Peach State Health Plan: Planning for Healthy Babies® Inter-Pregnancy 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 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 Healthy 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 drugs. The IPC-PDL tells you the drugs 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 drugs 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 drugs 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 CVS/Caremark to pay for pharmacy claims. CVS/Caremark is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

Some drugs are only paid for when you get them from a Peach State Health Plan specialty pharmacy. Specialty pharmacies y can be found using the Find A Provider tool on the Peach State Health Plan website at www.pshp.com.

The Peach State Health Plan Pharmacy Director and Medical Director review the PA requests for these drugs.

These drugs are not usually available at local pharmacies. Be sure to call the specialty pharmacy for a refill before you run out of medicine. Drugs that specialty pharmacies provided are marked in the PDL. This list is on the Peach State Health Plan website at www.pshp.com. Please call Member Services if you have any questions about the PDL.

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 drugs that are not controlled. Controlled Substances must have 90% of the supply used before the medicine can be refilled. You will need a new prescription for some controlled medicines.

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 drug in the same therapy class each month.

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

Prior Authorizations (PA)

Some medicines on the IPC-PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Pharmacy Services 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 Pharmacy Services at 1-833-582-2342**. A request can also be sent using the secure electronic Prior Authorization portal by Cover My Meds at www.covermymeds.com.

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 Georgia licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Pharmacy Services sends your doctor a fax. If it is not approved, Peach State Health Plan and Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

Step Therapy

Some drugs on the IPC-PDL may require another drug to be used first. This is called Step Therapy. If you filled that required drug 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 Pharmacy Services 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 Pharmacy Services. If Pharmacy Services 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 IPC-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 Georgia licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Pharmacy Services sends your doctor a fax. If it is not approved, Peach State Health Plan and Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar 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 pharmacist can use professional judgment to decide if the medicine is urgent. The 72 hour supply is not allowed for Controlled substances that need a PA. The pharmacy must **call Pharmacy Services 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 women. 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 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 drugs will not be covered without PA when an acceptable generic is available. Generic drugs have the same active ingredient, work the same as brand-name medicines. If you or your doctor feels a brand-name is needed, your doctor can ask for PA. We will cover the brand-name drug if there is a medical reason you need the brand-name. If it is not approved, Peach State Health Plan and Pharmacy Services 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. Your pharmacy may ask for other forms of identification, like driver's license or state ID.

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 Pharmacy Services check pharmacy claims to be sure the pharmacy and doctor on your prescription are enrolled with Georgia Families®. If a non-enrolled doctor writes your prescription, the prescription will be rejected. Your pharmacy will not be able to fill prescriptions for you if it is not enrolled in Georgia Families®.

Copayments

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

Co-pays are not required for Planning for Healthy Babies® Inter-Pregnancy Care 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
Pharmacy Services Prior Authorizations:		1-866-399-0928
	Fax:	1-833-582-2342
CVS/Caremark Pharmacy Help Desk:		1-844-297-0513

Language Assistance

Do you need this book translated? Do you need help understanding this book? If you do, call Peach State Health Plan's Member Service line at 1-800-704-1484. If you are hearing impaired, call our TDD/TTY at 1-800-255-0056. To get this information in large font or audiotape, call Member Services. Interpreter services are provided free of charge to you. Peach State Health Plan has a telephone language line available 24 hours a day, 7 days a week.

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	**Tier Definitions**
P	Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	**Requirement/Limit Description**
AL	**Age Limit**: Drug is limited to a specific age
PA	**Prior Authorization**: Review required before prescription can be filled
QL	**Quantity Limit**: There is a limit on the amount covered per prescription or within a set time frame.
Rx/OTC	Product has both **prescription and over the counter** coverage
SP	**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.
ST	**Step Therapy**: Requires trial and failure of one or more preferred products prior to coverage.

CLINICAL EDIT DESCRIPTIONS	
Edit Name	**Edit Description**
Opioid	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). 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. Treatment-Naïve* Limits: • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
ADHD	First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12. After that 30 days can be filled. Edit resets if no fills in 4 months.
Test Strips	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days EXCEPTIONS: The below members may get up to 200 strips per 30 days • Members who are less than 18 years old • Members with a Gestational Diabetes or Diabetes in Pregnancy

STANDARD ABBREVIATIONS

Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated
AERB	Aerosol, breath activated
AERO	Aerosol
AJKT	Auto-injector Kit
AUIJ	Auto-injector
CAPS	Capsule
CHEW	Tablet Chewable
CONC	Concentrate
CP12	Capsule ER 12 HR
CP24	Capsule ER 24 HR
CPCR	Capsule ER
CPDR	Capsule Delayed Release
CPEP	Capsule Enteric Coated Particles
CPSP	Capsule Sprinkle
CREA	Cream
CSDR	Capsule Delayed Release Sprinkle
DEVI	Device
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EX	External
GRAN	Granules
IJ	Injection
IMPL	Implant
INHA	Inhaler
INJ	Injectable
IUD	Intrauterine Device
IV	Intravenous
LIQD	Liquid

Dose Form	Dose Form Description
LOTN	Lotion
LOZG	Lozenge
LPOP	Lollipop
MISC	Miscellaneous
NA	Nasal
NEBU	Nebulization solution
OINT	Ointment
OP	Ophthalmic
OPHT	Ophthalmic
OR	Oral
PACK	Packet
PEN	Pen-injector
PNKT	Pen-injector Kit
POT	Potassium
POWD	Powder
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PSTE	Paste
PT24	Patch 24 Hour
PT72	Patch 72 Hour
PTCH	Patch
PTTW	Patch Biweekly
PTWK	Patch Weekly
RE	Rectal
S.O.P.	Sterile Ophthalmic Preparation
SHAM	Shampoo
SOAJ	Solution Auto-injector
SOCT	Solution Cartridge
SOLN	Solution

Dose Form	Dose Form Description
SOLR	Solution Reconstituted
SOPN	Solution Pen-injector
SOSY	Solution Prefilled Syringe
SRER	Suspension Reconstituted ER
STRP	Strip
SUBL	Tablet Sublingual
SUER	Suspension Extended Release
SUPN	Suspension Pen-injector
SUPP	Suppository
SUSP	Suspension
SUSR	Suspension Reconstituted
SUSY	Suspension Prefilled Syringe
SYRP	Syrup
T12A	Tablet ER 12 Hour Abuse-Deterrent
TABS	Tablets

Dose Form	Dose Form Description
TB12	Tablet ER 12 Hour
TB24	Tablet ER 24 Hour
TBCR	Tablet ER
TBDP	Tablet Dispersible
TBEC	Tablet Enteric Coated
TBEF	Tablet Effervescent
TBPK	Tablet Therapy Pack
TBSO	Tablet Soluble
TEST	Diagnostic Test
TINC	Tincture
TROC	Troche
VA	Vaginal
VI	Visual Indicator
WAFR	Wafer
XR	Extended Release

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS *(Use amphetamine-dextroamphetamine)*	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 *(Use amphetamine-dextroamphetamine)*	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
ADZENYS ER SUER *(Use amphetamine)*	NP	
amphetamine-dextroamphetamine cp24	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 *(Use dextroamphetamine sulfate)*	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate tabs 5 mg, 10 mg	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 3 yrs old)
dextroamphetamine sulfate cp24	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS	P	Try methylphenidate ER , or Adderall XR, or dexmethylphenidate ER; Clinical Edit: ADHD; QL(1 ea daily); ST
Analeptics		
caffeine citrate soln or	P	QL(45 ml per fill retail)
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)
Anti-Obesity Agents		
IMCIVREE	P	SP; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old); ST
clonidine hcl (adhd) tb12	P	
guanfacine hcl (adhd)	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV *(Use guanfacine hcl (adhd))*	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 *(Use clonidine hcl (adhd))*	NP	
STRATTERA *(Use atomoxetine hcl)*	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old); ST
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	P	SP; PA
Stimulants - Misc.		
CONCERTA TBCR 36 MG *(Use methylphenidate hcl)*	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG *(Use methylphenidate hcl)*	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl tabs	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FOCALIN TABS *(Use dexmethylphenidate hcl)*	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
METHYLIN SOLN 5 MG/5ML *(Use methylphenidate hcl)*	NP	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)
METHYLIN SOLN 10 MG/5ML *(Use methylphenidate hcl)*	NP	QL(900 ml per 30 days retail); AL(At least 3 yrs old)
methylphenidate hcl tbcr 10 mg, 20 mg, 36 mg	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl cpcr	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tabs 10 mg, 20 mg	P	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tabs 5 mg	P	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tbcr 18 mg, 27 mg, 54 mg	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tb24 18 mg, 27 mg, 54 mg	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl soln 10 mg/5ml	P	QL(900 ml per 30 days retail); AL(At least 3 yrs old)
methylphenidate hcl soln 5 mg/5ml	P	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)
methylphenidate hcl tb24 36 mg	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG *(Use methylphenidate hcl)*	NP	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG *(Use methylphenidate hcl)*	NP	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - B's		
REMIFEMIN MENOPAUSE RELIEF TABS	NP	
Alternative Medicine - G's		
ginger (zingiber officinalis) caps 250 mg	P	OTC; QL(4 ea daily)
Alternative Medicine - M's		
melatonin tbdp 3 mg	P	QL(1 ea daily)
melatonin tabs 3 mg, 5 mg	P	OTC; QL(1 ea daily)
MELATONIN SUBL	P	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU *(Use tobramycin)*	NP	SP; PA
KITABIS PAK NEBU *(Use tobramycin)*	NP	SP; PA
neomycin sulfate tabs	P	
TOBI NEBU *(Use tobramycin)*	NP	SP; PA
TOBI PODHALER CAPS	P	SP; PA
tobramycin nebu	P	SP; PA
tobramycin sulfate solr	P	PA
tobramycin sulfate soln ij	P	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	P	SP; PA
RINVOQ 30 MG, 45 MG	P	SP; PA
XELJANZ SOLN	P	SP; PA
XELJANZ TABS	P	SP; PA
XELJANZ XR TB24	P	SP; PA
Antirheumatic Antimetabolites		
METHOTREXATE	P	
OTREXUP SOAJ	P	SP; PA
RASUVO SOAJ	P	SP; PA
REDITREX SOSY	P	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
AMJEVITA SOAJ	P	SP; PA
AMJEVITA SOAJ	NP	SP
AMJEVITA SOSY 20 MG/0.4ML	P	SP; PA
HUMIRA PSKT	P	SP; PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	SP; PA
HUMIRA PEN PNKT	P	SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP; PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA
SIMPONI SOSY	P	SP; PA
SIMPONI SOAJ	P	SP; PA
SIMPONI ARIA SOLN	P	SP; PA
Interleukin-1 Blockers		
ARCALYST	P	SP; PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	P	SP; PA
Interleukin-1beta Blockers		
ILARIS SOLN	P	SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	P	SP; PA
ACTEMRA SOSY	P	SP; PA
ACTEMRA ACTPEN SOAJ	P	SP; PA
KEVZARA SOAJ	P	SP; PA
KEVZARA SOSY	P	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS *(Use ibuprofen)*	NP	OTC
ALEVE TABS *(Use naproxen sodium)*	NP	OTC; QL(2 ea daily)
ALEVE ARTHRITIS TABS *(Use naproxen sodium)*	NP	OTC; QL(2 ea daily)
ANAPROX DS TABS *(Use naproxen sodium)*	NP	
CHILDRENS ADVIL SUSP 100 MG/5ML *(Use ibuprofen)*	NP	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(Use ibuprofen)*	NP	RX/OTC
diclofenac potassium tabs 50 mg	P	
diclofenac sodium tbec	P	
etodolac tabs	P	
etodolac caps	P	
FELDENE CAPS *(Use piroxicam)*	NP	
fenoprofen calcium caps 400 mg	P	
flurbiprofen tabs	P	
ibuprofen tabs 400 mg, 600 mg, 800 mg	P	
ibuprofen chew	P	OTC
ibuprofen tabs 200 mg	P	OTC
ibuprofen susp 40 mg/ml, 50 mg/1.25ml	P	OTC

Drug Name	Drug Tier	Requirements/ Limits
ibuprofen susp 100 mg/5ml	P	RX/OTC
ibuprofen lysine	P	
INDOCIN SUSP	P	
INDOCIN SUPP	P	
indomethacin caps 25 mg, 50 mg	P	
indomethacin sodium	P	
INFANTS ADVIL SUSP *(Use ibuprofen)*	NP	OTC
ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml	P	
ketorolac tromethamine tabs	P	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
KETOROLAC TROMETHAMINE SOLN IJ 15 MG/ML, 30 MG/ML	P	
LODINE TABS *(Use etodolac)*	NP	
meloxicam tabs	P	
MOBIC TABS *(Use meloxicam)*	NP	
MOTRIN CHILDRENS CHEW *(Use ibuprofen)*	NP	OTC
MOTRIN INFANTS DROPS SUSP *(Use ibuprofen)*	NP	OTC
nabumetone	P	
NALFON CAPS *(Use fenoprofen calcium)*	NP	
NAPROSYN TABS 500 MG *(Use naproxen)*	NP	
NAPROSYN SUSP *(Use naproxen)*	NP	
naproxen susp	P	
naproxen tabs	P	
naproxen sodium tabs 220 mg	P	OTC; QL(2 ea daily)
naproxen sodium tabs 275 mg, 550 mg	P	
NEOPROFEN *(Use ibuprofen lysine)*	NP	
piroxicam caps	P	
sulindac tabs	P	
TIVORBEX CAPS *(Use indomethacin)*	NP	
VIVLODEX CAPS *(Use meloxicam)*	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	P	SP; PA
OTEZLA TBPK	P	SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA *(Use leflunomide)*	NP	QL(1 ea daily)
leflunomide	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOSY	P	SP; PA
ORENCIA SOLR	P	SP; PA
ORENCIA CLICKJECT SOAJ	P	SP; PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOSY	P	SP; PA
ENBREL SOLR	P	SP; PA
ENBREL SOLN	P	SP; PA
ENBREL MINI SOCT	P	SP; PA
ENBREL SURECLICK SOAJ	P	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs 50 mg-325 mg	P	QL(4 ea daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine caps 40 mg-50 mg-325 mg	P	QL(4 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg	P	QL(4 ea daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine caps 40 mg-50 mg-325 mg	P	QL(4 ea daily); AL(At least 18 yrs old)
ESGIC TABS 40 MG-50 MG-325 MG *(Use butalbital-acetaminophen-caffeine)*	NP	QL(4 ea daily); AL(At least 12 yrs old)
Analgesics Other		
acetaminophen tabs 325 mg, 500 mg	P	OTC
acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml	P	OTC
acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	P	OTC
acetaminophen chew	P	OTC
acetaminophen elix	P	OTC
acetaminophen supp	P	OTC; QL(12 ea per 30 days retail)
acetaminophen liqd 160 mg/5ml	P	OTC
FEVERALL JUNIOR STRENGTH SUPP	P	OTC; QL(12 ea per 30 days retail)
INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)
OFIRMEV SOLN IV *(Use acetaminophen)*	NP	
TYLENOL TABS *(Use acetaminophen)*	NP	OTC
TYLENOL CHILDRENS SUSP *(Use acetaminophen)*	NP	OTC
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW *(Use acetaminophen)*	NP	OTC
TYLENOL CHILDRENS PAIN +FEVER SUSP *(Use acetaminophen)*	NP	OTC
TYLENOL EXTRA STRENGTH TABS *(Use acetaminophen)*	NP	OTC
TYLENOL FOR CHILDREN/ADULTS SUSP *(Use acetaminophen)*	NP	OTC
TYLENOL INFANTS PAIN+FEVER SUSP *(Use acetaminophen)*	NP	OTC
Analgesics-Peptide Channel Blockers		
PRIALT	P	SP; PA
Salicylates		
ALKA-SELTZER 325 MG-1000 MG-1916 MG *(Use aspirin effervescent)*	NP	
aspirin chew	P	OTC
aspirin tbec 81 mg, 325 mg	P	OTC
aspirin tabs 325 mg	P	OTC
ASPIRIN SUPP 300 MG, 600 MG	P	OTC; QL(12 ea per 30 days retail)
aspirin buffered (cal carb-mag carb-mag oxide)	P	OTC
BUFFERIN 34 MG-63 MG-158 MG-325 MG *(Use aspirin buffered (cal carb-mag carb-mag oxide))*	NP	OTC
diflunisal tabs	P	
ECOTRIN TBEC *(Use aspirin)*	NP	OTC
ECOTRIN REGULAR STRENGTH TBEC *(Use aspirin)*	NP	OTC
salsalate	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Opioid Agonists		
codeine sulfate tabs	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)
DILAUDID TABS 2 MG, 4 MG *(Use hydromorphone hcl)*	NP	Clinical Edit: Opioids; QL(6 ea daily)
DILAUDID TABS 8 MG *(Use hydromorphone hcl)*	NP	Clinical Edit: Opioids; QL(4 ea daily)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR *(Use fentanyl)*	NP	QL(0.34 ea daily)
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	P	QL(0.34 ea daily)
hydromorphone hcl tabs 8 mg	P	Clinical Edit: Opioids; QL(4 ea daily)
hydromorphone hcl tabs 2 mg, 4 mg	P	Clinical Edit: Opioids; QL(6 ea daily)
HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids; QL(2 ea daily)
meperidine hcl tabs 50 mg	P	Clinical Edit: Opioids; QL(6 ea daily)
meperidine hcl soln or 50 mg/5ml	P	Clinical Edit: Opioids; QL(30 ml daily)
methadone hcl tabs 10 mg	P	QL(10 ea daily); PA
methadone hcl tabs 5 mg	P	QL(6 ea daily); PA
morphine sulfate supp	P	Clinical Edit: Opioids; QL(18 ea per fill retail)
morphine sulfate tabs	P	Clinical Edit: Opioids; QL(6 ea daily)
morphine sulfate tbcr	P	QL(3 ea daily)
morphine sulfate soln or 10 mg/5ml, 20 mg/5ml	P	Clinical Edit: Opioids; QL(21.4 ml daily)
morphine sulfate soln or 10 mg/0.5ml, 20 mg/ml, 100 mg/5ml	P	Clinical Edit: Opioids; QL(240 ea per fill retail)
MS CONTIN TBCR *(Use morphine sulfate)*	NP	QL(3 ea daily)
OXAYDO TABS	P	Clinical Edit: Opioids; QL(6 ea daily)
oxycodone hcl caps	P	Clinical Edit: Opioids; QL(6 ea daily)
oxycodone hcl tabs 30 mg	P	Clinical Edit: Opioids; QL(4 ea daily)
oxycodone hcl conc 100 mg/5ml	P	Clinical Edit: Opioids; QL(90 ml per fill retail)
oxycodone hcl soln	P	Clinical Edit: Opioids; QL(30 ml daily)
oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg	P	Clinical Edit: Opioids; QL(6 ea daily)
oxycodone hcl t12a	P	QL(2 ea daily); PA
OXYCONTIN T12A	P	QL(2 ea daily); PA
ROXICODONE TABS 5 MG, 15 MG *(Use oxycodone hcl)*	NP	Clinical Edit: Opioids; QL(6 ea daily)
ROXICODONE TABS 30 MG *(Use oxycodone hcl)*	NP	Clinical Edit: Opioids; QL(4 ea daily)
tramadol hcl tabs 50 mg	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ULTRAM TABS *(Use tramadol hcl)*	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
ZOHYDRO ER CP12 *(Use hydrocodone bitartrate)*	NP	
Opioid Combinations		
acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 60 mg-300 mg	P	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)
acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml	P	Clinical Edit: Opioids; QL(30 ml daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine 30 mg-40 mg-50 mg-325 mg	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod 30 mg-40 mg-50 mg-325 mg	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)
hydrocodone-acetaminophen soln	P	Clinical Edit: Opioids; QL(180 ml daily)
hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 mg, 7.5 mg-325 mg	P	Clinical Edit: Opioids; QL(6 ea daily)
oxycodone w/ acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg	P	Clinical Edit: Opioids; QL(6 ea daily)
oxycodone w/ acetaminophen soln 5 mg/5ml-325 mg/5ml	P	Clinical Edit: Opioids; QL(30 ml daily)
oxycodone-aspirin 4.835 mg-325 mg	P	Clinical Edit: Opioids; QL(6 ea daily)
PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG *(Use oxycodone w/ acetaminophen)*	NP	Clinical Edit: Opioids; QL(6 ea daily)
tramadol-acetaminophen 37.5 mg-325 mg	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
ULTRACET 37.5 MG-325 MG *(Use tramadol-acetaminophen)*	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	P	PA
BUNAVAIL FILM BU 0.7 MG-4.2 MG, 1 MG-6.3 MG	P	PA
BUPRENEX SOLN *(Use buprenorphine hcl)*	NP	PA
buprenorphine hcl soln	P	PA
buprenorphine hcl film	P	PA
buprenorphine hcl subl	P	PA
buprenorphine hcl-naloxone hcl dihydrate subl	P	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate film sl 0.5 mg-2 mg, 1 mg-4 mg	P	QL(3 ea daily)
SUBLOCADE SOSY	P	2 rtl MAX fill; 30 rtl day(s) supply; SP; PA
SUBOXONE FILM SL 3 MG-12 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(2 ea daily); PA
SUBOXONE FILM SL 2 MG-8 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 4 MG-1 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(3 ea daily)
ZUBSOLV SUBL	P	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL GEL TD *(Use testosterone)*	NP	
AVEED SOLN	P	SP; PA
DEPO-TESTOSTERONE SOLN IM 200 MG/ML *(Use testosterone cypionate)*	NP	QL(4 ml per 30 days retail)
DEPO-TESTOSTERONE SOLN IM 100 MG/ML *(Use testosterone cypionate)*	NP	QL(0.2858 ml daily)
METHITEST TABS	P	
TESTOPEL PLLT	P	SP; PA
testosterone cypionate soln im 100 mg/ml	P	QL(0.2858 ml daily)
testosterone cypionate soln im 200 mg/ml	P	QL(4 ml per 30 days retail)
testosterone enanthate soln im	P	QL(4 ml per 30 days retail)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA *(Use hydrocortisone (intrarectal))*	NP	
hydrocortisone (intrarectal)	P	
Rectal Combinations		
ANALPRAM-HC LOTN EX 1 %-2.5 %	P	QL(62 ml per 30 days retail)
phenylephrine-shark liver oil-cocoa butter 0.25 %-3 %-85.5 %	P	OTC; QL(12 ea per 30 days retail)
phenylephrine-shark liver oil-mineral oil-petrolatum 0.25 %-3 %-14 %-71.9 %	P	OTC; QL(31 gm per 30 days retail)
Rectal Steroids		
ANUSOL-HC EX *(Use hydrocortisone (rectal))*	NP	
hydrocortisone (rectal) ex 2.5 %	P	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone liqd	P	QL(744 ml per 30 days retail)
alum & mag hydrox-simethicone susp	P	QL(744 ml per 30 days retail)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	OTC
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs 325 mg, 650 mg	P	OTC; QL(100 ea per 30 days retail)
Antacids - Calcium Salts		
calcium carbonate (antacid) chew 500 mg	P	OTC
TUMS CHEW *(Use calcium carbonate (antacid))*	NP	OTC
TUMS LASTING EFFECTS CHEW *(Use calcium carbonate (antacid))*	NP	OTC
Antacids - Magnesium Salts		
magnesium oxide tabs 400 mg	P	OTC
ANTHELMINTICS - Drugs to Treat Worm Infections		

Drug Name	Drug Tier	Requirements/ Limits
Anthelmintics		
ALBENZA *(Use albendazole)*	NP	
BENZNIDAZOLE	P	SP; PA
EMVERM CHEW	P	QL(1 ea per 14 days retail)
pyrantel pamoate susp 144 mg/ml	P	OTC; QL(60 ml per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 *(Use ranolazine)*	NP	
Nitrates		
isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg, 30 mg	P	
isosorbide mononitrate tabs	P	QL(2 ea daily)
isosorbide mononitrate tb24	P	QL(1 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 *(Use nitroglycerin)*	NP	
nitroglycerin subl	P	
nitroglycerin cpcr	P	
nitroglycerin pt24	P	
NITROSTAT SUBL *(Use nitroglycerin)*	NP	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 5 mg, 10 mg	P	QL(6 ea daily)
buspirone hcl 7.5 mg, 30 mg	P	QL(3 ea daily)
buspirone hcl 15 mg	P	QL(4 ea daily)
hydroxyzine hcl tabs	P	
hydroxyzine hcl syrp	P	
hydroxyzine pamoate caps	P	
meprobamate	P	
VISTARIL CAPS *(Use hydroxyzine pamoate)*	NP	
Benzodiazepines		
alprazolam tabs	P	QL(3 ea daily); AL(At least 18 yrs old)
ATIVAN TABS *(Use lorazepam)*	NP	QL(3 ea daily); AL(At least 18 yrs old)
chlordiazepoxide hcl caps	P	QL(4 ea daily); AL(At least 18 yrs old)
clorazepate dipotassium tabs	P	QL(3 ea daily); AL(At least 18 yrs old)
diazepam soln or 5 mg/5ml	P	AL (6 months to 12 years old)
diazepam tabs	P	QL(4 ea daily); AL(At least 18 yrs old)
lorazepam tabs	P	QL(3 ea daily); AL(At least 18 yrs old)
oxazepam caps	P	QL(4 ea daily); AL(At least 18 yrs old)
TRANXENE T TABS 7.5 MG *(Use clorazepate dipotassium)*	NP	QL(3 ea daily); AL(At least 18 yrs old)
VALIUM TABS *(Use diazepam)*	NP	QL(4 ea daily); AL(At least 18 yrs old)
XANAX TABS *(Use alprazolam)*	NP	QL(3 ea daily); AL(At least 18 yrs old)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	P	
NORPACE CAPS *(Use disopyramide phosphate)*	P	

Drug Name	Drug Tier	Requirements/ Limits
NORPACE CR CP12 150 MG	P	
quinidine gluconate tbcr	P	
quinidine sulfate tabs	P	
Antiarrhythmics Type I-B		
mexiletine hcl	P	
Antiarrhythmics Type I-C		
flecainide acetate	P	
propafenone hcl tabs	P	
Antiarrhythmics Type III		
amiodarone hcl tabs 200 mg	P	
dofetilide	P	
TIKOSYN *(Use dofetilide)*	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	P	SP; PA
TEZSPIRE SOSY	P	SP; PA
XOLAIR SOSY	P	SP; PA
XOLAIR SOLR	P	SP; PA
Anti-Inflammatory Agents		
cromolyn sodium nebu	P	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25.8 gm per fill retail)
INCRUSE ELLIPTA	P	QL(1 ea daily)
ipratropium bromide soln .02 %	P	QL(375 ml per 20 days retail)
TUDORZA PRESSAIR	P	QL(1 ea per 30 days retail)
Leukotriene Modulators		
montelukast sodium tabs	P	QL(1 ea daily)
montelukast sodium chew	P	QL(1 ea daily)
montelukast sodium pack	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SINGULAIR PACK *(Use montelukast sodium)*	NP	QL(1 ea daily)
SINGULAIR CHEW *(Use montelukast sodium)*	NP	QL(1 ea daily)
SINGULAIR TABS *(Use montelukast sodium)*	NP	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(Use roflumilast)*	NP	QL(1 ea daily)
roflumilast	P	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	P	QL(1 ea daily)
ASMANEX HFA AERO	P	QL(0.44 gm daily)
budesonide (inhalation) susp	P	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT HFA 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail); AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail); AL(Up to 12 yrs old)
PULMICORT SUSP *(Use budesonide (inhalation))*	NP	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
QVAR REDIHALER 40 MCG/ACT	P	QL(0.36 gm daily)
QVAR REDIHALER 80 MCG/ACT	P	QL(0.72 gm daily)
Sympathomimetics		

Drug Name	Drug Tier	Requirements/ Limits
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	NP	QL(2 ea daily; 60 ea per 30 days retail)
albuterol sulfate nebu .5 %, 2.5 mg/0.5ml	P	
albuterol sulfate aers	P	QL(18 gm per fill retail; 36 gm per 30 days retail)
albuterol sulfate tb12	P	
albuterol sulfate tabs	P	
albuterol sulfate nebu .083 %	P	QL(12.5 ml daily)
albuterol sulfate nebu .63 mg/3ml, 1.25 mg/3ml	P	QL(375 ml per 30 days retail)
albuterol sulfate aers	P	QL(8.5 gm per fill retail; 17 gm per 30 days retail)
albuterol sulfate syrp	P	
albuterol sulfate aers	P	QL(6.7 gm per fill retail; 13.4 gm per 30 days retail)
albuterol sulfate aers	NP	
ALBUTEROL SULFATE NEBU	P	
budesonide-formoterol fumarate dihydrate	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	P	QL(4 gm per 30 days retail)
fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act	P	QL(2 ea daily; 60 ea per 30 days retail)
ipratropium-albuterol soln 0.5 mg/3ml-2.5 mg/3ml	P	QL(12 ml daily)
ISUPREL *(Use isoproterenol hcl)*	NP	
PROAIR HFA AERS *(Use albuterol sulfate)*	NP	
PROAIR RESPICLICK AEPB	P	QL(1 ea per fill retail; 2 ea per 30 days retail); AL(At least 4 yrs old - Up to 18 yrs old)
PROVENTIL HFA AERS *(Use albuterol sulfate)*	NP	
SEREVENT DISKUS	P	QL(60 ea per fill retail)
SYMBICORT *(Use budesonide-formoterol fumarate dihydrate)*	NP	
terbutaline sulfate tabs	P	
VENTOLIN HFA AERS *(Use albuterol sulfate)*	NP	
Xanthines		
THEO-24 CP24	P	
theophylline tb12 300 mg, 450 mg	P	
theophylline soln	P	QL(475 ml per fill retail)
theophylline elix	P	
theophylline tb24	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium tabs	P	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	P	QL(2 ea daily)
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA *(Use fondaparinux sodium)*	NP	SP; PA
enoxaparin sodium sosy	P	QL(0 ml daily); SP; PA
enoxaparin sodium soln ij 300 mg/3ml	P	SP
fondaparinux sodium	P	SP; PA
FRAGMIN SOLN 95000 UNIT/3.8ML	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOSY	P	SP; PA
heparin sodium (porcine) soln ij 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	P	
LOVENOX SOSY *(Use enoxaparin sodium)*	NP	QL(0 ml daily); SP; PA
LOVENOX SOLN IJ 300 MG/3ML *(Use enoxaparin sodium)*	NP	SP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clonazepam tabs	P	QL(3 ea daily); AL(At least 18 yrs old)
DIASTAT ACUDIAL GEL *(Use diazepam (anticonvulsant))*	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT ACUDIAL GEL *(Use diazepam (anticonvulsant))*	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT PEDIATRIC GEL *(Use diazepam (anticonvulsant))*	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
diazepam (anticonvulsant) gel	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
KLONOPIN TABS *(Use clonazepam)*	NP	QL(3 ea daily); AL(At least 18 yrs old)
NAYZILAM	P	QL(10 ea per 30 days retail); PA
VALTOCO LIQD	P	QL(10 ea per 30 days retail); PA
VALTOCO LQPK	P	QL(10 ea per 30 days retail); PA
Anticonvulsants - Misc.		
BANZEL TABS *(Use rufinamide)*	NP	SP; PA
BANZEL SUSP *(Use rufinamide)*	NP	SP; PA
BRIVIACT SOLN IV 50 MG/5ML	P	SP; PA
carbamazepine tabs	P	
carbamazepine chew	P	
carbamazepine susp	P	
carbamazepine tb12	P	
DIACOMIT CAPS 500 MG	P	QL(6 ea daily); SP; PA
DIACOMIT PACK 250 MG	P	QL(12 ea daily); SP; PA
DIACOMIT CAPS 250 MG	P	QL(12 ea daily); SP; PA
DIACOMIT PACK 500 MG	P	QL(6 ea daily); SP; PA
EPIDIOLEX	P	SP; PA
FINTEPLA	P	SP; PA
gabapentin soln	P	
gabapentin caps	P	QL(9 ea daily)
gabapentin tabs 600 mg	P	QL(6 ea daily)
gabapentin tabs 800 mg	P	QL(4 ea daily)
KEPPRA TABS 1000 MG *(Use levetiracetam)*	NP	
KEPPRA TABS 250 MG, 750 MG *(Use levetiracetam)*	NP	QL(4 ea daily)
KEPPRA SOLN OR 100 MG/ML *(Use levetiracetam)*	NP	QL(16 ml daily)
KEPPRA TABS 500 MG *(Use levetiracetam)*	NP	QL(6 ea daily)
KEPPRA XR TB24 *(Use levetiracetam)*	NP	Use levetiracetam IR; ST
LAMICTAL TABS *(Use lamotrigine)*	NP	
LAMICTAL CHEWABLE DISPERSIBLE CHEW *(Use lamotrigine)*	NP	
LAMICTAL XR TB24 *(Use lamotrigine)*	NP	Use lamotrigine IR; ST
lamotrigine tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
lamotrigine chew	P	
lamotrigine tb24	P	Use lamotrigine IR; ST
levetiracetam tabs 1000 mg	P	
levetiracetam tabs 250 mg, 750 mg	P	QL(4 ea daily)
levetiracetam soln or 100 mg/ml, 500 mg/5ml	P	QL(16 ml daily)
levetiracetam tabs 500 mg	P	QL(6 ea daily)
levetiracetam tb24	P	Use levetiracetam IR; ST
MYSOLINE *(Use primidone)*	NP	
NEURONTIN CAPS *(Use gabapentin)*	NP	QL(9 ea daily)
NEURONTIN TABS 600 MG *(Use gabapentin)*	NP	QL(6 ea daily)
NEURONTIN TABS 800 MG *(Use gabapentin)*	NP	QL(4 ea daily)
NEURONTIN SOLN *(Use gabapentin)*	NP	
oxcarbazepine tabs	P	
oxcarbazepine susp	P	
primidone	P	
rufinamide susp	P	SP; PA
rufinamide tabs	P	SP; PA
TEGRETOL TABS *(Use carbamazepine)*	NP	
TEGRETOL SUSP *(Use carbamazepine)*	NP	
TEGRETOL-XR TB12 *(Use carbamazepine)*	NP	
TOPAMAX TABS 100 MG *(Use topiramate)*	NP	QL(4 ea daily)
TOPAMAX TABS 200 MG *(Use topiramate)*	NP	QL(3 ea daily)
TOPAMAX TABS 25 MG, 50 MG *(Use topiramate)*	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG *(Use topiramate)*	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG *(Use topiramate)*	NP	QL(8 ea daily)
topiramate cpsp 25 mg	P	QL(8 ea daily)
topiramate tabs 100 mg	P	QL(4 ea daily)
topiramate tabs 200 mg	P	QL(3 ea daily)
topiramate cpsp 15 mg	P	QL(6 ea daily)
topiramate tabs 25 mg, 50 mg	P	QL(6 ea daily)
TRILEPTAL SUSP *(Use oxcarbazepine)*	NP	
TRILEPTAL TABS *(Use oxcarbazepine)*	NP	
ZONEGRAN CAPS 25 MG, 100 MG *(Use zonisamide)*	NP	
zonisamide caps	P	
Carbamates		
felbamate susp	P	
felbamate tabs	P	
FELBATOL SUSP *(Use felbamate)*	NP	
FELBATOL TABS *(Use felbamate)*	NP	
GABA Modulators		
GABITRIL *(Use tiagabine hcl)*	NP	
SABRIL PACK *(Use vigabatrin)*	NP	SP; PA
SABRIL TABS *(Use vigabatrin)*	NP	SP; PA
tiagabine hcl	P	
vigabatrin pack	P	SP; PA
vigabatrin tabs	P	SP; PA
Hydantoins		
DILANTIN	P	

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN *(Use phenytoin sodium extended)*	P	
DILANTIN INFATABS CHEW *(Use phenytoin)*	P	
DILANTIN-125 SUSP *(Use phenytoin)*	P	
phenytoin chew	P	
phenytoin susp	P	
phenytoin sodium soln	P	
phenytoin sodium extended 30 mg, 100 mg	P	
Succinimides		
ethosuximide caps	P	
ethosuximide soln	P	
ZARONTIN SOLN *(Use ethosuximide)*	NP	
ZARONTIN CAPS *(Use ethosuximide)*	NP	
Valproic Acid		
DEPAKOTE TBEC 125 MG *(Use divalproex sodium)*	NP	QL(2 ea daily)
DEPAKOTE TBEC 500 MG *(Use divalproex sodium)*	NP	QL(7 ea daily)
DEPAKOTE TBEC 250 MG *(Use divalproex sodium)*	NP	QL(3 ea daily)
DEPAKOTE ER TB24 250 MG *(Use divalproex sodium)*	NP	QL(3 ea daily)
DEPAKOTE ER TB24 500 MG *(Use divalproex sodium)*	NP	QL(7 ea daily)
DEPAKOTE SPRINKLES CSDR *(Use divalproex sodium)*	NP	QL(8 ea daily)
divalproex sodium csdr	P	QL(8 ea daily)
divalproex sodium tbec 125 mg	P	QL(2 ea daily)
divalproex sodium tbec 250 mg	P	QL(3 ea daily)
divalproex sodium tbec 500 mg	P	QL(7 ea daily)
divalproex sodium tb24 500 mg	P	QL(7 ea daily)
divalproex sodium tb24 250 mg	P	QL(3 ea daily)
valproate sodium soln or 250 mg/5ml	P	
valproic acid caps	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs 7.5 mg, 45 mg	P	QL(1 ea daily)
mirtazapine tbdp 15 mg	P	QL(3 ea daily)
mirtazapine tbdp 45 mg	P	QL(1 ea daily)
mirtazapine tabs 15 mg	P	QL(3 ea daily)
mirtazapine tbdp 30 mg	P	QL(1.5 ea daily)
mirtazapine tabs 30 mg	P	QL(1.5 ea daily)
REMERON TABS 30 MG *(Use mirtazapine)*	NP	QL(1.5 ea daily)
REMERON TABS 15 MG *(Use mirtazapine)*	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG *(Use mirtazapine)*	NP	QL(1.5 ea daily)
REMERON SOLTAB TBDP 15 MG *(Use mirtazapine)*	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 45 MG *(Use mirtazapine)*	NP	QL(1 ea daily)
Antidepressants - Misc.		
bupropion hcl tabs	P	QL(3 ea daily)
bupropion hcl tb24 300 mg	P	QL(1 ea daily)
bupropion hcl tb12 100 mg	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl tb12 200 mg	P	QL(2 ea daily)
bupropion hcl tb24 150 mg	P	QL(3 ea daily)
bupropion hcl tb12 150 mg	P	QL(3 ea daily)
maprotiline hcl	P	
WELLBUTRIN SR TB12 100 MG *(Use bupropion hcl)*	NP	QL(4 ea daily)
WELLBUTRIN SR TB12 200 MG *(Use bupropion hcl)*	NP	QL(2 ea daily)
WELLBUTRIN SR TB12 150 MG *(Use bupropion hcl)*	NP	QL(3 ea daily)
WELLBUTRIN XL TB24 150 MG *(Use bupropion hcl)*	NP	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG *(Use bupropion hcl)*	NP	QL(1 ea daily)
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	P	SP; PA
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL *(Use phenelzine sulfate)*	NP	
PARNATE *(Use tranylcypromine sulfate)*	NP	
phenelzine sulfate	P	
tranylcypromine sulfate	P	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	P	SP; PA
SPRAVATO 84MG DOSE	P	SP; PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG *(Use citalopram hydrobromide)*	NP	QL(4 ea daily)
CELEXA TABS 20 MG *(Use citalopram hydrobromide)*	NP	QL(2 ea daily)
CELEXA TABS 40 MG *(Use citalopram hydrobromide)*	NP	QL(1 ea daily)
citalopram hydrobromide soln	P	
citalopram hydrobromide tabs 40 mg	P	QL(1 ea daily)
citalopram hydrobromide tabs 20 mg	P	QL(2 ea daily)
citalopram hydrobromide tabs 10 mg	P	QL(4 ea daily)
escitalopram oxalate tabs 20 mg	P	QL(1 ea daily); AL(At least 12 yrs old)
escitalopram oxalate tabs 5 mg	P	QL(4 ea daily); AL(At least 12 yrs old)
escitalopram oxalate tabs 10 mg	P	QL(2 ea daily); AL(At least 12 yrs old)
fluoxetine hcl tabs 10 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
fluoxetine hcl tabs 20 mg	P	QL(4 ea daily)
fluoxetine hcl caps 10 mg, 20 mg	P	QL(4 ea daily)
fluoxetine hcl soln	P	QL(600 ml per 30 days retail); AL(Up to 6 yrs old)
fluoxetine hcl caps 40 mg	P	QL(2 ea daily); AL(At least 7 yrs old)
fluvoxamine maleate tabs 100 mg	P	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	P	QL(2 ea daily)
LEXAPRO TABS 20 MG *(Use escitalopram oxalate)*	NP	QL(1 ea daily); AL(At least 12 yrs old)
LEXAPRO TABS 5 MG *(Use escitalopram oxalate)*	NP	QL(4 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
LEXAPRO TABS 10 MG *(Use escitalopram oxalate)*	NP	QL(2 ea daily); AL(At least 12 yrs old)
paroxetine hcl tb24	P	
paroxetine hcl tabs 10 mg	P	QL(6 ea daily)
paroxetine hcl tabs 30 mg, 40 mg	P	QL(2 ea daily)
paroxetine hcl tabs 20 mg	P	QL(3 ea daily)
paroxetine hcl susp	P	QL(40 ml daily); PA
PAXIL TABS 10 MG *(Use paroxetine hcl)*	NP	QL(6 ea daily)
PAXIL SUSP *(Use paroxetine hcl)*	NP	QL(40 ml daily); PA
PAXIL TABS 20 MG *(Use paroxetine hcl)*	NP	QL(3 ea daily)
PAXIL TABS 30 MG, 40 MG *(Use paroxetine hcl)*	NP	QL(2 ea daily)
PAXIL CR TB24 *(Use paroxetine hcl)*	NP	
PROZAC CAPS 40 MG *(Use fluoxetine hcl)*	NP	QL(2 ea daily); AL(At least 7 yrs old)
PROZAC CAPS 10 MG, 20 MG *(Use fluoxetine hcl)*	NP	QL(4 ea daily)
sertraline hcl tabs 100 mg	P	QL(2 ea daily)
sertraline hcl conc	P	QL(6 ml daily)
sertraline hcl tabs 25 mg, 50 mg	P	QL(4 ea daily)
ZOLOFT CONC *(Use sertraline hcl)*	NP	QL(6 ml daily)
ZOLOFT TABS 100 MG *(Use sertraline hcl)*	NP	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG *(Use sertraline hcl)*	NP	QL(4 ea daily)
Serotonin Modulators		
nefazodone hcl	P	
trazodone hcl tabs 50 mg, 100 mg, 150 mg	P	
trazodone hcl tabs 300 mg	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRINTELLIX	P	QL(1 ea daily); AL(At least 18 yrs old); PA
VIIBRYD TABS *(Use vilazodone hcl)*	NP	QL(1 ea daily); PA
vilazodone hcl tabs	P	QL(1 ea daily); PA
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(Use duloxetine hcl)*	NP	QL(1 ea daily); AL(At least 7 yrs old)
desvenlafaxine succinate 25 mg, 50 mg	P	QL(1 ea daily); ST
desvenlafaxine succinate 100 mg	P	QL(4 ea daily); ST
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 37.5 MG *(Use venlafaxine hcl)*	NP	QL(4 ea daily)
EFFEXOR XR CP24 75 MG *(Use venlafaxine hcl)*	NP	QL(5 ea daily)
EFFEXOR XR CP24 150 MG *(Use venlafaxine hcl)*	NP	QL(2 ea daily)
PRISTIQ 25 MG, 50 MG *(Use desvenlafaxine succinate)*	NP	QL(1 ea daily); ST
PRISTIQ 100 MG *(Use desvenlafaxine succinate)*	NP	QL(4 ea daily); ST
venlafaxine hcl tb24 37.5 mg, 75 mg, 225 mg	P	QL(1 ea daily)
venlafaxine hcl tb24 150 mg	P	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	P	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	P	QL(5 ea daily)
venlafaxine hcl tabs	P	
venlafaxine hcl cp24 150 mg	P	QL(2 ea daily)
Tricyclic Agents		

Drug Name	Drug Tier	Requirements/ Limits
amitriptyline hcl tabs	P	
amoxapine	P	
clomipramine hcl 75 mg	P	
desipramine hcl tabs 10 mg, 50 mg, 75 mg, 100 mg, 150 mg	P	
desipramine hcl tabs 25 mg	P	QL(2 ea daily)
doxepin hcl conc	P	
doxepin hcl caps	P	
imipramine hcl tabs	P	
NORPRAMIN TABS 25 MG *(Use desipramine hcl)*	NP	QL(2 ea daily)
NORPRAMIN TABS 10 MG *(Use desipramine hcl)*	NP	
nortriptyline hcl caps	P	
nortriptyline hcl soln	P	QL(20 ml daily)
PAMELOR CAPS *(Use nortriptyline hcl)*	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
PRECOSE *(Use acarbose)*	NP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ml per 30 days retail); PA
SYMLINPEN 60 SOPN	P	QL(6 ml per 30 days retail); PA
Antidiabetic Combinations		
ACTOPLUS MET TABS *(Use pioglitazone hcl-metformin hcl)*	NP	QL(2 ea daily)
alogliptin-metformin hcl	P	QL(2 ea daily)
alogliptin-pioglitazone	P	
glipizide-metformin hcl	P	
glyburide-metformin	P	
KAZANO *(Use alogliptin-metformin hcl)*	NP	
OSENI *(Use alogliptin-pioglitazone)*	NP	
OSENI 15 MG-12.5 MG	NP	
pioglitazone hcl-metformin hcl tabs	P	QL(2 ea daily)
SEGLUROMET	P	QL(2 ea daily)
SOLIQUA 100/33 33 MCG/ML-100 UNIT/ML	P	QL(0.6 ml daily); ST
Biguanides		
FORTAMET TB24 *(Use metformin hcl)*	NP	
metformin hcl tb24 750 mg	P	QL(3 ea daily)
metformin hcl tabs 500 mg	P	QL(4 ea daily)
metformin hcl tabs 850 mg, 1000 mg	P	
metformin hcl tb24 500 mg	P	QL(4 ea daily)
Diabetic Other		
BD GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
CVS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
CVS SOFT GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
DEX4 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 FAST ACTING GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 NATURALS 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 POUCH PACK 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
glucagon (rdna)	P	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT *(Use glucagon (rdna))*	NP	QL(1 ea per fill retail)
GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCOSE INSTANT ENERGY 4 GM-6 MG	P	QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
GNP GLUCOSE	P	QL(50 ea per 30 days retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
GOODSENSE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
HY-VEE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
KORLYM	P	SP; PA
KROGER GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
LEADER GLUCOSE	P	QL(50 ea per 30 days retail)
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
LONGS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
MEIJER GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
PREFERRED PLUS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
PX GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
RA GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
RELION GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)
SM GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)
SM GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
SMART SENSE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
SMART SENSE GLUCOSE TABLETS 4 GM-6 MG	P	QL(50 ea per 30 days retail)
TGT GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
TRUEPLUS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
TRUEPLUS GLUCOSE ON THE GO CHEW	P	OTC; QL(50 ea per 30 days retail)
UP & UP GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
VALUE PLUS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
WALGREENS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 days retail)
WALGREENS GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 days retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	P	
NESINA *(Use alogliptin benzoate)*	NP	
Incretin Mimetic Agents		
ADLYXIN SOPN	P	QL(0.2 ml daily); PA
ADLYXIN STARTER PACK PNKT	P	QL(0.2 ml daily); PA
BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 days retail); PA
BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 30 days retail); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 30 days retail); AL(At least 18 yrs old); PA
TRULICITY	P	QL(2 ml per 28 days retail); PA
Insulin		
ADMELOG SOLN IJ	P	QL(0 ml daily; 40 ml per 30 days retail)
ADMELOG SOLOSTAR SOPN	P	QL(1 ml daily)
BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)
HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	P	OTC; QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN 30 UNIT/ML-70 UNIT/ML	P	OTC; QL(1 ml daily)
HUMULIN N SUSP	P	OTC; QL(40 ml per 30 days retail)
HUMULIN N KWIKPEN SUPN	P	OTC; QL(1 ml daily)
HUMULIN R SOLN IJ	P	OTC; QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 30 %-70 %	P	QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	P	QL(1 ml daily)
INSULIN GLARGINE SOPN	P	Viatris Brand Only; QL(1 ml daily)
INSULIN GLARGINE SOLN	P	Viatris Brand Only; QL(1 ml daily)
INSULIN LISPRO SOLN IJ	NP	QL(0 ml daily; 40 ml per 30 days retail)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	NP	
INSULIN LISPRO KWIKPEN SOPN	NP	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	P	QL(1 ml daily)
NOVOLIN 70/30 SUSP 30 UNIT/ML-70 UNIT/ML	P	OTC; QL(40 ml per 30 days retail)
NOVOLIN 70/30 FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	P	OTC; QL(1 ml daily)
NOVOLIN 70/30 FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML	P	OTC; QL(1 ml daily)
NOVOLIN 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML	P	OTC; QL(40 ml per 30 days retail)
NOVOLIN N SUSP	P	OTC; QL(40 ml per 30 days retail)
NOVOLIN N FLEXPEN SUPN	P	OTC; QL(1 ml daily)
NOVOLIN N FLEXPEN RELION SUPN	P	OTC; QL(1 ml daily)
NOVOLIN N RELION SUSP	P	OTC; QL(40 ml per 30 days retail)
NOVOLIN R SOLN IJ	P	OTC; QL(40 ml per 30 days retail)
NOVOLIN R RELION SOLN IJ	P	OTC; QL(40 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML	P	QL(1 ml daily)
NOVOLOG MIX 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML	P	QL(40 ml per 30 days retail)
Insulin Sensitizing Agents		
ACTOS *(Use pioglitazone hcl)*	NP	QL(1 ea daily)
pioglitazone hcl	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Meglitinide Analogues		
nateglinide	P	QL(3 ea daily)
STARLIX 120 MG *(Use nateglinide)*	NP	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
STEGLATRO	P	QL(1 ea daily)
Sulfonylureas		
AMARYL 1 MG, 2 MG *(Use glimepiride)*	NP	QL(4 ea daily)
AMARYL 4 MG *(Use glimepiride)*	NP	QL(2 ea daily)
glimepiride 4 mg	P	QL(2 ea daily)
glimepiride 1 mg, 2 mg	P	QL(4 ea daily)
glipizide tb24	P	
glipizide tabs	P	
GLUCOTROL TABS 10 MG *(Use glipizide)*	NP	
GLUCOTROL XL TB24 *(Use glipizide)*	NP	
glyburide tabs	P	
glyburide micronized 1.5 mg, 3 mg, 6 mg	P	
GLYNASE *(Use glyburide micronized)*	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate chew 262 mg	P	OTC
bismuth subsalicylate susp 525 mg/15ml, 1050 mg/30ml	P	OTC
PEPTO-BISMOL CHEW *(Use bismuth subsalicylate)*	NP	OTC
PEPTO-BISMOL MAX STRENGTH SUSP *(Use bismuth subsalicylate)*	NP	OTC
PEPTO-BISMOL TO-GO CHEW *(Use bismuth subsalicylate)*	NP	OTC
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	P	OTC; QL(40 ml daily)
diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg	P	
diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml	P	
IMODIUM A-D CAPS *(Use loperamide hcl)*	NP	OTC; QL(8 ea daily); RX/OTC
IMODIUM A-D TABS *(Use loperamide hcl)*	NP	OTC; QL(8 ea daily)
LOMOTIL TABS 0.025 MG-2.5 MG *(Use diphenoxylate w/ atropine)*	NP	
loperamide hcl tabs	P	OTC; QL(8 ea daily)
loperamide hcl caps	P	OTC; QL(8 ea daily); RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox pack	P	SP; PA
deferasirox tbso	P	SP; PA
deferasirox tabs	P	SP; PA
deferiprone tabs	P	SP; PA
EXJADE TBSO *(Use deferasirox)*	NP	SP; PA
FERRIPROX SOLN	P	SP; PA
FERRIPROX TABS *(Use deferiprone)*	NP	SP; PA
FERRIPROX TWICE-A-DAY TABS	P	SP; PA
JADENU TABS *(Use deferasirox)*	NP	SP; PA
JADENU SPRINKLE PACK *(Use deferasirox)*	NP	SP; PA
Antidotes and Specific Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
ANDEXXA 200 MG	P	SP; PA
BRIDION	P	SP; PA
deferoxamine mesylate	P	SP; PA
DESFERAL 500 MG *(Use deferoxamine mesylate)*	NP	SP; PA
SM IPECAC SYRUP	P	
VISTOGARD	P	
Opioid Antagonists		
naloxone hcl sosy	P	QL(4 ml per 90 days retail)
naloxone hcl liqd	P	QL(4 ea per 90 days retail)
naloxone hcl soct	P	QL(2 ml per 90 days retail)
naloxone hcl soln .4 mg/ml, 4 mg/10ml	P	QL(2 ml per 90 days retail)
naltrexone hcl	P	
NARCAN LIQD *(Use naloxone hcl)*	NP	QL(4 ea per 90 days retail)
VIVITROL	P	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ondansetron tbdp	P	QL(2 ea daily)
ondansetron hcl tabs 24 mg	P	QL(1 ea per 14 days retail)
ondansetron hcl soln or 4 mg/5ml	P	QL(50 ml per 30 days retail)
ondansetron hcl tabs 4 mg, 8 mg	P	QL(2 ea daily)
ZOFRAN TABS 4 MG *(Use ondansetron hcl)*	NP	QL(2 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(Use meclizine hcl)*	NP	OTC; RX/OTC
dimenhydrinate tabs	P	OTC; QL(24 ea per fill retail)
DRAMAMINE CHEW	P	OTC; QL(24 ea per fill retail)
DRAMAMINE TABS *(Use dimenhydrinate)*	NP	OTC; QL(24 ea per fill retail)
meclizine hcl tabs 12.5 mg, 25 mg	P	RX/OTC
meclizine hcl chew	P	OTC; RX/OTC
TIGAN CAPS *(Use trimethobenzamide hcl)*	NP	
TRANSDERM SCOP *(Use scopolamine)*	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
EMEND *(Use fosaprepitant dimeglumine)*	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
griseofulvin microsize tabs	P	
griseofulvin microsize susp	P	
griseofulvin ultramicrosize	P	
nystatin tabs	P	QL(6 ea daily)
terbinafine hcl tabs	P	QL(90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR *(Use fluconazole)*	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 150 MG *(Use fluconazole)*	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 100 MG, 200 MG *(Use fluconazole)*	NP	
DIFLUCAN TABS 50 MG *(Use fluconazole)*	NP	QL(3 ea per 14 days retail)
fluconazole susr	P	QL(70 ml per fill retail)
fluconazole tabs 100 mg, 200 mg	P	
fluconazole tabs 50 mg	P	QL(3 ea per 14 days retail)
fluconazole tabs 150 mg	P	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
itraconazole caps	P	QL(1 ea daily); PA
SPORANOX CAPS *(Use itraconazole)*	NP	QL(1 ea daily); PA
SPORANOX PULSEPAK CAPS *(Use itraconazole)*	NP	QL(1 ea daily); PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate syrp	P	OTC
chlorpheniramine maleate tabs	P	OTC; QL(120 ea per fill retail)
CHLOR-TRIMETON SYRP *(Use chlorpheniramine maleate)*	NP	OTC
CHLOR-TRIMETON TABS *(Use chlorpheniramine maleate)*	NP	OTC; QL(120 ea per fill retail)
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CAPS *(Use diphenhydramine hcl)*	NP	QL(4 ea daily)
BENADRYL ALLERGY TABS *(Use diphenhydramine hcl)*	NP	OTC; QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD *(Use diphenhydramine hcl)*	NP	OTC; QL(240 ml per fill retail)
BENADRYL ALLERGY EXTRA STRENGTH TABS	P	QL(4 ea daily)
BENADRYL ALLERGY ULTRATABS TABS *(Use diphenhydramine hcl)*	NP	OTC; QL(4 ea daily)
clemastine fumarate tabs 1.34 mg	P	OTC; QL(2 ea daily)
diphenhydramine hcl elix 12.5 mg/5ml	P	QL(240 ml per fill retail)
diphenhydramine hcl caps	P	QL(4 ea daily)
diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml	P	OTC; QL(240 ml per fill retail)
diphenhydramine hcl tabs 25 mg	P	OTC; QL(4 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 60 MG *(Use fexofenadine hcl)*	NP	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG *(Use fexofenadine hcl)*	NP	QL(1 ea daily)
cetirizine hcl chew	P	QL(1 ea daily)
cetirizine hcl soln or	P	QL(240 ml per fill retail); RX/OTC
cetirizine hcl tabs	P	QL(1 ea daily)
cetirizine hcl syrp or	P	QL(240 ml per fill retail); RX/OTC
CLARITIN TABS *(Use loratadine)*	NP	OTC; QL(1 ea daily)
CLARITIN CAPS *(Use loratadine)*	NP	
CLARITIN SYRP *(Use loratadine)*	NP	OTC; QL(240 ml per fill retail)
CLARITIN ALLERGY CHILDRENS SYRP *(Use loratadine)*	NP	OTC; QL(240 ml per fill retail)
CLARITIN REDITABS TBDP *(Use loratadine)*	NP	OTC; QL(1 ea daily)
fexofenadine hcl tabs 180 mg	P	QL(1 ea daily)
fexofenadine hcl tabs 60 mg	P	QL(2 ea daily)
levocetirizine dihydrochloride tabs	P	RX/OTC
loratadine tabs	P	OTC; QL(1 ea daily)
loratadine soln	P	OTC; QL(240 ml per fill retail)
loratadine syrp	P	OTC; QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
loratadine tbdp	P	OTC; QL(1 ea daily)
XYZAL ALLERGY 24HR TABS *(Use levocetirizine dihydrochloride)*	NP	RX/OTC
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR *(Use cetirizine hcl)*	NP	QL(240 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl soln 6.25 mg/5ml	P	AL(At least 2 yrs old)
promethazine hcl supp	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
promethazine hcl tabs	P	AL(At least 2 yrs old)
promethazine hcl syrp	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl tabs	P	
cyproheptadine hcl syrp	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Angiopoietin-like Protein Inhibitors		
EVKEEZA	P	SP; PA
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	P	QL(1 ea daily); ST
VYTORIN *(Use ezetimibe-simvastatin)*	NP	QL(1 ea daily); ST
Bile Acid Sequestrants		
cholestyramine powd	P	
cholestyramine pack	P	
cholestyramine light pack	P	
cholestyramine light powd	P	
COLESTID TABS *(Use colestipol hcl)*	NP	
COLESTID GRAN *(Use colestipol hcl)*	NP	
COLESTID FLAVORED GRAN *(Use colestipol hcl)*	NP	
colestipol hcl tabs	P	
colestipol hcl gran	P	
QUESTRAN POWD *(Use cholestyramine)*	NP	
QUESTRAN PACK *(Use cholestyramine)*	NP	
QUESTRAN LIGHT POWD *(Use cholestyramine light)*	NP	
Fibric Acid Derivatives		
fenofibrate tabs 160 mg	P	QL(1 ea daily)
fenofibrate tabs 54 mg	P	QL(3 ea daily)
FENOFIBRATE TABS	P	QL(1 ea daily)
fenofibrate micronized 67 mg	P	QL(2 ea daily)
fenofibrate micronized 134 mg, 200 mg	P	QL(1 ea daily)
gemfibrozil tabs	P	QL(2 ea daily)
LOPID TABS *(Use gemfibrozil)*	NP	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs	P	QL(1 ea daily)
CRESTOR TABS *(Use rosuvastatin calcium)*	NP	Try simvastatin or atorvastatin; QL(1 ea daily); ST
LIPITOR TABS *(Use atorvastatin calcium)*	NP	QL(1 ea daily)
lovastatin tabs 40 mg	P	QL(2 ea daily)
lovastatin tabs 10 mg, 20 mg	P	QL(1 ea daily)
pravastatin sodium	P	QL(1 ea daily)
rosuvastatin calcium tabs	P	Try simvastatin or atorvastatin; QL(1 ea daily); ST

Drug Name	Drug Tier	Requirements/ Limits
simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg	P	QL(1 ea daily)
ZOCOR TABS 80 MG *(Use simvastatin)*	NP	
ZOCOR TABS 10 MG, 20 MG, 40 MG *(Use simvastatin)*	NP	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	ST
ZETIA *(Use ezetimibe)*	NP	ST
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	P	SP; PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbcr	P	
niacin (antihyperlipidemic) tabs	P	
NIASPAN TBCR *(Use niacin (antihyperlipidemic))*	NP	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	P	SP; PA
PRALUENT SOAJ	P	SP; PA
REPATHA SOSY	P	SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA
REPATHA SURECLICK SOAJ	P	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(Use quinapril hcl)*	NP	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(Use ramipril)*	NP	QL(2 ea daily)
benazepril hcl 5 mg, 10 mg, 20 mg	P	QL(1 ea daily)
benazepril hcl 40 mg	P	QL(2 ea daily)
captopril	P	QL(3 ea daily)
enalapril maleate tabs	P	QL(2 ea daily)
fosinopril sodium	P	QL(1 ea daily)
lisinopril tabs 2.5 mg	P	QL(1 ea daily)
lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	P	QL(2 ea daily)
LOTENSIN 40 MG *(Use benazepril hcl)*	NP	QL(2 ea daily)
LOTENSIN 10 MG, 20 MG *(Use benazepril hcl)*	NP	QL(1 ea daily)
PRINIVIL TABS *(Use lisinopril)*	NP	QL(2 ea daily)
quinapril hcl	P	
ramipril caps	P	QL(2 ea daily)
trandolapril 4 mg	P	QL(2 ea daily)
trandolapril 1 mg, 2 mg	P	QL(1 ea daily)
VASOTEC TABS *(Use enalapril maleate)*	NP	QL(2 ea daily)
ZESTRIL TABS 2.5 MG *(Use lisinopril)*	NP	QL(1 ea daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG *(Use lisinopril)*	NP	QL(2 ea daily)
Agents for Pheochromocytoma		
DEMSER *(Use metyrosine)*	NP	SP; PA
metyrosine	P	SP; PA
Angiotensin II Receptor Antagonists		
ATACAND *(Use candesartan cilexetil)*	NP	
AVAPRO *(Use irbesartan)*	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BENICAR *(Use olmesartan medoxomil)*	NP	Use losartan or irbesartan; QL(1 ea daily); ST
candesartan cilexetil	P	
COZAAR *(Use losartan potassium)*	NP	QL(1 ea daily)
DIOVAN TABS *(Use valsartan)*	NP	QL(1 ea daily)
irbesartan	P	QL(1 ea daily)
losartan potassium	P	QL(1 ea daily)
MICARDIS *(Use telmisartan)*	NP	QL(1 ea daily)
olmesartan medoxomil	P	Use losartan or irbesartan; QL(1 ea daily); ST
telmisartan	P	QL(1 ea daily)
valsartan tabs	P	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA *(Use doxazosin mesylate)*	NP	
clonidine hcl tabs	P	
doxazosin mesylate	P	
guanfacine hcl	P	
methyldopa tabs	P	
MINIPRESS CAPS *(Use prazosin hcl)*	NP	
prazosin hcl caps	P	
terazosin hcl	P	
Antihypertensive Combinations		
ACCURETIC 10 MG-12.5 MG *(Use quinapril-hydrochlorothiazide)*	NP	QL(3 ea daily)
ACCURETIC 10 MG-12.5 MG	P	QL(3 ea daily)
ACCURETIC 20 MG-25 MG *(Use quinapril-hydrochlorothiazide)*	NP	QL(2 ea daily)
ACCURETIC 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NP	QL(4 ea daily)
amlodipine besylate-benazepril hcl	P	QL(1 ea daily)
amlodipine besylate-olmesartan medoxomil	P	Use losartan or irbesartan; ST
amlodipine besylate-valsartan	P	Use losartan or irbesartan; ST
amlodipine-valsartan-hydrochlorothiazide	P	Use losartan or irbesartan; ST
ATACAND HCT *(Use candesartan cilexetil-hydrochlorothiazide)*	NP	
atenolol & chlorthalidone	P	QL(2 ea daily)
AVALIDE *(Use irbesartan-hydrochlorothiazide)*	NP	QL(1 ea daily)
AZOR *(Use amlodipine besylate-olmesartan medoxomil)*	NP	Use losartan or irbesartan; ST
benazepril & hydrochlorothiazide	P	QL(1 ea daily)
BENICAR HCT *(Use olmesartan medoxomil-hydrochlorothiazide)*	NP	Use losartan or irbesartan; QL(1 ea daily); ST
bisoprolol & hydrochlorothiazide	P	QL(1 ea daily)
candesartan cilexetil-hydrochlorothiazide	P	
captopril & hydrochlorothiazide 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg	P	QL(2 ea daily)
DIOVAN HCT *(Use valsartan-hydrochlorothiazide)*	NP	QL(1 ea daily)
DUTOPROL TB24	P	QL(1 ea daily)
enalapril maleate & hydrochlorothiazide	P	QL(2 ea daily)
EXFORGE *(Use amlodipine besylate-valsartan)*	NP	Use losartan or irbesartan; ST

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	NP	Use losartan or irbesartan; ST
fosinopril sodium & hydrochlorothiazide	P	QL(1 ea daily)
HYZAAR *(Use losartan potassium & hydrochlorothiazide)*	NP	QL(1 ea daily)
irbesartan-hydrochlorothiazide	P	QL(1 ea daily)
lisinopril & hydrochlorothiazide 10 mg-12.5 mg, 12.5 mg-20 mg	P	QL(2 ea daily)
losartan potassium & hydrochlorothiazide	P	QL(1 ea daily)
LOTENSIN HCT 10 MG-12.5 MG, 12.5 MG-20 MG, 20 MG-25 MG *(Use benazepril & hydrochlorothiazide)*	NP	QL(1 ea daily)
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG *(Use amlodipine besylate-benazepril hcl)*	NP	QL(1 ea daily)
metoprolol & hydrochlorothiazide tabs 25 mg-100 mg, 25 mg-50 mg	P	QL(2 ea daily)
MICARDIS HCT *(Use telmisartan-hydrochlorothiazide)*	NP	QL(1 ea daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide	P	Use losartan or irbesartan; ST
olmesartan medoxomil-hydrochlorothiazide	P	Use losartan or irbesartan; QL(1 ea daily); ST
propranolol & hydrochlorothiazide	P	QL(2 ea daily)
quinapril-hydrochlorothiazide 20 mg-25 mg	P	QL(2 ea daily)
quinapril-hydrochlorothiazide 12.5 mg-20 mg	P	QL(4 ea daily)
TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG *(Use trandolapril-verapamil hcl)*	NP	
telmisartan-amlodipine	P	
telmisartan-hydrochlorothiazide	P	QL(1 ea daily)
TENORETIC 100 25 MG-100 MG *(Use atenolol & chlorthalidone)*	NP	QL(2 ea daily)
TENORETIC 50 25 MG-50 MG *(Use atenolol & chlorthalidone)*	NP	QL(2 ea daily)
trandolapril-verapamil hcl	P	
TRIBENZOR *(Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NP	Use losartan or irbesartan; ST
TWYNSTA *(Use telmisartan-amlodipine)*	NP	
valsartan-hydrochlorothiazide	P	QL(1 ea daily)
VASERETIC 10 MG-25 MG *(Use enalapril maleate & hydrochlorothiazide)*	NP	QL(2 ea daily)
ZESTORETIC 10 MG-12.5 MG, 12.5 MG-20 MG *(Use lisinopril & hydrochlorothiazide)*	NP	QL(2 ea daily)
ZESTORETIC 20 MG-25 MG *(Use lisinopril & hydrochlorothiazide)*	NP	QL(1 ea daily)
ZIAC *(Use bisoprolol & hydrochlorothiazide)*	NP	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	P	SP; PA
Vasodilators		
hydralazine hcl tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
minoxidil 2.5 mg	P	QL(3 ea daily)
minoxidil 10 mg	P	QL(10 ea daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS 500 MG *(Use metronidazole)*	NP	
metronidazole tabs	P	
trimethoprim tabs	P	
TRIMETHOPRIM TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM TABS 80 MG-400 MG *(Use sulfamethoxazole-trimethoprim)*	NP	
BACTRIM DS TABS 160 MG-800 MG *(Use sulfamethoxazole-trimethoprim)*	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 0.12 mg-10.8 mg-36.2 mg-40.8 mg-81.6 mg	P	
sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml	P	
sulfamethoxazole-trimethoprim tabs	P	
Carbapenems		
ertapenem sodium ij	P	SP; PA
INVANZ IJ *(Use ertapenem sodium)*	NP	SP; PA
Cyclic Lipopeptides		
CUBICIN *(Use daptomycin)*	NP	
CUBICIN RF *(Use daptomycin)*	NP	
DAPTOMYCIN *(Use daptomycin)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
Glycopeptides		
FIRVANQ SOLR OR	P	QL(300 ml per fill retail)
VANCOCIN CAPS 250 MG *(Use vancomycin hcl)*	NP	QL(8 ea daily)
VANCOCIN CAPS 125 MG *(Use vancomycin hcl)*	NP	QL(4 ea daily)
vancomycin hcl solr iv 500 mg	P	QL(14 ea per 30 days retail)
vancomycin hcl caps 125 mg	P	QL(4 ea daily)
vancomycin hcl solr iv 1 gm, 1000 mg	P	QL(14 ea per fill retail)
vancomycin hcl caps 250 mg	P	QL(8 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ml per fill retail)
Leprostatics		
dapsone	P	
Lincosamides		
CLEOCIN PEDIATRIC GRANULES *(Use clindamycin palmitate hydrochloride)*	NP	QL(300 ml per fill retail)
clindamycin hcl 150 mg, 300 mg	P	
clindamycin palmitate hydrochloride	P	QL(300 ml per fill retail)
Monobactams		
CAYSTON	P	SP; PA
Oxazolidinones		
SIVEXTRO TABS	P	QL(6 ea per fill retail); PA
Pleuromutilins		
XENLETA TABS	P	SP; PA
Polymyxins		

Drug Name	Drug Tier	Requirements/ Limits
COLY-MYCIN M *(Use colistimethate sodium)*	NP	
Urinary Anti-infectives		
MACROBID *(Use nitrofurantoin monohyd macro)*	NP	
methenamine mandelate	P	
nitrofurantoin	P	QL(40 ml daily)
nitrofurantoin macrocrystal 50 mg, 100 mg	P	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM 20 MG-120 MG	P	QL(24 ea per fill retail)
Antimalarials		
chloroquine phosphate tabs 250 mg	P	
chloroquine phosphate tabs 500 mg	P	QL(1 ea daily)
DARAPRIM *(Use pyrimethamine)*	NP	SP; PA
hydroxychloroquine sulfate 200 mg	P	
KRINTAFEL	P	QL(2 ea per 30 days retail)
mefloquine hcl	P	
PLAQUENIL *(Use hydroxychloroquine sulfate)*	NP	
primaquine phosphate tabs	P	
PRIMAQUINE PHOSPHATE TABS *(Use primaquine phosphate)*	NP	
pyrimethamine	P	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS *(Use pyridostigmine bromide)*	NP	
MESTINON TIMESPAN TBCR *(Use pyridostigmine bromide)*	NP	
pyridostigmine bromide tabs 60 mg	P	
pyridostigmine bromide tbcr	P	
RUZURGI	P	QL(10 ea daily); SP; PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl tabs	P	
isoniazid tabs	P	
isoniazid syrp	P	
MYAMBUTOL TABS 400 MG *(Use ethambutol hcl)*	NP	
MYCOBUTIN *(Use rifabutin)*	NP	
pyrazinamide	P	
rifabutin	P	
rifampin caps	P	
TRECATOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN *(Use melphalan)*	NP	
ALKERAN *(Use melphalan hcl)*	NP	SP; PA
BELRAPZO SOLN	P	SP; PA
bendamustine hcl solr	P	SP; PA
BENDAMUSTINE HYDROCHLORIDE SOLN	P	SP; PA
BENDEKA SOLN	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
carboplatin soln 50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml, 1000 mg/100ml	P	SP; PA
cisplatin soln 50 mg/50ml, 100 mg/100ml, 200 mg/200ml	P	SP; PA
CISPLATIN SOLR	P	SP; PA
cyclophosphamide solr ij	P	SP; PA
CYCLOPHOSPHAMIDE SOLN	P	SP; PA
CYCLOPHOSPHAMIDE SOLN	P	SP; PA
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	P	SP; PA
EVOMELA	P	SP; PA
LEUKERAN	P	
melphalan	P	
melphalan hcl	P	SP; PA
MYLERAN TABS	P	
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG *(Use temozolomide)*	NP	SP; PA
TEMODAR SOLR	P	SP; PA
temozolomide caps	P	SP; PA
TEPADINA *(Use thiotepa)*	NP	SP; PA
thiotepa	P	SP; PA
TREANDA SOLR *(Use bendamustine hcl)*	NP	SP; PA
VIVIMUSTA SOLN	P	SP; PA
YONDELIS	P	SP; PA
ZEPZELCA	P	SP; PA
Antimetabolites		
ALIMTA SOLR *(Use pemetrexed disodium)*	NP	SP; PA
azacitidine susr	P	SP; PA
capecitabine	P	SP; PA
cladribine 10 mg/10ml	P	SP; PA
cytarabine soln	P	SP; PA
DACOGEN *(Use decitabine)*	NP	SP; PA
decitabine	P	SP; PA
fludarabine phosphate solr	P	SP; PA
fludarabine phosphate soln	P	SP; PA
FOLOTYN	P	SP; PA
mercaptopurine tabs	P	
methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml	P	
methotrexate sodium tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg	P	
ONUREG TABS	P	SP; PA
PEMETREXED 500 MG/20ML	P	SP; PA
pemetrexed disodium solr 100 mg, 500 mg	P	SP; PA
PEMFEXY	P	SP; PA
pralatrexate	P	SP; PA
PURIXAN SUSP	P	
TABLOID	P	SP; PA
TREXALL TABS	P	
VIDAZA SUSR *(Use azacitidine)*	NP	SP; PA
XELODA *(Use capecitabine)*	NP	SP; PA
Antineoplastic - Angiogenesis Inhibitors		
CYRAMZA	P	SP; PA
INLYTA	P	SP; PA
LENVIMA 10 MG DAILY DOSE	P	QL(1 ea daily); SP; PA
LENVIMA 12MG DAILY DOSE	P	QL(3 ea daily); SP; PA
LENVIMA 14 MG DAILY DOSE	P	QL(2 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 18 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
LENVIMA 20 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
LENVIMA 24 MG DAILY DOSE	P	QL(3 ea daily); SP; PA
LENVIMA 4 MG DAILY DOSE	P	QL(1 ea daily); SP; PA
LENVIMA 8 MG DAILY DOSE	P	QL(2 ea daily); SP; PA
MVASI	P	SP; PA
ZALTRAP	P	SP; PA
ZIRABEV	P	SP; PA
Antineoplastic - Antibodies		
ADCETRIS	P	SP; PA
ARZERRA	P	SP; PA
BAVENCIO	P	SP; PA
BESPONSA	P	SP; PA
BLENREP	P	SP; PA
BLINCYTO	P	SP; PA
DARZALEX	P	SP; PA
EMPLICITI	P	SP; PA
ENHERTU	P	SP; PA
GAZYVA	P	SP; PA
IMFINZI	P	SP; PA
JEMPERLI	P	SP; PA
KADCYLA	P	SP; PA
KEYTRUDA	P	SP; PA
KIMMTRAK	P	SP; PA
LIBTAYO	P	SP; PA
LUMOXITI	P	SP; PA
MONJUVI	P	SP; PA
MYLOTARG	P	SP; PA
OPDIVO	P	SP; PA
PADCEV	P	SP; PA
POLIVY	P	SP; PA
POTELIGEO	P	SP; PA
RIABNI	P	SP; PA
RITUXAN	P	SP; PA
RUXIENCE	P	SP; PA
TECENTRIQ	P	SP; PA
TIVDAK	P	SP; PA
TRUXIMA	P	SP; PA
UNITUXIN	P	SP; PA
YERVOY	P	SP; PA
ZEVALIN Y-90	P	SP; PA
ZYNLONTA	P	SP; PA
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	P	SP; PA
KANJINTI 420 MG	P	SP; PA
MARGENZA	P	SP; PA
OGIVRI	P	SP; PA
PERJETA	P	SP; PA
TRAZIMERA	P	SP; PA
TUKYSA	P	SP; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA TABS	P	SP; PA
VENCLEXTA STARTING PACK TBPK	P	SP; PA
Antineoplastic - Cellular Immunotherapy		
ABECMA	P	SP; PA
BREYANZI	P	SP; PA
CARVYKTI	P	SP; PA
TECARTUS 0	P	SP; PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	P	SP; PA
erlotinib hcl	P	SP; PA
EXKIVITY	P	SP; PA
GILOTRIF	P	SP; PA
IRESSA	P	SP; PA
PORTRAZZA	P	SP; PA
TAGRISSO	P	SP; PA
TARCEVA *(Use erlotinib hcl)*	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP; PA
VIZIMPRO	P	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	P	SP; PA
ERIVEDGE	P	SP; PA
ODOMZO	P	SP; PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	P	SP; PA
anastrozole	P	
ARIMIDEX *(Use anastrozole)*	NP	
AROMASIN *(Use exemestane)*	NP	
bicalutamide	P	QL(1 ea daily)
CAMCEVI	P	SP; PA
CASODEX *(Use bicalutamide)*	NP	QL(1 ea daily)
ELIGARD SC 45 MG	P	SP; PA
ELIGARD KIT SC 7.5 MG	P	SP; PA
EMCYT	P	SP; PA
ERLEADA 60 MG	P	SP; PA
EULEXIN	P	
exemestane	P	
FARESTON *(Use toremifene citrate)*	NP	PA
FEMARA *(Use letrozole)*	NP	
FIRMAGON 80 MG	P	SP; PA
flutamide	P	
hydroxyprogesterone caproate (antineoplastic)	P	SP; PA
letrozole	P	
leuprolide acetate kit ij 1 mg/0.2ml	P	SP; PA
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE 5 MG/ML-25 MG/ML	P	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	P	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	P	SP; PA
LUPRON DEPOT (4-MONTH) IM	P	SP; PA
LUPRON DEPOT (6-MONTH) IM	P	SP; PA
LYSODREN	P	SP; PA
megestrol acetate susp	P	
megestrol acetate tabs	P	
NUBEQA	P	SP; PA
ORGOVYX	P	SP; PA
tamoxifen citrate tabs	P	
toremifene citrate	P	PA
TRELSTAR MIXJECT	P	SP; PA
VANTAS	P	SP; PA
XTANDI TABS	P	SP; PA
XTANDI CAPS	P	SP; PA
YONSA	P	SP; PA
ZOLADEX	P	SP; PA
ZYTIGA *(Use abiraterone acetate)*	NP	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	P	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	P	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	P	QL(1 ea daily); SP; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	P	SP; PA
XPOVIO 100 MG ONCE WEEKLY	P	SP; PA
XPOVIO 40 MG ONCE WEEKLY	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO 40 MG TWICE WEEKLY	P	SP; PA
XPOVIO 60 MG ONCE WEEKLY	P	SP; PA
XPOVIO 60 MG TWICE WEEKLY	P	SP; PA
XPOVIO 80 MG ONCE WEEKLY	P	SP; PA
XPOVIO 80 MG TWICE WEEKLY	P	SP; PA
Antineoplastic Antibiotics		
daunorubicin hcl soln	P	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN *(Use daunorubicin hcl)*	NP	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN	P	SP; PA
ELLENCE SOLN	P	SP; PA
epirubicin hcl soln 50 mg/25ml, 200 mg/100ml	P	SP; PA
mitoxantrone hcl 2 mg/ml	P	SP; PA
valrubicin	P	SP; PA
VALSTAR *(Use valrubicin)*	NP	SP; PA
Antineoplastic Combinations		
DARZALEX FASPRO 30000 UNIT/15ML-1800 MG/15ML	P	SP; PA
HERCEPTIN HYLECTA 10000 UNIT/5ML-600 MG/5ML	P	SP; PA
INQOVI 35 MG-100 MG	P	SP; PA
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	P	SP; PA
KISQALI FEMARA 400 DOSE 2.5 MG-200 MG	P	SP; PA
KISQALI FEMARA 600 DOSE 2.5 MG-200 MG	P	SP; PA
LONSURF	P	SP; PA
OPDUALAG 80 MG/20ML-240 MG/20ML	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PHESGO	P	SP; PA
RITUXAN HYCELA	P	SP; PA
VYXEOS 100 MG-44 MG	P	SP; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS *(Use everolimus)*	NP	SP; PA
AFINITOR DISPERZ TBSO *(Use everolimus)*	NP	SP; PA
ALECENSA	P	SP; PA
ALIQOPA	P	SP; PA
ALUNBRIG TABS	P	SP; PA
ALUNBRIG TBPK	P	SP; PA
BALVERSA	P	SP; PA
BELEODAQ	P	SP; PA
bortezomib solr ij	P	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	P	SP; PA
BOSULIF	P	SP; PA
BRAFTOVI 75 MG	P	SP; PA
BRUKINSA	P	SP; PA
CABOMETYX TABS 40 MG	P	QL(2 ea daily); SP; PA
CABOMETYX TABS 20 MG, 60 MG	P	QL(1 ea daily); SP; PA
CALQUENCE	P	SP; PA
CAPRELSA	P	SP; PA
COMETRIQ KIT	P	SP; PA
COPIKTRA	P	SP; PA
COTELLIC	P	SP; PA
everolimus tbso	P	SP; PA
everolimus tabs	P	SP; PA
FARYDAK	P	SP; PA
FOTIVDA	P	SP; PA
FYARRO	P	SP; PA
GAVRETO	P	SP; PA
GLEEVEC *(Use imatinib mesylate)*	NP	SP; PA
IBRANCE TABS	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
IBRANCE CAPS	P	SP; PA
ICLUSIG	P	QL(1 ea daily); SP; PA
IDHIFA	P	SP; PA
imatinib mesylate	P	SP; PA
IMBRUVICA CAPS	P	SP; PA
IMBRUVICA TABS	P	QL(1 ea daily); SP; PA
INREBIC	P	SP; PA
ISTODAX (OVERFILL) SOLR *(Use romidepsin)*	NP	SP; PA
JAKAFI	P	QL(2 ea daily); SP; PA
KISQALI	P	SP; PA
KOSELUGO	P	SP; PA
KYPROLIS	P	SP; PA
lapatinib ditosylate	P	SP; PA
LORBRENA	P	SP; PA
LYNPARZA TABS	P	QL(4 ea daily); SP; PA
MEKINIST	P	SP; PA
MEKTOVI	P	SP; PA
NERLYNX	P	SP; PA
NEXAVAR *(Use sorafenib tosylate)*	NP	SP; PA
NINLARO	P	SP; PA
PEMAZYRE	P	SP; PA
PIQRAY 200MG DAILY DOSE	P	SP; PA
PIQRAY 250MG DAILY DOSE	P	SP; PA
PIQRAY 300MG DAILY DOSE	P	SP; PA
QINLOCK	P	SP; PA
RETEVMO	P	SP; PA
romidepsin solr	P	SP; PA
ROMIDEPSIN SOLN	P	SP; PA
ROZLYTREK	P	SP; PA
RUBRACA	P	SP; PA
RYDAPT	P	SP; PA
SCEMBLIX	P	SP; PA
sorafenib tosylate	P	SP; PA
SPRYCEL	P	SP; PA
STIVARGA	P	SP; PA
sunitinib malate	P	SP; PA
SUTENT *(Use sunitinib malate)*	NP	SP; PA
TABRECTA	P	SP; PA
TAFINLAR	P	SP; PA
TALZENNA	P	SP; PA
TASIGNA	P	SP; PA
TAZVERIK	P	SP; PA
temsirolimus	P	SP; PA
TIBSOVO	P	SP; PA
TORISEL *(Use temsirolimus)*	NP	SP; PA
TURALIO 200 MG	P	SP; PA
TYKERB *(Use lapatinib ditosylate)*	NP	SP; PA
UKONIQ	P	SP; PA
VELCADE SOLR IJ *(Use bortezomib)*	NP	SP; PA
VERZENIO	P	QL(2 ea daily); SP; PA
VITRAKVI SOLN	P	SP; PA
VITRAKVI CAPS	P	SP; PA
VONJO	P	SP; PA
VOTRIENT	P	SP; PA
XALKORI	P	SP; PA
XOSPATA	P	SP; PA
ZEJULA	P	SP; PA
ZELBORAF	P	SP; PA
ZOLINZA	P	SP; PA
ZYDELIG	P	SP; PA
ZYKADIA TABS	P	SP; PA
Antineoplastic Enzymes		
ASPARLAS	P	SP; PA
ERWINASE	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ERWINAZE	P	SP; PA
ONCASPAR	P	SP; PA
RYLAZE	P	SP; PA
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	P	SP; PA
AZEDRA THERAPEUTIC	P	SP; PA
Antineoplastics Misc.		
ACTIMMUNE	P	SP; PA
ALFERON N	P	SP; PA
arsenic trioxide	P	SP; PA
BESREMI	P	SP; PA
bexarotene	P	SP; PA
HYDREA *(Use hydroxyurea)*	NP	
hydroxyurea	P	
INTRON A SOLN	P	SP; PA
INTRON A SOLR	P	SP; PA
MATULANE	P	SP; PA
PHOTOFRIN	P	SP; PA
PROLEUKIN	P	SP; PA
SYNRIBO	P	SP; PA
TARGRETIN *(Use bexarotene)*	NP	SP; PA
tretinoin (chemotherapy)	P	SP; PA
TRISENOX *(Use arsenic trioxide)*	NP	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE	P	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
dexrazoxane hcl	P	SP; PA
KHAPZORY	P	SP; PA
leucovorin calcium tabs	P	
levoleucovorin calcium solr	P	SP; PA
levoleucovorin calcium soln 250 mg/25ml	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
mesna soln	P	SP; PA
MESNEX SOLN *(Use mesna)*	NP	SP; PA
MESNEX TABS	P	SP; PA
TOTECT	P	SP; PA
VORAXAZE	P	SP; PA
Mitotic Inhibitors		
ABRAXANE 100 MG-900 MG *(Use paclitaxel protein-bound particles)*	NP	SP; PA
docetaxel soln	P	SP; PA
docetaxel conc 20 mg/ml, 80 mg/4ml, 160 mg/8ml	P	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML *(Use docetaxel)*	NP	SP; PA
DOCETAXEL SOLN *(Use docetaxel)*	NP	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP; PA
etoposide soln 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	P	SP; PA
etoposide caps	P	SP; PA
HALAVEN	P	SP; PA
IXEMPRA KIT	P	SP; PA
JEVTANA	P	SP; PA
MARQIBO	P	SP; PA
NAVELBINE *(Use vinorelbine tartrate)*	NP	
paclitaxel protein-bound particles 900 mg-100 mg	P	SP; PA
PACLITAXEL PROTEIN-BOUNDPARTICLES 100 MG-900 MG *(Use paclitaxel protein-bound particles)*	NP	SP; PA
vincristine sulfate	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Oncolytic Viral Agents		
IMLYGIC 0	P	SP; PA
Topoisomerase I Inhibitors		
CAMPTOSAR *(Use irinotecan hcl)*	NP	SP; PA
HYCAMTIN CAPS	P	SP; PA
HYCAMTIN SOLR *(Use topotecan hcl)*	NP	SP; PA
irinotecan hcl	P	SP; PA
topotecan hcl soln	P	SP; PA
topotecan hcl solr	P	SP; PA
TOPOTECAN HCL SOLN	P	SP; PA
TOPOTECAN HCL SOLN *(Use topotecan hcl)*	NP	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	P	
LODOSYN *(Use carbidopa)*	NP	
Antiparkinson Anticholinergics		
benztropine mesylate tabs	P	
COGENTIN SOLN *(Use benztropine mesylate)*	NP	
trihexyphenidyl hcl tabs	P	
Antiparkinson Dopaminergics		
amantadine hcl soln	P	
amantadine hcl caps	P	
APOKYN SOCT	P	SP; PA
apomorphine hydrochloride soct	P	SP; PA
bromocriptine mesylate tabs 2.5 mg	P	
bromocriptine mesylate caps	P	
carbidopa-levodopa tabs	P	
carbidopa-levodopa tbcr	P	
DHIVY TABS 25 MG-100 MG	P	
GOCOVRI CP24	P	SP; PA
MIRAPEX TABS .125 MG, .5 MG, .75 MG, 1 MG *(Use pramipexole dihydrochloride)*	NP	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL TABS *(Use bromocriptine mesylate)*	NP	
PARLODEL CAPS *(Use bromocriptine mesylate)*	NP	
pramipexole dihydrochloride tabs	P	QL(3 ea daily); AL(At least 18 yrs old)
ropinirole hydrochloride tabs .25 mg, 3 mg, 4 mg	P	QL(6 ea daily)
ropinirole hydrochloride tabs .5 mg, 1 mg, 2 mg, 5 mg	P	QL(3 ea daily)
SINEMET TABS 10 MG-100 MG, 25 MG-100 MG *(Use carbidopa-levodopa)*	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
selegiline hcl caps	P	
selegiline hcl tabs	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate tabs	P	
lithium carbonate tbcr	P	
lithium carbonate caps	P	
LITHOBID TBCR *(Use lithium carbonate)*	P	
Antipsychotics - Misc.		
GEODON *(Use ziprasidone hcl)*	NP	QL(2 ea daily); AL(At least 18 yrs old)
NUPLAZID CAPS	P	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	P	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
ziprasidone hcl	P	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
INVEGA HAFYERA	P	SP; PA
INVEGA SUSTENNA	P	SP; PA
INVEGA TRINZA	P	SP; PA
PERSERIS PRSY	P	SP; PA
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(Use risperidone)*	NP	QL(4 ea daily); AL(At least 5 yrs old)
RISPERDAL SOLN *(Use risperidone)*	NP	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL CONSTA	P	SP; PA
risperidone soln	P	QL(4 ml daily); AL(At least 5 yrs old)
risperidone tabs	P	QL(4 ea daily); AL(At least 5 yrs old)
risperidone tbdp	P	QL(2 ea daily); AL(At least 5 yrs old)
Butyrophenones		
HALDOL SOLN *(Use haloperidol lactate)*	NP	
HALDOL DECANOATE 100 *(Use haloperidol decanoate)*	NP	
HALDOL DECANOATE 50 *(Use haloperidol decanoate)*	NP	
haloperidol tabs 20 mg	P	
haloperidol tabs .5 mg, 1 mg, 2 mg, 5 mg, 10 mg	P	QL(3 ea daily)
haloperidol decanoate	P	
haloperidol lactate conc	P	
Dibenzapines		
clozapine tabs	P	QL(3 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS *(Use clozapine)*	NP	QL(3 ea daily); AL(At least 18 yrs old)
loxapine succinate	P	QL(4 ea daily)
olanzapine tabs 2.5 mg, 5 mg	P	QL(4 ea daily); AL(At least 10 yrs old)
olanzapine tabs 15 mg, 20 mg	P	QL(1 ea daily); AL(At least 10 yrs old)
olanzapine tabs 7.5 mg, 10 mg	P	QL(2 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tabs 25 mg, 50 mg	P	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
quetiapine fumarate tabs 300 mg, 400 mg	P	QL(2 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tabs 100 mg, 200 mg	P	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG *(Use quetiapine fumarate)*	NP	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 100 MG, 200 MG *(Use quetiapine fumarate)*	NP	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 25 MG, 50 MG *(Use quetiapine fumarate)*	NP	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
ZYPREXA TABS 15 MG, 20 MG *(Use olanzapine)*	NP	QL(1 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS 7.5 MG, 10 MG *(Use olanzapine)*	NP	QL(2 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG *(Use olanzapine)*	NP	QL(4 ea daily); AL(At least 10 yrs old)
ZYPREXA RELPREVV	P	SP; PA
Dihydroindolones		
molindone hcl	P	QL(4 ea daily)
Phenothiazines		

Drug Name	Drug Tier	Requirements/ Limits
chlorpromazine hcl tabs 25 mg, 50 mg, 100 mg, 200 mg	P	QL(3 ea daily)
chlorpromazine hcl tabs 10 mg	P	QL(10 ea daily)
fluphenazine decanoate	P	
fluphenazine hcl tabs	P	
perphenazine tabs	P	QL(4 ea daily)
prochlorperazine	P	
prochlorperazine maleate tabs	P	
thioridazine hcl	P	QL(3 ea daily)
trifluoperazine hcl tabs	P	QL(2 ea daily)
Quinolinone Derivatives		
ABILIFY TABS *(Use aripiprazole)*	NP	QL(1 ea daily); AL(At least 6 yrs old)
ABILIFY MAINTENA PRSY	P	SP; PA
ABILIFY MAINTENA SRER	P	SP; PA
ABILIFY MYCITE	P	PA
aripiprazole soln or	P	QL(750 ml per fill retail); AL(At least 6 yrs old)
aripiprazole tabs	P	QL(1 ea daily); AL(At least 6 yrs old)
aripiprazole tbdp	P	QL(1 ea daily); AL(At least 6 yrs old)
ARISTADA	P	SP; PA
ARISTADA INITIO	P	SP; PA
Thioxanthenes		
thiothixene	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde soln 10 %	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
chlorhexidine gluconate liqd	P	OTC; QL(946 ml per fill retail)
HIBICLENS LIQD *(Use chlorhexidine gluconate)*	NP	OTC; QL(946 ml per fill retail)
NEOSPORIN WOUND CLEANSERFOR KIDS LIQD *(Use benzalkonium chloride)*	NP	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate tabs	P	QL(2 ea daily)
abacavir sulfate soln	P	QL(30 ml daily)
abacavir sulfate-lamivudine 600 mg-300 mg	P	QL(1 ea daily)
abacavir sulfate-lamivudine-zidovudine 150 mg-300 mg-300 mg	P	QL(2 ea daily)
APTIVUS SOLN	P	QL(10 ml daily); ST
APTIVUS CAPS	P	QL(4 ea daily); ST
atazanavir sulfate caps 300 mg	P	
atazanavir sulfate caps 150 mg, 200 mg	P	QL(2 ea daily)
BIKTARVY	P	QL(1 ea daily)
CIMDUO 300 MG-300 MG	P	QL(1 ea daily); ST
COMBIVIR 150 MG-300 MG *(Use lamivudine-zidovudine)*	NP	QL(2 ea daily)
COMPLERA 25 MG-200 MG-300 MG	P	QL(1 ea daily)
CRIXIVAN 400 MG	P	QL(6 ea daily)
DELSTRIGO 100 MG-300 MG-300 MG	P	QL(1 ea daily)
DESCOVY 25 MG-200 MG	P	QL(1 ea daily); PA
DESCOVY 15 MG-120 MG	P	QL(1 ea daily); PA
DOVATO 300 MG-50 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
EDURANT	P	QL(1 ea daily)
efavirenz caps 200 mg	P	QL(1 ea daily)
efavirenz tabs	P	QL(1 ea daily)
efavirenz caps 50 mg	P	QL(2 ea daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg-600 mg	P	QL(1 ea daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	P	QL(1 ea daily)
emtricitabine caps	P	QL(1 ea daily)
emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg, 300 mg-200 mg	P	QL(1 ea daily)
EMTRIVA CAPS *(Use emtricitabine)*	NP	QL(1 ea daily)
EMTRIVA SOLN	P	QL(24 ml daily)
EPIVIR TABS 150 MG *(Use lamivudine)*	NP	QL(2 ea daily)
EPIVIR TABS 300 MG *(Use lamivudine)*	NP	QL(1 ea daily)
EPIVIR SOLN *(Use lamivudine)*	NP	QL(30 ml daily)
EPZICOM 300 MG-600 MG *(Use abacavir sulfate-lamivudine)*	NP	QL(1 ea daily)
etravirine 200 mg	P	QL(2 ea daily)
etravirine	P	QL(4 ea daily)
fosamprenavir calcium tabs	P	QL(4 ea daily)
FUZEON SOLR	P	SP; PA
GENVOYA 10 MG-150 MG-150 MG-200 MG	P	QL(1 ea daily)
INTELENCE	P	QL(4 ea daily)
INTELENCE 200 MG *(Use etravirine)*	NP	QL(2 ea daily)
INTELENCE 100 MG *(Use etravirine)*	NP	QL(4 ea daily)
INVIRASE TABS	P	QL(4 ea daily); ST

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
ISENTRESS TABS	P	QL(2 ea daily)
ISENTRESS PACK	P	QL(2 ea daily)
ISENTRESS HD TABS	P	QL(2 ea daily)
JULUCA 50 MG-25 MG	P	QL(1 ea daily)
KALETRA TABS 50 MG-200 MG *(Use lopinavir-ritonavir)*	NP	QL(6 ea daily)
KALETRA TABS *(Use lopinavir-ritonavir)*	NP	QL(4 ea daily)
KALETRA SOLN 100 MG/5ML-400 MG/5ML *(Use lopinavir-ritonavir)*	NP	QL(480 ml per 30 days retail)
lamivudine tabs 300 mg	P	QL(1 ea daily)
lamivudine soln	P	QL(30 ml daily)
lamivudine tabs 150 mg	P	QL(2 ea daily)
lamivudine-zidovudine 150 mg-300 mg	P	QL(2 ea daily)
LEXIVA TABS *(Use fosamprenavir calcium)*	NP	QL(4 ea daily)
LEXIVA SUSP	P	QL(56 ml daily)
lopinavir-ritonavir tabs 50 mg-200 mg	P	QL(6 ea daily)
lopinavir-ritonavir tabs 100 mg-25 mg	P	QL(4 ea daily)
lopinavir-ritonavir soln 400 mg/5ml-100 mg/5ml	P	QL(480 ml per 30 days retail)
maraviroc tabs 300 mg	P	QL(4 ea daily)
maraviroc tabs	P	QL(2 ea daily)
nevirapine tb24 400 mg	P	QL(1 ea daily)
nevirapine tb24 100 mg	P	QL(3 ea daily)
nevirapine susp	P	QL(40 ml daily)
nevirapine tabs	P	QL(2 ea daily)
NORVIR TABS *(Use ritonavir)*	NP	QL(12 ea daily)
NORVIR SOLN	P	QL(15 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
ODEFSEY 200 MG-25 MG-25 MG	P	
PIFELTRO	P	QL(1 ea daily)
PREZCOBIX 150 MG-800 MG	P	QL(1 ea daily)
PREZISTA TABS 800 MG	P	QL(1 ea daily); ST
PREZISTA TABS 150 MG	P	QL(3 ea daily); ST
PREZISTA SUSP	P	QL(12 ml daily); ST
PREZISTA TABS 75 MG, 600 MG	P	QL(2 ea daily); ST
RETROVIR SYRP *(Use zidovudine)*	NP	QL(60 ml daily)
RETROVIR CAPS *(Use zidovudine)*	NP	QL(6 ea daily)
REYATAZ CAPS 300 MG *(Use atazanavir sulfate)*	NP	
REYATAZ CAPS 150 MG, 200 MG *(Use atazanavir sulfate)*	NP	QL(2 ea daily)
REYATAZ PACK	P	QL(6 ea daily)
ritonavir tabs	P	QL(12 ea daily)
RUKOBIA	P	PA
SELZENTRY TABS 25 MG, 75 MG, 150 MG	P	QL(2 ea daily)
SELZENTRY TABS 300 MG *(Use maraviroc)*	NP	QL(4 ea daily)
SELZENTRY TABS 150 MG *(Use maraviroc)*	NP	QL(2 ea daily)
SELZENTRY SOLN	P	QL(35 ml daily)
stavudine caps	P	QL(2 ea daily)
STRIBILD 150 MG-150 MG-200 MG-300 MG	P	QL(1 ea daily)
SUSTIVA CAPS 200 MG *(Use efavirenz)*	NP	QL(1 ea daily)
SUSTIVA CAPS 50 MG *(Use efavirenz)*	NP	QL(2 ea daily)
SUSTIVA TABS *(Use efavirenz)*	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SYMFI 300 MG-300 MG-600 MG *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NP	QL(1 ea daily)
SYMFI LO 300 MG-300 MG-400 MG *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NP	QL(1 ea daily)
TEMIXYS 300 MG-300 MG	P	QL(1 ea daily); ST
tenofovir disoproxil fumarate tabs	P	QL(1 ea daily)
TIVICAY TABS 50 MG	P	QL(2 ea daily)
TRIUMEQ TABS 50 MG-300 MG-600 MG	P	QL(1 ea daily); AL(At least 18 yrs old)
TRIZIVIR 150 MG-300 MG-300 MG	P	QL(2 ea daily)
TROGARZO	P	SP; PA
TRUVADA 200 MG-300 MG, 300 MG-200 MG *(Use emtricitabine-tenofovir disoproxil fumarate)*	P	QL(1 ea daily)
TYBOST	P	QL(1 ea daily); AL(At least 18 yrs old)
VIRACEPT TABS 625 MG	P	QL(4 ea daily)
VIRACEPT TABS 250 MG	P	QL(9 ea daily)
VIRAMUNE SUSP *(Use nevirapine)*	NP	QL(40 ml daily)
VIRAMUNE XR TB24 400 MG *(Use nevirapine)*	NP	QL(1 ea daily)
VIREAD TABS	P	QL(1 ea daily)
VIREAD TABS *(Use tenofovir disoproxil fumarate)*	NP	QL(1 ea daily)
VIREAD POWD	P	QL(240 gm per 30 days retail)
ZIAGEN SOLN *(Use abacavir sulfate)*	NP	QL(30 ml daily)
ZIAGEN TABS *(Use abacavir sulfate)*	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
zidovudine caps	P	QL(6 ea daily)
zidovudine syrp	P	QL(60 ml daily)
zidovudine tabs	P	QL(2 ea daily)
CMV Agents		
LIVTENCITY	P	SP; PA
PREVYMIS SOLN	P	SP; PA
PREVYMIS TABS	P	QL(1 ea daily); SP; PA
VALCYTE TABS *(Use valganciclovir hcl)*	NP	QL(2 ea daily)
valganciclovir hcl tabs	P	QL(2 ea daily)
Hepatitis Agents		
EPCLUSA PACK 50 MG-200 MG	P	SP; PA
HEPSERA *(Use adefovir dipivoxil)*	NP	
MAVYRET TABS 40 MG-100 MG	P	QL(3 ea daily); SP; PA
MAVYRET PACK 50 MG-20 MG	P	QL(6 ea daily); SP; PA
PEGASYS SOLN	P	SP; PA
PEGINTRON 50 MCG/0.5ML	P	SP; PA
ribavirin (hepatitis c) tabs 200 mg	P	SP; PA
ribavirin (hepatitis c) caps	P	SP; PA
SOFOSBUVIR/VELPATASVIR TABS 100 MG-400 MG	P	QL(1 ea daily); SP; PA
SOVALDI TABS	P	SP; PA
VEMLIDY	P	SP; PA
Herpes Agents		
acyclovir caps	P	QL(50 ea per 30 days retail)
acyclovir tabs or 800 mg	P	QL(50 ea per 30 days retail)
acyclovir tabs or 400 mg	P	QL(3 ea daily)
acyclovir susp	P	QL(400 ml per 30 days retail)
famciclovir	P	
valacyclovir hcl 1 gm, 1000 mg	P	QL(42 ea per 21 days retail)
valacyclovir hcl 500 mg	P	QL(2 ea daily)
VALTREX 500 MG *(Use valacyclovir hcl)*	NP	QL(2 ea daily)
VALTREX 1 GM *(Use valacyclovir hcl)*	NP	QL(42 ea per 21 days retail)
ZOVIRAX SUSP *(Use acyclovir)*	NP	QL(400 ml per 30 days retail)
Influenza Agents		
oseltamivir phosphate susr	P	QL(120 ml per 30 days retail)
oseltamivir phosphate caps 45 mg, 75 mg	P	QL(10 ea per 30 days retail)
oseltamivir phosphate caps 30 mg	P	QL(20 ea per 30 days retail)
RELENZA DISKHALER	P	QL(20 ea per fill retail); AL(At least 5 yrs old)
TAMIFLU CAPS 45 MG, 75 MG *(Use oseltamivir phosphate)*	NP	QL(10 ea per 30 days retail)
TAMIFLU SUSR *(Use oseltamivir phosphate)*	NP	QL(120 ml per 30 days retail)
TAMIFLU CAPS 30 MG *(Use oseltamivir phosphate)*	NP	QL(20 ea per 30 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 3.125 mg, 6.25 mg, 12.5 mg	P	QL(3 ea daily)
carvedilol 25 mg	P	QL(4 ea daily)
carvedilol phosphate	P	QL(1 ea daily)
COREG 25 MG *(Use carvedilol)*	NP	QL(4 ea daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG *(Use carvedilol)*	NP	QL(3 ea daily)
COREG CR *(Use carvedilol phosphate)*	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
labetalol hcl tabs 200 mg	P	QL(6 ea daily)
labetalol hcl tabs 100 mg	P	QL(3 ea daily)
labetalol hcl tabs 300 mg	P	QL(8 ea daily)
Beta Blockers Cardio-Selective		
acebutolol hcl caps	P	
atenolol tabs	P	QL(2 ea daily)
bisoprolol fumarate	P	QL(1 ea daily)
LOPRESSOR TABS 50 MG *(Use metoprolol tartrate)*	NP	QL(4 ea daily)
LOPRESSOR TABS 100 MG *(Use metoprolol tartrate)*	NP	QL(4.5 ea daily)
metoprolol succinate tb24 200 mg	P	QL(2 ea daily)
metoprolol succinate tb24 25 mg, 50 mg, 100 mg	P	QL(4 ea daily)
metoprolol tartrate tabs 100 mg	P	QL(4.5 ea daily)
metoprolol tartrate tabs 25 mg, 50 mg	P	QL(4 ea daily)
TENORMIN TABS *(Use atenolol)*	NP	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG *(Use metoprolol succinate)*	NP	QL(4 ea daily)
TOPROL XL TB24 200 MG *(Use metoprolol succinate)*	NP	QL(2 ea daily)
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 120 MG, 160 MG *(Use sotalol hcl)*	NP	QL(2 ea daily)
BETAPACE AF *(Use sotalol hcl (afib/afl))*	NP	QL(2 ea daily)
CORGARD TABS 20 MG, 40 MG, 80 MG *(Use nadolol)*	NP	QL(2 ea daily)
INDERAL LA CP24 *(Use propranolol hcl)*	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
nadolol tabs 20 mg, 40 mg, 80 mg	P	QL(2 ea daily)
pindolol tabs	P	
propranolol hcl tabs	P	
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	P	
propranolol hcl cp24	P	QL(2 ea daily)
sotalol hcl tabs 240 mg	P	
sotalol hcl tabs 80 mg, 120 mg, 160 mg	P	QL(2 ea daily)
sotalol hcl (afib/afl)	P	QL(2 ea daily)
timolol maleate tabs	P	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate tabs	P	QL(1 ea daily)
CALAN SR TBCR *(Use verapamil hcl)*	NP	QL(2 ea daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(Use diltiazem hcl)*	NP	QL(3 ea daily)
CARDIZEM CD CP24 240 MG *(Use diltiazem hcl coated beads)*	NP	QL(2 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG *(Use diltiazem hcl coated beads)*	NP	QL(1 ea daily)
diltiazem hcl cp24 120 mg, 180 mg	P	QL(1 ea daily)
diltiazem hcl tabs	P	QL(3 ea daily)
diltiazem hcl cp12	P	QL(2 ea daily)
diltiazem hcl cp24 240 mg	P	QL(2 ea daily)
diltiazem hcl coated beads cp24 240 mg	P	QL(2 ea daily)
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg	P	QL(1 ea daily)
diltiazem hcl extended release beads 240 mg	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl extended release beads 120 mg, 180 mg, 300 mg, 360 mg, 420 mg	P	QL(1 ea daily)
felodipine	P	QL(1 ea daily)
nicardipine hcl caps	P	
nifedipine tb24 30 mg, 90 mg	P	QL(1 ea daily)
nifedipine tb24 60 mg	P	QL(2 ea daily)
nifedipine caps	P	QL(4 ea daily)
NORVASC TABS *(Use amlodipine besylate)*	NP	QL(1 ea daily)
PROCARDIA CAPS *(Use nifedipine)*	NP	QL(4 ea daily)
PROCARDIA XL TB24 60 MG *(Use nifedipine)*	NP	QL(2 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG *(Use nifedipine)*	NP	QL(1 ea daily)
TIAZAC 240 MG *(Use diltiazem hcl extended release beads)*	NP	QL(2 ea daily)
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG *(Use diltiazem hcl extended release beads)*	NP	QL(1 ea daily)
verapamil hcl tbcr	P	QL(2 ea daily)
verapamil hcl cp24 100 mg, 200 mg	P	QL(2 ea daily)
verapamil hcl cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	P	QL(1 ea daily)
verapamil hcl tabs	P	QL(3 ea daily)
VERELAN CP24 *(Use verapamil hcl)*	NP	QL(1 ea daily)
VERELAN PM CP24 *(Use verapamil hcl)*	NP	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG *(Use verapamil hcl)*	NP	QL(2 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln or .05 mg/ml	P	
digoxin tabs .125 mg, .25 mg, 125 mcg, 250 mcg	P	
LANOXIN SOLN IJ *(Use digoxin)*	P	
LANOXIN TABS .125 MG, .25 MG, 125 MCG, 250 MCG *(Use digoxin)*	P	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	P	SP; PA
Impotence Agents		
BI-MIX SOLR 5 MG-150 MG	P	PA
IFE-BIMIX 30/1 SOLN 1 MG/ML-30 MG/ML	P	PA
SUPER BI-MIX SOLR 10 MG-150 MG	P	PA
SUPER TRI-MIX SOLR 10 MG-100 MCG-150 MG	P	SP; PA
TRI-MIX SOLR 5 MG-50 MCG-150 MG	P	SP; PA
Prostaglandin Vasodilators		
epoprostenol sodium	P	SP; PA
FLOLAN *(Use epoprostenol sodium)*	NP	SP; PA
ORENITRAM TBCR	P	SP; PA
TYVASO SOLN IN	P	SP; PA
TYVASO REFILL SOLN IN	P	SP; PA
TYVASO STARTER SOLN IN	P	SP; PA
VELETRI *(Use epoprostenol sodium)*	NP	SP; PA
VENTAVIS	P	SP; PA
Pulmonary Hypertension - Endothelin Receptor		

Drug Name	Drug Tier	Requirements/ Limits
Antagonists		
ambrisentan	P	QL(1 ea daily); SP; PA
bosentan tabs	P	SP; PA
LETAIRIS *(Use ambrisentan)*	NP	QL(1 ea daily); SP; PA
TRACLEER TBSO	P	SP; PA
TRACLEER TABS *(Use bosentan)*	NP	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(Use tadalafil (pulmonary hypertension))*	NP	SP; PA
REVATIO TABS *(Use sildenafil citrate (pulmonary hypertension))*	NP	SP; PA
REVATIO SOLN *(Use sildenafil citrate (pulmonary hypertension))*	NP	SP; PA
REVATIO SUSR *(Use sildenafil citrate (pulmonary hypertension))*	NP	SP; PA
sildenafil citrate (pulmonary hypertension) tabs	P	SP; PA
sildenafil citrate (pulmonary hypertension) susr	P	SP; PA
sildenafil citrate (pulmonary hypertension) soln	P	SP; PA
tadalafil (pulmonary hypertension) tabs	P	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI SOLR	P	SP; PA
UPTRAVI TABS	P	SP; PA
UPTRAVI TITRATION PACK TBPK	P	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	P	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 ea daily); SP; PA
VYNDAQEL	P	QL(4 ea daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil susr	P	
cefadroxil caps	P	
cefadroxil tabs	P	
cephalexin susr	P	
cephalexin caps 250 mg, 500 mg	P	
KEFLEX CAPS 750 MG *(Use cephalexin)*	NP	
Cephalosporins - 2nd Generation		
cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	P	
cefaclor caps	P	
CEFOTAN IJ *(Use cefotetan disodium)*	NP	
cefprozil susr	P	QL(200 ml per fill retail); AL(Up to 12 yrs old)
cefprozil tabs	P	QL(20 ea per fill retail)
cefuroxime axetil tabs	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
cefdinir susr	P	QL(100 ml per fill retail)
cefdinir caps	P	QL(20 ea per fill retail)
cefixime caps	P	
ceftriaxone sodium ij 1 gm, 250 mg, 500 mg	P	QL(3 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
FORTAZ IJ 1 GM *(Use ceftazidime)*	NP	
SUPRAX CAPS *(Use cefixime)*	NP	
SUPRAX SUSR *(Use cefixime)*	NP	
CHEMICALS		
Bulk Chemicals - O's		
OMEPRAZOLE	P	PA
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
desogestrel & ethinyl estradiol	P	
desogestrel-ethinyl estradiol (biphasic)	P	
desogestrel-ethinyl estradiol (triphasic)	P	
drospirenone-ethinyl estradiol	P	QL(1 ea daily)
ESTROSTEP FE 1 MG-75 MG *(Use norethindrone acetate-ethinyl estradiol-fe)*	NP	
ethynodiol diacet & eth estrad	P	QL(1 ea daily)
GENERESS FE 75 MG-0.8 MG-25 MCG *(Use norethindrone & ethinyl estradiol-fe)*	NP	
levonorgestrel & eth estradiol tabs	P	
levonorgestrel-eth estradiol (triphasic)	P	
levonorgestrel-ethinyl estradiol (91-day) 0.03 mg-0.15 mg, 0.15 mg-0.03 mg	P	QL(91 ea per fill retail)
MIRCETTE 0 *(Use desogestrel-ethinyl estradiol (biphasic))*	NP	
norethin acet & estrad-fe tabs	P	
norethindrone & eth estradiol	P	
norethindrone & ethinyl estradiol-fe	P	
norethindrone acet & eth estra	P	
norethindrone acetate-ethinyl estradiol-fe 1 mg-75 mg	P	
norethindrone-eth estradiol (triphasic) 0	P	
norgestimate-ethinyl estradiol 0.25 mg-35 mcg	P	
norgestimate-ethinyl estradiol (triphasic) 0	P	
norgestrel & ethinyl estradiol 0.3 mg-30 mcg	P	QL(2 ea daily)
SEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NP	QL(91 ea per fill retail)
TYBLUME CHEW 0.1 MG-20 MCG	P	
YASMIN 28 0.03 MG-3 MG *(Use drospirenone-ethinyl estradiol)*	NP	QL(1 ea daily)
YAZ 0.02 MG-3 MG *(Use drospirenone-ethinyl estradiol)*	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol 35 mcg/24hr-150 mcg/24hr	P	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol 0.015 mg/24hr-0.12 mg/24hr	P	QL(1 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
NUVARING 0.015 MG/24HR-0.12 MG/24HR *(Use etonogestrel-ethinyl estradiol)*	NP	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA	P	QL(4 ea per 365 days retail)
levonorgestrel (emergency oc) 1.5 mg	P	QL(1 ea per 21 days retail)
PLAN B ONE-STEP *(Use levonorgestrel (emergency oc))*	NP	QL(1 ea per 21 days retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM *(Use medroxyprogesterone acetate (contraceptive))*	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susp im	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy im	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	
ORTHO MICRONOR *(Use norethindrone (contraceptive))*	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CELESTONE-SOLUSPAN SUSP 3 MG/ML-3 MG/ML *(Use betamethasone sod phosphate & acetate)*	NP	
CORTEF TABS *(Use hydrocortisone)*	NP	
CORTISONE ACETATE TABS	P	
dexamethasone elix	P	
dexamethasone tabs	P	
dexamethasone soln	P	
dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml	P	QL(150 ml per 30 days retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	P	QL(150 ml per 30 days retail)
EMFLAZA TABS	P	SP; PA
EMFLAZA SUSP	P	SP; PA
ENTOCORT EC CPEP *(Use budesonide)*	NP	
hydrocortisone tabs	P	
MEDROL DOSEPAK TBPK *(Use methylprednisolone)*	NP	
methylprednisolone tbpk	P	
methylprednisolone tabs 4 mg, 8 mg	P	
MILLIPRED TABS	P	
PEDIAPRED SOLN *(Use prednisolone sodium phosphate)*	NP	
prednisolone tabs	P	
prednisolone soln	P	
prednisolone sodium phosphate soln 20 mg/5ml	P	QL(150 ml per fill retail)
prednisolone sodium phosphate soln 5 mg/5ml, 6.7 mg/5ml, 15 mg/5ml	P	
prednisone tabs	P	
prednisone soln	P	

Drug Name	Drug Tier	Requirements/ Limits
prednisone tbpk	P	
PREDNISONE INTENSOL CONC	P	
TARPEYO CPDR	P	SP; PA
ZILRETTA SRER	P	SP; PA
Mineralocorticoids		
fludrocortisone acetate tabs	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 100 mg	P	AL(At least 10 yrs old - Up to 21 yrs old)
benzonatate 200 mg	P	QL(30 ea per 30 days retail); AL(At least 10 yrs old - Up to 21 yrs old)
DELSYM SUER *(Use dextromethorphan polistirex)*	NP	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
DELSYM COUGH CHILDRENS SUER *(Use dextromethorphan polistirex)*	NP	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
dextromethorphan hbr liqd 7.5 mg/5ml	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
dextromethorphan polistirex suer	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
HYCODAN SOLN 1.5 MG/5ML-5 MG/5ML *(Use hydrocodone bitartrate-homatropine methylbromide)*	NP	QL(0 ml daily); AL(At least 18 yrs old - Up to 21 yrs old)
hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml	P	QL(0 ml daily); AL(At least 18 yrs old - Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS CAPS *(Use dextromethorphan hbr)*	NP	
TESSALON PERLES *(Use benzonatate)*	NP	AL(At least 10 yrs old - Up to 21 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD *(Use dextromethorphan hbr)*	NP	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations		
ADVIL COLD & SINUS TABS 30 MG-200 MG *(Use pseudoephedrine-ibuprofen)*	NP	OTC; AL(Up to 21 yrs old)
ALKA-SELTZER PLUS COLD 2 MG-7.8 MG-325 MG *(Use chlorpheniramine-phenylephrine-asa)*	NP	
brompheniramine & phenyleph elix 1 mg/5ml-2.5 mg/5ml	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
brompheniramine & pseudoeph elix 1 mg/5ml-15 mg/5ml	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
brompheniramine & pseudoeph liqd 1 mg/5ml-15 mg/5ml	P	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
cetirizine-pseudoephedrine 5 mg-120 mg	P	AL(Up to 21 yrs old)
CLARITIN-D 12 HOUR TB12 5 MG-120 MG *(Use loratadine & pseudoephedrine)*	NP	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
CLARITIN-D 24 HOUR TB24 10 MG-240 MG *(Use loratadine & pseudoephedrine)*	NP	OTC; QL(1 ea daily); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
COLD & FLU RELIEF NIGHTTIME D LIQD 6.25 MG/15ML-15 MG/15ML-30 MG/15ML-500 MG/15ML	P	OTC; AL(Up to 21 yrs old)
CORICIDIN HBP COLD & FLU 2 MG-325 MG *(Use chlorpheniramine-acetaminophen)*	NP	
CORICIDIN HBP FLU TABS 2 MG-15 MG-500 MG *(Use dextromethorphan-acetaminophen-chlorpheniramine)*	NP	
dextromethorphan-doxylamine-acetaminophen liqd	P	OTC; AL(Up to 21 yrs old)
dextromethorphan-guaifenesin tb12 30 mg-600 mg	P	QL(2 ea daily); AL(Up to 21 yrs old)
dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml, 15 mg/7.5ml-150 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 200 mg/10ml-20 mg/10ml	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
dextromethorphan-guaifenesin liqd 10 mg/5ml-200 mg/5ml	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml, 10 mg/5ml-100 mg/5ml	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
dextromethorphan-guaifenesin liqd 100 mg/5ml-5 mg/5ml, 15 mg/5ml-200 mg/5ml, 20 mg/20ml-400 mg/20ml, 30 mg/5ml-200 mg/5ml, 30 mg/5ml-30 mg/5ml-200 mg/5ml-200 mg/5ml, 400 mg/20ml-20 mg/20ml, 5 mg/5ml-100 mg/5ml	P	OTC; AL(Up to 21 yrs old)
dextromethorphan-phenylephrine-acetaminophen caps 5 mg-10 mg-325 mg	P	OTC; AL(Up to 21 yrs old)
DIABETIC TUSSIN COLD/FLU CAPS 4 MG-15 MG-325 MG	P	OTC; AL(Up to 21 yrs old)
DIMETAPP COLD & ALLERGY ELIX *(Use brompheniramine & phenyleph)*	NP	OTC; QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
DIMETAPP DM COLD & COUGH LIQD 1 MG/5ML-2.5 MG/5ML-5 MG/5ML *(Use phenylephrine-brompheniramine-dm)*	NP	
DIMETAPP MULTI-SYMPTOM COLD RELIEF CHILDRENS LIQD 1 MG/5ML-2.5 MG/5ML-5 MG/5ML *(Use phenylephrine-brompheniramine-dm)*	NP	
ED BRON GP LIQD 5 MG/5ML-100 MG/5ML	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
ENTEX T TABS 60 MG-375 MG *(Use pseudoephedrine-guaifenesin)*	NP	
guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml	P	AL(At least 18 yrs old - Up to 21 yrs old)
guaifenesin-codeine syrp 10 mg/5ml-100 mg/5ml	P	AL(At least 18 yrs old - Up to 21 yrs old)
guaifenesin-codeine soln	P	AL(At least 18 yrs old - Up to 21 yrs old)
LOHIST-D LIQD 2 MG/5ML-30 MG/5ML	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
loratadine & pseudoephedrine tb12 5 mg-120 mg	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
loratadine & pseudoephedrine tb24 10 mg-240 mg	P	OTC; QL(1 ea daily); AL(Up to 21 yrs old)
MAXI-TUSS PE LIQD 2 MG/5ML-5 MG/5ML	P	AL(Up to 21 yrs old)
MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
MUCINEX CHILDRENS MULTI-SYMPTOM COLD & SORE THROAT LIQD 5 MG/10ML-10 MG/10ML-200 MG/10ML-325 MG/10ML *(Use phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX D TB12 60 MG-600 MG *(Use pseudoephedrine-guaifenesin)*	NP	QL(210 ea per fill retail); AL(Up to 21 yrs old)
MUCINEX DM TB12 30 MG-600 MG *(Use dextromethorphan-guaifenesin)*	NP	QL(2 ea daily); AL(Up to 21 yrs old)
MUCINEX FAST-MAX COLD/FLU/SORE THROAT CAPS 5 MG-10 MG-200 MG-325 MG *(Use phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX FAST-MAX DAY TIME/NIGHT TIME MISC 10 MG/20ML-20 MG/20ML-25 MG/20ML-400 MG/20ML-650 MG/20ML *(Use phenylephrine-diphenhydramine-dm-guaifenesin-apap)*	NP	
MUCINEX FAST-MAX DAY/NIGHT COLD & FLU MAXIMUM STRENGTH CPPK 5 MG-6.25 MG-10 MG-200 MG-325 MG *(Use phenylephrine-doxylamine-dm-guaifenesin-apap)*	NP	
MUCINEX FAST-MAX SEVERE COLD LIQD 5 MG/10ML-10 MG/10ML-200 MG/10ML-325 MG/10ML *(Use phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX SINUS/MAX PRESSURE/PAIN & COUGH MAXIMUM STRENGTH CAPS 5 MG-10 MG-200 MG-325 MG *(Use phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX SINUS-MAX DAY/NIGHT CPPK 5 MG-6.25 MG-10 MG-200 MG-325 MG *(Use phenylephrine-doxylamine-dm-guaifenesin-apap)*	NP	
phenylephrine-chlorphen-dm liqd 4 mg/5ml-10 mg/5ml-15 mg/5ml	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
phenylephrine-dm soln 2.5 mg/5ml-5 mg/5ml	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
phenylephrine-dm liqd 2.5 mg/5ml-5 mg/5ml	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
PRIMATENE ASTHMA TABS 12.5 MG-200 MG *(Use ephedrine-guaifenesin)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
promethazine & phenylephrine syrp 5 mg/5ml-6.25 mg/5ml	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
promethazine w/codeine soln 10 mg/5ml-6.25 mg/5ml	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
promethazine w/codeine syrp 10 mg/5ml-6.25 mg/5ml	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
promethazine-dm syrp	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
promethazine-phenylephrine-codeine 5 mg/5ml-6.25 mg/5ml-10 mg/5ml	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
pseudoephed-bromphen-dm syrp 2 mg/5ml-10 mg/5ml-30 mg/5ml, 30 mg/5ml-2 mg/5ml-10 mg/5ml	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
pseudoephedrine w/ dm-gg liqd 10 mg/5ml-30 mg/5ml-100 mg/5ml	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
pseudoephedrine-guaifenesin tb12 60 mg-600 mg, 600 mg-60 mg	P	QL(210 ea per fill retail); AL(Up to 21 yrs old)
pseudoephedrine-guaifenesin syrp 30 mg/5ml-100 mg/5ml	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
pseudoephedrine-ibuprofen tabs 30 mg-200 mg	P	OTC; AL(Up to 21 yrs old)
PX DAYTIME MULTI-SYMPTOM CAPS 15 MG-30 MG-325 MG	P	OTC; AL(Up to 21 yrs old)
PX NITETIME MULTI-SYMPTOM CAPS 6.25 MG-15 MG-30 MG-325 MG	P	OTC; QL(240 ea per fill retail); AL(Up to 21 yrs old)
QC TRIACTING DAYTIME CHILDRENS SYRP 2.5 MG/5ML-5 MG/5ML	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
SCOT-TUSSIN DM LIQD 2 MG/5ML-15 MG/5ML	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
SCOT-TUSSIN SENIOR LIQD 15 MG/5ML-200 MG/5ML	P	OTC; AL(Up to 21 yrs old)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP 2.5 MG/5ML-5 MG/5ML	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
TUSSI-PRES PEDIATRIC LIQD 2.5 MG/5ML-5 MG/5ML-75 MG/5ML *(Use phenylephrine w/ dm-gg)*	NP	
TYLENOL COLD MULTI-SYMPTOM SEVERE DAYTIME LIQD 5 MG/15ML-10 MG/15ML-200 MG/15ML-325 MG/15ML *(Use phenylephrine-dm-gg w/ apap)*	NP	
VIRTUSSIN DAC SOLN 10 MG/5ML-30 MG/5ML-70 %-100 MG/5ML	NP	
WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD 7.5 MG/5ML-15 MG/5ML	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
ZYRTEC-D ALLERGY/CONGESTION 5 MG-120 MG *(Use cetirizine-pseudoephedrine)*	NP	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC-D ALLERGY/SINUS *(Use cetirizine-pseudoephedrine)*	NP	AL(Up to 21 yrs old)
Expectorants		
guaifenesin syrp	P	OTC; QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
guaifenesin tb12 600 mg	P	QL(40 ea per 30 days retail); AL(Up to 21 yrs old)
guaifenesin tb12 1200 mg	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
guaifenesin liqd	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
MUCINEX TB12 *(Use guaifenesin)*	NP	QL(40 ea per 30 days retail); AL(Up to 21 yrs old)
MUCINEX MAXIMUM STRENGTH TB12 *(Use guaifenesin)*	NP	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
Misc. Respiratory Inhalants		
sodium chloride (inhalant) nebu .9 %, 3 %, 10 %	P	
sodium chloride (inhalant) aers	P	OTC; QL(240 ml per fill retail)
Mucolytics		
acetylcysteine soln	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG *(Use isotretinoin)*	NP	QL(2 ea daily); AL(At least 12 yrs old); PA
ACNE MEDICATION 10 LOTN	P	OTC

Drug Name	Drug Tier	Requirements/ Limits
ACNE MEDICATION 5 LOTN	P	OTC
BENZAC AC WASH LIQD 2.5 %, 5 % *(Use benzoyl peroxide)*	NP	RX/OTC
BENZACLIN GEL 1 %-5 % *(Use clindamycin phosphate-benzoyl peroxide)*	NP	
BENZACLIN WITH PUMP GEL 1 %-5 % *(Use clindamycin phosphate-benzoyl peroxide)*	NP	
benzoyl peroxide bar	P	
benzoyl peroxide liqd 4 %, 5 %, 6 %, 10 %	P	
benzoyl peroxide gel 2.5 %, 5 %, 10 %	P	
BENZOYL PEROXIDE CLEANSER LIQD	P	
CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))*	NP	
CLINDAGEL GEL *(Use clindamycin phosphate (topical))*	NP	QL(60 ml per fill retail)
clindamycin phosphate (topical) lotn	P	
clindamycin phosphate (topical) soln	P	
clindamycin phosphate (topical) gel	P	QL(60 gm per fill retail)
DIFFERIN DAILY DEEP CLEANSER LIQD *(Use benzoyl peroxide)*	NP	RX/OTC
ERYGEL GEL *(Use erythromycin (acne aid))*	NP	QL(60 gm per fill retail)
erythromycin (acne aid) gel	P	QL(60 gm per fill retail)
erythromycin (acne aid) soln	P	
EVOCLIN FOAM *(Use clindamycin phosphate (topical))*	NP	

Drug Name	Drug Tier	Requirements/ Limits
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg	P	QL(2 ea daily); AL(At least 12 yrs old); PA
KLARON *(Use sulfacetamide sodium (acne))*	NP	
RETIN-A GEL .025 % *(Use tretinoin)*	NP	AL(Up to 35 yrs old)
RETIN-A GEL .01 % *(Use tretinoin)*	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A CREA *(Use tretinoin)*	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)
SODIUM SULFACETAMIDE/SULFUR SUSP 5 %-10 %	P	
sulfacetamide sodium (acne)	P	
sulfacetamide sodium w/ sulfur lotn 5 %-10 %	P	QL(60 gm per fill retail)
SUMAXIN WASH LIQD 4 %-9 % *(Use sulfacetamide sodium w/ sulfur)*	NP	
tretinoin gel .01 %	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)
tretinoin gel .025 %	P	AL(Up to 35 yrs old)
tretinoin crea .025 %, .05 %, .1 %	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)
Analgesics - Topical		
ICY HOT MEDICATED SPRAY LIQD *(Use menthol (topical analgesic))*	NP	
Antibiotics - Topical		
bacitracin (topical) oint	P	OTC; QL(30 gm per fill retail)
bacitracin zinc oint	P	OTC; QL(30 ea per fill retail)
CENTANY OINT	P	
gentamicin sulfate (topical) oint	P	QL(60 gm per fill retail)
gentamicin sulfate (topical) crea	P	QL(60 gm per fill retail)
mupirocin oint	P	
mupirocin calcium (topical)	P	QL(30 gm per fill retail)
neomycin-bacitracin-polymyxin oint 3.5 mg/gm-400 unit/gm-5000 unit/gm	P	OTC; QL(454 ea per fill retail)
neomycin-polymyxin w/ pramoxine 3.5 mg/gm-10 mg/gm-10000 unit/gm	P	OTC; QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT 3.5 MG/GM-400 UNIT/GM-5000 UNIT/GM *(Use neomycin-bacitracin-polymyxin)*	NP	OTC; QL(454 ea per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH 3.5 MG/GM-10 MG/GM-10000 UNIT/GM *(Use neomycin-polymyxin w/ pramoxine)*	NP	OTC; QL(30 gm per fill retail)
Antifungals - Topical		
ALCORTIN A 1 %-1 %-2 % *(Use iodoquinol-hydrocortisone-aloe polysaccharide)*	NP	
ALOE VESTA CLEAR ANTIFUNGAL OINT *(Use miconazole nitrate (topical))*	NP	
clotrimazole (topical) soln	P	QL(60 ml per fill retail); RX/OTC
clotrimazole (topical) crea	P	QL(90 gm per fill retail); RX/OTC
clotrimazole w/ betamethasone lotn 0.05 %-1 %	P	QL(31 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole w/ betamethasone crea 0.05 %-1 %	P	QL(45 gm per 30 days retail)
econazole nitrate crea	P	QL(30 gm per fill retail)
EXTINA FOAM *(Use ketoconazole (topical))*	NP	
ketoconazole (topical) sham 2 %	P	
ketoconazole (topical) crea	P	QL(60 gm per fill retail)
ketoconazole (topical) sham 1 %	P	OTC
LAMISIL AT CREA *(Use terbinafine hcl (topical))*	NP	OTC; QL(30 gm per fill retail)
LAMISIL AT JOCK ITCH CREA *(Use terbinafine hcl (topical))*	NP	OTC; QL(30 gm per fill retail)
LOPROX CREA *(Use ciclopirox olamine)*	NP	
LOTRIMIN AF CREA *(Use clotrimazole (topical))*	NP	QL(90 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA *(Use clotrimazole (topical))*	NP	QL(90 gm per fill retail); RX/OTC
MICATIN CREA *(Use miconazole nitrate (topical))*	NP	QL(60 gm per fill retail)
miconazole nitrate (topical) crea	P	QL(60 gm per fill retail)
nystatin (topical) powd ex	P	QL(60 gm per fill retail)
nystatin (topical) crea	P	QL(30 gm per fill retail)
nystatin (topical) oint	P	QL(30 gm per fill retail)
nystatin-triamcinolone crea 1 mg/gm-100000 unit/gm	P	QL(60 gm per fill retail)
nystatin-triamcinolone oint 0.1 %-100000 unit/gm	P	QL(60 gm per fill retail)
terbinafine hcl (topical) crea	P	OTC; QL(30 gm per fill retail)
TINACTIN CREA *(Use tolnaftate)*	NP	OTC; QL(30 gm per fill retail)
tolnaftate crea	P	OTC; QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	OTC
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) gel ex	P	2 rtl MAX fill; 30 rtl day(s) supply; QL(6.68 gm daily); RX/OTC
VOLTAREN GEL EX *(Use diclofenac sodium (topical))*	NP	2 rtl MAX fill; 30 rtl day(s) supply; QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	P	SP; PA
CARAC CREA *(Use fluorouracil (topical))*	NP	
EFUDEX CREA *(Use fluorouracil (topical))*	NP	QL(40 gm per 30 days retail)
fluorouracil (topical) crea .5 %	P	
fluorouracil (topical) soln	P	QL(10 ml per 30 days retail)
fluorouracil (topical) crea 5 %	P	QL(40 gm per 30 days retail)
LEVULAN KERASTICK SOLR	P	SP; PA
TARGRETIN *(Use bexarotene (topical))*	NP	SP; PA
VALCHLOR	P	SP; PA
Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/ Limits
camphor & menthol lotn 0.5 %-0.5 %	P	OTC; QL(222 ml per fill retail)
SARNA LOTN 0.5 %-0.5 % *(Use camphor & menthol)*	NP	OTC; QL(222 ml per fill retail)
Antipsoriatics		
calcipotriene crea	P	
calcipotriene soln	P	QL(60 ml per fill retail)
COSENTYX SOSY	P	SP; PA
COSENTYX SENSOREADY PEN SOAJ	P	SP; PA
DOVONEX CREA *(Use calcipotriene)*	NP	
ILUMYA	P	SP; PA
OXSORALEN ULTRA *(Use methoxsalen rapid)*	NP	
SILIQ	P	SP; PA
SKYRIZI PSKT	P	SP; PA
SKYRIZI SOSY	P	SP; PA
SKYRIZI PEN SOAJ	P	SP; ST; PA
SORIATANE 10 MG, 25 MG *(Use acitretin)*	NP	
STELARA SOSY	P	SP; PA
TALTZ SOSY	P	SP; PA
TALTZ SOAJ	P	SP; PA
tazarotene crea	P	QL(2 gm daily); AL(Up to 20 yrs old)
tazarotene gel	P	QL(6.67 gm daily); AL(Up to 20 yrs old)
TAZORAC CREA *(Use tazarotene)*	NP	QL(2 gm daily); AL(Up to 20 yrs old)
TAZORAC CREA	P	QL(2 gm daily); AL(Up to 20 yrs old)
TAZORAC GEL *(Use tazarotene)*	NP	QL(6.67 gm daily); AL(Up to 20 yrs old)
TREMFYA SOPN	P	SP; PA
TREMFYA SOSY	P	SP; PA
Antiseborrheic Products		
DHS ZINC SHAM *(Use pyrithione zinc)*	NP	
OVACE PLUS WASH LIQD *(Use sulfacetamide sodium)*	NP	QL(120 ml per fill retail)
OVACE WASH LIQD *(Use sulfacetamide sodium)*	NP	QL(120 ml per fill retail)
selenium sulfide sham 1 %	P	OTC; QL(420 ml per fill retail)
selenium sulfide lotn 2.5 %	P	
selenium sulfide lotn 1 %	P	OTC; QL(420 ml per fill retail)
SELRX SHAM *(Use selenium sulfide)*	NP	
SELSUN BLUE LOTN *(Use selenium sulfide)*	NP	OTC; QL(420 ml per fill retail)
SELSUN BLUE DAILY LOTN *(Use selenium sulfide)*	NP	OTC; QL(420 ml per fill retail)
SELSUN BLUE MEDICATED LOTN *(Use selenium sulfide)*	NP	OTC; QL(420 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN *(Use selenium sulfide)*	NP	OTC; QL(420 ml per fill retail)
sulfacetamide sodium liqd	P	QL(120 gm per fill retail)
Antivirals - Topical		
acyclovir topical crea	P	QL(5 gm per fill retail)
acyclovir topical oint	P	QL(30 gm per 30 days retail)
ZOVIRAX CREA *(Use acyclovir topical)*	NP	QL(5 gm per fill retail)
ZOVIRAX OINT *(Use acyclovir topical)*	NP	QL(30 gm per 30 days retail)
Burn Products		

Drug Name	Drug Tier	Requirements/ Limits
SILVADENE *(Use silver sulfadiazine)*	NP	
silver sulfadiazine	P	
Corticosteroids - Topical		
betamethasone dipropionate (topical) crea	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
betamethasone dipropionate augmented crea	P	QL(50 gm per fill retail)
betamethasone valerate oint	P	
betamethasone valerate crea	P	
betamethasone valerate lotn	P	
clobetasol propionate soln .05 %	P	QL(50 ml per fill retail)
clobetasol propionate gel .05 %	P	QL(60 gm per fill retail)
clobetasol propionate crea .05 %	P	QL(60 gm per fill retail)
clobetasol propionate oint .05 %	P	QL(60 gm per fill retail)
clobetasol propionate emollient base .05 %	P	QL(60 gm per fill retail)
CUTIVATE LOTN *(Use fluticasone propionate)*	NP	
DERMA-SMOOTHE/FS SCALP OIL *(Use fluocinolone acetonide)*	NP	QL(118.28 ml per fill retail)
DESONATE GEL *(Use desonide)*	NP	
desonide crea	P	
desonide oint	P	QL(2 gm daily)
DESOWEN CREA *(Use desonide)*	NP	
desoximetasone oint .25 %	P	QL(2 gm daily)
desoximetasone crea .25 %	P	QL(2 gm daily)
desoximetasone crea .05 %	P	
desoximetasone gel	P	QL(2 gm daily)
DIPROLENE AF CREA *(Use betamethasone dipropionate augmented)*	NP	QL(50 gm per fill retail)
EPIFOAM FOAM 1 %-1 %	P	QL(15 gm per fill retail)
fluocinolone acetonide oil	P	QL(118.28 ml per fill retail)
fluocinonide crea .05 %	P	1 rtl pack lmt per fill; QL(150 gm per 30 days retail)
fluocinonide gel	P	QL(60 gm per fill retail)
fluocinonide soln	P	QL(60 ml per fill retail)
fluocinonide oint	P	QL(60 gm per fill retail)
fluocinonide emulsified base	P	QL(60 gm per fill retail)
fluticasone propionate crea .05 %	P	QL(60 gm per fill retail)
fluticasone propionate oint	P	QL(60 gm per fill retail)
hydrocortisone (topical) crea 1 %	P	QL(454 gm per fill retail); RX/OTC
hydrocortisone (topical) crea 2.5 %	P	
hydrocortisone (topical) lotn 1 %	P	QL(453.6 gm per fill retail)
hydrocortisone (topical) crea .5 %	P	OTC
hydrocortisone (topical) oint 1 %, 2.5 %	P	RX/OTC
hydrocortisone (topical) lotn 2.5 %	P	QL(120 ml per fill retail)
hydrocortisone butyrate soln	P	
mometasone furoate soln	P	QL(60 ml per fill retail)
mometasone furoate crea	P	QL(50 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
mometasone furoate oint	P	QL(45 gm per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA *(Use hydrocortisone (topical))*	NP	QL(454 gm per fill retail); RX/OTC
OLUX FOAM *(Use clobetasol propionate)*	NP	
SYNALAR SOLN *(Use fluocinolone acetonide)*	NP	
TEMOVATE CREA *(Use clobetasol propionate)*	NP	QL(60 gm per fill retail)
TEMOVATE OINT *(Use clobetasol propionate)*	NP	QL(60 gm per fill retail)
TOPICORT CREA .25 % *(Use desoximetasone)*	NP	QL(2 gm daily)
TOPICORT CREA .05 % *(Use desoximetasone)*	NP	
TOPICORT OINT .25 % *(Use desoximetasone)*	NP	QL(2 gm daily)
TOPICORT GEL *(Use desoximetasone)*	NP	QL(2 gm daily)
triamcinolone acetonide (topical) lotn	P	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint .025 %	P	QL(454 gm per fill retail)
triamcinolone acetonide (topical) crea	P	
triamcinolone acetonide (topical) oint .1 %, .5 %	P	
TRIDESILON CREA .05 % *(Use desonide)*	NP	
Eczema Agents		
ADBRY	P	SP; PA
CIBINQO	P	SP; PA
Emollient/Keratolytic Agents		
KERALAC CREA *(Use urea)*	NP	
urea lotn 40 %	P	
urea crea 40 %	P	RX/OTC
UTOPIC CREA *(Use urea)*	NP	
Emollients		
EMOLLIENT LOTION-MISC	P	RX/OTC
lactic acid (ammonium lactate) crea	P	QL(385 gm per fill retail); RX/OTC
lactic acid (ammonium lactate) lotn 12 %	P	QL(1368 gm per fill retail); RX/OTC
Glabellar Lines (Frown Lines) Agents		
BOTOX COSMETIC	P	SP; PA
Immunomodulating Agents - Topical		
ALDARA *(Use imiquimod)*	NP	QL(48 ea per 180 days retail)
imiquimod 5 %	P	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL *(Use pimecrolimus)*	NP	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA
pimecrolimus	P	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA
PROTOPIC OINT .03 % *(Use tacrolimus (topical))*	NP	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA
PROTOPIC OINT .1 % *(Use tacrolimus (topical))*	NP	QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA
tacrolimus (topical) oint .1 %	P	QL(30 gm per 30 days retail); AL(At least 16 yrs old); PA
tacrolimus (topical) oint .03 %	P	QL(30 gm per 30 days retail); AL(At least 2 yrs old); PA
Keratolytic/Antimitotic Agents		

Drug Name	Drug Tier	Requirements/ Limits
CLEAR AWAY ONE STEP WARTREMOVER PADS *(Use salicylic acid)*	NP	
DERMAREST PSORIASIS GEL	P	OTC
KERALYT GEL	P	OTC
KERALYT GEL *(Use salicylic acid)*	NP	
podofilox soln	P	
SALEX SHAM *(Use salicylic acid)*	NP	
salicylic acid gel 6 %	P	
Liniments		
BENGAY GREASELESS CREA 10 %-15 % *(Use menthol-methyl salicylate (liniments))*	NP	
MYOFLEX CREA *(Use trolamine salicylate)*	NP	
Local Anesthetics - Topical		
capsaicin crea .1 %	P	OTC; QL(43 gm per fill retail)
capsaicin crea .025 %, .075 %	P	OTC; QL(60 gm per fill retail)
CAPZASIN-HP CREA *(Use capsaicin)*	NP	OTC; QL(43 gm per fill retail)
CAPZASIN-P CREA	P	OTC; QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	P	OTC; QL(30 gm per fill retail)
dibucaine	P	OTC; QL(56.7 gm per fill retail)
lidocaine crea 4 %	P	OTC; QL(2 gm daily)
lidocaine oint	P	1 rtl pack lmt per fill; QL(100 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
lidocaine hcl crea 4 %	P	OTC; QL(2 gm daily)
lidocaine hcl crea 3 %	P	QL(453.6 gm per fill retail); RX/OTC
lidocaine hcl gel 2 %	P	AL(At least 21 yrs old)
lidocaine-prilocaine crea 2.5 %-2.5 %	P	QL(30 gm per fill retail)
LMX 4 CREA *(Use lidocaine)*	NP	OTC; QL(2 gm daily)
NEOSPORIN NEO TO GO 0.13 %-1 % *(Use pramoxine-benzalkonium chloride)*	NP	
NEOSPORIN NEO TO GO + PAIN RELIEF 0.13 %-1 % *(Use pramoxine-benzalkonium chloride)*	NP	
RA ARTHRITIS PAIN RELIEF CREA	P	OTC; QL(60 gm per fill retail)
Misc. Topical		
ALOE VESTA DAILY MOISTURIZER LOTN *(Use dimethicone (topical))*	NP	
AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT LOTN *(Use dimethicone (topical))*	NP	
DERMAGRAN *(Use aluminum hydroxide)*	NP	
DERMAGRAN SKIN PROTECTANT *(Use aluminum hydroxide)*	NP	
DRYSOL SOLN	P	
lanolin (topical) crea	P	OTC
LANOLOR CREA 0	P	OTC
OFF DEEP WOODS AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
OFF DEEP WOODS DRY AERO	P	OTC;QL(113 gm per fill retail,226 gm per 30 days retail)
REPEL SPORTSMEN MAX LOTN	NP	
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP	
ULTRATHON INSECT REPELLENT LOTN	P	OTC; QL(57 gm per fill retail; 114 gm per 30 days retail)
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
zinc oxide (topical) oint 20 %	P	OTC; QL(500 gm per fill retail)
Rosacea Agents		
METROCREAM CREA *(Use metronidazole (topical))*	NP	
METROLOTION LOTN *(Use metronidazole (topical))*	NP	
metronidazole (topical) crea	P	
metronidazole (topical) lotn	P	
metronidazole (topical) gel .75 %	P	QL(45 gm per fill retail)
Scabicides & Pediculicides		
crotamiton lotn	P	QL(454 gm per fill retail)
ELIMITE CREA *(Use permethrin)*	NP	QL(360 gm per fill retail)
LICEMD GEL 0.33 %-4 %	P	OTC
malathion	P	QL(59 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
NATROBA *(Use spinosad)*	NP	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 days retail)
NIX CREME RINSE LIQD EX *(Use permethrin)*	NP	OTC
OVIDE *(Use malathion)*	NP	QL(59 ml per fill retail)
permethrin crea	P	QL(360 gm per fill retail)
permethrin liqd ex	P	OTC
permethrin lotn	P	OTC
pyrethrins-piperonyl butoxide liqd	P	OTC
pyrethrins-piperonyl butoxide sham	P	OTC
pyrethrins-piperonyl butoxide-permethrin-nit remover 0.33 %-0.5 %-4 %	P	OTC
RID LIQD 0.33 %-4 % *(Use pyrethrins-piperonyl butoxide)*	NP	OTC
RID COMPLETE LICE ELIMINATION 0.33 %-0.5 %-4 % *(Use pyrethrins-piperonyl butoxide-permethrin-nit remover)*	NP	OTC
RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	P	OTC
SCHOOLTIME SHAMPOO SHAM	P	OTC; QL(1 ml per 14 days retail)
SKLICE *(Use ivermectin (pediculicide))*	NP	RX/OTC
spinosad	P	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 days retail)
Tar Products		

Drug Name	Drug Tier	Requirements/ Limits
coal tar extract sham .5 %	P	OTC
DHS TAR SHAM *(Use coal tar extract)*	NP	OTC
DHS TAR GEL SHAM *(Use coal tar extract)*	NP	OTC
NEUTROGENA T/GEL SHAM .5 % *(Use coal tar extract)*	NP	OTC
PSORIASIN OINT *(Use coal tar extract)*	NP	
Wound Care Products		
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	P	SP; PA
APLIGRAF DISK	P	SP; PA
CORETEXT SUSP	P	SP; PA
EPICORD/ 1CM X 2CM SHEE	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	P	SP; PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	P	SP; PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	P	SP; PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X7CM/MESHED	P	SP; PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 4X4CM/MESHED	P	SP; PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	P	SP; PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 7X10CM/MESH	P	SP; PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	P	SP; PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	P	SP; PA
NOVACHOR	P	SP; PA
OASIS ULTRA TRI-LAYER MATRIX FENESTRATED 0	P	SP; PA
OASIS WOUND MATRIX 0	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
OSTEOCONDUCTIVE MATRIX PLUS 0	P	SP; PA
PROTEXT SUSP	P	SP; PA
PURAPLY 2CM X 4CM	P	SP; PA
PURAPLY 5CM X 5 CM	P	SP; PA
PURAPLY 6CM X 9CM	P	SP; PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
CORTROSYN SOLR *(Use cosyntropin)*	NP	SP; PA
cosyntropin solr	P	SP; PA
THYROGEN .9 MG	P	SP; PA
Diagnostic Tests		
BD VERITOR AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	QL(2 ea per fill retail)
BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CARESTART COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP-K STRP	P	OTC; QL(6.67 ea daily)
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	NP	
COVID-19 AT-HOME TEST KIT KIT	NP	
COVID-19 AT-HOME TEST KIT KIT	P	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
CVS COVID-19 AT HOME TESTKIT KIT	NP	
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ELLUME COVID-19 HOME TEST KIT	P	QL(2 ea per fill retail)
EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
FASTEP COVID-19 ANTIGEN HOME TEST KIT	NP	
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
FORA GTEL BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	NP	
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	NP	
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	NP	
INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 ea per fill retail)
KETONE STRP	P	OTC; QL(6.67 ea daily)
KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
KETOSTIX STRP	P	OTC; QL(6.67 ea daily)
NOVA MAX PLUS KETONE TESTSTRIPS	P	OTC; QL(1 ea daily)
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	QL(2 ea per fill retail)
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	NP	
ONETOUCH ULTRA STRP	P	Clinical Edit: Test Strips; RX/OTC
ONETOUCH VERIO IN VITRO MEDI-CAL STRP	NP	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	Clinical Edit: Test Strips; RX/OTC
PILOT COVID-19 AT-HOME TEST KIT	NP	
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
PRECISION XTRA	P	OTC; QL(1 ea daily)
PTS PANELS EGLU STRP	NP	RX/OTC
PTS PANELS KETONE TEST	P	OTC; QL(1 ea daily)
QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
RAPID SARS-COV-2 ANTIGENTEST CARD KIT	NP	
RELION KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP	
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
Radiographic Contrast Media		
VISIPAQUE *(Use iodixanol)*	NP	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
PANCREAZE CPEP	P	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide tabs	P	
acetazolamide cp12	P	
dichlorphenamide	P	SP; PA
KEVEYIS *(Use dichlorphenamide)*	NP	SP; PA
methazolamide tabs	P	
Diuretic Combinations		
ALDACTAZIDE 25 MG-25 MG *(Use spironolactone & hydrochlorothiazide)*	NP	
amiloride & hydrochlorothiazide 5 mg-50 mg	P	QL(1 ea daily)
MAXZIDE TABS 50 MG-75 MG *(Use triamterene & hydrochlorothiazide)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE-25 TABS 25 MG-37.5 MG *(Use triamterene & hydrochlorothiazide)*	NP	
spironolactone & hydrochlorothiazide 25 mg-25 mg	P	
triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	P	
triamterene & hydrochlorothiazide tabs	P	
Loop Diuretics		
bumetanide tabs	P	
BUMEX TABS .5 MG *(Use bumetanide)*	NP	
furosemide tabs	P	
furosemide soln or 10 mg/ml, 40 mg/5ml	P	
LASIX TABS *(Use furosemide)*	NP	
SOAANZ TABS 20 MG	NP	QL(1 ea daily)
torsemide tabs	P	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS *(Use spironolactone)*	NP	
amiloride hcl tabs	P	QL(4 ea daily)
spironolactone tabs	P	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 mg, 50 mg	P	
hydrochlorothiazide caps	P	
hydrochlorothiazide tabs 25 mg, 50 mg	P	
indapamide tabs 1.25 mg, 2.5 mg	P	
metolazone	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	P	SP; PA
RECORLEV	P	SP; PA
Bone Density Regulators		
ACTONEL TABS 35 MG *(Use risedronate sodium)*	NP	QL(4 ea per fill retail); PA
alendronate sodium tabs 35 mg, 70 mg	P	QL(0.15 ea daily)
alendronate sodium tabs 5 mg, 10 mg	P	QL(1 ea daily)
alendronate sodium soln	P	QL(10.8 ml daily)
ATELVIA TBEC *(Use risedronate sodium)*	NP	QL(4 ea per 28 days retail); PA
BONIVA TABS *(Use ibandronate sodium)*	NP	
BONIVA SOLN *(Use ibandronate sodium)*	NP	SP; PA
calcitonin (salmon) ij	P	QL(2 ml per fill retail)
calcitonin (salmon) na	P	1 rtl pack lmt per fill
EVENITY	P	SP; PA
FORTEO SOPN	P	SP; PA
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	NP	QL(0.15 ea daily)
ibandronate sodium soln	P	SP; PA
MIACALCIN IJ *(Use calcitonin (salmon))*	NP	QL(2 ml per fill retail)
NATPARA	P	SP; PA
pamidronate disodium soln	P	SP; PA
PAMIDRONATE DISODIUM SOLN	P	SP; PA
PROLIA SOSY	P	SP; PA
RECLAST SOLN *(Use zoledronic acid)*	NP	SP; PA
risedronate sodium tabs 35 mg	P	QL(4 ea per fill retail); PA

Drug Name	Drug Tier	Requirements/ Limits
risedronate sodium tbec	P	QL(4 ea per 28 days retail); PA
risedronate sodium tabs 5 mg, 30 mg	P	QL(1 ea daily); PA
TERIPARATIDE SOPN	P	SP; PA
TYMLOS	P	SP; PA
XGEVA SOLN	P	SP; PA
zoledronic acid conc	P	SP; PA
zoledronic acid soln	P	SP; PA
ZOLEDRONIC ACID SOLN	P	SP; PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	P	PA
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA
GONAL-F SOLR IJ	P	PA
GONAL-F RFF SOLR SC	P	PA
GONAL-F RFF REDIJECT SOPN	P	PA
MENOPUR SC	P	PA
NOVAREL IM	P	PA
OVIDREL INJ	P	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	P	PA
GnRH/LHRH Antagonists		
cetrorelix acetate	P	PA
CETROTIDE *(Use cetrorelix acetate)*	NP	PA
ganirelix acetate	P	PA
GANIRELIX ACETATE *(Use ganirelix acetate)*	NP	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	P	SP; PA
Growth Hormones		
NORDITROPIN FLEXPRO SOPN	P	SP; PA
SAIZEN IJ	P	SP; PA
SAIZENPREP RECONSTITUTIONKIT IJ	P	SP; PA
SEROSTIM SC	P	SP; PA
SKYTROFA	P	SP; PA
ZORBTIVE SC	P	SP; PA
Hormone Receptor Modulators		
EVISTA *(Use raloxifene hcl)*	NP	QL(1 ea daily)
raloxifene hcl	P	QL(1 ea daily)
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA	P	SP; PA
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	P	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI	P	SP; PA
LUPANETA PACK	P	SP; PA
LUPRON DEPOT-PED (1-MONTH)	P	SP; PA
LUPRON DEPOT-PED (3-MONTH)	P	SP; PA
SUPPRELIN LA	P	SP; PA
SYNAREL	P	SP; PA
TRIPTODUR	P	SP; PA
Metabolic Modifiers		
ALDURAZYME	P	SP; PA
betaine	P	SP; PA
BRINEURA	P	SP; PA
BUPHENYL TABS *(Use sodium phenylbutyrate)*	NP	SP; PA
BUPHENYL POWD *(Use sodium phenylbutyrate)*	NP	SP; PA
calcitriol caps	P	

Drug Name	Drug Tier	Requirements/ Limits
CARBAGLU *(Use carglumic acid)*	NP	SP; PA
carglumic acid	P	SP; PA
CARNITOR SOLN OR *(Use levocarnitine (metabolic modifiers))*	NP	QL(30 ml daily)
CARNITOR TABS *(Use levocarnitine (metabolic modifiers))*	NP	QL(3 ea daily)
CARNITOR SF SOLN OR *(Use levocarnitine (metabolic modifiers))*	NP	QL(30 ml daily)
cinacalcet hcl	P	SP; PA
CRYSVITA	P	SP; PA
CYSTADANE *(Use betaine)*	NP	SP; PA
ELAPRASE	P	SP; PA
GALAFOLD	P	QL(0.5 ea daily); SP; PA
KANUMA	P	SP; PA
KUVAN TABS *(Use sapropterin dihydrochloride)*	NP	SP; PA
KUVAN PACK *(Use sapropterin dihydrochloride)*	NP	SP; PA
levocarnitine (metabolic modifiers) soln or 1 gm/10ml	P	QL(30 ml daily)
levocarnitine (metabolic modifiers) tabs	P	QL(3 ea daily)
LUMIZYME	P	SP; PA
MEPSEVII	P	SP; PA
MYALEPT	P	SP; PA
NAGLAZYME	P	SP; PA
NEXVIAZYME	P	SP; PA
nitisinone caps	P	SP; PA
NITYR TABS	P	SP; PA
NULIBRY	P	SP; PA
ORFADIN SUSP	P	SP; PA
ORFADIN CAPS	P	SP; PA
ORFADIN CAPS *(Use nitisinone)*	NP	SP; PA
PALYNZIQ	P	SP; PA
paricalcitol soln	P	SP; PA
PARSABIV	P	SP; PA
RAVICTI	P	SP; PA
REVCOVI	P	SP; PA
ROCALTROL CAPS *(Use calcitriol)*	NP	
sapropterin dihydrochloride pack	P	SP; PA
sapropterin dihydrochloride tabs	P	SP; PA
SENSIPAR *(Use cinacalcet hcl)*	NP	SP; PA
sodium phenylbutyrate powd	P	SP; PA
sodium phenylbutyrate tabs	P	SP; PA
STRENSIQ	P	SP; PA
VIMIZIM	P	SP; PA
XURIDEN	P	SP; PA
ZEMPLAR SOLN *(Use paricalcitol)*	NP	SP; PA
Natriuretic Peptides		
VOXZOGO	P	SP; PA
Posterior Pituitary Hormones		
DDAVP TABS *(Use desmopressin acetate)*	NP	QL(6 ea daily)
DDAVP SOLN IJ 4 MCG/ML *(Use desmopressin acetate)*	NP	SP; PA
DDAVP	P	QL(5 ml per fill retail)
desmopressin acetate tabs	P	QL(6 ea daily)
desmopressin acetate soln ij	P	SP; PA
DESMOPRESSIN ACETATE SOLN NA	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
desmopressin acetate spray	P	QL(5 ml per fill retail)
desmopressin acetate spray refrigerated	P	QL(5 ml per fill retail)
STIMATE SOLN NA	P	SP; PA
Somatostatic Agents		
LANREOTIDE ACETATE	P	SP; PA
octreotide acetate soln	P	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(Use octreotide acetate)*	NP	SP; PA
SANDOSTATIN LAR DEPOT KIT	P	SP; PA
SIGNIFOR	P	SP; PA
SIGNIFOR LAR	P	SP; PA
SOMATULINE DEPOT	P	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	P	SP; PA
JYNARQUE TABS	P	SP; PA
SAMSCA TABS *(Use tolvaptan)*	NP	SP; PA
tolvaptan tabs	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 0.5 MG-1 MG *(Use estradiol & norethindrone acetate)*	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 days retail)
estradiol & norethindrone acetate tabs	P	QL(1 ea daily)
FEMHRT 0.5 MG-2.5 MCG *(Use norethindrone acetate-ethinyl estradiol)*	NP	
norethindrone acetate-ethinyl estradiol	P	
PREMPHASE 0.625 MG-5 MG	P	
PREMPRO	P	
Estrogens		
ALORA PTTW	P	QL(8 ea per fill retail)
CLIMARA PTWK *(Use estradiol)*	NP	QL(4 ea per fill retail)
ESTRACE TABS *(Use estradiol)*	NP	
estradiol tabs	P	
estradiol ptwk	P	QL(4 ea per fill retail)
estradiol pttw	P	QL(8 ea per fill retail)
MINIVELLE PTTW *(Use estradiol)*	NP	QL(8 ea per fill retail)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW *(Use estradiol)*	NP	QL(8 ea per fill retail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG *(Use ciprofloxacin hcl)*	NP	
ciprofloxacin hcl tabs 100 mg	P	QL(6 ea per fill retail)
ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg	P	
levofloxacin tabs	P	QL(1 ea daily; 14 ea per fill retail)
ofloxacin 400 mg	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP *(Use simethicone)*	NP	OTC; QL(31 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
MYLICON INFANTS GAS RELIEF DYE FREE SUSP *(Use simethicone)*	NP	OTC; QL(31 ml per 30 days retail)
simethicone susp	P	OTC; QL(31 ml per 30 days retail)
simethicone chew 80 mg	P	OTC
simethicone liqd or 20 mg/0.3ml	P	OTC; QL(31 ml per 30 days retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	P	SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	P	QL(1 ea daily); SP; PA
Gallstone Solubilizing Agents		
CHENODAL	P	SP; PA
URSO 250 TABS *(Use ursodiol)*	NP	QL(7 ea daily)
ursodiol caps	P	
ursodiol tabs 250 mg	P	QL(7 ea daily)
Gastrointestinal Stimulants		
GIMOTI SOLN NA	P	SP; PA
metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml	P	
metoclopramide hcl tabs	P	
REGLAN TABS *(Use metoclopramide hcl)*	NP	
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY CAPS	P	SP; PA
BYLVAY (PELLETS) CPSP	P	SP; PA
LIVMARLI	P	SP; PA
Inflammatory Bowel Agents		
APRISO CP24 *(Use mesalamine)*	NP	
ASACOL HD TBEC *(Use mesalamine)*	NP	
AVSOLA	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
AZULFIDINE TABS *(Use sulfasalazine)*	NP	
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	NP	
balsalazide disodium caps	P	QL(9 ea daily)
CIMZIA KIT	P	SP; PA
CIMZIA PSKT	P	SP; PA
CIMZIA STARTER KIT PSKT	P	SP; PA
COLAZAL CAPS *(Use balsalazide disodium)*	NP	QL(9 ea daily)
DELZICOL CPDR *(Use mesalamine)*	NP	
ENTYVIO	P	SP; PA
INFLECTRA	P	SP; PA
INFLIXIMAB	P	SP; PA
LIALDA TBEC *(Use mesalamine)*	NP	
mesalamine enem	P	QL(60 ml daily)
mesalamine tbec	P	
mesalamine cpdr	P	
mesalamine cp24	P	
REMICADE	P	SP; PA
RENFLEXIS	P	SP; PA
SFROWASA ENEM	P	
STELARA 130 MG/26ML	P	SP; PA
sulfasalazine tabs	P	
sulfasalazine tbec	P	
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	P	
Short Bowel Syndrome (SBS) Agents		
GATTEX	P	SP; PA
Tryptophan Hydroxylase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
XERMELO	P	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbcr 10 meq, 540 mg, 1080 mg	P	
sodium citrate & citric acid 334 mg/5ml-500 mg/5ml	NP	RX/OTC
sodium citrate & citric acid 334 mg/5ml-500 mg/5ml	P	QL(500 ml per 30 days retail); RX/OTC
UROCIT-K 10 TBCR *(Use potassium citrate (alkalinizer))*	NP	
UROCIT-K 5 TBCR *(Use potassium citrate (alkalinizer))*	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP; PA
PROCYSBI CPDR	P	SP; PA
PROCYSBI PACK	P	SP; PA
Genitourinary Irrigants		
sodium chloride (gu irrigant) .9 %	P	
Hyperoxaluria Agents		
OXLUMO	P	SP; PA
Prostatic Hypertrophy Agents		
finasteride	P	QL(1 ea daily)
FLOMAX *(Use tamsulosin hcl)*	NP	QL(2 ea daily)
PROSCAR *(Use finasteride)*	NP	QL(1 ea daily)
tamsulosin hcl	P	QL(2 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs 100 mg, 100 mg, 200 mg	P	
PYRIDIUM TABS *(Use phenazopyridine hcl)*	NP	
Urinary Stone Agents		
THIOLA TABS *(Use tiopronin)*	NP	SP; PA
THIOLA EC TBEC	P	SP; PA
tiopronin tabs	P	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX 15 MG/ML-50 MG/ML	P	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid 0.5 mg-500 mg	P	
Gout Agents		
allopurinol	P	
colchicine tabs	P	QL(6 ea per fill retail)
COLCRYS TABS *(Use colchicine)*	NP	QL(6 ea per fill retail)
KRYSTEXXA	P	SP; PA
ZYLOPRIM *(Use allopurinol)*	NP	
Uricosurics		
probenecid	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
COAGADEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
FIBRYGA	P	SP; PA
HEMLIBRA	P	SP; PA
HEMOFIL M SOLR 1501 - 2000 UNIT	P	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HUMATE-P SOLR	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR	P	SP; PA
JIVI	P	SP; PA
KCENTRA	P	SP; PA
KOATE SOLR	P	SP; PA
KOATE-DVI SOLR	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
MONONINE	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIASTAP	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Bradykinin B2 Receptor Antagonists		
FIRAZYR *(Use icatibant acetate)*	NP	SP; PA
icatibant acetate	P	SP; PA
Complement Inhibitors		
BERINERT KIT	P	SP; PA
CINRYZE SOLR IV	P	SP; PA
ENJAYMO	P	SP; PA
HAEGARDA SOLR SC	P	SP; PA
RUCONEST	P	SP; PA
TAVNEOS	P	SP; PA
Hematorheologic Agents		
pentoxifylline	P	
Hemin		
PANHEMATIN 350 MG	P	SP; PA
Human Protein C		
CEPROTIN	P	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	P	SP; PA
ORLADEYO	P	SP; PA
TAKHZYRO SOSY 300 MG/2ML	P	SP; PA
TAKHZYRO SOLN	P	SP; PA
Plasma Proteins		
RYPLAZIM	P	SP; PA
THROMBATE III	P	SP; PA
THROMBATE III W/10 ML STERILE WATER	P	SP; PA
THROMBATE III W/20 ML STERILE WATER	P	SP; PA
Platelet Aggregation Inhibitors		
BRILINTA	P	QL(2 ea daily)
CABLIVI	P	SP; PA
cilostazol	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
clopidogrel bisulfate 75 mg	P	
dipyridamole	P	
EFFIENT *(Use prasugrel hcl)*	NP	QL(1 ea daily)
INTEGRILIN 20 MG/10ML, 75 MG/100ML *(Use eptifibatide)*	NP	
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	NP	
prasugrel hcl	P	QL(1 ea daily)
Pyruvate Kinase Activators		
PYRUKYND TABS	P	SP; PA
PYRUKYND TAPER PACK TBPK	P	SP; PA
Thrombolytic Agent - Misc		
DEFITELIO	P	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
ELELYSO	P	SP; PA
miglustat	P	SP; PA
VPRIV	P	SP; PA
ZAVESCA *(Use miglustat)*	NP	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
ENDARI	P	SP; PA
OXBRYTA TBSO	P	SP; PA
OXBRYTA TABS 500 MG	P	SP; PA
SIKLOS TABS	P	PA
Cobalamins		
cyanocobalamin soln ij	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		
folic acid tabs 1 mg	P	RX/OTC
folic acid tabs 400 mcg, 800 mcg	P	OTC; QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	SP; PA
ARANESP ALBUMIN FREE SOSY	P	SP; PA
EPOGEN	P	SP; PA
GRANIX SOSY	P	SP; PA
GRANIX SOLN	P	SP; PA
LEUKINE SOLR IJ	P	SP; PA
MIRCERA	P	SP; PA
MULPLETA	P	SP; PA
NEUPOGEN SOSY	P	SP; PA
NEUPOGEN SOLN	P	SP; PA
NIVESTYM SOLN	P	SP; PA
NIVESTYM SOSY	P	SP; PA
NYVEPRIA	P	SP; PA
PROCRIT	P	SP; PA
PROCRIT	P	SP; PA
RELEUKO SOLN	P	SP; PA
RELEUKO SOSY	P	SP; PA
RETACRIT	P	SP; PA
RETACRIT	P	SP; PA
ZARXIO	P	SP; PA
Hematopoietic Mixtures		
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs 0.8 mg-1 mg-1.3 mg-5 mg-6 mg-6.9 mg-10 mg-10 mg-15 mcg-18.2 mg-30 mg-200 mg-324 mg	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN *(Use ferrous sulfate)*	NP	OTC; QL(3.4 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
FERRETTS TABS	P	OTC; QL(2 ea daily)
ferrous fumarate tabs	P	OTC; QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG	P	OTC; QL(100 ea per 30 days retail); AL(Up to 50 yrs old)
ferrous sulfate elix	P	OTC; AL(Up to 50 yrs old)
ferrous sulfate tabs 65 mg, 325 mg	P	OTC; AL(Up to 50 yrs old)
ferrous sulfate tbec	P	OTC; AL(Up to 50 yrs old)
ferrous sulfate soln	P	OTC; QL(3.4 ml daily)
FERROUS SULFATE TBEC	P	OTC; AL(Up to 50 yrs old)
IRON TABS 28 MG	P	OTC
IRON CHEWS PEDIATRIC CHEW	P	OTC
polysaccharide iron complex caps 150 mg	P	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL	P	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 500 MG *(Use aminocaproic acid)*	NP	QL(24 ea per fill retail); SP
AMICAR TABS 1000 MG *(Use aminocaproic acid)*	NP	SP; PA
AMICAR SOLN OR *(Use aminocaproic acid)*	NP	QL(236.5 ml per 30 days retail); SP
aminocaproic acid tabs 500 mg	P	QL(24 ea per fill retail); SP
aminocaproic acid tabs 1000 mg	P	SP; PA
aminocaproic acid soln or .25 gm/ml	P	QL(236.5 ml per 30 days retail); SP
aminocaproic acid soln iv 250 mg/ml	P	SP; PA
LYSTEDA TABS *(Use tranexamic acid)*	NP	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
tranexamic acid tabs	P	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) caps 50 mg	P	OTC
diphenhydramine hcl (sleep) tabs 50 mg	P	OTC
diphenhydramine hcl (sleep) tabs 25 mg	P	OTC; QL(1 ea daily)
doxylamine succinate (sleep)	P	OTC
TYLENOL PM EXTRA STRENGTH LIQD 50 MG/30ML-1000 MG/30ML *(Use diphenhydramine-acetaminophen (sleep))*	NP	
UNISOM SLEEPGELS CAPS *(Use diphenhydramine hcl (sleep))*	NP	OTC
UNISOM SLEEPTABS *(Use doxylamine succinate (sleep))*	NP	OTC
Barbiturate Hypnotics		
NEMBUTAL SODIUM SOLN *(Use pentobarbital sodium)*	NP	
phenobarbital tabs	P	
phenobarbital elix	P	
Non-Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
AMBIEN TABS *(Use zolpidem tartrate)*	NP	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
flurazepam hcl	P	AL(At least 18 yrs old - Up to 65 yrs old)
HALCION .25 MG *(Use triazolam)*	NP	QL(1 ea daily); AL(At least 18 yrs old)
midazolam hcl soln ij	P	
RESTORIL 15 MG, 30 MG *(Use temazepam)*	NP	AL(At least 18 yrs old)
temazepam 15 mg, 30 mg	P	AL(At least 18 yrs old)
triazolam	P	QL(1 ea daily); AL(At least 18 yrs old)
zaleplon 10 mg	P	QL(2 ea daily); AL(At least 18 yrs old)
zaleplon 5 mg	P	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate tabs	P	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs	P	OTC; QL(10 ea daily)
EVAC POWD *(Use psyllium)*	NP	OTC
FIBERCON TABS *(Use calcium polycarbophil)*	NP	OTC; QL(10 ea daily)
KONSYL DAILY FIBER POWD *(Use psyllium)*	NP	OTC
METAMUCIL CAPS *(Use psyllium)*	NP	OTC
METAMUCIL POWD *(Use psyllium)*	NP	OTC
METAMUCIL ORIGINAL TEXTURE POWD *(Use psyllium)*	NP	OTC
NATURAL FIBER LAXATIVE POWD	P	OTC
psyllium powd 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 68 %, 100 %	P	OTC
psyllium caps .52 gm	P	OTC
Laxative Combinations		
GOLYTELY SOLR 2.97 GM-5.86 GM-6.74 GM-22.74 GM-236 GM *(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NP	QL(4000 ml per fill retail)
NULYTELY 1.48 GM-5.72 GM-11.2 GM-420 GM *(Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)*	NP	QL(4000 ml per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	P	QL(4000 ml per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride 1.48 gm-5.72 gm-11.2 gm-420 gm	P	QL(4000 ml per fill retail)
PEG-PREP 0.74 GM-2.86 GM-5 MG-5.6 GM-210 GM	P	
sennosides-docusate sodium tabs 8.6 mg-50 mg	P	OTC; QL(4 ea daily)
SENOKOT S TABS 50 MG-8.6 MG *(Use sennosides-docusate sodium)*	NP	OTC; QL(4 ea daily)
Laxatives - Miscellaneous		
glycerin (laxative) supp 2 gm	P	OTC
GLYCERIN ADULT SUPP *(Use glycerin (laxative))*	NP	OTC
lactulose soln	P	
MIRALAX POWD *(Use polyethylene glycol 3350)*	NP	QL(34 gm daily)
MIRALAX PACK *(Use polyethylene glycol 3350)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
PEDIA-LAX SUPP *(Use glycerin (laxative))*	NP	
polyethylene glycol 3350 powd	P	QL(34 gm daily)
SORBITOL OR 70 %	P	OTC
Saline Laxatives		
FLEET ENEMA ENEM 7 GM/197ML-19 GM/197ML *(Use sodium phosphates)*	NP	OTC
FLEET PEDIATRIC ENEM 3.5 GM/59ML-9.5 GM/59ML *(Use sodium phosphates)*	NP	OTC
magnesium citrate	P	OTC
magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml	P	OTC; QL(992 ml per 30 days retail)
sodium phosphates enem	P	OTC
Stimulant Laxatives		
bisacodyl tbec	P	OTC; QL(1 ea daily)
bisacodyl supp	P	OTC; QL(12 ea per fill retail)
DULCOLAX TBEC *(Use bisacodyl)*	NP	OTC; QL(1 ea daily)
DULCOLAX SUPP *(Use bisacodyl)*	NP	OTC; QL(12 ea per fill retail)
DULCOLAX PINK LAXATIVE TBEC *(Use bisacodyl)*	NP	OTC; QL(1 ea daily)
sennosides tabs 8.6 mg	P	OTC; QL(12 ea per fill retail)
SENOKOT TABS *(Use sennosides)*	NP	OTC; QL(12 ea per fill retail)
Surfactant Laxatives		
COLACE CAPS 100 MG *(Use docusate sodium)*	NP	OTC; QL(3 ea daily)
COLACE CLEAR CAPS *(Use docusate sodium)*	NP	OTC
docusate sodium caps 50 mg	P	OTC
docusate sodium liqd	P	OTC
docusate sodium caps 100 mg, 250 mg	P	OTC; QL(3 ea daily)
docusate sodium syrp	P	OTC
docusate sodium tabs	P	OTC
DOCUSATE SODIUM SYRP	P	OTC
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
CARBOCAINE SOLN 1 % *(Use mepivacaine hcl)*	NP	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin susr 200 mg/5ml	P	QL(30 ml per fill retail)
azithromycin susr 100 mg/5ml	P	QL(15 ml per fill retail)
azithromycin pack	P	QL(2 ea per fill retail)
azithromycin tabs 250 mg	P	QL(6 ea per fill retail)
azithromycin tabs 500 mg	P	QL(4 ea daily)
azithromycin tabs 600 mg	P	QL(8 ea per 28 days retail)
ZITHROMAX TABS 500 MG *(Use azithromycin)*	NP	QL(4 ea daily)
ZITHROMAX TABS 250 MG *(Use azithromycin)*	NP	QL(6 ea per fill retail)
ZITHROMAX PACK *(Use azithromycin)*	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML *(Use azithromycin)*	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML *(Use azithromycin)*	NP	QL(30 ml per fill retail)
ZITHROMAX SOLR *(Use azithromycin)*	NP	
ZITHROMAX TRI-PAK TABS *(Use azithromycin)*	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX Z-PAK TABS *(Use azithromycin)*	NP	QL(6 ea per fill retail)
Clarithromycin		
clarithromycin tabs	P	QL(28 ea per fill retail)
clarithromycin tb24	P	QL(14 ea per fill retail)
clarithromycin susr 250 mg/5ml	P	QL(200 ml per fill retail)
clarithromycin susr 125 mg/5ml	P	QL(100 ml per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	NP	
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	NP	
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	NP	
erythromycin base cpep	P	
erythromycin base tabs	P	
erythromycin base tbec	P	
erythromycin ethylsuccinate tabs	P	
erythromycin ethylsuccinate susr	P	
erythromycin stearate tabs 250 mg	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
GAUZE SPONGES	P	RX/OTC
Contraceptives		
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
Diabetic Supplies		
BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	
DEXCOM G4 PLATINUM RECEIVER KIT	NP	
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	
DEXCOM G5 MOBILE RECEIVERKIT	NP	
DEXCOM G5 RECEIVER KIT	NP	
DEXCOM G6 RECEIVER	NP	
DEXCOM G7 RECEIVER	NP	
DEXCOM G7 SENSOR	NP	
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EVERSENSE SENSOR/HOLDER	NP	
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	NP	
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	
LANCETS-MISC	P	QL (6.67 ea daily); OTC
LANCING DEVICE-MISC	P	OTC
ONETOUCH SOLUTIONS FIT KIT	NP	
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	QL(0 ea daily)
ONETOUCH ULTRA 2 KIT	P	RX/OTC
ONETOUCH ULTRA MINI KIT	P	RX/OTC
ONETOUCH VERIO KIT	P	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
ONETOUCH VERIO REFLECT KIT	P	RX/OTC
TEMPO WELCOME KIT	NP	RX/OTC
Misc. Devices		
ALCOHOL PREP PADS-MISC	P	OTC
Optical and Ophthalmic Supplies		
SUSVIMO OCULAR IMPLANT	P	SP; PA
Parenteral Therapy Supplies		
AQINJECT PEN NEEDLE/31G X 3/16" 0	NP	RX/OTC
AQINJECT PEN NEEDLE/32G X 5/32"	NP	RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	RX/OTC
AUM PEN NEEDLE/32GX4MM	NP	RX/OTC
AUM PEN NEEDLE/32GX6MM	NP	
BD PEN NEEDLES	P	QL (5 ea daily); OTC
EMBRACE PEN NEEDLES/30G X 5MM	NP	
EMBRACE PEN NEEDLES/31G X 5MM	NP	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/31G X 8MM	NP	RX/OTC
EMBRACE PEN NEEDLES/32G X 4MM	NP	RX/OTC
INSULIN SYRINGES	P	QL (5 ea daily); OTC
INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 days retail); RX/OTC
ACTIVITY POUCH MISC	P	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROTRACH PLUS MISC	P	QL(1 ea per 360 days retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
AIRZONE PEAK FLOW METER	P	RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
ASSESS PEAK FLOW METER FULL RANGE	P	RX/OTC
ASSESS PEAK FLOW METER LOW RANGE	P	RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC
BREATHE EASE PEAK FLOW METER	P	RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
FILTER AIR PP MISC	P	QL(1 ea per 360 days retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC
LUNG PERFORMANCE PEAK FLOW METER	P	RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER	P	RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	RX/OTC
MINI WRIGHT PEAK FLOW METER	P	RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
NOSE CLIP MISC	P	QL(1 ea per 360 days retail); RX/OTC
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 days retail); RX/OTC
PARI MASK SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI VORTEX ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEAK A-I-R FLOW METER	P	RX/OTC
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
PERSONAL BEST FULL RANGE	P	RX/OTC
PFLEX MISC	P	QL(1 ea per 360 days retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC
PIKO 1 ELECTRONIC	P	RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC
POCKET PEAK FLOW METER	P	RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE	P	RX/OTC
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	P	RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
PURE COMFORT PEAK FLOW METER ADULT	P	RX/OTC
PURE COMFORT PEAK FLOW METER CHILD	P	RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC
THRESHOLD IMT MISC	P	QL(1 ea per 360 days retail); RX/OTC
TRUZONE PEAK FLOW METER	P	RX/OTC
TUBING/WING TIP MISC	P	QL(1 ea per 360 days retail); RX/OTC
WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS 1 MG-100 MG *(Use ergotamine w/ caffeine)*	NP	AL(At least 18 yrs old)
ergotamine w/ caffeine tabs 100 mg-1 mg	P	AL(At least 18 yrs old)
Migraine Products		
D.H.E. 45 SOLN IJ *(Use dihydroergotamine mesylate)*	NP	AL(At least 18 yrs old)
dihydroergotamine mesylate soln na 4 mg/ml	P	AL(At least 18 yrs old)
MIGRANAL SOLN NA *(Use dihydroergotamine mesylate)*	NP	AL(At least 18 yrs old)
Serotonin Agonists		
AMERGE *(Use naratriptan hcl)*	NP	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
eletriptan hydrobromide	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
IMITREX SOLN 6 MG/0.5ML *(Use sumatriptan succinate)*	NP	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX 5 MG/ACT, 20 MG/ACT *(Use sumatriptan)*	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
IMITREX TABS *(Use sumatriptan succinate)*	NP	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML *(Use sumatriptan succinate)*	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(Use sumatriptan succinate)*	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	NP	QL(12 ea per 30 days retail); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
MAXALT-MLT TBDP 10 MG *(Use rizatriptan benzoate)*	NP	QL(0.4 ea daily)
naratriptan hcl	P	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
RELPAX *(Use eletriptan hydrobromide)*	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
rizatriptan benzoate tabs	P	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
rizatriptan benzoate tbdp	P	QL(0.4 ea daily)
sumatriptan	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
sumatriptan succinate soct 6 mg/0.5ml	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
sumatriptan succinate soaj 6 mg/0.5ml	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
sumatriptan succinate tabs	P	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
sumatriptan succinate soln 6 mg/0.5ml	P	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
sumatriptan succinate sosy 6 mg/0.5ml	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
zolmitriptan soln 5 mg	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
zolmitriptan tbdp	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
zolmitriptan tabs	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG TABS 2.5 MG, 5 MG *(Use zolmitriptan)*	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG SOLN 5 MG *(Use zolmitriptan)*	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
ZOMIG ZMT TBDP *(Use zolmitriptan)*	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	P	OTC; QL(2 ea daily)
calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 20 mcg-600 mg, 400 unit-600 mg, 400 unit-600 mg-800 unit-600 mg, 600 mg-400 unit, 600 mg-800 unit, 800 unit-600 mg	P	QL(2 ea daily)
calcium carbonate-cholecalciferol tabs 200 unit-500 mg, 200 unit-500 mg-500 mg-200 unit, 5 mcg-500 mg, 500 mg-200 unit	P	OTC
calcium carbonate-vitamin d tabs 200 unit-600 mg, 400 unit-600 mg	P	OTC; QL(2 ea daily)
calcium carbonate-vitamin d tabs 125 unit-250 mg, 200 unit-500 mg, 250 mg-125 unit	P	OTC
CALTRATE 600+D3 TABS 600 MG-800 UNIT *(Use calcium carbonate-cholecalciferol)*	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
oyster shell	P	OTC
OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG	P	OTC
PARVA-CAL 200 UNIT-500 MG	P	OTC
QC CALCIUM 500MG/D3 TABS 200 UNIT-500 MG	P	OTC
Electrolyte Mixtures		
BIOLYTE SOLN 1 MCG/437ML-1.1 GM/437ML-3 MG/437ML-5 MG/437ML-8 GM/473ML-16 MG/437ML-400 MG/437ML-500 MCG/437ML-700 MG/437ML	P	QL(1000 ml per fill retail)
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-18 MEQ/L-20 MEQ/L	P	QL(1000 ml per fill retail)
CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-30 MEQ/L-35 MEQ/L	P	QL(1000 ml per fill retail)
ENFAMIL ENFALYTE SOLN 2.5 MEQ/100ML-3.3 MEQ/100ML-4.5 MEQ/100ML-5 MEQ/100ML	P	QL(1000 ml per fill retail)
EQUALYTE SOLN 67.6 MEQ/L-20 MEQ/L-25 GM/L-30.1 MEQ/L-78.2 MEQ/L *(Use oral electrolytes)*	NP	QL(1000 ml per fill retail)
HYDRALYTE SOLN 107.5 MG/250ML-132.5 MG/250ML-140 MG/250ML	P	QL(1000 ml per fill retail)
HYDRALYTE FREEZER POPS SOLN 55 MEQ/L-16 GM/L-20 MEQ/L-45 MEQ/L-90 MEQ/L	P	QL(1000 ml per fill retail)
KINDERLYTE SOLN 8.6 MG/L-840 MG/L-1270 MG/L-1590 MG/L	P	QL(1000 ml per fill retail)
KINDERLYTE PREMAX SOLN 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML	P	QL(1000 ml per fill retail)
oral electrolytes soln 7.8 mg/l-20 gm/l-20 meq/l-40 meq/l-50 meq/l	P	QL(1000 ml per fill retail)
PEDIALYTE SOLN 2.8 MG/355ML-130 MG/355ML-240 MG/355ML-250 MG/355ML *(Use oral electrolytes)*	NP	QL(1000 ml per fill retail)
PEDIALYTE ADVANCED CARE SOLN 2.8 MG/360ML-20 MEQ/L-50 MEQ/L-60 MEQ/L *(Use oral electrolytes)*	NP	QL(1000 ml per fill retail)
PEDIALYTE FREEZER POPS SOLN 20 MEQ/L-25 GM/L-30 MEQ/L-35 MEQ/L-45 MEQ/L *(Use oral electrolytes)*	NP	QL(1000 ml per fill retail)
PEDIALYTE SINGLES SOLN 1.6 MG/200ML-4 MEQ/200ML-5.6 GM/200ML-7 MEQ/200ML-9 MEQ/200ML *(Use oral electrolytes)*	NP	QL(1000 ml per fill retail)
Fluoride		
sodium fluoride chew .25 mg, .5 mg, 1 mg, 2.2 mg	P	AL(Up to 15 yrs old)
sodium fluoride soln .125 mg/drop, .5 mg/ml	P	AL(Up to 15 yrs old); RX/OTC
Magnesium		
MAGNESIUM CAPS 400 MG	P	OTC
MAGNESIUM EXTRA STRENGTH CAPS	P	OTC
MAGNESIUM OXIDE CAPS	P	OTC

Drug Name	Drug Tier	Requirements/ Limits
magnesium oxide (mg supplement) tabs 400 mg	P	OTC
MAGOX 400 TABS *(Use magnesium oxide (mg supplement))*	NP	OTC
Phosphate		
K-PHOS NEUTRAL 130 MG-155 MG-852 MG *(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	NP	QL(8 ea daily); RX/OTC
pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 mg-155 mg-852 mg	P	QL(8 ea daily); RX/OTC
Potassium		
potassium bicarbonate tbef	P	
potassium chloride cpcr 10 meq	P	
potassium chloride soln or 10 %, 20 %	P	
potassium chloride pack or 20 meq	P	
potassium chloride tbcr 8 meq, 10 meq	P	
potassium chloride cpcr 8 meq	P	QL(1 ea daily)
potassium chloride microencapsulated crystals er	P	
Zinc		
zinc sulfate caps	P	QL(100 ea per fill retail)
ZINC SULFATE CAPS	P	QL(100 ea per fill retail)
MISCELLANEOUS THERAPEUTIC CLASSES		
Allogeneic Tissue		
RETHYMIC	P	SP; PA
Chelating Agents		
DEPEN TITRATABS TABS *(Use penicillamine)*	NP	
penicillamine tabs	P	
SYPRINE *(Use trientine hcl)*	NP	SP; PA
trientine hcl	P	SP; PA
Enzymes		
XIAFLEX	P	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA 15 MG/ML-50 MG/ML	P	SP; PA
Homeopathic Products		
COLD-EEZE LOZG *(Use homeopathic products)*	NP	
COLD-EEZE PLUS DEFENSE LOZG *(Use homeopathic products)*	NP	
COLD-EEZE PLUS NATURAL MULTI-SYMPTOM RELIEF LOZG *(Use homeopathic products)*	NP	
COLD-EEZE SUGAR FREE LOZG *(Use homeopathic products)*	NP	
Immunomodulators		
lenalidomide	P	SP; PA
REVLIMID	P	SP; PA
REZUROCK	P	SP; PA
THALOMID	P	SP; PA
VYVGART	P	SP; PA
Immunosuppressive Agents		
ATGAM	P	SP; PA
azathioprine tabs 75 mg, 100 mg	P	PA
azathioprine tabs 50 mg	P	
CELLCEPT TABS *(Use mycophenolate mofetil)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
CELLCEPT SUSR *(Use mycophenolate mofetil)*	NP	
CELLCEPT CAPS *(Use mycophenolate mofetil)*	NP	
cyclosporine caps	P	
cyclosporine soln iv 50 mg/ml	P	
cyclosporine modified (for microemulsion) soln	P	
cyclosporine modified (for microemulsion) caps	P	
ENSPRYNG	P	SP; PA
GAMIFANT	P	SP; PA
IMURAN TABS *(Use azathioprine)*	NP	
LUPKYNIS	P	SP; PA
mycophenolate mofetil tabs	P	
mycophenolate mofetil caps	P	
mycophenolate mofetil susr	P	
mycophenolate sodium	P	
MYFORTIC *(Use mycophenolate sodium)*	NP	
NEORAL CAPS *(Use cyclosporine modified (for microemulsion))*	NP	
NEORAL SOLN *(Use cyclosporine modified (for microemulsion))*	NP	
NULOJIX	P	SP; PA
PROGRAF CAPS *(Use tacrolimus)*	NP	
PROGRAF PACK	P	PA
RAPAMUNE SOLN *(Use sirolimus)*	NP	
RAPAMUNE TABS *(Use sirolimus)*	NP	
SANDIMMUNE CAPS *(Use cyclosporine)*	NP	
SANDIMMUNE SOLN OR	P	
SANDIMMUNE SOLN IV 50 MG/ML *(Use cyclosporine)*	NP	
sirolimus soln	P	
sirolimus tabs	P	
tacrolimus caps	P	
THYMOGLOBULIN	P	SP; PA
Lymphatic Agents		
SYLVANT	P	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE	P	SP; PA
Potassium Removing Agents		
sodium polystyrene sulfonate susp or 15 gm/60ml	P	
sodium polystyrene sulfonate powd	P	
Progeria Treatment Agents		
ZOKINVY	P	SP; PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	P	SP; PA
BENLYSTA SOLR	P	SP; PA
BENLYSTA SOSY	P	SP; PA
SAPHNELO	P	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
ANBESOL GEL *(Use benzocaine (dental))*	NP	
ANBESOL MAXIMUM STRENGTH LIQD *(Use benzocaine (dental))*	NP	
ANBESOL MAXIMUM STRENGTH GEL *(Use benzocaine (dental))*	NP	

Drug Name	Drug Tier	Requirements/ Limits
lidocaine hcl (mouth-throat) 2 %	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
nystatin (mouth-throat)	P	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	P	
PERIDEX *(Use chlorhexidine gluconate (mouth-throat))*	NP	
Dental Products		
LISTERINE HEALTHY WHITE VIBRANT SOLN *(Use sodium fluoride (dental))*	NP	
LISTERINE TOTAL CARE SOLN *(Use sodium fluoride (dental))*	NP	
LISTERINE TOTAL CARE PLUSWHITENING SOLN *(Use sodium fluoride (dental))*	NP	
LISTERINE WHITENING/RESTORING SOLN *(Use sodium fluoride (dental))*	NP	
PREVIDENT 5000 BOOSTER PLUS PSTE DT *(Use sodium fluoride (dental))*	NP	
PREVIDENT 5000 DRY MOUTH GEL *(Use sodium fluoride (dental))*	NP	
PREVIDENT 5000 ORTHO DEFENSE PSTE DT *(Use sodium fluoride (dental))*	NP	
PREVIDENT 5000 PLUS CREA *(Use sodium fluoride (dental))*	NP	PA
PREVIDENT FLUORIDE GEL *(Use sodium fluoride (dental))*	NP	
sodium fluoride (dental) gel	P	
sodium fluoride (dental) crea	P	PA
sodium fluoride (dental) pste dt	P	
Periodontal Products		
ARESTIN	P	SP; PA
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	P	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN 0.009 %-0.032 %-0.052 %-0.569 %	P	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE SOLN	P	QL(900 ea per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC
pilocarpine hcl (oral) 5 mg	P	QL(6 ea daily)
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC
SALAGEN 5 MG *(Use pilocarpine hcl (oral))*	NP	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins caps 1 mg-1.5 mg-2 mg-10 mg-70 mg-100 mcg-100 mg	P	OTC; QL(1 ea daily)
b-complex vitamins tabs 4 mg-5 mg-7 mg-10 mg-25 mcg	P	QL(1 ea daily)
B-Complex w/ C		
b complex w/ c caps 5 mg-10 mg-10.2 mg-15 mg-50 mg-300 mg	P	OTC; QL(1 ea daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid tabs	P	QL(1 ea daily); RX/OTC
b-complex w/ c & folic acid caps 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg	P	QL(1 ea daily); RX/OTC
NEPHRO-VITE RX TABS 1 MG-1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-60 MG-300 MCG *(Use b-complex w/ c & folic acid)*	NP	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron tabs 1.5 mg-1.7 mg-2 mg-6 mcg-10 mcg-10 mg-13.5 mg-18 mg-20 mg-25 mg-60 mg-400 mcg-900 mcg	P	OTC; QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-18 MG-20 MG-60 MG-400 MCG-1500 MCG	P	OTC; QL(1 ea daily)
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC
MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
Multivitamins		
AMLADEX TABS 1 MG-1 MG-5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG	P	OTC; QL(1 ea daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-20 MG-21 MG-60 MG-400 MCG-900 MCG	P	OTC; QL(1 ea daily); RX/OTC
ESTROFACTORS TABS 0.67 MG-10 MCG-13 MCG-16.7 MG-30 MG-33 MG-66.7 MG-66.7 MG-66.7 UNIT-66.7 UNIT-70 MG-266 MCG-833 UNIT	P	OTC; QL(1 ea daily); RX/OTC
GENICIN VITA-Q TABS 5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG-1000 MCG-1000 MCG	P	OTC; QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HIGH POTENCY MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG-10 MG-13.6 MG-20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG	P	OTC; QL(1 ea daily); RX/OTC
MULTI VITAMIN TABS 2 MG-6 MCG-10 MG-20 MG-45 MG-60 MG-400 MCG-400 UNIT-3000 UNIT-1.5 MG-1.7 MG-30 UNIT	P	OTC; QL(1 ea daily); RX/OTC
MULTI VITAMIN/D-3 TABS 1.5 MG-1.9 MG-2 MG-6 MCG-20 MG-30 UNIT-40 MG-50 MG-60 MG-400 MCG-400 UNIT-3000 UNIT	P	OTC; QL(1 ea daily); RX/OTC
multiple vitamin tabs 1 mg-1 mg-1.5 mg-1.7 mg-3 mcg-10 mcg-20 mg-50 mg-60 mg-1200 mcg	P	OTC; QL(1 ea daily); RX/OTC
MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
MULTIVITAMIN ADULT TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG	P	OTC; QL(1 ea daily); RX/OTC
NEOMULTIVITE TABS 2 MG-1.5 MG-1.7 MG-2 MCG-5 MCG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG	P	OTC; QL(1 ea daily); RX/OTC
OMNICAP TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MG-20 MG-30 UNIT-60 MG-400 MCG-400 UNIT-3000 UNIT	P	OTC; QL(1 ea daily); RX/OTC
ONE DAILY ESSENTIAL TABS 1.5 MG-1.7 MG-2 MG-3.3 MG-6 MCG-10 MG-20 MCG-20 MG-45 MG-60 MG-500 MCG-900 MCG	P	OTC; QL(1 ea daily); RX/OTC
ONE-A-DAY ESSENTIAL TABS 0.4 MG-1.5 MG-1.7 MG-2 MG-6 MCG-10 MG-20 MG-30 UNIT-60 MG-400 UNIT-5000 UNIT *(Use multiple vitamin)*	NP	OTC; QL(1 ea daily); RX/OTC
ONE-A-DAY MENS TABS 3 MG-0.4 MG-2.25 MG-2.55 MG-9 MCG-10 MG-20 MG-45 UNIT-200 MG-400 UNIT-5000 UNIT *(Use multiple vitamin)*	NP	OTC; QL(1 ea daily); RX/OTC
QUINTABS TABS 30 MCG-30 MCG-30 MG-30 MG-30 MG-30 MG-50 UNIT-100 MG-300 MG-400 MCG-400 UNIT-5000 UNIT	P	OTC; QL(1 ea daily); RX/OTC
THERA TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MG-20 MG-30 MCG-30 UNIT-45 MG-90 MG-400 MCG-400 UNIT-5000 UNIT	P	OTC; QL(1 ea daily); RX/OTC
THEREMS MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG-10 MG-13.6 MG-20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG	P	OTC; QL(1 ea daily); RX/OTC
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron soln 0.25 mg/ml-0.4 mg/ml-0.5 mg/ml-0.6 mg/ml-5 unit/ml-8 mg/ml-10 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW 2.5 MG-0.5 MG-1.25 MG-2.5 MCG-10 MCG-10 UNIT-15 MCG-15 MG-20 MCG-37.5 MCG-100 MCG-100 UNIT-1000 UNIT *(Use pediatric multiple vitamin w/ minerals & c)*	NP	
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN 0.6 MG/ML-0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-2 MCG/ML-2 MG/ML-5 UNIT/ML-29.7 MCG/ML-32 MG/ML-400 UNIT/ML-1150 UNIT/ML	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	P	RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	P	RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT	P	RX/OTC
MULTI-VIT-FLOR CHEW	P	RX/OTC
MULTI-VIT-FLOR CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
pediatric multivitamins w/fl soln	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
pediatric multivitamins w/fl chew	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride soln	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
POLY-VI-FLOR CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
POLY-VI-FLOR CHEW	P	RX/OTC
QUFLORA PEDIATRIC CHEW	P	RX/OTC
QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
QUFLORA PEDIATRIC CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	P	OTC; QL(60 ml per fill retail)
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-11 MG/ML-50 MG/ML-250 MCG/ML	P	OTC; QL(60 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	P	OTC; QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
POLY-VI-SOL/IRON SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-11 MG/ML-50 MG/ML-250 MCG/ML	P	OTC; QL(60 ml per fill retail)
POLY-VITA/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 MG/ML-8 MG/ML-10 MCG/ML-10 MG/ML-35 MG/ML-412.5 MCG/ML	P	OTC; QL(60 ml per fill retail)
POLY-VITE/IRON SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 UNIT/ML-11 MG/ML-50 MG/ML-400 UNIT/ML-833 UNIT/ML	P	OTC; QL(60 ml per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	P	OTC; QL(50 ml per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-50 MG/ML-250 MCG/ML	P	OTC; QL(50 ml per fill retail)
MULTIVITAMIN INFANT/TODDLER SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-50 MG/ML-250 MCG/ML-400 UNIT/ML	P	OTC; QL(50 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-750 UNIT/ML	P	OTC; QL(50 ml per fill retail)
POLY-VI-SOL SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-50 MG/ML-250 MCG/ML	P	OTC; QL(50 ml per fill retail)
POLY-VITA SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 MG/ML-8 MG/ML-10 MCG/ML-35 MG/ML-412.5 MCG/ML	P	OTC; QL(50 ml per fill retail)
POLY-VITE PEDIATRIC SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 UNIT/ML-50 MG/ML-400 UNIT/ML-833 UNIT/ML	P	OTC; QL(50 ml per fill retail)
Prenatal Vitamins		
PRENATAL VITAMINS-MISC	P	RX/OTC
Vitamins w/ Lipotropics		
vitamins w/ lipotropics caps 50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-100 mcg	P	OTC; QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Articular Cartilage Repair Therapy		
MACI	P	SP; PA
Central Muscle Relaxants		
baclofen soln it	P	SP; PA
baclofen tabs 10 mg, 20 mg	P	
chlorzoxazone tabs 500 mg	P	
cyclobenzaprine hcl tabs 5 mg, 10 mg	P	QL(3 ea daily)
cyclobenzaprine hcl tabs 7.5 mg	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GABLOFEN SOLN IT *(Use baclofen)*	NP	SP; PA
GABLOFEN SOLN IT	P	SP; PA
LIORESAL INTRATHECAL SOLN IT *(Use baclofen)*	NP	SP; PA
LIORESAL INTRATHECAL SOLN IT	P	SP; PA
methocarbamol tabs	P	
orphenadrine citrate tb12	P	
ROBAXIN-750 TABS *(Use methocarbamol)*	NP	
SKELAXIN *(Use metaxalone)*	NP	
tizanidine hcl tabs	P	
ZANAFLEX TABS 4 MG *(Use tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG, 50 MG *(Use dantrolene sodium)*	NP	
Viscosupplements		
DUROLANE PRSY	P	SP; PA
EUFLEXXA SOSY	P	SP; PA
GEL-ONE	P	SP; PA
GELSYN-3 SOSY	P	SP; PA
GENVISC 850 SOSY	P	SP; PA
HYALGAN SOSY	P	SP; PA
HYALGAN SOLN	P	SP; PA
HYMOVIS	P	SP; PA
HYRONAN KIT 1 %-2 %	P	SP; PA
MONOVISC	P	SP; PA
ORTHOVISC	P	SP; PA
SUPARTZ FX SOSY	P	SP; PA
SYNOJOYNT SOSY	P	SP; PA
SYNVISC SOSY	P	SP; PA
SYNVISC ONE SOSY	P	SP; PA
TRILURON SOSY	P	SP; PA
TRIVISC SOSY	P	SP; PA
VISCO-3 SOSY	P	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)
SALINE NASAL SPRAY 0.65%	P	OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old)
Nasal Antiallergy		
azelastine hcl .15 %, 205.5 mcg/spray	P	QL(30 ml per fill retail); RX/OTC
azelastine hcl .1 %, 137 mcg/spray	P	
cromolyn sodium (nasal) 5.2 mg/act	P	OTC; QL(26 ml per 30 days retail)
NASALCROM *(Use cromolyn sodium (nasal))*	NP	OTC; QL(26 ml per 30 days retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) .06 %	P	QL(15 ml per 30 days retail)
ipratropium bromide (nasal) .03 %	P	QL(31 ml per 30 days retail)
Nasal Steroids		
FLONASE ALLERGY RELIEF SUSP *(Use fluticasone propionate (nasal))*	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP *(Use fluticasone propionate (nasal))*	NP	QL(16 ml per fill retail); RX/OTC
flunisolide (nasal) .025 %	P	QL(25 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate (nasal) susp	P	QL(16 ml per fill retail); RX/OTC
NASACORT ALLERGY 24HR AERO *(Use triamcinolone acetonide (nasal))*	NP	AL(At least 2 yrs old)
NASACORT ALLERGY 24HR CHILDRENS AERO *(Use triamcinolone acetonide (nasal))*	NP	AL(At least 2 yrs old)
NASONEX SUSP *(Use mometasone furoate (nasal))*	NP	
triamcinolone acetonide (nasal) aero	P	AL(At least 2 yrs old)
Sympathomimetic Decongestants		
ADRENALIN .1 % *(Use epinephrine hcl (nasal))*	NP	QL(120 ml per fill retail); AL(Up to 21 yrs old)
AFRIN NASAL SPRAY SOLN *(Use oxymetazoline hcl)*	NP	
DRISTAN SPRAY SOLN *(Use oxymetazoline hcl)*	NP	
epinephrine hcl (nasal)	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)
phenylephrine hcl (oral) tabs	P	OTC; QL(24 ea per fill retail)
pseudoephedrine hcl tabs	P	OTC; AL(Up to 21 yrs old)
pseudoephedrine hcl liqd 15 mg/5ml	P	OTC; AL(Up to 21 yrs old)
pseudoephedrine hcl tb12	P	OTC; QL(62 ea per 30 days retail); AL(Up to 21 yrs old)
SUDAFED CHILDRENS LIQD	P	OTC; AL(Up to 21 yrs old)
SUDAFED CONGESTION TABS *(Use pseudoephedrine hcl)*	NP	OTC; AL(Up to 21 yrs old)
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC; QL(120 ml per fill retail)
SUDAFED PE SINUS CONGESTION TABS *(Use phenylephrine hcl (oral))*	NP	OTC; QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS *(Use pseudoephedrine hcl)*	NP	OTC; AL(Up to 21 yrs old)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	P	SP; PA
RADICAVA SOLN	P	SP; PA
RADICAVA ORS SUSP	P	SP; PA
RADICAVA ORS STARTER KIT SUSP	P	SP; PA
RILUTEK TABS *(Use riluzole)*	NP	PA
riluzole tabs	P	PA
TIGLUTIK SUSP	P	SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	P	SP; PA
EXONDYS 51	P	SP; PA
VILTEPSO	P	SP; PA
VYONDYS 53	P	SP; PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	P	SP; PA
DYSPORT	P	SP; PA
MYOBLOC	P	SP; PA
XEOMIN	P	SP; PA
Nondepolarizing Muscle Relaxants		
NIMBEX SOLN *(Use cisatracurium besylate)*	NP	
Spinal Muscular Atrophy Agents (SMA)		

Drug Name	Drug Tier	Requirements/ Limits
EVRYSDI	P	SP; PA
SPINRAZA	P	SP; PA
ZOLGENSMA 10.1-10.5 KG	P	SP; PA
ZOLGENSMA 10.6-11.0 KG	P	SP; PA
ZOLGENSMA 11.1-11.5 KG	P	SP; PA
ZOLGENSMA 11.6-12.0 KG	P	SP; PA
ZOLGENSMA 12.1-12.5 KG	P	SP; PA
ZOLGENSMA 12.6-13.0 KG	P	SP; PA
ZOLGENSMA 13.1-13.5 KG	P	SP; PA
ZOLGENSMA 2.6-3.0 KG	P	SP; PA
ZOLGENSMA 3.1-3.5 KG	P	SP; PA
ZOLGENSMA 3.6-4.0 KG	P	SP; PA
ZOLGENSMA 4.1-4.5 KG	P	SP; PA
ZOLGENSMA 4.6-5.0 KG	P	SP; PA
ZOLGENSMA 5.1-5.5 KG	P	SP; PA
ZOLGENSMA 5.6-6.0 KG	P	SP; PA
ZOLGENSMA 6.1-6.5 KG	P	SP; PA
ZOLGENSMA 6.6-7.0 KG	P	SP; PA
ZOLGENSMA 7.1-7.5 KG	P	SP; PA
ZOLGENSMA 7.6-8.0 KG	P	SP; PA
ZOLGENSMA 8.1-8.5 KG	P	SP; PA
ZOLGENSMA 8.6-9.0 KG	P	SP; PA
ZOLGENSMA 9.1-9.5 KG	P	SP; PA
ZOLGENSMA 9.6-10.0 KG	P	SP; PA
NUTRIENTS		
Carbohydrates		
POLYCOSE POWD	P	OTC; QL(350 gm per fill retail)
POLYCOSE LIQD	P	OTC; QL(124 ml per fill retail)
Lipids		
DOJOLVI	P	SP; PA
Misc. Nutritional Substances		
omega-3 fatty acids caps	P	OTC; QL(6 ea daily)
omega-3 fatty acids cpdr	P	QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
GONAK *(Use hypromellose (gonioscopic))*	NP	
polyvinyl alcohol 1.4 %	P	OTC; QL(31 ml per 30 days retail)
white petrolatum-mineral oil 15 %-83 %	P	OTC; QL(30 gm per fill retail)
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) soln	P	
carteolol hcl (ophth)	P	
COSOPT 6.8 MG/ML-22.3 MG/ML *(Use dorzolamide hcl-timolol maleate)*	NP	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE 0.5 %-2 %	P	QL(10 ml per 30 days retail)
dorzolamide hcl-timolol maleate	P	QL(10 ml per 30 days retail)
levobunolol hcl .5 %	P	QL(15 ml per 30 days retail)
timolol maleate (ophth) soln	P	QL(15 ea per 30 days retail)
TIMOPTIC SOLN *(Use timolol maleate (ophth))*	NP	QL(15 ml per 30 days retail)
TIMOPTIC OCUDOSE SOLN *(Use timolol maleate (ophth))*	NP	QL(15 ea per 30 days retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN 1 %	P	
atropine sulfate (ophthalmic) soln	P	

Drug Name	Drug Tier	Requirements/ Limits
atropine sulfate (ophthalmic) oint	P	
CYCLOGYL .5 % *(Use cyclopentolate hcl)*	NP	QL(15 ml per 30 days retail)
CYCLOGYL 1 %, 2 % *(Use cyclopentolate hcl)*	NP	
cyclopentolate hcl 1 %, 2 %	P	
cyclopentolate hcl .5 %	P	QL(15 ml per 30 days retail)
homatropine hbr	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN *(Use tropicamide)*	NP	
phenylephrine hcl (mydriatic) soln 2.5 %	P	QL(5 ml per 30 days retail)
tropicamide soln	P	
Miotics		
ISOPTO CARPINE SOLN *(Use pilocarpine hcl)*	NP	
pilocarpine hcl soln 1 %, 2 %, 4 %	P	
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOLN	P	SP; PA
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	P	SP; PA
EYLEA SOLN	P	SP; PA
EYLEA SOSY	P	SP; PA
LUCENTIS SOLN	P	SP; PA
LUCENTIS SOSY	P	SP; PA
SUSVIMO SOLN	P	SP; PA
VABYSMO	P	SP; PA
Ophthalmic Adrenergic Agents		
apraclonidine hcl	P	
brimonidine tartrate .2 %	P	
IOPIDINE	P	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Anti-infectives		
BACIGUENT	P	QL(4 gm per 30 days retail)
bacitracin (ophthalmic)	P	QL(4 gm per 30 days retail)
bacitracin-polymyxin b (ophth) 500 unit/gm-10000 unit/gm	P	QL(4 gm per 30 days retail)
BLEPH-10 SOLN *(Use sulfacetamide sodium (ophth))*	NP	QL(15 ml per 30 days retail)
CILOXAN OINT	P	
CILOXAN SOLN *(Use ciprofloxacin hcl (ophth))*	NP	
ciprofloxacin hcl (ophth) soln	P	
erythromycin (ophth)	P	
gentamicin sulfate (ophth) oint	P	QL(4 gm per 30 days retail)
gentamicin sulfate (ophth) soln	P	
MOXEZA SOLN OP *(Use moxifloxacin hcl (ophth))*	NP	
moxifloxacin hcl (ophth) soln op	P	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin 3.5 mg/gm-400 unit/gm-10000 unit/gm	P	QL(4 gm per 30 days retail)
neomycin-polymyxin-gramicidin 0.025 mg/ml-1.75 mg/ml-10000 unit/ml	P	QL(10 ml per 30 days retail)
OCUFLOX *(Use ofloxacin (ophth))*	NP	QL(10 ml per 30 days retail)
ofloxacin (ophth)	P	QL(10 ml per 30 days retail)
polymyxin b-trimethoprim 0.1 %-10000 unit/ml	P	QL(10 ml per fill retail)
POLYTRIM 0.1 %-10000 UNIT/ML *(Use polymyxin b-trimethoprim)*	NP	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) soln	P	QL(15 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium (ophth) oint	P	QL(4 gm per 30 days retail)
tobramycin (ophth) soln	P	QL(5 ml per 30 days retail)
TOBREX OINT	P	
TOBREX SOLN *(Use tobramycin (ophth))*	NP	QL(5 ml per 30 days retail)
trifluridine	P	QL(8 ml per 30 days retail)
VIGAMOX SOLN OP *(Use moxifloxacin hcl (ophth))*	NP	QL(3 ml per fill retail)
Ophthalmic Decongestants		
naphazoline w/ pheniramine 0.027 %-0.315 %	P	OTC; QL(15 ml per 30 days retail)
OPCON-A 0.027 %-0.315 % *(Use naphazoline w/ pheniramine)*	NP	OTC; QL(15 ml per 30 days retail)
tetrahydrozoline hcl (ophth) .05 %	P	OTC
VISINE RED EYE COMFORT *(Use tetrahydrozoline hcl (ophth))*	NP	OTC
Ophthalmic Gene Therapy		
LUXTURNA	P	SP; PA
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth)	P	
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	P	SP; PA
Ophthalmic Photoenhancers		
PHOTREXA VISCOUS 0.146 %-20 %	P	SP; PA
PHOTREXA/PHOTREXA VISCOUS KIT	P	SP; PA
Ophthalmic Steroids		
BLEPHAMIDE SUSP 0.2 %-10 %	P	QL(10 ml per fill retail)
BLEPHAMIDE S.O.P. OINT 0.2 %-10 %	P	
dexamethasone sodium phosphate (ophth)	P	
DEXTENZA INST	P	SP; PA
DEXYCU SUSP IO	P	SP; PA
fluorometholone (ophth) susp	P	
FML OINT	P	QL(4 gm per 30 days retail)
FML LIQUIFILM SUSP *(Use fluorometholone (ophth))*	NP	
ILUVIEN	P	SP; PA
MAXITROL SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML *(Use neomycin-polymy-dexameth)*	NP	QL(10 ml per 30 days retail)
MAXITROL OINT 0.1 %-3.5 MG/GM-10000 UNIT/GM *(Use neomycin-polymy-dexameth)*	NP	QL(4 gm per 30 days retail)
neomycin-polymy-dexameth oint 0.1 %-3.5 mg/gm-10000 unit/gm	P	QL(4 gm per 30 days retail)
neomycin-polymy-dexameth susp 0.1 %-3.5 mg/ml-10000 unit/ml	P	QL(10 ml per 30 days retail)
neomycin-polymyxin-hc (ophth) 1 %-3.5 mg/ml-10000 unit/ml	P	QL(15 ml per 30 days retail)
OZURDEX IMPL	P	SP; PA
PRED FORTE *(Use prednisolone acetate (ophth))*	NP	
PRED MILD	P	QL(10 ml per 30 days retail)
PRED-G SUSP 0.3 %-1 %	P	QL(5 ml per fill retail)
prednisolone acetate (ophth)	P	
PREDNISOLONE ACETATE P-F	P	

Drug Name	Drug Tier	Requirements/ Limits
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per 30 days retail)
RETISERT	P	SP; PA
sulfacetamide sod-prednisolone soln 0.23 %-10 %	P	QL(10 ml per 30 days retail)
TOBRADEX OINT 0.1 %-0.3 %	P	QL(4 gm per 30 days retail)
TOBRADEX SUSP 0.1 %-0.3 % *(Use tobramycin-dexamethasone)*	NP	QL(10 ml per fill retail)
tobramycin-dexamethasone susp 0.1 %-0.3 %	P	QL(10 ml per fill retail)
TRIESENCE	P	SP; PA
XIPERE	P	SP; PA
YUTIQ	P	SP; PA
Ophthalmics - Misc.		
ACULAR *(Use ketorolac tromethamine (ophth))*	NP	QL(10 ml per fill retail)
ACULAR LS *(Use ketorolac tromethamine (ophth))*	NP	QL(5 ml per 30 days retail)
ALOCRIL	P	QL(5 ml per 30 days retail); PA
ALOMIDE	P	QL(10 ml per 30 days retail); PA
azelastine hcl (ophth)	P	QL(6 ml per 30 days retail)
AZOPT *(Use brinzolamide)*	NP	
brinzolamide	P	
cromolyn sodium (ophth)	P	QL(10 ml per fill retail)
CYSTADROPS	P	SP; PA
CYSTARAN	P	SP; PA
diclofenac sodium (ophth)	P	QL(3 ml per 30 days retail)
dorzolamide hcl	P	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL	P	QL(10 ml per 30 days retail)
flurbiprofen sodium	P	QL(5 ml per 30 days retail)
ketorolac tromethamine (ophth) .4 %	P	QL(5 ml per 30 days retail)
ketorolac tromethamine (ophth) .5 %	P	QL(10 ml per fill retail)
ketotifen fumarate (ophth) .025 %	P	
TRUSOPT *(Use dorzolamide hcl)*	NP	QL(10 ml per 30 days retail)
ZADITOR *(Use ketotifen fumarate (ophth))*	NP	
Prostaglandins - Ophthalmic		
latanoprost soln	P	QL(5 ml per 30 days retail)
LATANOPROST SOLN	P	QL(5 ml per 30 days retail)
XALATAN SOLN *(Use latanoprost)*	NP	QL(5 ml per 30 days retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	QL(15 ml per 30 days retail)
carbamide peroxide (otic) 6.5 %	P	OTC; QL(15 ml per 30 days retail)
DEBROX 6.5 % *(Use carbamide peroxide (otic))*	NP	OTC; QL(15 ml per 30 days retail)
Otic Anti-infectives		
ofloxacin (otic)	P	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX 0.1 %-0.3 % *(Use ciprofloxacin-dexamethasone)*	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
ciprofloxacin-dexamethasone 0.1 %-0.3 %	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
neomycin-polymyxin-hc (otic) susp 1 %-3.5 mg/ml-10000 unit/ml	P	QL(20 ml per 30 days retail)
neomycin-polymyxin-hc (otic) soln 1 %-3.5 mg/ml-10000 unit/ml	P	QL(10 ml per fill retail)
OTOVEL 0.025 %-0.3 % *(Use ciprofloxacin-fluocinolone acetonide)*	NP	
pramoxine-hc-chloroxylenol 1 mg/ml-10 mg/ml-10 mg/ml	P	QL(15 ml per fill retail)
Otic Steroids		
DERMOTIC *(Use fluocinolone acetonide (otic))*	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)
fluocinolone acetonide (otic)	P	QL(20 ml per fill retail); AL(At least 5 yrs old)
hydrocortisone w/acetic acid 1 %-2 %	P	QL(20 ml per 30 days retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate tabs	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	P	SP; PA
CUTAQUIG	P	SP; PA
CUVITRU SOLN	P	SP; PA
CYTOGAM	P	SP; PA
FLEBOGAMMA DIF SOLN	P	SP; PA
GAMASTAN	P	SP; PA
GAMMAGARD LIQUID	P	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP; PA
GAMMAKED	P	SP; PA
GAMMAPLEX SOLN	P	SP; PA
GAMUNEX-C	P	SP; PA
HEPAGAM B SOLN IJ	P	SP; PA
HIZENTRA SOLN	P	SP; PA
HIZENTRA SOSY	P	SP; PA
HYPERHEP B SOLN IM	P	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
HYPERRHO S/D MINI-DOSE SOSY IM	P	SP; PA
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	SP; PA
NABI-HB SOLN IM	P	SP; PA
OCTAGAM SOLN	P	SP; PA
PANZYGA	P	SP; PA
PRIVIGEN SOLN	P	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
RHOPHYLAC SOSY IJ	P	SP; PA
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	P	SP; PA
XEMBIFY	P	SP; PA
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP; PA
ZINPLAVA	P	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	P	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin chew 125 mg, 250 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin tabs 875 mg	P	
amoxicillin caps	P	
amoxicillin susr	P	
ampicillin caps 500 mg	P	
Natural Penicillins		
penicillin v potassium solr	P	
penicillin v potassium tabs	P	
Penicillin Combinations		
amoxicillin & pot clavulanate susr 42.9 mg/5ml-600 mg/5ml, 57 mg/5ml-400 mg/5ml, 600 mg/5ml-42.9 mg/5ml	P	QL(200 ml per fill retail)
amoxicillin & pot clavulanate tb12 62.5 mg-1000 mg	P	QL(40 ea per 30 days retail)
amoxicillin & pot clavulanate chew	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate susr 125 mg/5ml-31.25 mg/5ml, 31.25 mg/5ml-125 mg/5ml, 62.5 mg/5ml-250 mg/5ml	P	QL(150 ml per fill retail)
amoxicillin & pot clavulanate susr 28.5 mg/5ml-200 mg/5ml	P	QL(100 ml per fill retail)
amoxicillin & pot clavulanate tabs 125 mg-875 mg, 875 mg-125 mg	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate tabs	P	QL(30 ea per fill retail)
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML *(Use amoxicillin & pot clavulanate)*	NP	QL(150 ml per fill retail)
AUGMENTIN SUSR	P	QL(150 ml per fill retail)
AUGMENTIN TABS 500 MG-125 MG *(Use amoxicillin & pot clavulanate)*	NP	QL(30 ea per fill retail)
AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML *(Use amoxicillin & pot clavulanate)*	NP	QL(200 ml per fill retail)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
SIMPLYTHICK EASY MIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
SIMPLYTHICK EASYMIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
Liquid Vehicles		
FLAVOR BLEND SUSP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC
FLAVOR SWEET-SF SYRP	P	RX/OTC
glycine diluent 94 mg/50ml-73.3 mg/50ml	P	SP; PA
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
MX-SOL BLEND SUSP	P	RX/OTC
MX-SOL BLEND SF SUSP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC
MX-SOL SUSPEND SUSP	P	RX/OTC
ORA-BLEND SUSP	P	RX/OTC
ORA-BLEND SF SUSP	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	P	RX/OTC
ORAL MIX SF SUSP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC
ORA-SWEET SYRP	P	RX/OTC
ORA-SWEET SF SYRP	P	RX/OTC
PCCA SWEET-SF SYRP 70 %	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC
PCCA-PLUS SUSP	P	RX/OTC
PH 12 STERILE DILUENT FORFLOLAN 73.3 MG/50ML-94 MG/50ML *(Use glycine diluent)*	NP	SP; PA
SOSWEET SYRP	P	RX/OTC
STERILE DILUENT FOR TREPROSTINIL INJECTION 73.3 MG/50ML-94 MG/50ML	P	SP; PA
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC
SUSPENSION VEHICLE SUSP	P	RX/OTC
SYRPALTA SYRP	P	RX/OTC
SYRSPEND SF LIQD	P	RX/OTC
SYRUP VEHICLE SYRP	P	RX/OTC
SYRUP VEHICLE SF SYRP	P	RX/OTC
UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC
UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC
VERSAFREE SYRP	P	RX/OTC
VERSAPLUS SYRP	P	RX/OTC
Semi Solid Vehicles		
lanolin xx	P	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS *(Use norethindrone acetate)*	NP	
hydroxyprogesterone caproate oil	P	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA
MAKENA SOAJ	P	SP; PA
MAKENA OIL *(Use hydroxyprogesterone caproate)*	NP	QL(2 ml per fill retail; 2 ml per 11 days retail); SP; PA
medroxyprogesterone acetate 2.5 mg, 5 mg, 10 mg	P	
norethindrone acetate tabs	P	
progesterone caps 100 mg	P	QL(30 ea per 30 days retail)
progesterone caps 200 mg	P	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG *(Use progesterone)*	NP	QL(30 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
PROMETRIUM CAPS 200 MG *(Use progesterone)*	NP	QL(20 ea per 30 days retail)
PROVERA *(Use medroxyprogesterone acetate)*	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
disulfiram 250 mg	P	
Anti-Cataplectic Agents		
SODIUM OXYBATE	P	SP; PA
XYREM	P	SP; PA
XYWAV 40 MG/ML-96 MG/ML-130 MG/ML-234 MG/ML	P	SP; PA
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG *(Use donepezil hydrochloride)*	NP	QL(1 ea daily)
donepezil hydrochloride tabs 5 mg, 10 mg	P	QL(1 ea daily)
EXELON 4.6 MG/24HR, 9.5 MG/24HR *(Use rivastigmine)*	NP	QL(1 ea daily); PA
galantamine hydrobromide tabs	P	QL(2 ea daily)
galantamine hydrobromide cp24	P	QL(1 ea daily)
galantamine hydrobromide soln	P	QL(6 ml daily)
memantine hcl tabs	P	1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA
memantine hcl tabs	P	QL(2 ea daily); PA
memantine hcl soln	P	QL(2 ml daily); PA
NAMENDA TABS *(Use memantine hcl)*	NP	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
NAMENDA TITRATION PAK TABS *(Use memantine hcl)*	NP	1 rtl pack lmt amt; 28 rtl pack lmt day(s); PA
RAZADYNE ER CP24 *(Use galantamine hydrobromide)*	NP	QL(1 ea daily)
rivastigmine 4.6 mg/24hr, 9.5 mg/24hr	P	QL(1 ea daily); PA
rivastigmine tartrate caps	P	QL(2 ea daily); PA
Combination Psychotherapeutics		
perphenazine-amitriptyline	P	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	P	QL(2 ea daily); PA
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail); PA
Movement Disorder Drug Therapy		
tetrabenazine	P	SP; PA
XENAZINE *(Use tetrabenazine)*	NP	SP; PA
Multiple Sclerosis Agents		
AMPYRA *(Use dalfampridine)*	NP	SP; PA
AUBAGIO *(Use teriflunomide)*	NP	QL(1 ea daily); SP; PA
AUBAGIO	P	QL(1 ea daily); SP; PA
AVONEX PSKT	P	SP; PA
AVONEX PEN AJKT	P	SP; PA
BAFIERTAM	P	SP; PA
COPAXONE SOSY *(Use glatiramer acetate)*	NP	SP; PA
dalfampridine	P	SP; PA
dimethyl fumarate misc	P	SP; PA
dimethyl fumarate cpdr	P	SP; PA
EXTAVIA KIT	P	SP; PA
fingolimod hcl	P	QL(1 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
GILENYA .5 MG	P	QL(1 ea daily); SP; PA
GILENYA *(Use fingolimod hcl)*	NP	QL(1 ea daily); SP; PA
glatiramer acetate sosy	P	SP; PA
KESIMPTA	P	SP; PA
PLEGRIDY SOSY IM	P	SP; PA
PLEGRIDY SOPN	P	SP; PA
PLEGRIDY STARTER PACK SOSY SC	P	SP; PA
PLEGRIDY STARTER PACK SOPN	P	SP; PA
REBIF SOSY	P	SP; PA
REBIF REBIDOSE SOAJ	P	SP; PA
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA
REBIF TITRATION PACK SOSY	P	SP; PA
TECFIDERA CPDR *(Use dimethyl fumarate)*	NP	SP; PA
TECFIDERA STARTER PACK MISC *(Use dimethyl fumarate)*	NP	SP; PA
teriflunomide	P	QL(1 ea daily); SP; PA
Smoking Deterrents		
APO-VARENICLINE TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
bupropion hcl (smoking deterrent)	P	QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX TABS *(Use varenicline tartrate)*	NP	QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX CONTINUING MONTHPAK TABS *(Use varenicline tartrate)*	NP	QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX STARTING MONTH PAK TBPK *(Use varenicline tartrate)*	NP	QL(53 ea per fill retail); AL(At least 18 yrs old)
NICODERM CQ PT24 *(Use nicotine)*	NP	QL(1 ea daily)
NICORETTE GUM *(Use nicotine polacrilex)*	NP	QL(24 ea daily)
NICORETTE LOZG *(Use nicotine polacrilex)*	NP	QL(20 ea daily)
NICORETTE MINI LOZG *(Use nicotine polacrilex)*	NP	QL(20 ea daily)
NICORETTE STARTER KIT GUM *(Use nicotine polacrilex)*	NP	QL(24 ea daily)
nicotine pt24 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	P	QL(1 ea daily)
nicotine polacrilex lozg	P	QL(20 ea daily)
nicotine polacrilex gum	P	QL(24 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	
NICOTROL INHALER INHA	P	QL(16.8 ea daily)
NICOTROL NS SOLN	P	QL(4 ml daily)
varenicline tartrate tabs	P	QL(2 ea daily); AL(At least 18 yrs old)
varenicline tartrate tbpk	P	QL(53 ea per fill retail); AL(At least 18 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	P	SP; PA
TEGSEDI	P	SP; PA
Vasomotor Symptom Agents		
BRISDELLE *(Use paroxetine mesylate (vasomotor))*	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	P	SP; PA
GLASSIA SOLN	P	SP; PA
PROLASTIN-C SOLR	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PROLASTIN-C SOLN	P	SP; PA
ZEMAIRA SOLR	P	SP; PA
Cystic Fibrosis Agents		
BRONCHITOL	P	SP; PA
BRONCHITOL TOLERANCE TEST	P	SP; PA
KALYDECO TABS	P	SP; PA
KALYDECO PACK	P	SP; PA
ORKAMBI TABS	P	SP; PA
ORKAMBI PACK	P	SP; PA
PULMOZYME	P	SP; PA
SYMDEKO	P	SP; PA
TRIKAFTA	P	QL(3 ea daily); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET TABS *(Use pirfenidone)*	NP	SP; PA
ESBRIET CAPS *(Use pirfenidone)*	NP	SP; PA
OFEV	P	SP; PA
pirfenidone caps	P	SP; PA
pirfenidone tabs 267 mg, 801 mg	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ACTICLATE TABS *(Use doxycycline hyclate)*	NP	
doxycycline (monohydrate) caps 50 mg, 100 mg	P	
doxycycline (monohydrate) tabs 50 mg, 100 mg	P	
doxycycline hyclate caps	P	
doxycycline hyclate tabs 100 mg	P	
minocycline hcl caps	P	
tetracycline hcl caps 500 mg	P	
VIBRAMYCIN CAPS *(Use doxycycline hyclate)*	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	P	
propylthiouracil	P	
Thyroid Hormones		
ARMOUR THYROID TABS	P	
CYTOMEL TABS *(Use liothyronine sodium)*	NP	
levothyroxine sodium tabs	P	
liothyronine sodium tabs	P	
NP THYROID 120 TABS	P	
NP THYROID 15 TABS	P	
NP THYROID 30 TABS	P	
NP THYROID 60 TABS	P	
NP THYROID 90 TABS	P	
SYNTHROID TABS *(Use levothyroxine sodium)*	P	
TRIOSTAT SOLN *(Use liothyronine sodium)*	NP	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
BOOSTRIX SUSP 2.5 LF/0.5ML-5 LF/0.5ML-18.5 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
INFANRIX 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TENIVAC INJ 2 LFU-5 LFU	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 per 10 years; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
dicyclomine hcl tabs	P	
dicyclomine hcl soln or	P	QL(496 ml per 30 days retail)
dicyclomine hcl caps	P	
glycopyrrolate tabs 1 mg, 2 mg	P	QL(4 ea daily)
hyoscyamine sulfate elix	NP	
hyoscyamine sulfate tbdp .125 mg	P	
hyoscyamine sulfate tbdp .125 mg	NP	
hyoscyamine sulfate tabs .125 mg	P	
hyoscyamine sulfate soln or .125 mg/ml	NP	
hyoscyamine sulfate subl .125 mg	NP	
hyoscyamine sulfate elix	P	
hyoscyamine sulfate tb12 .375 mg	P	QL(4 ea daily)
hyoscyamine sulfate tabs .125 mg	NP	
hyoscyamine sulfate subl .125 mg	P	
hyoscyamine sulfate soln or .125 mg/ml	P	
HYOSCYAMINE SULFATE POWD	P	
LEVBID TB12 *(Use hyoscyamine sulfate)*	NP	QL(4 ea daily)
LEVSIN SOLN IJ .5 MG/ML *(Use hyoscyamine sulfate)*	NP	
ROBINUL TABS *(Use glycopyrrolate)*	NP	QL(4 ea daily)
ROBINUL FORTE TABS *(Use glycopyrrolate)*	NP	QL(4 ea daily)
SYMAX DUOTAB TBCR	P	
H-2 Antagonists		
cimetidine tabs	P	RX/OTC
cimetidine hcl or 300 mg/5ml, 400 mg/6.67ml	P	
famotidine susr	P	
famotidine tabs 20 mg, 40 mg	P	RX/OTC
famotidine tabs 10 mg	P	OTC
PEPCID TABS *(Use famotidine)*	NP	RX/OTC
PEPCID AC TABS *(Use famotidine)*	NP	RX/OTC
PEPCID AC TABS 10 MG *(Use famotidine)*	NP	OTC
PEPCID AC MAXIMUM STRENGTH TABS *(Use famotidine)*	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TAGAMET HB TABS *(Use cimetidine)*	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE TABS *(Use sucralfate)*	NP	
CARAFATE SUSP *(Use sucralfate)*	NP	QL(420 ml per fill retail)
sucralfate tabs	P	
sucralfate susp	P	QL(420 ml per fill retail)
Proton Pump Inhibitors		
DEXILANT *(Use dexlansoprazole)*	NP	ST
dexlansoprazole	P	ST
esomeprazole magnesium cpdr 20 mg	P	QL(2 ea daily); RX/OTC
lansoprazole cpdr 15 mg	P	QL(4 ea daily); RX/OTC
lansoprazole cpdr 30 mg	P	
NEXIUM CPDR 20 MG *(Use esomeprazole magnesium)*	NP	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR *(Use esomeprazole magnesium)*	NP	QL(2 ea daily); RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR *(Use esomeprazole magnesium)*	NP	QL(2 ea daily); RX/OTC
omeprazole cpdr	P	QL(2 ea daily); RX/OTC
OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC
omeprazole magnesium tbec	P	OTC; QL(1 ea daily)
pantoprazole sodium tbec 40 mg	P	QL(2 ea daily)
pantoprazole sodium tbec 20 mg	P	QL(1 ea daily)
PREVACID CPDR 30 MG *(Use lansoprazole)*	NP	
PREVACID CPDR 15 MG *(Use lansoprazole)*	NP	QL(4 ea daily); RX/OTC
PREVACID 24HR CPDR *(Use lansoprazole)*	NP	QL(4 ea daily); RX/OTC
PRILOSEC OTC TBEC *(Use omeprazole magnesium)*	NP	OTC; QL(1 ea daily)
PROTONIX TBEC 20 MG *(Use pantoprazole sodium)*	NP	QL(1 ea daily)
PROTONIX TBEC 40 MG *(Use pantoprazole sodium)*	NP	QL(2 ea daily)
PROTONIX SOLR *(Use pantoprazole sodium)*	NP	
Ulcer Drugs - Prostaglandins		
CYTOTEC *(Use misoprostol)*	NP	
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole 30 mg-500 mg-500 mg	P	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL TABS *(Use tolterodine tartrate)*	NP	QL(2 ea daily)
DETROL LA CP24 *(Use tolterodine tartrate)*	NP	QL(1 ea daily)
DITROPAN XL TB24 5 MG, 10 MG *(Use oxybutynin chloride)*	NP	QL(2 ea daily)
ENABLEX 7.5 MG *(Use darifenacin hydrobromide)*	NP	
oxybutynin chloride syrp	P	QL(496 ml per 30 days retail)
oxybutynin chloride tabs	P	QL(3 ea daily)
oxybutynin chloride tb24	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
tolterodine tartrate cp24	P	QL(1 ea daily)
tolterodine tartrate tabs	P	QL(2 ea daily)
trospium chloride tabs	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	P	
VACCINES		
Bacterial Vaccines		
BEXSERO	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
MENACTRA	P	Limit 2 fills per Lifetime; QL(0.5 ml per fill retail; 2 ml per 999 days retail); AL(At least 19 yrs old)
MENQUADFI	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
MENVEO SOLR	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 19 yrs old)
PNEUMOVAX 23	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
PREVNAR 13	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TRUMENBA	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
Viral Vaccines		
ASTRAZENECA COVID-19 VACCINE	P	
ENGERIX-B SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
ENGERIX-B SUSY 20 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
ENGERIX-B SUSY 10 MCG/0.5ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
GARDASIL 9 SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
HAVRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
HAVRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
INFLUENZA VACCINE	P	AL; At least 13 years old; QL (1 ea per 180 days retail)
JANSSEN COVID-19 VACCINE	P	
M-M-R II SOLR	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE	P	
NOVAVAX COVID-19 VACCINE	P	
PFIZER-BIONTECH COVID-19VACCINE	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y	P	
RECOMBIVAX HB SUSP 5 MCG/0.5ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
RECOMBIVAX HB SUSY 5 MCG/0.5ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old - Up to 19 yrs old)
RECOMBIVAX HB SUSY 10 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old - Up to 19 yrs old)
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	P	
SHINGRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE	P	

Drug Name	Drug Tier	Requirements/ Limits
VAQTA	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 19 yrs old)
VAQTA	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)
VARIVAX INJ	P	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA *(Use clindamycin phosphate vaginal)*	NP	
clindamycin phosphate vaginal crea	P	
clotrimazole vaginal crea 2 %	P	OTC; QL(31 gm per 30 days retail)
clotrimazole vaginal crea 1 %	P	OTC; QL(45 gm per 30 days retail)
GYNAZOLE-1	P	
GYNE-LOTRIMIN CREA *(Use clotrimazole vaginal)*	NP	OTC; QL(45 gm per 30 days retail)
GYNE-LOTRIMIN 3 CREA *(Use clotrimazole vaginal)*	NP	OTC; QL(31 gm per 30 days retail)
metronidazole vaginal	P	QL(70 gm per fill retail)
miconazole nitrate vaginal supp 200 mg	P	QL(3 ea per 30 days retail)
miconazole nitrate vaginal crea	P	OTC; QL(45 gm per 30 days retail)
miconazole nitrate vaginal kit 0	P	
miconazole nitrate vaginal supp 100 mg	P	OTC; QL(7 ea per 30 days retail)
MONISTAT 3 CREA *(Use miconazole nitrate vaginal)*	NP	OTC; QL(45 gm per 30 days retail)
MONISTAT 7 SIMPLY CURE CREA *(Use miconazole nitrate vaginal)*	NP	OTC; QL(45 gm per 30 days retail)
terconazole vaginal supp	P	
terconazole vaginal crea	P	
tioconazole vaginal 6.5 %	P	OTC
VANDAZOLE	P	QL(70 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA *(Use estradiol vaginal)*	NP	QL(43 gm per 30 days retail)
estradiol vaginal crea	P	QL(43 gm per 30 days retail)
estradiol vaginal tabs	P	
PREMARIN	P	QL(43 gm per fill retail)
VAGIFEM TABS *(Use estradiol vaginal)*	NP	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ .15 MG/0.3ML, .3 MG/0.3ML	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)
AUVI-Q SOAJ .15 MG/0.15ML	NP	
epinephrine (anaphylaxis) soaj .15 mg/0.15ml	P	QL(2 ea per fill retail; 4 ea per 365 days retail)
epinephrine (anaphylaxis) soaj .15 mg/0.15ml	NP	
epinephrine (anaphylaxis) soaj	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
EPIPEN-JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(2 ea per fill retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	P	SP; PA
NORTHERA *(Use droxidopa)*	NP	SP; PA
Vasopressors		
midodrine hcl	P	
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR *(Use cholecalciferol)*	NP	Age limit = less than 6 months
cholecalciferol caps 25 mcg, 50 mcg, 1000 unit, 2000 unit	P	OTC; QL(100 ea per fill retail)
cholecalciferol caps 1.25 mg, 1.25 mg, 50000 unit	P	OTC; QL(8 ea per 30 days retail)
cholecalciferol liqd or 400 ut/0.028ml	P	Age limit = less than 6 months
cholecalciferol caps 125 mcg, 5000 unit	P	OTC; QL(2 ea daily)
cholecalciferol liqd or 10 mcg/ml, 400 unit/ml	P	
DRISDOL CAPS *(Use ergocalciferol)*	NP	
D-VI-SOL LIQD OR *(Use cholecalciferol)*	NP	
ergocalciferol soln or	P	
ergocalciferol caps	P	
KEY-E CHEW	P	QL(2 ea daily)
MEPHYTON TABS *(Use phytonadione)*	NP	
phytonadione tabs 5 mg	P	
VITAMIN D3 LIQD OR 5000 UNIT/ML	P	Age limit = 6 months to 1 year
vitamin e caps 100 unit, 200 unit, 400 unit	P	OTC; QL(2 ea daily)
vitamin e caps 45 mg, 90 mg, 100 unit, 200 unit, 268 mg, 400 unit	P	QL(2 ea daily)
VITAMIN E CHEW	P	OTC; QL(2 ea daily)
Water Soluble Vitamins		
ascorbic acid tabs	P	OTC; QL(100 ea per 30 days retail)
B-1 TABS	P	OTC; QL(100 ea per 30 days retail)
niacin tabs 500 mg	P	OTC
niacin cpcr 250 mg, 500 mg	P	OTC
niacin tbcr	P	OTC
NIACIN TR TBCR	P	OTC
pyridoxine hcl tabs 25 mg, 50 mg, 100 mg	P	OTC
riboflavin tabs	P	OTC; QL(100 ea per 30 days retail)
SLO-NIACIN TBCR *(Use niacin)*	NP	OTC
thiamine hcl tabs	P	OTC; QL(100 ea per 30 days retail)
thiamine mononitrate tabs	P	OTC; QL(100 ea per 30 days retail)

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