QL(Allowed 2 per 1 day)
OXYCONTIN 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	P	Rx;QL(Allowed 2 per 1 day)
OXYCONTIN 15 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	P	Rx;QL(Allowed 2 per 1 day)
OXYCONTIN 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	P	Rx;QL(Allowed 2 per 1 day)
OXYCONTIN 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
OXYCONTIN 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	P	Rx; QL(Allowed 2 per 1 day)
OXYCONTIN 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	P	Rx; QL(Allowed 2 per 1 day)
OXYCONTIN 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE	P	Rx; QL(Allowed 2 per 1 day)
tramadol 50 mg tablet	P	Rx; AL(Minimum Age 18); QL(Allowed 4 per 1 day); Clinical Edit: Opioid
ANALGESIC OPIOID CODEINE COMBINATIONS		
acetaminophen 120 mg-codeine 12 mg/5 mL (5 mL) oral solution	P	Rx; AL(Minimum Age 12); QL(Allowed 30 per 1 day); Clinical Edit: Opioid
acetaminophen 120 mg-codeine 12 mg/5 mL oral solution	P	Rx; AL(Minimum Age 12); QL(Allowed 30 per 1 day); Clinical Edit: Opioid
acetaminophen 300 mg-codeine 15 mg tablet	P	Rx; AL(Minimum Age 12); QL(Allowed 6 per 1 day); Clinical Edit: Opioid
acetaminophen 300 mg-codeine 30 mg tablet	P	Rx; AL(Minimum Age 12); QL(Allowed 6 per 1 day); Clinical Edit: Opioid

Drug Name	Drug Tier	Drug Restriction
acetaminophen 300 mg-codeine 30 mg/12.5 mL (12.5 mL) oral solution	P	Rx; AL(Minimum Age 12); QL(Allowed 30 per 1 day); Clinical Edit: Opioid
acetaminophen 300 mg-codeine 60 mg tablet	P	Rx; AL(Minimum Age 12); QL(Allowed 6 per 1 day); Clinical Edit: Opioid
ASCOMP WITH CODEINE 30 MG- 50 MG-325 MG- 40 MG CAPSULE	P	Rx; AL(Minimum Age 12); QL(Allowed 4 per 1 day); Clinical Edit: Opioid
butalbital 50 mg- acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap	P	Rx; AL(Minimum Age 12); QL(Allowed 4 per 1 day); Clinical Edit: Opioid
Butalbital Compound with Codeine 30 mg- 50 mg-325 mg-40 mg capsule	P	Rx; AL(Minimum Age 12); QL(Allowed 4 per 1 day); Clinical Edit: Opioid
codeine- butalbital-ASA- caffeine 30 mg- 50 mg-325 mg-40 mg capsule	P	Rx; AL(Minimum Age 12); QL(Allowed 4 per 1 day); Clinical Edit: Opioid
ANALGESIC OPIOID HYDROCODONE AND NON- SALICYLATE COMBINATIONS		
hydrocodone 10 mg- acetaminophen 325 mg tablet	P	Rx; QL(Allowed 6 per 1 day); Clinical Edit: Opioid

Drug Name	Drug Tier	Drug Restriction
hydrocodone 5 mg-acetaminophen 325 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
hydrocodone 7.5 mg-acetaminophen 325 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
hydrocodone 7.5 mg-acetaminophen 325 mg/15 mL oral solution	P	Rx;QL(Allowed 180 per 1 day);Clinical Edit: Opioid
LORCET (HYDROCODONE) 5 MG-325 MG TABLET	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
LORCET HD 10 MG-325 MG TABLET	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
LORCET PLUS 7.5 MG-325 MG TABLET	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS		
ENDOCET 10 MG-325 MG TABLET	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
ENDOCET 5 MG-325 MG TABLET	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
ENDOCET 7.5 MG-325 MG TABLET	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid

Drug Name	Drug Tier	Drug Restriction
oxycodone-acetaminophen 10 mg-325 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
OXYCODONE-ACETAMINOPHEN 5 MG-325 MG TABLET	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
oxycodone-acetaminophen 5 mg-325 mg/5 mL oral solution	P	Rx;QL(Allowed 30 per 1 day);Clinical Edit: Opioid
oxycodone-acetaminophen 7.5 mg-325 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
ANALGESIC OPIOID OXYCODONE AND SALICYLATE COMBINATIONS		
oxycodone-aspirin 4.8355 mg-325 mg tablet	P	Rx;QL(Allowed 6 per 1 day);Clinical Edit: Opioid
ANALGESIC OPIOID PARTIAL-MIXED AGONISTS		
BELBUCA 150 MCG BUCCAL FILM	P	Rx
BELBUCA 300 MCG BUCCAL FILM	P	Rx
BELBUCA 450 MCG BUCCAL FILM	P	Rx
BELBUCA 600 MCG BUCCAL FILM	P	Rx

Drug Name	Drug Tier	Drug Restriction
BELBUCA 75 MCG BUCCAL FILM	P	Rx
BELBUCA 750 MCG BUCCAL FILM	P	Rx
BELBUCA 900 MCG BUCCAL FILM	P	Rx
buprenorphine HCl 0.3 mg/mL injection solution	P	PA;Rx
buprenorphine HCl 0.3 mg/mL injection syringe	P	PA;Rx
ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS		
tramadol 37.5 mg- acetaminophen 325 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 4 per 1 day);Clinical Edit: Opioid
ANALGESIC OR ANTIPYRETIC NON-OPIOID		
Acephen 120 mg rectal suppository	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)
ACEPHEN 325 MG RECTAL SUPPOSITORY	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)
Acephen 650 mg rectal suppository	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)
acetaminophen 120 mg rectal suppository	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)

Drug Name	Drug Tier	Drug Restriction
acetaminophen 160 mg chewable tablet	P	OTC
acetaminophen 160 mg/5 mL (5 mL) oral solution	P	OTC
acetaminophen 160 mg/5 mL (5 mL) oral suspension	P	OTC
acetaminophen 160 mg/5 mL oral elixir	P	OTC
acetaminophen 160 mg/5 mL oral liquid	P	OTC
acetaminophen 160 mg/5 mL oral suspension	P	OTC
acetaminophen 325 mg tablet	P	OTC
acetaminophen 325 mg/10.15 mL oral solution	P	OTC
acetaminophen 500 mg tablet	P	OTC
acetaminophen 650 mg rectal suppository	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)

Drug Name	Drug Tier	Drug Restriction
acetaminophen 650 mg/20.3 mL oral solution	P	OTC
ACETAMINOPHEN 80 MG CHEWABLE TABLET	P	OTC
acetaminophen 80 mg/0.8 mL oral drops,suspension	P	OTC
Acetaminophen Extra Strength 500 mg tablet	P	OTC
Acetaminophen Pain Relief 500 mg tablet	P	OTC
Athenol 325 mg tablet	P	OTC
BETATEMP 160 MG/5 ML ORAL SUSPENSION	P	OTC
Children's Acetaminophen 160 mg chewable tablet	P	OTC
Children's Acetaminophen 160 mg/5 mL (5 mL) oral suspension	P	OTC

Drug Name	Drug Tier	Drug Restriction
Children's Acetaminophen 160 mg/5 mL oral suspension	P	OTC
Children's Acetaminophen 80 mg chewable tablet	P	OTC
CHILDREN'S FEVER REDUCING 120 MG RECTAL SUPPOSITORY	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)
Children's Mapap 160 mg chewable tablet	P	OTC
CHILDREN'S MAPAP 80 MG CHEWABLE TABLET	P	OTC
CHILDREN'S NON-ASPIRIN 160 MG/5 ML ORAL SUSPENSION	P	OTC
CHILDREN'S NON-ASPIRIN 80 MG CHEWABLE TABLET	P	OTC
Children's Pain and Fever Relief 160 mg chewable tablet	P	OTC

Drug Name	Drug Tier	Drug Restriction
Children's Pain and Fever Relief 160 mg/5 mL oral liquid	P	OTC
Children's Pain and Fever Relief 160 mg/5 mL oral suspension	P	OTC
Children's Pain and Fever Relief 80 mg chewable tablet	P	OTC
Children's Pain Relief 160 mg chewable tablet	P	OTC
Children's Pain Relief 160 mg/5 mL oral suspension	P	OTC
Children's Pain Reliever 160 mg/5 mL oral suspension	P	OTC
Children's Pain Reliever and Fever Reducer 120 mg rectal suppository	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)
Children's Q-PAP 160 mg/5 mL oral suspension	P	OTC
CHILDREN'S SILAPAP 160 MG/5 ML ORAL LIQUID	P	OTC

Drug Name	Drug Tier	Drug Restriction
Children's Tactinal 80 mg chewable tablet	P	OTC
Ed-APAP 160 mg/5 mL oral liquid	P	OTC
FEVER REDUCER 120 MG RECTAL SUPPOSITORY	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)
Fever Reducer an Pain Reliever 160 mg/5 mL oral suspension	P	OTC
FEVERALL 120 MG RECTAL SUPPOSITORY	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)
FEVERALL 325 MG RECTAL SUPPOSITORY	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)
FEVERALL 650 MG RECTAL SUPPOSITORY	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)
Infant Fever Reducer-Pain Relief 160 mg/5 mL oral suspension	P	OTC
Infant Pain Reliever 160 mg/5 mL oral suspension	P	OTC

Drug Name	Drug Tier	Drug Restriction
Infant's Acetaminophen 160 mg/5 mL oral suspension	P	OTC
Infants' Pain and Fever 160 mg/5 mL oral suspension	P	OTC
Infants' Pain Relief 160 mg/5 mL oral suspension	P	OTC
INFANT'S PAIN RELIEF 160 MG/5 ML ORAL SUSPENSION	P	OTC
Little Remedies Fever and Pain Reliever 160 mg/5 mL oral liquid	P	OTC
Mapap (acetaminophen) 160 mg/5 mL oral liquid	P	OTC
MAPAP (ACETAMINOPHEN) 160 MG/5 ML ORAL SUSPENSION	P	OTC
MAPAP (ACETAMINOPHEN) 325 MG TABLET	P	OTC

Drug Name	Drug Tier	Drug Restriction
Mapap Extra Strength 500 mg tablet	P	OTC
Non-Aspirin 160 mg/5 mL oral suspension	P	OTC
NON-ASPIRIN 325 MG TABLET	P	OTC
NON-ASPIRIN 80 MG CHEWABLE TABLET	P	OTC
NON-ASPIRIN CHILDREN'S 80 MG CHEWABLE TABLET	P	OTC
NON-ASPIRIN EXTRA STRENGTH 500 MG TABLET	P	OTC
Non-Aspirin Jr Strength 160 mg chewable tablet	P	OTC
NON-ASPIRIN PAIN RELIEF 500 MG TABLET	P	OTC
Nortemp 160 mg/5 mL oral suspension	P	OTC
Nortemp 80 mg/0.8 mL oral drops	P	OTC

Drug Name	Drug Tier	Drug Restriction
Pain and Fever 325 mg tablet	P	OTC
Pain and Fever 500 mg tablet	P	OTC
PAIN RELIEF 160 MG/5 ML ORAL LIQUID	P	OTC
Pain Relief 500 mg tablet	P	OTC
PAIN RELIEF EXTRA STRENGTH 500 MG TABLET	P	OTC
PAIN RELIEF REGULAR STRENGTH 325 MG TABLET	P	OTC
Pain Reliever 325 mg tablet	P	OTC
PAIN RELIEVER 500 MG CAPSULE	P	OTC
Pain Reliever 500 mg tablet	P	OTC
PAIN RELIEVER EXTRA STRENGTH 500 MG TABLET	P	OTC

Drug Name	Drug Tier	Drug Restriction
PEDIACARE FEVER REDUCER 160 MG/5 ML ORAL SUSPENSION	P	OTC
Pharbetol 325 mg tablet	P	OTC
Pharbetol 500 mg tablet	P	OTC
Q-PAP 325 MG TABLET	P	OTC
Q-PAP 500 MG TABLET	P	OTC
Q-PAP EXTRA STRENGTH 500 MG TABLET	P	OTC
Shake That Ache 500 mg tablet	P	OTC
Tactinal 325 mg tablet	P	OTC
Tactinal Extra Strength 500 mg tablet	P	OTC
ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS		
butalbital-acetaminophen 50 mg-325 mg tablet	P	Rx;AL(Minimum Age 12);QL(Allowed 4 per 1 day)

Drug Name	Drug Tier	Drug Restriction
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg capsule	P	Rx;AL(Minimum Age 12);QL(Allowed 4 per 1 day)
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet	P	Rx;AL(Minimum Age 12);QL(Allowed 4 per 1 day)
CAPACET 50 MG-325 MG-40 MG CAPSULE	P	Rx;AL(Minimum Age 12);QL(Allowed 4 per 1 day)
ESGIC 50 MG-325 MG-40 MG CAPSULE	P	Rx;AL(Minimum Age 12);QL(Allowed 4 per 1 day)
MARTEN-TAB 50 MG-325 MG TABLET	P	Rx;AL(Minimum Age 12);QL(Allowed 4 per 1 day)
TENCON 50 MG-325 MG TABLET	P	Rx;AL(Minimum Age 12);QL(Allowed 4 per 1 day)
ZEBUTAL 50 MG-325 MG-40 MG CAPSULE	P	Rx;AL(Minimum Age 12);QL(Allowed 4 per 1 day)
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, NON-SELECTIVE		
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION	P	PA;Rx;SP

Drug Name	Drug Tier	Drug Restriction
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE	P	PA;Rx;SP
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE	P	PA;Rx;SP
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;SP
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, TNF-ALPHA SELECTIVE		
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	P	PA;Rx;SP
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	P	PA;Rx;SP
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	P	PA;Rx;SP
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	P	PA;Rx;SP

Drug Name	Drug Tier	Drug Restriction
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	P	PA;Rx;SP
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT	P	PA;Rx;SP
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT	P	PA;Rx;SP
DMARD - JANUS KINASE (JAK) INHIBITORS		
RINVOQ ER 15 MG TABLET,EXTENDED RELEASE	P	PA;Rx;SP
XELJANZ 5 MG TABLET	P	PA;Rx;SP
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE	P	PA;Rx;SP
DMARD - PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
leflunomide 20 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER		

Drug Name	Drug Tier	Drug Restriction
ketorolac 10 mg tablet	P	Rx;AL(Minimum Age 17);QL(QL Overtime: Allowed 20 over 30 days)
ketorolac 15 mg/mL injection cartridge	P	Rx
ketorolac 15 mg/mL injection solution	P	Rx
ketorolac 15 mg/mL injection syringe	P	Rx
ketorolac 30 mg/mL (1 mL) injection solution	P	Rx
ketorolac 30 mg/mL injection cartridge	P	Rx
ketorolac 30 mg/mL injection syringe	P	Rx
nabumetone 500 mg tablet	P	Rx
nabumetone 750 mg tablet	P	Rx
sulindac 150 mg tablet	P	Rx
sulindac 200 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES		
meloxicam 15 mg tablet	P	Rx
meloxicam 7.5 mg tablet	P	Rx
piroxicam 10 mg capsule	P	Rx
piroxicam 20 mg capsule	P	Rx
NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES		
diclofenac potassium 50 mg tablet	P	Rx
diclofenac sodium 25 mg tablet, delayed release	P	Rx
diclofenac sodium 50 mg tablet, delayed release	P	Rx
diclofenac sodium 75 mg tablet, delayed release	P	Rx
NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES		
ADVIL 100 MG CHEWABLE TABLET	P	OTC

Drug Name	Drug Tier	Drug Restriction
All Day Pain Relief 220 mg tablet	P	OTC;QL(Allowed 2 per 1 day)
ALL DAY RELIEF 220 MG TABLET	P	OTC;QL(Allowed 2 per 1 day)
Child Ibuprofen 100 mg/5 mL oral suspension	P	OTC
Children's Ibuprofen 100 mg/5 mL oral suspension	P	OTC
CHILDREN'S PROFEN IB 100 MG/5 ML ORAL SUSPENSION	P	OTC
fenoprofen 400 mg capsule	P	Rx
FENORTHO 400 MG CAPSULE	P	Rx
Flanax (naproxen) 220 mg tablet	P	OTC;QL(Allowed 2 per 1 day)
flurbiprofen 100 mg tablet	P	Rx
flurbiprofen 50 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
IBU 400 MG TABLET	P	Rx
IBU 600 MG TABLET	P	Rx
IBU 800 MG TABLET	P	Rx
IBU-200 200 MG TABLET	P	OTC
Ibu-Drops 50 mg/1.25 mL oral drops,suspension	P	OTC
ibuprofen 100 mg chewable tablet	P	OTC
ibuprofen 100 mg/5 mL oral suspension	P	OTC
ibuprofen 200 mg tablet	P	OTC
ibuprofen 400 mg tablet	P	Rx
ibuprofen 50 mg/1.25 mL oral drops,suspension	P	OTC
ibuprofen 600 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
ibuprofen 800 mg tablet	P	Rx
Ibuprofen IB 100 mg chewable tablet	P	OTC
Ibuprofen IB 200 mg tablet	P	OTC
Ibuprofen Jr Strength 100 mg chewable tablet	P	OTC
Infants Ibu-Drops 50 mg/1.25 mL oral drops,suspension	P	OTC
Infant's Ibuprofen 50 mg/1.25 mL oral drops,suspension	P	OTC
Infants ProfenIB 50 mg/1.25 mL oral drops,suspension	P	OTC
I-Prin 200 mg tablet	P	OTC
Mediproxen 220 mg tablet	P	OTC;QL(Allowed 2 per 1 day)
MOTRIN IB 200 MG TABLET	P	OTC

Drug Name	Drug Tier	Drug Restriction
NALFON 400 MG CAPSULE	P	Rx
naproxen 125 mg/5 mL oral suspension	P	Rx
naproxen 250 mg tablet	P	Rx
naproxen 375 mg tablet	P	Rx
naproxen 500 mg tablet	P	Rx
naproxen sodium 220 mg tablet	P	OTC;QL(Allowed 2 per 1 day)
naproxen sodium 275 mg tablet	P	Rx
naproxen sodium 550 mg tablet	P	Rx
Provil 200 mg tablet	P	OTC
Wal-Profen 200 mg tablet	P	OTC
Wal-Proxen 220 mg tablet	P	OTC;QL(Allowed 2 per 1 day)
NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES		

Drug Name	Drug Tier	Drug Restriction
etodolac 200 mg capsule	P	Rx
etodolac 300 mg capsule	P	Rx
etodolac 400 mg tablet	P	Rx
etodolac 500 mg tablet	P	Rx
INDOCIN 25 MG/5 ML ORAL SUSPENSION	P	Rx
INDOCIN 50 MG RECTAL SUPPOSITORY	P	Rx
indomethacin 25 mg capsule	P	Rx;Clinical Edit: Opioid
indomethacin 50 mg capsule	P	Rx
SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS		
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 4 per 1 day);Clinical Edit: Opioid
SALICYLATE ANALGESICS		
aspirin 300 mg rectal suppository	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)

Drug Name	Drug Tier	Drug Restriction
ASPIRIN 325 MG TABLET	P	OTC
aspirin 325 mg tablet, delayed release	P	OTC
aspirin 600 mg rectal suppository	P	OTC; QL (QL Overtime: Allowed 12 over 30 days)
BAYER ASPIRIN 325 MG TABLET	P	OTC
diflunisal 500 mg tablet	P	Rx
E.C. PRIN 325 MG TABLET, DELAYED RELEASE	P	OTC
ECOTRIN 325 MG TABLET, ENTERIC COATED	P	OTC
LITE COAT ASPIRIN 325 MG TABLET	P	OTC
salsalate 500 mg tablet	P	Rx
salsalate 750 mg tablet	P	Rx
SALICYLATE ANALGESICS, BUFFERED		
aspirin, buffered 325 mg tablet	P	OTC

Drug Name	Drug Tier	Drug Restriction
TRI-BUFFERED ASPIRIN 325 MG TABLET	P	OTC
ANESTHETICS		
GENERAL ANESTHETIC - PARENTERAL, BENZODIAZEPINES		
midazolam (PF) 1 mg/mL injection solution	P	Rx
midazolam (PF) 2 mg/2 mL (1 mg/mL) injection cartridge	P	Rx
midazolam (PF) 2 mg/2 mL (1 mg/mL) injection syringe	P	Rx
midazolam (PF) 5 mg/mL injection cartridge	P	Rx
midazolam (PF) 5 mg/mL injection solution	P	Rx
midazolam (PF) 5 mg/mL injection syringe	P	Rx
midazolam 1 mg/mL injection solution	P	Rx
midazolam 5 mg/mL injection solution	P	Rx
ANORECTAL PREPARATIONS		
ANORECTAL - GLUCOCORTICOIDS		

Drug Name	Drug Tier	Drug Restriction
hydrocortisone 2.5 % topical cream with perineal applicator	P	Rx
PROCTO-MED HC 2.5 % TOPICAL CREAM PERINEAL APPLICATOR	P	Rx
PROCTOSOL HC 2.5 % TOPICAL CREAM PERINEAL APPLICATOR	P	Rx
PROCTOZONE-HC 2.5 % TOPICAL CREAM PERINEAL APPLICATOR	P	Rx
ANORECTAL - HEMORRHOIDAL COMBINATIONS OTHER		
Hemorrhoid ointment	P	OTC
HEMORRHOIDAL 0.25 %-3 % RECTAL SUPPOSITORY	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)
Hemorrhoidal H rectal suppository	P	OTC;QL(QL Overtime: Allowed 12 over 30 days)
HEMORRHOIDAL OINTMENT	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)
ANORECTAL - LOCAL ANESTHETIC AMIDES		

Drug Name	Drug Tier	Drug Restriction
NUPERCAINAL 1 % OINTMENT	P	OTC;QL(Allowed 56.7 per Rx)
ANTIDOTES AND OTHER REVERSAL AGENTS		
ANTICOAGULANT REVERSAL AGENT FOR FACTOR XA INHIBITORS		
ANDEXXA 200 MG INTRAVENOUS SOLUTION	P	PA;Rx;SP
CHELATING AGENTS - COPPER		
DEPEN TITRATABS 250 MG TABLET	P	Rx
CHELATING AGENTS - IRON		
FERRIPROX 1,000 MG TABLET	P	PA;Rx;SP
JADENU 180 MG TABLET	P	PA;Rx;SP
JADENU 360 MG TABLET	P	PA;Rx;SP
JADENU 90 MG TABLET	P	PA;Rx;SP
CHELATING AGENTS - LEAD POISONING		
CHEMET 100 MG CAPSULE	P	Rx
OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS		
naloxone 0.4 mg/mL injection solution	P	Rx;QL(QL Overtime: Allowed 2 over 90 days)

Drug Name	Drug Tier	Drug Restriction
naloxone 0.4 mg/mL injection syringe	P	Rx;QL(QL Overtime: Allowed 2 over 90 days)
naloxone 1 mg/mL injection syringe	P	Rx;QL(QL Overtime: Allowed 4 over 90 days)
naltrexone 50 mg tablet	P	Rx
NARCAN 4 MG/ACTUATION NASAL SPRAY	P	Rx;QL(QL Overtime: Allowed 4 over 90 days)
ANTI-INFECTIVE AGENTS		
AMINOGLYCOSIDE ANTIBIOTIC		
neomycin 500 mg tablet	P	Rx
tobramycin 1.2 gram solution for injection	P	PA;Rx
tobramycin 10 mg/mL injection solution	P	PA;Rx
tobramycin 40 mg/mL injection solution	P	PA;Rx
AMINOPENICILLIN ANTIBIOTIC		
amoxicillin 125 mg chewable tablet	P	Rx
amoxicillin 125 mg/5 mL oral suspension	P	Rx

Drug Name	Drug Tier	Drug Restriction
amoxicillin 200 mg/5 mL oral suspension	P	Rx
amoxicillin 250 mg capsule	P	Rx
amoxicillin 250 mg chewable tablet	P	Rx
amoxicillin 250 mg/5 mL oral suspension	P	Rx
amoxicillin 400 mg/5 mL oral suspension	P	Rx
amoxicillin 500 mg capsule	P	Rx
amoxicillin 875 mg tablet	P	Rx
ampicillin 125 mg/5 mL oral suspension	P	Rx
ampicillin 250 mg capsule	P	Rx
ampicillin 250 mg/5 mL oral suspension	P	Rx
ampicillin 500 mg capsule	P	Rx

Drug Name	Drug Tier	Drug Restriction
AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS		
amoxicillin 200 mg-potassium clavulanate 28.5 mg chewable tablet	P	Rx;QL(Allowed 20 per Rx)
amoxicillin 200 mg-potassium clavulanate 28.5 mg/5 mL oral suspension	P	Rx;QL(Allowed 100 per Rx)
amoxicillin 250 mg-potassium clavulanate 125 mg tablet	P	Rx;QL(Allowed 30 per Rx)
amoxicillin 250 mg-potassium clavulanate 62.5 mg/5 mL oral suspension	P	Rx;QL(Allowed 150 per Rx)
amoxicillin 400 mg-potassium clavulanate 57 mg chewable tablet	P	Rx;QL(Allowed 20 per Rx)
amoxicillin 400 mg-potassium clavulanate 57 mg/5 mL oral suspension	P	Rx;QL(Allowed 200 per Rx)
amoxicillin 500 mg-potassium clavulanate 125 mg tablet	P	Rx;QL(Allowed 30 per Rx)

Drug Name	Drug Tier	Drug Restriction
amoxicillin 600 mg-potassium clavulanate 42.9 mg/5 mL oral suspension	P	Rx;QL(Allowed 200 per Rx)
amoxicillin 875 mg-potassium clavulanate 125 mg tablet	P	Rx;QL(Allowed 20 per Rx)
amoxicillin-potassium clavulanate 1,000 mg-62.5 mg tablet,ext.rel 12hr	P	Rx;QL(QL Overtime: Allowed 40 over 30 days)
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION	P	Rx;QL(Allowed 150 per Rx)
ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES		
EMVERM 100 MG CHEWABLE TABLET	P	Rx;QL(QL Overtime: Allowed 1 over 14 days)
ANTHELMINTIC AGENTS OTHER		
Pinworm Treatment 50 mg/mL oral suspension	P	OTC;QL(Allowed 60 per Rx)
PIN-X 250 MG CHEWABLE TABLET	P	OTC
PIN-X 50 MG/ML ORAL SUSPENSION	P	OTC

Drug Name	Drug Tier	Drug Restriction
REESE'S PINWORM MEDICINE 50 MG/ML ORAL SUSPENSION	P	OTC;QL(Allowed 60 per Rx)
ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS		
sulfamethoxazole 200 mg- trimethoprim 40 mg/5 mL oral suspension	P	Rx
sulfamethoxazole 400 mg- trimethoprim 80 mg tablet	P	Rx
sulfamethoxazole 800 mg- trimethoprim 160 mg tablet	P	Rx
SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION	P	Rx
ANTIBACTERIAL FOLATE ANTAGONIST OTHERS		
trimethoprim 100 mg tablet	P	Rx
ANTIFUNGAL - ALLYLAMINES		
terbinafine HCl 250 mg tablet	P	Rx;QL(QL Overtime: Allowed 90 over 120 days)
ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES		
nystatin 500,000 unit tablet	P	Rx;QL(Allowed 6 per 1 day)

Drug Name	Drug Tier	Drug Restriction
ANTIFUNGAL - TRIAZOLES		
fluconazole 10 mg/mL oral suspension	P	Rx;QL(Allowed 70 per Rx)
fluconazole 100 mg tablet	P	Rx
fluconazole 150 mg tablet	P	Rx;QL(Allowed 2 per Rx)
fluconazole 200 mg tablet	P	Rx
fluconazole 40 mg/mL oral suspension	P	Rx;QL(Allowed 70 per Rx)
fluconazole 50 mg tablet	P	Rx;QL(QL Overtime: Allowed 3 over 14 days)
itraconazole 100 mg capsule	P	PA;Rx;QL(Allowed 1 per 1 day)
ANTIFUNGAL OTHER		
griseofulvin microsize 125 mg/5 mL oral suspension	P	Rx
griseofulvin microsize 500 mg tablet	P	Rx
griseofulvin ultramicrosize 125 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
griseofulvin ultramicrosized 250 mg tablet	P	Rx
ANTILEPROTIC - SULFONE AGENTS		
dapsone 100 mg tablet	P	Rx
dapsone 25 mg tablet	P	Rx
ANTIMALARIAL COMBINATIONS		
COARTEM 20 MG-120 MG TABLET	P	Rx;QL(Allowed 24 per Rx)
ANTIMALARIALS		
chloroquine 250 mg tablet	P	Rx
chloroquine 500 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
hydroxychloroquine 200 mg tablet	P	Rx
KRINTAFEL 150 MG TABLET	P	Rx;QL(QL Overtime: Allowed 2 over 30 days)
mefloquine 250 mg tablet	P	Rx
primaquine 26.3 mg tablet	P	Rx
ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE		

Drug Name	Drug Tier	Drug Restriction
metronidazole 250 mg tablet	P	Rx
metronidazole 500 mg tablet	P	Rx
ANTIRETROVIRAL - CCR5 CO-RECEPTOR ANTAGONIST		
SELZENTRY 150 MG TABLET	P	Rx;QL(Allowed 2 per 1 day)
SELZENTRY 20 MG/ML ORAL SOLUTION	P	Rx;QL(Allowed 35 per 1 day)
SELZENTRY 25 MG TABLET	P	Rx;QL(Allowed 2 per 1 day)
SELZENTRY 300 MG TABLET	P	Rx;QL(Allowed 4 per 1 day)
SELZENTRY 75 MG TABLET	P	Rx;QL(Allowed 2 per 1 day)
ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS		
ISENTRESS 100 MG CHEWABLE TABLET	P	Rx;QL(Allowed 6 per 1 day)
ISENTRESS 100 MG ORAL POWDER PACKET	P	Rx;QL(Allowed 2 per 1 day)
ISENTRESS 25 MG CHEWABLE TABLET	P	Rx;QL(Allowed 12 per 1 day)

Drug Name	Drug Tier	Drug Restriction
ISENTRESS 400 MG TABLET	P	Rx;QL(Allowed 2 per 1 day)
ISENTRESS HD 600 MG TABLET	P	Rx;QL(Allowed 2 per 1 day)
TIVICAY 50 MG TABLET	P	Rx;QL(Allowed 2 per 1 day)
ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMBINATIONS		
JULUCA 50 MG-25 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI)		
EDURANT 25 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
efavirenz 200 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
efavirenz 50 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
efavirenz 600 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
INTELENCE 100 MG TABLET	P	Rx;QL(Allowed 4 per 1 day)
INTELENCE 200 MG TABLET	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
INTELENCE 25 MG TABLET	P	Rx;QL(Allowed 4 per 1 day)
nevirapine 200 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
nevirapine 50 mg/5 mL oral suspension	P	Rx;QL(Allowed 40 per 1 day)
nevirapine ER 100 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 3 per 1 day)
nevirapine ER 400 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
PIFELTRO 100 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
RESCRIPTOR 100 MG DISPERSIBLE TABLET	P	Rx;QL(Allowed 12 per 1 day)
RESCRIPTOR 200 MG TABLET	P	Rx;QL(Allowed 6 per 1 day)
ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS		
CIMDUO 300 MG-300 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
DESCOVY 200 MG-25 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
TRUVADA 200 MG-300 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir 20 mg/mL oral solution	P	Rx;QL(Allowed 30 per 1 day)
abacavir 300 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
didanosine 125 mg capsule, delayed release	P	Rx;QL(Allowed 1 per 1 day)
didanosine 200 mg capsule, delayed release	P	Rx;QL(Allowed 1 per 1 day)
didanosine 250 mg capsule, delayed release	P	Rx;QL(Allowed 1 per 1 day)
didanosine 400 mg capsule, delayed release	P	Rx;QL(Allowed 1 per 1 day)
EMTRIVA 10 MG/ML ORAL SOLUTION	P	Rx;QL(Allowed 24 per 1 day)
EMTRIVA 200 MG CAPSULE	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
lamivudine 10 mg/mL oral solution	P	Rx;QL(Allowed 30 per 1 day)
lamivudine 150 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
lamivudine 300 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
stavudine 15 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
stavudine 20 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
stavudine 30 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
stavudine 40 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION	P	Rx;QL(Allowed 20 per 1 day)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION	P	Rx;QL(Allowed 20 per 1 day)
VIDEX EC 125 MG CAPSULE, DELAYED RELEASE	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
ZERIT 1 MG/ML ORAL SOLUTION	P	Rx;QL(Allowed 80 per 1 day)
zidovudine 10 mg/mL oral syrup	P	Rx;QL(Allowed 60 per 1 day)
zidovudine 100 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
zidovudine 300 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS		
tenofovir disoproxil fumarate 300 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
VIREAD 150 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
VIREAD 200 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
VIREAD 250 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER	P	Rx;QL(QL Overtime: Allowed 240 over 30 days)
ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS		

Drug Name	Drug Tier	Drug Restriction
KALETRA 100 MG-25 MG TABLET	P	Rx;QL(Allowed 4 per 1 day)
KALETRA 200 MG-50 MG TABLET	P	Rx;QL(Allowed 6 per 1 day)
lopinavir-ritonavir 400 mg-100 mg/5 mL oral solution	P	Rx;QL(QL Overtime: Allowed 480 over 30 days)
ANTIRETROVIRAL- NUCLEOSIDE AND NUCLEOTIDE ANALOGS,INTEGRASE INHIBITORS		
BIKTARVY 50 MG-200 MG-25 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ANTIRETROVIRAL- NUCLEOSIDE AND NUCLEOTIDE ANALOGS,PROTEASE INHIBITORS		
SYMITUZA 800 MG-150 MG-200 MG-10 MG TABLET	P	ST;Rx;QL(Allowed 1 per 1 day);Try Symfi or Symfi Lo
ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS		
TRIUMEQ 600 MG-50 MG-300 MG TABLET	P	Rx;AL(Minimum Age 18);QL(Allowed 1 per 1 day)
ANTIRETROVIRAL-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB		

Drug Name	Drug Tier	Drug Restriction
abacavir 300 mg-lamivudine 150 mg-zidovudine 300 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
abacavir 600 mg-lamivudine 300 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
lamivudine 150 mg-zidovudine 300 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE ANALOGS AND NON-NUCLEOSIDE RTI		
ATRIPLA 600 MG-200 MG-300 MG TABLET	P	ST;Rx;QL(Allowed 1 per 1 day);Try Symfi or Symfi Lo
COMPLERA 200 MG-25 MG-300 MG TABLET	P	ST;Rx;QL(Allowed 1 per 1 day);Try Symfi or Symfi Lo
DELSTRIGO 100 MG-300 MG-300 MG TABLET	P	ST;Rx;QL(Allowed 1 per 1 day);Try Symfi or Symfi Lo
SYMFI 600 MG-300 MG-300 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
SYMFI LO 400 MG-300 MG-300 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES		
isoniazid 100 mg tablet	P	Rx
isoniazid 300 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
isoniazid 50 mg/5 mL oral solution	P	Rx
ANTITUBERCULAR - NIACINAMIDE DERIVATIVES		
pyrazinamide 500 mg tablet	P	Rx
ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES		
rifampin 150 mg capsule	P	Rx
rifampin 300 mg capsule	P	Rx
ANTITUBERCULAR AGENTS OTHER		
ethambutol 100 mg tablet	P	Rx
ethambutol 400 mg tablet	P	Rx
TRECTOR 250 MG TABLET	P	Rx
CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION		
cefadroxil 1 gram tablet	P	Rx
cefadroxil 250 mg/5 mL oral suspension	P	Rx
cefadroxil 500 mg capsule	P	Rx

Drug Name	Drug Tier	Drug Restriction
cefadroxil 500 mg/5 mL oral suspension	P	Rx
cephalexin 125 mg/5 mL oral suspension	P	Rx
cephalexin 250 mg capsule	P	Rx
cephalexin 250 mg/5 mL oral suspension	P	Rx
cephalexin 500 mg capsule	P	Rx
CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION		
cefaclor 125 mg/5 mL oral suspension	P	Rx
cefaclor 250 mg capsule	P	Rx
cefaclor 250 mg/5 mL oral suspension	P	Rx
cefaclor 375 mg/5 mL oral suspension	P	Rx
cefaclor 500 mg capsule	P	Rx

Drug Name	Drug Tier	Drug Restriction
cefprozil 125 mg/5 mL oral suspension	P	Rx;AL(Maximum Age 12);QL(Allowed 200 per Rx)
cefprozil 250 mg tablet	P	Rx;QL(Allowed 20 per Rx)
cefprozil 250 mg/5 mL oral suspension	P	Rx;AL(Maximum Age 12);QL(Allowed 200 per Rx)
cefprozil 500 mg tablet	P	Rx;QL(Allowed 20 per Rx)
CEFTIN 125 MG/5 ML ORAL SUSPENSION	P	Rx;AL(Maximum Age 12);QL(Allowed 100 per Rx)
CEFTIN 250 MG/5 ML ORAL SUSPENSION	P	Rx;AL(Maximum Age 12);QL(Allowed 100 per Rx)
cefuroxime axetil 250 mg tablet	P	Rx;QL(Allowed 20 per Rx)
cefuroxime axetil 500 mg tablet	P	Rx;QL(Allowed 20 per Rx)
CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION		
cefdinir 125 mg/5 mL oral suspension	P	Rx;QL(Allowed 100 per Rx)
cefdinir 250 mg/5 mL oral suspension	P	Rx;QL(Allowed 100 per Rx)

Drug Name	Drug Tier	Drug Restriction
cefдинир 300 mg capsule	P	Rx;QL(Allowed 20 per Rx)
ceftriaxone 1 gram solution for injection	P	Rx;QL(Allowed 3 per Rx)
ceftriaxone 250 mg solution for injection	P	Rx;QL(Allowed 3 per Rx)
ceftriaxone 500 mg solution for injection	P	Rx;QL(Allowed 3 per Rx)
CMV ANTIVIRAL AGENT - NUCLEOSIDE ANALOGS		
valganciclovir 450 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
FLUOROQUINOLONE ANTIBIOTICS		
ciprofloxacin 100 mg tablet	P	Rx;QL(Allowed 6 per Rx)
ciprofloxacin 250 mg tablet	P	Rx
ciprofloxacin 500 mg tablet	P	Rx
ciprofloxacin 750 mg tablet	P	Rx
levofloxacin 250 mg tablet	P	Rx;QL(Allowed 14 per Rx)

Drug Name	Drug Tier	Drug Restriction
levofloxacin 500 mg tablet	P	Rx;QL(Allowed 14 per Rx)
levofloxacin 750 mg tablet	P	Rx;QL(Allowed 14 per Rx)
ofloxacin 400 mg tablet	P	Rx;QL(Allowed 56 per Rx)
GLYCOPEPTIDE ANTIBIOTICS		
FIRVANQ 25 MG/ML ORAL SOLUTION	P	Rx;QL(Allowed 300 per Rx)
vancomycin 1,000 mg intravenous injection	P	Rx;QL(Allowed 14 per Rx)
vancomycin 125 mg capsule	P	Rx;QL(Allowed 4 per 1 day)
vancomycin 250 mg capsule	P	Rx;QL(Allowed 8 per 1 day)
vancomycin 500 mg intravenous solution	P	Rx;QL(QL Overtime: Allowed 14 over 30 days)
HEPATITIS C - NS5A INHIBITOR AND NS3/4A PROTEASE INHIBITOR COMBINATION		
MAVYRET 100 MG-40 MG TABLET	P	PA;Rx;SP;QL(Allowed 3 per 1 day)
HERPES ANTIVIRAL AGENT - PURINE ANALOGS		

Drug Name	Drug Tier	Drug Restriction
acyclovir 200 mg capsule	P	Rx;QL(QL Overtime: Allowed 50 over 30 days)
acyclovir 200 mg/5 mL oral suspension	P	Rx;QL(QL Overtime: Allowed 400 over 30 days)
acyclovir 400 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
acyclovir 800 mg tablet	P	Rx;QL(QL Overtime: Allowed 50 over 30 days)
valacyclovir 1 gram tablet	P	Rx;QL(QL Overtime: Allowed 42 over 21 days)
valacyclovir 500 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS		
famciclovir 125 mg tablet	P	Rx
famciclovir 250 mg tablet	P	Rx
famciclovir 500 mg tablet	P	Rx
INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS		
oseltamivir 30 mg capsule	P	Rx;QL(QL Overtime: Allowed 20 over 30 days)

Drug Name	Drug Tier	Drug Restriction
oseltamivir 45 mg capsule	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
oseltamivir 6 mg/mL oral suspension	P	Rx;QL(QL Overtime: Allowed 120 over 30 days)
oseltamivir 75 mg capsule	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION	P	Rx;AL(Minimum Age 5);QL(Allowed 20 per Rx)
LINCOSAMIDE ANTIBIOTICS		
clindamycin 75 mg/5 mL oral solution	P	Rx;QL(Allowed 300 per Rx)
clindamycin HCl 150 mg capsule	P	Rx
clindamycin HCl 300 mg capsule	P	Rx
Clindamycin Pediatric 75 mg/5 mL oral solution	P	Rx;QL(Allowed 300 per Rx)
MACROLIDE ANTIBIOTICS		
azithromycin 1 gram oral packet	P	Rx;QL(Allowed 2 per Rx)

Drug Name	Drug Tier	Drug Restriction
azithromycin 100 mg/5 mL oral suspension	P	Rx;QL(Allowed 15 per Rx)
azithromycin 200 mg/5 mL oral suspension	P	Rx;QL(Allowed 30 per Rx)
azithromycin 250 mg tablet	P	Rx;QL(Allowed 6 per Rx)
azithromycin 500 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
azithromycin 600 mg tablet	P	Rx;QL(QL Overtime: Allowed 8 over 28 days)
clarithromycin 125 mg/5 mL oral suspension	P	Rx;QL(Allowed 100 per Rx)
clarithromycin 250 mg tablet	P	Rx;QL(Allowed 28 per Rx)
clarithromycin 250 mg/5 mL oral suspension	P	Rx;QL(Allowed 200 per Rx)
clarithromycin 500 mg tablet	P	Rx;QL(Allowed 28 per Rx)
clarithromycin ER 500 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 14 per Rx)
E.E.S. 400 MG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
ERY-TAB 250 MG TABLET,DELAYED RELEASE	P	Rx
ERY-TAB 333 MG TABLET,DELAYED RELEASE	P	Rx
ERY-TAB 500 MG TABLET,DELAYED RELEASE	P	Rx
Erythrocin (as stearate) 250 mg tablet	P	Rx
erythromycin 250 mg capsule,delayed release	P	Rx
erythromycin 250 mg tablet	P	Rx
erythromycin 500 mg tablet	P	Rx
erythromycin ethylsuccinate 200 mg/5 mL oral powder for suspension	P	Rx
erythromycin ethylsuccinate 400 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
erythromycin ethylsuccinate 400 mg/5 mL oral powder for suspension	P	Rx
PCE 333 MG PARTICLES IN TABLET	P	Rx
PCE 500 MG PARTICLES IN TABLET	P	Rx
ZITHROMAX 1 GRAM ORAL PACKET	P	Rx;QL(Allowed 2 per Rx)
OXAZOLIDINONE ANTIBIOTICS		
SIVEXTRO 200 MG TABLET	P	PA;Rx;QL(Allowed 6 per Rx)
PENICILLIN ANTIBIOTIC - NATURAL		
penicillin V potassium 125 mg/5 mL oral solution	P	Rx
penicillin V potassium 250 mg tablet	P	Rx
penicillin V potassium 250 mg/5 mL oral solution	P	Rx
penicillin V potassium 500 mg tablet	P	Rx
PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT		

Drug Name	Drug Tier	Drug Restriction
dicloxacillin 250 mg capsule	P	Rx
dicloxacillin 500 mg capsule	P	Rx
PROTEASE INHIBITORS (NON-PEPTIDIC) ANTIRETROVIRAL		
APTIVUS 100 MG/ML ORAL SOLUTION	P	ST;Rx;QL(Allowed 10 per 1 day)
APTIVUS 250 MG CAPSULE	P	ST;Rx;QL(Allowed 4 per 1 day)
PREZCOBIX 800 MG-150 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
PREZISTA 100 MG/ML ORAL SUSPENSION	P	ST;Rx;QL(Allowed 12 per 1 day)
PREZISTA 150 MG TABLET	P	ST;Rx;QL(Allowed 3 per 1 day)
PREZISTA 600 MG TABLET	P	ST;Rx;QL(Allowed 2 per 1 day)
PREZISTA 75 MG TABLET	P	ST;Rx;QL(Allowed 2 per 1 day)
PREZISTA 800 MG TABLET	P	ST;Rx;QL(Allowed 1 per 1 day)
PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL		

Drug Name	Drug Tier	Drug Restriction
atazanavir 150 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
atazanavir 200 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
atazanavir 300 mg capsule	P	Rx
CRIXIVAN 200 MG CAPSULE	P	Rx;QL(Allowed 9 per 1 day)
CRIXIVAN 400 MG CAPSULE	P	Rx;QL(Allowed 6 per 1 day)
fosamprenavir 700 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
INVIRASE 200 MG CAPSULE	P	ST;Rx;QL(Allowed 10 per 1 day)
INVIRASE 500 MG TABLET	P	ST;Rx;QL(Allowed 4 per 1 day)
LEXIVA 50 MG/ML ORAL SUSPENSION	P	Rx;QL(Allowed 56 per 1 day)
NORVIR 100 MG CAPSULE	P	Rx;QL(Allowed 12 per 1 day)
NORVIR 80 MG/ML ORAL SOLUTION	P	Rx;QL(Allowed 15 per 1 day)

Drug Name	Drug Tier	Drug Restriction
REYATAZ 50 MG ORAL POWDER PACKET	P	Rx;QL(Allowed 6 per 1 day)
ritonavir 100 mg tablet	P	Rx;QL(Allowed 12 per 1 day)
VIRACEPT 250 MG TABLET	P	Rx;QL(Allowed 9 per 1 day)
VIRACEPT 625 MG TABLET	P	Rx;QL(Allowed 4 per 1 day)
TETRACYCLINE ANTIBIOTICS		
AVIDOXY 100 MG TABLET	P	Rx
doxycycline hyclate 100 mg capsule	P	Rx
doxycycline hyclate 100 mg tablet	P	Rx
doxycycline hyclate 50 mg capsule	P	Rx
doxycycline monohydrate 100 mg capsule	P	Rx
doxycycline monohydrate 100 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
doxycycline monohydrate 50 mg capsule	P	Rx
doxycycline monohydrate 50 mg tablet	P	Rx
minocycline 100 mg capsule	P	Rx
minocycline 50 mg capsule	P	Rx
minocycline 75 mg capsule	P	Rx
MONDOXYNE NL 100 MG CAPSULE	P	Rx
MONDOXYNE NL 50 MG CAPSULE	P	Rx
MORGIDOX 100 MG CAPSULE	P	Rx
MORGIDOX 50 MG CAPSULE	P	Rx
OKEBO 100 MG CAPSULE	P	Rx
ANTINEOPLASTICS		
ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES		

Drug Name	Drug Tier	Drug Restriction
MYLERAN 2 MG TABLET	P	Rx
ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS		
LEUKERAN 2 MG TABLET	P	Rx
melphalan 2 mg tablet	P	Rx
ANTINEOPLASTIC - ANTIANDROGENS		
bicalutamide 50 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
flutamide 125 mg capsule	P	Rx
ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS		
methotrexate sodium (PF) 25 mg/mL injection solution	P	Rx
methotrexate sodium 2.5 mg tablet	P	Rx
methotrexate sodium 25 mg/mL injection solution	P	Rx
TREXALL 10 MG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
TREXALL 15 MG TABLET	P	Rx
TREXALL 5 MG TABLET	P	Rx
TREXALL 7.5 MG TABLET	P	Rx
ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS		
mercaptopurine 50 mg tablet	P	Rx
PURIXAN 20 MG/ML ORAL SUSPENSION	P	Rx
ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES		
hydroxyurea 500 mg capsule	P	Rx
ANTINEOPLASTIC - AROMATASE INHIBITORS		
anastrozole 1 mg tablet	P	Rx
exemestane 25 mg tablet	P	Rx
letrozole 2.5 mg tablet	P	Rx
ANTINEOPLASTIC - JANUS KINASE(JAK),FMS-LIKE TYROSINE KINASE(FLT) INHIB		

Drug Name	Drug Tier	Drug Restriction
INREBIC 100 MG CAPSULE	P	PA;Rx;SP
ANTINEOPLASTIC - LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS		
TRELSTAR 11.25 MG/2 ML INTRAMUSCULAR SYRINGE	P	PA;Rx
TRELSTAR 22.5 MG/2 ML INTRAMUSCULAR SYRINGE	P	PA;Rx
TRELSTAR 3.75 MG/2 ML INTRAMUSCULAR SYRINGE	P	PA;Rx
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS		
COTELLIC 20 MG TABLET	P	PA;Rx;SP
ANTINEOPLASTIC - PROGESTINS		
megestrol 20 mg tablet	P	Rx
megestrol 40 mg tablet	P	Rx
ANTINEOPLASTIC - PROTEASOME ENZYME INHIBITORS		
NINLARO 2.3 MG CAPSULE	P	PA;Rx;SP

Drug Name	Drug Tier	Drug Restriction
NINLARO 3 MG CAPSULE	P	PA;Rx;SP
NINLARO 4 MG CAPSULE	P	PA;Rx;SP
ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS		
ROZLYTREK 100 MG CAPSULE	P	PA;Rx;SP
ROZLYTREK 200 MG CAPSULE	P	PA;Rx;SP
TURALIO 200 MG CAPSULE	P	PA;Rx;SP
ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
tamoxifen 10 mg tablet	P	Rx
tamoxifen 20 mg tablet	P	Rx
toremifene 60 mg tablet	P	PA;Rx
FLUOROURACIL AND RELATED RESCUE AGENTS		
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET	P	Rx
METHOTREXATE RESCUE AGENTS		

Drug Name	Drug Tier	Drug Restriction
leucovorin calcium 10 mg tablet	P	Rx
leucovorin calcium 15 mg tablet	P	Rx
leucovorin calcium 25 mg tablet	P	Rx
leucovorin calcium 5 mg tablet	P	Rx
ANTISEPTICS AND DISINFECTANTS		
ANTISEPTIC - ALCOHOLS		
Alcohol Prep Pads	P	OTC;QL(QL Overtime: Allowed 400 over 30 days)
alcohol swabs	P	OTC;QL(QL Overtime: Allowed 400 over 30 days)
BD Alcohol Swabs	P	OTC;QL(QL Overtime: Allowed 400 over 30 days)
Curity Alcohol Swabs	P	OTC;QL(QL Overtime: Allowed 400 over 30 days)
Easy Touch Alcohol Prep Pads	P	OTC;QL(QL Overtime: Allowed 400 over 30 days)
inControl Alcohol Pads	P	OTC;QL(QL Overtime: Allowed 400 over 30 days)

Drug Name	Drug Tier	Drug Restriction
Webcol topical pads	P	OTC;QL(QL Overtime: Allowed 400 over 30 days)
ANTISEPTIC - BIGUANIDES		
BETASEPT SURGICAL SCRUB 4 % TOPICAL LIQUID	P	OTC;QL(Allowed 946 per Rx)
chlorhexidine gluconate 4 % topical liquid	P	OTC;QL(Allowed 946 per Rx)
ANTISEPTIC - OTHERS		
FORMADON 10 % TOPICAL SOLUTION WITH APPLICATOR	P	Rx;QL(Allowed 90 per Rx)
formaldehyde 10 % topical solution with applicator	P	Rx;QL(Allowed 90 per Rx)
DISINFECTANTS - ALDEHYDES		
FORMADON 10 % TOPICAL SOLUTION	P	Rx;QL(Allowed 90 per Rx)
BIOLOGICALS		
HEPATITIS A VACCINE - SINGLE AGENTS		
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)

Drug Name	Drug Tier	Drug Restriction
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
HEPATITIS B VACCINES - SINGLE AGENTS		
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)

Drug Name	Drug Tier	Drug Restriction
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)

Drug Name	Drug Tier	Drug Restriction
IMMUNE GLOBULIN - RHO(D)		
HYPERRHO S/D 1,500 UNIT (300 MCG) INTRAMUSCULAR SYRINGE	P	Rx;SP
RHOGAM ULTRA- FILTERED PLUS 1,500 UNIT (300 MCG) INTRAMUSCULAR SYRINGE	P	Rx;SP
TOXOID VACCINE COMBINATIONS		
ADACEL (TDAP ADOLESN/ADULT (PF)2 LF-(2.5-5- 3-5)-5 LF/0.5 ML IM SYRINGE		Rx;AL(Minimum Age 19)
ADACEL (TDAP ADOLESN/ADULT (PF)2LF-(2.5-5-3- 5MCG)-5 LF/0.5 ML IM SUSP		Rx;AL(Minimum Age 19)
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)

Drug Name	Drug Tier	Drug Restriction
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP		Rx;AL(Minimum Age 19)
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
TDVAX 2 Lf unit-2 Lf unit/0.5 mL intramuscular suspension		Rx;AL(Minimum Age 19)
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
tetanus,diphtheria toxoid ped (PF) 5 Lf unit-25 Lf unit/0.5 mL IM susp		Rx;AL(Minimum Age 19)
tetanus-diphtheria toxoids-Td 2 Lf unit-2 Lf unit/0.5 mL IM suspension		Rx

Drug Name	Drug Tier	Drug Restriction
VACCINE BACTERIAL - GRAM NEGATIVE COCCI		
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION		Rx;AL(Minimum Age 19)
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION		Rx
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION		Rx
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT		Rx;AL(Minimum Age 19)
VACCINE BACTERIAL - GRAM POSITIVE COCCI		
PNEUMOVAX 23 25 MCG/0.5 ML INJECTION SOLUTION		Rx;AL(Minimum Age 19)
PNEUMOVAX 23 25 MCG/0.5 ML INJECTION SYRINGE		Rx;AL(Minimum Age 19)
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES		

Drug Name	Drug Tier	Drug Restriction
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
VACCINE VIRAL - HUMAN PAPILLOMAVIRUS (HPV) VACCINES		
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION		Rx;AL(Minimum Age 19)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 19)
VACCINE VIRAL - INFLUENZA A AND B		
AFLURIA QD 2019-20 (36 MOS UP)(PF)60 MCG (15 MCG X4)/0.5 ML IM SYRINGE		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)

Drug Name	Drug Tier	Drug Restriction
AFLURIA QD 2019-20 (6-35 MOS)(PF) 30 MCG(7.5 MCGX4)/0.25 ML IM SYRINGE		Rx;AL(Minimum Age 13);QL(Allowed 0.25 per Rx);QL (Limit 1 fill(s) per 180 days)
AFLURIA QUAD 2019-2020 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)
FLUAD 2019-20 65YR UP(PF)45 MCG(15 MCGX3)/0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)
FLUARIX QUAD 2019-2020 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)
FLUBLOK QUAD 2019-2020 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)
FLUCELVAX QUAD 2019-2020 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)

Drug Name	Drug Tier	Drug Restriction
FLUCELVAX QUAD 2019-2020 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)
FLULAVAL QUAD 2019-2020 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)
FLULAVAL QUAD 2019-2020 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)
FLUMIST QUAD 2019-2020 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE		Rx;AL(Between 13 And 49);QL(Allowed 1 per Rx);QL (Limit 1 fill(s) per 180 days)
FLUZONE HIGH-DOSE 2019-20 (PF) 180 MCG/0.5 ML INTRAMUSCULAR SYRINGE		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)
FLUZONE QUAD 2019-2020 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)

Drug Name	Drug Tier	Drug Restriction
FLUZONE QUAD 2019-2020 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)
FLUZONE QUAD 2019-2020 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.		Rx;AL(Minimum Age 13);QL(Allowed 0.5 per Rx);QL (Limit 1 fill(s) per 180 days)
FLUZONE QUAD PEDI 2019-20 (PF) 30 MCG (7.5 MCG X 4)/0.25 ML IM SYRINGE		Rx;AL(Minimum Age 13);QL(Allowed 0.25 per Rx);QL (Limit 1 fill(s) per 180 days)
VACCINE VIRAL - VARICELLA		
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT		Rx;AL(Minimum Age 50)
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION		Rx;AL(Minimum Age 19)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION		Rx;AL(Minimum Age 50)
VACCINE VIRAL COMBINATIONS		

Drug Name	Drug Tier	Drug Restriction
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION		Rx;AL(Minimum Age 19)
CARDIOVASCULAR THERAPY AGENTS		
ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS		
amlodipine 10 mg-benazepril 20 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
amlodipine 10 mg-benazepril 40 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
amlodipine 2.5 mg-benazepril 10 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
amlodipine 5 mg-benazepril 10 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
amlodipine 5 mg-benazepril 20 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
amlodipine 5 mg-benazepril 40 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
trandolapril 1 mg-verapamil ER 240 mg tablet,immed-exten release 24 hr	P	Rx

Drug Name	Drug Tier	Drug Restriction
trandolapril 2 mg-verapamil ER 180 mg tablet,immed-exten release 24 hr	P	Rx
trandolapril 2 mg-verapamil ER 240 mg tablet,immed-exten release 24 hr	P	Rx
trandolapril 4 mg-verapamil ER 240 mg tablet,immed-exten release 24 hr	P	Rx
ACE INHIBITOR AND DIURETIC COMBINATIONS		
benazepril 10 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
benazepril 20 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
benazepril 5 mg-hydrochlorothiazide 6.25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
captopril 25 mg-hydrochlorothiazide 15 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
captopril 25 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
captopril 50 mg-hydrochlorothiazide 15 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
captopril 50 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
enalapril 10 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
enalapril 5 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
fosinopril 10 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
fosinopril 20 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
lisinopril 20 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
quinapril 20 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
ACE INHIBITORS		
benazepril 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
benazepril 20 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
benazepril 40 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
benazepril 5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
captopril 100 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
captopril 12.5 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
captopril 25 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
captopril 50 mg tablet	P	Rx;QL(Allowed 3 per 1 day)

Drug Name	Drug Tier	Drug Restriction
enalapril maleate 10 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
enalapril maleate 2.5 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
enalapril maleate 20 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
enalapril maleate 5 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
EPANED 1 MG/ML ORAL POWDER FOR SOLUTION	P	Rx
fosinopril 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
fosinopril 20 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
fosinopril 40 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
lisinopril 10 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
lisinopril 2.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
lisinopril 20 mg tablet	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
lisinopril 30 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
lisinopril 40 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
lisinopril 5 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
quinapril 10 mg tablet	P	Rx
quinapril 20 mg tablet	P	Rx
quinapril 40 mg tablet	P	Rx
quinapril 5 mg tablet	P	Rx
ramipril 1.25 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
ramipril 10 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
ramipril 2.5 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
ramipril 5 mg capsule	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
trandolapril 1 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
trandolapril 2 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
trandolapril 4 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
ALPHA-BETA BLOCKERS		
carvedilol 12.5 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
carvedilol 25 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
carvedilol 3.125 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
carvedilol 6.25 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
carvedilol phosphate ER 10 mg capsule,ext.release24hr multiphase	P	Rx;QL(Allowed 1 per 1 day)
carvedilol phosphate ER 20 mg capsule,ext.release24hr multiphase	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
carvedilol phosphate ER 40 mg capsule,ext.release24hr multiphase	P	Rx;QL(Allowed 1 per 1 day)
carvedilol phosphate ER 80 mg capsule,ext.release24hr multiphase	P	Rx;QL(Allowed 1 per 1 day)
labetalol 100 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
labetalol 200 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
labetalol 300 mg tablet	P	Rx;QL(Allowed 8 per 1 day)
ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB.		
amlodipine 10 mg-olmesartan 20 mg tablet	P	ST;Rx;Use losartan or irbesartan
amlodipine 10 mg-olmesartan 40 mg tablet	P	ST;Rx;Use losartan or irbesartan
amlodipine 10 mg-valsartan 160 mg tablet	P	ST;Rx;Use losartan or irbesartan
amlodipine 10 mg-valsartan 320 mg tablet	P	ST;Rx;Use losartan or irbesartan

Drug Name	Drug Tier	Drug Restriction
amlodipine 5 mg- olmesartan 20 mg tablet	P	ST;Rx;Use losartan or irbesartan
amlodipine 5 mg- olmesartan 40 mg tablet	P	ST;Rx;Use losartan or irbesartan
amlodipine 5 mg- valsartan 160 mg tablet	P	ST;Rx;Use losartan or irbesartan
amlodipine 5 mg- valsartan 320 mg tablet	P	ST;Rx;Use losartan or irbesartan
telmisartan 40 mg-amlodipine 10 mg tablet	P	Rx
telmisartan 40 mg-amlodipine 5 mg tablet	P	Rx
telmisartan 80 mg-amlodipine 10 mg tablet	P	Rx
telmisartan 80 mg-amlodipine 5 mg tablet	P	Rx
ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER-DIURETIC		
amlodipine 10 mg-valsartan 160 mg- hydrochlorothiazide 12.5 mg tablet	P	ST;Rx;Use losartan or irbesartan

Drug Name	Drug Tier	Drug Restriction
amlodipine 10 mg-valsartan 160 mg- hydrochlorothiazide 25 mg tablet	P	ST;Rx;Use losartan or irbesartan
amlodipine 10 mg-valsartan 320 mg- hydrochlorothiazide 25 mg tablet	P	ST;Rx;Use losartan or irbesartan
amlodipine 5 mg- valsartan 160 mg- hydrochlorothiazide 12.5 mg tablet	P	ST;Rx;Use losartan or irbesartan
amlodipine 5 mg- valsartan 160 mg- hydrochlorothiazide 25 mg tablet	P	ST;Rx;Use losartan or irbesartan
olmesartan 20 mg-amlodipine 5 mg- hydrochlorothiazide 12.5 mg tablet	P	ST;Rx;Use losartan or irbesartan
olmesartan 40 mg-amlodipine 10 mg- hydrochlorothiazide 12.5 mg tablet	P	ST;Rx;Use losartan or irbesartan
olmesartan 40 mg-amlodipine 10 mg- hydrochlorothiazide 25 mg tablet	P	ST;Rx;Use losartan or irbesartan

Drug Name	Drug Tier	Drug Restriction
olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 12.5 mg tablet	P	ST;Rx;Use losartan or irbesartan
olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 25 mg tablet	P	ST;Rx;Use losartan or irbesartan
ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS		
candesartan 16 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx
candesartan 32 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx
candesartan 32 mg-hydrochlorothiazide 25 mg tablet	P	Rx
irbesartan 150 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
irbesartan 300 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
losartan 100 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
losartan 100 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
losartan 50 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
olmesartan 20 mg-hydrochlorothiazide 12.5 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Use losartan or irbesartan
olmesartan 40 mg-hydrochlorothiazide 12.5 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Use losartan or irbesartan
olmesartan 40 mg-hydrochlorothiazide 25 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Use losartan or irbesartan
telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
telmisartan 80 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
valsartan 160 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
valsartan 320 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
candesartan 16 mg tablet	P	Rx
candesartan 32 mg tablet	P	Rx
candesartan 4 mg tablet	P	Rx
candesartan 8 mg tablet	P	Rx
irbesartan 150 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
irbesartan 300 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
irbesartan 75 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
losartan 100 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
losartan 25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
losartan 50 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
olmesartan 20 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Use losartan or irbesartan
olmesartan 40 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Use losartan or irbesartan
olmesartan 5 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Use losartan or irbesartan
telmisartan 20 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
telmisartan 40 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
telmisartan 80 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
valsartan 160 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
valsartan 320 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
valsartan 40 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
valsartan 80 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
ANTIANGINAL - CORONARY VASODILATORS (NITRATES)		
isosorbide dinitrate 10 mg tablet	P	Rx
isosorbide dinitrate 20 mg tablet	P	Rx
isosorbide dinitrate 30 mg tablet	P	Rx
isosorbide dinitrate 5 mg tablet	P	Rx
isosorbide dinitrate ER 40 mg tablet,extended release	P	Rx
isosorbide mononitrate 10 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
isosorbide mononitrate 20 mg tablet	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
isosorbide mononitrate ER 120 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
isosorbide mononitrate ER 30 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
isosorbide mononitrate ER 60 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
MINITRAN 0.1 MG/HR TRANSDERMAL 24 HOUR PATCH	P	Rx
MINITRAN 0.2 MG/HR TRANSDERMAL 24 HOUR PATCH	P	Rx
MINITRAN 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH	P	Rx
MINITRAN 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH	P	Rx
NITRO-BID 2 % TRANSDERMAL OINTMENT	P	Rx

Drug Name	Drug Tier	Drug Restriction
nitroglycerin 0.1 mg/hr transdermal 24 hour patch	P	Rx
nitroglycerin 0.2 mg/hr transdermal 24 hour patch	P	Rx
nitroglycerin 0.3 mg sublingual tablet	P	Rx
nitroglycerin 0.4 mg sublingual tablet	P	Rx
nitroglycerin 0.4 mg/hr transdermal 24 hour patch	P	Rx
nitroglycerin 0.6 mg sublingual tablet	P	Rx
nitroglycerin 0.6 mg/hr transdermal 24 hour patch	P	Rx
nitroglycerin ER 2.5 mg capsule,extended release	P	Rx
nitroglycerin ER 6.5 mg capsule,extended release	P	Rx

Drug Name	Drug Tier	Drug Restriction
nitroglycerin ER 9 mg capsule,extended release	P	Rx
NITRO-TIME 2.5 MG CAPSULE,EXTENDED RELEASE	P	Rx
NITRO-TIME 6.5 MG CAPSULE,EXTENDED RELEASE	P	Rx
NITRO-TIME 9 MG CAPSULE,EXTENDED RELEASE	P	Rx
ANTIARRHYTHMIC - CLASS IA		
disopyramide phosphate 100 mg capsule	P	Rx
disopyramide phosphate 150 mg capsule	P	Rx
NORPACE 100 MG CAPSULE	P	Rx
NORPACE 150 MG CAPSULE	P	Rx
NORPACE CR 150 MG CAPSULE,EXTENDED RELEASE	P	Rx

Drug Name	Drug Tier	Drug Restriction
quinidine gluconate ER 324 mg tablet, extended release	P	Rx
quinidine sulfate 200 mg tablet	P	Rx
quinidine sulfate 300 mg tablet	P	Rx
ANTIARRHYTHMIC - CLASS IB		
mexiletine 150 mg capsule	P	Rx
mexiletine 200 mg capsule	P	Rx
mexiletine 250 mg capsule	P	Rx
ANTIARRHYTHMIC - CLASS IC		
flecainide 100 mg tablet	P	Rx
flecainide 150 mg tablet	P	Rx
flecainide 50 mg tablet	P	Rx
propafenone 150 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
propafenone 225 mg tablet	P	Rx
propafenone 300 mg tablet	P	Rx
ANTIARRHYTHMIC - CLASS II		
SORINE 120 MG TABLET	P	Rx
SORINE 160 MG TABLET	P	Rx
SORINE 240 MG TABLET	P	Rx
SORINE 80 MG TABLET	P	Rx
sotalol 120 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
sotalol 160 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
sotalol 240 mg tablet	P	Rx
sotalol 80 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
Sotalol AF 120 mg tablet	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Sotalol AF 160 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
Sotalol AF 80 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
ANTIARRHYTHMIC - CLASS III		
amiodarone 200 mg tablet	P	Rx
dofetilide 125 mcg capsule	P	Rx
dofetilide 250 mcg capsule	P	Rx
dofetilide 500 mcg capsule	P	Rx
PACERONE 200 MG TABLET	P	Rx
ANTHYPERLIPIDEMIC - BILE ACID SEQUESTRANTS		
cholestyramine (with sugar) 4 gram oral powder	P	Rx
cholestyramine (with sugar) 4 gram powder for susp in a packet	P	Rx
Cholestyramine Light 4 gram oral powder	P	Rx

Drug Name	Drug Tier	Drug Restriction
Cholestyramine Light 4 gram powder for susp in a packet	P	Rx
colestipol 1 gram tablet	P	Rx
colestipol 5 gram oral granules	P	Rx
PREVALITE 4 GRAM ORAL POWDER	P	Rx
PREVALITE 4 GRAM POWDER FOR SUSP IN A PACKET	P	Rx
ANTHYPERLIPIDEMIC - FIBRIC ACID DERIVATIVES		
fenofibrate 160 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
fenofibrate 54 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
fenofibrate micronized 134 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
fenofibrate micronized 200 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
fenofibrate micronized 67 mg capsule	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
fenofibrate nanocrystallized 160 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
gemfibrozil 600 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
TRIGLIDE 160 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ANTIHYPERTENSIVE - HMG COA REDUCTASE INHIBITORS (STATINS)		
atorvastatin 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
atorvastatin 20 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
atorvastatin 40 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
atorvastatin 80 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
lovastatin 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
lovastatin 20 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
lovastatin 40 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
pravastatin 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
pravastatin 20 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
pravastatin 40 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
pravastatin 80 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
rosuvastatin 10 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Use atorvastatin, simvastatin, pravastatin, lovastatin
rosuvastatin 20 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Use atorvastatin, simvastatin, pravastatin, lovastatin
rosuvastatin 40 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Use atorvastatin, simvastatin, pravastatin, lovastatin
rosuvastatin 5 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Use atorvastatin, simvastatin, pravastatin, lovastatin
simvastatin 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
simvastatin 20 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
simvastatin 40 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
simvastatin 5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
ANTIHYPERTENSIVE - NICOTINIC ACID DERIVATIVES		

Drug Name	Drug Tier	Drug Restriction
niacin 500 mg tablet	P	OTC
niacin ER 1,000 mg tablet,extended release 24 hr	P	Rx
niacin ER 500 mg tablet,extended release 24 hr	P	Rx
niacin ER 750 mg tablet,extended release 24 hr	P	Rx
NIACOR 500 MG TABLET	P	Rx
ANTIHYPERTENSIVE - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe 10 mg tablet	P	ST;Rx;Try preferred statin first
ANTIHYPERTENSIVE AGENTS - DIETARY SOURCE		
Fish Oil 120 mg-180 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
Fish Oil Concentrate 1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
fish oil-dha-epa 1,200 mg-144 mg-216 mg capsule	P	Rx;QL(Allowed 6 per 1 day)

Drug Name	Drug Tier	Drug Restriction
omega-3 fatty acids 1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
Super Omega-3 1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
ANTIHYPERTENSIVE AGENTS - DIETARY SOURCE COMBINATIONS		
Fish Oil 1,000 mg (120 mg-180 mg) capsule	P	Rx;QL(Allowed 6 per 1 day)
Fish Oil 100 mg-160 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
Fish Oil 120 mg-180 mg-60 mg-1,200 mg capsule,delayed release	P	Rx;QL(Allowed 6 per 1 day)
Fish Oil 138 mg-183 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
Fish Oil 300 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
Fish Oil 300 mg-1,000 mg capsule,delayed release	P	Rx;QL(Allowed 6 per 1 day)
FISH OIL 300 MG-500 MG CAPSULE	P	OTC;QL(Allowed 6 per 1 day)
Fish Oil 340 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Fish Oil 360 mg-1,200 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
Fish Oil 360 mg-1,200 mg capsule,delayed release	P	Rx;QL(Allowed 6 per 1 day)
Fish Oil 720 mg-1,200 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
Fish Oil 900 mg-360 mg-455 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
omega 3 600 mg-dha 216 mg-epa 324 mg-fish oil 1,200 mg capsule,del rel	P	Rx;QL(Allowed 6 per 1 day)
omega 3-dha-epa-fish oil 1,000 mg (120 mg-180 mg) capsule	P	Rx;QL(Allowed 6 per 1 day)
omega 3-dha-epa-fish oil 1,200 mg (144 mg-216 mg) capsule	P	Rx;QL(Allowed 6 per 1 day)
omega 3-dha-epa-fish oil 250 mg-500 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
omega 3-dha-epa-fish oil 300 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)

Drug Name	Drug Tier	Drug Restriction
omega 3-dha-epa-fish oil 300 mg-1,000 mg capsule,delayed release	P	Rx;QL(Allowed 6 per 1 day)
omega 3s 300 mg-dha-epa-fish oil 1,000 mg capsule,delayed release	P	Rx;QL(Allowed 6 per 1 day)
omega3 300 mg-dha,epa 250 mg-other omega 3s-fish oil 1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
omega-3 360 mg-dha-epa-fish oil 1,200 mg capsule,delayed release	P	OTC;QL(Allowed 6 per 1 day)
omega3 720 mg-dha-epa-other om3s-fish oil 1,200 mg capsule,delay rel	P	Rx;QL(Allowed 6 per 1 day)
omega-3 fatty acids-fish oil 300 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
omega-3 fatty acids-fish oil 340 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)

Drug Name	Drug Tier	Drug Restriction
omega-3 fatty acids-fish oil 360 mg-1,200 mg capsule	P	OTC;QL(Allowed 6 per 1 day)
omega-3s 600 mg-dha-epa-other omega3s-fish oil 1,200 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
Omera 300 mg-400 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
One-Per-Day Omega-3 684 mg-1,200 mg capsule, delayed release	P	Rx;QL(Allowed 6 per 1 day)
salmon oil 1,000 mg-omega-3 fatty acids 210 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
Sea-Omega 30 360 mg-1,200 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
Super DHA Gems 500 mg-100 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
THEROMEGA 250 MG-350 MG-1,000 MG CAPSULE	P	Rx;QL(Allowed 6 per 1 day)
THEROMEGA SPORT 250 MG-350 MG-1,000 MG CAPSULE	P	Rx;QL(Allowed 6 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Ultra Omega-3 500 mg (200mg-300mg)-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
ANTIHYPERTENSIVE-HMG COA REDUCT INHIB AND CHOLESTEROL ABSORP INHIBIT		
ezetimibe 10 mg-simvastatin 10 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Try preferred statin or ezetimibe first
ezetimibe 10 mg-simvastatin 20 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Try preferred statin or ezetimibe first
ezetimibe 10 mg-simvastatin 40 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Try preferred statin or ezetimibe first
ezetimibe 10 mg-simvastatin 80 mg tablet	P	ST;Rx;QL(Allowed 1 per 1 day);Try preferred statin or ezetimibe first
BETA BLOCKERS CARDIAC SELECTIVE		
atenolol 100 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
atenolol 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
atenolol 50 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
bisoprolol fumarate 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
bisoprolol fumarate 5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
metoprolol succinate ER 100 mg tablet, extended release 24 hr	P	Rx;QL(Allowed 4 per 1 day)
metoprolol succinate ER 200 mg tablet, extended release 24 hr	P	Rx;QL(Allowed 2 per 1 day)
metoprolol succinate ER 25 mg tablet, extended release 24 hr	P	Rx;QL(Allowed 4 per 1 day)
metoprolol succinate ER 50 mg tablet, extended release 24 hr	P	Rx;QL(Allowed 4 per 1 day)
metoprolol tartrate 100 mg tablet	P	Rx;QL(Allowed 4.5 per 1 day)
metoprolol tartrate 25 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
metoprolol tartrate 50 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY		
acebutolol 200 mg capsule	P	Rx

Drug Name	Drug Tier	Drug Restriction
acebutolol 400 mg capsule	P	Rx
BETA BLOCKERS NON-CARDIAC SELECT., INTRINSIC SYMPATHOMIMETIC ACTIVITY		
pindolol 10 mg tablet	P	Rx
pindolol 5 mg tablet	P	Rx
BETA BLOCKERS NON-CARDIAC SELECTIVE		
nadolol 20 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
nadolol 40 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
nadolol 80 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
propranolol 10 mg tablet	P	Rx
propranolol 20 mg tablet	P	Rx
propranolol 20 mg/5 mL (4 mg/mL) oral solution	P	Rx
propranolol 40 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
propranolol 40 mg/5 mL (8 mg/mL) oral solution	P	Rx
propranolol 60 mg tablet	P	Rx
propranolol 80 mg tablet	P	Rx
propranolol ER 120 mg capsule,24 hr,extended release	P	Rx;QL(Allowed 2 per 1 day)
propranolol ER 160 mg capsule,24 hr,extended release	P	Rx;QL(Allowed 2 per 1 day)
propranolol ER 60 mg capsule,24 hr,extended release	P	Rx;QL(Allowed 2 per 1 day)
propranolol ER 80 mg capsule,24 hr,extended release	P	Rx;QL(Allowed 2 per 1 day)
timolol 10 mg tablet	P	Rx
timolol 20 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
timolol 5 mg tablet	P	Rx
CALCIUM CHANNEL BLOCKERS - BENZOTHAZEPINES		
CARTIA XT 120 MG CAPSULE,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
CARTIA XT 180 MG CAPSULE,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
CARTIA XT 240 MG CAPSULE,EXTENDED RELEASE	P	Rx;QL(Allowed 2 per 1 day)
CARTIA XT 300 MG CAPSULE,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
diltiazem 120 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
diltiazem 30 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
diltiazem 60 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
diltiazem 90 mg tablet	P	Rx;QL(Allowed 3 per 1 day)

Drug Name	Drug Tier	Drug Restriction
diltiazem CD 120 mg capsule,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
diltiazem CD 180 mg capsule,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
diltiazem CD 240 mg capsule,extended release 24 hr	P	Rx;QL(Allowed 2 per 1 day)
diltiazem CD 300 mg capsule,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
diltiazem ER (XR/XT) 120 mg capsule,extended release 24 hr, controlled	P	Rx;QL(Allowed 1 per 1 day)
diltiazem ER (XR/XT) 180 mg capsule,extended release 24 hr, controlled	P	Rx;QL(Allowed 1 per 1 day)
diltiazem ER (XR/XT) 240 mg capsule,extended release 24 hr, controlled	P	Rx;QL(Allowed 2 per 1 day)
diltiazem ER 120 mg capsule,24 hr,extended release	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
diltiazem ER 120 mg capsule,extended release 12 hr	P	Rx;QL(Allowed 2 per 1 day)
diltiazem ER 180 mg capsule,24 hr,extended release	P	Rx;QL(Allowed 1 per 1 day)
diltiazem ER 240 mg capsule,24 hr,extended release	P	Rx;QL(Allowed 2 per 1 day)
diltiazem ER 300 mg capsule,24 hr,extended release	P	Rx;QL(Allowed 1 per 1 day)
diltiazem ER 360 mg capsule,24 hr,extended release	P	Rx;QL(Allowed 1 per 1 day)
diltiazem ER 420 mg capsule,24 hr,extended release	P	Rx;QL(Allowed 1 per 1 day)
diltiazem ER 60 mg capsule,extended release 12 hr	P	Rx;QL(Allowed 2 per 1 day)
diltiazem ER 90 mg capsule,extended release 12 hr	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
DILT-XR 120 MG CAPSULE, EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
DILT-XR 180 MG CAPSULE, EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
DILT-XR 240 MG CAPSULE, EXTENDED RELEASE	P	Rx;QL(Allowed 2 per 1 day)
TAZTIA XT 120 MG CAPSULE,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
TAZTIA XT 180 MG CAPSULE,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
TAZTIA XT 240 MG CAPSULE,EXTENDED RELEASE	P	Rx;QL(Allowed 2 per 1 day)
TAZTIA XT 300 MG CAPSULE,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
TAZTIA XT 360 MG CAPSULE,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES		

Drug Name	Drug Tier	Drug Restriction
AFEDITAB CR 30 MG TABLET,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
AFEDITAB CR 60 MG TABLET,EXTENDED RELEASE	P	Rx;QL(Allowed 2 per 1 day)
amlodipine 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
amlodipine 2.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
amlodipine 5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
felodipine ER 10 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
felodipine ER 2.5 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
felodipine ER 5 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
nicardipine 20 mg capsule	P	Rx
nicardipine 30 mg capsule	P	Rx

Drug Name	Drug Tier	Drug Restriction
nifedipine 10 mg capsule	P	Rx;QL(Allowed 4 per 1 day)
nifedipine 20 mg capsule	P	Rx;QL(Allowed 4 per 1 day)
nifedipine ER 30 mg tablet,extended release	P	Rx;QL(Allowed 1 per 1 day)
nifedipine ER 30 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
nifedipine ER 60 mg tablet,extended release	P	Rx;QL(Allowed 2 per 1 day)
nifedipine ER 60 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 2 per 1 day)
nifedipine ER 90 mg tablet,extended release	P	Rx;QL(Allowed 1 per 1 day)
nifedipine ER 90 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
CALCIUM CHANNEL BLOCKERS - PHENYLAKYLAMINES		
verapamil 120 mg tablet	P	Rx;QL(Allowed 3 per 1 day)

Drug Name	Drug Tier	Drug Restriction
verapamil 40 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
verapamil 80 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
verapamil ER (PM) 100 mg capsule 24hr pellet CT,ext.release	P	Rx;QL(Allowed 2 per 1 day)
verapamil ER (PM) 200 mg capsule 24hr pellet CT,ext.release	P	Rx;QL(Allowed 2 per 1 day)
verapamil ER (PM) 300 mg capsule 24hr pellet CT,ext.release	P	Rx;QL(Allowed 1 per 1 day)
verapamil ER (SR) 120 mg tablet,extended release	P	Rx;QL(Allowed 2 per 1 day)
verapamil ER (SR) 180 mg tablet,extended release	P	Rx;QL(Allowed 2 per 1 day)
verapamil ER (SR) 240 mg tablet,extended release	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
verapamil ER 120 mg 24 hr capsule,extended release	P	Rx;QL(Allowed 1 per 1 day)
verapamil ER 180 mg 24 hr capsule,extended release	P	Rx;QL(Allowed 1 per 1 day)
verapamil ER 240 mg 24 hr capsule,extended release	P	Rx;QL(Allowed 1 per 1 day)
verapamil ER 360 mg 24 hr capsule,extended release	P	Rx;QL(Allowed 1 per 1 day)
VERELAN 360 MG CAPSULE,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
VERELAN PM 100 MG CAPSULE, EXTENDED RELEASE	P	Rx;QL(Allowed 2 per 1 day)
VERELAN PM 300 MG CAPSULE, EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.		
atenolol 100 mg-chlorthalidone 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
atenolol 50 mg-chlorthalidone 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
metoprolol suc 100 mg-hydrochlorothiazide 12.5 mg tablet,ext.rel 24 hr	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
metoprolol succ 25 mg-hydrochlorothiazide 12.5 mg tablet,ext.rel 24 hr	P	Rx;QL(Allowed 1 per 1 day)
metoprolol succ 50 mg-hydrochlorothiazide 12.5 mg tablet,ext.rel 24 hr	P	Rx;QL(Allowed 1 per 1 day)
metoprolol tartrate 100 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
metoprolol tartrate 100 mg-hydrochlorothiazide 50 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
metoprolol tartrate 50 mg-hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS		
epinephrine (Jr) 0.15 mg/0.3 mL injection,auto-injector	P	Rx;QL(Allowed 2 per Rx);QL (Limit 4 fill(s) per 365 days)
epinephrine 0.15 mg/0.15 mL auto-injector (for 33 to 66 lb patients)	P	Rx;QL(Allowed 2 per Rx, QL Overtime: Allowed 4 over 365 days)

Drug Name	Drug Tier	Drug Restriction
epinephrine 0.3 mg/0.3 mL injection, auto-injector	P	Rx;QL(Allowed 2 per Rx);QL (Limit 4 fill(s) per 365 days)
CARDIOVASCULAR SYMPATHOMIMETICS		
midodrine 10 mg tablet	P	Rx
midodrine 2.5 mg tablet	P	Rx
midodrine 5 mg tablet	P	Rx
CENTRAL ALPHA-2 RECEPTOR AGONISTS		
clonidine HCl 0.1 mg tablet	P	Rx
clonidine HCl 0.2 mg tablet	P	Rx
clonidine HCl 0.3 mg tablet	P	Rx
guanfacine 1 mg tablet	P	Rx
guanfacine 2 mg tablet	P	Rx
methyldopa 250 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
methyldopa 500 mg tablet	P	Rx
DIGITALIS GLYCOSIDES		
DIGITEK 125 MCG (0.125 MG) TABLET	P	Rx
DIGITEK 250 MCG (0.25 MG) TABLET	P	Rx
DIGOX 125 MCG (0.125 MG) TABLET	P	Rx
DIGOX 250 MCG (0.25 MG) TABLET	P	Rx
digoxin 125 mcg (0.125 mg) tablet	P	Rx
digoxin 250 mcg (0.25 mg) tablet	P	Rx
digoxin 250 mcg/mL (0.25 mg/mL) injection solution	P	Rx
digoxin 50 mcg/mL (0.05 mg/mL) oral solution	P	Rx
LANOXIN 125 MCG (0.125 MG) TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
LANOXIN 250 MCG (0.25 MG) TABLET	P	Rx
LANOXIN 250 MCG/ML (0.25 MG/ML) INJECTION SOLUTION	P	Rx
DIRECT ACTING VASODILATORS		
hydralazine 10 mg tablet	P	Rx
hydralazine 100 mg tablet	P	Rx
hydralazine 25 mg tablet	P	Rx
hydralazine 50 mg tablet	P	Rx
minoxidil 10 mg tablet	P	Rx;QL(Allowed 10 per 1 day)
minoxidil 2.5 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE		
spironolactone 100 mg tablet	P	Rx
spironolactone 25 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
spironolactone 50 mg tablet	P	Rx
DIURETIC - CARBONIC ANHYDRASE INHIBITORS		
acetazolamide 125 mg tablet	P	Rx
acetazolamide 250 mg tablet	P	Rx
acetazolamide ER 500 mg capsule,extended release	P	Rx
methazolamide 25 mg tablet	P	Rx
methazolamide 50 mg tablet	P	Rx
DIURETIC - LOOP		
bumetanide 0.5 mg tablet	P	Rx
bumetanide 1 mg tablet	P	Rx
bumetanide 2 mg tablet	P	Rx
furosemide 10 mg/mL oral solution	P	Rx

Drug Name	Drug Tier	Drug Restriction
furosemide 20 mg tablet	P	Rx
furosemide 40 mg tablet	P	Rx
furosemide 40 mg/5 mL (8 mg/mL) oral solution	P	Rx
furosemide 80 mg tablet	P	Rx
toremide 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
toremide 100 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
toremide 20 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
toremide 5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
DIURETIC - POTASSIUM SPARING		
amiloride 5 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS		
amiloride 5 mg- hydrochlorothi- de 50 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
spironolactone 25 mg- hydrochlorothiazide 25 mg tablet	P	Rx
triamterene 37.5 mg- hydrochlorothiazide 25 mg capsule	P	Rx
triamterene 37.5 mg- hydrochlorothiazide 25 mg tablet	P	Rx
triamterene 50 mg- hydrochlorothiazide 25 mg capsule	P	Rx
triamterene 75 mg- hydrochlorothiazide 50 mg tablet	P	Rx
DIURETIC - THIAZIDES AND RELATED		
chlorothiazide 250 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
chlorothiazide 500 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
chlorthalidone 25 mg tablet	P	Rx
chlorthalidone 50 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
hydrochlorothiazide 12.5 mg capsule	P	Rx
hydrochlorothiazide 25 mg tablet	P	Rx
hydrochlorothiazide 50 mg tablet	P	Rx
indapamide 1.25 mg tablet	P	Rx
indapamide 2.5 mg tablet	P	Rx
metolazone 10 mg tablet	P	Rx
metolazone 2.5 mg tablet	P	Rx
metolazone 5 mg tablet	P	Rx
NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.		
propranolol 40 mg- hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
propranolol 80 mg- hydrochlorothiazide 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
PATENT DUCTUS ARTERIOSUS (PDA) TREATMENT AGENTS , NSAID-TYPE		
ibuprofen lysine (PF) 20 mg/2 mL intravenous solution	P	Rx
indomethacin 1 mg intravenous solution	P	Rx
PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS		
doxazosin 1 mg tablet	P	Rx
doxazosin 2 mg tablet	P	Rx
doxazosin 4 mg tablet	P	Rx
doxazosin 8 mg tablet	P	Rx
prazosin 1 mg capsule	P	Rx
prazosin 2 mg capsule	P	Rx
prazosin 5 mg capsule	P	Rx
terazosin 1 mg capsule	P	Rx

Drug Name	Drug Tier	Drug Restriction
terazosin 10 mg capsule	P	Rx
terazosin 2 mg capsule	P	Rx
terazosin 5 mg capsule	P	Rx
PLASMA KALLIKREIN INHIBITOR AGENTS, RECOMBINANT PROTEIN		
KALBITOR 10 MG/ML (1 ML) SUBCUTANEOUS SOLUTION	P	PA;Rx;SP
CENTRAL NERVOUS SYSTEM AGENTS		
ANTI-ANXIETY AGENT - ANTIHISTAMINE TYPE		
hydroxyzine HCl 10 mg tablet	P	Rx
hydroxyzine HCl 10 mg/5 mL oral solution	P	Rx
hydroxyzine HCl 25 mg tablet	P	Rx
hydroxyzine HCl 50 mg tablet	P	Rx
hydroxyzine pamoate 100 mg capsule	P	Rx

Drug Name	Drug Tier	Drug Restriction
hydroxyzine pamoate 25 mg capsule	P	Rx
hydroxyzine pamoate 50 mg capsule	P	Rx
ANTIANSXIETY AGENT - BENZODIAZEPINES		
alprazolam 0.25 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
alprazolam 0.5 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
alprazolam 1 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
alprazolam 2 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
chlordiazepoxide 10 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 4 per 1 day)
chlordiazepoxide 25 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 4 per 1 day)
chlordiazepoxide 5 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 4 per 1 day)
clorazepate dipotassium 15 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
clorazepate dipotassium 3.75 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)

Drug Name	Drug Tier	Drug Restriction
clorazepate dipotassium 7.5 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
diazepam 10 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 4 per 1 day)
diazepam 2 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 4 per 1 day)
diazepam 5 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 4 per 1 day)
diazepam 5 mg/5 mL (1 mg/mL) oral solution	P	Rx;AL(Between 0 And 12)
lorazepam 0.5 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
lorazepam 1 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
lorazepam 2 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
oxazepam 10 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 4 per 1 day)
oxazepam 15 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 4 per 1 day)
oxazepam 30 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 4 per 1 day)
ANTIANSXIETY AGENT - DICARBAMATE TYPE		

Drug Name	Drug Tier	Drug Restriction
meprobamate 200 mg tablet	P	Rx
meprobamate 400 mg tablet	P	Rx
ANTI-ANXIETY AGENT - NON-BENZODIAZEPINE		
bupirone 10 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
bupirone 15 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
bupirone 30 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
bupirone 5 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
bupirone 7.5 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
ANTICONVULSANT - BARBITURATES AND DERIVATIVES		
phenobarbital 100 mg tablet	P	Rx
phenobarbital 15 mg tablet	P	Rx
phenobarbital 16.2 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
phenobarbital 20 mg/5 mL (4 mg/mL) oral elixir	P	Rx
phenobarbital 30 mg tablet	P	Rx
phenobarbital 32.4 mg tablet	P	Rx
phenobarbital 60 mg tablet	P	Rx
phenobarbital 64.8 mg tablet	P	Rx
phenobarbital 97.2 mg tablet	P	Rx
primidone 250 mg tablet	P	Rx
primidone 50 mg tablet	P	Rx
ANTICONVULSANT - BENZODIAZEPINES		
clonazepam 0.5 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
clonazepam 1 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)

Drug Name	Drug Tier	Drug Restriction
clonazepam 2 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
DIASTAT 2.5 MG RECTAL KIT	P	Rx;AL(Minimum Age 2);QL(Allowed 1 per Rx)
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT	P	Rx;AL(Minimum Age 2);QL(Allowed 1 per Rx)
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT	P	Rx;AL(Minimum Age 2);QL(Allowed 1 per Rx)
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit	P	Rx;AL(Minimum Age 2);QL(Allowed 1 per Rx)
diazepam 2.5 mg rectal kit	P	Rx;AL(Minimum Age 2);QL(Allowed 1 per Rx)
diazepam 5 mg-7.5 mg-10 mg rectal kit	P	Rx;AL(Minimum Age 2);QL(Allowed 1 per Rx)
ANTICONVULSANT - CARBAMATES		
felbamate 400 mg tablet	P	Rx
felbamate 600 mg tablet	P	Rx
felbamate 600 mg/5 mL oral suspension	P	Rx

Drug Name	Drug Tier	Drug Restriction
ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES		
DEPAKENE 250 MG CAPSULE	P	Rx
DEPAKENE 250 MG/5 ML ORAL SOLUTION	P	Rx
divalproex 125 mg capsule,delayed release sprinkle	P	Rx;QL(Allowed 8 per 1 day)
divalproex 125 mg tablet,delayed release	P	Rx;QL(Allowed 2 per 1 day)
divalproex 250 mg tablet,delayed release	P	Rx;QL(Allowed 3 per 1 day)
divalproex 500 mg tablet,delayed release	P	Rx;QL(Allowed 7 per 1 day)
divalproex ER 250 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 3 per 1 day)
divalproex ER 500 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 7 per 1 day)
valproic acid (as sodium salt) 250 mg/5 mL (5 mL) oral solution	P	Rx

Drug Name	Drug Tier	Drug Restriction
valproic acid (as sodium salt) 250 mg/5 mL oral solution	P	Rx
valproic acid (as sodium salt) 500 mg/10 mL (10 mL) oral solution	P	Rx
valproic acid 250 mg capsule	P	Rx
ANTICONVULSANT - GABA ANALOGS		
gabapentin 100 mg capsule	P	Rx;QL(Allowed 9 per 1 day)
gabapentin 250 mg/5 mL (5 mL) oral solution	P	Rx
gabapentin 250 mg/5 mL oral solution	P	Rx
gabapentin 300 mg capsule	P	Rx;QL(Allowed 9 per 1 day)
gabapentin 300 mg/6 mL (6 mL) oral solution	P	Rx
gabapentin 400 mg capsule	P	Rx;QL(Allowed 9 per 1 day)
gabapentin 600 mg tablet	P	Rx;QL(Allowed 6 per 1 day)

Drug Name	Drug Tier	Drug Restriction
gabapentin 800 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIPECOTIC ACID DERIVATIVES		
tiagabine 12 mg tablet	P	Rx
tiagabine 16 mg tablet	P	Rx
tiagabine 2 mg tablet	P	Rx
tiagabine 4 mg tablet	P	Rx
ANTICONVULSANT - HYDANTOINS		
DILANTIN 30 MG CAPSULE	P	Rx
DILANTIN EXTENDED 100 MG CAPSULE	P	Rx
DILANTIN INFATABS 50 MG CHEWABLE TABLET	P	Rx
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION	P	Rx
phenytoin 100 mg/4 mL oral suspension	P	Rx

Drug Name	Drug Tier	Drug Restriction
phenytoin 125 mg/5 mL oral suspension	P	Rx
phenytoin 50 mg chewable tablet	P	Rx
phenytoin sodium 50 mg/mL intravenous solution	P	Rx
phenytoin sodium 50 mg/mL intravenous syringe	P	Rx
phenytoin sodium extended 100 mg capsule	P	Rx
ANTICONVULSANT - IMINOSTILBENE DERIVATIVES		
carbamazepine 100 mg chewable tablet	P	Rx
carbamazepine 100 mg/5 mL oral suspension	P	Rx
carbamazepine 200 mg tablet	P	Rx
carbamazepine ER 100 mg tablet,extended release,12 hr	P	Rx

Drug Name	Drug Tier	Drug Restriction
carbamazepine ER 200 mg tablet,extended release,12 hr	P	Rx
carbamazepine ER 400 mg tablet,extended release,12 hr	P	Rx
EPITOL 200 MG TABLET	P	Rx
oxcarbazepine 150 mg tablet	P	Rx
oxcarbazepine 300 mg tablet	P	Rx
oxcarbazepine 300 mg/5 mL (60 mg/mL) oral suspension	P	Rx
oxcarbazepine 600 mg tablet	P	Rx
ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES		
topiramate 100 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
topiramate 15 mg sprinkle capsule	P	Rx;QL(Allowed 6 per 1 day)
topiramate 200 mg tablet	P	Rx;QL(Allowed 3 per 1 day)

Drug Name	Drug Tier	Drug Restriction
topiramate 25 mg sprinkle capsule	P	Rx;QL(Allowed 8 per 1 day)
topiramate 25 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
topiramate 50 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES		
lamotrigine 100 mg tablet	P	Rx
lamotrigine 150 mg tablet	P	Rx
lamotrigine 200 mg tablet	P	Rx
lamotrigine 25 mg chewable dispersible tablet	P	Rx
lamotrigine 25 mg tablet	P	Rx
lamotrigine 5 mg chewable dispersible tablet	P	Rx
lamotrigine ER 100 mg tablet,extended release 24 hr	P	ST;Rx;Use lamotrigine IR

Drug Name	Drug Tier	Drug Restriction
lamotrigine ER 200 mg tablet,extended release 24 hr	P	ST;Rx;Use lamotrigine IR
lamotrigine ER 25 mg tablet,extended release 24 hr	P	ST;Rx;Use lamotrigine IR
lamotrigine ER 250 mg tablet,extended release 24 hr	P	ST;Rx;Use lamotrigine IR
lamotrigine ER 300 mg tablet,extended release 24 hr	P	ST;Rx;Use lamotrigine IR
lamotrigine ER 50 mg tablet,extended release 24 hr	P	ST;Rx;Use lamotrigine IR
SUBVENITE 100 MG TABLET	P	Rx
SUBVENITE 150 MG TABLET	P	Rx
SUBVENITE 200 MG TABLET	P	Rx
SUBVENITE 25 MG TABLET	P	Rx
ANTICONVULSANT - PYRROLIDINE DERIVATIVES		

Drug Name	Drug Tier	Drug Restriction
levetiracetam 1,000 mg tablet	P	Rx
levetiracetam 100 mg/mL oral solution	P	Rx;QL(Allowed 16 per 1 day)
levetiracetam 250 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
levetiracetam 500 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
levetiracetam 500 mg/5 mL (5 mL) oral solution	P	Rx;QL(Allowed 16 per 1 day)
levetiracetam 750 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
levetiracetam ER 500 mg tablet,extended release 24 hr	P	ST;Rx;Use levetiracetam IR
levetiracetam ER 750 mg tablet,extended release 24 hr	P	ST;Rx;Use levetiracetam IR
ROWEEPRA 1,000 MG TABLET	P	Rx
ROWEEPRA 500 MG TABLET	P	Rx;QL(Allowed 6 per 1 day)

Drug Name	Drug Tier	Drug Restriction
ROWEEPRA 750 MG TABLET	P	Rx;QL(Allowed 4 per 1 day)
ROWEEPRA XR 500 MG TABLET,EXTENDED RELEASE	P	ST;Rx;Use levetiracetam IR
ROWEEPRA XR 750 MG TABLET,EXTENDED RELEASE	P	ST;Rx;Use levetiracetam IR
ANTICONVULSANT - SUCCINIMIDES		
ethosuximide 250 mg capsule	P	Rx
ethosuximide 250 mg/5 mL oral solution	P	Rx
ANTICONVULSANT - SULFONAMIDE DERIVATIVES		
zonisamide 100 mg capsule	P	Rx
zonisamide 25 mg capsule	P	Rx
zonisamide 50 mg capsule	P	Rx
ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA)		
mirtazapine 15 mg disintegrating tablet	P	Rx;QL(Allowed 3 per 1 day)

Drug Name	Drug Tier	Drug Restriction
mirtazapine 15 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
mirtazapine 30 mg disintegrating tablet	P	Rx;QL(Allowed 1.5 per 1 day)
mirtazapine 30 mg tablet	P	Rx;QL(Allowed 1.5 per 1 day)
mirtazapine 45 mg disintegrating tablet	P	Rx;QL(Allowed 1 per 1 day)
mirtazapine 45 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
mirtazapine 7.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE-TYPES A,B		
phenelzine 15 mg tablet	P	Rx
tranylcypromine 10 mg tablet	P	Rx
ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram 10 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
citalopram 10 mg/5 mL oral solution	P	Rx

Drug Name	Drug Tier	Drug Restriction
citalopram 20 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
citalopram 40 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
escitalopram 10 mg tablet	P	Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
escitalopram 20 mg tablet	P	Rx;AL(Minimum Age 12);QL(Allowed 1 per 1 day)
escitalopram 5 mg tablet	P	Rx;AL(Minimum Age 12);QL(Allowed 4 per 1 day)
fluoxetine 10 mg capsule	P	Rx;QL(Allowed 4 per 1 day)
fluoxetine 10 mg tablet	P	Rx;AL(Minimum Age 7);QL(Allowed 1 per 1 day)
fluoxetine 20 mg capsule	P	Rx;QL(Allowed 4 per 1 day)
fluoxetine 20 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
fluoxetine 20 mg/5 mL (4 mg/mL) oral solution	P	Rx;AL(Maximum Age 6);QL(QL Overtime: Allowed 600 over 30 days)
fluoxetine 40 mg capsule	P	Rx;AL(Minimum Age 7);QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
fluvoxamine 100 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
fluvoxamine 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
fluvoxamine 50 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
paroxetine 10 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
paroxetine 20 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
paroxetine 30 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
paroxetine 40 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
paroxetine ER 12.5 mg tablet,extended release 24 hr	P	Rx
paroxetine ER 25 mg tablet,extended release 24 hr	P	Rx
paroxetine ER 37.5 mg tablet,extended release 24 hr	P	Rx

Drug Name	Drug Tier	Drug Restriction
PAXIL 10 MG/5 ML ORAL SUSPENSION	P	PA;Rx;QL(Allowed 40 per 1 day)
sertraline 100 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
sertraline 20 mg/mL oral concentrate	P	Rx;QL(Allowed 6 per 1 day)
sertraline 25 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
sertraline 50 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST-REUPTAKE INHIBITORS (SARIS)		
nefazodone 100 mg tablet	P	Rx
nefazodone 150 mg tablet	P	Rx
nefazodone 200 mg tablet	P	Rx
nefazodone 250 mg tablet	P	Rx
nefazodone 50 mg tablet	P	Rx
trazodone 100 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
trazodone 150 mg tablet	P	Rx
trazodone 300 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
trazodone 50 mg tablet	P	Rx
ANTIDEPRESSANT - SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate ER 100 mg tablet,extended release 24 hr	P	ST;Rx;QL(Allowed 4 per 1 day);Try trazodone, venlafaxine, or SSRI first
desvenlafaxine succinate ER 25 mg tablet,extended release 24 hr	P	ST;Rx;QL(Allowed 1 per 1 day);Try trazodone, venlafaxine, or SSRI first
desvenlafaxine succinate ER 50 mg tablet,extended release 24 hr	P	ST;Rx;QL(Allowed 1 per 1 day);Try trazodone, venlafaxine, or SSRI first
duloxetine 20 mg capsule,delayed release	P	Rx;AL(Minimum Age 7);QL(Allowed 1 per 1 day)
duloxetine 30 mg capsule,delayed release	P	Rx;AL(Minimum Age 7);QL(Allowed 1 per 1 day)
duloxetine 60 mg capsule,delayed release	P	Rx;AL(Minimum Age 7);QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
venlafaxine 100 mg tablet	P	Rx
venlafaxine 25 mg tablet	P	Rx
venlafaxine 37.5 mg tablet	P	Rx
venlafaxine 50 mg tablet	P	Rx
venlafaxine 75 mg tablet	P	Rx
venlafaxine ER 150 mg capsule,extended release 24 hr	P	Rx;QL(Allowed 2 per 1 day)
venlafaxine ER 150 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 2 per 1 day)
venlafaxine ER 225 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
venlafaxine ER 37.5 mg capsule,extended release 24 hr	P	Rx;QL(Allowed 4 per 1 day)
venlafaxine ER 37.5 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
venlafaxine ER 75 mg capsule,extended release 24 hr	P	Rx;QL(Allowed 5 per 1 day)
venlafaxine ER 75 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
ANTIDEPRESSANT - SSRI AND 5HT1A PARTIAL AGONIST		
VIIBRYD 10 MG TABLET	P	PA;Rx;QL(Allowed 1 per 1 day)
VIIBRYD 20 MG TABLET	P	PA;Rx;QL(Allowed 1 per 1 day)
VIIBRYD 40 MG TABLET	P	PA;Rx;QL(Allowed 1 per 1 day)
ANTIDEPRESSANT - SSRI AND SEROTONIN (5-HT) RECEPTOR MODULATOR		
TRINTELLIX 10 MG TABLET	P	PA;Rx;AL(Minimum Age 18);QL(Allowed 1 per 1 day)
TRINTELLIX 20 MG TABLET	P	PA;Rx;AL(Minimum Age 18);QL(Allowed 1 per 1 day)
TRINTELLIX 5 MG TABLET	P	PA;Rx;AL(Minimum Age 18);QL(Allowed 1 per 1 day)
ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC, PHENOTHIAZINE COMB		
perphenazine-amitriptyline 2 mg-10 mg tablet	P	Rx;QL(Allowed 4 per 1 day)

Drug Name	Drug Tier	Drug Restriction
perphenazine-amitriptyline 2 mg-25 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
perphenazine-amitriptyline 4 mg-10 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
perphenazine-amitriptyline 4 mg-25 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
perphenazine-amitriptyline 4 mg-50 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
ANTIDEPRESSANT-NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)		
bupropion HCl 100 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
bupropion HCl 75 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
bupropion HCl SR 100 mg tablet,12 hr sustained-release	P	Rx;QL(Allowed 4 per 1 day)
bupropion HCl SR 150 mg tablet,12 hr sustained-release	P	Rx;QL(Allowed 3 per 1 day)
bupropion HCl SR 200 mg tablet,12 hr sustained-release	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
bupropion HCl XL 150 mg 24 hr tablet, extended release	P	Rx;QL(Allowed 3 per 1 day)
bupropion HCl XL 300 mg 24 hr tablet, extended release	P	Rx;QL(Allowed 1 per 1 day)
ANTIDEPRESSANT-TRICYCLICS AND RELATED (NON-SELECT REUPTAKE INHIBITORS)		
amitriptyline 10 mg tablet	P	Rx
amitriptyline 100 mg tablet	P	Rx
AMITRIPTYLINE 150 MG TABLET	P	Rx
amitriptyline 25 mg tablet	P	Rx
amitriptyline 50 mg tablet	P	Rx
amitriptyline 75 mg tablet	P	Rx
amoxapine 100 mg tablet	P	Rx
amoxapine 150 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
amoxapine 25 mg tablet	P	Rx
amoxapine 50 mg tablet	P	Rx
clomipramine 75 mg capsule	P	Rx
desipramine 10 mg tablet	P	Rx
desipramine 100 mg tablet	P	Rx
desipramine 150 mg tablet	P	Rx
desipramine 25 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
desipramine 50 mg tablet	P	Rx
desipramine 75 mg tablet	P	Rx
doxepin 10 mg capsule	P	Rx
doxepin 10 mg/mL oral concentrate	P	Rx

Drug Name	Drug Tier	Drug Restriction
doxepin 100 mg capsule	P	Rx
doxepin 150 mg capsule	P	Rx
doxepin 25 mg capsule	P	Rx
doxepin 50 mg capsule	P	Rx
doxepin 75 mg capsule	P	Rx
imipramine 10 mg tablet	P	Rx
imipramine 25 mg tablet	P	Rx
imipramine 50 mg tablet	P	Rx
maprotiline 25 mg tablet	P	Rx
maprotiline 50 mg tablet	P	Rx
maprotiline 75 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
nortriptyline 10 mg capsule	P	Rx
nortriptyline 10 mg/5 mL oral solution	P	Rx;QL(Allowed 20 per 1 day)
nortriptyline 25 mg capsule	P	Rx
nortriptyline 50 mg capsule	P	Rx
nortriptyline 75 mg capsule	P	Rx
ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB		
carbidopa 10 mg-levodopa 100 mg tablet	P	Rx
carbidopa 25 mg-levodopa 100 mg tablet	P	Rx
carbidopa 25 mg-levodopa 250 mg tablet	P	Rx
carbidopa ER 25 mg-levodopa 100 mg tablet,extended release	P	Rx

Drug Name	Drug Tier	Drug Restriction
carbidopa ER 50 mg-levodopa 200 mg tablet,extended release	P	Rx
ANTIPARKINSON ADJUVANT - PERIPHERAL DOPA-DECARBOXYLASE INHIBITORS		
carbidopa 25 mg tablet	P	Rx
ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS		
benztropine 0.5 mg tablet	P	Rx
benztropine 1 mg tablet	P	Rx
benztropine 2 mg tablet	P	Rx
trihexyphenidyl 0.4 mg/mL oral elixir	P	Rx;QL(QL Overtime: Allowed 500 over 30 days)
trihexyphenidyl 2 mg tablet	P	Rx
trihexyphenidyl 5 mg tablet	P	Rx
ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES		
bromocriptine 2.5 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
bromocriptine 5 mg capsule	P	Rx
ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO-B)		
selegiline 5 mg capsule	P	Rx
selegiline 5 mg tablet	P	Rx
ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS		
amantadine HCl 100 mg capsule	P	Rx
amantadine HCl 50 mg/5 mL oral solution	P	Rx
pramipexole 0.125 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
pramipexole 0.25 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
pramipexole 0.5 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
pramipexole 0.75 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
pramipexole 1 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)

Drug Name	Drug Tier	Drug Restriction
pramipexole 1.5 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
ropinirole 0.25 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
ropinirole 0.5 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
ropinirole 1 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
ropinirole 2 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
ropinirole 3 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
ropinirole 4 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
ropinirole 5 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG- BENZISOTHIAZOLONES		
ziprasidone 20 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 2 per 1 day)
ziprasidone 40 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 2 per 1 day)
ziprasidone 60 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
ziprasidone 80 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 2 per 1 day)
ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG- BENZISOXAZOLE DERIV		
risperidone 0.25 mg disintegrating tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 2 per 1 day)
risperidone 0.25 mg tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 4 per 1 day)
risperidone 0.5 mg disintegrating tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 2 per 1 day)
risperidone 0.5 mg tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 4 per 1 day)
risperidone 1 mg disintegrating tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 2 per 1 day)
risperidone 1 mg tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 4 per 1 day)
risperidone 1 mg/mL oral solution	P	Rx;AL(Minimum Age 5);QL(Allowed 4 per 1 day)
risperidone 2 mg disintegrating tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 2 per 1 day)
risperidone 2 mg tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 4 per 1 day)

Drug Name	Drug Tier	Drug Restriction
risperidone 3 mg disintegrating tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 2 per 1 day)
risperidone 3 mg tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 4 per 1 day)
risperidone 4 mg disintegrating tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 2 per 1 day)
risperidone 4 mg tablet	P	Rx;AL(Minimum Age 5);QL(Allowed 4 per 1 day)
ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZODIAZEPINE DER		
clozapine 100 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
clozapine 200 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
clozapine 25 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
clozapine 50 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 3 per 1 day)
ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES		
haloperidol 0.5 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
haloperidol 1 mg tablet	P	Rx;QL(Allowed 3 per 1 day)

Drug Name	Drug Tier	Drug Restriction
haloperidol 10 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
haloperidol 2 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
haloperidol 20 mg tablet	P	Rx
haloperidol 5 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
haloperidol decanoate 100 mg/mL intramuscular solution	P	Rx
haloperidol decanoate 50 mg/mL intramuscular solution	P	Rx
haloperidol lactate 2 mg/mL oral concentrate	P	Rx
ANTIPSYCHOTIC - DIBENZOXAZEPINE DERIVATIVES		
loxapine succinate 10 mg capsule	P	Rx;QL(Allowed 4 per 1 day)
loxapine succinate 25 mg capsule	P	Rx;QL(Allowed 4 per 1 day)

Drug Name	Drug Tier	Drug Restriction
loxapine succinate 5 mg capsule	P	Rx;QL(Allowed 4 per 1 day)
loxapine succinate 50 mg capsule	P	Rx;QL(Allowed 4 per 1 day)
ANTIPSYCHOTIC - DIHYDROINDOLONES		
molindone 10 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
molindone 25 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
molindone 5 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC		
chlorpromazine 10 mg tablet	P	Rx;QL(Allowed 10 per 1 day)
chlorpromazine 100 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
chlorpromazine 200 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
chlorpromazine 25 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
chlorpromazine 50 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE		

Drug Name	Drug Tier	Drug Restriction
fluphenazine 1 mg tablet	P	Rx
fluphenazine 10 mg tablet	P	Rx
fluphenazine 2.5 mg tablet	P	Rx
fluphenazine 5 mg tablet	P	Rx
fluphenazine decanoate 25 mg/mL injection solution	P	Rx
perphenazine 16 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
perphenazine 2 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
perphenazine 4 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
perphenazine 8 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
trifluoperazine 1 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
trifluoperazine 10 mg tablet	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
trifluoperazine 2 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
trifluoperazine 5 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE		
thioridazine 10 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
thioridazine 100 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
thioridazine 25 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
thioridazine 50 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
ANTIPSYCHOTIC - THIOXANTHENES		
thiothixene 1 mg capsule	P	Rx;QL(Allowed 3 per 1 day)
thiothixene 10 mg capsule	P	Rx;QL(Allowed 3 per 1 day)
thiothixene 2 mg capsule	P	Rx;QL(Allowed 3 per 1 day)
thiothixene 5 mg capsule	P	Rx;QL(Allowed 3 per 1 day)
ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZOTHIAZEPINE DER		

Drug Name	Drug Tier	Drug Restriction
quetiapine 100 mg tablet	P	Rx;AL(Minimum Age 10);QL(Allowed 4 per 1 day)
quetiapine 200 mg tablet	P	Rx;AL(Minimum Age 10);QL(Allowed 4 per 1 day)
quetiapine 25 mg tablet	P	Rx;AL(Between 10 And 17);QL(Allowed 4 per 1 day)
quetiapine 300 mg tablet	P	Rx;AL(Minimum Age 10);QL(Allowed 2 per 1 day)
quetiapine 400 mg tablet	P	Rx;AL(Minimum Age 10);QL(Allowed 2 per 1 day)
quetiapine 50 mg tablet	P	Rx;AL(Between 10 And 17);QL(Allowed 4 per 1 day)
ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-THIENOBENZODIAZEPINES		
olanzapine 10 mg tablet	P	Rx;AL(Minimum Age 10);QL(Allowed 2 per 1 day)
olanzapine 15 mg tablet	P	Rx;AL(Minimum Age 10);QL(Allowed 1 per 1 day)
olanzapine 2.5 mg tablet	P	Rx;AL(Minimum Age 10);QL(Allowed 4 per 1 day)
olanzapine 20 mg tablet	P	Rx;AL(Minimum Age 10);QL(Allowed 1 per 1 day)
olanzapine 5 mg tablet	P	Rx;AL(Minimum Age 10);QL(Allowed 4 per 1 day)

Drug Name	Drug Tier	Drug Restriction
olanzapine 7.5 mg tablet	P	Rx;AL(Minimum Age 10);QL(Allowed 2 per 1 day)
ANTIPSYCHOTIC-ATYP SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)		
NUPLAZID 10 MG TABLET	P	PA;Rx;QL(Allowed 1 per 1 day)
NUPLAZID 17 MG TABLET	P	PA;Rx;QL(Allowed 2 per 1 day)
NUPLAZID 34 MG CAPSULE	P	PA;Rx;QL(Allowed 1 per 1 day)
ANTIPSYCHOTIC-ATYPICAL,D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED		
aripiprazole 1 mg/mL oral solution	P	Rx;AL(Minimum Age 6);QL(Allowed 750 per Rx)
aripiprazole 10 mg disintegrating tablet	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)
aripiprazole 10 mg tablet	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)
aripiprazole 15 mg disintegrating tablet	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)
aripiprazole 15 mg tablet	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)
aripiprazole 2 mg tablet	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
aripiprazole 20 mg tablet	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)
aripiprazole 30 mg tablet	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)
aripiprazole 5 mg tablet	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)
ATTENTION DEFICIT-HYPERACT. DISORDER (ADHD)-ALPHA-2 RECEPTOR AGONIST		
clonidine HCl ER 0.1 mg tablet,extended release,12 hr	P	Rx
guanfacine ER 1 mg tablet,extended release 24 hr	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)
guanfacine ER 2 mg tablet,extended release 24 hr	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)
guanfacine ER 3 mg tablet,extended release 24 hr	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)
guanfacine ER 4 mg tablet,extended release 24 hr	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day)
ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE		
dexmethylphenidate 10 mg tablet	P	Rx;AL(Minimum Age 6);QL(Allowed 2 per 1 day);Clinical Edit: ADHD

Drug Name	Drug Tier	Drug Restriction
dexmethylphenidate 2.5 mg tablet	P	Rx;AL(Minimum Age 6);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
dexmethylphenidate 5 mg tablet	P	Rx;AL(Minimum Age 6);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
dextroamphetamine 10 mg tablet	P	Rx;AL(Minimum Age 3);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
dextroamphetamine 12.5 mg tablet	P	Rx;AL(Minimum Age 3);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
dextroamphetamine 15 mg tablet	P	Rx;AL(Minimum Age 3);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
dextroamphetamine 20 mg tablet	P	Rx;AL(Minimum Age 3);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
dextroamphetamine 30 mg tablet	P	Rx;AL(Minimum Age 3);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
dextroamphetamine 5 mg tablet	P	Rx;AL(Minimum Age 3);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
dextroamphetamine 7.5 mg tablet	P	Rx;AL(Minimum Age 3);QL(Allowed 2 per 1 day);Clinical Edit: ADHD

Drug Name	Drug Tier	Drug Restriction
dextroamphetamine ER 10 mg 24hr capsule, extend release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
dextroamphetamine ER 15 mg 24hr capsule, extend release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
dextroamphetamine ER 20 mg 24hr capsule, extend release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
dextroamphetamine ER 25 mg 24hr capsule, extend release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
dextroamphetamine ER 30 mg 24hr capsule, extend release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
dextroamphetamine ER 5 mg 24hr capsule, extend release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD

Drug Name	Drug Tier	Drug Restriction
METADATE ER 20 MG TABLET, EXTENDED RELEASE	P	Rx;AL(Minimum Age 6);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
methylphenidate 10 mg tablet	P	Rx;AL(Minimum Age 3);QL(Allowed 3 per 1 day);Clinical Edit: ADHD
methylphenidate 20 mg tablet	P	Rx;AL(Minimum Age 3);QL(Allowed 3 per 1 day);Clinical Edit: ADHD
methylphenidate 5 mg tablet	P	Rx;AL(Minimum Age 3);QL(Allowed 6 per 1 day);Clinical Edit: ADHD
methylphenidate CD 10 mg biphasic 30-70 capsule, extended release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
methylphenidate CD 20 mg biphasic 30-70 capsule, extended release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
methylphenidate CD 30 mg biphasic 30-70 capsule, extended release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
methylphenidate CD 40 mg biphasic 30-70 capsule, extended release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD

Drug Name	Drug Tier	Drug Restriction
methylphenidate CD 50 mg biphasic 30-70 capsule, extended release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
methylphenidate CD 60 mg biphasic 30-70 capsule, extended release	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
methylphenidate ER 10 mg tablet, extended release	P	Rx;AL(Minimum Age 6);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
methylphenidate ER 18 mg tablet, extended release 24 hr	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
methylphenidate ER 20 mg tablet, extended release	P	Rx;AL(Minimum Age 6);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
methylphenidate ER 27 mg tablet, extended release 24 hr	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD
methylphenidate ER 36 mg tablet, extended release 24 hr	P	Rx;AL(Minimum Age 6);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
methylphenidate ER 54 mg tablet, extended release 24 hr	P	Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD

Drug Name	Drug Tier	Drug Restriction
VYVANSE 10 MG CAPSULE	P	ST;Rx;QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try methylphenidate ER and Adderall XR
VYVANSE 20 MG CAPSULE	P	ST;Rx;QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try methylphenidate ER and Adderall XR
VYVANSE 30 MG CAPSULE	P	ST;Rx;QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try methylphenidate ER and Adderall XR
VYVANSE 40 MG CAPSULE	P	ST;Rx;QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try methylphenidate ER and Adderall XR
VYVANSE 50 MG CAPSULE	P	ST;Rx;QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try methylphenidate ER and Adderall XR
VYVANSE 60 MG CAPSULE	P	ST;Rx;QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try methylphenidate ER and Adderall XR
VYVANSE 70 MG CAPSULE	P	ST;Rx;QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try methylphenidate ER and Adderall XR
ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE		
atomoxetine 10 mg capsule	P	ST;Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try a Stimulant and Amphetamine first

Drug Name	Drug Tier	Drug Restriction
atomoxetine 100 mg capsule	P	ST;Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try a Stimulant and Amphetamine first
atomoxetine 18 mg capsule	P	ST;Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try a Stimulant and Amphetamine first
atomoxetine 25 mg capsule	P	ST;Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try a Stimulant and Amphetamine first
atomoxetine 40 mg capsule	P	ST;Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try a Stimulant and Amphetamine first
atomoxetine 60 mg capsule	P	ST;Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try a Stimulant and Amphetamine first
atomoxetine 80 mg capsule	P	ST;Rx;AL(Minimum Age 6);QL(Allowed 1 per 1 day);Clinical Edit: ADHD; Try a Stimulant and Amphetamine first
BIPOLAR THERAPY AGENTS - LITHIUM		
lithium carbonate 150 mg capsule	P	Rx
lithium carbonate 300 mg capsule	P	Rx
lithium carbonate 300 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
lithium carbonate 600 mg capsule	P	Rx
lithium carbonate ER 300 mg tablet,extended release	P	Rx
lithium carbonate ER 450 mg tablet,extended release	P	Rx
lithium citrate 8 mEq/5 mL oral solution	P	Rx
LITHOBID 300 MG TABLET,EXTENDED RELEASE	P	Rx
CNS STIMULANT - AMPHETAMINES		
DEXTROAMPHETAMINE 10 MG TABLET	P	Rx;AL(Minimum Age 3);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
dextroamphetamine 5 mg tablet	P	Rx;AL(Minimum Age 3);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
dextroamphetamine ER 10 mg capsule,extended release	P	Rx;AL(Minimum Age 6);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
dextroamphetamine ER 15 mg capsule,extended release	P	Rx;AL(Minimum Age 6);QL(Allowed 2 per 1 day);Clinical Edit: ADHD

Drug Name	Drug Tier	Drug Restriction
dextroamphetamine ER 5 mg capsule,extended release	P	Rx;AL(Minimum Age 6);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
ZENZEDI 10 MG TABLET	P	Rx;AL(Minimum Age 3);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
ZENZEDI 5 MG TABLET	P	Rx;AL(Minimum Age 3);QL(Allowed 2 per 1 day);Clinical Edit: ADHD
CNS STIMULANT - ANALEPTICS, METHYLXANTHINE-TYPE		
caffeine citrate 60 mg/3 mL (20 mg/mL) oral solution	P	Rx;QL(Allowed 45 per Rx)
FIBROMYALGIA AGENTS - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)		
SAVELLA 100 MG TABLET	P	PA;Rx;QL(Allowed 2 per 1 day)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK	P	PA;Rx;QL(QL Overtime: Allowed 55 over 365 days)
SAVELLA 12.5 MG TABLET	P	PA;Rx;QL(Allowed 2 per 1 day)
SAVELLA 25 MG TABLET	P	PA;Rx;QL(Allowed 2 per 1 day)
SAVELLA 50 MG TABLET	P	PA;Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
HSDD AGENTS-NON-SELECTIVE MELANOCORTIN RECEPTOR AGONIST		
VYLEESI 1.75 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR	P	PA;Rx;SP
HYPNOTICS - MELATONIN - SINGLE AGENTS		
melatonin 3 mg disintegrating tablet	P	Rx;QL(Allowed 1 per 1 day)
melatonin 3 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
melatonin 5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
HYPNOTICS - MELATONIN COMBINATIONS		
melatonin-pyridoxine HCl (vitamin B6) 3 mg-10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
MIGRAINE THERAPY - ERGOT ALKALOIDS AND DERIVATIVES		
dihydroergotamine 0.5 mg/pump act. (4 mg/mL) nasal spray	P	Rx;AL(Minimum Age 18)
dihydroergotamine 1 mg/mL injection solution	P	Rx;AL(Minimum Age 18)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY	P	Rx;AL(Minimum Age 18)
MIGRAINE THERAPY - ERGOT COMBINATIONS		

Drug Name	Drug Tier	Drug Restriction
ergotamine 1 mg-caffeine 100 mg tablet	P	Rx;AL(Minimum Age 18)
MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
eletriptan 20 mg tablet	P	Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 6 over 30 days)
eletriptan 40 mg tablet	P	Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 6 over 30 days)
naratriptan 1 mg tablet	P	Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 9 over 30 days)
naratriptan 2.5 mg tablet	P	Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 9 over 30 days)
rizatriptan 10 mg disintegrating tablet	P	Rx;QL(QL Overtime: Allowed 12 over 30 days)
rizatriptan 10 mg tablet	P	Rx;AL(Minimum Age 6);QL(QL Overtime: Allowed 12 over 30 days)
rizatriptan 5 mg disintegrating tablet	P	Rx;QL(QL Overtime: Allowed 12 over 30 days)
rizatriptan 5 mg tablet	P	Rx;AL(Minimum Age 6);QL(QL Overtime: Allowed 12 over 30 days)
sumatriptan 100 mg tablet	P	Rx;AL(Minimum Age 12);QL(QL Overtime: Allowed 9 over 30 days)

Drug Name	Drug Tier	Drug Restriction
sumatriptan 20 mg/actuation nasal spray	P	Rx;AL(Minimum Age 12);QL(QL Overtime: Allowed 6 over 30 days)
sumatriptan 25 mg tablet	P	Rx;AL(Minimum Age 12);QL(QL Overtime: Allowed 9 over 30 days)
sumatriptan 5 mg/actuation nasal spray	P	Rx;AL(Minimum Age 12);QL(QL Overtime: Allowed 6 over 30 days)
sumatriptan 50 mg tablet	P	Rx;AL(Minimum Age 12);QL(QL Overtime: Allowed 9 over 30 days)
sumatriptan 6 mg/0.5 mL subcutaneous cartridge (refill)	P	Rx;AL(Minimum Age 12);QL(QL Overtime: Allowed 2 over 30 days)
sumatriptan 6 mg/0.5 mL subcutaneous pen injector	P	Rx;AL(Minimum Age 12);QL(QL Overtime: Allowed 2 over 30 days)
sumatriptan 6 mg/0.5 mL subcutaneous solution	P	Rx;AL(Minimum Age 12);QL(QL Overtime: Allowed 2.5 over 30 days)
sumatriptan 6 mg/0.5 mL subcutaneous syringe	P	Rx;AL(Minimum Age 12);QL(QL Overtime: Allowed 2 over 30 days)
zolmitriptan 2.5 mg disintegrating tablet	P	Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 6 over 30 days)
zolmitriptan 2.5 mg tablet	P	Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 6 over 30 days)

Drug Name	Drug Tier	Drug Restriction
zolmitriptan 5 mg disintegrating tablet	P	Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 6 over 30 days)
zolmitriptan 5 mg tablet	P	Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 6 over 30 days)
ZOMIG 5 MG NASAL SPRAY	P	Rx;AL(Minimum Age 12);QL(QL Overtime: Allowed 6 over 30 days)
SEDATIVE-HYPNOTIC - ANTIHISTAMINES		
ALKA-SELTZER PLUS ALLERGY 25 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)
Compoz 25 mg tablet	P	OTC
NIGHTTIME SLEEP 50 MG CAPSULE	P	OTC
NightTime Sleep Aid (diphenhydramine) 25 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
NIGHTTIME SLEEP AID (DIPHENHYDRAMINE) 50 MG CAPSULE	P	OTC
Nighttime Sleep-Aid (doxylamine) 25 mg tablet	P	OTC
ORMIR 50 MG CAPSULE	P	OTC

Drug Name	Drug Tier	Drug Restriction
SIMPLY SLEEP 25 MG TABLET	P	OTC;QL(Allowed 1 per 1 day)
Sleep 25 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
Sleep Aid (diphenhydramine) 25 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
SLEEP AID (DIPHENHYDRAMINE) 50 MG CAPSULE	P	OTC
SLEEP AID (DOXYLAMINE) 25 MG TABLET	P	OTC
SLEEP AID MAX STRENGTH (DIPHENHYDRAMINE) 50 MG CAPSULE	P	OTC
Sleep II 25 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
SLEEP TABLET (DIPHENHYDRAMINE) 25 MG TABLET	P	OTC;QL(Allowed 1 per 1 day)
Sleep-Tabs 25 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
ULTRA SLEEP (DOXYLAMINE SUCCINATE) 25 MG TABLET	P	OTC

Drug Name	Drug Tier	Drug Restriction
Wal-Som (diphenhydramine) 50 mg capsule	P	OTC
Wal-Som (doxylamine) 25 mg tablet	P	OTC
SEDATIVE-HYPNOTIC - BENZODIAZEPINES		
flurazepam 15 mg capsule	P	Rx;AL(Between 18 And 65)
flurazepam 30 mg capsule	P	Rx;AL(Between 18 And 65)
temazepam 15 mg capsule	P	Rx;AL(Minimum Age 18)
temazepam 30 mg capsule	P	Rx;AL(Minimum Age 18)
triazolam 0.125 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 1 per 1 day)
triazolam 0.25 mg tablet	P	Rx;AL(Minimum Age 18);QL(Allowed 1 per 1 day)
SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS		
zaleplon 10 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 2 per 1 day)
zaleplon 5 mg capsule	P	Rx;AL(Minimum Age 18);QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
zolpidem 10 mg tablet	P	Rx;AL(Minimum Age 21);QL(QL Overtime: Allowed 14 over 31 days)
zolpidem 5 mg tablet	P	Rx;AL(Minimum Age 21);QL(QL Overtime: Allowed 14 over 31 days)
CHEMICAL DEPENDENCY, AGENTS TO TREAT		
AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE		
BUNAVAIL 2.1 MG-0.3 MG BUCCAL FILM	P	PA;Rx
BUNAVAIL 4.2 MG-0.7 MG BUCCAL FILM	P	PA;Rx
BUNAVAIL 6.3 MG-1 MG BUCCAL FILM	P	PA;Rx
buprenorphine 12 mg-naloxone 3 mg sublingual film	P	PA;Rx;QL(Allowed 2 per 1 day)
buprenorphine 2 mg-naloxone 0.5 mg sublingual film	P	PA;Rx;QL(Allowed 1 per 1 day)
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet	P	Rx;QL(Allowed 3 per 1 day)
buprenorphine 4 mg-naloxone 1 mg sublingual film	P	PA;Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
buprenorphine 8 mg-naloxone 2 mg sublingual film	P	PA;Rx;QL(Allowed 2 per 1 day)
buprenorphine 8 mg-naloxone 2 mg sublingual tablet	P	Rx;QL(Allowed 3 per 1 day)
buprenorphine HCl 2 mg sublingual tablet	P	PA;Rx
buprenorphine HCl 8 mg sublingual tablet	P	PA;Rx
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	P	PA;Rx;QL(Allowed 2 per 1 day)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET	P	PA;Rx
ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET	P	PA;Rx
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET	P	PA;Rx
ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET	P	PA;Rx

Drug Name	Drug Tier	Drug Restriction
ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET	P	PA;Rx
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET	P	PA;Rx
ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE		
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	P	Rx;SP
ALCOHOL DETERRENTS		
disulfiram 250 mg tablet	P	Rx
SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)-TYPE		
bupropion HCl 150 mg tablet, 12 hr sustained-release(smoking deterrent)		Rx;AL(Minimum Age 18);QL(Allowed 2 per 1 day)
SMOKING DETERRENTS - NICOTINE-TYPE		
Nicorelief 2 mg gum		OTC;QL(Allowed 24 per 1 day)
Nicorelief 4 mg gum		OTC;QL(Allowed 24 per 1 day)

Drug Name	Drug Tier	Drug Restriction
nicotine (polacrilex) 2 mg buccal lozenge		OTC;QL(Allowed 20 per 1 day)
nicotine (polacrilex) 2 mg buccal mini lozenge		OTC;QL(Allowed 20 per 1 day)
nicotine (polacrilex) 2 mg gum		OTC;QL(Allowed 24 per 1 day)
nicotine (polacrilex) 4 mg buccal lozenge		OTC;QL(Allowed 20 per 1 day)
nicotine (polacrilex) 4 mg buccal mini lozenge		OTC;QL(Allowed 20 per 1 day)
nicotine (polacrilex) 4 mg gum		OTC;QL(Allowed 24 per 1 day)
nicotine 14 mg/24 hr daily transdermal patch		OTC;QL(Allowed 1 per 1 day)
nicotine 21 mg/24 hr daily transdermal patch		OTC;QL(Allowed 1 per 1 day)
nicotine 21mg/24hr-14mg/24hr-7mg/24hr daily transderm patch, sequential		OTC

Drug Name	Drug Tier	Drug Restriction
nicotine 7 mg/24 hr daily transdermal patch		OTC;QL(Allowed 1 per 1 day)
NICOTROL 10 MG INHALATION CARTRIDGE		Rx;QL(Allowed 16.8 per 1 day);QL (Limit 3 package(s) per 30 days)
NICOTROL NS 10 MG/ML NASAL SPRAY		Rx;QL(Allowed 4 per 1 day)
NTS Step 1 21 mg/24 hr transdermal 24 hour patch		OTC;QL(Allowed 1 per 1 day)
Quit 2 mg buccal lozenge		OTC;QL(Allowed 20 per 1 day)
Quit 2 mg gum		OTC;QL(Allowed 24 per 1 day)
Quit 4 mg buccal lozenge		OTC;QL(Allowed 20 per 1 day)
Quit 4 mg gum		OTC;QL(Allowed 24 per 1 day)
Stop Smoking Aid 2 mg buccal lozenge		OTC;QL(Allowed 20 per 1 day)
Stop Smoking Aid 4 mg buccal lozenge		OTC;QL(Allowed 20 per 1 day)
SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2		

Drug Name	Drug Tier	Drug Restriction
CHANTIX 0.5 MG TABLET		Rx;AL(Minimum Age 18);QL(Allowed 2 per 1 day)
CHANTIX 1 MG TABLET		Rx;AL(Minimum Age 18);QL(Allowed 2 per 1 day)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET		Rx;AL(Minimum Age 18);QL(Allowed 2 per 1 day)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK		Rx;AL(Minimum Age 18);QL(Allowed 53 per Rx)
CHEMICALS-PHARMACEUTICAL ADJUVANTS		
BULK CHEMICALS		
caffeine citrate (bulk) powder	P	OTC;QL(Allowed 45 per Rx)
formaldehyde (bulk) 10 % solution	P	Rx;QL(Allowed 90 per Rx)
grape flavor (bulk) liquid	P	Rx
hyoscyamine sulfate (bulk) powder	P	Rx
lanolin (bulk) wax	P	Rx

Drug Name	Drug Tier	Drug Restriction
Moisture Recovery lotion	P	Rx
omeprazole (bulk) 100 % powder	P	PA;Rx
promethazine (bulk) 100 % powder	P	PA;Rx
PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES		
NEBUSAL 3 % SOLUTION FOR NEBULIZATION	P	Rx
sodium chloride 0.9 % for nebulization	P	OTC
sodium chloride 10 % for nebulization	P	Rx
sodium chloride 3 % for nebulization	P	Rx
PHARMACEUTICAL ADJUVANT - ORAL THICKENING AGENTS		
Simplythick 12 gram oral gel packet	P	PA;Rx;AL(Minimum Age 1);QL(Allowed 1816 per Rx)
Simplythick 120 gram oral gel packet	P	PA;Rx;AL(Minimum Age 1);QL(Allowed 1816 per Rx)
Simplythick 15 gram oral gel	P	PA;Rx;AL(Minimum Age 1);QL(Allowed 1816 per Rx)

Drug Name	Drug Tier	Drug Restriction
Simplythick 15 gram oral gel packet	P	PA;Rx;AL(Minimum Age 1);QL(Allowed 1816 per Rx)
Simplythick 15 gram oral gel with pump	P	PA;Rx;AL(Minimum Age 1);QL(Allowed 1816 per Rx)
Simplythick 240 gram oral gel packet	P	PA;Rx;AL(Minimum Age 1);QL(Allowed 1816 per Rx)
Simplythick 30 gram oral gel packet	P	PA;Rx;AL(Minimum Age 1);QL(Allowed 1816 per Rx)
Simplythick 48 gram oral gel packet	P	PA;Rx;AL(Minimum Age 1);QL(Allowed 1816 per Rx)
Simplythick 6 gram oral gel packet	P	PA;Rx;AL(Minimum Age 1);QL(Allowed 1816 per Rx)
Simplythick 6 gram/pump actuation oral gel with pump	P	PA;Rx;AL(Minimum Age 1);QL(Allowed 1816 per Rx)
Simplythick 96 gram oral gel packet	P	PA;Rx;AL(Minimum Age 1);QL(Allowed 1816 per Rx)
PHARMACEUTICAL ADJUVANT - ORAL VEHICLES		
Base, PCCA Syrup Vehicle oral liquid	P	Rx
Blended Suspending Compound oral	P	Rx

Drug Name	Drug Tier	Drug Restriction
compounding vehicle suspension sugar-free no.12 oral	P	Rx
Flavor Blend 2 in 1 oral suspension	P	Rx
Flavor Plus oral suspension	P	Rx
Flavor Sweet oral liquid	P	Rx
Flavor Sweet-SF oral liquid	P	Rx
MX-Sol Blend oral suspension	P	Rx
MX-Sol Blend SF oral suspension	P	Rx
MX-Sol oral liquid	P	Rx
MX-Sol SF oral liquid	P	Rx
MX-Sol Suspend oral	P	Rx
Ora-Blend oral suspension	P	Rx

Drug Name	Drug Tier	Drug Restriction
Ora-Blend SF oral suspension	P	Rx
Oral Mix oral suspension	P	Rx
Oral Mix SF oral suspension	P	Rx
Oral Suspend oral	P	Rx
Oral Suspending Compound Plus oral	P	Rx
Oral Syrup oral liquid	P	Rx
Oral Syrup SF oral liquid	P	Rx
Ora-Plus oral suspension	P	Rx
Ora-Sweet oral liquid	P	Rx
Ora-Sweet SF oral liquid	P	Rx
PCCA-Plus Base oral suspension	P	Rx

Drug Name	Drug Tier	Drug Restriction
simple syrup	P	Rx
sorbitol 70 % solution	P	OTC
SuspendRx Anhydrous Sweetened oral	P	Rx
SuspendRx Anhydrous Unsweetened oral	P	Rx
Sweetening Suspending Compounding Vehicle oral syrup	P	Rx
Sweet-SF oral liquid	P	Rx
SyrPalta Vehicle oral syrup	P	Rx
SyrSpend SF Liquid oral suspension	P	Rx
Syrup Vehicle SF oral solution	P	Rx
Versa Free oral solution	P	Rx

Drug Name	Drug Tier	Drug Restriction
Versa Plus oral suspension	P	Rx
COGNITIVE DISORDER THERAPY		
ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS		
donepezil 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
donepezil 5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
galantamine 12 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
galantamine 4 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
galantamine 4 mg/mL oral solution	P	Rx;QL(Allowed 6 per 1 day)
galantamine 8 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
galantamine ER 16 mg 24 hr capsule,extended release	P	Rx;QL(Allowed 1 per 1 day)
galantamine ER 24 mg 24 hr capsule,extended release	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
galantamine ER 8 mg 24 hr capsule, extended release	P	Rx;QL(Allowed 1 per 1 day)
rivastigmine 1.5 mg capsule	P	PA;Rx;QL(Allowed 2 per 1 day)
rivastigmine 3 mg capsule	P	PA;Rx;QL(Allowed 2 per 1 day)
rivastigmine 4.5 mg capsule	P	PA;Rx;QL(Allowed 2 per 1 day)
rivastigmine 4.6 mg/24 hour transdermal patch	P	PA;Rx;QL(Allowed 1 per 1 day)
rivastigmine 6 mg capsule	P	PA;Rx;QL(Allowed 2 per 1 day)
rivastigmine 9.5 mg/24 hour transdermal patch	P	PA;Rx;QL(Allowed 1 per 1 day)
ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS		
memantine 10 mg tablet	P	PA;Rx;QL(Allowed 2 per 1 day)
memantine 2 mg/mL oral solution	P	PA;Rx;QL(Allowed 2 per 1 day)
memantine 5 mg tablet	P	PA;Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
memantine 5 mg-10 mg tablets in a dose pack	P	PA;Rx;QL (Limit 1 package(s) per 28 days)
CONTRACEPTIVES		
CONTRACEPTIVE INJECTABLE - PROGESTIN		
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE	P	Rx;QL(Allowed 1 per Rx);QL (Limit 84 days supply(ies) per fill)
medroxyprogesterone 150 mg/mL intramuscular suspension	P	Rx;QL(Allowed 1 per Rx);QL (Limit 84 days supply(ies) per fill)
medroxyprogesterone 150 mg/mL intramuscular syringe	P	Rx;QL(Allowed 1 per Rx);QL (Limit 84 days supply(ies) per fill)
CONTRACEPTIVE ORAL - BIPHASIC		
Amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets, 3 month dose pack		Rx;QL(Allowed 91 per Rx);QL (Limit 91 days supply(ies) per fill)
Ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets, 3 month dose pack		Rx;QL(Allowed 91 per Rx);QL (Limit 91 days supply(ies) per fill)
Azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet		Rx

Drug Name	Drug Tier	Drug Restriction
Bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet		Rx
Camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack		Rx;QL(Allowed 91 per Rx);QL (Limit 91 days supply(ies) per fill)
Daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack		Rx;QL(Allowed 91 per Rx);QL (Limit 91 days supply(ies) per fill)
desogestrel-e.estradiol 0.15 mg-0.02 mg(21)/e.estradiol 0.01 mg(5) tablet		Rx
Kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet		Rx
Kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet		Rx
L norgest/E estradiol-E estradiol 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3mos		Rx;QL(Allowed 91 per Rx);QL (Limit 91 days supply(ies) per fill)
Necon 10/11 (28) 0.5 mg-35 mcg(10)/1 mg-35 mcg(11) tablet		Rx

Drug Name	Drug Tier	Drug Restriction
Pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet		Rx
Simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet		Rx
Simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack		Rx;QL(Allowed 91 per Rx)
Viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet		Rx
CONTRACEPTIVE ORAL - MONOPHASIC		
ALTAVERA (28) 0.15 MG-0.03 MG TABLET		Rx
Alyacen 1/35 (28) 1 mg-35 mcg tablet		Rx
Apri 0.15 mg-0.03 mg tablet		Rx
Aubra 0.1 mg-20 mcg tablet		Rx
Aubra EQ 0.1 mg-20 mcg tablet		Rx

Drug Name	Drug Tier	Drug Restriction
Aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet		Rx
Aurovela 1/20 (21) 1 mg-20 mcg tablet		Rx
Aurovela Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet		Rx
Aurovela Fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet		Rx
Aviane 0.1 mg-20 mcg tablet		Rx
Ayuna 0.15 mg-0.03 mg tablet		Rx
Balziva (28) 0.4 mg-35 mcg tablet		Rx
Blisovi Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet		Rx
Blisovi Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet		Rx
Briellyn 0.4 mg-35 mcg tablet		Rx

Drug Name	Drug Tier	Drug Restriction
Chateal (28) 0.15 mg-0.03 mg tablet		Rx
Chateal EQ (28) 0.15 mg-0.03 mg tablet		Rx
Cryselle (28) 0.3 mg-30 mcg tablet		Rx;QL(Allowed 2 per 1 day)
Cyclafem 1/35 (28) 1 mg-35 mcg tablet		Rx
Cyred 0.15 mg-0.03 mg tablet		Rx
Cyred EQ 0.15 mg-0.03 mg tablet		Rx
Dasetta 1/35 (28) 1 mg-35 mcg tablet		Rx
Delyla (28) 0.1 mg-20 mcg tablet		Rx
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet		Rx
drospirenone 3 mg-ethinyl estradiol 0.02 mg tablet		Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
drospirenone 3 mg-ethinyl estradiol 0.03 mg tablet		Rx;QL(Allowed 1 per 1 day)
Elinest 0.3 mg-30 mcg tablet		Rx;QL(Allowed 2 per 1 day)
Emoquette 0.15 mg-0.03 mg tablet		Rx
Enskyce 0.15 mg-0.03 mg tablet		Rx
Estarylla 0.25 mg-35 mcg tablet		Rx
ethynodiol diacetate-ethinyl estradiol 1 mg-35 mcg tablet		Rx;QL(Allowed 1 per 1 day)
ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet		Rx;QL(Allowed 1 per 1 day)
Falmina (28) 0.1 mg-20 mcg tablet		Rx
Femynor 0.25 mg-35 mcg tablet		Rx
Gianvi (28) 3 mg-0.02 mg tablet		Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Gildagia 0.4 mg-35 mcg tablet		Rx
Introvale 0.15 mg-30 mcg (91) tablets,3 month dose pack		Rx;QL(Allowed 91 per Rx);QL (Limit 91 days supply(ies) per fill)
Isibloom 0.15 mg-0.03 mg tablet		Rx
Jasmiel (28) 3 mg-0.02 mg tablet		Rx;QL(Allowed 1 per 1 day)
Jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack		Rx;QL(Allowed 91 per Rx);QL (Limit 91 days supply(ies) per fill)
Juleber 0.15 mg-0.03 mg tablet		Rx
Junel 1.5/30 (21) 1.5 mg-30 mcg tablet		Rx
Junel 1/20 (21) 1 mg-20 mcg tablet		Rx
Junel FE 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet		Rx
Junel FE 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet		Rx

Drug Name	Drug Tier	Drug Restriction
Kaitlib Fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet		Rx
Kalliga 0.15 mg-0.03 mg tablet		Rx
Kelnor 1/35 (28) 1 mg-35 mcg tablet		Rx;QL(Allowed 1 per 1 day)
Kelnor 1-50 1 mg-50 mcg tablet		Rx;QL(Allowed 1 per 1 day)
Kurvelo (28) 0.15 mg-0.03 mg tablet		Rx
Larin 1.5/30 (21) 1.5 mg-30 mcg tablet		Rx
Larin 1/20 (21) 1 mg-20 mcg tablet		Rx
Larin Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet		Rx
Larin Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet		Rx
Larissia 0.1 mg-20 mcg tablet		Rx

Drug Name	Drug Tier	Drug Restriction
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET		Rx
LESSINA 0.1 MG-20 MCG TABLET		Rx
levonorgestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet		Rx
levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91)		Rx;QL(Allowed 91 per Rx);QL (Limit 91 days supply(ies) per fill)
levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet		Rx
LEVORA-28 0.15 MG-0.03 MG TABLET		Rx
Lillow (28) 0.15 mg-0.03 mg tablet		Rx
Loryna (28) 3 mg-0.02 mg tablet		Rx;QL(Allowed 1 per 1 day)
Low-Ogestrel (28) 0.3 mg-30 mcg tablet		Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Lo-Zumandimine (28) 3 mg-0.02 mg tablet		Rx;QL(Allowed 1 per 1 day)
LUTERA (28) 0.1 MG-20 MCG TABLET		Rx
Marlissa (28) 0.15 mg-0.03 mg tablet		Rx
MICROGESTIN 1.5/30 (21) 1.5 MG-30 MCG TABLET		Rx
Microgestin 1/20 (21) 1 mg-20 mcg tablet		Rx
MICROGESTIN FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET		Rx
MICROGESTIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET		Rx
Mili 0.25 mg-35 mcg tablet		Rx
Mono-Linyah 0.25 mg-35 mcg tablet		Rx
MONONESSA (28) 0.25 MG-35 MCG TABLET		Rx

Drug Name	Drug Tier	Drug Restriction
NECON 0.5/35 (28) 0.5 MG-35 MCG TABLET		Rx
Necon 1/50 (28) 1 mg-50 mcg tablet		Rx
Nikki (28) 3 mg-0.02 mg tablet		Rx;QL(Allowed 1 per 1 day)
norethindrone 1 mg-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet		Rx
norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet		Rx
norethin-ethinyl estradiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet		Rx
norethin-ethinyl estradiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet		Rx
norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet		Rx

Drug Name	Drug Tier	Drug Restriction
NORTREL 0.5/35 (28) 0.5 MG-35 MCG TABLET		Rx
Nortrel 1/35 (21) 1 mg-35 mcg tablet		Rx
Nortrel 1/35 (28) 1 mg-35 mcg tablet		Rx
Ocella 3 mg-0.03 mg tablet		Rx;QL(Allowed 1 per 1 day)
Ogestrel (28) 0.5 mg-50 mcg tablet		Rx
Orsythia 0.1 mg-20 mcg tablet		Rx
Philith 0.4 mg-35 mcg tablet		Rx
Pirmella 1 mg-35 mcg tablet		Rx
Portia 28 0.15 mg-0.03 mg tablet		Rx
PREVIFEM 0.25 MG-35 MCG TABLET		Rx
Quasense 0.15 mg-30 mcg (91) tablets,3 month dose pack		Rx;QL(Allowed 91 per Rx)

Drug Name	Drug Tier	Drug Restriction
Reclipsen (28) 0.15 mg-0.03 mg tablet		Rx
Setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack		Rx;QL(Allowed 91 per Rx);QL (Limit 91 days supply(ies) per fill)
Sprintec (28) 0.25 mg-35 mcg tablet		Rx
Sronyx 0.1 mg-20 mcg tablet		Rx
Syeda 3 mg-0.03 mg tablet		Rx;QL(Allowed 1 per 1 day)
Tarina Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet		Rx
Tarina Fe 1-20 EQ (28) 1 mg-20 mcg (21)/75 mg (7) tablet		Rx
Vestura (28) 3 mg-0.02 mg tablet		Rx;QL(Allowed 1 per 1 day)
Vienva 0.1 mg-20 mcg tablet		Rx
Vyfemla (28) 0.4 mg-35 mcg tablet		Rx

Drug Name	Drug Tier	Drug Restriction
VyLibra 0.25 mg-35 mcg tablet		Rx
Wera (28) 0.5 mg-35 mcg tablet		Rx
Wymzya Fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet		Rx
Zarah 3 mg-0.03 mg tablet		Rx;QL(Allowed 1 per 1 day)
Zenchent (28) 0.4 mg-35 mcg tablet		Rx
ZENCHENT FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET		Rx
Zovia 1/35E (28) 1 mg-35 mcg tablet		Rx;QL(Allowed 1 per 1 day)
Zovia 1/50E (28) 1 mg-50 mcg tablet		Rx;QL(Allowed 1 per 1 day)
Zumandimine (28) 3 mg-0.03 mg tablet		Rx;QL(Allowed 1 per 1 day)
CONTRACEPTIVE ORAL - PROGESTIN		
CAMILA 0.35 MG TABLET		Rx

Drug Name	Drug Tier	Drug Restriction
Deblitane 0.35 mg tablet		Rx
ERRIN 0.35 MG TABLET		Rx
Heather 0.35 mg tablet		Rx
Incassia 0.35 mg tablet		Rx
Jencycla 0.35 mg tablet		Rx
JOLIVETTE 0.35 MG TABLET		Rx
Lyza 0.35 mg tablet		Rx
Nora-BE 0.35 mg tablet		Rx
norethindrone (contraceptive) 0.35 mg tablet		Rx
Norlyda 0.35 mg tablet		Rx
Norlyroc 0.35 mg tablet		Rx

Drug Name	Drug Tier	Drug Restriction
Sharobel 0.35 mg tablet		Rx
Tulana 0.35 mg tablet		Rx
CONTRACEPTIVE ORAL - TRIPHASIC		
Alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet		Rx
ARANELLE (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET		Rx
Caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet		Rx
Cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet		Rx
Dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet		Rx
Enpresse 50-30 (6)/75-40(5)/125-30(10) tablet		Rx

Drug Name	Drug Tier	Drug Restriction
l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet		Rx
Leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet		Rx
Levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet		Rx
Myzilra 50-30 (6)/75-40(5)/125-30(10) tablet		Rx
Necon 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet		Rx
norgestimate 0.18 mg/0.215 mg/0.25 mg-ethinyl estradiol 25 mcg tablet		Rx
norgestimate-ethinyl estradiol 0.18 mg/0.215mg/0.25mg-35 mcg(28)tablet		Rx
Nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet		Rx

Drug Name	Drug Tier	Drug Restriction
Pirmella 0.5/0.75/1 mg-35 mcg tablet		Rx
TILIA FE 1-20 (5)/1-30(7)/1MG- 35MCG(9) TABLET		Rx
Tri Femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet		Rx
Tri-Estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet		Rx
Tri-Legest Fe 1- 20 (5)/1- 30(7)/1mg- 35mcg(9) tablet		Rx
Tri-Linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet		Rx
Tri-Lo-Estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet		Rx
Tri-Lo-Marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet		Rx

Drug Name	Drug Tier	Drug Restriction
Tri-Lo-Mili 0.18/0.215/0.25 mg-25 mcg tablet		Rx
Tri-Lo-Sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet		Rx
Tri-Mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet		Rx
TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET		Rx
TriNessa Lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet		Rx
TRI-PREVIFEM (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET		Rx
Tri-Sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet		Rx

Drug Name	Drug Tier	Drug Restriction
TRIVORA (28) 50-30 (6)/75-40(5)/125-30(10) TABLET		Rx
Tri-VyLibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet		Rx
Tri-VyLibra Lo 0.18/0.215/0.25 mg-25 mcg tablet		Rx
VELIVET TRIPHASIC REGIMEN (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET		Rx
CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB.		
XULANE 150 MCG-35 MCG/24 HR TRANSDERMAL PATCH		Rx;QL(QL Overtime: Allowed 3 over 28 days)
CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB.		
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL		Rx;QL(Allowed 1 per Rx)
EMERGENCY CONTRACEPTIVES		
Aftera 1.5 mg tablet		OTC;QL(QL Overtime: Allowed 1 over 21 days)

Drug Name	Drug Tier	Drug Restriction
EContra EZ 1.5 mg tablet		OTC;QL(QL Overtime: Allowed 1 over 21 days)
Econtra One-Step 1.5 mg tablet		OTC;QL(QL Overtime: Allowed 1 over 21 days)
ELLA 30 MG TABLET	P	Rx;QL(QL Overtime: Allowed 4 over 365 days)
Fallback Solo 1.5 mg tablet		OTC;QL(QL Overtime: Allowed 1 over 21 days)
levonorgestrel 1.5 mg tablet		OTC;QL(QL Overtime: Allowed 1 over 21 days)
My Choice 1.5 mg tablet		OTC;QL(QL Overtime: Allowed 1 over 21 days)
MY WAY 1.5 MG TABLET		OTC;QL(QL Overtime: Allowed 1 over 21 days)
New Day 1.5 mg tablet		OTC;QL(QL Overtime: Allowed 1 over 21 days)
Next Choice One Dose 1.5 mg tablet		Rx;QL(QL Overtime: Allowed 1 over 21 days)
Opcicon One-Step 1.5 mg tablet		OTC;QL(QL Overtime: Allowed 1 over 21 days)
Option-2 1.5 mg tablet		OTC;QL(QL Overtime: Allowed 1 over 21 days)

Drug Name	Drug Tier	Drug Restriction
TAKE ACTION 1.5 MG TABLET		OTC;QL(QL Overtime: Allowed 1 over 21 days)
DERMATOLOGICAL		
ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES		
AMNESTEEM 10 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
AMNESTEEM 20 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
AMNESTEEM 40 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
CLARAVIS 10 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
CLARAVIS 20 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
CLARAVIS 40 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
isotretinoin 10 mg capsule	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
isotretinoin 20 mg capsule	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
isotretinoin 40 mg capsule	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
MYORISAN 10 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
MYORISAN 20 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
MYORISAN 40 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
ZENATANE 10 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
ZENATANE 20 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
ZENATANE 40 MG CAPSULE	P	PA;Rx;AL(Minimum Age 12);QL(Allowed 2 per 1 day)
ACNE THERAPY TOPICAL - ANTI-INFECTIVE		
clindamycin 1 % lotion	P	Rx
clindamycin 1 % topical gel	P	Rx;QL(Allowed 60 per Rx)
clindamycin 1 % topical gel, once daily	P	Rx;QL(Allowed 60 per Rx)
clindamycin phosphate 1 % topical solution	P	Rx
erythromycin with ethanol 2 % topical gel	P	Rx;QL(Allowed 60 per Rx)

Drug Name	Drug Tier	Drug Restriction
erythromycin with ethanol 2 % topical solution	P	Rx
sulfacetamide sodium (acne) 10 % lotion (suspension)	P	Rx
ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS		
sulfacetamide sodium-sulfur 10 %-5 % (w/v) lotion	P	Rx;QL(Allowed 60 per Rx)
sulfacetamide sodium-sulfur 10 %-5 % (w/w) lotion	P	Rx;QL(Allowed 60 per Rx)
sulfacetamide sodium-sulfur 10 %-5 % topical suspension	P	Rx
ACNE THERAPY TOPICAL - KERATOLYTIC		
Acne Cleansing Bar 10 %	P	OTC
Acne Foaming Wash 10 % topical cleanser	P	OTC
Acne Medication 10 % lotion	P	OTC
Acne Medication 10 % topical gel	P	OTC

Drug Name	Drug Tier	Drug Restriction
Acne Medication 5 % lotion	P	OTC
Acne Medication 5 % topical gel	P	OTC
Acne Treatment (benzoyl peroxide) 10 % topical gel	P	OTC
Acne-Clear 10 % topical gel	P	OTC
Advanced Exfoliating Cleanser 5 % topical	P	OTC
benzoyl peroxide 10 % topical cleanser	P	Rx
benzoyl peroxide 10 % topical gel	P	Rx
benzoyl peroxide 2.5 % topical gel	P	OTC
benzoyl peroxide 5 % topical cleanser	P	Rx
benzoyl peroxide 5 % topical gel	P	OTC

Drug Name	Drug Tier	Drug Restriction
benzoyl peroxide 6 % topical cleanser	P	Rx
BP 10 % topical gel	P	OTC
BP 5 % topical gel	P	OTC
BP Wash 10 % topical cleanser	P	OTC
BP Wash 5 % topical cleanser	P	OTC
BPO-10 10 % TOPICAL CLEANSER	P	OTC
BPO-5 5 % TOPICAL CLEANSER	P	OTC
Creamy Acne Face 4 % topical cleanser	P	OTC
Foaming Acne Face Wash 10 % topical cleanser	P	OTC
PANOXYL 10 % BAR	P	OTC
PANOXYL 10 % TOPICAL CLEANSER	P	OTC

Drug Name	Drug Tier	Drug Restriction
PERSA-GEL 10 % TOPICAL	P	Rx
ACNE THERAPY TOPICAL - RETINOIDS AND DERIVATIVES		
AVITA 0.025 % TOPICAL CREAM	P	Rx;AL(Maximum Age 35);QL(Allowed 20 per Rx)
AVITA 0.025 % TOPICAL GEL	P	Rx;AL(Maximum Age 35)
tretinoin 0.01 % topical gel	P	Rx;AL(Maximum Age 35);QL(Allowed 15 per Rx)
tretinoin 0.025 % topical cream	P	Rx;AL(Maximum Age 35);QL(Allowed 20 per Rx)
tretinoin 0.025 % topical gel	P	Rx;AL(Maximum Age 35)
tretinoin 0.05 % topical cream	P	Rx;AL(Maximum Age 35);QL(Allowed 20 per Rx)
tretinoin 0.1 % topical cream	P	Rx;AL(Maximum Age 35);QL(Allowed 20 per Rx)
ANTIPSORIATIC AGENTS - INTERLEUKIN-23 (IL-23) ANTAGONIST, MC ANTIBODY		
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT	P	PA;Rx;SP
DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES		

Drug Name	Drug Tier	Drug Restriction
gentamicin 0.1 % topical cream	P	Rx;QL(Allowed 60 per Rx)
gentamicin 0.1 % topical ointment	P	Rx;QL(Allowed 60 per Rx)
DERMATOLOGICAL - ANTIBACTERIAL MIXTURES		
Antibiotic(neomy-bacit-polym) 3.5 mg-400 unit-5,000 unit/gram top oint	P	OTC;QL(Allowed 454 per Rx)
First Aid Antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment	P	OTC;QL(Allowed 454 per Rx)
First Aid Antibiotic 3.5 mg-500 unit-10,000 unit topical ointment	P	OTC;QL(Allowed 454 per Rx)
Triple Antibiotic 3.5 mg-400 unit-5,000 unit topical ointment in packt	P	OTC;QL(Allowed 454 per Rx)
TRIPLE ANTIBIOTIC 3.5 MG-400 UNIT-5,000 UNIT/GRAM TOPICAL OINTMENT	P	OTC;QL(Allowed 454 per Rx)
DERMATOLOGICAL - ANTIBACTERIAL OTHER		

Drug Name	Drug Tier	Drug Restriction
CENTANY 2 % TOPICAL OINTMENT	P	Rx
mupirocin 2 % topical cream	P	Rx;QL(Allowed 30 per Rx)
mupirocin 2 % topical ointment	P	Rx
DERMATOLOGICAL - ANTIBACTERIAL POLYMYXINS AND DERIVATIVES		
Antibiotic (bacitracin zinc) 500 unit/gram topical ointment	P	OTC;QL(Allowed 30 per Rx)
bacitracin 500 unit/gram topical ointment	P	OTC;QL(Allowed 30 per Rx)
bacitracin 500 unit/gram topical packet	P	OTC;QL(Allowed 30 per Rx)
bacitracin zinc 500 unit/gram topical ointment	P	OTC;QL(Allowed 30 per Rx)
bacitracin zinc 500 unit/gram topical packet	P	OTC;QL(Allowed 30 per Rx)
BACITRAYCIN PLUS 500 UNIT/GRAM TOPICAL OINTMENT	P	OTC;QL(Allowed 30 per Rx)
DERMATOLOGICAL - ANTIBACTERIAL-LOCAL ANESTHETIC COMBINATIONS		

Drug Name	Drug Tier	Drug Restriction
Antibiotic Plus (pramoxine) 3.5 mg-10,000 unit-10 mg/gram top cream	P	OTC;QL(Allowed 30 per Rx)
Antibiotic Plus Pain Relief 3.5 mg-10,000 unit-10 mg/gram top cream	P	OTC;QL(Allowed 30 per Rx)
First Aid ABX Pain Relief 3.5 mg-10,000 unit-10 mg/gram topical cream	P	OTC;QL(Allowed 30 per Rx)
Multi Antibiotic Plus 3.5 mg-10,000 unit-10 mg/gram topical cream	P	OTC;QL(Allowed 30 per Rx)
DERMATOLOGICAL - ANTIFUNGAL ALLYLAMINES		
Antifungal (terbinafine) 1 % topical cream	P	OTC;QL(Allowed 30 per Rx)
Athlete's Foot (terbinafine) 1 % topical cream	P	OTC;QL(Allowed 30 per Rx)
ATHLETE'S FOOT AF 1 % TOPICAL CREAM	P	OTC;QL(Allowed 30 per Rx)
JOCK ITCH (TERBINAFINE) 1 % TOPICAL CREAM	P	OTC;QL(Allowed 30 per Rx)

Drug Name	Drug Tier	Drug Restriction
terbinafine HCl 1 % topical cream	P	OTC;QL(Allowed 30 per Rx)
DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES		
NYAMYC 100,000 UNIT/GRAM TOPICAL POWDER	P	Rx;QL(Allowed 60 per Rx)
NYATA 100,000 UNIT/GRAM TOPICAL POWDER	P	Rx;QL(Allowed 60 per Rx)
nystatin 100,000 unit/gram topical cream	P	Rx;QL(Allowed 30 per Rx)
nystatin 100,000 unit/gram topical ointment	P	Rx;QL(Allowed 30 per Rx)
nystatin 100,000 unit/gram topical powder	P	Rx;QL(Allowed 60 per Rx)
NYSTOP 100,000 UNIT/GRAM TOPICAL POWDER	P	Rx;QL(Allowed 60 per Rx)
DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS		
ANTIFUNGAL (CLOTRIMAZOLE) 1 % TOPICAL CREAM	P	OTC;QL(Allowed 90 per Rx)

Drug Name	Drug Tier	Drug Restriction
ANTIFUNGAL CREAM (MICONAZOLE) 2 % TOPICAL	P	OTC;QL(Allowed 60 per Rx)
Athlete's Foot (clotrimazole) 1 % topical cream	P	OTC;QL(Allowed 90 per Rx)
Athletic Foot Cream 1 % topical	P	OTC;QL(Allowed 90 per Rx)
BAZA ANTIFUNGAL 2 % TOPICAL CREAM	P	OTC;QL(Allowed 60 per Rx)
clotrimazole 1 % topical cream	P	Rx;QL(Allowed 90 per Rx)
clotrimazole 1 % topical solution	P	OTC;QL(Allowed 60 per Rx)
Clotrimazole AF 1 % topical cream	P	OTC;QL(Allowed 90 per Rx)
econazole 1 % topical cream	P	Rx;QL(Allowed 30 per Rx)
Fungi Cure 1 % topical spray	P	OTC;QL(Allowed 60 per Rx)
Inzo Antifungal 2 % topical cream	P	OTC;QL(Allowed 60 per Rx)
Itch Relief (clotrimazole) 1 % topical cream	P	OTC;QL(Allowed 90 per Rx)

Drug Name	Drug Tier	Drug Restriction
Jock Itch (clotrimazole) 1 % topical cream	P	OTC;QL(Allowed 90 per Rx)
ketoconazole 2 % shampoo	P	Rx
ketoconazole 2 % topical cream	P	Rx;QL(Allowed 60 per Rx)
miconazole nitrate 2 % topical cream	P	OTC;QL(Allowed 60 per Rx)
Remedy Antifungal 2 % topical cream	P	OTC;QL(Allowed 60 per Rx)
Ringworm 1 % topical cream	P	OTC;QL(Allowed 90 per Rx)
SECURA ANTIFUNGAL 2 % TOPICAL CREAM	P	OTC;QL(Allowed 60 per Rx)
SECURA ANTIFUNGAL EXTRA THICK 2 % TOPICAL CREAM	P	OTC;QL(Allowed 60 per Rx)
DERMATOLOGICAL - ANTIFUNGAL THIOCARBAMATE		
ANTIFUNGAL (TOLNAFTATE) 1 % TOPICAL CREAM	P	OTC;QL(Allowed 30 per Rx)
ATHLETE'S FOOT (TOLNAFTATE) 1 % TOPICAL CREAM	P	OTC;QL(Allowed 30 per Rx)

Drug Name	Drug Tier	Drug Restriction
FUNGOID-D 1 % TOPICAL CREAM	P	OTC;QL(Allowed 30 per Rx)
Medi-First Anti-Fungal 1 % topical packet	P	OTC;QL(Allowed 30 per Rx)
tolnaftate 1 % topical cream	P	OTC;QL(Allowed 30 per Rx)
DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS		
clotrimazole-betamethasone 1 %-0.05 % lotion	P	Rx;QL(QL Overtime: Allowed 31 over 30 days)
clotrimazole-betamethasone 1 %-0.05 % topical cream	P	Rx;QL(QL Overtime: Allowed 45 over 30 days)
nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream	P	Rx;QL(Allowed 60 per Rx)
nystatin-triamcinolone 100,000 unit/gram-0.1 % topical ointment	P	Rx;QL(Allowed 60 per Rx)
DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES		
CARAC 0.5 % TOPICAL CREAM	P	Rx
fluorouracil 0.5 % topical cream	P	Rx

Drug Name	Drug Tier	Drug Restriction
fluorouracil 2 % topical solution	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
fluorouracil 5 % topical cream	P	Rx;QL(QL Overtime: Allowed 40 over 30 days)
fluorouracil 5 % topical solution	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
DERMATOLOGICAL - ANTIPERSPIRANTS		
DRYSOL 20 % TOPICAL SOLUTION	P	Rx
DRYSOL DAB-O-MATIC 20 % TOPICAL SOLUTION	P	Rx
DERMATOLOGICAL - ANTIPRURITICS COMBINATIONS		
Anti-Itch (menthol/camphor) 0.5 %-0.5 % lotion	P	OTC;QL(Allowed 222 per Rx)
DermaSarra 0.5 %-0.5 % lotion	P	OTC;QL(Allowed 222 per Rx)
Men-Phor 0.5 %-0.5 % lotion	P	OTC;QL(Allowed 222 per Rx)
DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL		
calcipotriene 0.005 % scalp solution	P	Rx;QL(Allowed 60 per Rx)

Drug Name	Drug Tier	Drug Restriction
calcipotriene 0.005 % topical cream	P	Rx
TAZORAC 0.05 % TOPICAL CREAM	P	Rx;AL(Maximum Age 20);QL(Allowed 2 per 1 day)
TAZORAC 0.05 % TOPICAL GEL	P	Rx;AL(Maximum Age 20);QL(Allowed 200 per 30 days)
TAZORAC 0.1 % TOPICAL GEL	P	Rx;AL(Maximum Age 20);QL(Allowed 200 per 30 days)
DERMATOLOGICAL - ANTISEBORRHEIC		
Anti-Dandruff 1 % shampoo	P	OTC;QL(Allowed 420 per Rx)
SEB-PREV 10 % TOPICAL CLEANSER	P	Rx;QL(Allowed 120 per Rx)
selenium sulfide 2.5 % lotion	P	Rx
sulfacetamide sodium 10 % topical cleanser	P	Rx;QL(Allowed 120 per Rx)
DERMATOLOGICAL - ANTISEBORRHEIC COMBINATIONS		
Anti-Dandruff With Menthol 1 % shampoo	P	OTC;QL(Allowed 420 per Rx)
Dandruff Shampoo (selenium sulfide-aloe) 1 %	P	OTC;QL(Allowed 420 per Rx)

Drug Name	Drug Tier	Drug Restriction
Dandruff Shampoo-Menthol 1 %	P	OTC;QL(Allowed 420 per Rx)
DERMATOLOGICAL - ANTIVIRAL, HERPES		
acyclovir 5 % topical cream	P	Rx;QL(Allowed 5 per Rx)
acyclovir 5 % topical ointment	P	Rx;QL(QL Overtime: Allowed 30 over 30 days)
DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE		
silver sulfadiazine 1 % topical cream	P	Rx
SSD 1 % TOPICAL CREAM	P	Rx
DERMATOLOGICAL - CALCINEURIN INHIBITORS		
pimecrolimus 1 % topical cream	P	PA;Rx;AL(Minimum Age 2);QL(QL Overtime: Allowed 30 over 30 days)
tacrolimus 0.03 % topical ointment	P	PA;Rx;AL(Minimum Age 2);QL(QL Overtime: Allowed 30 over 30 days)
tacrolimus 0.1 % topical ointment	P	PA;Rx;AL(Minimum Age 16);QL(QL Overtime: Allowed 30 over 30 days)
DERMATOLOGICAL - EMOLLIENT COMBINATIONS		
CERAVE LOTION	P	OTC

Drug Name	Drug Tier	Drug Restriction
CERAVE PM LOTION, EXTENDED RELEASE	P	Rx
DERMATOLOGICAL - EMOLLIENT MIXTURES		
ADVANCED RECOVERY LOTION	P	Rx
Aqua Glycolic lotion	P	OTC
AQUA LACTEN LOTION	P	OTC
Aquamed lotion	P	OTC
BETA CARE LOTION	P	Rx
CAM LOTION	P	OTC
CETAPHIL DAILYADVANCE LOTION	P	Rx
CETAPHIL MOISTURIZING LOTION	P	Rx
CETAPHIL RESTORADERM LOTION	P	Rx
DermaVantage lotion	P	OTC

Drug Name	Drug Tier	Drug Restriction
DML LOTION	P	Rx
Dry Skin Care lotion	P	Rx
EMOLLIA TOPICAL LIQUID	P	Rx
EUCERIN INTENSIVE REPAIR LOTION	P	Rx
EUCERIN ORIGINAL LOTION	P	Rx
GENTLE MOISTURIZING LOTION TOPICAL	P	Rx
GOLD BOND ULTIMATE HEALING TOPICAL LIQUID	P	Rx
GOLD BOND ULTIMATE TOPICAL LIQUID	P	Rx
GRx Vitamin E lotion	P	Rx
LUBRIDERM ADVANCED THERAPY LOTION	P	Rx

Drug Name	Drug Tier	Drug Restriction
LUBRIDERM DAILY MOISTURE (WITH PETROLATUM) LOTION	P	OTC
LUBRIDERM DAILY MOISTURE LOTION	P	Rx
LUBRIDERM SENSITIVE SKIN LOTION	P	Rx
LUBRIDERM SKIN NOURISHING LOTION	P	OTC
LubriSilk lotion	P	Rx
LUBRISKIN (WITH LANOLIN) LOTION	P	OTC
LubriSkin lotion	P	Rx
LubriSoft lotion	P	Rx
Minerin lotion	P	Rx
Moiturizing Lotion topical	P	Rx

Drug Name	Drug Tier	Drug Restriction
NEUTROGENA SENSITIVE SKIN MOISTURE LOTION	P	Rx
NIVEA ORIGINAL LOTION	P	Rx
RENEWAL DAILY MOISTURE LOTION 1.25 % TOPICAL	P	OTC
Skin Repair lotion	P	Rx
Soothe and Cool Body Lotion topical	P	OTC
SPECIAL CARE LOTION TOPICAL	P	OTC
Studio 35 Beauty Cocoa Butter lotion	P	Rx
Thera-Derm lotion	P	Rx
DERMATOLOGICAL - EMOLLIENTS		
AmLactin 12 % lotion	P	OTC;QL(Allowed 1368 per Rx)
ammonium lactate 12 % lotion	P	Rx;QL(Allowed 1368 per Rx)

Drug Name	Drug Tier	Drug Restriction
ammonium lactate 12 % topical cream	P	OTC;QL(Allowed 385 per Rx)
Geri-Hydrolac 12 % lotion	P	OTC;QL(Allowed 1368 per Rx)
Geri-Hydrolac 12 % topical cream	P	OTC;QL(Allowed 385 per Rx)
lanolin 100 % topical ointment	P	OTC
lanolin anhydrous topical ointment	P	OTC
Lan-O-Soothe topical cream	P	OTC
Skin Treatment 12 % lotion	P	OTC;QL(Allowed 1368 per Rx)
Vanicream Lite lotion	P	Rx
DERMATOLOGICAL - GLUCOCORTICOID		
ALA-CORT 1 % TOPICAL CREAM	P	Rx;QL(Allowed 454 per Rx)
ALA-CORT 2.5 % TOPICAL CREAM	P	Rx
Anti-Itch (hydrocortisone) 1 % lotion	P	OTC;QL(Allowed 454 per Rx)

Drug Name	Drug Tier	Drug Restriction
Anti-Itch (hydrocortisone) 1 % topical cream	P	OTC;QL(Allowed 454 per Rx)
Anti-Itch (hydrocortisone) 1 % topical ointment	P	OTC
AQUANIL HC 1 % LOTION	P	OTC;QL(Allowed 454 per Rx)
BETA-HC 1 % LOTION	P	Rx;QL(Allowed 454 per Rx)
betamethasone dipropionate 0.05 % topical cream	P	Rx;QL (Limit 1 package(s) per 30 days)
betamethasone valerate 0.1 % lotion	P	Rx
betamethasone valerate 0.1 % topical cream	P	Rx
betamethasone valerate 0.1 % topical ointment	P	Rx
betamethasone, augmented 0.05 % topical cream	P	Rx;QL(Allowed 50 per Rx)
clobetasol 0.05 % scalp solution	P	Rx;QL(Allowed 50 per Rx)

Drug Name	Drug Tier	Drug Restriction
clobetasol 0.05 % topical cream	P	Rx;QL(Allowed 60 per Rx)
clobetasol 0.05 % topical gel	P	Rx;QL(Allowed 60 per Rx)
clobetasol 0.05 % topical ointment	P	Rx;QL(Allowed 60 per Rx)
clobetasol-emollient 0.05 % topical cream	P	Rx;QL(Allowed 60 per Rx)
CORMAX 0.05 % SCALP SOLUTION	P	Rx;QL(Allowed 50 per Rx)
Cortisone (hydrocortisone) 1 % lotion	P	OTC;QL(Allowed 454 per Rx)
Cortisone (hydrocortisone) 1 % topical cream	P	OTC;QL(Allowed 454 per Rx)
Cortisone (hydrocortisone) 1 % topical ointment	P	OTC
CORTIZONE-10 1 % LOTION	P	OTC;QL(Allowed 454 per Rx)
CORTIZONE-10 1 % TOPICAL CREAM	P	OTC;QL(Allowed 224 per Rx)

Drug Name	Drug Tier	Drug Restriction
CORTIZONE-10 1 % TOPICAL OINTMENT	P	OTC
CORTIZONE-10 PLUS 1 % TOPICAL CREAM	P	OTC;QL(Allowed 224 per Rx)
Dermarest Eczema (hydrocortisone) 1 % lotion	P	OTC;QL(Allowed 454 per Rx)
desonide 0.05 % topical cream	P	Rx
desonide 0.05 % topical ointment	P	Rx;QL(Allowed 2 per 1 day)
desoximetasone 0.05 % topical cream	P	Rx
desoximetasone 0.05 % topical gel	P	Rx;QL(Allowed 2 per 1 day)
desoximetasone 0.25 % topical cream	P	Rx;QL(Allowed 2 per 1 day)
desoximetasone 0.25 % topical ointment	P	Rx;QL(Allowed 2 per 1 day)
Eczema Anti-Itch 1 % topical cream	P	OTC;QL(Allowed 454 per Rx)

Drug Name	Drug Tier	Drug Restriction
fluocinolone 0.01 % scalp oil and shower cap	P	Rx;QL(Allowed 118.28 per Rx)
fluocinonide 0.05 % topical cream	P	Rx;QL(QL Overtime: Allowed 150 over 30 days);QL (Limit 1 package(s) per fill)
fluocinonide 0.05 % topical gel	P	Rx;QL(Allowed 60 per Rx)
fluocinonide 0.05 % topical ointment	P	Rx;QL(Allowed 60 per Rx)
fluocinonide 0.05 % topical solution	P	Rx;QL(Allowed 60 per Rx)
Fluocinonide-E 0.05 % topical cream	P	Rx;QL(Allowed 60 per Rx)
fluocinonide-emollient 0.05 % topical cream	P	Rx;QL(Allowed 60 per Rx)
fluticasone propionate 0.005 % topical ointment	P	Rx;QL(Allowed 60 per Rx)
fluticasone propionate 0.05 % topical cream	P	Rx;QL(Allowed 60 per Rx)
hydrocortisone 0.5 % topical cream	P	OTC

Drug Name	Drug Tier	Drug Restriction
hydrocortisone 1 % lotion	P	OTC;QL(Allowed 454 per Rx)
hydrocortisone 1 % topical cream	P	Rx;QL(Allowed 454 per Rx)
hydrocortisone 1 % topical cream packet	P	OTC;QL(Allowed 454 per Rx)
hydrocortisone 1 % topical ointment	P	Rx
hydrocortisone 2.5 % lotion	P	Rx;QL(Allowed 120 per Rx)
hydrocortisone 2.5 % topical cream	P	Rx
hydrocortisone 2.5 % topical ointment	P	Rx
hydrocortisone acetate 0.5 % topical cream	P	OTC
hydrocortisone acetate 1 % topical cream	P	OTC;QL(Allowed 454 per Rx)
hydrocortisone acetate 1 % topical ointment	P	Rx
hydrocortisone butyrate 0.1 % topical solution	P	Rx

Drug Name	Drug Tier	Drug Restriction
Hydrocortisone Plus 1 % topical cream	P	OTC;QL(Allowed 454 per Rx)
Hydrocream 1 % topical	P	OTC;QL(Allowed 454 per Rx)
HydroSkin 1 % lotion	P	OTC;QL(Allowed 454 per Rx)
mometasone 0.1 % topical cream	P	Rx;QL(Allowed 50 per Rx)
mometasone 0.1 % topical ointment	P	Rx;QL(Allowed 45 per Rx)
mometasone 0.1 % topical solution	P	Rx;QL(Allowed 60 per Rx)
NOBLE FORMULA HC 1 % TOPICAL CREAM	P	OTC;QL(Allowed 454 per Rx)
PREPARATION H HYDROCORTISONE 1 % TOPICAL CREAM	P	OTC;QL(Allowed 454 per Rx)
RECORT PLUS 1 % TOPICAL CREAM	P	OTC;QL(Allowed 454 per Rx)
triamcinolone acetonide 0.025 % lotion	P	Rx;QL(Allowed 60 per Rx)

Drug Name	Drug Tier	Drug Restriction
triamcinolone acetonide 0.025 % topical cream	P	Rx
triamcinolone acetonide 0.025 % topical ointment	P	Rx;QL(Allowed 454 per Rx)
triamcinolone acetonide 0.1 % lotion	P	Rx;QL(Allowed 60 per Rx)
triamcinolone acetonide 0.1 % topical cream	P	Rx
triamcinolone acetonide 0.1 % topical ointment	P	Rx
triamcinolone acetonide 0.5 % topical cream	P	Rx
triamcinolone acetonide 0.5 % topical ointment	P	Rx
TRIDERM 0.1 % TOPICAL CREAM	P	Rx
TRIDERM 0.5 % TOPICAL CREAM	P	Rx
DERMATOLOGICAL - GLUCOCORTICOID-EMOLLIENT COMBINATIONS		
Anti-Itch (HC) with Aloe and Vitamin E 1 % topical cream	P	OTC;QL(Allowed 454 per Rx)

Drug Name	Drug Tier	Drug Restriction
Anti-Itch Plus 1 % topical cream	P	OTC;QL(Allowed 454 per Rx)
AVEENO ANTI-ITCH (HYDROCORTISONE) 1 % TOPICAL CREAM	P	OTC;QL(Allowed 454 per Rx)
Cortisone with Aloe 1 % topical cream	P	OTC;QL(Allowed 454 per Rx)
CORTIZONE-10 WITH ALOE 1 % TOPICAL CREAM	P	OTC;QL(Allowed 224 per Rx)
hydrocortisone-aloe vera 0.5 % topical cream	P	OTC
hydrocortisone-aloe vera 1 % topical cream	P	OTC;QL(Allowed 454 per Rx)
hydrocortisone-mineral oil-white petrolatum 1 % topical ointment	P	Rx
Hydroskin with Aloe 1 % cream	P	OTC;QL(Allowed 454 per Rx)
DERMATOLOGICAL - GLUCOCORTICOID-LOCAL ANESTHETIC COMBINATIONS		
ANALPRAM-HC 2.5 %-1 % LOTION	P	Rx;QL(QL Overtime: Allowed 62 over 30 days)
EPIFOAM 1 %-1 % TOPICAL	P	Rx;QL(Allowed 15 per Rx)

Drug Name	Drug Tier	Drug Restriction
DERMATOLOGICAL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES		
imiquimod 5 % topical cream packet	P	Rx;QL(QL Overtime: Allowed 48 over 180 days)
DERMATOLOGICAL - INSECT REPELLENTS		
Off Deep Woods 25 % topical spray	P	Rx;QL(Allowed 170 per Rx, QL Overtime: Allowed 340 over 30 days)
Off Deep Woods Dry 25 % topical spray powder	P	Rx;QL(Allowed 113 per Rx, QL Overtime: Allowed 226 over 30 days)
ULTRATHON 25 % TOPICAL SPRAY	P	Rx;QL(Allowed 170 per Rx, QL Overtime: Allowed 340 over 30 days)
ULTRATHON 34.34 % LOTION	P	Rx;QL(Allowed 57 per Rx, QL Overtime: Allowed 114 over 30 days)
DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS		
Dermarest Psoriasis Medicated 3 % topical gel	P	OTC
Keralyt 3 % topical gel	P	OTC
podofilox 0.5 % topical solution	P	Rx
REA LO 40 % LOTION	P	Rx

Drug Name	Drug Tier	Drug Restriction
REA LO 40 TOPICAL CREAM	P	Rx
salicylic acid 6 % topical gel	P	Rx
urea 40 % lotion	P	Rx
urea 40 % topical cream	P	Rx
DERMATOLOGICAL - KERATOPLASTIC TAR PRODUCTS		
Anti-Dandruff (coal tar) 0.5 % shampoo	P	OTC
Tera-Gel Tar Shampoo 0.5 %	P	OTC
Thera-Gel 0.5 % shampoo	P	OTC
THERAPEUTIC SHAMPOO 0.5 %	P	OTC
Therapeutic Shampoo 1 %	P	OTC
THERAPEUTIC SHAMPOO 2 %	P	OTC
T-Plus 0.5 % shampoo	P	OTC

Drug Name	Drug Tier	Drug Restriction
DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS		
lidocaine-prilocaine 2.5 %-2.5 % topical cream	P	Rx;QL(Allowed 30 per Rx)
DERMATOLOGICAL - NSAID SINGLE AGENTS		
diclofenac 1 % topical gel	P	Rx;QL(Allowed 200 per 30 days);QL (Limit 2 fill(s) per 30 days)
DERMATOLOGICAL - PROTECTANT COMBINATIONS		
GOLD BOND TRIPLE ACTION 0.5 %-5 % LOTION	P	OTC
DERMATOLOGICAL - PROTECTANTS		
zinc oxide 20 % topical ointment	P	OTC;QL(Allowed 500 per Rx)
zinc oxide topical ointment	P	OTC;QL(Allowed 500 per Rx)
DERMATOLOGICAL - RETINOIDS (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC		
tazarotene 0.1 % topical cream	P	Rx;AL(Maximum Age 20);QL(Allowed 2 per 1 day)
DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL		
metronidazole 0.75 % lotion	P	Rx
metronidazole 0.75 % topical cream	P	Rx

Drug Name	Drug Tier	Drug Restriction
metronidazole 0.75 % topical gel	P	Rx;QL(Allowed 45 per Rx)
ROSADAN 0.75 % TOPICAL CREAM	P	Rx
ROSADAN 0.75 % TOPICAL GEL	P	Rx;QL(Allowed 45 per Rx)
DERMATOLOGICAL - SOAP AND/OR CLEANSER COMBINATIONS		
Gentle Skin Cleanser	P	Rx
DERMATOLOGICAL - SUNSCREENS		
CETAPHIL DAILY FACIAL SPF 15 LOTION	P	OTC
CETAPHIL DERMACONTROL SPF 30 LOTION	P	OTC
EUCERIN DAILY PROTECTION SPF 30 LOTION	P	OTC
DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES		
Anecream 4 % topical	P	OTC;QL(Allowed 1 per 1 day)
ASPERCREME (LIDOCAINE) 4 % TOPICAL	P	OTC;QL(Allowed 1 per 1 day)
CIDALEAZE 3 % TOPICAL CREAM	P	Rx;QL(Allowed 454 per Rx)

Drug Name	Drug Tier	Drug Restriction
dibucaine 1 % topical ointment	P	OTC;QL(Allowed 56.7 per Rx)
GLYDO 2 % MUCOSAL JELLY IN APPLICATOR	P	Rx;AL(Minimum Age 21)
Hemorrhoidal-Analgesic 1 % topical ointment	P	OTC;QL(Allowed 56.7 per Rx)
LC-4 4 % TOPICAL CREAM	P	OTC;QL(Allowed 1 per 1 day)
lidocaine 2 % mucosal jelly in applicator	P	Rx;AL(Minimum Age 21)
lidocaine 3 % topical cream	P	OTC;QL(Allowed 454 per Rx)
lidocaine 4 % topical cream	P	OTC;QL(Allowed 1 per 1 day)
lidocaine 5 % topical ointment	P	Rx;QL(QL Overtime: Allowed 100 over 30 days);QL (Limit 1 package(s) per fill)
lidocaine HCl 3 % topical cream	P	Rx;QL(Allowed 454 per Rx)
lidocaine HCl 4 % topical cream	P	OTC;QL(Allowed 2 per 1 day)
Lidocaine Plus 4 % topical cream	P	OTC;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
LIDOCREAM 4 % TOPICAL	P	OTC;QL(Allowed 1 per 1 day)
LIDOPIN 3 % TOPICAL CREAM	P	Rx;QL(Allowed 454 per Rx)
Pain Relief (lidocaine) 4 % topical cream	P	OTC;QL(Allowed 2 per 1 day)
RadiaGuard 1 % lotion	P	OTC
REGENECARE HA 2 % TOPICAL GEL	P	OTC;AL(Minimum Age 21)
Xolido XP 4 % topical cream	P	OTC;QL(Allowed 2 per 1 day)
DERMATOLOGICAL ANTIPRURITICS - ANTIHISTAMINES		
ANTI-ITCH (DIPHENHYDRAMINE) 2 % TOPICAL CREAM	P	OTC
DERMATOLOGICAL IRRITANTS-COUNTER-IRRITANT SINGLE AGENTS		
Arthritis Pain Relief (capsaicin) 0.075 % topical cream	P	OTC;QL(Allowed 60 per Rx)
Arthritis Pain Relief (capsaicin) 0.1 % topical cream	P	OTC;QL(Allowed 43 per Rx)

Drug Name	Drug Tier	Drug Restriction
capsaicin 0.025 % topical cream	P	OTC;QL(Allowed 60 per Rx)
capsaicin 0.1 % topical cream	P	OTC;QL(Allowed 43 per Rx)
Castiva Warming 0.035% topical liquid	P	OTC;QL(Allowed 30 per Rx)
GORDOMATIC 92 % LOTION	P	OTC
Zostrix-HP 0.1 % topical cream	P	OTC;QL(Allowed 43 per Rx)
Zostrix-HP Foot 0.1 % topical cream	P	OTC;QL(Allowed 43 per Rx)
SCABICIDE AND PEDICULICIDE COMBINATIONS		
Complete Lice Treatment 4 %-0.33 %-0.5 % topical kit	P	OTC
Lice Complete Kit 1-2-3 4 %-0.33 %-0.5 % topical kit	P	OTC
Lice Killing 0.33 %-4 % shampoo	P	OTC
Lice Pyrinyl Shampoo 0.33 %-4 %	P	OTC

Drug Name	Drug Tier	Drug Restriction
Lice Solution 4 %-0.33 %-0.5 % topical kit	P	OTC
LICE TREATMENT 0.33 %-4 % SHAMPOO	P	OTC
RID LICE KILLING 0.33 %-4 % SHAMPOO	P	OTC
SCABICIDE AND PEDICULICIDE SINGLE AGENTS		
CROTAN 10 % LOTION	P	Rx;QL(Allowed 454 per Rx)
EURAX 10 % TOPICAL CREAM	P	Rx;QL(Allowed 60 per Rx)
Lice Killing (permethrin) 1 % topical liquid	P	OTC
LICE TREATMENT (PERMETHRIN) 1 % TOPICAL LIQUID	P	OTC
Lice Treatment 1 % topical liquid	P	OTC
malathion 0.5 % lotion	P	Rx;QL(Allowed 59 per Rx)
NATROBA 0.9 % TOPICAL SUSPENSION	P	Rx;AL(Minimum Age 0);QL(Allowed 120 per Rx, QL Overtime: Allowed 240 over 30 days)

Drug Name	Drug Tier	Drug Restriction
permethrin 1 % topical liquid	P	OTC
permethrin 5 % topical cream	P	Rx;QL(Allowed 360 per Rx)
spinosad 0.9 % topical suspension	P	Rx;AL(Minimum Age 0);QL(Allowed 120 per Rx, QL Overtime: Allowed 240 over 30 days)
WOUND CARE - DRESSINGS		
Biatain 4" X 4" bandage	P	OTC
Bioguard gauze 0.3 %-2" X 2" bandage	P	OTC
Bioguard gauze 0.3 %-4" X 4" bandage	P	OTC
Bioguard gauze 0.3 %-4.5" X 4.1 yard bandage	P	OTC
Copa Hydrophilic Foam 4" X 4" bandage	P	OTC
Curity AMD (with polyhexamethylene) 0.2 %-2" X 2" sponge	P	OTC
Dermalevin 4" X 4" bandage	P	OTC

Drug Name	Drug Tier	Drug Restriction
DryMax Extra 4" X 4" bandage	P	OTC
Excilon AMD (with polyhexamethylene) 0.2 %-4" X 4" sponge	P	OTC
Optifoam Non-Adhesive 4" X 4" bandage	P	OTC
Restore 4" X 4" bandage	P	OTC
Tegaderm Foam 4" X 4" bandage	P	OTC
DIAGNOSTIC AGENTS		
DIAGNOSTIC - BLOOD TEST OTHERS		
Fora GTel Ketone Test Strip	P	OTC;QL(Allowed 1 per 1 day)
novaMax Plus Ketone strips	P	OTC;QL(Allowed 1 per 1 day)
Precision Xtra B-Ketone strips	P	OTC;QL(Allowed 1 per 1 day)
EATING DISORDER THERAPY		
APPETITE STIMULANTS - PROGESTIN HORMONE TYPE		
megestrol 400 mg/10 mL (10 mL) oral suspension	P	Rx

Drug Name	Drug Tier	Drug Restriction
megestrol 400 mg/10 mL (40 mg/mL) oral suspension	P	Rx
ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS		
AMINO ACID - CARNITINE DERIVATIVES		
levocarnitine 330 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
McCarnitine 330 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
B-COMPLEX VITAMIN COMBINATIONS		
Activite 1 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
B Complex Plus Vitamin C 15 mg-10 mg-50 mg-5 mg-300 mg capsule	P	OTC;QL(Allowed 1 per 1 day)
B-complex with vitamin C capsule	P	OTC;QL(Allowed 1 per 1 day)
B-complex with vitamin C tablet	P	OTC;QL(Allowed 1 per 1 day)
B-Stress 2,000 mcg capsule	P	Rx;QL(Allowed 1 per 1 day)
DIALYVITE 100 MG-1 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Dialyvite 800-Ultra D 0.8 mg-2,000 unit tablet	P	Rx;QL(Allowed 1 per 1 day)
Folika-T 1 mg-100 mg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
GENICIN VITA-S 1 MG-100 MG-300 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Lorid 1 mg-200 mg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Lysiplex Plus tablet	P	Rx;QL(Allowed 1 per 1 day)
Mynephrocaps 1 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
Mynephron 1 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
NEPHRONEX-SL 800 MCG-2,000 UNIT DISINTEGRATING TABLET	P	Rx;QL(Allowed 1 per 1 day)
PRORENAL 8 MG IRON-800 MCG-1,000 UNIT TABLET	P	Rx;QL(Allowed 1 per 1 day)
Quin B Strong 500 mg-400 mcg-15 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Renal Caps 1 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
RenaPlex 800 mcg-12.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
RenaPlex-D 800 mcg-12.5 mg-2,000 unit tablet	P	Rx;QL(Allowed 1 per 1 day)
Reno Caps 1 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
Stress Formula with Iron 500 mg-400 mcg-18 mg iron tablet	P	Rx;QL(Allowed 1 per 1 day)
Stress Formula With Iron(sulf) 500 mg-400 mcg-27 mg iron tablet	P	Rx;QL(Allowed 1 per 1 day)
SUPER B/C CAPSULE	P	Rx;QL(Allowed 1 per 1 day)
Triphrocaps 1 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
TRONVite 1 mg-100 mg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Virt-Caps 1 mg capsule	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Vitasure 1 mg-100 mg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Xvite 1 mg-100 mg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
B-COMPLEX VITAMINS		
B Complex-Vitamin B12 tablet	P	OTC;QL(Allowed 1 per 1 day)
B-Complex tablet	P	OTC;QL(Allowed 1 per 1 day)
VITAMIN B COMPLEX CAPSULE	P	Rx;QL(Allowed 1 per 1 day)
vitamin B complex tablet	P	OTC;QL(Allowed 1 per 1 day)
Vitamins B Complex capsule	P	OTC;QL(Allowed 1 per 1 day)
VITAMINS B COMPLEX TABLET	P	OTC;QL(Allowed 1 per 1 day)
B-COMPLEX VITAMINS AND COMBINATIONS		
RENA-VITE RX 1 MG-60 MG-300 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Vol-Care Rx 1 mg-60 mg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
VP-Vite Rx 1 mg-60 mg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
DIETARY PRODUCT - DIETARY SUPPLEMENTS		
Diabetic Support Formula 167 mcg-100 mcg-83 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
HAIR, SKIN AND NAILS ADVANCED 3.3 MG IRON-25 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Megavite 18 mg iron-800 mcg-150 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Megavite Golden Years 55+ 800 mcg-150 mg-25 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Niacin-Azelaic AC-Turmer-FA-B6-ZN-CU 700 mg-500 mcg-8 mg-12 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
NICADAN ZX 400 MG-5 MG-250 MCG-10 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
NICAZEL 600 MG-5 MG-10 MG-5 MG-1.5 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
NICAZEL FORTE 700 MG-500 MCG-8 MG-12 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
One Daily 300 mg-18 mg-400 mcg-50 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Women's Metabolism 300 mg-18 mg-400 mcg-50 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Sea-Omega 200 mg-300 mg-100 mg-1,000 mg capsule	P	Rx;QL(Allowed 6 per 1 day)
ULTRA OMEGA-3 200 MG-300 MG-100 MG-1,000 MG CAPSULE	P	Rx;QL(Allowed 6 per 1 day)
Vitamin D3 Complete 18 mg iron-800 mcg-150 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
VP-Zel 600 mg-5 mg-10 mg-5 mg-1.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN		

Drug Name	Drug Tier	Drug Restriction
KIONEX (WITH SORBITOL) 15 GRAM-19.3 GRAM/60 ML ORAL SUSPENSION	P	Rx
KIONEX ORAL POWDER	P	Rx
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 mL oral susp	P	Rx
sodium polystyrene sulfonate 15 gram/60 mL oral suspension	P	Rx
sodium polystyrene sulfonate oral powder	P	Rx
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION	P	Rx
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA	P	Rx
GERIATRIC VITAMINS		

Drug Name	Drug Tier	Drug Restriction
A THRU Z HIGH POTENCY TABLET	P	OTC;QL(Allowed 1 per 1 day)
A THRU Z SELECT TABLET	P	OTC;QL(Allowed 1 per 1 day)
Centravites 50 Plus tablet	P	Rx;QL(Allowed 1 per 1 day)
Cerovite Senior tablet	P	Rx;QL(Allowed 1 per 1 day)
Complete Senior tablet	P	OTC;QL(Allowed 1 per 1 day)
Milltrium Senior tablet	P	Rx;QL(Allowed 1 per 1 day)
Multivitamin 50 Plus tablet	P	Rx;QL(Allowed 1 per 1 day)
multivitamin with minerals tablet	P	OTC;QL(Allowed 1 per 1 day)
Spectravite Senior tablet	P	Rx;QL(Allowed 1 per 1 day)
Theratrums Complete 50 Plus with Lutein tablet	P	Rx;QL(Allowed 1 per 1 day)
Vision Plus Lutein tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
VITRUM SENIOR TABLET	P	OTC;QL(Allowed 1 per 1 day)
IRRIGATION SOLUTIONS		
AQUA CARE SODIUM CHLORIDE 0.9 % IRRIGATION SOLUTION	P	Rx
sodium chloride 0.9 % irrigation solution	P	Rx
STERILE SALINE 0.9 % IRRIGATION SOLUTION	P	OTC
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT		
calcium carbonate 500 mg calcium (1,250 mg) chewable tablet	P	Rx
calcium carbonate 500 mg calcium (1,250 mg) tablet	P	Rx
OYSCO-500 500 MG CALCIUM (1,250 MG) TABLET	P	Rx
OYSTER SHELL CALCIUM 500 500 MG CALCIUM (1,250 MG) TABLET	P	OTC

Drug Name	Drug Tier	Drug Restriction
Oyster Shell Calcium 500 mg calcium (1,250 mg) tablet	P	Rx
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT COMBINATIONS		
ORTHO-TABS 500 MG CALCIUM-400 UNIT-15 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
PRO-CAL 187.5 MG-40 MG-7.5 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT/VITAMIN D COMBINATIONS		
Calcium 500 + D 500 mg (1,250 mg)-200 unit tablet	P	Rx
Calcium 500 With D 500 mg (1,250 mg)-400 unit tablet	P	Rx
Calcium 600 + D(3) 600 mg (1,500 mg)-200 unit tablet	P	Rx;QL(Allowed 2 per 1 day)
Calcium 600 + D(3) 600 mg (1,500 mg)-400 unit tablet	P	OTC;QL(Allowed 2 per 1 day)
calcium carb-ergocalciferol (vit D2) 250 mg (625 mg)-125 unit tablet	P	OTC

Drug Name	Drug Tier	Drug Restriction
calcium carbonate 500 mg (1,250 mg)-vitamin D3 125 unit tablet	P	Rx
calcium carbonate 500 mg (1,250 mg)-vitamin D3 200 unit tablet	P	Rx
calcium carbonate 500 mg (1,250 mg)-vitamin D3 400 unit tablet	P	Rx
calcium carbonate 600 mg (1,500 mg)-vitamin D3 200 unit tablet	P	Rx;QL(Allowed 2 per 1 day)
calcium carbonate 600 mg (1,500 mg)-vitamin D3 400 unit tablet	P	Rx;QL(Allowed 2 per 1 day)
calcium carbonate-vitamin D3 600 mg (1,500 mg)-800 unit tablet	P	Rx;QL(Allowed 2 per 1 day)
Calcium with Vitamin D 600 mg (1,500 mg)-400 unit tablet	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
HI-CAL PLUS VIT D 500 MG (1,250 MG)-200 UNIT TABLET	P	Rx
OS-CAL 500 + D3 500 MG (1,250 MG)-200 UNIT TABLET	P	Rx
Oysco 500/D 500 mg (1,250 mg)-200 unit tablet	P	Rx
Oyster Shell Calcium-Vitamin D3 250 mg-125 unit tablet	P	Rx
Oyster Shell Calcium-Vitamin D3 500 mg (1,250 mg)-200 unit tablet	P	Rx
Oyster Shell Calcium-Vitamin D3 500 mg (1,250 mg)-400 unit tablet	P	Rx
Parva-Cal 500 mg calcium-200 unit tablet	P	Rx
MINERALS AND ELECTROLYTES - IRON		
CHILDREN'S IRON 15 MG IRON (75 MG)/ML ORAL DROPS	P	Rx;QL(Allowed 100 per 30 days)

Drug Name	Drug Tier	Drug Restriction
Fer-Iron 15 mg iron (75 mg)/mL oral drops	P	Rx;QL(Allowed 100 per 30 days)
FeroSul 220 mg (44 mg iron)/5 mL oral elixir	P	Rx;AL(Maximum Age 50)
FeroSul 325 mg (65 mg iron) tablet	P	OTC;AL(Maximum Age 50)
Ferretts 325 mg (106 mg iron) tablet	P	Rx;QL(Allowed 2 per 1 day)
Ferrex 150 mg iron capsule	P	Rx;QL(Allowed 1 per 1 day)
Ferric x-150 150 mg iron capsule	P	Rx;QL(Allowed 1 per 1 day)
Ferrocite 324 mg (106 mg iron) tablet	P	Rx;QL(Allowed 2 per 1 day)
Ferro-Time 325 mg (65 mg iron) tablet	P	Rx;AL(Maximum Age 50)
ferrous fumarate 324 mg (106 mg iron) tablet	P	Rx;QL(Allowed 2 per 1 day)
ferrous gluconate 324 mg (38 mg iron) tablet	P	Rx;AL(Maximum Age 50);QL(QL Overtime: Allowed 100 over 30 days)

Drug Name	Drug Tier	Drug Restriction
ferrous sulfate 15 mg iron (75 mg)/mL oral drops	P	OTC;QL(Allowed 100 per 30 days)
ferrous sulfate 220 mg (44 mg iron)/5 mL oral elixir	P	OTC;AL(Maximum Age 50)
ferrous sulfate 220 mg (44 mg iron)/5 mL oral solution	P	Rx;AL(Maximum Age 50)
ferrous sulfate 324 mg (65 mg iron) tablet, delayed release	P	Rx;AL(Maximum Age 50)
ferrous sulfate 325 mg (65 mg iron) tablet	P	OTC;AL(Maximum Age 50)
ferrous sulfate 325 mg (65 mg iron) tablet, delayed release	P	Rx;AL(Maximum Age 50)
FerrouSul 325 mg (65 mg iron) tablet	P	Rx;AL(Maximum Age 50)
iFerex 150 150 mg iron capsule	P	Rx;QL(Allowed 1 per 1 day)
Iron (ferrous sulfate) 325 mg (65 mg iron) tablet	P	Rx;AL(Maximum Age 50)

Drug Name	Drug Tier	Drug Restriction
iron 325 mg (65 mg iron) tablet	P	Rx;AL(Maximum Age 50)
Iron Chews 15 mg tablet	P	Rx
Myferon 150 150 mg iron capsule	P	Rx;QL(Allowed 1 per 1 day)
Nu-Iron 150 mg iron capsule	P	OTC;QL(Allowed 1 per 1 day)
Pedia Iron 15 mg iron (75 mg)/mL oral drops	P	Rx;QL(Allowed 100 per 30 days)
Poly-Iron 150 mg iron capsule	P	Rx;QL(Allowed 1 per 1 day)
MINERALS AND ELECTROLYTES - IRON COMBINATIONS		
Ferrocite Plus 106 mg iron-1 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
HEMATINIC PLUS VIT/MINERALS 106 MG IRON-1 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Parvlex 29 mg iron-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Siderol tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
STRESS FORMULA TABLET	P	OTC;QL(Allowed 1 per 1 day)
MINERALS AND ELECTROLYTES - MAGNESIUM		
magnesium 400 mg (as magnesium oxide) capsule	P	Rx
magnesium 400 mg (as magnesium oxide) tablet	P	Rx
magnesium oxide 400 mg (241.3 mg magnesium) tablet	P	Rx
MINERALS AND ELECTROLYTES - ORAL ELECTROLYTES		
CeraLyte-70 70 mEq-60 mEq-20 mEq-30 mEq/L oral solution	P	Rx;QL(Allowed 100 per Rx)
CeraSport 115 mg-40 mg-40 kcal/250 mL oral liquid	P	Rx;QL(Allowed 100 per Rx)
CeraSport EX1 200 mg-100 mg-20 kcal/250mL oral liquid	P	OTC;QL(Allowed 100 per Rx)
electrolytes-dextrose oral solution	P	Rx;QL(Allowed 100 per Rx)

Drug Name	Drug Tier	Drug Restriction
ENFAMIL ENFALYTE ORAL SOLUTION	P	Rx;QL(Allowed 100 per Rx)
Oralyte oral solution	P	Rx;QL(Allowed 100 per Rx)
Pediatric Electrolyte oral solution	P	OTC;QL(Allowed 100 per Rx)
Pediatric Freezer Pops oral solution	P	Rx;QL(Allowed 100 per Rx)
PEDIAVANCE 5.3 MEQ-2.35 MEQ-4.15 MEQ ORAL CONCENTRATE IN PACKET	P	Rx;QL(Allowed 100 per Rx)
MINERALS AND ELECTROLYTES - POTASSIUM, ORAL		
EFFER-K 25 MEQ EFFERVESCENT TABLET	P	Rx
K-EFFERVESCENT 25 MEQ TABLET	P	Rx
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE	P	Rx
KLOR-CON 20 MEQ ORAL PACKET	P	Rx

Drug Name	Drug Tier	Drug Restriction
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE	P	Rx
KLOR-CON M10 MEQ TABLET,EXTENDED RELEASE	P	Rx
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE	P	Rx
KLOR-CON M20 MEQ TABLET,EXTENDED RELEASE	P	Rx
KLOR-CON SPRINKLE 10 MEQ CAPSULE,EXTENDED RELEASE	P	Rx
KLOR-CON SPRINKLE 8 MEQ CAPSULE,EXTENDED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
KLOR-CON/25 MEQ ORAL PACKET	P	Rx
KLOR-CON/EF 25 MEQ EFFERVESCENT TABLET	P	Rx
K-TAB 8 MEQ TABLET,EXTENDED RELEASE	P	Rx

Drug Name	Drug Tier	Drug Restriction
potassium bicarbonate-citric acid 25 mEq effervescent tablet	P	Rx
potassium chloride 20 mEq oral packet	P	Rx
potassium chloride 20 mEq/15 mL oral liquid	P	Rx
potassium chloride 40 mEq/15 mL oral liquid	P	Rx
potassium chloride ER 10 mEq capsule,extended release	P	Rx
potassium chloride ER 10 mEq tablet,extended release	P	Rx
potassium chloride ER 10 mEq tablet,extended release(part/cryst)	P	Rx

Drug Name	Drug Tier	Drug Restriction
potassium chloride ER 20 mEq tablet,extended release(part/cryst)	P	Rx
potassium chloride ER 8 mEq capsule,extended release	P	Rx;QL(Allowed 1 per 1 day)
potassium chloride ER 8 mEq tablet,extended release	P	Rx
MINERALS AND ELECTROLYTES - ZINC		
ORAZINC 220 MG (50 MG) CAPSULE	P	OTC;QL(Allowed 100 per Rx)
zinc sulfate 220 mg (50 mg) capsule	P	Rx;QL(Allowed 100 per Rx)
ZINC-220 220 MG (50 MG) CAPSULE	P	Rx;QL(Allowed 100 per Rx)
MULTIVITAMIN AND MINERAL COMBINATIONS		
A Thru Z 18 mg-500 mcg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
A Thru Z Men's Ultimate 8 mg iron-200 mcg-600 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
A Thru Z Select 300 mcg-600 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
A Thru Z Select 50 Plus Formula 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
A Thru Z Select 500 mcg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
A Thru Z Select Women's tablet	P	Rx;QL(Allowed 1 per 1 day)
ABC Plus 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Adult One Daily Multivitamin 0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Adults 50 plus 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Adults' Daily Formula 18 mg iron-25 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Adults Multivitamin 18 mg iron-400 mcg-25 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Alive Once Daily Women 50 Plus 800 mcg-100 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Alive Women's Energy 18 mg-400 mcg-80 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Antioxidant A/C/E/Selenium capsule	P	Rx;QL(Allowed 1 per 1 day)
Antioxidant Formula (selenium yeast) 8,333 unit-167 mg-133 unit tablet	P	Rx;QL(Allowed 1 per 1 day)
Antioxidant Vitamins 1,000 unit-200 mg-60 unit-2mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Bacmin 27 mg iron-1 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
BIOCEL (WITH LUTEIN) 800 MCG-250 MCG-750 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Biotin Plus-Calcium and Vit D3 200 mg-450 mcg-400 unit tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Central-Vite 18 mg iron-400 mcg-25 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
CENTRAL-VITE ENERGY 18 MG IRON-400 MCG-50 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
CENTRAL-VITE SENIOR 0.4 MG-300 MCG-250 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Central-Vite Women's Mature 8 mg iron-400 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Centravites 0.4 mg-162 mg-18 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Centravites 50 Plus 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Centravites Adults 18 mg iron-400 mcg-25 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
CENTRUM SILVER MEN 300 MCG-600 MCG-300 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
CENTRUM SILVER ULTRA MEN'S 300 MCG-600 MCG-300 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
CENTRUM SILVER WOMEN 8 MG IRON-400 MCG-300 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
CENTRUM SPECIALIST HEART 3 MG-200 MCG-400 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Century Adults 50 Plus 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Century Cardio 3 mg-200 mcg-400 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
CENTURY MATURE 0.4 MG-300 MCG-250 MCG TABLET	P	OTC;QL(Allowed 1 per 1 day)
Century Mature 400 mcg-30 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Century Men's 8 mg iron-200 mcg-60 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Century Ultimate Men's 300 mcg-600 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Century Ultimate Men's 8 mg iron-200 mcg-600 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Century Ultimate Women's 8 mg iron-400 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Certa Plus 18 mg-0.4 mg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
CertaVite Senior-Antioxidant 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
COMPETE TABLET	P	Rx;QL(Allowed 1 per 1 day)
Complete 18 mg-500 mcg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Complete 50+ 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Complete Men 8 mg iron-200 mcg-600 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Complete Multi 18 mg-500 mcg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Complete Multi 50+ 500 mcg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Complete Multivitamin 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Complete Multivitamin tablet	P	Rx;QL(Allowed 1 per 1 day)
Complete Premium Vitamin tablet	P	Rx;QL(Allowed 1 per 1 day)
Complete Senior 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
CORVITE FREE 1.25 MG-400 MCG-125 MCG-35 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Daily Multiple 400 mcg-120 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Daily Multiple For Men 0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Daily Multiple For Women 50+ 0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
DAILY MULTIPLE TABLET	P	OTC;QL(Allowed 1 per 1 day)
DAILY VITAMIN FORMULA-MINERALS tablet	P	Rx;QL(Allowed 1 per 1 day)
Daily Vitamin with Iron and CA tablet	P	OTC;QL(Allowed 1 per 1 day)
DAILY VITAMIN WITH IRON TABLET	P	OTC;QL(Allowed 1 per 1 day)
DAILY VITES/IRON TABLET	P	Rx;QL(Allowed 1 per 1 day)
DAILY-VITE TABLET	P	Rx;QL(Allowed 1 per 1 day)
Diabetes Health Formula 500 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
ESSENTIAL DAILY 18 MG-0.4 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ESSENTIAL Man 0.4 mg-2 mg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
ESSENTIAL Man 50+ 0.4 mg-2 mg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Essential Woman 50+ 0.4 mg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Eye Health Plus Lutein 1,000 unit-200 mg-60 unit-2mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Eye Vitamin and Minerals 7,160 unit-113 mg-100 unit tablet	P	Rx;QL(Allowed 1 per 1 day)
EyeProtect 7,160 unit-113 mg-100 unit tablet	P	Rx;QL(Allowed 1 per 1 day)
Freedavite 1.8 mg iron-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Hair Formula 400 mcg-100 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Hair, Skin and Nails-Argan Oil 66.7 mcg-1,666.7 mcg capsule	P	Rx;QL(Allowed 1 per 1 day)
Hair, Skin and Nails (folic acid-biotin) 66.7 mcg-1,000 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
HAIR,SKIN AND NAILS (FOLIC ACID-BIOTIN) 66.7 MCG-1,666.7 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Hair, Skin and Nails 1 mg iron-66.7 mcg-1,000 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Hair, Skin and Nails tablet	P	Rx;QL(Allowed 1 per 1 day)
HEALTHY EYES 1,000 UNIT-200 MG-60 UNIT-2MG TABLET	P	OTC;QL(Allowed 1 per 1 day)
ICAPS AREDS 7,160 UNIT-113 MG-100 UNIT TABLET, DELAYED RELEASE	P	Rx;QL(Allowed 1 per 1 day)
ICAPS MV 100 MCG-1.66 MG-0.83 MG TABLET, DELAYED RELEASE	P	OTC;QL(Allowed 1 per 1 day)
I-Vite 1,000 unit-200 mg-60 unit-2mg tablet	P	Rx;QL(Allowed 1 per 1 day)
I-Vite Protect 7,160 unit-113 mg-100 unit tablet	P	Rx;QL(Allowed 1 per 1 day)
K-PAX IMMUNE SUPPORT 2.25 MG IRON-100 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Macuvite Eye Care 7,160 unit-113 mg-1 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
MAXIMUM DAILY GREEN 5 MG-133 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Maximum Daily Multivitamin 18 mg-0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Mega Multi for Women 13.5 mg-200 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
MEGA MULTIVITAMIN FOR MEN 200 MCG-175 MCG-250 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Mega Multivitamin with Minerals 13.5 mg-200 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Men 50 Plus Advanced One Daily 400 mcg-20 mcg-370 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Men 50 Plus Multivitamin 300 mcg-600 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Men's 50 Plus Daily Formula 400 mcg-20 mcg-370 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
MEN'S DAILY FORMULA 400 MCG-20 MCG-300 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Men's Multivitamin 400 mcg-20 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Mens Multivitamin High Potency 200 mcg-175 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Men's One Daily 400 mcg-20 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
MEN'S ONE DAILY TABLET	P	OTC;QL(Allowed 1 per 1 day)
Monocaps 14 mg iron-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Multi For Her 18 mg iron-600 mcg-80 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Multi-Day Plus Minerals 18 mg iron-400 mcg-25 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Multilex 15 mg iron tablet	P	Rx;QL(Allowed 1 per 1 day)
Multilex-T and M 15 mg iron tablet	P	Rx;QL(Allowed 1 per 1 day)
MULTILEX-T AND M TABLET	P	OTC;QL(Allowed 1 per 1 day)
Multiple Vitamin-Minerals tablet	P	Rx;QL(Allowed 1 per 1 day)
Multi-Vitamin HP/Minerals capsule	P	Rx;QL(Allowed 1 per 1 day)
MULTIVITAMIN WITH IRON TABLET	P	OTC;QL(Allowed 1 per 1 day)
Multivitamin Women 50 Plus 8 mg iron-400 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
multivitamin-minerals-iron fumarate 7.5 mg-folic acid 400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Niva-Plus 27 mg iron-1 mg tablet	P	Rx
NUTRICAP 1 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
O-Cal F.A. 27 mg iron-1 mg tablet	P	Rx
Ocular Vitamins 7,160 unit-113 mg-0.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Ocutabs tablet	P	OTC;QL(Allowed 1 per 1 day)
OCUVITE EYE PLUS MULTI 200 MCG-15 MCG-150 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
OCUVITE WITH LUTEIN 1,000 UNIT-200 MG-60 UNIT-2MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Omnicap 0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily 0.4 mg-600 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Calcium/Iron tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Complete 18 mg-0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Complete tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
One Daily Energy tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Essential 0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily For Men 0.4 mg-600 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily For Women 18 mg-0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Healthy Weight 200 mg-18 mg-0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Maximum 18 mg-0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Men's 50 Plus Advanced 400 mcg-20 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Men's 50 Plus with D3 400 mcg-20 mcg-370 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Multivitamin with Iron 18 mg iron tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
One Daily Multivitamins with Minerals 4.5 mg iron tablet	P	Rx;QL(Allowed 1 per 1 day)
ONE DAILY PLUS IRON TABLET	P	OTC;QL(Allowed 1 per 1 day)
ONE DAILY PLUS MINERALS TABLET	P	OTC;QL(Allowed 1 per 1 day)
ONE DAILY WITH IRON TABLET	P	OTC;QL(Allowed 1 per 1 day)
One Daily Women 50 Plus 400 mcg-120 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Women 50 Plus(Vit K) 400 mcg-500 mg calcium-20 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
ONE DAILY WOMEN'S 27 MG-0.4 MG TABLET	P	OTC;QL(Allowed 1 per 1 day)
One Daily Womens 50 Plus 0.4 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
ONE-A-DAY MENOPAUSE FORMULA 400 MCG-60 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
ONE-A-DAY MEN'S 50 PLUS 400 MCG-20 MCG-370 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ONE-A-DAY MEN'S MULTIVITAMIN 400 MCG-20 MCG-300 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ONE-A-DAY PROACTIVE 65 PLUS 200 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ONE-A-DAY TEEN ADVANTAGE 9 MG IRON-400 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Opti-Vitamins 1,000 unit-200 mg-60 unit-2mg tablet	P	Rx;QL(Allowed 1 per 1 day)
PRESERVISION AREDS 7,160 UNIT-113 MG-100 UNIT TABLET	P	Rx;QL(Allowed 1 per 1 day)
PROCERV HP 9 MG IRON-300 MCG-50 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Quintabs-M 10 mg iron-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Quintabs-M Iron Free 0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
REQ49+ 200 mcg-1.5 mg-1.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
SAVision tablet	P	Rx;QL(Allowed 1 per 1 day)
Senior Tabs 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
SENTRY (WITH LUTEIN) 18 MG-500 MCG-300 MCG-250 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Sentry Senior 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
SENTRY SENIOR 500 MCG-300 MCG-250 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
SOLO 400 MCG-80 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Spectravite Adult 50 Plus 0.4 mg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Spectravite Men's 8 mg iron-200 mcg-600 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Spectravite Senior 500 mcg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Spectravite Ultra Men 50+ 300 mcg-600 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Spectravite Ultra Men's Senior 300 mcg-600 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Spectravite Ultra Women's Senior 8 mg iron-400 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Strovite One 1 mg-1,000 unit-15 mg-5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Sunvite 18 mg iron-400 mcg-25 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Super Multiple - Low Iron 400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Super Thera Vite M tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Tab-A-Vite/Iron tablet	P	OTC;QL(Allowed 1 per 1 day)
TAB-A-VITE-MINERALS TABLET	P	Rx;QL(Allowed 1 per 1 day)
Thera M Plus (ferrous fumarate) 9 mg iron-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Theragran-M Premier 50 Plus 400 mcg-250 mcg-375 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
THERALOGIX COMPANION 0.4 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
THERA-M 27 MG-0.4 MG TABLET	P	OTC;QL(Allowed 1 per 1 day)
Thera-M 9 mg iron-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
THERA-M TABLET	P	OTC;QL(Allowed 1 per 1 day)
THERAPEUTIC M + BETA-CAROTENE 18 MG-0.4 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Therapeutic-M 9 mg iron-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Thera-Tabs M 27 mg iron-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Theratrums Complete 50 Plus(lycopene,lutein) 0.4 mg-300 mcg-250 mcg tab	P	Rx;QL(Allowed 1 per 1 day)
Theratrums Complete with Lutein tablet	P	OTC;QL(Allowed 1 per 1 day)
THEREMS TABLET	P	OTC;QL(Allowed 1 per 1 day)
Therems-H 27 mg-0.33 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Therems-M 27 mg-0.4 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
Thrivite-19 29 mg iron-1 mg-25 mg tablet	P	OTC
TRUEplus Diabetic Multivitamin 500 mcg-10 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Ultimate Men's Complete 50+ 300 mcg-600 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Ultimate Women's Complete 50+ 8 mg iron-400 mcg-300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Ultra Freeda 267 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Ultra Freeda 6 mg iron-267 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
UNICOMPLEX-M TABLET	P	OTC;QL(Allowed 1 per 1 day)
Vision Formula (with lutein) 1,000 unit-200 mg-60 unit-2mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Vision Formula(A-C-E-Zn-Se-Cu) 1,000 unit-60 mg-30 unit tablet	P	Rx;QL(Allowed 1 per 1 day)
VISION-VITE + ZINC TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Vitacel (with Lutein) 800 mcg-250 mcg-750 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Vitalee 0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Vitamins A-D-E with selenium 10,000 unit-400 unit tablet	P	Rx;QL(Allowed 1 per 1 day)
Vitamins and Minerals tablet	P	OTC;QL(Allowed 1 per 1 day)
Vitatum 18 mg-500 mcg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Vitrum Senior 500 mcg-300 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
VOL-PLUS 27 MG IRON-1 MG TABLET	P	Rx
Vol-Tab Rx 29 mg iron-1 mg tablet	P	Rx
WHOLE SOURCE MULTI-VITAMINS TABLET	P	OTC;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
WOMEN'S 50 PLUS DAILY FORMULA 400 MCG-500 MG CALCIUM-20 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Women's Active 18 mg iron-400 mcg-180 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Women's Daily Caplet 27 mg iron-400 mcg	P	Rx;QL(Allowed 1 per 1 day)
Women's Daily Formula 18 mg iron-400 mcg-500 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Women's Daily Formula 27 mg-0.4 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Women's Multivitamin 18 mg iron-400 mcg-500 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
Women's Multivitamin 18 mg-400 mcg-500 mg-50 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Womens Multivitamin High Potency 13.5 mg-200 mcg-250 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
MULTIVITAMINS		

Drug Name	Drug Tier	Drug Restriction
A Thru Z Advanced Formula 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
CENTRAL-VITE 18 MG-400 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
CENTRUM WOMEN 18 MG-400 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Century 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Century Ultimate Women's 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Cerovite Advanced Formula 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Certavite-Antioxidant 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Complete Multivitamin-Multimineral 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Complete Women 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Daily Multiple 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Daily Multiple For Women 18 mg iron-400 mcg-500 mg Ca tablet	P	Rx;QL(Allowed 1 per 1 day)
Daily Multi-Vitamin tablet	P	OTC;QL(Allowed 1 per 1 day)
Daily Multivitamin with Iron 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Daily Value tablet	P	Rx;QL(Allowed 1 per 1 day)
Daily Vitamin Formula tablet	P	Rx;QL(Allowed 1 per 1 day)
Daily Vitamin Formula-Iron 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
E-400 C-500 and Beta Carotene tablet	P	Rx;QL(Allowed 1 per 1 day)
ESSENTIA 18 MG-400 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ESSENTIAL Balance with Lutein tablet	P	OTC;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Hair-Skin-Nails (multivit-folic-biotin) 400 mcg-2,000 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Men's Multi-Vitamin tablet	P	Rx;QL(Allowed 1 per 1 day)
Multi Complete with Iron 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Multi-Day with Iron 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
MULTIPLE VITAMINS TABLET	P	Rx;QL(Allowed 1 per 1 day)
multivitamin tablet	P	OTC;QL(Allowed 1 per 1 day)
Once Daily tablet	P	Rx;QL(Allowed 1 per 1 day)
ONCOVITE TABLET	P	Rx;QL(Allowed 1 per 1 day)
One Daily Essential 400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
ONE DAILY ESSENTIAL TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
One Daily For Men 50+ Advanced 400 mcg-600 mcg-120 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Men's 50 Plus Memory Support 400 mcg-600 mcg-120 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
ONE DAILY MULTIVITAMIN TABLET	P	OTC;QL(Allowed 1 per 1 day)
One Daily Multivitamin with Iron (folic acid) 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
One Daily Plus Iron 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
ONE DAILY TABLET	P	OTC;QL(Allowed 1 per 1 day)
One Daily Women's 18 mg iron-400 mcg-450 mg Ca tablet	P	Rx;QL(Allowed 1 per 1 day)
ONE-A-DAY ENERGY 9 MG IRON-400 MCG-200 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
ONE-A-DAY MEN'S 50 PLUS (WITH GINKGO) 400 MCG-300 MCG-120 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
ONE-A-DAY TEEN ADVANTAGE 18 MG-400 MCG TABLET	P	Rx;QL(Allowed 1 per 1 day)
Quintabs 400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Sentry 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Spectravite Advanced Formula 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Spectravite Ultra Women 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Tab-A-Vite tablet	P	Rx;QL(Allowed 1 per 1 day)
Thera 400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
THERA TABLET	P	Rx;QL(Allowed 1 per 1 day)
Thera-Tabs tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
WOMEN'S DAILY FORMULA 18 MG IRON-400 MCG-500 MG CA TABLET	P	OTC;QL(Allowed 1 per 1 day)
Women's One Daily 18 mg iron-400 mcg-500 mg Ca tablet	P	Rx;QL(Allowed 1 per 1 day)
Yelets 18 mg-400 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
PEDIATRIC VITAMINS		
ANIMAL CHEWS tablet	P	Rx;QL(Allowed 1 per 1 day)
ANIMAL SHAPE VITAMINS CHEWABLE TABLET	P	OTC;QL(Allowed 1 per 1 day)
Chewable-Vite tablet	P	OTC;QL(Allowed 1 per 1 day)
Child Multivitamins chewable tablet	P	Rx;QL(Allowed 1 per 1 day)
Children's Chewable Multivitamin 300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
CHILDREN'S CHEWABLE VITAMIN TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Children's Chewables 300 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
Children's Multivitamin chewable tablet	P	Rx;QL(Allowed 1 per 1 day)
Childs Chew Vite tablet	P	Rx;QL(Allowed 1 per 1 day)
Dino-Life chewable tablet	P	Rx;QL(Allowed 1 per 1 day)
FLINTSTONES GUMMIES OMEGA-3 DHA 16 MG CHEWABLE TABLET	P	Rx;QL(Allowed 1 per 1 day)
FLINTSTONES MULTIVITAMIN CHEWABLE TABLET	P	OTC;QL(Allowed 1 per 1 day)
Pedia Poly-Vite 750 unit-35 mg-400 unit/mL oral drops	P	Rx;QL(Allowed 50 per Rx)
Poly-Vita 1,500 unit-35 mg-400 unit/mL oral drops	P	Rx;QL(Allowed 50 per Rx)
Poly-Vitamin 1,500 unit-35 mg-400 unit/mL oral drops	P	Rx;QL(Allowed 50 per Rx)

Drug Name	Drug Tier	Drug Restriction
Poly-Vitamins chewable tablet	P	Rx;QL(Allowed 1 per 1 day)
Tri-Vita 1,500 unit-35 mg-400 unit/mL oral drops	P	Rx;QL(Allowed 50 per Rx)
Tri-Vitamin 1,500 unit-35 mg-400 unit/mL oral drops	P	OTC;QL(Allowed 50 per Rx)
PEDIATRIC VITAMINS AND MINERAL COMBINATIONS		
FLINTSTONES PLUS CALCIUM CHEWABLE TABLET	P	Rx;QL(Allowed 1 per 1 day)
NovaFerrum Pediatric 10 mg iron/mL oral drops	P	Rx;QL(Allowed 60 per Rx)
Pedia Poly-Vite with Iron 10 mg/mL oral drops	P	Rx;QL(Allowed 60 per Rx)
Poly-Vita (iron) 1,500 unit-400 unit-10 mg/mL oral drops	P	Rx;QL(Allowed 60 per Rx)
Poly-Vitamin with Iron 1,500 unit-400 unit-10 mg/mL oral drops	P	Rx;QL(Allowed 60 per Rx)
PEDIATRIC VITAMINS WITH FLUORIDE AND MINERALS COMBINATIONS		

Drug Name	Drug Tier	Drug Restriction
Multi-Vit with Fluoride and Iron 0.25 mg-10 mg/mL oral drops	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
pediatric vitamins A,C,and D-fluoride 0.25 mg-iron 10 mg/mL oral drops	P	Rx
TRI-VIT WITH FLUORIDE AND IRON 0.25 MG-10 MG/ML ORAL DROPS	P	Rx;QL(Allowed 50 per Rx)
PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS		
FLORIVA PLUS (WITH BIOTIN) 0.25 MG FLUORIDE (0.55 MG)/ML ORAL DROPS	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
FLORIVA PLUS 0.25 MG FLUORIDE (0.55 MG)/ML ORAL DROPS	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
Multi-Vitamin With Fluoride 0.25 mg chewable tablet	P	Rx
Multi-Vitamin With Fluoride 0.25 mg/mL oral drops	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)

Drug Name	Drug Tier	Drug Restriction
Multivitamin With Fluoride 0.5 mg chewable tablet	P	Rx;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
Multi-Vitamin With Fluoride 0.5 mg chewable tablet	P	Rx;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
Multi-Vitamin With Fluoride 0.5 mg/mL oral drops	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
Multi-Vitamin With Fluoride 1 mg chewable tablet	P	Rx
Multi-Vitamin-Fluoride (vit E acetate) 0.25 mg/mL oral drops	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
Multivitamins With Fluoride 0.25 mg chewable tablet	P	Rx
Multivitamins With Fluoride 0.5 mg chewable tablet	P	Rx;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
MULTIVITAMINS WITH FLUORIDE 1 MG CHEWABLE TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
MVC-FLUORIDE 0.25 MG CHEWABLE TABLET	P	Rx
MVC-FLUORIDE 0.5 MG CHEWABLE TABLET	P	Rx;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
MVC-FLUORIDE 1 MG CHEWABLE TABLET	P	Rx
Quflora Pediatric 0.25mg fluoride (0.55 mg) chewable tablet	P	Rx
Quflora Pediatric 0.5 mg fluoride (1.1 mg) chewable tablet	P	Rx;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
Quflora Pediatric 1 mg fluoride (2.2 mg) chewable tablet	P	Rx
Quflora Pediatric Drops 0.25 mg fluoride (0.55 mg)/mL oral	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
Quflora Pediatric Drops 0.5 mg fluoride (1.1 mg)/mL oral	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)

Drug Name	Drug Tier	Drug Restriction
Tri-Vitamin With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
Tri-Vitamin With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
Tri-Vite With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
Tri-Vite With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
Vitamins A,C,D and Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
Vitamins A,C,D and Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	P	Rx;AL(Maximum Age 21);QL(Allowed 50 per Rx)
PRENATAL VITAMINS AND MINERALS		
Classic Prenatal 28 mg iron-800 mcg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
COMPLETENATE 29 MG IRON-1 MG CHEWABLE TABLET	P	Rx
KPN 9 mg iron-267 mcg tablet	P	Rx
M-NATAL PLUS 27 MG IRON-1 MG TABLET	P	Rx
MYNATAL 65 MG IRON-1 MG CAPSULE	P	Rx
MYNATAL 90 MG-1 MG-50 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
MYNATAL ADVANCE 90 MG-1 MG-50 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
MYNATAL PLUS 65 MG IRON-1 MG TABLET	P	Rx
MYNATAL-Z 65 MG IRON-1 MG TABLET	P	Rx
MYNATE 90 PLUS 90 MG IRON-1 MG TABLET,EXTENDED RELEASE	P	Rx

Drug Name	Drug Tier	Drug Restriction
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET	P	Rx
PERRY PRENATAL 13.5 MG-0.4 MG CAPSULE	P	Rx
PNV 29-1 29 MG IRON-1 MG TABLET	P	Rx
PNV-Ferrous Fumarate 29 mg-Docu 25 mg-FA 1 mg tablet	P	Rx
PNV-VP-U 106.5 MG-1 MG CAPSULE	P	Rx
PRENATABS FA 29 MG-1 MG TABLET	P	Rx
PRENATABS RX 29 MG IRON-1 MG TABLET	P	Rx
Prenatal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet	P	OTC
Prenatal 19 29 mg iron-1 mg chewable tablet	P	Rx
Prenatal 28 mg iron-800 mcg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
Prenatal 28 mg-800 mcg tablet	P	Rx
Prenatal Formula 28 mg iron-800 mcg tablet	P	Rx
Prenatal Multi 27 mg-800 mcg tablet	P	Rx
Prenatal Multivitamins 28 mg iron-800 mcg tablet	P	Rx
Prenatal One Daily 27 mg iron-800 mcg tablet	P	Rx
Prenatal Plus (calcium carbonate) 27 mg iron-1 mg tablet	P	Rx
Prenatal Plus 29 mg iron-1 mg tablet	P	Rx
Prenatal Tablet 28 mg iron-800 mcg	P	OTC
prenatal vit no.95-ferrous fumarate 28 mg-folic acid 800 mcg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
Prenatal Vitamin 27 mg iron-0.8 mg tablet	P	Rx
Prenatal Vitamin 27 mg iron-800 mcg tablet	P	Rx
PRENATAL VITAMIN TABLET	P	OTC
prenatal vitamin-ferrous fumarate 28 mg iron-folic acid 800 mcg tablet	P	Rx
Prenatal Vitamins Plus Low Iron 27 mg iron-1 mg tablet	P	Rx
Prenatal Vitamins with Minerals 28 mg iron-800 mcg tablet	P	OTC
prenatal vits 96-ferrous fumarate 27 mg iron-folic acid 800 mcg tablet	P	Rx
Prenatal-U 106.5 mg-1 mg capsule	P	Rx
PREPLUS 27 MG IRON-1 MG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
PRETAB 29 MG-1 MG TABLET	P	Rx
RIGHT STEP PRENATAL VITAMINS 27 MG IRON-0.8 MG TABLET	P	Rx
SE-NATAL 19 (WITH DOCUSATE) 29 MG IRON-1 MG-25 MG TABLET	P	Rx
SE-NATAL 19 CHEWABLE 29 MG IRON-1 MG TABLET	P	Rx
THERANATAL 27 MG IRON-1 MG TABLET	P	Rx
THRIVITE RX 29 MG IRON-1 MG TABLET	P	Rx
TRICARE 27 MG IRON-1 MG TABLET	P	Rx
TRINATAL GT 90 MG-1 MG-50 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
TRINATAL RX 1 60 MG IRON-1 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
VINATE M 27 MG IRON-1 MG TABLET	P	Rx
VINATE ONE 60 MG IRON-1 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
VIRT-ADVANCE 90 MG-1 MG-50 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
VIRT-VITE GT 90 MG-1 MG-50 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
VITAFOL-OB 65 MG-1 MG TABLET	P	Rx
VITAMINS - B PREPARATION COMBINATIONS		
B-Complex With B-12 2.5 mg-2.5 mg-5 mg-100 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
VITAMINS - B-1, THIAMINE AND DERIVATIVES		
thiamine HCl (vitamin B1) 100 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
thiamine HCl (vitamin B1) 250 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
thiamine HCl (vitamin B1) 50 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)

Drug Name	Drug Tier	Drug Restriction
thiamine mononitrate (vitamin B1) 100 mg tablet	P	Rx;QL(QL Overtime: Allowed 100 over 30 days)
Vitamin B-1 (mononitrate) 100 mg tablet	P	Rx;QL(QL Overtime: Allowed 100 over 30 days)
Vitamin B-1 100 mg tablet	P	Rx;QL(QL Overtime: Allowed 100 over 30 days)
Vitamin B-1 250 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
Vitamin B-1 50 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES		
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	P	Rx;QL(QL Overtime: Allowed 10 over 270 days)
VITAMINS - B-2, RIBOFLAVIN AND DERIVATIVES		
riboflavin (vitamin B2) 100 mg tablet	P	Rx;QL(QL Overtime: Allowed 100 over 30 days)
riboflavin (vitamin B2) 25 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
riboflavin (vitamin B2) 50 mg tablet	P	Rx;QL(QL Overtime: Allowed 100 over 30 days)

Drug Name	Drug Tier	Drug Restriction
Vitamin B-2 100 mg tablet	P	Rx;QL(QL Overtime: Allowed 100 over 30 days)
Vitamin B-2 25 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
Vitamin B-2 50 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
VITAMINS - B-3, NIACIN AND DERIVATIVES		
Endur-Acin 250 mg tablet,extended release	P	Rx
Endur-Acin 500 mg tablet,extended release	P	Rx
Endur-Acin 750 mg tablet,extended release	P	Rx
niacin (inositol niacinate) 500 mg tablet	P	Rx
niacin ER 1,000 mg tablet,extended release	P	OTC
niacin ER 250 mg capsule,extended release	P	Rx

Drug Name	Drug Tier	Drug Restriction
niacin ER 250 mg tablet,extended release	P	OTC
niacin ER 500 mg capsule,extended release	P	Rx
niacin ER 500 mg tablet,extended release	P	OTC
niacin ER 750 mg tablet,extended release	P	OTC
SLO-NIACIN 250 MG TABLET,EXTENDED RELEASE	P	Rx
VITAMINS - B-6, PYRIDOXINE AND DERIVATIVES		
pyridoxine (vitamin B6) 100 mg tablet	P	OTC
pyridoxine (vitamin B6) 25 mg tablet	P	OTC
pyridoxine (vitamin B6) 50 mg tablet	P	OTC
Vitamin B-6 100 mg tablet	P	OTC
Vitamin B-6 25 mg tablet	P	OTC

Drug Name	Drug Tier	Drug Restriction
Vitamin B-6 50 mg tablet	P	OTC
VITAMINS - C, ASCORBIC ACID AND DERIVATIVES		
ascorbic acid (vitamin C) 1,000 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
ascorbic acid (vitamin C) 250 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
ascorbic acid (vitamin C) 500 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
ascorbic acid (vitamin C) ER 1,000 mg tablet,extended release	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
C-1000 1,000 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
C-1000 WITH ROSE HIPS 1,000 MG TABLET	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
C-500 500 mg tablet	P	Rx;QL(QL Overtime: Allowed 100 over 30 days)
Soothing PureWay-C 500 mg tablet	P	Rx;QL(QL Overtime: Allowed 100 over 30 days)
Vitamin C 1,000 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)

Drug Name	Drug Tier	Drug Restriction
Vitamin C 250 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
Vitamin C 500 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
Vitamin C ER 1,000 mg tablet,extended release	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
VITAMIN C WITH ROSE HIPS 1,000 MG TABLET	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
Vitamin C With Rose Hips 500 mg tablet	P	Rx;QL(QL Overtime: Allowed 100 over 30 days)
VITAMINS - D DERIVATIVES		
Baby Vitamin D3 400 unit/drop oral drops	P	Rx;AL(Maximum Age 0)
Baby's Super Daily D3 400 unit/drop oral drops	P	Rx
CALCIDOL 8,000 UNIT/ML ORAL DROPS	P	Rx
Calciferol 8,000 unit/mL oral drops	P	Rx
calcitriol 0.25 mcg capsule	P	Rx

Drug Name	Drug Tier	Drug Restriction
calcitriol 0.5 mcg capsule	P	Rx
cholecalciferol (vitamin D3) 10 mcg/mL (400 unit/mL) oral drops	P	OTC
cholecalciferol (vitamin D3) 25 mcg (1,000 unit) capsule	P	Rx;QL(Allowed 100 per Rx)
cholecalciferol (vitamin D3) 400 unit/drop oral drops	P	Rx;AL(Maximum Age 0)
cholecalciferol (vitamin D3) 5,000 unit capsule	P	Rx;QL(Allowed 2 per 1 day)
cholecalciferol (vitamin D3) 5,000 unit/mL oral drops	P	Rx;AL(Between 0 And 1)
cholecalciferol (vitamin D3) 50 mcg (2,000 unit) capsule	P	Rx;QL(Allowed 100 per Rx)
cholecalciferol (vitamin D3) 50,000 unit capsule	P	Rx;QL(QL Overtime: Allowed 8 over 30 days)
D3-2000 50 mcg (2,000 unit) capsule	P	Rx;QL(Allowed 100 per Rx)

Drug Name	Drug Tier	Drug Restriction
D3-50 Cholecalciferol 50,000 unit capsule	P	Rx;QL(QL Overtime: Allowed 8 over 30 days)
DECARA 50,000 UNIT CAPSULE	P	Rx;QL(QL Overtime: Allowed 8 over 30 days)
Dialyvite Vitamin D 5,000 unit capsule	P	Rx;QL(Allowed 2 per 1 day)
D-Vita 10 mcg/mL (400 unit/mL) oral drops	P	Rx
ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule	P	Rx
ergocalciferol (vitamin D2) 8,000 unit/mL oral drops	P	OTC
Just D 10 mcg/mL (400 unit/mL) oral drops	P	Rx
Optimal D3 50,000 unit capsule	P	Rx;QL(QL Overtime: Allowed 8 over 30 days)
Pedia D-Vite 10 mcg/mL (400 unit/mL) oral drops	P	Rx

Drug Name	Drug Tier	Drug Restriction
Vitamin D2 1,250 mcg (50,000 unit) capsule	P	Rx
Vitamin D3 25 mcg (1,000 unit) capsule	P	OTC;QL(Allowed 100 per Rx)
Vitamin D3 50 mcg (2,000 unit) capsule	P	OTC;QL(Allowed 100 per Rx)
VITAMINS - E		
E-200 200 unit capsule	P	Rx;QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 100 unit capsule	P	OTC;QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 200 unit capsule	P	Rx;QL(Allowed 2 per 1 day)
vitamin E (dl, acetate) 400 unit capsule	P	Rx;QL(Allowed 2 per 1 day)
vitamin E 100 unit capsule	P	OTC;QL(Allowed 2 per 1 day)
vitamin E 200 unit capsule	P	OTC;QL(Allowed 2 per 1 day)
vitamin E 400 unit capsule	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
VITAMIN E ACETATE 200 UNIT CAPSULE	P	Rx;QL(Allowed 2 per 1 day)
vitamin E mixed 400 unit capsule	P	Rx;QL(Allowed 2 per 1 day)
VITAMINS - FOLIC ACID AND DERIVATIVES		
folic acid 1 mg tablet	P	Rx
folic acid 400 mcg tablet	P	OTC;QL(Allowed 1 per 1 day)
folic acid 800 mcg tablet	P	Rx;QL(Allowed 1 per 1 day)
VITAMINS - K, PHYTONADIONE AND DERIVATIVES		
phytonadione (vitamin K1) 5 mg tablet	P	Rx
ENDOCRINE		
AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)		
Dex4 Glucose Quick Dissolve 4 gram chewable tablet	P	Rx;QL(QL Overtime: Allowed 50 over 30 days)
GLUCAGEN HYPOKIT 1 MG INJECTION	P	Rx

Drug Name	Drug Tier	Drug Restriction
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG SOLUTION FOR INJECTION	P	Rx;QL(Allowed 1 per Rx)
glucose 4 gram chewable tablet	P	Rx;QL(QL Overtime: Allowed 50 over 30 days)
AMYLOIDOSIS AGENTS- TRANSTHYRETIN (TTR) STABILIZER		
VYNDAMAX 61 MG CAPSULE	P	PA;Rx;SP
ANDROGEN - SINGLE AGENTS		
ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	P	Rx;QL(Allowed 1 per 1 day)
ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH	P	Rx;QL(Allowed 1 per 1 day)
ANDROXY 10 MG TABLET	P	Rx
METHITEST 10 MG TABLET	P	Rx
testosterone cypionate 200 mg/mL intramuscular oil	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
ANTIDIURETIC AND VASOPRESSOR HORMONES		

Drug Name	Drug Tier	Drug Restriction
DDAVP 0.1 MG/ML (REFRIGERATE) NASAL SOLUTION	P	Rx;QL(Allowed 5 per Rx)
desmopressin 0.1 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
desmopressin 0.2 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
desmopressin 10 mcg/spray (0.1 mL) nasal spray	P	Rx;QL(Allowed 5 per Rx)
desmopressin 10 mcg/spray (0.1 mL) nasal spray (non-refrigerated)	P	Rx;QL(Allowed 5 per Rx)
ANTIHYPERTENSIVE - DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin 12.5 mg tablet	P	Rx
alogliptin 25 mg tablet	P	Rx
alogliptin 6.25 mg tablet	P	Rx
TRADJENTA 5 MG TABLET	P	PA;Rx;AL(Minimum Age 18);QL(Allowed 1 per 1 day)
ANTIHYPERTENSIVE - MEGLITINIDE ANALOGS		

Drug Name	Drug Tier	Drug Restriction
nateglinide 120 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
nateglinide 60 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
ANTIHYPERTENSIVE - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS		
SEGLUROMET 2.5 MG-1,000 MG TABLET	P	ST;Rx;QL(Allowed 2 per 1 day);Try Metformin 90 days
SEGLUROMET 2.5 MG-500 MG TABLET	P	ST;Rx;QL(Allowed 2 per 1 day);Try Metformin 90 days
SEGLUROMET 7.5 MG-1,000 MG TABLET	P	ST;Rx;QL(Allowed 2 per 1 day);Try Metformin 90 days
SEGLUROMET 7.5 MG-500 MG TABLET	P	ST;Rx;QL(Allowed 2 per 1 day);Try Metformin 90 days
ANTIHYPERTENSIVE - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
JARDIANCE 10 MG TABLET	P	PA;Rx;QL(Allowed 1 per 1 day)
JARDIANCE 25 MG TABLET	P	PA;Rx;QL(Allowed 1 per 1 day)
STEGLATRO 15 MG TABLET	P	ST;Rx;QL(Allowed 1 per 1 day);Try Metformin 90 days
STEGLATRO 5 MG TABLET	P	ST;Rx;QL(Allowed 1 per 1 day);Try Metformin 90 days

Drug Name	Drug Tier	Drug Restriction
ANTIHYPERGLYCEMIC - SULFONYLUREA AND BIGUANIDE COMBINATIONS		
glipizide 2.5 mg-metformin 250 mg tablet	P	Rx
glipizide 2.5 mg-metformin 500 mg tablet	P	Rx
glipizide 5 mg-metformin 500 mg tablet	P	Rx
glyburide 1.25 mg-metformin 250 mg tablet	P	Rx
glyburide 2.5 mg-metformin 500 mg tablet	P	Rx
glyburide 5 mg-metformin 500 mg tablet	P	Rx
ANTIHYPERGLYCEMIC - SULFONYLUREA DERIVATIVES		
glimepiride 1 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
glimepiride 2 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
glimepiride 4 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
glipizide 10 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
glipizide 5 mg tablet	P	Rx
glipizide ER 10 mg tablet, extended release 24 hr	P	Rx
glipizide ER 2.5 mg tablet, extended release 24 hr	P	Rx
glipizide ER 5 mg tablet, extended release 24 hr	P	Rx
glyburide 1.25 mg tablet	P	Rx
glyburide 2.5 mg tablet	P	Rx
glyburide 5 mg tablet	P	Rx
glyburide micronized 1.5 mg tablet	P	Rx
glyburide micronized 3 mg tablet	P	Rx
glyburide micronized 6 mg tablet	P	Rx
ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND BIGUANIDE COMBINATIONS		

Drug Name	Drug Tier	Drug Restriction
pioglitazone 15 mg-metformin 500 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
pioglitazone 15 mg-metformin 850 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE		
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;QL(QL Overtime: Allowed 11 over 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;QL(QL Overtime: Allowed 6 over 30 days)
ANTIHYPERGLYCEMIC, INCRETIN MIMETIC, GLP-1 RECEPTOR AGONIST ANALOG-TYPE		
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION	P	PA;Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 4 over 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 4 over 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR	P	PA;Rx;QL(QL Overtime: Allowed 3.4 over 28 days)

Drug Name	Drug Tier	Drug Restriction
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 2.4 over 30 days)
BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;AL(Minimum Age 18);QL(QL Overtime: Allowed 1.2 over 30 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;QL(Allowed 1.8 per 1 day)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;QL(Allowed 1.8 per 1 day)
ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4 INHIBIT AND THIAZOLIDINEDIONE		
alogliptin 12.5 mg-pioglitazone 15 mg tablet	P	Rx
alogliptin 12.5 mg-pioglitazone 30 mg tablet	P	Rx
alogliptin 12.5 mg-pioglitazone 45 mg tablet	P	Rx
alogliptin 25 mg-pioglitazone 15 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
alogliptin 25 mg-pioglitazone 30 mg tablet	P	Rx
alogliptin 25 mg-pioglitazone 45 mg tablet	P	Rx
ANTIHYPERTENSIVE-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE		
alogliptin 12.5 mg-metformin 1,000 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
alogliptin 12.5 mg-metformin 500 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
JENTADUETO 2.5 MG-1,000 MG TABLET	P	PA;Rx;QL(Allowed 2 per 1 day)
JENTADUETO 2.5 MG-500 MG TABLET	P	PA;Rx;QL(Allowed 2 per 1 day)
JENTADUETO 2.5 MG-850 MG TABLET	P	PA;Rx;QL(Allowed 2 per 1 day)
ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES		
methimazole 10 mg tablet	P	Rx
methimazole 5 mg tablet	P	Rx
ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES		

Drug Name	Drug Tier	Drug Restriction
propylthiouracil 50 mg tablet	P	Rx
BONE RESORPTION INHIBITORS - BISPHTHONATES		
alendronate 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
alendronate 35 mg tablet	P	Rx;QL(Allowed 4 per 28 days)
alendronate 40 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
alendronate 5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
alendronate 70 mg tablet	P	Rx;QL(Allowed 4 per 28 days)
alendronate 70 mg/75 mL oral solution	P	Rx;QL(Allowed 300 per 28 days)
etidronate disodium 200 mg tablet	P	PA;Rx
etidronate disodium 400 mg tablet	P	PA;Rx
risedronate 30 mg tablet	P	PA;Rx;QL(Allowed 1 per 1 day)
risedronate 35 mg tablet	P	PA;Rx;QL(Allowed 4 per Rx)

Drug Name	Drug Tier	Drug Restriction
risedronate 35 mg tablet, delayed release	P	PA;Rx;QL(QL Overtime: Allowed 4 over 28 days)
risedronate 5 mg tablet	P	PA;Rx;QL(Allowed 1 per 1 day)
CALCITONINS		
calcitonin (salmon) 200 unit/actuation nasal spray	P	Rx;QL(Allowed 2 per Rx)
MIACALCIN 200 UNIT/ML INJECTION SOLUTION	P	Rx;QL(Allowed 2 per Rx)
ESTROGEN-PROGESTIN		
AMABELZ 0.5 MG-0.1 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
AMABELZ 1 MG-0.5 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL	P	Rx;QL(QL Overtime: Allowed 8 over 28 days)
COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL	P	Rx;QL(QL Overtime: Allowed 8 over 28 days)
estradiol-norethindrone acet 0.5 mg-0.1 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
estradiol-norethindrone acet 1 mg-0.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
FYAVOLV 0.5 MG-2.5 MCG TABLET		Rx
FYAVOLV 1 MG-5 MCG TABLET		Rx
JEVANTIQUE LO 0.5 MG-2.5 MCG TABLET		Rx
JINTELI 1 MG-5 MCG TABLET		Rx
LOPREEZA 0.5 MG-0.1 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
LOPREEZA 1 MG-0.5 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
MIMVEY 1 MG-0.5 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
MIMVEY LO 0.5 MG-0.1 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
norethindrone acetate-ethinyl estradiol 0.5 mg-2.5 mcg tablet		Rx

Drug Name	Drug Tier	Drug Restriction
norethindrone acetate-ethinyl estradiol 1 mg-5 mcg tablet		Rx
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET	P	Rx
PREMPRO 0.3 MG-1.5 MG TABLET	P	Rx
PREMPRO 0.45 MG-1.5 MG TABLET	P	Rx
PREMPRO 0.625 MG-2.5 MG TABLET	P	Rx
PREMPRO 0.625 MG-5 MG TABLET	P	Rx
ESTROGENS		
ALORA 0.025 MG/24 HR TRANSDERMAL PATCH	P	Rx;QL(Allowed 8 per Rx)
ALORA 0.05 MG/24 HR TRANSDERMAL PATCH	P	Rx;QL(Allowed 8 per Rx)
ALORA 0.075 MG/24 HR TRANSDERMAL PATCH	P	Rx;QL(Allowed 8 per Rx)

Drug Name	Drug Tier	Drug Restriction
ALORA 0.1 MG/24 HR TRANSDERMAL PATCH	P	Rx;QL(Allowed 8 per Rx)
estradiol 0.025 mg/24 hr semiweekly transdermal patch	P	Rx;QL(Allowed 8 per Rx)
estradiol 0.025 mg/24 hr weekly transdermal patch	P	Rx;QL(Allowed 4 per Rx)
estradiol 0.0375 mg/24 hr semiweekly transdermal patch	P	Rx;QL(Allowed 8 per Rx)
estradiol 0.0375 mg/24 hr weekly transdermal patch	P	Rx;QL(Allowed 4 per Rx)
estradiol 0.05 mg/24 hr semiweekly transdermal patch	P	Rx;QL(Allowed 8 per Rx)
estradiol 0.05 mg/24 hr weekly transdermal patch	P	Rx;QL(Allowed 4 per Rx)
estradiol 0.06 mg/24 hr weekly transdermal patch	P	Rx;QL(Allowed 4 per Rx)

Drug Name	Drug Tier	Drug Restriction
estradiol 0.075 mg/24 hr semiweekly transdermal patch	P	Rx;QL(Allowed 8 per Rx)
estradiol 0.075 mg/24 hr weekly transdermal patch	P	Rx;QL(Allowed 4 per Rx)
estradiol 0.1 mg/24 hr semiweekly transdermal patch	P	Rx;QL(Allowed 8 per Rx)
estradiol 0.1 mg/24 hr weekly transdermal patch	P	Rx;QL(Allowed 4 per Rx)
estradiol 0.5 mg tablet	P	Rx
estradiol 1 mg tablet	P	Rx
estradiol 2 mg tablet	P	Rx
estropipate 0.75 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
estropipate 1.5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
estropipate 3 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
PREMARIN 0.3 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
PREMARIN 0.45 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
PREMARIN 0.625 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
PREMARIN 0.9 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
PREMARIN 1.25 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
FERTILITY ENHANCER - PRETERM BIRTH PREVENTION, PROGESTERONE-TYPE		
hydroxyprogesterone (PF)(pregnancy preserving) 250 mg/mL (1 mL) IM oil	P	PA;Rx;SP
hydroxyprogesterone caproate (pregnancy preserving) 250 mg/mL IM oil	P	PA;Rx;SP
FIBROBLAST GROWTH FACTOR 23 (FGF23) INHIBITORS, MONOCLONAL ANTIBODY		

Drug Name	Drug Tier	Drug Restriction
CRYSVITA 10 MG/ML SUBCUTANEOUS SOLUTION	P	PA;Rx;SP
CRYSVITA 20 MG/ML SUBCUTANEOUS SOLUTION	P	PA;Rx;SP
CRYSVITA 30 MG/ML SUBCUTANEOUS SOLUTION	P	PA;Rx;SP
GLUCOCORTICOIDS		
cortisone 25 mg tablet	P	Rx
DECADRON 0.5 MG TABLET	P	Rx
DECADRON 0.5 MG/5 ML ORAL ELIXIR	P	Rx
DECADRON 0.75 MG TABLET	P	Rx
DECADRON 4 MG TABLET	P	Rx
DECADRON 6 MG TABLET	P	Rx
DELTASONE 20 MG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
dexamethasone 0.5 mg tablet	P	Rx
dexamethasone 0.5 mg/5 mL oral elixir	P	Rx
dexamethasone 0.5 mg/5 mL oral solution	P	Rx
dexamethasone 0.75 mg tablet	P	Rx
dexamethasone 1 mg tablet	P	Rx
dexamethasone 1.5 mg tablet	P	Rx
dexamethasone 2 mg tablet	P	Rx
dexamethasone 4 mg tablet	P	Rx
dexamethasone 6 mg tablet	P	Rx
dexamethasone sodium phosphate 4 mg/mL injection solution	P	Rx;QL(QL Overtime: Allowed 150 over 30 days)

Drug Name	Drug Tier	Drug Restriction
dexamethasone sodium phosphate 4 mg/mL injection syringe	P	Rx;QL(QL Overtime: Allowed 150 over 30 days)
hydrocortisone 10 mg tablet	P	Rx
hydrocortisone 20 mg tablet	P	Rx
hydrocortisone 5 mg tablet	P	Rx
methylprednisolone 4 mg tablet	P	Rx
methylprednisolone 4 mg tablets in a dose pack	P	Rx
methylprednisolone 8 mg tablet	P	Rx
MILLIPRED 5 MG TABLET	P	Rx
prednisolone 15 mg/5 mL oral solution	P	Rx
prednisolone sodium phosphate 15 mg/5 mL (3 mg/mL) oral solution	P	Rx

Drug Name	Drug Tier	Drug Restriction
prednisolone sodium phosphate 20 mg/5 mL (4 mg/mL) oral solution	P	Rx;QL(Allowed 150 per Rx)
prednisolone sodium phosphate 5 mg base/5 mL (6.7 mg/5 mL) oral soln	P	Rx
prednisone 1 mg tablet	P	Rx
prednisone 10 mg tablet	P	Rx
prednisone 10 mg tablets in a dose pack	P	Rx
prednisone 2.5 mg tablet	P	Rx
prednisone 20 mg tablet	P	Rx
prednisone 5 mg tablet	P	Rx
prednisone 5 mg tablets in a dose pack	P	Rx

Drug Name	Drug Tier	Drug Restriction
prednisone 5 mg/5 mL oral solution	P	Rx
prednisone 50 mg tablet	P	Rx
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE	P	Rx
GROWTH HORMONES		
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;SP
NORDITROPIN FLEXPRO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;SP
NORDITROPIN FLEXPRO 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;SP
NORDITROPIN FLEXPRO 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;SP

Drug Name	Drug Tier	Drug Restriction
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS CARTRIDGE	P	PA;Rx;SP
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE	P	PA;Rx;SP
HUMAN INSULINS - FIXED COMBINATIONS		
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	P	OTC;QL(QL Overtime: Allowed 40 over 30 days)
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS	P	OTC;QL(Allowed 1 per 1 day)
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	P	OTC;QL(QL Overtime: Allowed 40 over 30 days)
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS	P	OTC;QL(Allowed 1 per 1 day)
HUMAN INSULINS - INTERMEDIATE ACTING		
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS	P	OTC;QL(QL Overtime: Allowed 40 over 30 days)

Drug Name	Drug Tier	Drug Restriction
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS	P	OTC;QL(Allowed 1 per 1 day)
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP	P	OTC;QL(QL Overtime: Allowed 40 over 30 days)
HUMAN INSULINS - SHORT ACTING		
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION	P	OTC;QL(QL Overtime: Allowed 40 over 30 days)
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION	P	OTC;QL(QL Overtime: Allowed 40 over 30 days)
INSULIN ANALOGS - FIXED COMBINATIONS		
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	P	Rx;QL(QL Overtime: Allowed 40 over 30 days)
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	P	Rx;QL(QL Overtime: Allowed 40 over 30 days)
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	P	Rx;QL(Allowed 1 per 1 day)
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	P	Rx;QL(Allowed 1 per 1 day)
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	P	Rx;QL(QL Overtime: Allowed 40 over 30 days)
INSULIN ANALOGS - LONG ACTING		
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS	P	Rx;QL(Allowed 1 per 1 day)
INSULIN ANALOGS - RAPID ACTING		
ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS PEN	P	Rx;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS SOLUTION	P	Rx;QL(QL Overtime: Allowed 40 over 30 days)
INSULIN RESPONSE ENHANCERS - BIGUANIDES		
metformin 1,000 mg tablet	P	Rx
metformin 500 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
metformin 850 mg tablet	P	Rx
metformin ER 500 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 4 per 1 day)
metformin ER 750 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 3 per 1 day)
INSULIN RESPONSE ENHANCERS - THIAZOLIDINEDIONES (PPAR-GAMMA AGONISTS)		
pioglitazone 15 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
pioglitazone 30 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
pioglitazone 45 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
MINERALOCORTICOIDS		

Drug Name	Drug Tier	Drug Restriction
fludrocortisone 0.1 mg tablet	P	Rx
OXYTOCIC - ERGOT ALKALOIDS		
METHERGINE 0.2 MG TABLET	P	Rx
methylergonovine 0.2 mg tablet	P	Rx
PROGESTINS		
hydroxyprogesterone caproate 250 mg/mL intramuscular oil	P	PA;Rx;SP
medroxyprogesterone 10 mg tablet	P	Rx
medroxyprogesterone 2.5 mg tablet	P	Rx
medroxyprogesterone 5 mg tablet	P	Rx
norethindrone acetate 5 mg tablet	P	Rx
progesterone micronized 100 mg capsule	P	Rx;QL(QL Overtime: Allowed 30 over 30 days)
progesterone micronized 200 mg capsule	P	Rx;QL(QL Overtime: Allowed 20 over 30 days)

Drug Name	Drug Tier	Drug Restriction
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
raloxifene 60 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
THYROID HORMONE COMBINATIONS - SYNTHETIC T3 AND T4		
THYROLAR-1 12.5 MCG-50 MCG TABLET	P	Rx
THYROLAR-1/2 6.25 MCG-25 MCG TABLET	P	Rx
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET	P	Rx
THYROLAR-2 25 MCG-100 MCG TABLET	P	Rx
THYROLAR-3 37.5 MCG-150 MCG TABLET	P	Rx
THYROID HORMONES - ANIMAL SOURCE (PORCINE)		
ARMOUR THYROID 120 MG TABLET	P	Rx
ARMOUR THYROID 15 MG TABLET	P	Rx
ARMOUR THYROID 180 MG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
ARMOUR THYROID 240 MG TABLET	P	Rx
ARMOUR THYROID 30 MG TABLET	P	Rx
ARMOUR THYROID 300 MG TABLET	P	Rx
ARMOUR THYROID 60 MG TABLET	P	Rx
ARMOUR THYROID 90 MG TABLET	P	Rx
NP THYROID 120 MG TABLET	P	Rx
NP THYROID 15 MG TABLET	P	Rx
NP THYROID 30 MG TABLET	P	Rx
NP THYROID 60 MG TABLET	P	Rx
NP THYROID 90 MG TABLET	P	Rx
thyroid (pork) 120 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
thyroid (pork) 15 mg tablet	P	Rx
THYROID (PORK) 30 MG TABLET	P	Rx
THYROID (PORK) 60 MG TABLET	P	Rx
THYROID (PORK) 90 MG TABLET	P	Rx
THYROID HORMONES - SYNTHETIC T3 (TRIIODOTHYRONINE)		
liothyronine 25 mcg tablet	P	Rx
liothyronine 5 mcg tablet	P	Rx
liothyronine 50 mcg tablet	P	Rx
THYROID HORMONES - SYNTHETIC T4 (THYROXINE)		
EUTHYROX 100 MCG TABLET	P	Rx
EUTHYROX 112 MCG TABLET	P	Rx
EUTHYROX 125 MCG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
EUTHYROX 137 MCG TABLET	P	Rx
EUTHYROX 150 MCG TABLET	P	Rx
EUTHYROX 175 MCG TABLET	P	Rx
EUTHYROX 200 MCG TABLET	P	Rx
EUTHYROX 25 MCG TABLET	P	Rx
EUTHYROX 50 MCG TABLET	P	Rx
EUTHYROX 75 MCG TABLET	P	Rx
EUTHYROX 88 MCG TABLET	P	Rx
LEVO-T 100 MCG TABLET	P	Rx
LEVO-T 112 MCG TABLET	P	Rx
LEVO-T 125 MCG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
LEVO-T 137 MCG TABLET	P	Rx
LEVO-T 150 MCG TABLET	P	Rx
LEVO-T 175 MCG TABLET	P	Rx
LEVO-T 200 MCG TABLET	P	Rx
LEVO-T 25 MCG TABLET	P	Rx
LEVO-T 300 MCG TABLET	P	Rx
LEVO-T 50 MCG TABLET	P	Rx
LEVO-T 75 MCG TABLET	P	Rx
LEVO-T 88 MCG TABLET	P	Rx
levothyroxine 100 mcg tablet	P	Rx
levothyroxine 112 mcg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
levothyroxine 125 mcg tablet	P	Rx
levothyroxine 137 mcg tablet	P	Rx
levothyroxine 150 mcg tablet	P	Rx
levothyroxine 175 mcg tablet	P	Rx
levothyroxine 200 mcg tablet	P	Rx
levothyroxine 25 mcg tablet	P	Rx
levothyroxine 300 mcg tablet	P	Rx
levothyroxine 50 mcg tablet	P	Rx
levothyroxine 75 mcg tablet	P	Rx
levothyroxine 88 mcg tablet	P	Rx
LEVOXYL 100 MCG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
LEVOXYL 112 MCG TABLET	P	Rx
LEVOXYL 125 MCG TABLET	P	Rx
LEVOXYL 137 MCG TABLET	P	Rx
LEVOXYL 150 MCG TABLET	P	Rx
LEVOXYL 175 MCG TABLET	P	Rx
LEVOXYL 200 MCG TABLET	P	Rx
LEVOXYL 25 MCG TABLET	P	Rx
LEVOXYL 50 MCG TABLET	P	Rx
LEVOXYL 75 MCG TABLET	P	Rx
LEVOXYL 88 MCG TABLET	P	Rx
SYNTHROID 100 MCG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
SYNTHROID 112 MCG TABLET	P	Rx
SYNTHROID 125 MCG TABLET	P	Rx
SYNTHROID 137 MCG TABLET	P	Rx
SYNTHROID 150 MCG TABLET	P	Rx
SYNTHROID 175 MCG TABLET	P	Rx
SYNTHROID 200 MCG TABLET	P	Rx
SYNTHROID 25 MCG TABLET	P	Rx
SYNTHROID 300 MCG TABLET	P	Rx
SYNTHROID 50 MCG TABLET	P	Rx
SYNTHROID 75 MCG TABLET	P	Rx
SYNTHROID 88 MCG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
UNITHROID 100 MCG TABLET	P	Rx
UNITHROID 112 MCG TABLET	P	Rx
UNITHROID 125 MCG TABLET	P	Rx
UNITHROID 137 MCG TABLET	P	Rx
UNITHROID 150 MCG TABLET	P	Rx
UNITHROID 175 MCG TABLET	P	Rx
UNITHROID 200 MCG TABLET	P	Rx
UNITHROID 25 MCG TABLET	P	Rx
UNITHROID 300 MCG TABLET	P	Rx
UNITHROID 50 MCG TABLET	P	Rx
UNITHROID 75 MCG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
UNITHROID 88 MCG TABLET	P	Rx
GASTROINTESTINAL THERAPY AGENTS		
ANTACID - ALUMINUM		
aluminum hydroxide gel 320 mg/5 mL oral suspension	P	OTC
ANTACID - BICARBONATE		
sodium bicarbonate 325 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
sodium bicarbonate 650 mg tablet	P	OTC;QL(QL Overtime: Allowed 100 over 30 days)
ANTACID - CALCIUM		
Antacid (calcium carbonate) 200 mg calcium (500 mg) chewable tablet	P	OTC
Antacid (calcium carbonate) 215 mg calcium (500 mg) chewable tablet	P	OTC
Antacid Calcium 215 mg calcium (500 mg) chewable tablet	P	OTC
Calcium Antacid 200 mg calcium (500 mg) chewable tablet	P	OTC

Drug Name	Drug Tier	Drug Restriction
calcium carbonate 200 mg calcium (500 mg) chewable tablet	P	OTC
Cal-Gest Antacid 200 mg calcium (500 mg) chewable tablet	P	OTC
Tame The Flame 195 mg calcium (500 mg) chewable tablet	P	OTC
TUMS FRESHERS 200 MG CALCIUM (500 MG) CHEWABLE TABLET	P	OTC
ANTACID - SIMETHICONE COMBINATIONS		
Advanced Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Almacone 200 mg-200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Antacid 200 mg-200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)

Drug Name	Drug Tier	Drug Restriction
ANTACID ANTI-GAS 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
ANTACID EXTRA-STRENGTH 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Antacid Liquid 200 mg-200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
ANTACID M 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Antacid Plus Anti-Gas 200 mg-200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Antacid Regular Strength 200 mg-200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Antacid-Antigas 200 mg-200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)

Drug Name	Drug Tier	Drug Restriction
COMFORT GEL 200 MG-200 MG- 20 MG/5 ML ORAL SUSPENSION	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Flanax Antacid 200 mg-200 mg- 20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Geri-Lanta 200 mg-200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Geri-Mox Antacid-Antigas 200 mg-200 mg- 20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Liquid Antacid 200 mg-200 mg- 20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Mag-Al Plus 200 mg-200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Mi-Acid 200 mg- 200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
Mintox 200 mg- 200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)

Drug Name	Drug Tier	Drug Restriction
Rulox 200 mg- 200 mg-20 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 744 over 30 days)
ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS		
ANTI-DIARRHEA 2 MG TABLET	P	OTC;QL(Allowed 8 per 1 day)
ANTI-DIARRHEAL (LOPERAMIDE) 1 MG/5 ML ORAL LIQUID	P	OTC;QL(Allowed 40 per 1 day)
Anti-Diarrheal (loperamide) 2 mg capsule	P	OTC;QL(Allowed 8 per 1 day)
ANTI-DIARRHEAL (LOPERAMIDE) 2 MG TABLET	P	OTC;QL(Allowed 8 per 1 day)
DIAMODE 2 MG TABLET	P	OTC;QL(Allowed 8 per 1 day)
loperamide 1 mg/5 mL oral liquid	P	OTC;QL(Allowed 40 per 1 day)
loperamide 2 mg capsule	P	Rx;QL(Allowed 8 per 1 day)
ANTIDIARRHEAL - BISMUTH AGENTS		
Bismatrol 262 mg chewable tablet	P	OTC
Bismatrol 525 mg/15 mL oral suspension	P	OTC

Drug Name	Drug Tier	Drug Restriction
BISMUTH 262 MG CHEWABLE TABLET	P	OTC
BISMUTH MAXIMUM STRENGTH 525 MG/15 ML ORAL SUSPENSION	P	OTC
bismuth subsalicylate 262 mg chewable tablet	P	OTC
Diotame 262 mg chewable tablet	P	OTC
KAOPECTATE EX STR (BISMUTH SS) 525 MG/15 ML ORAL SUSPENSION	P	OTC
Peptic Relief 262 mg chewable tablet	P	OTC
PINK BISMUTH 262 MG CHEWABLE TABLET	P	OTC
PINK BISMUTH 525 MG/15 ML ORAL SUSPENSION	P	OTC

Drug Name	Drug Tier	Drug Restriction
PINK BISMUTH MAXIMUM STRENGTH 525 MG/15 ML ORAL SUSPENSION	P	OTC
Soothe (bismuth subsalicylate) 262 mg chewable tablet	P	OTC
Stomach Relief 262 mg chewable tablet	P	OTC
Stomach Relief 525 mg/15 mL oral suspension	P	OTC
Stomach Relief Max Strength 525 mg/15 mL oral suspension	P	OTC
ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS		
diphenoxylate-atropine 2.5 mg-0.025 mg tablet	P	Rx
diphenoxylate-atropine 2.5 mg-0.025 mg/5 mL oral liquid	P	Rx
ANTIEMETIC - ANTIHISTAMINES		
dimenhydrinate 50 mg tablet	P	OTC;QL(Allowed 24 per Rx)
DRAMAMINE 50 MG CHEWABLE TABLET	P	OTC;QL(Allowed 24 per Rx)

Drug Name	Drug Tier	Drug Restriction
DRAMAMINE LESS DROWSY 25 MG TABLET	P	OTC
Driminate 50 mg tablet	P	OTC;QL(Allowed 24 per Rx)
meclizine 12.5 mg tablet	P	OTC
meclizine 25 mg chewable tablet	P	Rx
meclizine 25 mg tablet	P	OTC
Medi-Meclizine 25 mg tablet	P	OTC
Motion Relief (meclizine) 25 mg tablet	P	OTC
Motion Sickness (meclizine) 25 mg tablet	P	OTC
MOTION SICKNESS 50 MG TABLET	P	OTC;QL(Allowed 24 per Rx)
Motion Sickness II 25 mg tablet	P	OTC
Motion Sickness Relief (meclizine) 25 mg chewable tablet	P	OTC

Drug Name	Drug Tier	Drug Restriction
MOTION SICKNESS RELIEF (MECLIZINE) 25 MG TABLET	P	OTC
Motion Sickness Relief 50 mg tablet	P	OTC;QL(Allowed 24 per Rx)
Motion-Time 25 mg chewable tablet	P	OTC
Travel Sickness (meclizine) 25 mg chewable tablet	P	OTC
TRAVEL SICKNESS 50 MG TABLET	P	OTC;QL(Allowed 24 per Rx)
TRAVEL-EASE (MECLIZINE) 25 MG TABLET	P	OTC
Wal-Dram 2 25 mg tablet	P	OTC
Wal-Dram 50 mg tablet	P	OTC;QL(Allowed 24 per Rx)
ANTIEMETIC - PHENOTHIAZINES		
COMPRO 25 MG RECTAL SUPPOSITORY	P	Rx
PHENADOZ 12.5 MG RECTAL SUPPOSITORY	P	Rx;AL(Minimum Age 2);QL(Allowed 12 per Rx)

Drug Name	Drug Tier	Drug Restriction
PHENADOZ 25 MG RECTAL SUPPOSITORY	P	Rx;AL(Minimum Age 2);QL(Allowed 12 per Rx)
PHENERGAN 12.5 MG RECTAL SUPPOSITORY	P	Rx;AL(Minimum Age 2);QL(Allowed 12 per Rx)
PHENERGAN 25 MG RECTAL SUPPOSITORY	P	Rx;AL(Minimum Age 2);QL(Allowed 12 per Rx)
PHENERGAN 50 MG RECTAL SUPPOSITORY	P	Rx;AL(Minimum Age 2);QL(Allowed 12 per Rx)
prochlorperazine 25 mg rectal suppository	P	Rx
prochlorperazine maleate 10 mg tablet	P	Rx
prochlorperazine maleate 5 mg tablet	P	Rx
promethazine 12.5 mg rectal suppository	P	Rx;AL(Minimum Age 2);QL(Allowed 12 per Rx)
promethazine 25 mg rectal suppository	P	Rx;AL(Minimum Age 2);QL(Allowed 12 per Rx)
promethazine 50 mg rectal suppository	P	Rx;AL(Minimum Age 2);QL(Allowed 12 per Rx)
PROMETHEGAN 12.5 MG RECTAL SUPPOSITORY	P	Rx;AL(Minimum Age 2);QL(Allowed 12 per Rx)

Drug Name	Drug Tier	Drug Restriction
PROMETHEGAN 25 MG RECTAL SUPPOSITORY	P	Rx;AL(Minimum Age 2);QL(Allowed 12 per Rx)
PROMETHEGAN 50 MG RECTAL SUPPOSITORY	P	Rx;AL(Minimum Age 2);QL(Allowed 12 per Rx)
ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS		
ondansetron 4 mg disintegrating tablet	P	Rx;QL(Allowed 2 per 1 day)
ondansetron 8 mg disintegrating tablet	P	Rx;QL(Allowed 2 per 1 day)
ondansetron HCl 24 mg tablet	P	Rx;QL(QL Overtime: Allowed 1 over 14 days)
ondansetron HCl 4 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
ondansetron HCl 4 mg/5 mL oral solution	P	Rx;QL(QL Overtime: Allowed 50 over 30 days)
ondansetron HCl 8 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
BILE ACIDS		
CHOLBAM 250 MG CAPSULE	P	PA;Rx;SP
CHOLBAM 50 MG CAPSULE	P	PA;Rx;SP
COLONIC ACIDIFIER (AMMONIA INHIBITOR)		

Drug Name	Drug Tier	Drug Restriction
ENULOSE 10 GRAM/15 ML ORAL SOLUTION	P	Rx
GENERLAC 10 GRAM/15 ML ORAL SOLUTION	P	Rx
lactulose 10 gram/15 mL (15 mL) oral solution	P	Rx
DIGESTIVE ENZYME MIXTURES		
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYE D RELEASE	P	Rx
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYE D RELEASE	P	Rx
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYE D RELEASE	P	Rx
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYE D RELEASE	P	Rx
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYE D RELEASE	P	Rx

Drug Name	Drug Tier	Drug Restriction
PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYE D RELEASE	P	Rx
PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYE D RELEASE	P	Rx
PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYE D RELEASE	P	Rx
PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYE D RELEASE	P	Rx
GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS		
ursodiol 250 mg tablet	P	Rx;QL(Allowed 7 per 1 day)
ursodiol 300 mg capsule	P	Rx
GASTRIC ACID SECRETION REDUCERS - HISTAMINE H2-RECEPTOR ANTAGONISTS		
ACID CONTROL (RANITIDINE) 150 MG TABLET	P	OTC

Drug Name	Drug Tier	Drug Restriction
ACID CONTROL (RANITIDINE) 75 MG TABLET	P	OTC;QL(Allowed 2 per 1 day)
Acid Controller 10 mg tablet	P	OTC
ACID CONTROLLER 20 MG TABLET	P	OTC
ACID REDUCER (CIMETIDINE) 200 MG TABLET	P	OTC
Acid Reducer (famotidine) 10 mg tablet	P	OTC
Acid Reducer (famotidine) 20 mg tablet	P	OTC
ACID REDUCER (RANITIDINE) 150 MG TABLET	P	OTC
ACID REDUCER (RANITIDINE) 75 MG TABLET	P	OTC;QL(Allowed 2 per 1 day)
cimetidine 200 mg tablet	P	OTC
cimetidine 300 mg tablet	P	Rx
cimetidine 300 mg/5 mL oral solution	P	Rx

Drug Name	Drug Tier	Drug Restriction
cimetidine 400 mg tablet	P	Rx
cimetidine 800 mg tablet	P	Rx
famotidine 10 mg tablet	P	OTC
famotidine 20 mg tablet	P	Rx
famotidine 40 mg tablet	P	Rx
famotidine 40 mg/5 mL (8 mg/mL) oral suspension	P	Rx
Heartburn Prevention 10 mg tablet	P	OTC
HEARTBURN PREVENTION 20 MG TABLET	P	OTC
HEARTBURN RELIEF (CIMETIDINE) 200 MG TABLET	P	OTC
HEARTBURN RELIEF (FAMOTIDINE) 10 MG TABLET	P	OTC

Drug Name	Drug Tier	Drug Restriction
Heartburn Relief (famotidine) 20 mg tablet	P	OTC
Heartburn Relief (ranitidine) 150 mg tablet	P	OTC
HEARTBURN RELIEF (RANITIDINE) 75 MG TABLET	P	OTC;QL(Allowed 2 per 1 day)
ranitidine 15 mg/mL oral syrup	P	Rx;QL(Allowed 40 per 1 day)
ranitidine 150 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
ranitidine 150 mg tablet	P	Rx
ranitidine 300 mg capsule	P	Rx;QL(Allowed 1 per 1 day)
ranitidine 300 mg tablet	P	Rx
ranitidine 75 mg tablet	P	OTC;QL(Allowed 2 per 1 day)
Wal-Zan 150 150 mg tablet	P	OTC
Wal-Zan 75 75 mg tablet	P	OTC;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
GASTRIC ACID SECRETION REDUCING AGENTS - PROTON PUMP INHIBITORS (PPIS)		
DEXILANT 30 MG CAPSULE, DELAYED RELEASE	P	ST;Rx;Try omeprazole, pantoprazole or lansoprazole first
DEXILANT 60 MG CAPSULE, DELAYED RELEASE	P	ST;Rx;Try omeprazole, pantoprazole or lansoprazole first
esomeprazole magnesium 20 mg capsule, delayed release	P	OTC;QL(Allowed 2 per 1 day)
Heartburn Treatment 20 mg capsule, delayed release	P	OTC;QL(Allowed 2 per 1 day)
Heartburn Treatment 24 Hour 15 mg capsule, delayed release	P	OTC;QL(Allowed 4 per 1 day)
lansoprazole 15 mg capsule, delayed release	P	Rx;QL(Allowed 4 per 1 day)
lansoprazole 30 mg capsule, delayed release	P	Rx
omeprazole 10 mg capsule, delayed release	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
omeprazole 20 mg capsule, delayed release	P	Rx;QL(Allowed 2 per 1 day)
omeprazole 20 mg tablet, delayed release	P	OTC;QL(Allowed 1 per 1 day)
omeprazole 40 mg capsule, delayed release	P	Rx;QL(Allowed 2 per 1 day)
pantoprazole 20 mg tablet, delayed release	P	Rx;QL(Allowed 1 per 1 day)
pantoprazole 40 mg tablet, delayed release	P	Rx;QL(Allowed 2 per 1 day)
PRILOSEC OTC 20 MG TABLET, DELAYED RELEASE	P	OTC;QL(Allowed 1 per 1 day)
GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS		
misoprostol 100 mcg tablet	P	Rx
misoprostol 200 mcg tablet	P	Rx
GASTROINTESTINAL ANTIFLATULENTS		

Drug Name	Drug Tier	Drug Restriction
GAS RELIEF 40 MG/0.6 ML ORAL DROPS, SUSPENSION	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)
Gas Relief 80 80 mg chewable tablet	P	OTC
Gas Relief 80 mg chewable tablet	P	OTC
INFANTS GAS RELIEF 40 MG/0.6 ML ORAL DROPS, SUSPENSION	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)
Little Remedies Gas Relief 40 mg/0.6 mL oral drops, suspension	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)
Mi-Acid Gas Relief 80 mg chewable tablet	P	OTC
Mytab Gas 80 mg chewable tablet	P	OTC
simethicone 40 mg/0.6 mL oral drops, suspension	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)
simethicone 80 mg chewable tablet	P	OTC
GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS		

Drug Name	Drug Tier	Drug Restriction
metoclopramide 10 mg tablet	P	Rx
metoclopramide 5 mg tablet	P	Rx
metoclopramide 5 mg/5 mL oral solution	P	Rx
GI ANTISPASMODIC - BELLADONNA ALKALOIDS		
ED-SPAZ 0.125 MG DISINTEGRATING TABLET	P	Rx
hyoscyamine 0.125 mg disintegrating tablet	P	Rx
hyoscyamine 0.125 mg sublingual tablet	P	Rx
hyoscyamine 0.125 mg/5 mL oral elixir	P	Rx
hyoscyamine 0.125 mg/mL oral drops	P	Rx
hyoscyamine ER 0.375 mg tablet,extended release,12 hr	P	Rx;QL(Allowed 4 per 1 day)
hyoscyamine sulfate 0.125 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
LEVSIN 0.5 MG/ML INJECTION SOLUTION	P	Rx
NULEV 0.125 MG DISINTEGRATING TABLET	P	Rx
OSCIMIN 0.125 MG DISINTEGRATING TABLET	P	Rx
OSCIMIN 0.125 MG TABLET	P	Rx
OSCIMIN SL 0.125 MG SUBLINGUAL TABLET	P	Rx
OSCIMIN SR 0.375 MG TABLET,EXTENDED RELEASE	P	Rx;QL(Allowed 4 per 1 day)
SYMAX DUOTAB 0.125 MG AND 0.25 MG (0.375 MG) TABLET,EXTENDED RELEASE	P	Rx
SYMAX-SR 0.375 MG TABLET,EXTENDED RELEASE	P	Rx;QL(Allowed 4 per 1 day)
GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS		

Drug Name	Drug Tier	Drug Restriction
glycopyrrolate 1 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
glycopyrrolate 2 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES		
dicyclomine 10 mg capsule	P	Rx
dicyclomine 10 mg/5 mL oral solution	P	Rx;QL(QL Overtime: Allowed 496 over 30 days)
dicyclomine 20 mg tablet	P	Rx
INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS		
balsalazide 750 mg capsule	P	Rx;QL(Allowed 9 per 1 day)
mesalamine 1.2 gram tablet,delayed release	P	Rx
mesalamine 4 gram/60 mL enema	P	Rx;QL(Allowed 60 per 1 day)
mesalamine 800 mg tablet,delayed release	P	Rx
SFROWASA 4 GRAM/60 ML ENEMA	P	Rx

Drug Name	Drug Tier	Drug Restriction
sulfasalazine 500 mg tablet	P	Rx
sulfasalazine 500 mg tablet,delayed release	P	Rx
INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS		
COLOCORT 100 MG/60 ML ENEMA	P	Rx
hydrocortisone 100 mg/60 mL enema	P	Rx
INFLAMMATORY BOWEL AGENT - JANUS KINASE (JAK) INHIBITORS		
XELJANZ 10 MG TABLET	P	PA;Rx;SP
LAXATIVE - BULK FORMING		
calcium polycarbophil 625 mg tablet	P	OTC;QL(Allowed 10 per 1 day)
Daily Fiber (psyllium-sucrose) 3.4 gram/7 gram oral powder	P	OTC
Daily Fiber 0.52 gram capsule	P	OTC
Fiber (calcium polycarbophil) 625 mg tablet	P	OTC;QL(Allowed 10 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Fiber (psyllium husk) 0.52 gram capsule	P	OTC
Fiber (psyllium husk/sugar) 3.4 gram/11 gram oral powder	P	OTC
Fiber (psyllium husk/sugar) 3.4 gram/12 gram oral powder	P	Rx
Fiber (psyllium husk/sugar) 3.4 gram/7 gram oral powder	P	OTC
Fiber (with aspartame) 3.4 gram/5.8 gram oral powder	P	OTC
Fiber Laxative (calcium polycarbophil) 625 mg tablet	P	OTC;QL(Allowed 10 per 1 day)
FIBER LAXATIVE (PSYLLIUM HUSK) 0.52 GRAM CAPSULE	P	OTC
fiber oral powder	P	OTC
Fiber Smooth (with sucrose) oral powder	P	OTC

Drug Name	Drug Tier	Drug Restriction
Fiber Smooth oral powder	P	OTC
Fiber Therapy (ca polycarbophil) 625 mg tablet	P	OTC;QL(Allowed 10 per 1 day)
FIBER THERAPY LAXATIVE (PSYLLIUM HUSK) 0.52 GRAM CAPSULE	P	OTC
FIBER-CAPS (CA POLYCARBOPHIL) 625 MG TABLET	P	OTC;QL(Allowed 10 per 1 day)
Fiber-Caps (psyllium husk) 0.52 gram capsule	P	OTC
Fiber-Lax 625 mg tablet	P	OTC;QL(Allowed 10 per 1 day)
FIBER-TABS 625 MG TABLET	P	OTC;QL(Allowed 10 per 1 day)
Geri-Mucil (aspartame) 3.4 gram/5.8 gram oral powder	P	OTC
Geri-Mucil (sugar) 3.4 gram/12 gram oral powder	P	OTC

Drug Name	Drug Tier	Drug Restriction
Geri-Mucil (sugar) 3.4 gram/7 gram oral powder	P	OTC
Geri-Mucil 3.4 gram/5.4 gram oral powder	P	OTC
Konsyl (sugar) 3.4 gram/11 gram oral powder	P	OTC
Konsyl (sugar) 3.4 gram/12 gram oral powder	P	OTC
Konsyl Fiber 625 mg tablet	P	OTC;QL(Allowed 10 per 1 day)
Konsyl Sugar-Free 0.52 gram capsule	P	OTC
METAMUCIL (WITH SUGAR) 3.4 GRAM/12 GRAM ORAL POWDER	P	OTC
METAMUCIL MULTIHEALTH FIBER 3.4 GRAM/5.8 GRAM ORAL POWDER	P	OTC

Drug Name	Drug Tier	Drug Restriction
METAMUCIL SUGAR-FREE (ASPARTAME) 3.4 GRAM/5.8 GRAM ORAL POWDER	P	OTC
Multihealth Fiber (sugar) 3.4 gram/7 gram oral powder	P	OTC
Multihealth Fiber 3.4 gram/5.8 gram oral powder	P	OTC
Natural Daily Fiber 3.4 gram/5.8 gram oral powder	P	OTC
Natural Fiber Laxative (aspartame) 3.4 gram/5.8 gram oral powder	P	OTC
NATURAL FIBER LAXATIVE (ASPARTAME) ORAL POWDER	P	OTC
Natural Fiber Laxative (sugar) 3.4 gram/12 gram oral powder	P	OTC
Natural Fiber Laxative (sugar) 3.4 gram/7 gram oral powder	P	OTC

Drug Name	Drug Tier	Drug Restriction
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER	P	OTC
NATURAL FIBER LAXATIVE 0.52 GRAM CAPSULE	P	OTC
Natural Fiber Laxative Therapy oral powder	P	OTC
Natural Psyllium Fiber 3.4 gram/5.8 gram oral powder	P	OTC
psyllium husk 0.52 gram capsule	P	OTC
psyllium husk 2.6 gram/4.1 gram oral powder	P	OTC
Reguloid (psyllium husk) 0.52 gram capsule	P	OTC
Reguloid, Sugar Free oral powder	P	OTC
Wal-Mucil Fiber (aspartame) 3.4 gram/5.8 gram oral powder	P	OTC

Drug Name	Drug Tier	Drug Restriction
Wal-Mucil Fiber (sugar) 3.4 gram/7 gram oral powder	P	OTC
Wal-Mucil Fiber 0.52 gram capsule	P	OTC
Wal-Mucil Natural Fiber Laxative 3.4 gram/12 gram oral powder	P	OTC
LAXATIVE - LUBRICANT		
mineral oil enema	P	OTC
LAXATIVE - SALINE AND OSMOTIC		
Citrate of Magnesia oral	P	OTC
CITROMA ORAL SOLUTION	P	OTC
CLEARLAX 17 GRAM/DOSE ORAL POWDER	P	OTC;QL(Allowed 34 per 1 day)
CONSTULOSE 10 GRAM/15 ML ORAL SOLUTION	P	Rx
Gavilax 17 gram/dose oral powder	P	OTC;QL(Allowed 34 per 1 day)

Drug Name	Drug Tier	Drug Restriction
GENTLELAX 17 GRAM/DOSE ORAL POWDER	P	OTC;QL(Allowed 34 per 1 day)
glycerin (adult) rectal suppository	P	OTC
GLYCOLAX 17 GRAM/DOSE ORAL POWDER	P	OTC;QL(Allowed 34 per 1 day)
lactulose 10 gram/15 mL oral solution	P	Rx
lactulose 20 gram/30 mL oral solution	P	Rx
LaxaClear 17 gram/dose oral powder	P	OTC;QL(Allowed 34 per 1 day)
Laxative PEG 3350 17 gram/dose oral powder	P	OTC;QL(Allowed 34 per 1 day)
magnesium citrate oral solution	P	OTC
magnesium hydroxide 400 mg/5 mL oral suspension	P	OTC;QL(QL Overtime: Allowed 992 over 30 days)
MILK OF MAGNESIA 400 MG/5 ML ORAL SUSPENSION	P	OTC;QL(QL Overtime: Allowed 992 over 30 days)

Drug Name	Drug Tier	Drug Restriction
Natura-LAX 17 gram/dose oral powder	P	OTC;QL(Allowed 34 per 1 day)
PHILLIPS MILK OF MAGNESIA 400 MG/5 ML ORAL SUSPENSION	P	OTC;QL(QL Overtime: Allowed 992 over 30 days)
polyethylene glycol 3350 17 gram/dose oral powder	P	OTC;QL(Allowed 34 per 1 day)
Powderlax 17 gram/dose oral	P	OTC;QL(Allowed 34 per 1 day)
Purelax 17 gram/dose oral powder	P	OTC;QL(Allowed 34 per 1 day)
SANI-SUPP (ADULT) RECTAL	P	OTC
SmoothLax 17 gram/dose oral powder	P	OTC;QL(Allowed 34 per 1 day)
Suppository Adult rectal	P	OTC
LAXATIVE - SALINE/OSMOTIC MIXTURES		
Enema 19 gram-7 gram/118 mL	P	OTC
Enema Disposable 19 gram-7 gram/118 mL	P	OTC

Drug Name	Drug Tier	Drug Restriction
GAVILYTE-C 240 GRAM-22.72 GRAM-6.72 GRAM-5.84 GRAM ORAL SOLUTION	P	Rx;QL(Allowed 4000 per Rx)
GAVILYTE-G 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION	P	Rx;QL(Allowed 4000 per Rx)
GAVILYTE-N 420 GRAM ORAL SOLUTION	P	Rx;QL(Allowed 4000 per Rx)
Pediatric Enema 9.5 gram-3.5 gram/59 mL	P	OTC
peg 3350 240 gram-electrolytes 22.72 gram-6.72 g-5.84 g powdr for soln	P	Rx;QL(Allowed 4000 per Rx)
peg 3350- electrolytes 236 gram-22.74 gram-6.74 gram- 5.86 gram solution	P	Rx;QL(Allowed 4000 per Rx)
peg-electrolyte solution 420 gram oral solution	P	Rx;QL(Allowed 4000 per Rx)

Drug Name	Drug Tier	Drug Restriction
READY-TO-USE ENEMA 19 GRAM-7 GRAM/118 ML	P	OTC
TRILYTE WITH FLAVOR PACKETS 420 GRAM ORAL SOLUTION	P	Rx;QL(Allowed 4000 per Rx)
LAXATIVE - STIMULANT		
ALOPHEN 5 MG TABLET,DELAYED RELEASE	P	OTC;QL(Allowed 1 per 1 day)
Bisac-Evac 10 mg rectal suppository	P	OTC;QL(Allowed 12 per Rx)
bisacodyl 10 mg rectal suppository	P	OTC;QL(Allowed 12 per Rx)
bisacodyl 5 mg tablet, delayed release	P	OTC;QL(Allowed 1 per 1 day)
BISA-LAX 5 MG TABLET,DELAYED RELEASE	P	OTC;QL(Allowed 1 per 1 day)
Biscolax 10 mg rectal suppository	P	OTC;QL(Allowed 12 per Rx)
CORRECTOL 5 MG TABLET	P	OTC;QL(Allowed 1 per 1 day)
Ducodyl 5 mg tablet, delayed release	P	OTC;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Evac-U-Gen (sennosides) 8.6 mg tablet	P	OTC;QL(Allowed 12 per Rx)
FLEET LAXATIVE 5 MG TABLET,DELAYED RELEASE	P	OTC;QL(Allowed 1 per 1 day)
Gentle Laxative 10 mg rectal suppository	P	OTC;QL(Allowed 12 per Rx)
Gentle Laxative 5 mg tablet, delayed release	P	OTC;QL(Allowed 1 per 1 day)
Geri-kot 8.6 mg tablet	P	OTC;QL(Allowed 12 per Rx)
Laxative (bisacodyl) 10 mg rectal suppository	P	OTC;QL(Allowed 12 per Rx)
Laxative (bisacodyl) 5 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
LAXATIVE (BISACODYL) 5 MG TABLET,DELAYED RELEASE	P	OTC;QL(Allowed 1 per 1 day)
Laxative Feminine 5 mg tablet	P	OTC;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Natural Vegetable Laxative (sennosides) 8.6 mg tablet	P	OTC;QL(Allowed 12 per Rx)
Senexon 8.6 mg tablet	P	OTC;QL(Allowed 12 per Rx)
senna 8.6 mg tablet	P	OTC;QL(Allowed 12 per Rx)
SENNAX 8.6 MG TABLET	P	OTC;QL(Allowed 12 per Rx)
Senna Laxative 8.6 mg tablet	P	OTC;QL(Allowed 12 per Rx)
Senno 8.6 mg tablet	P	OTC;QL(Allowed 12 per Rx)
THE MAGIC BULLET 10 MG RECTAL SUPPOSITORY	P	OTC;QL(Allowed 12 per Rx)
VEGETABLE LAXATIVE 8.6 MG TABLET	P	OTC;QL(Allowed 12 per Rx)
Woman's Laxative 5 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
WOMAN'S LAXATIVE 5 MG TABLET,DELAYED RELEASE	P	OTC;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Women's Gentle Laxative (bisacodyl) 5 mg tablet, delayed release	P	OTC;QL(Allowed 1 per 1 day)
WOMEN'S LAXATIVE (BISACODYL) 5 MG TABLET	P	OTC;QL(Allowed 1 per 1 day)
Women's Laxative (bisacodyl) 5 mg tablet, delayed release	P	OTC;QL(Allowed 1 per 1 day)
LAXATIVE - STIMULANT AND SALINE/OSMOTIC COMBINATIONS		
GAVILYTE-H AND BISACODYL 5 MG-210 GRAM ORAL KIT	P	Rx
PEG-PREP 5 MG-210 GRAM ORAL KIT	P	Rx
LAXATIVE - STIMULANT AND SURFACTANT COMBINATIONS		
COLACE 2-IN-1 8.6 MG-50 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)
DOC-Q-LAX 8.6 MG-50 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)
Docuzen 8.6 mg-50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)

Drug Name	Drug Tier	Drug Restriction
DOK Plus 8.6 mg-50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
Laxacin 8.6 mg-50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
LAXATIVE PLUS STOOL SOFTENER 8.6 MG-50 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)
P-COL RITE 8.6 mg-50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
PERI-COLACE 8.6 MG-50 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)
Senexon-S 8.6 mg-50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
Senna Laxative-Stool Softener 8.6 mg-50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
SENNALAX 8.6 MG-50 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)
Senna with Docusate Sodium 8.6 mg-50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
SENNALAX-S 8.6 MG-50 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)

Drug Name	Drug Tier	Drug Restriction
SENNAS 8.6 MG-50 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)
Senna-Time S 8.6 mg-50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
sennosides 8.6 mg-docusate sodium 50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
Stimulant Laxative Plus 8.6 mg-50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
Stool Softener-Laxative 8.6 mg-50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
Stool Softener-Stimulant Laxative 8.6 mg-50 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
LAXATIVE - SURFACTANT		
Col-Rite 100 mg capsule	P	OTC;QL(Allowed 3 per 1 day)
Col-Rite 250 mg capsule	P	OTC;QL(Allowed 3 per 1 day)
DIOCTO 50 MG/5 ML ORAL LIQUID	P	OTC
DIOCTO 60 MG/15 ML ORAL SYRUP	P	OTC

Drug Name	Drug Tier	Drug Restriction
DOC-Q-LACE 100 MG CAPSULE	P	OTC;QL(Allowed 3 per 1 day)
Docu 50 mg/5 mL oral liquid	P	OTC
DOCUPRENE 100 MG TABLET	P	OTC
docusate sodium 100 mg capsule	P	OTC;QL(Allowed 3 per 1 day)
docusate sodium 100 mg tablet	P	OTC
docusate sodium 250 mg capsule	P	OTC;QL(Allowed 3 per 1 day)
docusate sodium 50 mg/5 mL oral liquid	P	OTC
Docusil 100 mg capsule	P	OTC;QL(Allowed 3 per 1 day)
DOK 100 MG CAPSULE	P	OTC;QL(Allowed 3 per 1 day)
DOK 100 mg tablet	P	OTC
DOK 250 mg capsule	P	OTC;QL(Allowed 3 per 1 day)

Drug Name	Drug Tier	Drug Restriction
DSS 250 MG CAPSULE	P	OTC;QL(Allowed 3 per 1 day)
DULCOEASE 100 MG CAPSULE	P	OTC;QL(Allowed 3 per 1 day)
DULCOLAX STOOL SOFTENER (DOCUSATE) 100 MG CAPSULE	P	OTC;QL(Allowed 3 per 1 day)
Laxa Basic 100 mg capsule	P	OTC;QL(Allowed 3 per 1 day)
Move It Along 100 mg tablet	P	OTC
PHILLIPS' LIQUI-GELS 100 MG CAPSULE	P	OTC;QL(Allowed 3 per 1 day)
PROMOLAXIN 100 MG TABLET	P	OTC
Silace 50 mg/5 mL oral liquid	P	OTC
SILACE 60 MG/15 ML ORAL SYRUP	P	OTC
SOF-LAX 100 MG CAPSULE	P	OTC;QL(Allowed 3 per 1 day)
STOOL SOFTENER 100 MG CAPSULE	P	OTC;QL(Allowed 3 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Stool Softener 100 mg tablet	P	OTC
STOOL SOFTENER 250 MG CAPSULE	P	OTC;QL(Allowed 3 per 1 day)
STOOL SOFTENER 50 MG CAPSULE	P	OTC
Stool Softener 50 mg/5 mL oral liquid	P	OTC
Stool Softener 60 mg/15 mL oral syrup	P	OTC
PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES		
CARAFATE 100 MG/ML ORAL SUSPENSION	P	Rx;QL(Allowed 420 per Rx)
sucralfate 1 gram tablet	P	Rx
GENITOURINARY THERAPY		
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON 100 MG CAPSULE	P	Rx;QL(Allowed 3 per 1 day)
PHOSPHATE BINDERS		
calcium acetate 667 mg capsule	P	Rx
PROSTATIC HYPERTROPHY AGENT - ALPHA-1-ADRENOCEPTOR ANTAGONISTS		

Drug Name	Drug Tier	Drug Restriction
tamsulosin 0.4 mg capsule	P	Rx;QL(Allowed 2 per 1 day)
PROSTATIC HYPERTROPHY AGENT - TYPE II 5-ALPHA REDUCTASE INHIBITORS		
finasteride 5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
URINARY ACIDIFIER - PHOSPHATES		
Av-Phos 250 Neutral 250 mg tablet	P	Rx;QL(Allowed 8 per 1 day)
Phospha 250 Neutral 250 mg tablet	P	Rx;QL(Allowed 8 per 1 day)
Phosphorous 250 mg tablet	P	Rx;QL(Allowed 8 per 1 day)
PHOSPHO-TRIN 250 NEUTRAL 250 MG TABLET	P	Rx;QL(Allowed 8 per 1 day)
Virt-Phos 250 Neutral 250 mg tablet	P	Rx;QL(Allowed 8 per 1 day)
URINARY ALKALINIZER - CITRATES		
potassium citrate ER 10 mEq (1,080 mg) tablet,extended release	P	Rx
potassium citrate ER 5 mEq (540 mg) tablet,extended release	P	Rx

Drug Name	Drug Tier	Drug Restriction
sodium citrate-citric acid 500 mg-334 mg/5 mL oral solution	P	Rx;QL(QL Overtime: Allowed 500 over 30 days)
Virtrate-2 500 mg-334 mg/5 mL oral solution	P	Rx;QL(QL Overtime: Allowed 500 over 30 days)
URINARY ANALGESICS		
phenazopyridine 100 mg tablet	P	Rx
phenazopyridine 200 mg tablet	P	Rx
URINARY ANTIBACTERIAL - METHENAMINE AND SALTS		
methenamine mandelate 0.5 g tablet	P	Rx
methenamine mandelate 1 gram tablet	P	Rx
URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES		
nitrofurantoin 25 mg/5 mL oral suspension	P	Rx;QL(Allowed 40 per 1 day)
nitrofurantoin macrocrystal 100 mg capsule	P	Rx
nitrofurantoin macrocrystal 50 mg capsule	P	Rx

Drug Name	Drug Tier	Drug Restriction
nitrofurantoin monohydrate/m acrocystals 100 mg capsule	P	Rx
URINARY ANTI-INFECTIVE METHENAMINE-ANTISPAS-ANALG COMBINATIONS		
PHOSPHASAL 81.6 MG-10.8 MG-40.8 MG TABLET	P	Rx
UR N-C 81.6 MG-10.8 MG-40.8 MG TABLET	P	Rx
URETRON D-S 81.6 MG-10.8 MG-40.8 MG TABLET	P	Rx
URIN DS 81.6 MG-10.8 MG-40.8 MG TABLET	P	Rx
UTIRA-C 81.6 MG-10.8 MG-40.8 MG TABLET	P	Rx
URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS		
flavoxate 100 mg tablet	P	Rx
oxybutynin chloride 5 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
oxybutynin chloride 5 mg/5 mL oral syrup	P	Rx;QL(QL Overtime: Allowed 496 over 30 days)

Drug Name	Drug Tier	Drug Restriction
oxybutynin chloride ER 10 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 2 per 1 day)
oxybutynin chloride ER 15 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 2 per 1 day)
oxybutynin chloride ER 5 mg tablet,extended release 24 hr	P	Rx;QL(Allowed 2 per 1 day)
tolterodine 1 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
tolterodine 2 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
tolterodine ER 2 mg capsule,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
tolterodine ER 4 mg capsule,extended release 24 hr	P	Rx;QL(Allowed 1 per 1 day)
tropium 20 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS		
bethanechol chloride 10 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
bethanechol chloride 25 mg tablet	P	Rx
bethanechol chloride 5 mg tablet	P	Rx
bethanechol chloride 50 mg tablet	P	Rx
GOUT AND HYPERURICEMIA THERAPY		
GOUT ACUTE THERAPY - ANTIMITOTICS		
colchicine 0.6 mg tablet	P	Rx;QL(Allowed 6 per Rx)
COLCRYS 0.6 MG TABLET	P	Rx;QL(Allowed 6 per Rx)
GOUT AND HYPERURICEMIA - ANTIMITOTIC-URICOSURIC COMBINATIONS		
probenecid 500 mg-colchicine 0.5 mg tablet	P	Rx
HYPERURICEMIA THERAPY - URICOSURICS		
probenecid 500 mg tablet	P	Rx
HYPERURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS		
allopurinol 100 mg tablet	P	Rx
allopurinol 300 mg tablet	P	Rx
HEMATOLOGICAL AGENTS		

Drug Name	Drug Tier	Drug Restriction
ANTICOAGULANTS - COUMARIN		
COUMADIN 1 MG TABLET	P	Rx
COUMADIN 10 MG TABLET	P	Rx
COUMADIN 2 MG TABLET	P	Rx
COUMADIN 2.5 MG TABLET	P	Rx
COUMADIN 3 MG TABLET	P	Rx
COUMADIN 4 MG TABLET	P	Rx
COUMADIN 5 MG TABLET	P	Rx
COUMADIN 6 MG TABLET	P	Rx
COUMADIN 7.5 MG TABLET	P	Rx
JANTOVEN 1 MG TABLET	P	Rx
JANTOVEN 10 MG TABLET	P	Rx

Drug Name	Drug Tier	Drug Restriction
JANTOVEN 2 MG TABLET	P	Rx
JANTOVEN 2.5 MG TABLET	P	Rx
JANTOVEN 3 MG TABLET	P	Rx
JANTOVEN 4 MG TABLET	P	Rx
JANTOVEN 5 MG TABLET	P	Rx
JANTOVEN 6 MG TABLET	P	Rx
JANTOVEN 7.5 MG TABLET	P	Rx
warfarin 1 mg tablet	P	Rx
warfarin 10 mg tablet	P	Rx
warfarin 2 mg tablet	P	Rx
warfarin 2.5 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
warfarin 3 mg tablet	P	Rx
warfarin 4 mg tablet	P	Rx
warfarin 5 mg tablet	P	Rx
warfarin 6 mg tablet	P	Rx
warfarin 7.5 mg tablet	P	Rx
DIRECT FACTOR XA INHIBITORS		
BEVYXXA 40 MG CAPSULE	P	Rx;QL(QL Overtime: Allowed 42 over 42 days)
BEVYXXA 80 MG CAPSULE	P	Rx;QL(QL Overtime: Allowed 42 over 42 days)
ELIQUIS 2.5 MG TABLET	P	Rx;QL(Allowed 4 per 1 day)
ELIQUIS 5 MG (74 TABS) TABLETS IN A DOSE PACK	P	Rx;QL(Allowed 4 per 1 day)
ELIQUIS 5 MG TABLET	P	Rx;QL(Allowed 4 per 1 day)
XARELTO 10 MG TABLET	P	Rx;QL(QL Overtime: Allowed 35 over 180 days)

Drug Name	Drug Tier	Drug Restriction
XARELTO 15 MG TABLET	P	Rx;QL(Allowed 2 per 1 day)
XARELTO 20 MG TABLET	P	Rx;QL(Allowed 1 per 1 day)
GRANULOCYTE COLONY-STIMULATING FACTOR (G-CSF)		
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE	P	PA;Rx;SP
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE	P	PA;Rx;SP
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER 400 mg tablet,extended release	P	Rx
HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS		
AMICAR 250 MG/ML (25 %) ORAL SOLUTION	P	Rx;SP;QL(Allowed 60 per Rx)
aminocaproic acid 500 mg tablet	P	Rx;SP;QL(Allowed 24 per Rx)
tranexamic acid 650 mg tablet	P	Rx;AL(Minimum Age 12);QL(QL Overtime: Allowed 30 over 7 days)
HEPARINS		
heparin (porcine) 1,000 unit/mL injection solution	P	Rx

Drug Name	Drug Tier	Drug Restriction
heparin (porcine) 10,000 unit/mL injection solution	P	Rx
heparin (porcine) 20,000 unit/mL injection solution	P	Rx
heparin (porcine) 5,000 unit/mL (1 mL) injection cartridge	P	Rx
heparin (porcine) 5,000 unit/mL injection solution	P	Rx
heparin (porcine) 5,000 unit/mL injection syringe	P	Rx
heparin, porcine (PF) 1,000 unit/mL injection solution	P	Rx
heparin, porcine (PF) 5,000 unit/0.5 mL injection solution	P	Rx
HEPARIN, PORCINE (PF) 5,000 UNIT/0.5 ML INJECTION SYRINGE	P	Rx
heparin, porcine (PF) 5,000 unit/0.5 mL subcutaneous syringe	P	Rx

Drug Name	Drug Tier	Drug Restriction
PLATELET AGGREGATION INHIB - CYCLOPENTYL-TRIAZOLO-PYRIMIDINES (CPTPS)		
BRILINTA 60 MG TABLET	P	Rx;QL(Allowed 2 per 1 day)
BRILINTA 90 MG TABLET	P	Rx;QL(Allowed 2 per 1 day)
PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS		
cilostazol 100 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
cilostazol 50 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
PLATELET AGGREGATION INHIBITORS - SALICYLATES		
Adult Aspirin Regimen 81 mg tablet,delayed release	P	OTC
Aspir-81 mg tablet,delayed release	P	OTC
aspirin 81 mg chewable tablet	P	OTC
aspirin 81 mg tablet,delayed release	P	OTC
Aspirin Childrens 81 mg chewable tablet	P	OTC

Drug Name	Drug Tier	Drug Restriction
Aspirin Low Dose 81 mg tablet,delayed release	P	OTC
Aspir-Low 81 mg tablet,delayed release	P	OTC
BAYER CHEWABLE LOW DOSE ASPIRIN 81 MG TABLET	P	OTC
CHILDREN'S ASPIRIN 81 MG CHEWABLE TABLET	P	OTC
ECOTRIN LOW STRENGTH 81 MG TABLET,ENTERIC COATED	P	OTC
St Joseph Aspirin 81 mg chewable tablet	P	OTC
PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS		
clopidogrel 75 mg tablet	P	Rx
prasugrel 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
prasugrel 5 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
PLATELET AGGREGATION INHIB-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR		

Drug Name	Drug Tier	Drug Restriction
dipyridamole 25 mg tablet	P	Rx
dipyridamole 50 mg tablet	P	Rx
dipyridamole 75 mg tablet	P	Rx
SICKLE CELL ANEMIA AGENTS		
DROXIA 200 MG CAPSULE	P	Rx
DROXIA 300 MG CAPSULE	P	Rx
DROXIA 400 MG CAPSULE	P	Rx
SIKLOS 1,000 MG TABLET	P	PA;Rx
SIKLOS 100 MG TABLET	P	PA;Rx
IMMUNOSUPPRESSIVE AGENTS		
IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS		
cyclosporine 100 mg capsule	P	Rx
cyclosporine 25 mg capsule	P	Rx

Drug Name	Drug Tier	Drug Restriction
cyclosporine 250 mg/5 mL intravenous solution	P	Rx
cyclosporine modified 100 mg capsule	P	Rx
cyclosporine modified 100 mg/mL oral solution	P	Rx
cyclosporine modified 25 mg capsule	P	Rx
cyclosporine modified 50 mg capsule	P	Rx
GENGRAF 100 MG CAPSULE	P	Rx
GENGRAF 100 MG/ML ORAL SOLUTION	P	Rx
GENGRAF 25 MG CAPSULE	P	Rx
GENGRAF 50 MG CAPSULE	P	Rx
PROGRAF 0.2 MG ORAL GRANULES IN PACKET	P	PA;Rx

Drug Name	Drug Tier	Drug Restriction
PROGRAF 1 MG ORAL GRANULES IN PACKET	P	PA;Rx
SANDIMMUNE 100 MG/ML ORAL SOLUTION	P	Rx
tacrolimus 0.5 mg capsule	P	Rx
tacrolimus 1 mg capsule	P	Rx
tacrolimus 5 mg capsule	P	Rx
IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
mycophenolate mofetil 200 mg/mL oral suspension	P	Rx
mycophenolate mofetil 250 mg capsule	P	Rx
mycophenolate mofetil 500 mg tablet	P	Rx
mycophenolate sodium 180 mg tablet, delayed release	P	Rx
mycophenolate sodium 360 mg tablet, delayed release	P	Rx

Drug Name	Drug Tier	Drug Restriction
IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS		
sirolimus 0.5 mg tablet	P	Rx
sirolimus 1 mg tablet	P	Rx
sirolimus 1 mg/mL oral solution	P	Rx
sirolimus 2 mg tablet	P	Rx
IMMUNOSUPPRESSIVE - PURINE ANALOGS		
AZASAN 100 MG TABLET	P	PA;Rx
AZASAN 75 MG TABLET	P	PA;Rx
azathioprine 50 mg tablet	P	Rx
LOCOMOTOR SYSTEM		
ALS AGENTS - BENZATHIAZOLES		
riluzole 50 mg tablet	P	PA;Rx
ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS		
pyridostigmine bromide 60 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
pyridostigmine bromide ER 180 mg tablet,extended release	P	Rx
SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS		
baclofen 10 mg tablet	P	Rx
baclofen 20 mg tablet	P	Rx
chlorzoxazone 500 mg tablet	P	Rx
cyclobenzaprine 10 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
cyclobenzaprine 5 mg tablet	P	Rx;QL(Allowed 3 per 1 day)
cyclobenzaprine 7.5 mg tablet	P	Rx;QL(Allowed 4 per 1 day)
methocarbamol 500 mg tablet	P	Rx
methocarbamol 750 mg tablet	P	Rx
orphenadrine citrate ER 100 mg tablet,extended release	P	Rx

Drug Name	Drug Tier	Drug Restriction
tizanidine 2 mg tablet	P	Rx
tizanidine 4 mg tablet	P	Rx
MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)		
MEDICAL SUPPLIES AND DME - ADHESIVE BANDAGES		
Restore Trio 3" X 3" bandage	P	OTC
MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE TESTS		
True Metrix Glucose Test Strip	P	OTC;Clinical Edit: Test Strips
Truetest Test Strips	P	OTC;Clinical Edit: Test Strips
Truetrack Test strips	P	OTC;Clinical Edit: Test Strips
MEDICAL SUPPLIES AND DME - FACIAL MASKS		
Pillow Mask Adult	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
MEDICAL SUPPLIES AND DME - GAUZE BANDAGES		
Band-Aid Gauze Pads 2" X 2" bandage	P	OTC
Band-Aid Gauze Pads 3" X 3" bandage	P	OTC

Drug Name	Drug Tier	Drug Restriction
Band-Aid Gauze Pads 4" X 4" bandage	P	OTC
Band-Aid Mirasorb Gauze 4" X 4" sponge	P	OTC
Bordered Gauze 4" X 4" bandage	P	OTC
Curity Gauze 2" X 2" bandage	P	OTC
Curity Gauze 2" X 2" sponge	P	OTC
Curity Gauze 3" X 3" bandage	P	OTC
Curity Gauze 3" X 3" sponge	P	OTC
Curity Gauze 4" X 4" bandage	P	OTC
Curity Gauze 4" X 4" sponge	P	OTC
Dermacea 2" X 2" bandage	P	OTC
Dermacea 2" X 2" sponge	P	OTC

Drug Name	Drug Tier	Drug Restriction
Dermacea 3" X 3" bandage	P	OTC
Dermacea 3" X 3" sponge	P	OTC
Dermacea 4" X 4" bandage	P	OTC
Dermacea 4" X 4" sponge	P	OTC
Dermacea Non-Woven 2" X 2" sponge	P	OTC
Dermacea Non-Woven 3" X 3" sponge	P	OTC
Dermacea Non-Woven 4" X 4" sponge	P	OTC
gauze bandage 2" X 2"	P	OTC
gauze bandage 4" X 4"	P	OTC
Gauze Pad 2" X 2" bandage	P	OTC
Gauze Pad 3" X 3" bandage	P	OTC

Drug Name	Drug Tier	Drug Restriction
Gauze Pad 4" X 4" bandage	P	OTC
Kerlix 4" X 4" sponge	P	OTC
Lisco 2" X 2" sponge	P	OTC
Lisco 4" X 4" sponge	P	OTC
Sterile Pads 2" X 2" bandage	P	OTC
Sterile Pads 3" X 3" bandage	P	OTC
Sterile Pads 4" X 4" bandage	P	OTC
Versalon 2" X 2" sponge	P	OTC
Versalon 3" X 3" sponge	P	OTC
Versalon 4" X 4" sponge	P	OTC
Versalon Nonwoven All-Purpose 2" X 2" sponge	P	OTC

Drug Name	Drug Tier	Drug Restriction
Versalon Nonwoven All-Purpose 3" X 3" sponge	P	OTC
Versalon Nonwoven All-Purpose 4" X 4" sponge	P	OTC
Vistec X-Ray Detect 4" X 4" sponge	P	OTC
MEDICAL SUPPLIES AND DME - GAUZE PADS AND DRESSINGS		
Curity Cover 3" X 3" sponge	P	OTC
Curity Cover 4" X 4" sponge	P	OTC
Curity Non-Adhering Dressing 3" X 3"	P	OTC
Dermacea I.V. 2" X 2" sponge	P	OTC
Excilon 4" X 4" sponge	P	OTC
Excilon Drain 4" X 4" sponge	P	OTC
Excilon I.V. 2" X 2" sponge	P	OTC

Drug Name	Drug Tier	Drug Restriction
MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES		
1st Tier Unilet ComforTouch Lancet 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
1st Tier Unilet ComforTouch Lancet 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Adjustable Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Advanced Lancing Device kit	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Advocate Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Advocate Rapid-Safe Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Alternate Site Lancet 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
Alternate Site Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Aqua Lance Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Auto-Lancet Mini	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)

Drug Name	Drug Tier	Drug Restriction
Autolet Impression Lancing Device kit	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Autolet Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Autolet Plus Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
BD Ultra-Fine II Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Careone Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Careone Ultra Thin Lancet	P	OTC;QL(Allowed 200 per 30 days)
CareTouch Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Comfort Lancets	P	OTC;QL(Allowed 200 per 30 days)
Droplet Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Droplet Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Easy Click Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)

Drug Name	Drug Tier	Drug Restriction
Easy Mini Eject Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Easy Touch Lancets 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
Easy Touch Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
Easy Touch Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Easy Touch Lancets 32 gauge	P	OTC;QL(Allowed 200 per 30 days)
Easy Touch Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Easy Touch Twist Lancets 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
Easy Touch Twist Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
Easy Touch Twist Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Easy Touch Twist Lancets 32 gauge	P	OTC;QL(Allowed 200 per 30 days)
Easy Touch Twist Lancets 33 gauge	P	OTC;QL(Allowed 200 per 30 days)

Drug Name	Drug Tier	Drug Restriction
E-Z Ject Lancets	P	OTC;QL(Allowed 200 per 30 days)
E-Z Ject Lancets 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
E-Z Ject Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
E-Z Ject Lancets 32 gauge	P	OTC;QL(Allowed 200 per 30 days)
E-Z Ject Lancets 33 gauge	P	OTC;QL(Allowed 200 per 30 days)
E-Z Ject Thin Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
Ez Smart Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
Fora Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
ForaCare Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Genteel Vacuum Lancing Device combo pack	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Glucocom Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)

Drug Name	Drug Tier	Drug Restriction
Glucocom Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Healthy Accents Autolet Impression Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Healthy Accents Unilet Lancet 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
inControl Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
inControl Super Thin Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
inControl Ultra Thin Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
Invacare Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
lancets	P	OTC;QL(Allowed 200 per 30 days)
lancets 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)

Drug Name	Drug Tier	Drug Restriction
lancets 33 gauge	P	OTC;QL(Allowed 200 per 30 days)
Lancets, Super Thin	P	OTC;QL(Allowed 200 per 30 days)
Lancets,Thin	P	OTC;QL(Allowed 200 per 30 days)
Lancets,Thin 23 gauge	P	OTC;QL(Allowed 200 per 30 days)
Lancets,Ultra Thin 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
lancing device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
lancing device with lancets	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
lancing device with lancets kit	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Lanzo Lancing Device kit	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Lite Touch Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Medisense Thin Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)

Drug Name	Drug Tier	Drug Restriction
Micro Thin Lancets 33 gauge	P	OTC;QL(Allowed 200 per 30 days)
Microlet 2 Lancing Device kit	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Microlet Next Lancing Device kit	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Mini Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Monolet Lancets 21 gauge	P	OTC;QL(Allowed 200 per 30 days)
Nova Sureflex Lancets	P	OTC;QL(Allowed 200 per 30 days)
On Call Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
On Call Plus Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
OneTouch Delica Lancing Device kit	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
OneTouch Delica Plus Lancing Device kit	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Prodigy Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)

Drug Name	Drug Tier	Drug Restriction
Prodigy Twist Top Lancet 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
ReliaMed Lancet 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
ReliaMed Mini Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
ReliaMed Safety Seal Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
ReliaMed Safety Seal Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
ReliOn Thin Lancets 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
ReliOn Ultra Thin Plus Lancets	P	OTC;QL(Allowed 200 per 30 days)
Rightest GD500 Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Rightest GL300 Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Safety Seal Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
Smart Sense Lancets 21 gauge	P	OTC;QL(Allowed 200 per 30 days)

Drug Name	Drug Tier	Drug Restriction
Smart Sense Lancets 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
Smart Sense Lancets 33 gauge	P	OTC;QL(Allowed 200 per 30 days)
SmartDiabetes Vantage	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Solus V2 Lancing Device kit	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Sterilance TL 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Sterilance TL 32 gauge	P	OTC;QL(Allowed 200 per 30 days)
Super Thin Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
Super Thin Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Sure Comfort Lancing Pen	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Sureflex Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Sureflex Lancing Device with Lancets kit	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)

Drug Name	Drug Tier	Drug Restriction
TechLITE Lancets 25 gauge	P	OTC;QL(Allowed 200 per 30 days)
TechLITE Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
TechLITE Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Thin Lancets 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
Topcare Universal1 Lancet	P	OTC;QL(Allowed 200 per 30 days)
True Metrix Level 1 solution	P	OTC;QL (Limit 1 package(s) per 90 days)
True Metrix Level 2 solution	P	OTC;QL (Limit 1 package(s) per 90 days)
True Metrix Level 3 solution	P	OTC;QL (Limit 1 package(s) per 90 days)
TrueControl Level 0 solution	P	OTC;QL (Limit 1 package(s) per 90 days)
TrueControl Level 1 solution	P	OTC;QL (Limit 1 package(s) per 90 days)
TRUEdraw Lancing Device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)

Drug Name	Drug Tier	Drug Restriction
TRUEplus Lancets 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
TRUEplus Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
TRUEplus Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
TRUEplus Lancets 33 gauge	P	OTC;QL(Allowed 200 per 30 days)
Truetest High Glucose Control solution	P	OTC;QL (Limit 1 package(s) per 90 days)
Truetest Low Glucose Control solution	P	OTC;QL (Limit 1 package(s) per 90 days)
Truetest Normal Glucose Control solution	P	OTC;QL (Limit 1 package(s) per 90 days)
Ulti-Lance misc	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Unilet Classic Lancets	P	OTC;QL(Allowed 200 per 30 days)
Ultra Thin Lancets	P	OTC;QL(Allowed 200 per 30 days)
Ultra Thin Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)

Drug Name	Drug Tier	Drug Restriction
Ultra Thin Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Ultra Thin Lancets 33 gauge	P	OTC;QL(Allowed 200 per 30 days)
Ultra Thin Plus Lancets 33 gauge	P	OTC;QL(Allowed 200 per 30 days)
Unilet ComforTouch Lancet	P	OTC;QL(Allowed 200 per 30 days)
Unilet ComforTouch Lancet 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
Unilet Excelite II Lancet	P	OTC;QL(Allowed 200 per 30 days)
Unilet Excelite Lancet	P	OTC;QL(Allowed 200 per 30 days)
Unilet GP Lancet	P	OTC;QL(Allowed 200 per 30 days)
Unilet Lancet 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
Unilet Lancet 33 gauge	P	OTC;QL(Allowed 200 per 30 days)
Unilet Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)

Drug Name	Drug Tier	Drug Restriction
Unilet Super Thin Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Unistik Touch Lancets 21 gauge	P	OTC;QL(Allowed 200 per 30 days)
Unistik Touch Lancets 23 gauge	P	OTC;QL(Allowed 200 per 30 days)
Unistik Touch Lancets 28 gauge	P	OTC;QL(Allowed 200 per 30 days)
Unistik Touch Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Universal 1 Lancets 21 gauge	P	OTC;QL(Allowed 200 per 30 days)
Universal 1 Lancets 26 gauge	P	OTC;QL(Allowed 200 per 30 days)
Universal 1 Lancets 30 gauge	P	OTC;QL(Allowed 200 per 30 days)
Universal 1 Lancets 33 gauge	P	OTC;QL(Allowed 200 per 30 days)
MEDICAL SUPPLIES AND DME - INSULIN NEEDLES- SYRINGES AND ADMIN SUPPLIES		
1st Tier Unifine Pentips 29 gauge x 1/2" needle	P	OTC;QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 31 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
1st Tier Unifine Pentips 31 gauge x 3/16" needle	P	OTC;QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 31 gauge x 5/16" needle	P	OTC;QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips 32 gauge x 5/32" needle	P	OTC;QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 29 gauge x 1/2" needle	P	OTC;QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 31 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 31 gauge x 3/16" needle	P	OTC;QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 31 gauge x 5/16" needle	P	OTC;QL(Allowed 5 per 1 day)
1st Tier Unifine Pentips Plus 32 gauge x 5/32" needle	P	OTC;QL(Allowed 5 per 1 day)
Advocate Pen Needle 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Advocate Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Advocate Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Advocate Syringes 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Advocate Syringes 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Advocate Syringes 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Advocate Syringes 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Advocate Syringes 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Assure ID Insulin Safety 0.5 mL 29 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
Assure ID Insulin Safety 1 mL 29 gauge x 1/2" syringe	P	Rx;QL(Allowed 5 per 1 day)
Assure ID Pen Needle 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Assure ID Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
BD Autosield Pen Needle 29 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 25 gauge x 5/8"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 25 x 1"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 26 x 1/2"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
BD Insulin Syringe 1 mL 27 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe Half Unit Ultra-Fine 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe Micro-Fine 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe Safety-Lok 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe Slip Tip 1 mL	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 0.3 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
BD Insulin Syringe Ultra-Fine 0.5 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD Insulin Syringe Ultra-Fine 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
BD Lo-Dose Micro-Fine IV 1/2 mL 28 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
BD Lo-Dose Ultra-Fine 0.3 mL 29 gauge x 1/2" syringe	P	OTC
BD Lo-Dose Ultra-Fine 0.5 mL 29 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
BD Nano 2nd Gen Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
BD SafetyGlide Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
BD SafetyGlide Insulin Syringe 1 mL 31 gauge x 15/64"	P	OTC;QL(Allowed 5 per 1 day)
BD Ultra-Fine Micro Pen Needle 32 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
BD Ultra-Fine Mini Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
BD Ultra-Fine Nano Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
BD Ultra-Fine Original Pen Needle 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
BD Ultra-Fine Short Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
BD Veo Insulin Syringe Ultra-Fine 1 mL 31 gauge x 15/64"	P	OTC;QL(Allowed 5 per 1 day)
CareFine Pen Needle 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
CareFine Pen Needle 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
CareFine Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
CareFine Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
CareFine Pen Needle 32 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
CareFine Pen Needle 32 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
CareFine Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
CareTouch Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
CareTouch Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
CareTouch Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
CareTouch Pen Needle 32 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
CareTouch Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Clickfine Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Clickfine Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Clickfine Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Comfort EZ Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Comfort EZ Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 32 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 32 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Comfort EZ Pen Needles 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Droplet Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC
Droplet Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 31 gauge x 15/64"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Insulin Syringe Half Unit 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Insulin Syringe Half Unit 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Droplet Pen Needle 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Droplet Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
DropSafe Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
DropSafe Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Comfort Pen Needles 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Easy Comfort Pen Needles 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Comfort Pen Needles 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Easy Comfort Pen Needles 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch 29 gauge x 1/2" needle	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch 31 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch 31 gauge x 3/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch 31 gauge x 5/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch 32 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch 32 gauge x 3/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch 32 gauge x 5/32" needle	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch FlipLock Insulin 1 mL 29 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch FlipLock Insulin 1 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Easy Touch FlipLock Insulin syringe 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch FlipLock Insulin syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Safety Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Safety Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Safety Syringe 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Easy Touch Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 27 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Easy Touch Insulin Syringe 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1/2 mL 27 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch Pen Needle 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin 1 mL 29 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin 1 mL 30 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Easy Touch SheathLock Insulin 1 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
Easy Touch SheathLock Insulin syringe 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Exel Insulin 0.3 mL 29 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
Exel Insulin 0.5 mL 30 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
Exel Insulin 1 mL 30 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
Exel Insulin 1/2 mL 28 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
FreeStyle Precision 0.5 mL 30 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
FreeStyle Precision 0.5 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
FreeStyle Precision 1 mL 30 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
FreeStyle Precision 1 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
HealthWise Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
HealthWise Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
HealthWise Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
HealthWise Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
HealthWise Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
HealthWise Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
HealthWise Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
HealthWise Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
HealthWise Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 29 gauge x 1/2" needle	P	OTC;QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 3/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 31 gauge x 5/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Healthy Accents Unifine Pentip 32 gauge x 5/32" needle	P	OTC;QL(Allowed 5 per 1 day)
inControl Pen Needle 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
inControl Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
inControl Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
inControl Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
inControl Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Insulin Syringe MicroFine 1 mL 27 gauge x 5/8"	P	OTC;QL(Allowed 5 per 1 day)
Insulin Syringe MicroFine 1/2 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe needleless 1 mL	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 29 gauge	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 30	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
insulin syringe U-100 with needle 0.3 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 28 gauge	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
insulin syringe U-100 with needle 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 29 gauge x 7/16"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 30 gauge x 7/16"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 31 gauge x 15/64"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1/2 mL 28 gauge	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1/2 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
insulin syringe U-100 with needle 1/2 mL 29	P	OTC;QL(Allowed 5 per 1 day)
insulin syringe U-100 with needle 1/2 mL 30 gauge	P	OTC;QL(Allowed 5 per 1 day)
Insulin Syringe Ultrafine 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
insulin syringes (disposable) 1 mL	P	OTC;QL(Allowed 5 per 1 day)
Insupen 29 gauge x 1/2" needle	P	OTC;QL(Allowed 5 per 1 day)
Insupen 30 gauge x 5/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Insupen 31 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
Insupen 31 gauge x 3/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Insupen 31 gauge x 5/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Insupen 32 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
Insupen 32 gauge x 5/32" needle	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Lite Touch Insulin Pen Needles 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Pen Needles 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 28 gauge	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Lite Touch Insulin Syringe 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 29 gauge	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 30 gauge x 7/16"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 28 gauge	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 29	P	OTC;QL(Allowed 5 per 1 day)
Lite Touch Insulin Syringe 1/2 mL 30 gauge	P	OTC;QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 0.3 mL 29 x 1/2"	P	Rx;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Magellan Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"	P	Rx;QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 1 mL 29 gauge x 1/2"	P	Rx;QL(Allowed 5 per 1 day)
Magellan Insulin Safety Syringe 1 mL 30 gauge x 5/16"	P	Rx;QL(Allowed 5 per 1 day)
Magellan Syringe 0.3 mL 30 x 5/16"	P	Rx;QL(Allowed 5 per 1 day)
Magellan Syringe 0.5 mL 30 gauge x 5/16"	P	Rx;QL(Allowed 5 per 1 day)
Maxi-Comfort Insulin Syringe 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Maxi-Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Maxicomfort Safety Pen Needle 29 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Mini Ultra-Thin II 31 gauge x 3/16" needle	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Monoject Insulin Safety Syringe 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.3 mL 30 gauge x 5/16"	P	Rx;QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.5 mL 29 gauge x 1/2"	P	Rx;QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 0.5 mL 30 gauge x 5/16"	P	Rx;QL(Allowed 5 per 1 day)
Monoject Insulin Safety Syringe 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	Rx;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Monoject Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 25 gauge x 5/8"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 27 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 30 gauge x 5/16"	P	Rx;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Monoject Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	Rx;QL(Allowed 5 per 1 day)
Monoject Syringe 1/2 mL 28 gauge	P	Rx;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Monoject Ultra Comfort Insulin 1/2 mL 28 gauge syringe	P	OTC;QL(Allowed 5 per 1 day)
NovoFine 30 30 gauge x 1/3" needle	P	OTC;QL(Allowed 5 per 1 day)
Novofine 32 32 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
Novofine Autocover 30 gauge x 1/3" needle	P	OTC;QL(Allowed 5 per 1 day)
NovoFine Plus 32 gauge x 1/6" needle	P	OTC;QL(Allowed 5 per 1 day)
NovoTwist 32 gauge x 1/5" needle	P	OTC;QL(Allowed 5 per 1 day)
Pen Needle 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Pen Needle 30 gauge x 5/16"	P	Rx;QL(Allowed 5 per 1 day)
Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Pen Needle 31 gauge x 3/16"	P	Rx;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Pen Needle 31 gauge x 5/16"	P	Rx;QL(Allowed 5 per 1 day)
Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
pen needle, diabetic 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 1/3"	P	OTC;QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
pen needle, diabetic 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
pen needle, diabetic 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Pentips 29 gauge x 1/2" needle	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Pentips 31 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
Pentips 31 gauge x 3/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Pentips 31 gauge x 5/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Pentips 32 gauge x 5/32" needle	P	OTC;QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Pro Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Pro Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 32 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 32 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Pro Comfort Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Prodigy Insulin Syringe 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
ReliOn Needles 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
ReliOn Pen Needles 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
SafeSnap Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
SafeSnap Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Safety Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Sure Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Insulin Syringe U-100 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 32 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Sure Comfort Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Sure-Fine Pen Needles 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure-Fine Pen Needles 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Sure-Fine Pen Needles 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Sure-Ject Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
TechLITE Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 31 gauge x 15/64"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Insulin Syringe Half Unit 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Pen Needle 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Pen Needle 32 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
TechLITE Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Topcare Clickfine 31 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
Topcare Clickfine 31 gauge x 5/16" needle	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Topcare Ultra Comfort 0.3 mL 29 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.3 mL 30 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.3 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.5 mL 29 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.5 mL 30 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 0.5 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 1 mL 29 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
Topcare Ultra Comfort 1 mL 30 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Topcare Ultra Comfort 1 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
True Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
True Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
True Comfort Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
True Comfort Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
True Comfort Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.3 mL 29 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.3 mL 30 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.3 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.5 mL 29 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
TRUEplus Insulin 0.5 mL 30 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Insulin 0.5 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Insulin 1 mL 28 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Insulin 1 mL 29 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Insulin 1 mL 30 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Insulin 1 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Insulin 1/2 mL 28 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
TRUEplus Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
TRUEplus Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
UltiCare 0.3 mL 30 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
UltiCare 0.3 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
UltiCare 0.5 mL 30 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
UltiCare 0.5 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
UltiCare 1 mL 30 gauge x 1/2" syringe	P	OTC;QL(Allowed 5 per 1 day)
UltiCare 1 mL 31 gauge x 5/16" syringe	P	OTC;QL(Allowed 5 per 1 day)
UltiCare Pen Needle 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
UltiCare Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
UltiCare Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
UltiCare Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
UltiCare Pen Needle 32 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
UltiCare Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Ultilet Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.3 mL 30	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Ultra Comfort Insulin Syringe 1 mL 28 gauge	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 29 gauge	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 30 gauge x 7/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 28 gauge	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Ultra Comfort Insulin Syringe 1/2 mL 29	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe 1/2 mL 30 gauge	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultra Comfort Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Insulin Syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Insulin Syringe 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Insulin Syringe 0.5 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Insulin Syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Insulin Syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Ultracare Insulin Syringe 1 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Insulin Syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Insulin Syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Pen Needle 31 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Pen Needle 31 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Pen Needle 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Pen Needle 32 gauge x 1/4"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Pen Needle 32 gauge x 3/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultracare Pen Needle 32 gauge x 5/32"	P	OTC;QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 0.3 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Ultra-Thin II (Short) Insulin syringe 0.3 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 0.5 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 0.5 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 1 mL 30 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Insulin syringe 1 mL 31 gauge x 5/16"	P	OTC;QL(Allowed 5 per 1 day)
Ultra-Thin II (Short) Pen NDL 31 gauge x 5/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Ultra-Thin II Insulin Pen Needles 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Ultra-Thin II Insulin Syringe 0.3 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Ultra-Thin II Insulin Syringe 0.5 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Ultra-Thin II Insulin Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
Unifine Pentips 29 gauge needle	P	OTC;QL(Allowed 5 per 1 day)
Unifine Pentips 29 gauge x 1/2" needle	P	OTC;QL(Allowed 5 per 1 day)
Unifine Pentips 31 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
Unifine Pentips 31 gauge x 3/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Unifine Pentips 31 gauge x 5/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Unifine Pentips 32 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
Unifine Pentips 32 gauge x 5/32" needle	P	OTC;QL(Allowed 5 per 1 day)
Unifine Pentips Plus 29 gauge x 1/2" needle	P	OTC;QL(Allowed 5 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Unifine Pentips Plus 31 gauge x 1/4" needle	P	OTC;QL(Allowed 5 per 1 day)
Unifine Pentips Plus 31 gauge x 3/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Unifine Pentips Plus 31 gauge x 5/16" needle	P	OTC;QL(Allowed 5 per 1 day)
Unifine Pentips Plus 32 gauge x 5/32" needle	P	OTC;QL(Allowed 5 per 1 day)
VanishPoint Syringe 0.5 mL 30 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
VanishPoint Syringe 1 mL 29 gauge x 1/2"	P	OTC;QL(Allowed 5 per 1 day)
MEDICAL SUPPLIES AND DME - MALE CONDOMS		
Aimsco Latex Condom	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)
Condoms-Prem Lubricated	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)
Fantasy Condom	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)
Kimono Condoms(Non-lubricated)	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)

Drug Name	Drug Tier	Drug Restriction
Kimono Maxx Condoms	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)
Kimono MicroThin Aqua Lube Condom	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)
Kimono MicroThin Large Condoms	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)
Kimono Textured Condoms	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)
Trustex Latex Condom	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)
Trustex Lubricated Condoms	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)
Trustex-RIA Lubricated Condoms	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)
Trustex-RIA Lubricated/Spermicide Condom	P	OTC;QL(QL Overtime: Allowed 36 over 30 days)
MEDICAL SUPPLIES AND DME - MISCELLANEOUS OTHER		
Airs Pediatric Disposable Mask	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Disposable Paper Mouthpiece	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)

Drug Name	Drug Tier	Drug Restriction
Pediatric Mouthpieces	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Pediatric-Small Mouth Adaptor misc	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Pump In Style Advanced breast pump		OTC;QL(QL Overtime: Allowed 1 over 365 days)
MEDICAL SUPPLIES AND DME - NEBULIZERS		
Altera Nebulizer misc	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
MEDICAL SUPPLIES AND DME - PEAK FLOW METERS		
Airzone Peak Flow Meter	P	OTC
Assess Full Range Peak Meter	P	OTC
Asthma Check Meter	P	OTC
AsthmaMentOr Peak Flow Meter	P	OTC
Microlife Peak Flow Meter	P	OTC
Mini Wright Peak Flow Meter	P	OTC

Drug Name	Drug Tier	Drug Restriction
Peak Air Peak Flow Meter	P	OTC
Personal Best Full Range device	P	OTC
Personal Best Low Range device	P	OTC
Piko 1 device	P	OTC
Pocket Peak Flow Meter	P	OTC
Truzone Peak Flow Meter	P	Rx
MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES		
Ace Aerosol Cloud Enhancer spacer	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Adult Aerosol Mask	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Adult Disposable Mouthpiece	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Aerochamber Mini	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber MV spacer	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Drug Tier	Drug Restriction
Aerochamber Plus Flow-Vu	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Flow-Vu, Large Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Flow-Vu, Medium Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Flow-Vu, Small Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Z Stat Large Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
AeroChamber Plus Z Stat Medium Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
AeroChamber Plus Z Stat Small Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber Plus Z Stat spacer	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Aerochamber with Flowsignal	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
AeroChamber Z-Stat Plus-Flow Signal	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
AeroTrach Plus spacer	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)

Drug Name	Drug Tier	Drug Restriction
Aerovent Plus spacer	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Air Tube With Air Plugs	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
All Flow 1000 PFT Filter	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
BreatheRite MDI Spacer	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Adult	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Child	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Infant	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Neonate	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite Spacer and Mask, Small Child	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite with Mask, Large	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
BreatheRite with Mask, Medium	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Drug Tier	Drug Restriction
BreatheRite with Mask, Small	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Bubbles the Fish Pedi Mask	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Clever Choice Holding Chamber-Large Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Clever Choice Holding Chamber-Medium Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Clever Choice Holding Chamber-Small Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber-Lrg Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber-Med Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Compact Space Chamber-Sm Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
EasiVent Holding Chamber	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Drug Tier	Drug Restriction
EasiVent Mask Large	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
EasiVent Mask Medium	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
EasiVent Mask Small	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
eBase Controller device	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
eRapid Nebulizer Handset	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Expiratory Mouthpiece	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
E-Z Spacer	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Filters Replacement	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Flexichamber spacer	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Innospire Replacement Filter	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
InspiraChamber spacer	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Drug Tier	Drug Restriction
InspiraChamber with Mask-Large	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
InspiraChamber with Mask-Med	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
InspiraChamber with Mask-Small	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Inspiration Elite Filter	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Lite Touch-Medium Mask	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
LiteAire MDI Chamber	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
LiteTouch-Large Mask	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
LiteTouch-Small Mask	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Micro Elite Replacement Filter	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Microchamber spacer	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Microspacer	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Drug Tier	Drug Restriction
Mini Elite Filter Replacement	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Mouthpiece device	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Nose Clip	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
One Way Valved Mouthpiece device	P	OTC;QL(QL Overtime: Allowed 1 over 180 days)
Optichamber Adult Mask-Large	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
OptiChamber Diamond VHC spacer	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC with Large Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC with Medium Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
OptiChamber Diamond VHC with Small Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Pari Baby Conversion Kit - Size 1	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Pari Baby Conversion Kit - Size 2	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)

Drug Name	Drug Tier	Drug Restriction
Pari Baby Conversion Kit - Size 3	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
PFLEX Inspiratory Trainer device	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Pillow Mask Child	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Pillow Mask Pediatric	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
POCKET CHAMBER spacer	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Pro Comfort Spacer-Adult Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Pro Comfort Spacer-Child Mask	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
ProChamber	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Proneb Ultra Filter Set	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Proneb Ultra II Filter Assembly	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
RiteFlo Aerochamber	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)

Drug Name	Drug Tier	Drug Restriction
Sami The Seal Filter	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Sami The Seal Mask	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Sidestream Adult Face Mask	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Sidestream Mask	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Sidestream Pediatric Face Mask	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Silicone Mask	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Silicone Mask - Infant	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Silicone Mask - Pediatric	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
SootheNeb NBL100 Adult Mask	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
SootheNeb NBL100 Child Mask	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
SootheNeb NBL100 Med Cup misc	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)

Drug Name	Drug Tier	Drug Restriction
SootheNeb NBL100 Mesh Cap	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Threshold IMT Trainer device	P	Rx;QL(QL Overtime: Allowed 1 over 360 days)
Vortex Holding Chamber	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
Vortex VHC Frog Mask-Child	P	Rx;QL(QL Overtime: Allowed 2 over 360 days)
WINDMILL TRAINER device	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
Wing Tip Tubing misc	P	OTC;QL(QL Overtime: Allowed 1 over 360 days)
MEDICAL SUPPLIES AND DME - URINE KETONE TESTS		
Ketone Urine Test strips	P	OTC;QL(Allowed 200 per 30 days)
TRUEplus Ketone strips	P	OTC;QL(Allowed 200 per 30 days)
METABOLIC DISEASE ENZYME REPLACEMENT AGENTS		
METABOLIC DISEASE ENZYME REPLACEMENT, HYPOPHOSPHATASIA		
STRENSIQ 18 MG/0.45 ML SUBCUTANEOUS SOLUTION	P	PA;Rx;SP

Drug Name	Drug Tier	Drug Restriction
STRENSIQ 28 MG/0.7 ML SUBCUTANEOUS SOLUTION	P	PA;Rx;SP
METABOLIC MODIFIERS		
METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS		
levocarnitine (with sugar) 100 mg/mL oral solution	P	Rx;QL(Allowed 30 per 1 day)
PHARMACOENHANCER - CYTOCHROME P450 INHIBITORS		
TYBOST 150 MG TABLET	P	Rx;AL(Minimum Age 18);QL(Allowed 1 per 1 day)
MOUTH-THROAT-DENTAL - PREPARATIONS		
DENTAL PRODUCT - FLUORIDE PREPARATIONS		
CLINPRO 5000 1.1 % DENTAL PASTE	P	Rx
DENTA 5000 PLUS 1.1 % CREAM	P	PA;Rx
DENTAGEL 1.1 %	P	Rx
FLUOR-A-DAY 2.5 MG FLUORIDE (5.56 MG SODIUM FLUORIDE)/ML ORAL DROPS	P	Rx;AL(Maximum Age 15)

Drug Name	Drug Tier	Drug Restriction
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet	P	Rx;AL(Maximum Age 15)
fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet	P	Rx;AL(Maximum Age 15)
fluoride 0.5 mg (1.1 mg sodium fluoride)/mL oral drops	P	Rx;AL(Maximum Age 15)
FLUORITAB 1 MG (2.2 MG SODIUM FLUORIDE) CHEWABLE TABLET	P	Rx;AL(Maximum Age 15)
FLUORIDEX DAILY DEFENSE 1.1 % DENTAL PASTE	P	Rx
FLUORITAB 0.125 MG (0.275 MG SODIUM FLUORIDE)/DROP ORAL DROPS	P	Rx;AL(Maximum Age 15)
FLUORITAB 0.5 MG FLUORIDE (1.1 MG SODIUM FLUORIDE) CHEWABLE TABLET	P	Rx;AL(Maximum Age 15)

Drug Name	Drug Tier	Drug Restriction
FLUORITAB 1 MG FLUORIDE (2.2 MG SODIUM FLUORIDE) CHEWABLE TABLET	P	Rx;AL(Maximum Age 15)
Ludent Fluoride 0.25 mg fluoride (0.55 mg sod.fluorid) chewable tablet	P	Rx;AL(Maximum Age 15)
Ludent Fluoride 0.5 mg fluoride (1.1 mg sod.fluoride) chewable tablet	P	Rx;AL(Maximum Age 15)
Ludent Fluoride 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet	P	Rx;AL(Maximum Age 15)
SF 1.1 % DENTAL GEL	P	Rx
SF 5000 PLUS 1.1 % DENTAL CREAM	P	PA;Rx
sodium fluoride 1.1 % dental gel	P	Rx
SODIUM FLUORIDE 5000 PLUS 1.1 % DENTAL CREAM	P	PA;Rx
MOUTH AND THROAT - ANTIFUNGALS		

Drug Name	Drug Tier	Drug Restriction
nystatin 100,000 unit/mL oral suspension	P	Rx;QL(Allowed 120 per Rx)
MOUTH AND THROAT - ANTISEPTICS		
chlorhexidine gluconate 0.12 % mouthwash	P	Rx
PAROEX ORAL RINSE 0.12 % MOUTHWASH	P	Rx
PERIOGARD 0.12 % MOUTHWASH	P	Rx
MOUTH AND THROAT - ARTIFICIAL SALIVA		
AQUORAL MUCOSAL SPRAY	P	Rx;QL(Allowed 900 per Rx)
CAPHOSOL MUCOSAL SOLUTION	P	Rx;QL(Allowed 900 per Rx)
MOI-STIR MUCOSAL SPRAY WITH PUMP	P	OTC;QL(Allowed 900 per Rx)
MOUTH KOTE SPRAY	P	OTC;QL(Allowed 900 per Rx)
NUMOISYN ORAL MUCOSAL LIQUID	P	Rx;QL(Allowed 900 per Rx)
Oral Relief Dry Mouth mucosal spray with pump	P	OTC;QL(Allowed 900 per Rx)

Drug Name	Drug Tier	Drug Restriction
XEROSTOMIA RELIEF MUCOSAL SPRAY	P	Rx;QL(Allowed 900 per Rx)
MOUTH AND THROAT - GLUCOCORTICOIDS		
ORALONE 0.1 % DENTAL PASTE	P	Rx;QL(Allowed 5 per Rx)
triamcinolone acetonide 0.1 % dental paste	P	Rx;QL(Allowed 5 per Rx)
MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES		
lidocaine 2 % mucosal jelly	P	Rx;AL(Minimum Age 21)
lidocaine 2 % mucosal solution	P	Rx;QL(Allowed 100 per Rx)
Lidocaine Viscous 2 % mucosal solution	P	Rx;QL(Allowed 100 per Rx)
MOUTH AND THROAT - SALIVA STIMULANTS		
BIOTENE MOISTURIZING MOUTH MUCOSAL SPRAY	P	OTC;QL(Allowed 900 per Rx)
DRY MOUTH MUCOSAL SPRAY	P	OTC;QL(Allowed 900 per Rx)
pilocarpine 5 mg tablet	P	Rx;QL(Allowed 6 per 1 day)
MULTIPLE SCLEROSIS AGENTS		
MULTIPLE SCLEROSIS AGENT - INTERFERONS		

Drug Name	Drug Tier	Drug Restriction
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT	P	PA;Rx;SP
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT	P	PA;Rx;SP
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT	P	PA;Rx;SP
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;SP
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE	P	PA;Rx;SP
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	P	PA;Rx;SP
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE	P	PA;Rx;SP
MULTIPLE SCLEROSIS AGENT - OTHERS		
glatiramer 20 mg/mL subcutaneous syringe	P	PA;Rx;SP

Drug Name	Drug Tier	Drug Restriction
glatiramer 40 mg/mL subcutaneous syringe	P	PA;Rx;SP
GLATOPA 20 MG/ML SUBCUTANEOUS SYRINGE	P	PA;Rx;SP
GLATOPA 40 MG/ML SUBCUTANEOUS SYRINGE	P	PA;Rx;SP
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE	P	PA;Rx;SP
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE	P	PA;Rx;SP
TECFIDERA 240 MG CAPSULE,DELAYED RELEASE	P	PA;Rx;SP
MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR		
GILENYA 0.5 MG CAPSULE	P	PA;Rx;SP
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANT COMBINATIONS		
Artificial Tears (petrolatum/mineral oil) 83 %-15 % eye ointment	P	OTC;QL(Allowed 4 per Rx)

Drug Name	Drug Tier	Drug Restriction
For Sty Relief eye ointment	P	OTC;QL(Allowed 30 per Rx)
LUBRICANT EYE 56.8 %-41.5 % OINTMENT	P	OTC;QL(Allowed 30 per Rx)
Lubricant Eye 57.3 %-42.5 % ointment	P	OTC;QL(Allowed 30 per Rx)
Lubricant Eye 57.7 %-31.9 % ointment	P	OTC;QL(Allowed 30 per Rx)
Lubricant Eye 83 %-15 % ointment	P	OTC;QL(Allowed 30 per Rx)
LUBRIFRESH PM 83 %-15 % EYE OINTMENT	P	OTC;QL(Allowed 30 per Rx)
Nighttime Dry-Eye Relief 57.3 %-42.5 % ointment	P	OTC;QL(Allowed 30 per Rx)
Overnight Lubricating Eye 94 %-3 % ointment	P	OTC;QL(Allowed 30 per Rx)
Puralube 85 %-15 % eye ointment	P	OTC;QL(Allowed 30 per Rx)
REFRESH LACRI-LUBE 56.8 %-42.5 % EYE OINTMENT	P	OTC;QL(Allowed 30 per Rx)

Drug Name	Drug Tier	Drug Restriction
REFRESH P.M. 57.3 %-42.5 % EYE OINTMENT	P	OTC;QL(Allowed 30 per Rx)
Restore PM 57.3 %-42.5 % eye ointment	P	OTC;QL(Allowed 30 per Rx)
Retaine PM 80 %-20 % eye ointment	P	OTC;QL(Allowed 30 per Rx)
SOOTHE NIGHT TIME LUBRICANT 80 %-20 % EYE OINTMENT	P	OTC;QL(Allowed 30 per Rx)
Stye Lubricant 57.7 %-31.9 % eye ointment	P	OTC;QL(Allowed 30 per Rx)
SYSTANE NIGHTTIME 94 %-3 % EYE OINTMENT	P	OTC;QL(Allowed 30 per Rx)
Ultra Fresh PM eye ointment	P	OTC;QL(Allowed 4 per Rx)
ARTIFICIAL TEARS AND LUBRICANT SINGLE AGENTS		
ARTIFICIAL TEARS (POLYVINYL ALCOHOL) 1.4 % EYE DROPS	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)
LIQUITEARS 1.4 % EYE DROPS	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)
polyvinyl alcohol 1.4 % eye drops	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)

Drug Name	Drug Tier	Drug Restriction
MIOTICS - DIRECT ACTING		
pilocarpine 1 % eye drops	P	Rx
pilocarpine 2 % eye drops	P	Rx
pilocarpine 4 % eye drops	P	Rx
OPHTHALMIC - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS		
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION	P	Rx;QL(Allowed 10 per Rx)
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT	P	Rx
neomycin 3.5 mg/g-polymyxin B 10,000 unit/g-dexameth 0.1 % eye oint	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
neomycin 3.5 mg-polymyxin 10,000 unit-hydrocort 10 mg/mL eye drop,susp	P	Rx;QL(QL Overtime: Allowed 15 over 30 days)
neomycin-polymyxin-dexameth 3.5 mg/mL-10,000 unit/mL-0.1% eye drops	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)

Drug Name	Drug Tier	Drug Restriction
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION	P	Rx;QL(Allowed 5 per Rx)
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
TOBRADEX 0.3 %-0.1 % EYE OINTMENT	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension	P	Rx;QL(Allowed 10 per Rx)
OPHTHALMIC - ANTICHOLINERGICS		
atropine 1 % eye drops	P	Rx
atropine 1 % eye ointment	P	Rx
cyclopentolate 0.5 % eye drops	P	Rx;QL(QL Overtime: Allowed 15 over 30 days)
cyclopentolate 1 % eye drops	P	Rx
cyclopentolate 2 % eye drops	P	Rx
HOMATROPAIRE 5 % EYE DROPS	P	Rx;QL(Allowed 15 per Rx)

Drug Name	Drug Tier	Drug Restriction
homatropine 5 % eye drops	P	Rx;QL(Allowed 15 per Rx)
tropicamide 0.5 % eye drops	P	Rx
tropicamide 1 % eye drops	P	Rx
OPHTHALMIC - ANTIHISTAMINE-DECONGESTANT COMBINATIONS		
Eye Allergy Relief (naphazoline-pheniramine) 0.02675 %-0.315 % drops	P	OTC;QL(QL Overtime: Allowed 15 over 30 days)
OPHTHALMIC - ANTIHISTAMINES		
ALAWAY 0.025 % (0.035 %) EYE DROPS	P	OTC
ALLERGY EYE (KETOTIFEN) 0.025 % (0.035 %) DROPS	P	OTC
azelastine 0.05 % eye drops	P	Rx;QL(QL Overtime: Allowed 6 over 30 days)
CHILDREN'S ALAWAY 0.025 % (0.035 %) EYE DROPS	P	OTC
EYE ITCH RELIEF 0.025 % (0.035 %) DROPS	P	OTC

Drug Name	Drug Tier	Drug Restriction
ITCHY EYE DROPS 0.025 % (0.035 %)	P	OTC
ketotifen 0.025 % (0.035 %) eye drops	P	OTC
Wal-Zyr (ketotifen) 0.025 % (0.035 %) eye drops	P	OTC
OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS		
dexamethasone sodium phosphate 0.1 % eye drops	P	Rx
fluorometholone 0.1 % eye drops,suspension	P	Rx
FML S.O.P. 0.1 % EYE OINTMENT	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
PRED FORTE 1 % EYE DROPS,SUSPENSION	P	Rx
PRED MILD 0.12 % EYE DROPS,SUSPENSION	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
prednisolone acetate (PF) 1 % eye drops,suspension	P	Rx

Drug Name	Drug Tier	Drug Restriction
prednisolone acetate 1 % eye drops,suspension	P	Rx
prednisolone sodium phosphate 1 % eye drops	P	Rx;QL(QL Overtime: Allowed 15 over 30 days)
OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS		
diclofenac 0.1 % eye drops	P	Rx;QL(QL Overtime: Allowed 3 over 30 days)
flurbiprofen 0.03 % eye drops	P	Rx;QL(QL Overtime: Allowed 5 over 30 days)
ketorolac 0.4 % eye drops	P	Rx;QL(QL Overtime: Allowed 5 over 30 days)
ketorolac 0.5 % eye drops	P	Rx;QL(Allowed 10 per Rx)
OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS		
dorzolamide 2 %-timolol 0.5 % (PF) eye drops	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
dorzolamide 22.3 mg-timolol 6.8 mg/mL eye drops	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS		
AZOPT 1 % EYE DROPS,SUSPENSION	P	Rx

Drug Name	Drug Tier	Drug Restriction
dorzolamide 2 % (PF) eye drops	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
dorzolamide 2 % eye drops	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
OPHTHALMIC - DECONGESTANTS		
EYE DROPS (TETRAHYDROZO LINE) 0.05 %	P	OTC
OPTI-CLEAR 0.05 % EYE DROPS	P	OTC
phenylephrine 2.5 % eye drops	P	Rx;QL(QL Overtime: Allowed 5 over 30 days)
Redness Reliever Eye Drops 0.05 %	P	OTC
STERILE EYE DROPS 0.05 %	P	OTC
OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS		
betaxolol 0.5 % eye drops	P	Rx
carteolol 1 % eye drops	P	Rx
levobunolol 0.5 % eye drops	P	Rx;QL(QL Overtime: Allowed 15 over 30 days)

Drug Name	Drug Tier	Drug Restriction
timolol maleate 0.25 % eye drops	P	Rx;QL(QL Overtime: Allowed 15 over 30 days)
timolol maleate 0.5 % eye drops	P	Rx;QL(QL Overtime: Allowed 15 over 30 days)
TIMOPTIC OCUDOSE (PF) 0.25 % EYE DROPS IN A DROPPERETTE	P	Rx;QL(QL Overtime: Allowed 15 over 30 days)
TIMOPTIC OCUDOSE (PF) 0.5 % EYE DROPS IN A DROPPERETTE	P	Rx;QL(QL Overtime: Allowed 15 over 30 days)
OPHTHALMIC - LOCAL ANESTHETIC ESTERS		
ALTACAINE 0.5 % EYE DROPS	P	Rx
TETCAINE 0.5 % EYE DROPS	P	Rx
tetracaine 0.5 % eye drops	P	Rx
tetracaine HCl (PF) 0.5 % eye drops	P	Rx
TETRAVISC 0.5 % VISCOUS EYE DROPS	P	Rx

Drug Name	Drug Tier	Drug Restriction
TETRAVISC 0.5 % VISCOUS EYE DROPS IN A DROPPERETTE	P	Rx
TETRAVISC FORTE 0.5 % HYPERVISCOUS DROPS	P	Rx
TETRAVISC FORTE 0.5 % HYPERVISCOUS EYE DROPS IN A DROPPERETTE	P	Rx
OPHTHALMIC - MACULAR DEGENERATION, AGE-RELATED, THERAPY AGENTS		
bevacizumab 3.25 mg/0.13 mL intravitreal syringe	P	PA;Rx;SP
OPHTHALMIC - MAST CELL STABILIZERS		
ALOCRIAL 2 % EYE DROPS	P	PA;Rx;QL(QL Overtime: Allowed 5 over 30 days)
ALOMIDE 0.1 % EYE DROPS	P	PA;Rx;QL(QL Overtime: Allowed 10 over 30 days)
cromolyn 4 % eye drops	P	Rx;QL(Allowed 10 per Rx)
OPHTHALMIC ANTIBACTERIAL MIXTURES		
AK-POLY-BAC 500 UNIT-10,000 UNIT/GRAM EYE OINTMENT	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)

Drug Name	Drug Tier	Drug Restriction
bacitracin-polymyxin B 500 unit-10,000 unit/gram eye ointment	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
neomycin 1.75 mg-polymyxin 10,000 unit-gramicidin 0.025mg/mL eye drops	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
neomycin-bacitracin-polymyxin 3.5 mg-400 unit-10,000 unit/gram eye oint	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
NEO-POLYCIN 3.5 MG-400 UNIT-10,000 UNIT/G EYE OINTMENT	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
POLYCIN 500 UNIT-10,000 UNIT/GRAM EYE OINTMENT	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
polymyxin B sulfate 10,000 unit-trimethoprim 1 mg/mL eye drops	P	Rx;QL(Allowed 10 per Rx)
OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES		
GENTAK 0.3 % (3 MG/GRAM) EYE OINTMENT	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)

Drug Name	Drug Tier	Drug Restriction
gentamicin 0.3 % (3 mg/gram) eye ointment	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
gentamicin 0.3 % eye drops	P	Rx
tobramycin 0.3 % eye drops	P	Rx;QL(QL Overtime: Allowed 5 over 30 days)
TOBREX 0.3 % EYE OINTMENT	P	Rx
OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS		
bacitracin 500 unit/gram eye ointment	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONES		
CILOXAN 0.3 % EYE OINTMENT	P	Rx
ciprofloxacin 0.3 % eye drops	P	Rx
moxifloxacin 0.5 % eye drops	P	Rx;QL(Allowed 3 per Rx)
ofloxacin 0.3 % eye drops	P	Rx;QL(QL Overtime: Allowed 10 over 30 days)
OPHTHALMIC ANTIBIOTIC - MACROLIDES		
erythromycin 5 mg/gram (0.5 %) eye ointment	P	Rx

Drug Name	Drug Tier	Drug Restriction
OPHTHALMIC ANTIBIOTIC - SULFONAMIDES		
sulfacetamide sodium 10 % eye drops	P	Rx;QL(QL Overtime: Allowed 15 over 30 days)
sulfacetamide sodium 10 % eye ointment	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
OPHTHALMIC ANTIVIRALS		
trifluridine 1 % eye drops	P	Rx;QL(QL Overtime: Allowed 8 over 30 days)
OPHTHALMIC-INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS		
apraclonidine 0.5 % eye drops	P	Rx
brimonidine 0.2 % eye drops	P	Rx
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE	P	Rx
OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS		
latanoprost (PF) 0.005 % eye drops	P	Rx;QL(QL Overtime: Allowed 5 over 30 days)
latanoprost 0.005 % eye drops	P	Rx;QL(QL Overtime: Allowed 5 over 30 days)
OTIC (EAR)		
OTIC (EAR) - ANTI-INFECTIVE-GLUCOCORTICOID COMBINATIONS		

Drug Name	Drug Tier	Drug Restriction
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION	P	Rx;QL(Allowed 7.5 per Rx);QL (Limit 1 fill(s) per 30 days)
neomycin-polymyxin-hydrocort 3.5 mg/mL-10,000 unit/mL-1 % ear solution	P	Rx;QL(Allowed 10 per Rx)
neomycin-polymyxin-hydrocort 3.5 mg-10,000 unit/mL-1 % ear drops,susp	P	Rx;QL(QL Overtime: Allowed 20 over 30 days)
OTIC (EAR) - ANTI-INFECTIVES OTHER		
acetic acid 2 % ear solution	P	Rx;QL(QL Overtime: Allowed 15 over 30 days)
OTIC (EAR) - FLUOROQUINOLONES		
ofloxacin 0.3 % ear drops	P	Rx;QL(Allowed 10 per Rx)
OTIC (EAR) - GLUCOCORTICOIDS		
FLAC OTIC (EAR) OIL 0.01 % DROPS	P	Rx;AL(Minimum Age 5);QL(Allowed 20 per Rx)
fluocinolone acetonide oil 0.01 % ear drops	P	Rx;AL(Minimum Age 5);QL(Allowed 20 per Rx)
hydrocortisone-acetic acid 1 %-2 % ear drops	P	Rx;QL(QL Overtime: Allowed 20 over 30 days)
OTIC (EAR) - WAX REMOVERS-SOFTENERS		

Drug Name	Drug Tier	Drug Restriction
EAR DROPS (CARBAMIDE PEROXIDE) 6.5 %	P	OTC;QL(QL Overtime: Allowed 15 over 30 days)
EAR DROPS OTC 6.5 %	P	OTC;QL(QL Overtime: Allowed 15 over 30 days)
EAR WAX REMOVAL DROPS 6.5 %	P	OTC;QL(QL Overtime: Allowed 15 over 30 days)
Ear Wax Removal Kit 6.5 % drops	P	OTC;QL(QL Overtime: Allowed 15 over 30 days)
EAR WAX REMOVAL SYSTEM 6.5 % DROPS	P	OTC;QL(QL Overtime: Allowed 15 over 30 days)
EAR WAX TREATMENT 6.5 % DROPS	P	OTC;QL(QL Overtime: Allowed 15 over 30 days)
MURINE EAR 6.5 % DROPS	P	OTC;QL(QL Overtime: Allowed 15 over 30 days)
MURINE EAR WAX REMOVAL SYSTEM 6.5 % DROPS	P	OTC;QL(QL Overtime: Allowed 15 over 30 days)
RESPIRATORY THERAPY AGENTS		
1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS		
Brotapp 1 mg-15 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 120 over 30 days)

Drug Name	Drug Tier	Drug Restriction
Children's Cold-Allergy (phenylephrine) 1 mg-2.5 mg/5 mL oral solution	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 120 over 30 days)
Children's Dibromm Cold and Allergy 1 mg-2.5 mg/5 mL oral solution	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 120 over 30 days)
Children's Wal-Tap Cold-Allergy 1 mg-2.5 mg/5 mL oral solution	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 120 over 30 days)
Cold and Allergy (bromphen-PE) 1 mg-2.5 mg/5 mL oral solution	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 120 over 30 days)
DIMAPHEN (PE) 1 MG-2.5 MG/5 ML ORAL SOLUTION	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 120 over 30 days)
LoHist - D 2 mg-30 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
PROMETHAZINE VC 6.25 MG-5 MG/5 ML ORAL SYRUP	P	Rx;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
promethazine-phenylephrine 6.25 mg-5 mg/5 mL oral syrup	P	Rx;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Rynex PE 1 mg-2.5 mg/5 mL oral solution	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 120 over 30 days)

Drug Name	Drug Tier	Drug Restriction
Rynex PSE 1 mg-15 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 120 over 30 days)
2ND GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS		
Alavert D-12 Allergy-Sinus 5 mg-120 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 2 per 1 day)
All Day Allergy-D 5 mg-120 mg tablet,extended release	P	OTC;AL(Maximum Age 21)
AllerClear D-12hr 5 mg-120 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 2 per 1 day)
ALLERCLEAR D-24HR 10 MG-240 MG TABLET,EXTENDED RELEASE	P	OTC;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
ALLERGY AND CONGESTION RELIEF 10 MG-240 MG TABLET,EXTENDED RELEASE 24 HR	P	OTC;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
Allergy and Congestion Relief 5 mg-120 mg tablet,extend release 12 hr	P	OTC;AL(Maximum Age 21);QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Allergy Complete-D 5 mg-120 mg tablet,extended release	P	OTC;AL(Maximum Age 21)
Allergy D-12 5 mg-120 mg tablet,extended release	P	OTC;AL(Maximum Age 21)
Allergy plus Congestn Relief-D(cetiriz) 5 mg-120 mg tablet,ext.release	P	OTC;AL(Maximum Age 21)
Allergy Relief and Nasal Decongestant 10 mg-240 mg tablet,extended rel	P	OTC;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
ALLERGY RELIEF D12 5 MG-120 MG TABLET,EXTENDED RELEASE	P	OTC;AL(Maximum Age 21);QL(Allowed 2 per 1 day)
Allergy Relief D-24hr 10 mg-240 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
Allergy Relief-D (cetirizine) 5 mg-120 mg tablet,extended release	P	OTC;AL(Maximum Age 21)

Drug Name	Drug Tier	Drug Restriction
Allergy Relief-D (loratadine) 5 mg-120 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 2 per 1 day)
Allergy-Congestion Relief-D 10 mg-240 mg tablet,extended release 24 hr	P	OTC;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
Aller-Tec D 5 mg-120 mg tablet,extended release	P	OTC;AL(Maximum Age 21)
CETIRI-D 5 MG-120 MG TABLET,EXTENDED RELEASE	P	OTC;AL(Maximum Age 21)
cetirizine 5 mg-pseudoephedrine ER 120 mg tablet,extended release,12hr	P	OTC;AL(Maximum Age 21)
Lorata-D 10 mg-240 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
LORATA-DINE D 10 MG-240 MG TABLET,EXTENDED RELEASE	P	OTC;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
Loratadine-D 10 mg-240 mg tablet,extended release 24 hr	P	OTC;AL(Maximum Age 21);QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Loratadine-D 5 mg-120 mg tablet,extended release 12 hr	P	OTC;AL(Maximum Age 21);QL(Allowed 2 per 1 day)
Wal-itin D 10 mg-240 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
Wal-Itin D 12 Hour 5 mg-120 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 2 per 1 day)
Wal-Zyr D 5 mg-120 mg tablet,extended release	P	OTC;AL(Maximum Age 21)
ANTIHISTAMINES - 1ST GENERATION		
Aler-Cap 25 mg capsule	P	OTC;QL(Allowed 4 per 1 day)
ALLER-CHLOR 2 MG/5 ML ORAL SYRUP	P	OTC
Aller-Chlor 4 mg tablet	P	OTC;QL(Allowed 120 per Rx)
Aller-G-Time 25 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
ALLERGY (CHLORPHENIRAMINE) 4 MG TABLET	P	OTC;QL(Allowed 120 per Rx)

Drug Name	Drug Tier	Drug Restriction
ALLERGY (DIPHENHYDRAMINE) 12.5 MG/5 ML ORAL LIQUID	P	OTC;QL(Allowed 240 per Rx)
Allergy (diphenhydramine) 25 mg capsule	P	OTC;QL(Allowed 4 per 1 day)
Allergy (diphenhydramine) 25 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
ALLERGY 4-HOUR 4 MG TABLET	P	OTC;QL(Allowed 120 per Rx)
ALLERGY MEDICATION 25 MG CAPSULE	P	OTC;QL(Allowed 4 per 1 day)
Allergy Medicine 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
ALLERGY MEDICINE 25 MG CAPSULE	P	OTC;QL(Allowed 4 per 1 day)
Allergy Medicine 25 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
Allergy Relief (chlorpheniramine) 4 mg tablet	P	OTC;QL(Allowed 120 per Rx)
Allergy Relief (clemastine) 1.34 mg tablet	P	OTC;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Allergy Relief (diphenhydramine) 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
Allergy Relief (diphenhydramine) 25 mg capsule	P	OTC;QL(Allowed 4 per 1 day)
Allergy Relief (diphenhydramine) 25 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
Allergy-Time 4 mg tablet	P	OTC;QL(Allowed 120 per Rx)
Allerhist (clemastine) 1.34 mg tablet	P	OTC;QL(Allowed 2 per 1 day)
ALLERHIST-1 1.34 MG TABLET	P	OTC;QL(Allowed 2 per 1 day)
Banophen 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
Banophen 25 mg capsule	P	OTC;QL(Allowed 4 per 1 day)
BANOPHEN 25 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)
Banophen 50 mg capsule	P	OTC;QL(Allowed 4 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Banophen Allergy 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
CHILDREN'S ALLERGY (DIPHENHYDRAMINE) 12.5 MG/5 ML ORAL ELIXIR	P	OTC;QL(Allowed 240 per Rx)
Children's Allergy (diphenhydramine) 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
Children's Wal-Dryl Allergy 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
Children's Wal-Dryl Allergy 12.5 mg/5 mL prefilled spoon	P	OTC;QL(Allowed 240 per Rx)
ChlorHist 4 mg tablet	P	OTC;QL(Allowed 120 per Rx)
chlorpheniramine 4 mg tablet	P	OTC;QL(Allowed 120 per Rx)
ChlorTabs 4 mg tablet	P	OTC;QL(Allowed 120 per Rx)
Complete Allergy 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)

Drug Name	Drug Tier	Drug Restriction
COMPLETE ALLERGY 25 MG CAPSULE	P	OTC;QL(Allowed 4 per 1 day)
Complete Allergy 25 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
COMPLETE ALLERGY MEDICINE 25 MG CAPSULE	P	OTC;QL(Allowed 4 per 1 day)
COMPLETE ALLERGY MEDICINE 25 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)
cyproheptadine 2 mg/5 mL oral syrup	P	Rx
cyproheptadine 4 mg tablet	P	Rx
Dayhist Allergy 1.34 mg tablet	P	OTC;QL(Allowed 2 per 1 day)
Diphedryl 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
DIPHEDRYL 25 MG CAPSULE	P	OTC;QL(Allowed 4 per 1 day)
DIPHEDRYL 25 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Diphenhydramine 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
DIPHEN 25 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)
Diphenhydramine 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
DIPHENHIST 25 MG CAPSULE	P	OTC;QL(Allowed 4 per 1 day)
Diphenhydramine 25 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
diphenhydramine 12.5 mg/5 mL oral elixir	P	Rx;QL(Allowed 240 per Rx)
diphenhydramine 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
diphenhydramine 25 mg capsule	P	Rx;QL(Allowed 4 per 1 day)
diphenhydramine 25 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
DIPHENHYDRAMINE 50 MG CAPSULE	P	Rx;QL(Allowed 4 per 1 day)
ED Chlorped Jr 2 mg/5 mL oral syrup	P	OTC

Drug Name	Drug Tier	Drug Restriction
ED-CHLORTAN 4 MG TABLET	P	OTC;QL(Allowed 120 per Rx)
Geri-Dryl 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
Geri-Dryl 25 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
Naramin 12.5 mg/5 mL oral liquid in packet	P	OTC;QL(Allowed 240 per Rx)
Nighttime Allergy Relief 25 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
PHARBECHLOR 4 MG TABLET	P	OTC;QL(Allowed 120 per Rx)
Pharbedryl 25 mg capsule	P	OTC;QL(Allowed 4 per 1 day)
Pharbedryl 50 mg capsule	P	OTC;QL(Allowed 4 per 1 day)
promethazine 12.5 mg tablet	P	Rx;AL(Minimum Age 2)
promethazine 25 mg tablet	P	Rx;AL(Minimum Age 2)
promethazine 50 mg tablet	P	Rx;AL(Minimum Age 2)

Drug Name	Drug Tier	Drug Restriction
promethazine 6.25 mg/5 mL oral syrup	P	Rx;AL(Minimum Age 2)
Q-Dryl 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
Q-DRYL 25 MG CAPSULE	P	OTC;QL(Allowed 4 per 1 day)
SILADRYL SA 12.5 MG/5 ML ORAL LIQUID	P	OTC;QL(Allowed 240 per Rx)
SILPHEN COUGH 12.5 MG/5 ML ORAL SYRUP	P	OTC;QL(Allowed 240 per Rx)
TOTAL ALLERGY MEDICINE 25 MG TABLET	P	OTC;QL(Allowed 4 per 1 day)
VALU-DRYL ALLERGY 25 MG CAPSULE	P	OTC;QL(Allowed 4 per 1 day)
Wal-Dryl Allergy 12.5 mg/5 mL oral liquid	P	OTC;QL(Allowed 240 per Rx)
Wal-Dryl Allergy 25 mg capsule	P	OTC;QL(Allowed 4 per 1 day)
Wal-Dryl Allergy 25 mg tablet	P	OTC;QL(Allowed 4 per 1 day)
Wal-Finate 4 mg tablet	P	OTC;QL(Allowed 120 per Rx)

Drug Name	Drug Tier	Drug Restriction
ANTIHISTAMINES - 2ND GENERATION		
24Hour Allergy 10 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
24HR Allergy Relief 5 mg tablet	P	OTC
ALAVERT 10 MG DISINTEGRATING TABLET	P	OTC;QL(Allowed 1 per 1 day)
All Day Allergy (cetirizine) 1 mg/mL oral solution	P	OTC;QL(Allowed 240 per Rx)
All Day Allergy (cetirizine) 10 mg chewable tablet	P	OTC;QL(Allowed 1 per 1 day)
All Day Allergy (cetirizine) 10 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
All Day Allergy Relief (cetirizine) 10 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
ALLERCLEAR 10 MG TABLET	P	OTC;QL(Allowed 1 per 1 day)
Aller-ease 180 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
Aller-ease 60 mg tablet	P	OTC;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Aller-Fex 180 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
Allergy Relief (cetirizine) 1 mg/mL oral solution	P	OTC;QL(Allowed 240 per Rx)
Allergy Relief (cetirizine) 10 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
Allergy Relief (fexofenadine) 180 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
Allergy Relief (fexofenadine) 60 mg tablet	P	OTC;QL(Allowed 2 per 1 day)
Allergy Relief (levocetirizine) 5 mg tablet	P	OTC
ALLERGY RELIEF (LORATADINE) 10 MG DISINTEGRATING TABLET	P	OTC;QL(Allowed 1 per 1 day)
ALLERGY RELIEF (LORATADINE) 10 MG TABLET	P	OTC;QL(Allowed 1 per 1 day)
ALLERGY RELIEF (LORATADINE) 5 MG/5 ML ORAL SOLUTION	P	OTC;QL(Allowed 240 per Rx)
ALLER-TEC 10 MG TABLET	P	OTC;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
cetirizine 1 mg/mL oral solution	P	Rx;QL(Allowed 240 per Rx)
cetirizine 10 mg chewable tablet	P	OTC;QL(Allowed 1 per 1 day)
cetirizine 10 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
cetirizine 5 mg chewable tablet	P	OTC;QL(Allowed 1 per 1 day)
cetirizine 5 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
Children's All Day Allergy (cetirizine) 1 mg/mL oral solution	P	OTC;QL(Allowed 240 per Rx)
Children's Allergy (cetirizine) 1 mg/mL oral solution	P	OTC;QL(Allowed 240 per Rx)
Children's Allergy Complete 1 mg/mL oral solution	P	OTC;QL(Allowed 240 per Rx)
Children's Allergy Relief (cetirizine) 1 mg/mL oral solution	P	OTC;QL(Allowed 240 per Rx)

Drug Name	Drug Tier	Drug Restriction
Children's Allergy Relief (cetirizine) 10 mg chewable tablet	P	OTC;QL(Allowed 1 per 1 day)
CHILDREN'S ALLERGY RELIEF (LORATADINE) 5 MG/5 ML ORAL SOLUTION	P	OTC;QL(Allowed 240 per Rx)
Children's Aller-Tec 1 mg/mL oral solution	P	OTC;QL(Allowed 240 per Rx)
Children's Cetirizine 1 mg/mL oral solution	P	OTC;QL(Allowed 240 per Rx)
Children's Cetirizine 10 mg chewable tablet	P	OTC;QL(Allowed 1 per 1 day)
Children's Cetirizine 5 mg chewable tablet	P	OTC;QL(Allowed 1 per 1 day)
Children's Wal-Zyr 1 mg/mL oral solution	P	OTC;QL(Allowed 240 per Rx)
CHILDREN'S WAL-ZYR 10 MG CHEWABLE TABLET	P	OTC;QL(Allowed 1 per 1 day)
fexofenadine 180 mg tablet	P	OTC;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
fexofenadine 60 mg tablet	P	Rx;QL(Allowed 2 per 1 day)
levocetirizine 5 mg tablet	P	Rx
Loradamed 10 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
loratadine 10 mg disintegrating tablet	P	OTC;QL(Allowed 1 per 1 day)
loratadine 10 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
loratadine 5 mg/5 mL oral solution	P	OTC;QL(Allowed 240 per Rx)
Non-Drowsy Allergy 10 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
Wal-Fex Allergy 180 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
Wal-Fex Allergy 60 mg tablet	P	OTC;QL(Allowed 2 per 1 day)
WAL-ITIN 10 MG DISINTEGRATING TABLET	P	OTC;QL(Allowed 1 per 1 day)
Wal-itin 10 mg tablet	P	OTC;QL(Allowed 1 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Wal-itin 5 mg/5 mL oral solution	P	OTC;QL(Allowed 240 per Rx)
Wal-Zyr (cetirizine) 1 mg/mL oral solution	P	OTC;QL(Allowed 240 per Rx)
Wal-Zyr (cetirizine) 10 mg tablet	P	OTC;QL(Allowed 1 per 1 day)
ANTITUSSIVES - NON-OPIOID		
benzonatate 100 mg capsule	P	Rx;AL(Between 10 And 21)
benzonatate 200 mg capsule	P	Rx;AL(Between 10 And 21);QL(QL Overtime: Allowed 30 over 30 days)
Children's Cough DM ER 30 mg/5 mL oral suspension,extended release	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Children's Robitussin ER 30 mg/5 mL oral suspension,extended release	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Cough DM ER 30 mg/5 mL oral suspension,extended release	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)

Drug Name	Drug Tier	Drug Restriction
dextromethorphan polistirex ER 30 mg/5 mL oral susp ext.release 12hr	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICIODS)		
AEROSPAN 80 MCG/ACTUATION HFA AEROSOL INHALER	P	Rx;QL(QL Overtime: Allowed 9 over 30 days)
budesonide 0.25 mg/2 mL suspension for nebulization	P	Rx;AL(Between 1 And 8);QL(Allowed 120 per Rx)
budesonide 0.5 mg/2 mL suspension for nebulization	P	Rx;AL(Between 1 And 8);QL(Allowed 120 per Rx)
budesonide 1 mg/2 mL suspension for nebulization	P	Rx;AL(Between 1 And 8);QL(Allowed 120 per Rx)
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION	P	Rx;QL(Allowed 2 per 1 day)
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION	P	Rx;QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION	P	Rx
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER	P	Rx;QL(Allowed 12 per Rx)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER	P	Rx;QL(Allowed 12 per Rx)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER	P	Rx;QL(Allowed 10.6 per Rx)
PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED	P	Rx;QL(Allowed 1 per Rx)
PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED	P	Rx;QL(Allowed 1 per Rx)
QVAR 40 MCG/ACTUATION METERED AEROSOL ORAL INHALER	P	Rx;QL(Allowed 17.4 per Rx)

Drug Name	Drug Tier	Drug Restriction
QVAR 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER	P	Rx;QL(Allowed 17.4 per Rx)
QVAR REDHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	P	Rx;QL (Limit 2 package(s) per fill, limit 2 package(s) per 30 days)
QVAR REDHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	P	Rx;QL (Limit 2 package(s) per fill, limit 2 package(s) per 30 days)
ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast 10 mg tablet	P	Rx;QL(Allowed 1 per 1 day)
montelukast 4 mg chewable tablet	P	Rx;QL(Allowed 1 per 1 day)
montelukast 4 mg oral granules in packet	P	Rx;QL(Allowed 1 per 1 day)
montelukast 5 mg chewable tablet	P	Rx;QL(Allowed 1 per 1 day)
ASTHMA THERAPY - MAST CELL STABILIZERS		
cromolyn 20 mg/2 mL solution for nebulization	P	Rx;QL(Allowed 8 per 1 day)
ASTHMA THERAPY - XANTHINES		

Drug Name	Drug Tier	Drug Restriction
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR	P	Rx
THEO-24 100 MG CAPSULE,EXTENDED RELEASE	P	Rx
THEO-24 200 MG CAPSULE,EXTENDED RELEASE	P	Rx
THEO-24 300 MG CAPSULE,EXTENDED RELEASE	P	Rx
THEO-24 400 MG CAPSULE,EXTENDED RELEASE	P	Rx
THEOCHRON 100 MG TABLET,EXTENDED RELEASE	P	Rx
THEOCHRON 200 MG TABLET,EXTENDED RELEASE	P	Rx
THEOCHRON 300 MG TABLET,EXTENDED RELEASE	P	Rx
theophylline 80 mg/15 mL oral elixir	P	Rx;QL(Allowed 475 per Rx)
theophylline 80 mg/15 mL oral solution	P	Rx;QL(Allowed 475 per Rx)

Drug Name	Drug Tier	Drug Restriction
theophylline ER 100 mg tablet,extended release,12 hr	P	Rx
theophylline ER 200 mg tablet,extended release,12 hr	P	Rx
theophylline ER 300 mg tablet,extended release,12 hr	P	Rx
theophylline ER 400 mg tablet,extended release 24 hr	P	Rx
theophylline ER 450 mg tablet,extended release,12 hr	P	Rx
theophylline ER 600 mg tablet,extended release 24 hr	P	Rx
ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING		
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION	P	Rx;QL(Allowed 1 per 1 day)
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED	P	Rx;QL(QL Overtime: Allowed 1 over 30 days)

Drug Name	Drug Tier	Drug Restriction
ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING		
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER	P	Rx;QL(Allowed 25.8 per Rx)
ipratropium bromide 0.02 % solution for inhalation	P	Rx;QL(QL Overtime: Allowed 375 over 20 days)
ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, LONG ACTING		
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE	P	Rx
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION	P	Rx;QL(Allowed 60 per Rx)
ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING		
albuterol sulfate 0.63 mg/3 mL solution for nebulization	P	Rx;QL(QL Overtime: Allowed 375 over 30 days)
albuterol sulfate 1.25 mg/3 mL solution for nebulization	P	Rx;QL(QL Overtime: Allowed 375 over 30 days)

Drug Name	Drug Tier	Drug Restriction
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	P	Rx;QL(Allowed 12.5 per 1 day)
albuterol sulfate concentrate 2.5 mg/0.5 mL solution for nebulization	P	Rx
albuterol sulfate concentrate 5 mg/mL(0.5 %) solution for nebulization	P	Rx
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	P	Rx;QL (Limit 1 package(s) per fill, limit 2 package(s) per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED	P	Rx;AL(Between 4 And 18)
ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS		
albuterol sulfate 2 mg tablet	P	Rx
albuterol sulfate 2 mg/5 mL oral syrup	P	Rx
albuterol sulfate 4 mg tablet	P	Rx

Drug Name	Drug Tier	Drug Restriction
albuterol sulfate ER 4 mg tablet,extended release,12 hr	P	Rx
albuterol sulfate ER 8 mg tablet,extended release,12 hr	P	Rx
metaproterenol 10 mg tablet	P	Rx
metaproterenol 10 mg/5 mL oral syrup	P	Rx;QL(Allowed 30 per 1 day)
metaproterenol 20 mg tablet	P	Rx
terbutaline 2.5 mg tablet	P	Rx
terbutaline 5 mg tablet	P	Rx
ASTHMA/COPD THERAPY - BETA ADRENERGIC-ANTICHOLINERGIC COMBINATIONS		
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION	P	Rx;QL(QL Overtime: Allowed 4 over 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 mL nebulization soln	P	Rx;QL(Allowed 12 per 1 day)

Drug Name	Drug Tier	Drug Restriction
ASTHMA/COPD THERAPY - BETA ADRENERGIC-GLUCOCORTICOID COMBINATIONS		
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	P	Rx;QL(Allowed 13 per Rx)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	P	Rx;QL(Allowed 13 per Rx)
fluticasone 100 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation	P	Rx;QL(Allowed 2 per 1 day)
fluticasone 250 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation	P	Rx;QL(Allowed 2 per 1 day)
fluticasone 500 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation	P	Rx;QL(Allowed 2 per 1 day)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	P	Rx;QL(Allowed 11 per Rx)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	P	Rx;QL(Allowed 11 per Rx)

Drug Name	Drug Tier	Drug Restriction
CYSTIC FIBROSIS - INHALED MONOBACTAMS		
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION	P	PA;Rx;SP
CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR		
KALYDECO 150 MG TABLET	P	PA;Rx;SP
KALYDECO 50 MG ORAL GRANULES IN PACKET	P	PA;Rx;SP
KALYDECO 75 MG ORAL GRANULES IN PACKET	P	PA;Rx;SP
CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB		
ORKAMBI 200 MG-125 MG TABLET	P	PA;Rx;SP
SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS	P	PA;Rx;SP
DECONGESTANT-EXPECTORANT COMBINATIONS		
ED Bron GP 5 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Mucus D 60 mg-600 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 210 per Rx)

Drug Name	Drug Tier	Drug Restriction
Mucus Relief D (pseudoephed) 60 mg-600 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 210 per Rx)
pseudoephedrine -guaifenesin ER 60 mg-600 mg tablet,extend release 12hr	P	Rx;AL(Maximum Age 21);QL(Allowed 210 per Rx)
DECONGESTANT-NSAID ANALGESIC, COX NON-SPECIFIC		
Cold and Sinus Pain Relief 30 mg-200 mg tablet	P	OTC;AL(Maximum Age 21)
Cold-Sinus Relief 30 mg-200 mg tablet	P	OTC;AL(Maximum Age 21)
IBUPROFEN COLD-SINUS (WITH PSEUDOEPHEDRINE) 30 MG-200 MG TABLET	P	OTC;AL(Maximum Age 21)
Wal-Profen Cold-Sinus 30 mg-200 mg tablet	P	OTC;AL(Maximum Age 21)
Wal-Profen D Cold and Sinus 30 mg-200 mg tablet	P	OTC;AL(Maximum Age 21)
EXPECTORANTS - SINGLE AGENTS, GENERAL		

Drug Name	Drug Tier	Drug Restriction
Adult Tussin Chest Congestion 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Adult Wal-Tussin 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Child Mucus Relief Expectorant 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Children's Chest Congestion 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
CHILDREN'S MUCINEX CHEST CONGESTION 100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
COUGH CONTROL (GUAIFENESIN) 100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
COUGH SYRUP 100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Diabetic Siltussin DAS-Na 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)

Drug Name	Drug Tier	Drug Restriction
Expectorant 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
EXPECTORANT COUGH SYRUP 100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Geri-Tussin 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
guaifenesin 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
guaifenesin ER 1,200 mg tablet, extended release 12 hr	P	OTC;AL(Maximum Age 21);QL(Allowed 2 per 1 day)
guaifenesin ER 600 mg tablet, extended release 12 hr	P	OTC;AL(Maximum Age 21)
Mucus Relief ER 1,200 mg tablet, extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 2 per 1 day)
Mucus Relief ER 600 mg tablet, extended release	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 40 over 30 days)
Mucus-Chest Congestion 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)
Mucus-ER MAX 1,200 mg tablet, extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 2 per 1 day)

Drug Name	Drug Tier	Drug Restriction
Q-TUSSIN 100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Robafen 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
SCOT-TUSSIN EXPECTORANT 100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Siltussin SA 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
TUSSIN 100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Tussin Chest Congestion 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
TUSSIN EXPECTORANT 100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
Tussin Mucus-Chest Congestion 100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 240 over 7 days)
MUCOLYTICS		
acetylcysteine 100 mg/mL (10 %) solution	P	Rx

Drug Name	Drug Tier	Drug Restriction
acetylcysteine 200 mg/mL (20 %) solution	P	Rx
NASAL ANTICHOLINERGICS		
ipratropium bromide 0.03 % nasal spray	P	Rx;QL(QL Overtime: Allowed 31 over 30 days)
ipratropium bromide 42 mcg (0.06 %) nasal spray	P	Rx;QL(QL Overtime: Allowed 15 over 30 days)
NASAL ANTIHISTAMINES		
azelastine 0.15 % (205.5 mcg) nasal spray	P	Rx;QL(Allowed 30 per Rx)
azelastine 137 mcg (0.1 %) nasal spray aerosol	P	Rx
NASAL CORTICOSTEROIDS		
24 Hour Allergy Relief 50 mcg/actuation nasal spray,suspension	P	OTC;QL(Allowed 16 per Rx)
24 Hour Nasal Allergy 55 mcg spray aerosol	P	OTC;AL(Minimum Age 2)
Aller-Flo 50 mcg/actuation nasal spray,suspension	P	OTC;QL(Allowed 16 per Rx)

Drug Name	Drug Tier	Drug Restriction
Allergy Relief (fluticasone) 50 mcg/actuation nasal spray,suspension	P	OTC;QL(Allowed 16 per Rx)
ClariSpray 50 mcg/actuation nasal spray,suspension	P	OTC;QL(Allowed 16 per Rx)
flunisolide 25 mcg (0.025 %) nasal spray	P	Rx;QL(QL Overtime: Allowed 25 over 30 days)
fluticasone propionate 50 mcg/actuation nasal spray,suspension	P	OTC;QL(Allowed 16 per Rx)
Nasal Allergy 55 mcg spray aerosol	P	OTC;AL(Minimum Age 2)
triamcinolone acetonide 55 mcg nasal spray aerosol	P	Rx;AL(Minimum Age 2)
NASAL MAST CELL STABILIZERS		
cromolyn 5.2 mg/spray (4 %) nasal spray	P	OTC;QL(QL Overtime: Allowed 26 over 30 days)
NASAL MOISTURIZERS		
ALTAMIST 0.65 % NASAL SPRAY AEROSOL	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)

Drug Name	Drug Tier	Drug Restriction
AYR SALINE 0.65 % NASAL SPRAY AEROSOL	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)
BABY AYR SALINE 0.65 % NASAL DROPS	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)
Children's Saline Nasal Spray 0.65 % aerosol	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)
Deep Sea Nasal 0.65 % spray aerosol	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)
Little Remedies 0.65 % nasal spray aerosol	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)
Nasal Mist 0.9 % spray aerosol	P	OTC;QL(Allowed 240 per Rx)
NASAL MOISTURIZING 0.65 % SPRAY AEROSOL	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)
Nasal Spray (sodium chloride) 0.65 % aerosol	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)
Saline Mist 0.65 % nasal spray aerosol	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)
SALINE NASAL 0.65 % SPRAY AEROSOL	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)

Drug Name	Drug Tier	Drug Restriction
Saline Nasal Mist 0.65 % spray aerosol	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)
SALINE NOSE 0.65 % SPRAY AEROSOL	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)
SEA SOFT NASAL MIST 0.65 % SPRAY AEROSOL	P	OTC;AL(Maximum Age 21);QL(Allowed 480 per Rx)
sodium chloride 0.65 % nasal spray aerosol	P	OTC;QL(Allowed 480 per Rx)
NASAL SYMPATHOMIMETIC DECONGESTANTS (INTRANASAL)		
ADRENALIN 1 MG/ML NASAL SOLUTION	P	Rx;AL(Maximum Age 21);QL(Allowed 120 per Rx)
NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE-ANALGESIC, NON-SALICYLATE		
Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	OTC;AL(Maximum Age 21)
CONTAC COLD-FLU NIGHT 12.5 MG-30 MG-1,000 MG/30 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21)
Cough-Sore Throat Night 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	OTC;AL(Maximum Age 21)

Drug Name	Drug Tier	Drug Restriction
Nite Time Cold-Flu Relief 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	OTC;AL(Maximum Age 21)
Nitetime Multi-Symptom 12.5 mg-30 mg-1,000 mg/30 mL oral liquid	P	OTC;AL(Maximum Age 21)
NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS		
BROMFED DM 2 MG-30 MG-10 MG/5 ML ORAL SYRUP	P	Rx;AL(Maximum Age 21);QL(Allowed 240 per Rx)
brompheniramin e-pseudoephedrine -DM 2 mg-30 mg-10 mg/5 mL oral syrup	P	Rx;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Brotapp DM 1 mg-15 mg-5 mg/5 mL oral elixir	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
ED A-HIST DM 4 MG-10 MG-15 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Kidkare Cough/Cold 1 mg-15 mg-5 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)

Drug Name	Drug Tier	Drug Restriction
NoHist-DM 4 mg-10 mg-15 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
PEDIA RELIEF COUGH-COLD 1 MG-15 MG-5 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
PEDIATRIC COUGH AND COLD 1 MG-15 MG-5 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
NON-OPIOID ANTITUSSIVE-ANALGESIC, NON-SALICYLATE COMBINATIONS		
Child Cough and Sore Throat 160 mg-5 mg/5 mL oral suspension	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS		
DIMETAPP LONG-ACTING(CHLORP HENIRAMINE-DM) 1 MG-7.5 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
promethazine-DM 6.25 mg-15 mg/5 mL oral syrup	P	Rx;AL(Maximum Age 21);QL(Allowed 240 per Rx)
SCOT-TUSSIN DM 2 MG-15 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
NON-OPIOID ANTITUSSIVE-DECONGESTANT COMBINATIONS		

Drug Name	Drug Tier	Drug Restriction
Children's Cold-Cough Daytime 2.5 mg-5 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
PEDIACARE MULTI-SYMPTOM COLD 2.5 MG-5 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
TRIAMINIC COLD AND COUGH (PE) 2.5 MG-5 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
NON-OPIOID ANTITUSSIVE-DECONGESTANT-ANALGESIC, NON-SALICYLATE COMB		
ALKA-SELTZER PLUS DAY 5 MG-10 MG-325 MG CAPSULE	P	OTC;AL(Maximum Age 21)
ALKA-SELTZER PLUS SINUS-COUGH 5 MG-10 MG-325 MG CAPSULE	P	OTC;AL(Maximum Age 21)
DAY TIME PE 5 MG-10 MG-325 MG CAPSULE	P	OTC;AL(Maximum Age 21)
DAYTIME 5 MG-10 MG-325 MG CAPSULE	P	OTC;AL(Maximum Age 21)
Daytime Cold and Flu Relief (phenylephrine) 5 mg-10 mg-325 mg capsule	P	OTC;AL(Maximum Age 21)

Drug Name	Drug Tier	Drug Restriction
MUCINEX FAST-MAX CONGESTION-HEADACHE 5 MG-10 MG-325 MG CAPSULE	P	OTC;AL(Maximum Age 21)
VICKS DAYQUIL COLD AND FLU RELIEF 5 MG-10 MG-325 MG CAPSULE	P	OTC;AL(Maximum Age 21)
NON-OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS		
Adult Cough Formula DM Max 10 mg-200 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
ADULT ROBITUSSIN PEAK COLD DM 10 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Adult Tussin Cough Congestion DM 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Adult Tussin DM 10 mg-100 mg/5 mL oral syrup	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Adult Wal-Tussin DM Max 10 mg-200 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)

Drug Name	Drug Tier	Drug Restriction
ANTITUSSIVE DM 10 MG-100 MG/5 ML ORAL SYRUP	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
BIOCOTRON 10 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
BIOSPEC DMX 15 MG-25 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Child Chest Congestion-Cough 5 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)
Child Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)
CHILD ROBITUSSIN COUGH-CHEST DM 5 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21)
CHILDREN DELSYM COUGH+CHEST CONGESTION DM 5 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21)
Children's Cough 5 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)

Drug Name	Drug Tier	Drug Restriction
Children's Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)
Children's Mucinex Cough 5 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)
COUGH CONTROL DM 10 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
COUGH FORMULA DM 10 MG-100 MG/5 ML ORAL SYRUP	P	OTC
Cough Suppressant-Expectorant 10 mg-100 mg/5 mL oral syrup	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Cough Syrup DM 10 mg-100 mg/5 mL	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)
DELSYM COUGH-CHEST CONGESTION DM 5 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21)

Drug Name	Drug Tier	Drug Restriction
dextromethorphan-guaifenesin 10 mg-100 mg/5 mL oral syrup	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Diabetic Siltussin-DM 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Diabetic Siltussin-DM Max Str 10 mg-200 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Diabetic Tussin DM 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
DM MAX 5 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21)
Geri-Tussin DM 10 mg-100 mg/5 mL oral syrup	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
G-Tron 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Guaiasorb DM 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Guaicon DMS 20 mg-200 mg/10 mL oral liquid in packet	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)

Drug Name	Drug Tier	Drug Restriction
MUCINEX FAST-MAX DM MAX 5 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21)
Mucus DM 30 mg-600 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(Allowed 2 per 1 day)
Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)
Mucus Relief DM Max 5 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)
NEO-TUSS 30 MG-200 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21)
Q-TUSSIN DM 10 MG-100 MG/5 ML ORAL SYRUP	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Robafen DM 10 mg-100 mg/5 mL oral syrup	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Robafen DM Cough 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
ROBAFEN DM COUGH-CHEST CONGESTION 10 MG-100 MG/5 ML ORAL SYRUP	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)

Drug Name	Drug Tier	Drug Restriction
ROBITUSSIN COUGH-CHEST CONGESTION DM 5 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21)
SAFE TUSSIN DM 10 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
SCOT-TUSSIN SENIOR 15 MG-200 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21)
Siltussin DM DAS 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
SILTUSSIN-DM 10 MG-100 MG/5 ML ORAL SYRUP	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Sorbugen NR 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
TUSNEL DIABETIC 10 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Tussin Cough and Chest Congestion 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Tussin DM 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Tussin DM 10 mg-100 mg/5 mL oral syrup	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)

Drug Name	Drug Tier	Drug Restriction
TUSSIN DM CLEAR 10 MG-100 MG/5 ML ORAL SYRUP	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Tussin DM Cough 10 mg-100 mg/5 mL oral syrup	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Tussin DM Cough and Chest 10 mg-100 mg/5 mL oral syrup	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Tussin DM Cough and Chest 10 mg-200 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Tussin DM Cough and Chest 5 mg-100 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)
Tussin DM Max 10 mg-200 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
Wal-Tussin DM 10 mg-100 mg/5 mL oral syrup	P	OTC;AL(Maximum Age 21);QL(Allowed 240 per Rx)
OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS		
promethazine 6.25 mg-codeine 10 mg/5 mL syrup	P	Rx;AL(Between 18 And 21);QL(Allowed 240 per Rx)
OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMB.		

Drug Name	Drug Tier	Drug Restriction
Promethazine VC-Codeine 6.25 mg-5 mg-10 mg/5 mL oral syrup	P	Rx;AL(Between 18 And 21);QL(Allowed 240 per Rx)
promethazine-phenylephrine-codeine 6.25 mg-5 mg-10 mg/5 mL oral syrup	P	Rx;AL(Between 18 And 21);QL(Allowed 240 per Rx)
OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS		
hydrocodone-homatropine 5 mg-1.5 mg/5 mL (5 mL) oral syrup	P	Rx;AL(Between 18 And 21)
hydrocodone-homatropine 5 mg-1.5 mg/5 mL oral syrup	P	Rx;AL(Between 18 And 21)
HYDROMET 5 MG-1.5 MG/5 ML ORAL SYRUP	P	Rx;AL(Between 18 And 21)
OPIOID ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMBINATIONS		
Virtussin DAC 30 mg-10 mg-100 mg/5 mL oral syrup	P	OTC;AL(Between 18 And 21);QL(QL Overtime: Allowed 240 over 7 days)
OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS		
CHERATUSSIN AC 10 MG-100 MG/5 ML ORAL LIQUID	P	OTC;AL(Between 18 And 21)

Drug Name	Drug Tier	Drug Restriction
codeine 10 mg-guaifenesin 100 mg/5 mL oral liquid	P	OTC;AL(Between 18 And 21)
G Tussin AC 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Between 18 And 21)
Guaiatussin AC 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Between 18 And 21)
Guaifenesin AC 10 mg-100 mg/5 mL oral liquid	P	Rx;AL(Between 18 And 21)
ROBAFEN AC 10 MG-100 MG/5 ML ORAL LIQUID	P	Rx;AL(Between 18 And 21)
Virtussin AC 10 mg-100 mg/5 mL oral liquid	P	OTC;AL(Between 18 And 21)
SYSTEMIC SYMPATHOMIMETIC DECONGESTANTS		
12 Hour Decongestant ER 120 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 62 over 30 days)
12 Hour Nasal Decongestant (PSE) 120 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 62 over 30 days)
Children's Silfedrine 15 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)

Drug Name	Drug Tier	Drug Restriction
Nasal Decongestant (phenylephrine) 10 mg tablet	P	OTC;QL(Allowed 24 per Rx)
NASAL DECONGESTANT (PSEUDOEPHEDRINE) 120 MG TABLET,EXTENDED RELEASE	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 62 over 30 days)
NASAL DECONGESTANT (PSEUDOEPHEDRINE) 30 MG TABLET	P	OTC;AL(Maximum Age 21)
Nasal Decongestant (pseudoephedrine) 30 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)
pseudoephedrine 30 mg tablet	P	Rx;AL(Maximum Age 21)
pseudoephedrine 30 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21);QL(Allowed 1 per 1 day)
pseudoephedrine 60 mg tablet	P	Rx;AL(Maximum Age 21)
pseudoephedrine ER 120 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 62 over 30 days)

Drug Name	Drug Tier	Drug Restriction
Sinus 12 Hour 120 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 62 over 30 days)
Sinus Decongestant (PE) 10 mg tablet	P	OTC;QL(Allowed 24 per Rx)
Sinus PE Decongestant 10 mg tablet	P	OTC;QL(Allowed 24 per Rx)
SUDAFED 12 HOUR 120 MG TABLET,EXTENDED RELEASE	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 62 over 30 days)
Sudogest 12-hour 120 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 62 over 30 days)
SUDOGEST 30 MG TABLET	P	OTC;AL(Maximum Age 21)
SUDOGEST 60 MG TABLET	P	OTC;AL(Maximum Age 21)
SUDOGEST PE 10 MG TABLET	P	OTC;QL(Allowed 24 per Rx)
SUPHEDRIN 12 HOUR 120 MG TABLET,EXTENDED RELEASE	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 62 over 30 days)
Suphedrin 15 mg/5 mL oral liquid	P	OTC;AL(Maximum Age 21)

Drug Name	Drug Tier	Drug Restriction
SUPHEDRIN 30 MG TABLET	P	OTC;AL(Maximum Age 21)
Suphedrine 12 Hour 120 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 62 over 30 days)
SUPHEDRINE 30 MG TABLET	P	OTC;AL(Maximum Age 21)
Suphedrine PE 10 mg tablet	P	OTC;QL(Allowed 24 per Rx)
WAL-PHED 12 HOUR 120 MG TABLET,EXTENDED RELEASE	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 62 over 30 days)
Wal-phed 30 mg tablet	P	OTC;AL(Maximum Age 21)
Wal-Phed D 120 mg tablet,extended release	P	OTC;AL(Maximum Age 21);QL(QL Overtime: Allowed 62 over 30 days)
Wal-phed PE 10 mg tablet	P	OTC;QL(Allowed 24 per Rx)
VAGINAL PRODUCTS		
VAGINAL ANTIBACTERIAL - LINCOSAMIDES		
clindamycin 2 % vaginal cream	P	Rx
VAGINAL ANTIFUNGAL - IMIDAZOLES		

Drug Name	Drug Tier	Drug Restriction
1-Day 6.5 % vaginal ointment	P	OTC
3 Day Vaginal 200 mg/5 gram (4 %) cream	P	OTC;QL(QL Overtime: Allowed 45 over 30 days)
3-Day Vaginal 2 % cream	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)
clotrimazole 1 % vaginal cream	P	Rx;QL(QL Overtime: Allowed 45 over 30 days)
clotrimazole 2 % vaginal cream	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)
Clotrimazole 3 Day 2 % vaginal cream	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)
Clotrimazole-3 2 % vaginal cream	P	OTC;QL(QL Overtime: Allowed 31 over 30 days)
Clotrimazole-7 1 % vaginal cream	P	OTC;QL(QL Overtime: Allowed 45 over 30 days)
GYNAZOLE-1 2 % VAGINAL CREAM	P	Rx
Miconazole 7 100 mg vaginal suppository	P	OTC;QL(QL Overtime: Allowed 7 over 30 days)
Miconazole 7 2 % vaginal cream	P	OTC;QL(QL Overtime: Allowed 45 over 30 days)

Drug Name	Drug Tier	Drug Restriction
miconazole nitrate 100 mg vaginal suppository	P	OTC;QL(QL Overtime: Allowed 7 over 30 days)
miconazole nitrate 2 % vaginal cream	P	OTC;QL(QL Overtime: Allowed 45 over 30 days)
miconazole nitrate 200 mg-2 % (9 gram) vaginal kit	P	OTC
miconazole nitrate 4 % (200 mg)-2 % (9 gram)vaginal,pre fill appl,cream	P	OTC
Miconazole-3 200 mg vaginal suppository	P	Rx
Miconazole-3 200 mg/5 gram (4 %) vaginal cream	P	OTC;QL(QL Overtime: Allowed 45 over 30 days)
Miconazole-3 200 mg-2 % (9 gram) vaginal kit	P	OTC
tioconazole 6.5 % vaginal ointment	P	OTC
Tioconazole-1 6.5 % vaginal ointment	P	OTC

Drug Name	Drug Tier	Drug Restriction
Vagistat-3 200 mg-2 % (9 gram) vaginal kit	P	OTC
VAGINAL ANTIFUNGAL - TRIAZOLES		
terconazole 0.4 % vaginal cream	P	Rx
terconazole 0.8 % vaginal cream	P	Rx
terconazole 80 mg vaginal suppository	P	Rx
VAGINAL ANTIPROTOZOAL-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES		
metronidazole 0.75 % vaginal gel	P	Rx;QL(Allowed 70 per Rx)
VANDAZOLE 0.75 % VAGINAL GEL	P	Rx;QL(Allowed 70 per Rx)
VAGINAL ESTROGENS		
estradiol 0.01% (0.1 mg/gram) vaginal cream	P	Rx;QL(QL Overtime: Allowed 43 over 30 days)
estradiol 10 mcg vaginal tablet	P	Rx
PREMARIN 0.625 MG/GRAM VAGINAL CREAM	P	Rx;QL(Allowed 43 per Rx)
YUVAFEM 10 MCG VAGINAL TABLET	P	Rx

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DELSTRIGO 100 MG-300 MG-300 MG TABLET	25	desoximetasone 0.25 % topical ointment	120	dextroamphetamine-amphetamine ER 5 mg 24hr capsule,extend release	85
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DOC-Q-LAX 8.6 MG-50 MG TABLET	198	Droplet Insulin Syringe 0.3 mL 31 gauge x 5/16.....	223	duloxetine 60 mg capsule, delayed release	75
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DOK 250 mg capsule.....	199	Droplet Pen Needle 31 gauge x 5/16	224	Ear Wax Removal Kit 6.5 % drops.....	260
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Easy Comfort Insulin Syringe 1 mL 31 gauge x 5/16	224	Easy Touch Insulin Syringe 1 mL 30 gauge x 1/2	226	electrolytes-dextrose oral solution	136
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Easy Comfort Pen Needles 31 gauge x 3/16	224	Easy Touch Insulin Syringe 1 mL 31 gauge x 5/16	226	eletriptan 40 mg tablet	89
Easy Comfort Pen Needles 31 gauge x 5/16	224	Easy Touch Insulin Syringe 1/2 mL 27 gauge x 1/2	226	Elinest 0.3 mg-30 mcg tablet	101
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Easy Touch FlipLock Insulin syringe 1 mL 30 gauge x 5/16	225	Easy Touch Twist Lancets 30 gauge	213	enalapril maleate 10 mg tablet	42
Easy Touch Insulin Safety Syringe 0.5 mL 29 gauge x 1/2	225	Easy Touch Twist Lancets 32 gauge	213	enalapril maleate 2.5 mg tablet	42
Easy Touch Insulin Safety Syringe 0.5 mL 30 gauge x 5/16	225	Easy Touch Twist Lancets 33 gauge	213	enalapril maleate 20 mg tablet	42
Easy Touch Insulin Safety Syringe 1 mL 29 gauge x 1/2	225	eBase Controller device	246	enalapril maleate 5 mg tablet	42
Easy Touch Insulin Safety Syringe 1 mL 30 gauge x 1/2	225	econazole 1 % topical cream	114	ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION	11
Easy Touch Insulin Syringe 0.3 mL 30 gauge x 1/2	225	EContra EZ 1.5 mg tablet	108	ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE	11
Easy Touch Insulin Syringe 0.3 mL 30 gauge x 5/16	225	EContra One-Step 1.5 mg tablet	108	ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE	11
Easy Touch Insulin Syringe 0.3 mL 31 gauge x 5/16	226	ECOTRIN 325 MG TABLET,ENTERIC COATED	16	ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR	11
Easy Touch Insulin Syringe 0.5 mL 29 gauge x 1/2	226	ECOTRIN LOW STRENGTH 81 MG TABLET,ENTERIC COATED	206	ENDOCET 10 MG-325 MG TABLET	5
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 1/2	226	Eczema Anti-Itch 1 % topical cream	120	ENDOCET 5 MG-325 MG TABLET	5
Easy Touch Insulin Syringe 0.5 mL 30 gauge x 5/16	226	ED A-HIST DM 4 MG-10 MG-15 MG/5 ML ORAL LIQUID	278	ENDOCET 7.5 MG-325 MG TABLET	5
Easy Touch Insulin Syringe 0.5 mL 31 gauge x 5/16	226	ED Bron GP 5 mg-100 mg/5 mL oral liquid	274	Endur-Acin 250 mg tablet,extended release	159
Easy Touch Insulin Syringe 0.5 mL 31 gauge x 5/16	226	ED Chlorped Jr 2 mg/5 mL oral syrup ...	265	Endur-Acin 500 mg tablet,extended release	159
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EPIFOAM 1 %-1 % TOPICAL.....	123	Estarylla 0.25 mg-35 mcg tablet	101	EUCERIN DAILY PROTECTION SPF 30 LOTION.....	125
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lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet.....	41	lithium carbonate 300 mg capsule	87	lovastatin 10 mg tablet	51
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methylphenidate 20 mg tablet	86	metronidazole 0.75 % vaginal gel	287	midazolam (PF) 5 mg/mL injection syringe	16
methylphenidate 5 mg tablet	86	metronidazole 250 mg tablet	21	midazolam 1 mg/mL injection solution ..	16
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methylphenidate CD 30 mg biphasic 30-70 capsule,extended release	86	mexiletine 200 mg capsule	49	midodrine 2.5 mg tablet	61
methylphenidate CD 40 mg biphasic 30-70 capsule,extended release	86	mexiletine 250 mg capsule	49	midodrine 5 mg tablet	61
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MILK OF MAGNESIA 400 MG/5 ML ORAL SUSPENSION	195	Monoject Insulin Safety Syringe 0.3 mL 30 gauge x 5/16	232	morphine 20 mg/5 mL (4 mg/mL) oral solution	2
MILLIPRED 5 MG TABLET	172	Monoject Insulin Safety Syringe 0.5 mL 29 gauge x 1/2	232	morphine 30 mg immediate release tablet	2
Milltrium Senior tablet	132	Monoject Insulin Safety Syringe 0.5 mL 30 gauge x 5/16	232	morphine 30 mg rectal suppository	2
MIMVEY 1 MG-0.5 MG TABLET.....	168	Monoject Insulin Safety Syringe 29 gauge x 1/2	232	morphine 5 mg rectal suppository	2
MIMVEY LO 0.5 MG-0.1 MG TABLET	168	Monoject Insulin Syringe 0.3 mL 29 gauge x 1/2	232	morphine concentrate 100 mg/5 mL (20 mg/mL) oral solution	2
mineral oil enema	194	Monoject Insulin Syringe 0.3 mL 30 gauge x 5/16	232	morphine ER 100 mg tablet,extended release	2
Minerin lotion	118	Monoject Insulin Syringe 0.3 mL 31 gauge x 5/16	232	morphine ER 15 mg tablet,extended release	2
Mini Elite Filter Replacement	247	Monoject Insulin Syringe 0.5 mL 29 gauge x 1/2	232	morphine ER 200 mg tablet,extended release	2
Mini Lancing Device	215	Monoject Insulin Syringe 0.5 mL 30 gauge x 5/16	232	morphine ER 30 mg tablet,extended release	2
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Mintox 200 mg-200 mg-20 mg/5 mL oral suspension	182	Mono-Linyah 0.25 mg-35 mcg tablet....	103	Mouthpiece device	247
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mirtazapine 15 mg tablet	73	montelukast 10 mg tablet	270	moxifloxacin 0.5 % eye drops	258
mirtazapine 30 mg disintegrating tablet	73	montelukast 4 mg chewable tablet	270	MUCINEX FAST-MAX CONGESTION-HEADACHE 5 MG-10 MG-325 MG CAPSULE.....	280
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mirtazapine 45 mg disintegrating tablet	73	montelukast 5 mg chewable tablet	270	Mucus D 60 mg-600 mg tablet,extended release	274
mirtazapine 45 mg tablet	73	MORGIDOX 100 MG CAPSULE	32	Mucus DM 30 mg-600 mg tablet,extended release	282
mirtazapine 7.5 mg tablet	73	MORGIDOX 50 MG CAPSULE	32	Mucus Relief Cough 5 mg-100 mg/5 mL oral liquid	282
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M-NATAL PLUS 27 MG IRON-1 MG TABLET	156			Mucus Relief ER 600 mg tablet, extended release	275
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Natura-LAX 17 gram/dose oral powder	195	niacin ER 250 mg capsule,extended release	159	nifedipine ER 30 mg tablet,extended release 24 hr	59
NEBUSAL 3 % SOLUTION FOR NEBULIZATION	95	niacin ER 250 mg tablet,extended release	160	nifedipine ER 60 mg tablet,extended release	59
NECON 0.5/35 (28) 0.5 MG-35 MCG TABLET	103	niacin ER 500 mg capsule,extended release	160	nifedipine ER 60 mg tablet,extended release 24 hr	59
Necon 1/50 (28) 1 mg-50 mcg tablet....	103	niacin ER 500 mg tablet,extended release	160	nifedipine ER 90 mg tablet,extended release	59
Necon 10/11 (28) 0.5 mg-35 mcg(10)/1 mg-35 mcg(11) tablet	99	niacin ER 500 mg tablet,extended release 24 hr.....	52	nifedipine ER 90 mg tablet,extended release 24 hr	59
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nevirapine 50 mg/5 mL oral suspension.22		nicotine 21 mg/24 hr daily transdermal patch	93	nitroglycerin 0.3 mg/hr transdermal 24 hour patch	48
nevirapine ER 100 mg tablet,extended release 24 hr	22	nicotine 21mg/24hr-14mg/24hr-7mg/24hr daily transderm patch,sequential	93	nitroglycerin 0.4 mg sublingual tablet	48
nevirapine ER 400 mg tablet,extended release 24 hr	22	nicotine 7 mg/24 hr daily transdermal patch	94	nitroglycerin 0.4 mg/hr transdermal 24 hour patch	48
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SORINE 240 MG TABLET	49	STERILE SALINE 0.9 % IRRIGATION SOLUTION	132	sulfacetamide sodium 10 % topical cleanser	116
SORINE 80 MG TABLET	49	Stimulant Laxative Plus 8.6 mg-50 mg tablet	199	sulfacetamide sodium-sulfur 10 %-5 % (w/v) lotion	110
sotalol 120 mg tablet	49	Stomach Relief 262 mg chewable tablet	183	sulfacetamide sodium-sulfur 10 %-5 % (w/w) lotion	110
sotalol 160 mg tablet	49	Stomach Relief 525 mg/15 mL oral suspension	183	sulfacetamide sodium-sulfur 10 %-5 % topical suspension	110
sotalol 240 mg tablet	49	Stomach Relief Max Strength 525 mg/15 mL oral suspension	183	sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops	254
sotalol 80 mg tablet	49	STOOL SOFTENER 100 MG CAPSULE	200	sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension	20
Sotalol AF 120 mg tablet	49	Stool Softener 100 mg tablet	200	sulfamethoxazole 400 mg-trimethoprim 80 mg tablet	20
Sotalol AF 160 mg tablet	50	STOOL SOFTENER 250 MG CAPSULE	200	sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	20
Sotalol AF 80 mg tablet	50	Stool Softener 50 mg/5 mL oral liquid	200	sulfasalazine 500 mg tablet	191
SPECIAL CARE LOTION TOPICAL	118	Stool Softener 60 mg/15 mL oral syrup	200	sulfasalazine 500 mg tablet, delayed release	191
Spectravite Adult 50 Plus 0.4 mg-300 mcg-250 mcg tablet	146	Stool Softener-Laxative 8.6 mg-50 mg tablet	199	SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION	20
Spectravite Advanced Formula 18 mg-400 mcg tablet	152	Stool Softener-Stimulant Laxative 8.6 mg-50 mg tablet	199	sulindac 150 mg tablet	12
Spectravite Men's 8 mg iron-200 mcg-600 mcg tablet	147	Stop Smoking Aid 2 mg buccal lozenge	94	sulindac 200 mg tablet	12
Spectravite Senior 500 mcg-300 mcg-250 mcg tablet	147	Stop Smoking Aid 4 mg buccal lozenge	94	sumatriptan 100 mg tablet	89
Spectravite Senior tablet	132	STRENSIQ 18 MG/0.45 ML SUBCUTANEOUS SOLUTION	249	sumatriptan 20 mg/actuation nasal spray	90
Spectravite Ultra Men 50+ 300 mcg-600 mcg-300 mcg tablet	147	STRENSIQ 28 MG/0.7 ML SUBCUTANEOUS SOLUTION	249	sumatriptan 25 mg tablet	90
Spectravite Ultra Men's Senior 300 mcg-600 mcg-300 mcg tablet	147	STRESS FORMULA TABLET	136	sumatriptan 5 mg/actuation nasal spray	90
Spectravite Ultra Women 18 mg-400 mcg tablet	152	Stress Formula with Iron 500 mg-400 mcg-18 mg iron tablet	129	sumatriptan 50 mg tablet	90
Spectravite Ultra Women's Senior 8 mg iron-400 mcg-300 mcg tablet	147	Stress Formula With Iron(sulf) 500 mg-400 mcg-27 mg iron tablet	129	sumatriptan 6 mg/0.5 mL subcutaneous cartridge (refill)	90
spinosad 0.9 % topical suspension	127	STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET	24	sumatriptan 6 mg/0.5 mL subcutaneous pen injector	90
spironolactone 100 mg tablet	62	Strovite One 1 mg-1,000 unit-15 mg-5 mg tablet	147	sumatriptan 6 mg/0.5 mL subcutaneous solution	90
spironolactone 25 mg tablet	62	Studio 35 Beauty Cocoa Butter lotion	118	sumatriptan 6 mg/0.5 mL subcutaneous syringe	90
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet	64	Stye Lubricant 57.7 %-31.9 % eye ointment	253	Sunvite 18 mg iron-400 mcg-25 mcg tablet	147
spironolactone 50 mg tablet	63	SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	92	SUPER B/C CAPSULE	129
Sprintec (28) 0.25 mg-35 mcg tablet	104	SUBVENITE 100 MG TABLET	71	Super DHA Gems 500 mg-100 mg-1,000 mg capsule	54
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION	131	SUBVENITE 150 MG TABLET	71	Super Multiple - Low Iron 400 mcg tablet	147
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA	131	SUBVENITE 200 MG TABLET	71	Super Omega-3 1,000 mg capsule	52
Sronyx 0.1 mg-20 mcg tablet	104	SUBVENITE 25 MG TABLET	71	Super Thera Vite M tablet	147
SSD 1 % TOPICAL CREAM	116	sucralfate 1 gram tablet	200	Super Thin Lancets 28 gauge	216
St Joseph Aspirin 81 mg chewable tablet	206	SUDAFED 12 HOUR 120 MG TABLET, EXTENDED RELEASE	285	Super Thin Lancets 30 gauge	216
stavudine 15 mg capsule	23	Sudogest 12-hour 120 mg tablet, extended release	285	SUPHEDRIN 12 HOUR 120 MG TABLET, EXTENDED RELEASE	285
stavudine 20 mg capsule	23	SUDOGEST 30 MG TABLET	285		
stavudine 30 mg capsule	23	SUDOGEST 60 MG TABLET	285		
stavudine 40 mg capsule	23	SUDOGEST PE 10 MG TABLET	285		
STEGLATRO 15 MG TABLET	164				
STEGLATRO 5 MG TABLET	164				
Sterilance TL 30 gauge	216				
Sterilance TL 32 gauge	216				
STERILE EYE DROPS 0.05 %	256				

Suphedrin 15 mg/5 mL oral liquid	285	Sureflex Lancing Device with Lancets kit	216	SYNTHROID 300 MCG TABLET	179
SUPHEDRIN 30 MG TABLET	285	Sure-Ject Insulin Syringe 0.3 mL 29 gauge x 1/2.....	236	SYNTHROID 50 MCG TABLET	179
Suphedrine 12 Hour 120 mg tablet,extended release	285	Sure-Ject Insulin Syringe 0.3 mL 30 gauge x 5/16.....	236	SYNTHROID 75 MCG TABLET	179
SUPHEDRINE 30 MG TABLET.....	285	Sure-Ject Insulin Syringe 0.5 mL 29 gauge x 1/2.....	236	SYNTHROID 88 MCG TABLET	179
Suphedrine PE 10 mg tablet	285	Sure-Ject Insulin Syringe 0.5 mL 30 gauge x 5/16.....	236	SyrPalta Vehicle oral syrup	97
Suppository Adult rectal	195	Sure-Ject Insulin Syringe 1 mL 28 gauge x 1/2.....	236	SyrSpend SF Liquid oral suspension.....	97
Sure Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2	235	Sure-Ject Insulin Syringe 1 mL 29 gauge x 1/2.....	236	Syrup Vehicle SF oral solution	97
Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 1/2	235	Sure-Ject Insulin Syringe 1 mL 30 gauge x 5/16.....	236	SYSTANE NIGHTTIME 94 %-3 % EYE OINTMENT	253
Sure Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16	235	SuspendRx Anhydrous Sweetened oral ..	97		
Sure Comfort Insulin Syringe 0.3 mL 31 gauge x 5/16	235	SuspendRx Anhydrous Unsweetened oral	97	T	
Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 1/2	235	Sweetening Suspending Compounding Vehicle oral syrup	97	Tab-A-Vite tablet	152
Sure Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16	235	Sweet-SF oral liquid	97	Tab-A-Vite/Iron tablet	147
Sure Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16	235	Syeda 3 mg-0.03 mg tablet	104	TAB-A-VITE-MINERALS TABLET.....	147
Sure Comfort Insulin Syringe 1 mL 28 gauge x 1/2	235	SYMAX DUOTAB 0.125 MG AND 0.25 MG (0.375 MG) TABLET,EXTENDED RELEASE	190	tacrolimus 0.03 % topical ointment.....	116
Sure Comfort Insulin Syringe 1 mL 29 gauge x 1/2	235	SYMAX-SR 0.375 MG TABLET,EXTENDED RELEASE	190	tacrolimus 0.1 % topical ointment.....	116
Sure Comfort Insulin Syringe 1 mL 30 gauge x 1/2	235	SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	273	tacrolimus 0.5 mg capsule	208
Sure Comfort Insulin Syringe 1 mL 30 gauge x 5/16	235	SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	273	tacrolimus 1 mg capsule	208
Sure Comfort Insulin Syringe 1 mL 31 gauge x 5/16	235	SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS.....	274	tacrolimus 5 mg capsule	208
Sure Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2	236	SYMFI 600 MG-300 MG-300 MG TABLET25		Tactinal 325 mg tablet	10
Sure Comfort Insulin Syringe U-100 0.5 mL 29 gauge x 1/2	236	SYMFI LO 400 MG-300 MG-300 MG TABLET	25	Tactinal Extra Strength 500 mg tablet	10
Sure Comfort Lancing Pen	216	SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR	166	TAKE ACTION 1.5 MG TABLET.....	109
Sure Comfort Pen Needle 29 gauge x 1/2	236	SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR	166	Tame The Flame 195 mg calcium (500 mg) chewable tablet	181
Sure Comfort Pen Needle 30 gauge x 5/16	236	SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET	24	tamoxifen 10 mg tablet	34
Sure Comfort Pen Needle 31 gauge x 3/16	236	SYNTHROID 100 MCG TABLET	179	tamoxifen 20 mg tablet	34
Sure Comfort Pen Needle 31 gauge x 5/16	236	SYNTHROID 112 MCG TABLET	179	tamsulosin 0.4 mg capsule	201
Sure Comfort Pen Needle 32 gauge x 1/4	236	SYNTHROID 125 MCG TABLET	179	Tarina Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	104
Sure Comfort Pen Needle 32 gauge x 5/32	236	SYNTHROID 137 MCG TABLET	179	Tarina Fe 1-20 EQ (28) 1 mg-20 mcg (21)/75 mg (7) tablet	104
Sure-Fine Pen Needles 29 gauge x 1/2 ..	236	SYNTHROID 150 MCG TABLET	179	tazarotene 0.1 % topical cream	124
Sure-Fine Pen Needles 31 gauge x 3/16	236	SYNTHROID 175 MCG TABLET	179	TAZORAC 0.05 % TOPICAL CREAM.....	116
Sure-Fine Pen Needles 31 gauge x 5/16	236	SYNTHROID 200 MCG TABLET	179	TAZORAC 0.05 % TOPICAL GEL	116
Sureflex Lancing Device	216	SYNTHROID 25 MCG TABLET	179	TAZORAC 0.1 % TOPICAL GEL	116
				TAZTIA XT 120 MG CAPSULE,EXTENDED RELEASE	58
				TAZTIA XT 180 MG CAPSULE,EXTENDED RELEASE	58
				TAZTIA XT 240 MG CAPSULE,EXTENDED RELEASE	58
				TAZTIA XT 300 MG CAPSULE,EXTENDED RELEASE	58
				TAZTIA XT 360 MG CAPSULE,EXTENDED RELEASE	58
				TDVAX 2 Lf unit-2 Lf unit/0.5 mL intramuscular suspension	37
				TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE	252
				TECFIDERA 120 MG CAPSULE,DELAYED RELEASE	252
				TECFIDERA 240 MG CAPSULE,DELAYED RELEASE	252

TechLITE Insulin Syringe 1 mL 29 gauge x 1/2.....	236	TENCON 50 MG-325 MG TABLET.....	11	theophylline ER 100 mg tablet,extended release,12 hr	271
TechLITE Insulin Syringe 1 mL 30 gauge x 1/2.....	236	TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	37	theophylline ER 200 mg tablet,extended release,12 hr	271
TechLITE Insulin Syringe 1 mL 30 gauge x 5/16.....	237	TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE	37	theophylline ER 300 mg tablet,extended release,12 hr	271
TechLITE Insulin Syringe 1 mL 31 gauge x 15/64.....	237	tenofovir disoproxil fumarate 300 mg tablet.....	24	theophylline ER 400 mg tablet,extended release 24 hr	271
TechLITE Insulin Syringe 1 mL 31 gauge x 5/16.....	237	Tera-Gel Tar Shampoo 0.5 %	124	theophylline ER 450 mg tablet,extended release,12 hr	271
TechLITE Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2	237	terazosin 1 mg capsule	65	theophylline ER 600 mg tablet,extended release 24 hr	271
TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 1/2	237	terazosin 10 mg capsule	65	Thera 400 mcg tablet.....	152
TechLITE Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16	237	terazosin 2 mg capsule	65	Thera M Plus (ferrous fumarate) 9 mg iron-400 mcg tablet	147
TechLITE Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16	237	terazosin 5 mg capsule	65	THERA TABLET	152
TechLITE Insulin Syringe Half Unit 0.5 mL 29 gauge x 1/2	237	terbinafine HCl 1 % topical cream	113	Thera-Derm lotion	118
TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 1/2	237	terbinafine HCl 250 mg tablet	20	Thera-Gel 0.5 % shampoo.....	124
TechLITE Insulin Syringe Half Unit 0.5 mL 30 gauge x 5/16	237	terbutaline 2.5 mg tablet.....	273	Theragran-M Premier 50 Plus 400 mcg-250 mcg-375 mcg tablet	147
TechLITE Insulin Syringe Half Unit 0.5 mL 31 gauge x 5/16	237	terbutaline 5 mg tablet.....	273	THERALOGIX COMPANION 0.4 MG TABLET	147
TechLITE Lancets 25 gauge	216	terconazole 0.4 % vaginal cream	287	THERA-M 27 MG-0.4 MG TABLET	147
TechLITE Lancets 28 gauge	216	terconazole 0.8 % vaginal cream	287	Thera-M 9 mg iron-400 mcg tablet.....	147
TechLITE Lancets 30 gauge	216	terconazole 80 mg vaginal suppository	287	THERA-M TABLET.....	147
TechLITE Pen Needle 29 gauge x 1/2.....	237	testosterone cypionate 200 mg/mL intramuscular oil	163	THERANATAL 27 MG IRON-1 MG TABLET	158
TechLITE Pen Needle 31 gauge x 1/4.....	237	tetanus,diphtheria toxoid ped (PF) 5 Lf unit-25 Lf unit/0.5 mL IM susp.....	37	THERAPEUTIC M + BETA-CAROTENE 18 MG-0.4 MG TABLET	147
TechLITE Pen Needle 31 gauge x 3/16.....	237	tetanus-diphtheria toxoids-Td 2 Lf unit-2 Lf unit/0.5 mL IM suspension.....	37	THERAPEUTIC SHAMPOO 0.5 %.....	124
TechLITE Pen Needle 31 gauge x 5/16.....	237	TETCAINE 0.5 % EYE DROPS	257	Therapeutic Shampoo 1 %.....	124
TechLITE Pen Needle 32 gauge x 1/4.....	237	tetracaine 0.5 % eye drops	257	THERAPEUTIC SHAMPOO 2 %.....	124
TechLITE Pen Needle 32 gauge x 5/32.....	237	tetracaine HCl (PF) 0.5 % eye drops.....	257	Therapeutic-M 9 mg iron-400 mcg tablet	148
Tegaderm Foam 4	128	TETRAVISC 0.5 % VISCOUS EYE DROPS .257		Thera-Tabs M 27 mg iron-400 mcg tablet	148
telmisartan 20 mg tablet	46	TETRAVISC 0.5 % VISCOUS EYE DROPS IN A DROPPERETTE	257	Thera-Tabs tablet.....	152
telmisartan 40 mg tablet	46	TETRAVISC FORTE 0.5 % HYPERVISCOUS DROPS	257	Theratrurn Complete 50 Plus with Lutein tablet.....	132
telmisartan 40 mg-amlodipine 10 mg tablet.....	44	TETRAVISC FORTE 0.5 % HYPERVISCOUS EYE DROPS IN A DROPPERETTE.....	257	Theratrurn Complete 50 Plus (lycopene,lutein) 0.4 mg-300 mcg-250 mcg tab	148
telmisartan 40 mg-amlodipine 5 mg tablet	44	THE MAGIC BULLET 10 MG RECTAL SUPPOSITORY.....	197	Theratrurn Complete with Lutein tablet	148
telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet.....	45	THEO-24 100 MG CAPSULE,EXTENDED RELEASE	271	THEREMS TABLET	148
telmisartan 80 mg tablet	46	THEO-24 200 MG CAPSULE,EXTENDED RELEASE	271	Therems-H 27 mg-0.33 mg tablet.....	148
telmisartan 80 mg-amlodipine 10 mg tablet.....	44	THEO-24 300 MG CAPSULE,EXTENDED RELEASE	271	Therems-M 27 mg-0.4 mg tablet.....	148
telmisartan 80 mg-amlodipine 5 mg tablet	44	THEO-24 400 MG CAPSULE,EXTENDED RELEASE	271	THEROMEGA 250 MG-350 MG-1,000 MG CAPSULE.....	54
telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet.....	45	THEOCHRON 100 MG TABLET,EXTENDED RELEASE	271	THEROMEGA SPORT 250 MG-350 MG-1,000 MG CAPSULE	54
telmisartan 80 mg-hydrochlorothiazide 25 mg tablet.....	45	THEOCHRON 200 MG TABLET,EXTENDED RELEASE	271	thiamine HCl (vitamin B1) 100 mg tablet	158
temazepam 15 mg capsule	91	THEOCHRON 300 MG TABLET,EXTENDED RELEASE	271	thiamine HCl (vitamin B1) 250 mg tablet	158
temazepam 30 mg capsule	91	theophylline 80 mg/15 mL oral elixir....	271		
		theophylline 80 mg/15 mL oral solution	271		

thiamine HCl (vitamin B1) 50 mg tablet	158	tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension	254	trandolapril 1 mg-verapamil ER 240 mg tablet,immed-exten release 24 hr	40
thiamine mononitrate (vitamin B1) 100 mg tablet.....	159	tobramycin 1.2 gram solution for injection	18	trandolapril 2 mg tablet.....	43
Thin Lancets 26 gauge	216	tobramycin 10 mg/mL injection solution	18	trandolapril 2 mg-verapamil ER 180 mg tablet,immed-exten release 24 hr	40
thioridazine 10 mg tablet	83	tobramycin 40 mg/mL injection solution	18	trandolapril 2 mg-verapamil ER 240 mg tablet,immed-exten release 24 hr	40
thioridazine 100 mg tablet	83	TOBREX 0.3 % EYE OINTMENT	258	trandolapril 4 mg tablet.....	43
thioridazine 25 mg tablet	83	tolnaftate 1 % topical cream	115	trandolapril 4 mg-verapamil ER 240 mg tablet,immed-exten release 24 hr	40
thioridazine 50 mg tablet	83	tolterodine 1 mg tablet.....	202	trandolapril 4 mg-verapamil ER 240 mg tablet,immed-exten release 24 hr	40
thiothixene 1 mg capsule.....	83	tolterodine 2 mg tablet.....	202	tranexamic acid 650 mg tablet	205
thiothixene 10 mg capsule.....	83	tolterodine ER 2 mg capsule,extended release 24 hr	202	tranylcypromine 10 mg tablet	73
thiothixene 2 mg capsule.....	83	tolterodine ER 4 mg capsule,extended release 24 hr	202	Travel Sickness (meclizine) 25 mg chewable tablet	184
thiothixene 5 mg capsule.....	83	Topcare Clickfine 31 gauge x 1/4	237	TRAVEL SICKNESS 50 MG TABLET	184
Threshold IMT Trainer device	249	Topcare Clickfine 31 gauge x 5/16	237	TRAVEL-EASE (MECLIZINE) 25 MG TABLET	184
THRIVITE RX 29 MG IRON-1 MG TABLET	158	Topcare Ultra Comfort 0.3 mL 29 gauge x 1/2.....	238	trazodone 100 mg tablet	74
Thrivite-19 29 mg iron-1 mg-25 mg tablet	148	Topcare Ultra Comfort 0.3 mL 30 gauge x 5/16.....	238	trazodone 150 mg tablet	75
thyroid (pork) 120 mg tablet	176	Topcare Ultra Comfort 0.3 mL 31 gauge x 5/16.....	238	trazodone 300 mg tablet	75
thyroid (pork) 15 mg tablet	177	Topcare Ultra Comfort 0.5 mL 29 gauge x 1/2.....	238	trazodone 50 mg tablet	75
THYROID (PORK) 30 MG TABLET.....	177	Topcare Ultra Comfort 0.5 mL 30 gauge x 5/16.....	238	TRECTOR 250 MG TABLET	25
THYROID (PORK) 60 MG TABLET.....	177	Topcare Ultra Comfort 0.5 mL 31 gauge x 5/16.....	238	TRELSTAR 11.25 MG/2 ML INTRAMUSCULAR SYRINGE	33
THYROID (PORK) 90 MG TABLET.....	177	Topcare Ultra Comfort 1 mL 29 gauge x 1/2.....	238	TRELSTAR 22.5 MG/2 ML INTRAMUSCULAR SYRINGE	33
THYROLAR-1 12.5 MCG-50 MCG TABLET	176	Topcare Ultra Comfort 1 mL 30 gauge x 5/16.....	238	TRELSTAR 3.75 MG/2 ML INTRAMUSCULAR SYRINGE	33
THYROLAR-1/2 6.25 MCG-25 MCG TABLET	176	Topcare Ultra Comfort 1 mL 31 gauge x 5/16.....	238	tretinoin 0.01 % topical gel.....	111
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET	176	Topcare Universal1 Lancet	216	tretinoin 0.025 % topical cream	111
THYROLAR-2 25 MCG-100 MCG TABLET	176	topiramate 100 mg tablet.....	70	tretinoin 0.025 % topical gel.....	111
THYROLAR-3 37.5 MCG-150 MCG TABLET	176	topiramate 15 mg sprinkle capsule	70	tretinoin 0.025 % topical gel.....	111
tiagabine 12 mg tablet.....	69	topiramate 200 mg tablet.....	70	tretinoin 0.05 % topical cream	111
tiagabine 16 mg tablet.....	69	topiramate 25 mg sprinkle capsule	71	tretinoin 0.1 % topical cream	111
tiagabine 2 mg tablet.....	69	topiramate 25 mg tablet.....	71	TREXALL 10 MG TABLET.....	32
tiagabine 4 mg tablet.....	69	topiramate 50 mg tablet.....	71	TREXALL 15 MG TABLET.....	33
TILIA FE 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET	107	toremifene 60 mg tablet.....	34	TREXALL 5 MG TABLET.....	33
timolol 10 mg tablet	56	torsemide 10 mg tablet	63	TREXALL 7.5 MG TABLET.....	33
timolol 20 mg tablet	56	torsemide 100 mg tablet	63	Tri Femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet.....	107
timolol 5 mg tablet	56	torsemide 20 mg tablet	63	triamcinolone acetonide 0.025 % lotion	122
timolol maleate 0.25 % eye drops	257	torsemide 5 mg tablet	63	triamcinolone acetonide 0.025 % topical cream	122
timolol maleate 0.5 % eye drops	257	TOTAL ALLERGY MEDICINE 25 MG TABLET	266	triamcinolone acetonide 0.025 % topical ointment	122
TIMOPTIC OCUDOSE (PF) 0.25 % EYE DROPS IN A DROPPERETTE	257	T-Plus 0.5 % shampoo.....	124	triamcinolone acetonide 0.1 % dental paste	251
TIMOPTIC OCUDOSE (PF) 0.5 % EYE DROPS IN A DROPPERETTE	257	TRADJENTA 5 MG TABLET.....	164	triamcinolone acetonide 0.1 % lotion...122	122
tioconazole 6.5 % vaginal ointment.....	286	tramadol 37.5 mg-acetaminophen 325 mg tablet.....	6	triamcinolone acetonide 0.1 % topical cream	122
Tioconazole-1 6.5 % vaginal ointment	286	tramadol 50 mg tablet.....	4	triamcinolone acetonide 0.1 % topical ointment	122
TIVICAY 50 MG TABLET	22	trandolapril 1 mg tablet.....	43	triamcinolone acetonide 0.5 % topical cream	122
tizanidine 2 mg tablet.....	209				
tizanidine 4 mg tablet.....	209				
TOBRADEX 0.3 %-0.1 % EYE OINTMENT	254				
tobramycin 0.3 % eye drops	258				

triamcinolone acetonide 0.5 % topical ointment	122	TriNessa Lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	107	True Metrix Level 3 solution	216
triamcinolone acetonide 55 mcg nasal spray aerosol.....	277	TRINTELLIX 10 MG TABLET.....	76	TrueControl Level 0 solution.....	216
TRIAMINIC COLD AND COUGH (PE) 2.5 MG-5 MG/5 ML ORAL LIQUID	279	TRINTELLIX 20 MG TABLET.....	76	TrueControl Level 1 solution.....	216
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule	64	TRINTELLIX 5 MG TABLET.....	76	TRUEdraw Lancing Device	216
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet.....	64	Triphrocaps 1 mg capsule	129	TRUEplus Diabetic Multivitamin 500 mcg-10 mcg tablet	148
triamterene 50 mg-hydrochlorothiazide 25 mg capsule	64	Triple Antibiotic 3.5 mg-400 unit-5,000 unit topical ointment in packt	112	TRUEplus Insulin 0.3 mL 29 gauge x 1/2	238
triamterene 75 mg-hydrochlorothiazide 50 mg tablet.....	64	TRIPLE ANTIBIOTIC 3.5 MG-400 UNIT-5,000 UNIT/GRAM TOPICAL OINTMENT	112	TRUEplus Insulin 0.3 mL 30 gauge x 5/16	238
triazolam 0.125 mg tablet.....	91	TRI-PREVIFEM (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET	107	TRUEplus Insulin 0.3 mL 31 gauge x 5/16	238
triazolam 0.25 mg tablet.....	91	Tri-Sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet.....	107	TRUEplus Insulin 0.5 mL 29 gauge x 1/2	238
TRI-BUFFERED ASPIRIN 325 MG TABLET.	16	TRIUMEQ 600 MG-50 MG-300 MG TABLET	24	TRUEplus Insulin 0.5 mL 30 gauge x 5/16	239
TRICARE 27 MG IRON-1 MG TABLET.....	158	TRI-VIT WITH FLUORIDE AND IRON 0.25 MG-10 MG/ML ORAL DROPS	154	TRUEplus Insulin 0.5 mL 31 gauge x 5/16	239
TRIDERM 0.1 % TOPICAL CREAM	122	Tri-Vita 1,500 unit-35 mg-400 unit/mL oral drops	153	TRUEplus Insulin 1 mL 28 gauge x 1/2 ..	239
TRIDERM 0.5 % TOPICAL CREAM	122	Tri-Vitamin 1,500 unit-35 mg-400 unit/mL oral drops.....	153	TRUEplus Insulin 1 mL 29 gauge x 1/2 ..	239
Tri-Estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet.....	107	Tri-Vitamin With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	155	TRUEplus Insulin 1 mL 30 gauge x 5/16	239
trifluoperazine 1 mg tablet	82	Tri-Vitamin With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	155	TRUEplus Insulin 1 mL 31 gauge x 5/16	239
trifluoperazine 10 mg tablet	82	Tri-Vite With Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops	155	TRUEplus Insulin 1/2 mL 28 gauge x 1/2	239
trifluoperazine 2 mg tablet	83	Tri-Vite With Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops	155	TRUEplus Ketone strips.....	249
trifluoperazine 5 mg tablet	83	TRIVORA (28) 50-30 (6)/75-40(5)/125-30(10) TABLET	108	TRUEplus Lancets 26 gauge	217
trifluridine 1 % eye drops	259	Tri-VyLibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet.....	108	TRUEplus Lancets 28 gauge	217
TRIGLIDE 160 MG TABLET.....	51	Tri-VyLibra Lo 0.18/0.215/0.25 mg-25 mcg tablet.....	108	TRUEplus Lancets 30 gauge	217
trihexphenidyl 0.4 mg/mL oral elixir.....	79	TRONVite 1 mg-100 mg-300 mcg tablet	129	TRUEplus Lancets 33 gauge	217
trihexphenidyl 2 mg tablet.....	79	tropicamide 0.5 % eye drops	255	TRUEplus Pen Needle 29 gauge x 1/2...239	
trihexphenidyl 5 mg tablet.....	79	tropicamide 1 % eye drops	255	TRUEplus Pen Needle 31 gauge x 1/4...239	
Tri-Legest Fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet.....	107	trospium 20 mg tablet	202	TRUEplus Pen Needle 31 gauge x 3/16.239	
Tri-Linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet.....	107	True Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16	238	TRUEplus Pen Needle 31 gauge x 5/16.239	
Tri-Lo-Estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet.....	107	True Comfort Insulin Syringe 1 mL 31 gauge x 5/16	238	TRUEplus Pen Needle 32 gauge x 5/32.239	
Tri-Lo-Marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	107	True Comfort Pen Needle 31 gauge x 1/4	238	Truetest High Glucose Control solution	217
Tri-Lo-Mili 0.18/0.215/0.25 mg-25 mcg tablet.....	107	True Comfort Pen Needle 31 gauge x 3/16	238	Truetest Low Glucose Control solution	217
Tri-Lo-Sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet.....	107	True Comfort Pen Needle 32 gauge x 5/32	238	Truetest Normal Glucose Control solution	217
TRILYTE WITH FLAVOR PACKETS 420 GRAM ORAL SOLUTION	196	True Metrix Glucose Test Strip	209	Truetest Test Strips.....	209
trimethoprim 100 mg tablet.....	20	True Metrix Level 1 solution	216	Truetrack Test strips	209
Tri-Mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	107	True Metrix Level 2 solution	216	TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE	38
TRINATAL GT 90 MG-1 MG-50 MG TABLET	158			Trustex Latex Condom	243
TRINATAL RX 1 60 MG IRON-1 MG TABLET	158			Trustex Lubricated Condoms	243
TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET	107			Trustex-RIA Lubricated Condoms	243
				Trustex-RIA Lubricated/Spermicide Condom	243
				TRUVADA 200 MG-300 MG TABLET.....	23
				Truzone Peak Flow Meter.....	244
				TUDORZA PRESSAIR 400 MCG/ACTION BREATH ACTIVATED	271
				Tulana 0.35 mg tablet	106
				TUMS FRESHERS 200 MG CALCIUM (500 MG) CHEWABLE TABLET	181
				TURALIO 200 MG CAPSULE.....	34

TUSNEL DIABETIC 10 MG-100 MG/5 ML ORAL LIQUID	282	Ultra Comfort Insulin Syringe 0.3 mL 30 gauge x 5/16	240	Ultracare Insulin Syringe 0.5 mL 30 gauge x 1/2	241
TUSSIN 100 MG/5 ML ORAL LIQUID	276	Ultra Comfort Insulin Syringe 0.5 mL 29 gauge x 1/2	240	Ultracare Insulin Syringe 0.5 mL 30 gauge x 5/16	241
Tussin Chest Congestion 100 mg/5 mL oral liquid	276	Ultra Comfort Insulin Syringe 0.5 mL 30 gauge x 5/16	240	Ultracare Insulin Syringe 0.5 mL 31 gauge x 5/16	241
Tussin Cough and Chest Congestion 10 mg-100 mg/5 mL oral liquid.....	282	Ultra Comfort Insulin Syringe 0.5 mL 31 gauge x 5/16	240	Ultracare Insulin Syringe 1 mL 30 gauge x 1/2.....	241
Tussin DM 10 mg-100 mg/5 mL oral liquid	282	Ultra Comfort Insulin Syringe 1 mL 28 gauge	240	Ultracare Insulin Syringe 1 mL 30 gauge x 5/16.....	241
Tussin DM 10 mg-100 mg/5 mL oral syrup	282	Ultra Comfort Insulin Syringe 1 mL 28 gauge x 1/2	240	Ultracare Insulin Syringe 1 mL 31 gauge x 5/16.....	241
TUSSIN DM CLEAR 10 MG-100 MG/5 ML ORAL SYRUP	283	Ultra Comfort Insulin Syringe 1 mL 29 gauge	240	Ultracare Pen Needle 31 gauge x 1/4 ...	241
Tussin DM Cough 10 mg-100 mg/5 mL oral syrup	283	Ultra Comfort Insulin Syringe 1 mL 29 gauge x 1/2	240	Ultracare Pen Needle 31 gauge x 3/16 .	241
Tussin DM Cough and Chest 10 mg-100 mg/5 mL oral syrup.....	283	Ultra Comfort Insulin Syringe 1 mL 30 gauge x 5/16	240	Ultracare Pen Needle 31 gauge x 5/16 .	241
Tussin DM Cough and Chest 10 mg-200 mg/5 mL oral liquid.....	283	Ultra Comfort Insulin Syringe 1 mL 30 gauge x 7/16	240	Ultracare Pen Needle 32 gauge x 1/4 ...	241
Tussin DM Cough and Chest 5 mg-100 mg/5 mL oral liquid.....	283	Ultra Comfort Insulin Syringe 1 mL 31 gauge x 5/16	240	Ultracare Pen Needle 32 gauge x 3/16 .	241
Tussin DM Max 10 mg-200 mg/5 mL oral liquid	283	Ultra Comfort Insulin Syringe 1/2 mL 28 gauge	240	Ultracare Pen Needle 32 gauge x 5/32 .	241
TUSSIN EXPECTORANT 100 MG/5 ML ORAL LIQUID	276	Ultra Comfort Insulin Syringe 1/2 mL 28 gauge x 1/2	240	Ultra-Thin II (Short) Insulin syringe 0.3 mL 30 gauge x 5/16	241
Tussin Mucus-Chest Congestion 100 mg/5 mL oral liquid	276	Ultra Comfort Insulin Syringe 1/2 mL 29	241	Ultra-Thin II (Short) Insulin syringe 0.3 mL 31 gauge x 5/16	242
TYBOST 150 MG TABLET	249	Ultra Comfort Insulin Syringe 1/2 mL 30 gauge	241	Ultra-Thin II (Short) Insulin syringe 0.5 mL 30 gauge x 5/16	242
U					
UltiCare 0.3 mL 30 gauge x 1/2.....	239	Ultra Comfort Insulin Syringe Half Unit 0.3 mL 29 gauge x 1/2.....	241	Ultra-Thin II (Short) Insulin syringe 0.5 mL 31 gauge x 5/16	242
UltiCare 0.3 mL 31 gauge x 5/16.....	239	Ultra Comfort Insulin Syringe Half Unit 0.3 mL 30 gauge x 5/16.....	241	Ultra-Thin II (Short) Insulin syringe 1 mL 30 gauge x 5/16	242
UltiCare 0.5 mL 30 gauge x 1/2.....	239	Ultra Comfort Insulin Syringe Half Unit 0.3 mL 31 gauge x 5/16.....	241	Ultra-Thin II (Short) Insulin syringe 1 mL 31 gauge x 5/16	242
UltiCare 0.5 mL 31 gauge x 5/16.....	239	Ultra Freeda 267 mcg tablet	148	Ultra-Thin II (Short) Pen NDL 31 gauge x 5/16.....	242
UltiCare 1 mL 30 gauge x 1/2.....	239	Ultra Freeda 6 mg iron-267 mcg tablet	148	Ultra-Thin II Insulin Pen Needles 29 gauge x 1/2	242
UltiCare 1 mL 31 gauge x 5/16.....	239	Ultra Fresh PM eye ointment	253	Ultra-Thin II Insulin Syringe 0.3 mL 29 gauge x 1/2	242
UltiCare Pen Needle 29 gauge x 1/2	239	ULTRA OMEGA-3 200 MG-300 MG-100 MG-1,000 MG CAPSULE	131	Ultra-Thin II Insulin Syringe 0.5 mL 29 gauge x 1/2	242
UltiCare Pen Needle 31 gauge x 1/4	239	Ultra Omega-3 500 mg (200mg-300mg)-1,000 mg capsule	54	ULTRATHON 25 % TOPICAL SPRAY	123
UltiCare Pen Needle 31 gauge x 3/16	239	ULTRA SLEEP (DOXYLAMINE SUCCINATE) 25 MG TABLET	91	ULTRATHON 34.34 % LOTION	123
UltiCare Pen Needle 31 gauge x 5/16	239	Ultra Thin Lancets	217	UNICOMPLEX-M TABLET.....	148
UltiCare Pen Needle 32 gauge x 1/4	240	Ultra Thin Lancets 28 gauge	217	Unifine Pentips 29 gauge needle	242
UltiCare Pen Needle 32 gauge x 5/32	240	Ultra Thin Lancets 30 gauge	217	Unifine Pentips 29 gauge x 1/2	242
Ulti-Lance misc.....	217	Ultra Thin Lancets 33 gauge	217	Unifine Pentips 31 gauge x 1/4	242
Ultilet Classic Lancets	217	Ultra Thin Plus Lancets 33 gauge	217	Unifine Pentips 31 gauge x 3/16	242
Ultilet Pen Needle 32 gauge x 5/32	240	Ultracare Insulin Syringe 0.3 mL 30 gauge x 5/16	241	Unifine Pentips 31 gauge x 5/16	242
Ultimate Men's Complete 50+ 300 mcg-600 mcg-300 mcg tablet	148	Ultracare Insulin Syringe 0.3 mL 31 gauge x 5/16	241	Unifine Pentips 32 gauge x 1/4	242
Ultimate Women's Complete 50+ 8 mg iron-400 mcg-300 mcg tablet.....	148			Unifine Pentips 32 gauge x 3/16	242
Ultra Comfort Insulin Syringe 0.3 mL 29 gauge x 1/2	240			Unifine Pentips 32 gauge x 5/32	242
Ultra Comfort Insulin Syringe 0.3 mL 30	240			Unifine Pentips Plus 29 gauge x 1/2	242
				Unifine Pentips Plus 31 gauge x 1/4	243
				Unifine Pentips Plus 31 gauge x 3/16	243
				Unifine Pentips Plus 31 gauge x 5/16	243
				Unifine Pentips Plus 32 gauge x 5/32	243

Unilet ComforTouch Lancet	217	valproic acid 250 mg capsule	69	venlafaxine ER 37.5 mg tablet,extended	
Unilet ComforTouch Lancet 26 gauge ..	217	valsartan 160 mg tablet	46	release 24 hr	75
Unilet Excelite II Lancet	217	valsartan 160 mg-hydrochlorothiazide		venlafaxine ER 75 mg capsule,extended	
Unilet Excelite Lancet	217	12.5 mg tablet.....	45	release 24 hr	76
Unilet GP Lancet	217	valsartan 160 mg-hydrochlorothiazide 25		venlafaxine ER 75 mg tablet,extended	
Unilet Lancet 28 gauge	217	mg tablet.....	46	release 24 hr	76
Unilet Lancet 33 gauge	217	valsartan 320 mg tablet	47	verapamil 120 mg tablet.....	59
Unilet Lancets 30 gauge.....	217	valsartan 320 mg-hydrochlorothiazide		verapamil 40 mg tablet.....	59
Unilet Super Thin Lancets 30 gauge.....	218	12.5 mg tablet.....	46	verapamil 80 mg tablet.....	59
Unistik Touch Lancets 21 gauge.....	218	valsartan 320 mg-hydrochlorothiazide 25		verapamil ER (PM) 100 mg capsule 24hr	
Unistik Touch Lancets 23 gauge.....	218	mg tablet.....	46	pellet CT,ext.release	59
Unistik Touch Lancets 28 gauge.....	218	valsartan 40 mg tablet	47	verapamil ER (PM) 200 mg capsule 24hr	
Unistik Touch Lancets 30 gauge.....	218	valsartan 80 mg tablet	47	pellet CT,ext.release	59
UNITHROID 100 MCG TABLET.....	180	valsartan 80 mg-hydrochlorothiazide 12.5		verapamil ER (PM) 300 mg capsule 24hr	
UNITHROID 112 MCG TABLET.....	180	mg tablet.....	46	pellet CT,ext.release	59
UNITHROID 125 MCG TABLET.....	180	VALU-DRYL ALLERGY 25 MG CAPSULE ..	266	verapamil ER (SR) 120 mg tablet,extended	
UNITHROID 137 MCG TABLET.....	180	vancomycin 1,000 mg intravenous		release	59
UNITHROID 150 MCG TABLET.....	180	injection	27	verapamil ER (SR) 180 mg tablet,extended	
UNITHROID 175 MCG TABLET.....	180	vancomycin 125 mg capsule	27	release	59
UNITHROID 200 MCG TABLET.....	180	vancomycin 250 mg capsule	27	verapamil ER (SR) 240 mg tablet,extended	
UNITHROID 25 MCG TABLET.....	180	vancomycin 500 mg intravenous solution		release	59
UNITHROID 300 MCG TABLET.....	180	.....	27	verapamil ER 120 mg 24 hr	
UNITHROID 50 MCG TABLET.....	180	VANDAZOLE 0.75 % VAGINAL GEL.....	287	capsule,extended release	60
UNITHROID 75 MCG TABLET.....	180	Vanicream Lite lotion.....	119	verapamil ER 180 mg 24 hr	
UNITHROID 88 MCG TABLET.....	180	VanishPoint Syringe 0.5 mL 30 gauge x 1/2		capsule,extended release	60
Universal 1 Lancets 21 gauge	218	.....	243	verapamil ER 240 mg 24 hr	
Universal 1 Lancets 26 gauge	218	VanishPoint Syringe 1 mL 29 gauge x 1/2		capsule,extended release	60
Universal 1 Lancets 30 gauge	218	.....	243	verapamil ER 360 mg 24 hr	
Universal 1 Lancets 33 gauge	218	VAQTA (PF) 25 UNIT/0.5 ML		capsule,extended release	60
UR N-C 81.6 MG-10.8 MG-40.8 MG		INTRAMUSCULAR SUSPENSION	35	VERELAN 360 MG CAPSULE,EXTENDED	
TABLET	202	VAQTA (PF) 25 UNIT/0.5 ML		RELEASE	60
urea 40 % lotion.....	124	INTRAMUSCULAR SYRINGE	35	VERELAN PM 100 MG CAPSULE,	
urea 40 % topical cream	124	VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR		EXTENDED RELEASE	60
URETRON D-S 81.6 MG-10.8 MG-40.8 MG		SUSPENSION	35	VERELAN PM 300 MG CAPSULE,	
TABLET	202	VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR		EXTENDED RELEASE	60
URIN DS 81.6 MG-10.8 MG-40.8 MG		SYRINGE	35	Versa Free oral solution.....	97
TABLET	202	VARIVAX (PF) 1,350 UNIT/0.5 ML		Versa Plus oral suspension	97
ursodiol 250 mg tablet.....	186	SUBCUTANEOUS SUSPENSION.....	39	Versalon 2	211
ursodiol 300 mg capsule	186	VEGETABLE LAXATIVE 8.6 MG TABLET..	197	Versalon 3	211
UTIRA-C 81.6 MG-10.8 MG-40.8 MG		VELIVET TRIPHASIC REGIMEN (28) 0.1		Versalon 4	211
TABLET	202	MG/0.125 MG/0.15 MG-25 MCG		Versalon Nonwoven All-Purpose 2	211
		TABLET	108	Versalon Nonwoven All-Purpose 3	211
		venlafaxine 100 mg tablet	75	Versalon Nonwoven All-Purpose 4	211
		venlafaxine 25 mg tablet	75	Vestura (28) 3 mg-0.02 mg tablet.....	104
		venlafaxine 37.5 mg tablet	75	VICKS DAYQUIL COLD AND FLU RELIEF 5	
		venlafaxine 50 mg tablet	75	MG-10 MG-325 MG CAPSULE	280
		venlafaxine 75 mg tablet	75	VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3	
		venlafaxine ER 150 mg capsule,extended		ML) SUBCUTANEOUS PEN INJECTOR	
		release 24 hr	75	.....	166
		venlafaxine ER 150 mg tablet,extended		VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3	
		release 24 hr	75	ML) SUBCUTANEOUS PEN INJECTOR	
		venlafaxine ER 225 mg tablet,extended		.....	166
		release 24 hr	75	VIDEX 2 GRAM PEDIATRIC 10 MG/ML	
		venlafaxine ER 37.5 mg capsule,extended		(FINAL CONC.) ORAL SOLUTION.....	23
		release 24 hr	75		

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(5 mL) oral solution.....	68
valproic acid (as sodium salt) 250 mg/5 mL	
oral solution.....	69
valproic acid (as sodium salt) 500 mg/10	
mL (10 mL) oral solution	69

VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION.....	23	Vitamin B-2 25 mg tablet.....	159	VP-Zel 600 mg-5 mg-10 mg-5 mg-1.5 mg tablet.....	131
VIDEX EC 125 MG CAPSULE,DELAYED RELEASE	23	Vitamin B-2 50 mg tablet.....	159	Vyfemla (28) 0.4 mg-35 mcg tablet	104
Vienva 0.1 mg-20 mcg tablet.....	104	Vitamin B-6 100 mg tablet.....	160	VYLEESI 1.75 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR	89
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VINATE ONE 60 MG IRON-1 MG TABLET	158	Vitamin C 500 mg tablet	161	VYVANSE 30 MG CAPSULE	87
Viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	99	Vitamin C ER 1,000 mg tablet,extended release	161	VYVANSE 40 MG CAPSULE	87
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VIREAD 200 MG TABLET	24	Vitamin D3 25 mcg (1,000 unit) capsule	162		
VIREAD 250 MG TABLET	24	Vitamin D3 50 mcg (2,000 unit) capsule	162	W	
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER.....	24	Vitamin D3 Complete 18 mg iron-800 mcg- 150 mg tablet.....	131	Wal-Dram 2 25 mg tablet	184
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Virt-Caps 1 mg capsule	129	vitamin E (dl, acetate) 200 unit capsule	162	Wal-Dryl Allergy 12.5 mg/5 mL oral liquid	266
Virt-Phos 250 Neutral 250 mg tablet	201	vitamin E (dl, acetate) 400 unit capsule	162	Wal-Dryl Allergy 25 mg capsule	266
Virtrate-2 500 mg-334 mg/5 mL oral solution	201	vitamin E 100 unit capsule.....	162	Wal-Dryl Allergy 25 mg tablet.....	266
Virtussin AC 10 mg-100 mg/5 mL oral liquid	284	vitamin E 200 unit capsule.....	162	Wal-Fex Allergy 180 mg tablet.....	268
Virtussin DAC 30 mg-10 mg-100 mg/5 mL oral syrup	283	vitamin E 400 unit capsule.....	162	Wal-Fex Allergy 60 mg tablet.....	268
VIRT-VITE GT 90 MG-1 MG-50 MG TABLET	158	VITAMIN E ACETATE 200 UNIT CAPSULE	163	Wal-Finate 4 mg tablet	266
Vision Formula (with lutein) 1,000 unit- 200 mg-60 unit-2mg tablet	148	vitamin E mixed 400 unit capsule	163	WAL-ITIN 10 MG DISINTEGRATING TABLET	268
Vision Formula(A-C-E-Zn-Se-Cu) 1,000 unit-60 mg-30 unit tablet.....	148	Vitamins A,C,D and Fluoride 0.25 mg fluoride (0.55 mg)/mL oral drops.....	155	Wal-itin 10 mg tablet.....	268
Vision Formula-2 250 mg-200 unit-40 mg- 1 mg capsule	1	Vitamins A,C,D and Fluoride 0.5 mg fluoride (1.1 mg)/mL oral drops.....	155	Wal-itin 5 mg/5 mL oral solution	269
Vision Plus Lutein tablet	132	Vitamins A-D-E with selenium 10,000 unit- 400 unit tablet	149	Wal-itin D 10 mg-240 mg tablet,extended release	262
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Vitamin B-1 (mononitrate) 100 mg tablet	159	Vol-Care Rx 1 mg-60 mg-300 mcg tablet	130	Wal-phed PE 10 mg tablet	285
Vitamin B-1 100 mg tablet.....	159	VOL-PLUS 27 MG IRON-1 MG TABLET ..	149	Wal-Profen 200 mg tablet	15
Vitamin B-1 250 mg tablet.....	159	Vol-Tab Rx 29 mg iron-1 mg tablet	149	Wal-Profen Cold-Sinus 30 mg-200 mg tablet.....	274
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