# Peach State Health Plan: Preferred Drug List (PDL)

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

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

## Pharmacy Program

Peach State Health Plan covers medicine for Medicaid, Peach Care for Kids®, and Georgia Pathways to Coverage members. The pharmacy team works with doctors and pharmacists to be sure medicines for a lot of illnesses are covered. Peach State Health Plan pays for prescription drugs and some over-the-counter (OTC) medications. Your doctor must write a prescription for these drugs. The pharmacy program does not pay for all drugs. Some drugs need a prior authorization (PA). Some drugs have limits on age, dose, and maximum quantities.

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 drug is covered. You can get to the tool by using this link https://members.envolverx.com/

## Preferred Drug List (PDL)

The Peach State Health Plan Preferred Drug List (PDL) is the list of covered drugs. The 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.

## 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 can be found using the Find A Provider tool in 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 contact 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. 80% of the days' supply or 25 days must have passed before the medicine can be refilled for PDL drugs that are not controlled. Controlled medicines 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 these 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 drugs on the 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:

1. There is a medical reason you need that specific medication.
2. 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 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 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.

### Age Limits

Some medicine on the Peach State Health Plan PDL may have age limits. These are based on the Food and Drug Administration (FDA) approved labeling and for your safety. If the doctor feels you need the drug anyway, 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

If you need a medicine that is not on the PDL, your doctor can make a medical necessity (MN) PA request for the drug. There are medicines on the PDL to treat most conditions. For drugs not on the PDL, Peach State Health Plan requires:

- Doctor's notes to show you tried at least two PDL drugs 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 PDL drugs in the same class; or
- Doctor's notes to show you cannot take any of the 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 an override to send the 72-hour supply for payment.

### Exclusions

Below you will find a list of things that are not part of the Peach State PDL. The 72-hour emergency supply policy does not cover these drugs either.

- Drugs that are considered experimental
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for weight loss
- Drugs prescribed for infertility
- Drugs prescribed for erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Cough and cold preparations
- Infusion therapy and supplies
- Physician administered drugs, that are not listed in the PDL, Specialty Drug Benefit, or the Physician Administered Drug Prior Authorization List

### Newly Approved Products

Peach State Health Plan reviews new drugs before adding them to the PDL. These medicines will need a PA review until they are added to the PDL. 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.

### Over-the-Counter Medications

The Peach State Health Plan 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 and work the same as brand-name drugs. 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.

### Drug Efficacy Study and Implementation Drugs

Drug Efficacy Study and Implementation (DESI) drugs are said to be less effective by the Food and Drug Administration. DESI products are not covered by Peach State Health Plan.

### 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

The table below shows co-pay amounts for the drugs. The co-pay is based on the actual cost of the medicine. Co-pays are not required for:

- children under the age of 21 who are covered under the Medicaid benefit
- PeachCare for Kids® members under age 6
- pregnant women
- family planning supplies
- members in the hospital or a nursing home
- Alaskan Eskimo members, or American Indian members
- members with breast and/or cervical cancer
- Georgia Pathways to Coverage members

| Prescription | Member Copayment |
|---|---|
| **Preferred Drug List (PDL) Medicine** | $0.50 |
| **Non-PDL Medicine** | |
| Under $10.00 | $0.50 |
| Between $10.01 and $25.00 | $1.00 |
| Between $25.01 and $50.00 | $2.00 |
| More than $50.01 | $3.00 |

## 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 |
| *NP* | Non-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.<br>Treatment-Naïve* Limits:<br>• Daily Dose Max = 50 MME**<br>• Day Supply Max = 7 days<br>• Must use Short-acting opioids before Long-acting opioids<br>*Treatment-Naïve means no opioid fill in last 180 days<br>**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;<br>Non-insulin users are limited to 100 strips per 90 days<br>EXCEPTIONS: The below members may get up to 200 strips per 30 days<br>• Members who are less than 18 years old<br>• 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 |

| Dose Form | Dose Form Description |
|---|---|
| *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 |

| Dose Form | Dose Form Description |
|---|---|
| *EX* | External |
| *GRAN* | Granules |
| *IJ* | Injection |
| *IMPL* | Implant |
| *INHA* | Inhaler |
| *INJ* | Injectable |
| *IUD* | Intrauterine Device |
| *IV* | Intravenous |
| *LIQD* | Liquid |
| *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 |

| Dose Form | Dose Form Description |
|---|---|
| *SHAM* | Shampoo |
| *SOAJ* | Solution Auto-injector |
| *SOCT* | Solution Cartridge |
| *SOLN* | Solution |
| *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 |
| *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) |
| *amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg* | P | Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old) |
| *amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg* | 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 cp24 10 mg, 15 mg, 5 mg* | P | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old) |
| *dextroamphetamine sulfate tabs 10 mg, 5 mg* | P | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 3 yrs old) |
| VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG | P | ST; try methylphenidate ER and Adderall XR; Clinical Edit: ADHD;QL(1 ea daily) |
| **Analeptics** | | |
| *caffeine citrate soln or 20 mg/ml, 60 mg/3ml* | P | QL(45 ml per fill retail) |
| CAFFEINE CITRATED POWD | P | QL(45 gm per fill retail) |
| **Anti-Obesity Agents** | | |
| IMCIVREE SOLN | P | PA; SP |
| **Attention-Deficit/Hyperactivity Disorder (ADHD)** | | |
| *atomoxetine hcl caps* | P | ST; Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old) |
| *clonidine hcl (adhd) tb12* | P | |
| *guanfacine hcl (adhd) tb24* | P | QL(1 ea daily); AL(At least 6 yrs old) |
| INTUNIV TB24 (*Use guanfacine hcl (adhd)*) | NP | QL(1 ea daily); AL(At least 6 yrs old) |
| KAPVAY TB12 (*Use clonidine hcl (adhd)*) | NP | |
| STRATTERA CAPS (*Use atomoxetine hcl*) | NP | ST; Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old) |
| **Histamine H3-Receptor Antagonist/Inverse** | | |
| WAKIX TABS | P | PA; SP |
| **Stimulants - Misc.** | | |
| 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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CONCERTA TBCR 36 MG (*Use methylphenidate hcl*) | NP | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old) |
| *dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg* | P | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old) |
| FOCALIN TABS (*Use dexmethylphenidate hcl*) | NP | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old) |
| METHYLIN SOLN 10 MG/5ML (*Use methylphenidate hcl*) | NP | QL(900 ml per 30 days retail); AL(At least 3 yrs old) |
| METHYLIN SOLN 5 MG/5ML (*Use methylphenidate hcl*) | NP | QL(1800 ml per 30 days retail); AL(At least 3 yrs old) |
| *methylphenidate hcl cpcr or 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg* | P | Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old) |
| *methylphenidate hcl soln or 10 mg/5ml* | P | QL(900 ml per 30 days retail); AL(At least 3 yrs old) |
| *methylphenidate hcl soln or 5 mg/5ml* | P | QL(1800 ml per 30 days retail); AL(At least 3 yrs old) |
| *methylphenidate hcl tabs or 10 mg, 20 mg* | P | Clinical Edit: ADHD;QL(3 ea daily); AL(At least 3 yrs old) |
| *methylphenidate hcl tabs or 5 mg* | P | Clinical Edit: ADHD;QL(6 ea daily); AL(At least 3 yrs old) |
| *methylphenidate hcl tb24 or 18 mg, 27 mg, 54 mg* | P | Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old) |
| *methylphenidate hcl tb24 or 36 mg* | P | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old) |
| *methylphenidate hcl tbcr or 10 mg, 20 mg, 36 mg* | P | Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old) |
| *methylphenidate hcl tbcr or 18 mg, 27 mg, 54 mg* | P | Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 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) |
| RITALIN TABS 5 MG (*Use methylphenidate hcl*) | NP | Clinical Edit: ADHD;QL(6 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 SUBL SL 3 MG | P | QL(1 ea daily) |
| *melatonin tabs or 3 mg, 5 mg* | P | OTC;QL(1 ea daily) |
| *melatonin tbdp or 3 mg* | P | QL(1 ea daily) |
| **AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections** | | |
| **Aminoglycosides** | | |
| ARIKAYCE SUSP | P | PA; SP |
| BETHKIS NEBU (*Use tobramycin*) | NP | PA; SP |
| KITABIS PAK NEBU (*Use tobramycin*) | NP | PA; SP |
| *neomycin sulfate tabs or* | P | |
| TOBI NEBU (*Use tobramycin*) | NP | PA; SP |
| TOBI PODHALER CAPS | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tobramycin nebu in 300 mg/4ml, 300 mg/5ml* | P | PA; SP |
| *tobramycin sulfate soln ij 1.2 gm/30ml, 10 mg/ml, 40 mg/ml, 80 mg/2ml* | P | PA |
| *tobramycin sulfate solr ij 1.2 gm* | P | PA |
| **ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions** | | |
| **Anti-TNF-alpha - Monoclonal Antibodies** | | |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT | P | PA; SP |
| HUMIRA PEN PNKT | P | PA; SP |
| HUMIRA PEN-CD/UC/HS STARTER PNKT | P | PA; SP |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT | P | PA; SP |
| HUMIRA PEN-PS/UV STARTER PNKT | P | PA; SP |
| HUMIRA PSKT | P | PA; SP |
| SIMPONI ARIA SOLN | P | PA; SP |
| SIMPONI SOAJ | P | PA; SP |
| SIMPONI SOSY | P | PA; SP |
| **Antirheumatic - Enzyme Inhibitors** | | |
| OLUMIANT TABS 1 MG, 2 MG | P | PA; SP |
| RINVOQ TB24 | P | PA; SP |
| XELJANZ SOLN | P | PA; SP |
| XELJANZ TABS | P | PA; SP |
| XELJANZ XR TB24 | P | PA; SP |
| **Antirheumatic Antimetabolites** | | |
| METHOTREXATE TABS OR | P | |
| OTREXUP SOAJ | P | PA; SP |
| RASUVO SOAJ | P | PA; SP |
| REDITREX SOSY | P | PA; SP |
| **Interleukin-1 Blockers** | | |
| ARCALYST SOLR | P | PA; SP |
| **Interleukin-1 Receptor Antagonist (IL-1Ra)** | | |
| KINERET SOSY | P | PA; SP |
| **Interleukin-1beta Blockers** | | |
| ILARIS SOLN | P | PA; SP |
| **Interleukin-6 Receptor Inhibitors** | | |
| ACTEMRA ACTPEN SOAJ | P | PA; SP |
| ACTEMRA SOLN | P | PA; SP |
| ACTEMRA SOSY | P | PA; SP |
| KEVZARA SOAJ | P | PA; SP |
| KEVZARA SOSY | P | PA; SP |
| **Nonsteroidal Anti-inflammatory Agents (NSAIDs)** | | |
| ADVIL TABS (*Use ibuprofen*) | NP | OTC |
| ALEVE ARTHRITIS TABS (*Use naproxen sodium*) | NP | OTC;QL(2 ea daily) |
| ALEVE TABS (*Use naproxen sodium*) | NP | OTC;QL(2 ea daily) |
| ANAPROX DS TABS (*Use naproxen sodium*) | NP | |
| CHILDRENS ADVIL SUSP (*Use ibuprofen*) | NP | RX/OTC |
| CHILDRENS MOTRIN SUSP (*Use ibuprofen*) | NP | RX/OTC |
| *diclofenac potassium tabs 50 mg* | P | |
| *diclofenac sodium tbec or 25 mg, 50 mg, 75 mg* | P | |
| *etodolac caps 200 mg, 300 mg* | P | |
| *etodolac tabs 400 mg, 500 mg* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FELDENE CAPS (*Use piroxicam*) | NP | |
| *fenoprofen calcium caps or 400 mg* | P | |
| *flurbiprofen tabs or 100 mg, 50 mg* | P | |
| *ibuprofen chew or 100 mg* | P | OTC |
| *ibuprofen lysine soln* | P | |
| *ibuprofen susp or 100 mg/5ml* | P | RX/OTC |
| *ibuprofen susp or 40 mg/ml, 50 mg/1.25ml* | P | OTC |
| *ibuprofen tabs or 200 mg* | P | OTC |
| *ibuprofen tabs or 400 mg, 600 mg, 800 mg* | P | |
| INDOCIN SUPP | P | |
| INDOCIN SUSP | P | |
| *indomethacin caps or 25 mg, 50 mg* | P | |
| *indomethacin sodium solr* | P | |
| INFANTS ADVIL SUSP (*Use ibuprofen*) | NP | OTC |
| *ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml* | P | |
| KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML | P | |
| *ketorolac tromethamine tabs or 10 mg* | P | QL(20 ea per 30 days retail); AL(At least 17 yrs old) |
| LODINE TABS (*Use etodolac*) | NP | |
| *meloxicam tabs or 15 mg, 7.5 mg* | P | |
| MOBIC TABS (*Use meloxicam*) | NP | |
| MOTRIN CHILDRENS CHEW (*Use ibuprofen*) | NP | OTC |
| MOTRIN INFANTS DROPS SUSP (*Use ibuprofen*) | NP | OTC |
| *nabumetone tabs or 750 mg, 500 mg* | P | |
| NALFON CAPS 400 MG | P | |
| NAPROSYN SUSP (*Use naproxen*) | NP | |
| NAPROSYN TABS (*Use naproxen*) | NP | |
| *naproxen sodium tabs or 220 mg* | P | OTC;QL(2 ea daily) |
| *naproxen sodium tabs or 275 mg, 550 mg* | P | |
| *naproxen susp or 125 mg/5ml* | P | |
| *naproxen tabs or 250 mg, 375 mg, 500 mg* | P | |
| NEOPROFEN SOLN (*Use ibuprofen lysine*) | NP | |
| *piroxicam caps or 10 mg, 20 mg* | P | |
| *sulindac tabs or 150 mg, 200 mg* | P | |
| **Phosphodiesterase 4 (PDE4) Inhibitors** | | |
| OTEZLA TABS | P | PA; SP |
| OTEZLA TBPK | P | PA; SP |
| **Pyrimidine Synthesis Inhibitors** | | |
| ARAVA TABS (*Use leflunomide*) | NP | QL(1 ea daily) |
| *leflunomide tabs or 20 mg, 10 mg* | P | QL(1 ea daily) |
| **Selective Costimulation Modulators** | | |
| ORENCIA CLICKJECT SOAJ | P | PA; SP |
| ORENCIA SOLR | P | PA; SP |
| ORENCIA SOSY | P | PA; SP |
| **Soluble Tumor Necrosis Factor Receptor Agents** | | |
| ENBREL MINI SOCT | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ENBREL SOLN | P | PA; SP |
| ENBREL SOLR | P | PA; SP |
| ENBREL SOSY | P | PA; SP |
| ENBREL SURECLICK SOAJ | P | PA; SP |
| **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) |
| *butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg* | P | QL(4 ea daily); AL(At least 12 yrs old) |
| *butalbital-aspirin-caffeine caps* | P | QL(4 ea daily); AL(At least 18 yrs old) |
| ESGIC TABS (*Use butalbital-acetaminophen-caffeine*) | NP | QL(4 ea daily); AL(At least 12 yrs old) |
| FIORINAL CAPS (*Use butalbital-aspirin-caffeine*) | NP | QL(4 ea daily); AL(At least 18 yrs old) |
| **Analgesics Other** | | |
| *acetaminophen chew or 80 mg, 160 mg* | P | OTC |
| *acetaminophen elix or 160 mg/5ml, 80 mg/2.5ml* | P | OTC |
| *acetaminophen liqd or 160 mg/5ml* | P | OTC |
| *acetaminophen soln or 100 mg/ml* | P | QL(30 ml per fill retail) |
| *acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml* | P | OTC |
| *acetaminophen supp re 650 mg, 120 mg* | P | OTC;QL(12 ea per 30 days retail) |
| *acetaminophen susp or 160 mg/5ml, 650 mg/20.3ml, 80 mg/2.5ml* | P | OTC |
| *acetaminophen tabs or 325 mg, 500 mg* | P | OTC |
| FEVERALL JUNIOR STRENGTH SUPP | P | OTC;QL(12 ea per 30 days retail) |
| TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (*Use acetaminophen*) | NP | OTC |
| TYLENOL CHILDRENS 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 |
| TYLENOL INFANTS SUSP (*Use acetaminophen*) | NP | OTC |
| TYLENOL TABS (*Use acetaminophen*) | NP | OTC |
| **Analgesics-Peptide Channel Blockers** | | |
| PRIALT SOLN | P | PA; SP |
| **Salicylates** | | |
| *aspirin buffered (cal carb-mag carb-mag oxide) tabs* | P | OTC |
| *aspirin chew or 81 mg* | P | OTC |
| ASPIRIN SUPP RE 300 MG, 600 MG | P | OTC;QL(12 ea per 30 days retail) |
| *aspirin tabs or 325 mg* | P | OTC |
| *aspirin tbec or 325 mg, 81 mg* | P | OTC |
| BUFFERIN TABS (*Use aspirin buffered (cal carb-mag carb-mag oxide*)) | NP | OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *diflunisal tabs* | P | |
| ECOTRIN MAXIMUM STRENGTH TBEC | NP | OTC |
| ECOTRIN REGULAR STRENGTH TBEC (*Use aspirin*) | NP | OTC |
| ECOTRIN TBEC (*Use aspirin*) | NP | OTC |
| *salsalate tabs or 500 mg, 750 mg* | P | |
| **ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions** | | |
| **Opioid Agonists** | | |
| CODEINE SULFATE TABS 15 MG, 60 MG | P | Clinical Edit: Opioids;QL(2 ea daily); AL(At least 12 yrs old) |
| *codeine sulfate tabs 30 mg* | P | Clinical Edit: Opioids;QL(2 ea daily); AL(At least 12 yrs old) |
| DILAUDID TABS OR 2 MG, 4 MG (*Use hydromorphone hcl*) | NP | Clinical Edit: Opioids;QL(6 ea daily) |
| DILAUDID TABS OR 8 MG (*Use hydromorphone hcl*) | NP | Clinical Edit: Opioids;QL(4 ea daily) |
| DURAGESIC PT72 (*Use fentanyl*) | NP | QL(0.34 ea daily) |
| *fentanyl pt72 td 12 mcg/hr, 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | P | QL(0.34 ea daily) |
| HYDROMORPHONE HCL SUPP RE 3 MG | P | Clinical Edit: Opioids;QL(2 ea daily) |
| *hydromorphone hcl tabs or 2 mg, 4 mg* | P | Clinical Edit: Opioids;QL(6 ea daily) |
| *hydromorphone hcl tabs or 8 mg* | P | Clinical Edit: Opioids;QL(4 ea daily) |
| *meperidine hcl soln or 50 mg/5ml* | P | Clinical Edit: Opioids;QL(30 ml daily) |
| *meperidine hcl tabs or 50 mg* | P | Clinical Edit: Opioids;QL(6 ea daily) |
| *methadone hcl tabs or 10 mg* | P | PA; QL(10 ea daily) |
| *methadone hcl tabs or 5 mg* | P | PA; QL(6 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 100 mg/5ml, 20 mg/ml* | P | Clinical Edit: Opioids;QL(240 ml per fill retail) |
| *morphine sulfate supp re 10 mg, 20 mg, 30 mg, 5 mg* | P | Clinical Edit: Opioids;QL(18 ea per fill retail) |
| *morphine sulfate tabs or 15 mg, 30 mg* | P | Clinical Edit: Opioids;QL(6 ea daily) |
| *morphine sulfate tbcr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | P | QL(3 ea daily) |
| MS CONTIN TBCR (*Use morphine sulfate*) | NP | QL(3 ea daily) |
| OXAYDO TABS 5 MG | P | Clinical Edit: Opioids;QL(6 ea daily) |
| *oxycodone hcl caps or 5 mg* | P | Clinical Edit: Opioids;QL(6 ea daily) |
| *oxycodone hcl conc or 100 mg/5ml* | P | Clinical Edit: Opioids;QL(90 ml per fill retail) |
| *oxycodone hcl soln or 5 mg/5ml* | P | Clinical Edit: Opioids;QL(30 ml daily) |
| *oxycodone hcl t12a or 15 mg, 30 mg, 60 mg, 10 mg, 20 mg, 40 mg, 80 mg* | P | PA; QL(2 ea daily) |
| *oxycodone hcl tabs or 10 mg, 15 mg, 20 mg, 5 mg* | P | Clinical Edit: Opioids;QL(6 ea daily) |
| *oxycodone hcl tabs or 30 mg* | P | Clinical Edit: Opioids;QL(4 ea daily) |
| OXYCONTIN T12A | P | PA; QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ROXICODONE TABS 15 MG, 5 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 or 50 mg* | P | Clinical Edit: Opioids;QL(4 ea daily); AL(At least 18 yrs old) |
| ULTRAM TABS (*Use tramadol hcl*) | NP | Clinical Edit: Opioids;QL(4 ea daily); AL(At least 18 yrs old) |
| **Opioid Combinations** | | |
| *acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml* | P | Clinical Edit: Opioids;QL(30 ml daily); AL(At least 12 yrs old) |
| *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) |
| *butalbital-acetaminophen-caffeine w/ codeine caps 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 caps* | P | Clinical Edit: Opioids;QL(4 ea daily); AL(At least 12 yrs old) |
| FIORINAL/CODEINE #3 CAPS (*Use butalbital-aspirin-caffeine w/cod*) | NP | Clinical Edit: Opioids;QL(4 ea daily); AL(At least 12 yrs old) |
| *hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml* | P | Clinical Edit: Opioids;QL(180 ml daily) |
| *hydrocodone-acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg* | P | Clinical Edit: Opioids;QL(6 ea daily) |
| NORCO TABS (*Use hydrocodone-acetaminophen*) | NP | Clinical Edit: Opioids;QL(6 ea daily) |
| OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN 5 MG/5ML-325 MG/5ML | P | Clinical Edit: Opioids;QL(30 ml 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-aspirin tabs* | 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 tabs* | P | Clinical Edit: Opioids;QL(4 ea daily); AL(At least 18 yrs old) |
| TYLENOL/CODEINE #3 TABS (*Use acetaminophen w/ codeine*) | NP | Clinical Edit: Opioids;QL(6 ea daily); AL(At least 12 yrs old) |
| ULTRACET TABS (*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 | P | PA |
| BUPRENEX SOLN (*Use buprenorphine hcl*) | NP | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *buprenorphine hcl film bu 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg* | P | PA |
| *buprenorphine hcl soln ij 0.3 mg/ml* | P | PA |
| *buprenorphine hcl subl sl 2 mg, 8 mg* | P | PA |
| *buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg* | P | QL(3 ea daily) |
| *buprenorphine hcl-naloxone hcl dihydrate film 2 mg-8 mg* | P | QL(2 ea daily) |
| *buprenorphine hcl-naloxone hcl dihydrate film 3 mg-12 mg* | P | PA; QL(2 ea daily) |
| *buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg* | P | QL(3 ea daily) |
| PROBUPHINE IMPLANT KIT IMPL | P | PA; SP |
| SUBLOCADE SOSY | P | PA; 2 rtl MAX fill,30 rtl day(s) supply,; SP |
| SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG (*Use buprenorphine hcl-naloxone hcl dihydrate*) | NP | QL(3 ea daily) |
| SUBOXONE FILM 2 MG-8 MG (*Use buprenorphine hcl-naloxone hcl dihydrate*) | NP | QL(2 ea daily) |
| SUBOXONE FILM 3 MG-12 MG (*Use buprenorphine hcl-naloxone hcl dihydrate*) | NP | PA; QL(2 ea daily) |
| ZUBSOLV SUBL | P | PA |
| **ANDROGENS-ANABOLIC - Drugs to Regulate Hormones** | | |
| **Androgens** | | |
| ANDRODERM PT24 | P | QL(1 ea daily) |
| AVEED SOLN | P | PA; SP |
| DEPO-TESTOSTERONE SOLN 200 MG/ML (*Use testosterone cypionate*) | NP | QL(4 ml per 30 days retail) |
| METHITEST TABS | P | |
| TESTOPEL PLLT | P | PA; SP |
| *testosterone cypionate soln im 200 mg/ml* | P | QL(4 ml per 30 days retail) |
| **ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching** | | |
| **Intrarectal Steroids** | | |
| CORTENEMA ENEM (*Use hydrocortisone (intrarectal)*) | NP | |
| *hydrocortisone (intrarectal) enem* | P | |
| **Rectal Combinations** | | |
| ANALPRAM-HC LOTN 1 %-2.5 % | P | QL(62 ml per 30 days retail) |
| *phenylephrine-shark liver oil-cocoa butter supp* | P | OTC;QL(12 ea per 30 days retail) |
| *phenylephrine-shark liver oil-mineral oil-petrolatum oint* | P | OTC;QL(31 gm per 30 days retail) |
| **Rectal Steroids** | | |
| ANUSOL-HC CREA (*Use hydrocortisone (rectal)*) | NP | |
| *hydrocortisone (rectal) crea 2.5 %* | P | |
| **ANTACIDS** | | |
| **Antacid Combinations** | | |
| *alum & mag hydrox-simethicone liqd 20 mg/5ml-200 mg/5ml-200 mg/5ml* | P | QL(744 ml per 30 days retail) |
| *alum & mag hydrox-simethicone susp 0.2 %-40 mg/10ml-400 mg/10ml-400 mg/10ml, 120 mg/30ml-1200 mg/30ml-1200 mg/30ml, 20 mg/5ml-20 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml* | P | QL(744 ml per 30 days retail) |
| **Antacids - Aluminum Salts** | | |
| ALUMINUM HYDROXIDE SUSP OR | P | OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Antacids - Bicarbonate** | | |
| *sodium bicarbonate (antacid) tabs* | 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** | | |
| **Anthelmintics** | | |
| BENZNIDAZOLE TABS | P | PA; SP |
| EMVERM CHEW | P | QL(1 ea per 14 days retail) |
| *pyrantel pamoate susp or* | P | OTC;QL(60 ml per fill retail) |
| **ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections** | | |
| **Anti-infective Agents - Misc.** | | |
| FLAGYL TABS 500 MG (*Use metronidazole*) | NP | |
| *metronidazole tabs or 250 mg, 500 mg* | P | |
| TRIMETHOPRIM TABS OR | P | |
| *trimethoprim tabs or* | P | |
| **Anti-infective Misc. - Combinations** | | |
| BACTRIM DS TABS (*Use sulfamethoxazole-trimethoprim*) | NP | |
| BACTRIM TABS (*Use sulfamethoxazole-trimethoprim*) | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 or 40 mg/5ml-200 mg/5ml* | P | |
| *sulfamethoxazole-trimethoprim tabs or 160 mg-800 mg, 80 mg-400 mg* | P | |
| **Carbapenems** | | |
| *ertapenem sodium solr* | P | PA; SP |
| INVANZ SOLR (*Use ertapenem sodium*) | NP | PA; SP |
| **Glycopeptides** | | |
| FIRVANQ SOLR | P | QL(300 ml per fill retail) |
| VANCOCIN CAPS 125 MG (*Use vancomycin hcl*) | NP | QL(4 ea daily) |
| VANCOCIN CAPS 250 MG (*Use vancomycin hcl*) | NP | QL(8 ea daily) |
| *vancomycin hcl caps or 125 mg* | P | QL(4 ea daily) |
| *vancomycin hcl caps or 250 mg* | P | QL(8 ea daily) |
| *vancomycin hcl solr iv 1 gm, 1000 mg* | P | QL(14 ea per fill retail) |
| *vancomycin hcl solr iv 500 mg* | P | QL(14 ea per 30 days retail) |
| **Leprostatics** | | |
| *dapsone tabs or 100 mg, 25 mg* | P | |
| **Lincosamides** | | |
| CLEOCIN CAPS OR 150 MG, 300 MG (*Use clindamycin hcl*) | NP | |
| CLEOCIN PEDIATRIC GRANULES SOLR (*Use clindamycin palmitate hydrochloride*) | NP | QL(300 ml per fill retail) |
| *clindamycin hcl caps or 150 mg, 300 mg* | P | |
| *clindamycin palmitate hydrochloride solr* | P | QL(300 ml per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Monobactams** | | |
| CAYSTON SOLR | P | PA; SP |
| **Oxazolidinones** | | |
| SIVEXTRO TABS OR | P | PA; QL(6 ea per fill retail) |
| **Pleuromutilins** | | |
| XENLETA TABS | P | PA; SP |
| **Urinary Anti-infectives** | | |
| MACROBID CAPS (*Use nitrofurantoin monohyd macro*) | NP | |
| MACRODANTIN CAPS 50 MG, 100 MG (*Use nitrofurantoin macrocrystal*) | NP | |
| *methenamine mandelate tabs or 1 gm, 0.5 gm, 500 mg* | P | |
| *nitrofurantoin macrocrystal caps 50 mg, 100 mg* | P | |
| *nitrofurantoin monohyd macro caps* | P | |
| *nitrofurantoin susp or* | P | QL(40 ml daily) |
| **ANTIANGINAL AGENTS - Drugs to Treat Chest Pain** | | |
| **Nitrates** | | |
| ISORDIL TITRADOSE TABS 5 MG (*Use isosorbide dinitrate*) | NP | |
| *isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg* | P | |
| *isosorbide mononitrate tabs 10 mg, 20 mg* | P | QL(2 ea daily) |
| *isosorbide mononitrate tb24 120 mg, 30 mg, 60 mg* | P | QL(1 ea daily) |
| NITRO-BID OINT | P | |
| NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*Use nitroglycerin*) | NP | |
| *nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg* | P | |
| *nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | P | |
| *nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg* | P | |
| NITROSTAT SUBL (*Use nitroglycerin*) | NP | |
| **ANTIANXIETY AGENTS - Drugs to Treat Anxiety** | | |
| **Antianxiety Agents - Misc.** | | |
| *buspirone hcl tabs or 10 mg, 5 mg* | P | QL(6 ea daily) |
| *buspirone hcl tabs or 15 mg* | P | QL(4 ea daily) |
| *buspirone hcl tabs or 30 mg, 7.5 mg* | P | QL(3 ea daily) |
| *hydroxyzine hcl syrp or 10 mg/5ml* | P | |
| *hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg* | P | |
| *hydroxyzine pamoate caps or 100 mg, 25 mg, 50 mg* | P | |
| *meprobamate tabs* | P | |
| VISTARIL CAPS (*Use hydroxyzine pamoate*) | NP | |
| **Benzodiazepines** | | |
| *alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg* | P | QL(3 ea daily); AL(At least 18 yrs old) |
| ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG (*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 or 10 mg, 2 mg, 5 mg* | P | QL(4 ea daily); AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lorazepam tabs or 0.5 mg, 1 mg, 2 mg* | 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 (*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 | |
| NORPACE CR CP12 150 MG | P | |
| *quinidine gluconate tbcr* | P | |
| *quinidine sulfate tabs* | P | |
| **Antiarrhythmics Type I-B** | | |
| *mexiletine hcl caps* | P | |
| **Antiarrhythmics Type I-C** | | |
| *flecainide acetate tabs* | P | |
| *propafenone hcl tabs 150 mg, 225 mg, 300 mg* | P | |
| **Antiarrhythmics Type III** | | |
| *amiodarone hcl tabs or 200 mg* | P | |
| *dofetilide caps* | P | |
| TIKOSYN CAPS (*Use dofetilide*) | NP | |
| **ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions** | | |
| **Anti-Inflammatory Agents** | | |
| *cromolyn sodium nebu in* | P | QL(8 ml daily) |
| **Antiasthmatic - Monoclonal Antibodies** | | |
| CINQAIR SOLN | P | PA; SP |
| FASENRA PEN SOAJ | P | PA; SP |
| FASENRA SOSY | P | PA; SP |
| NUCALA SOAJ 100 MG/ML | P | PA; SP |
| NUCALA SOLR 100 MG | P | PA; SP |
| NUCALA SOSY 100 MG/ML | P | PA; SP |
| TEZSPIRE SOSY | P | PA; SP |
| XOLAIR SOLR | P | PA; SP |
| XOLAIR SOSY | P | PA; SP |
| **Bronchodilators - Anticholinergics** | | |
| ATROVENT HFA AERS | P | QL(25.8 gm per fill retail) |
| INCRUSE ELLIPTA AEPB | P | QL(1 ea daily) |
| *ipratropium bromide soln in* | P | QL(375 ml per 20 days retail) |
| TUDORZA PRESSAIR AEPB | P | QL(1 ea per 30 days retail) |
| **Leukotriene Modulators** | | |
| *montelukast sodium chew or 4 mg, 5 mg* | P | QL(1 ea daily) |
| *montelukast sodium pack or 4 mg* | P | QL(1 ea daily) |
| *montelukast sodium tabs or 10 mg* | P | QL(1 ea daily) |
| SINGULAIR CHEW (*Use montelukast sodium*) | NP | QL(1 ea daily) |
| SINGULAIR PACK (*Use montelukast sodium*) | NP | QL(1 ea daily) |
| SINGULAIR TABS (*Use montelukast sodium*) | NP | QL(1 ea daily) |
| **Steroid Inhalants** | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ARNUITY ELLIPTA AEPB | P | QL(1 ea daily) |
| ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 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 AERO 110 MCG/ACT, 220 MCG/ACT | P | QL(12 gm per fill retail); AL(Up to 12 yrs old ) |
| FLOVENT HFA AERO 44 MCG/ACT | P | QL(10.6 gm per fill retail); AL(Up to 12 yrs old ) |
| FLUTICASONE PROPIONATE HFA AERO 110 MCG/ACT, 220 MCG/ACT | P | QL(12 gm per fill retail); AL(Up to 12 yrs old ) |
| FLUTICASONE PROPIONATE HFA AERO 44 MCG/ACT | P | QL(10.6 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 AERB 40 MCG/ACT | P | QL(0.36 gm daily) |
| QVAR REDIHALER AERB 80 MCG/ACT | P | QL(0.72 gm daily) |
| **Sympathomimetics** | | |
| ADVAIR DISKUS AEPB (*Use fluticasone-salmeterol*) | NP | QL(2 ea daily,60 ea per 30 days retail) |
| *albuterol sulfate aers in 108 mcg/act* | NP | |
| *albuterol sulfate aers in 108 mcg/act* | P | QL(8.5 gm per fill retail,17 gm per 30 days retail) |
| *albuterol sulfate aers in 108 mcg/act* | P | QL(6.7 gm per fill retail,13.4 gm per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *albuterol sulfate aers in 108 mcg/act* | P | QL(18 gm per fill retail,36 gm per 30 days retail) |
| *albuterol sulfate nebu in 0.083 %* | P | QL(12.5 ml daily) |
| ALBUTEROL SULFATE NEBU IN 0.5 % | P | |
| *albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml* | P | |
| *albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml* | P | QL(375 ml per 30 days retail) |
| *albuterol sulfate syrp or 2 mg/5ml* | P | |
| *albuterol sulfate tabs or 2 mg, 4 mg* | P | |
| *albuterol sulfate tb12 or 4 mg, 8 mg* | P | |
| *budesonide-formoterol fumarate dihydrate aero* | P | QL(11 gm per fill retail) |
| COMBIVENT RESPIMAT AERS | 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* | P | QL(12 ml daily) |
| 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 AEPB | P | QL(60 ea per fill retail) |
| SYMBICORT AERO (*Use budesonide-formoterol fumarate dihydrate*) | NP | |
| *terbutaline sulfate tabs or 2.5 mg, 5 mg* | P | |
| VENTOLIN HFA AERS (*Use albuterol sulfate*) | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Xanthines** | | |
| ELIXOPHYLLIN ELIX | P | |
| THEO-24 CP24 | P | |
| *theophylline soln 80 mg/15ml* | P | QL(475 ml per fill retail) |
| *theophylline tb12 300 mg, 450 mg* | P | |
| *theophylline tb24 400 mg, 600 mg* | P | |
| **ANTICOAGULANTS - Blood Thinners** | | |
| **Coumarin Anticoagulants** | | |
| COUMADIN TABS (*Use warfarin sodium*) | P | |
| *warfarin sodium tabs* | P | |
| **Direct Factor Xa Inhibitors** | | |
| ELIQUIS STARTER PACK TBPK | P | QL(2.47 ea daily) |
| ELIQUIS TABS | P | QL(2 ea daily) |
| **Heparins And Heparinoid-Like Agents** | | |
| ARIXTRA SOLN (*Use fondaparinux sodium*) | NP | PA; SP |
| *enoxaparin sodium soln 300 mg/3ml* | P | SP |
| *enoxaparin sodium sosy 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml* | P | PA; SP |
| *fondaparinux sodium soln* | P | PA; SP |
| FRAGMIN SOLN | P | PA; SP |
| FRAGMIN SOSY | P | PA; SP |
| *heparin sodium (porcine) soln* | P | |
| LOVENOX SOLN 300 MG/3ML (*Use enoxaparin sodium*) | NP | SP |
| LOVENOX SOSY 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (*Use enoxaparin sodium*) | NP | PA; SP |
| **ANTICONVULSANTS - Drugs to Treat Seizures** | | |
| **Anticonvulsants - Benzodiazepines** | | |
| *clonazepam tabs or 0.5 mg, 1 mg, 2 mg* | P | QL(3 ea daily); AL(At least 18 yrs old) |
| DIASTAT ACUDIAL GEL 10 MG (*Use diazepam (anticonvulsant)*) | P | QL(1 ea per fill retail); AL(At least 2 yrs old) |
| DIASTAT ACUDIAL GEL 20 MG (*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 SOLN | P | PA; QL(10 ea per 30 days retail) |
| VALTOCO LIQD | P | PA; QL(10 ea per 30 days retail) |
| VALTOCO LQPK | P | PA; QL(10 ea per 30 days retail) |
| **Anticonvulsants - Misc.** | | |
| BANZEL SUSP (*Use rufinamide*) | NP | PA; SP |
| BANZEL TABS (*Use rufinamide*) | NP | PA; SP |
| BRIVIACT SOLN IV 50 MG/5ML | P | PA; SP |
| *carbamazepine chew or 100 mg* | P | |
| *carbamazepine susp or 100 mg/5ml, 200 mg/10ml* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *carbamazepine tabs or 200 mg* | P | |
| *carbamazepine tb12 or 100 mg, 200 mg, 400 mg* | P | |
| DIACOMIT CAPS 250 MG | P | PA; QL(12 ea daily); SP |
| DIACOMIT CAPS 500 MG | P | PA; QL(6 ea daily); SP |
| DIACOMIT PACK 250 MG | P | PA; QL(12 ea daily); SP |
| DIACOMIT PACK 500 MG | P | PA; QL(6 ea daily); SP |
| EPIDIOLEX SOLN | P | PA; SP |
| FINTEPLA SOLN | P | PA; SP |
| *gabapentin caps or 100 mg, 300 mg, 400 mg* | P | QL(9 ea daily) |
| *gabapentin soln or 250 mg/5ml, 300 mg/6ml* | P | |
| *gabapentin tabs or 600 mg* | P | QL(6 ea daily) |
| *gabapentin tabs or 800 mg* | P | QL(4 ea daily) |
| KEPPRA SOLN OR 100 MG/ML (*Use levetiracetam*) | NP | QL(16 ml daily) |
| KEPPRA TABS OR 1000 MG (*Use levetiracetam*) | NP | |
| KEPPRA TABS OR 250 MG, 750 MG (*Use levetiracetam*) | NP | QL(4 ea daily) |
| KEPPRA TABS OR 500 MG (*Use levetiracetam*) | NP | QL(6 ea daily) |
| KEPPRA XR TB24 (*Use levetiracetam*) | NP | ST; Use levetiracetam IR |
| LAMICTAL CHEWABLE DISPERSIBLE CHEW (*Use lamotrigine*) | NP | |
| LAMICTAL TABS (*Use lamotrigine*) | NP | |
| LAMICTAL XR TB24 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*Use lamotrigine*) | NP | ST; Use lamotrigine IR |
| *lamotrigine chew or 25 mg, 5 mg* | P | |
| *lamotrigine tabs or 100 mg, 150 mg, 200 mg, 25 mg* | P | |
| *lamotrigine tb24 or 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | P | ST; Use lamotrigine IR |
| *levetiracetam soln or 100 mg/ml, 500 mg/5ml* | P | QL(16 ml daily) |
| *levetiracetam tabs or 1000 mg* | P | |
| *levetiracetam tabs or 250 mg, 750 mg* | P | QL(4 ea daily) |
| *levetiracetam tabs or 500 mg* | P | QL(6 ea daily) |
| *levetiracetam tb24 or 500 mg, 750 mg* | P | ST; Use levetiracetam IR |
| MYSOLINE TABS (*Use primidone*) | NP | |
| NEURONTIN CAPS 100 MG, 300 MG, 400 MG (*Use gabapentin*) | NP | QL(9 ea daily) |
| NEURONTIN SOLN 250 MG/5ML (*Use gabapentin*) | NP | |
| NEURONTIN TABS 600 MG (*Use gabapentin*) | NP | QL(6 ea daily) |
| NEURONTIN TABS 800 MG (*Use gabapentin*) | NP | QL(4 ea daily) |
| *oxcarbazepine susp* | P | |
| *oxcarbazepine tabs* | P | |
| *primidone tabs or 250 mg, 50 mg* | P | |
| *rufinamide susp* | P | PA; SP |
| *rufinamide tabs* | P | PA; SP |
| TEGRETOL SUSP (*Use carbamazepine*) | NP | |
| TEGRETOL TABS (*Use carbamazepine*) | NP | |
| TEGRETOL-XR TB12 (*Use carbamazepine*) | NP | |
| TOPAMAX SPRINKLE CPSP 15 MG (*Use topiramate*) | NP | QL(6 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TOPAMAX SPRINKLE CPSP 25 MG (*Use topiramate*) | NP | QL(8 ea daily) |
| 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) |
| *topiramate cpsp or 15 mg* | P | QL(6 ea daily) |
| *topiramate cpsp or 25 mg* | P | QL(8 ea daily) |
| *topiramate tabs or 100 mg* | P | QL(4 ea daily) |
| *topiramate tabs or 200 mg* | P | QL(3 ea daily) |
| *topiramate tabs or 25 mg, 50 mg* | P | QL(6 ea daily) |
| TRILEPTAL SUSP (*Use oxcarbazepine*) | NP | |
| TRILEPTAL TABS (*Use oxcarbazepine*) | NP | |
| ZONEGRAN CAPS (*Use zonisamide*) | NP | |
| *zonisamide caps or 100 mg, 25 mg, 50 mg* | P | |
| **Carbamates** | | |
| *felbamate susp* | P | |
| *felbamate tabs* | P | |
| FELBATOL SUSP (*Use felbamate*) | NP | |
| FELBATOL TABS (*Use felbamate*) | NP | |
| **GABA Modulators** | | |
| GABITRIL TABS (*Use tiagabine hcl*) | NP | |
| SABRIL PACK (*Use vigabatrin*) | NP | PA; SP |
| SABRIL TABS (*Use vigabatrin*) | NP | PA; SP |
| *tiagabine hcl tabs* | P | |
| *vigabatrin pack* | P | PA; SP |
| *vigabatrin tabs* | P | PA; SP |
| **Hydantoins** | | |
| DILANTIN CAPS 100 MG (*Use phenytoin sodium extended*) | P | |
| DILANTIN CAPS 30 MG | P | |
| DILANTIN INFATABS CHEW (*Use phenytoin*) | P | |
| DILANTIN-125 SUSP (*Use phenytoin*) | P | |
| *phenytoin chew or 50 mg* | P | |
| *phenytoin sodium extended caps 100 mg* | P | |
| *phenytoin sodium soln ij* | P | |
| *phenytoin susp or 100 mg/4ml, 125 mg/5ml* | P | |
| **Succinimides** | | |
| *ethosuximide caps or 250 mg* | P | |
| *ethosuximide soln or 250 mg/5ml* | P | |
| ZARONTIN CAPS (*Use ethosuximide*) | NP | |
| ZARONTIN SOLN (*Use ethosuximide*) | NP | |
| **Valproic Acid** | | |
| 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) |
| DEPAKOTE TBEC 125 MG (*Use divalproex sodium*) | NP | QL(2 ea daily) |
| DEPAKOTE TBEC 250 MG (*Use divalproex sodium*) | NP | QL(3 ea daily) |
| DEPAKOTE TBEC 500 MG (*Use divalproex sodium*) | NP | QL(7 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *divalproex sodium csdr or 125 mg* | P | QL(8 ea daily) |
| *divalproex sodium tb24 or 250 mg* | P | QL(3 ea daily) |
| *divalproex sodium tb24 or 500 mg* | P | QL(7 ea daily) |
| *divalproex sodium tbec or 125 mg* | P | QL(2 ea daily) |
| *divalproex sodium tbec or 250 mg* | P | QL(3 ea daily) |
| *divalproex sodium tbec or 500 mg* | P | QL(7 ea daily) |
| *valproate sodium soln or 250 mg/5ml* | P | |
| *valproic acid caps or* | P | |
| **ANTIDEPRESSANTS - Drugs to Treat Depression** | | |
| **Alpha-2 Receptor Antagonists (Tetracyclics)** | | |
| *mirtazapine tabs or 15 mg* | P | QL(3 ea daily) |
| *mirtazapine tabs or 30 mg* | P | QL(1.5 ea daily) |
| *mirtazapine tabs or 45 mg, 7.5 mg* | P | QL(1 ea daily) |
| *mirtazapine tbdp or 15 mg* | P | QL(3 ea daily) |
| *mirtazapine tbdp or 30 mg* | P | QL(1.5 ea daily) |
| *mirtazapine tbdp or 45 mg* | P | QL(1 ea daily) |
| REMERON SOLTAB TBDP 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 45 MG (*Use mirtazapine*) | NP | QL(1 ea daily) |
| REMERON TABS 15 MG (*Use mirtazapine*) | NP | QL(3 ea daily) |
| REMERON TABS 30 MG (*Use mirtazapine*) | NP | QL(1.5 ea daily) |
| **Antidepressants - Misc.** | | |
| *bupropion hcl tabs or 100 mg, 75 mg* | P | QL(3 ea daily) |
| *bupropion hcl tb12 or 100 mg* | P | QL(4 ea daily) |
| *bupropion hcl tb12 or 150 mg* | P | QL(3 ea daily) |
| *bupropion hcl tb12 or 200 mg* | P | QL(2 ea daily) |
| *bupropion hcl tb24 or 150 mg* | P | QL(3 ea daily) |
| *bupropion hcl tb24 or 300 mg* | P | QL(1 ea daily) |
| *maprotiline hcl tabs* | P | |
| WELLBUTRIN SR TB12 100 MG (*Use bupropion hcl*) | NP | QL(4 ea daily) |
| WELLBUTRIN SR TB12 150 MG (*Use bupropion hcl*) | NP | QL(3 ea daily) |
| WELLBUTRIN SR TB12 200 MG (*Use bupropion hcl*) | NP | QL(2 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 SOLN | P | PA; SP |
| **Monoamine Oxidase Inhibitors (MAOIs)** | | |
| NARDIL TABS (*Use phenelzine sulfate*) | NP | |
| PARNATE TABS (*Use tranylcypromine sulfate*) | NP | |
| *phenelzine sulfate tabs or* | P | |
| *tranylcypromine sulfate tabs* | P | |
| **N-Methyl-D-aspartic acid (NMDA) Receptor** | | |
| SPRAVATO 56MG DOSE SOPK | P | PA; SP |
| SPRAVATO 84MG DOSE SOPK | P | PA; SP |
| **Selective Serotonin Reuptake Inhibitors (SSRIs)** | | |
| CELEXA TABS 10 MG (*Use citalopram hydrobromide*) | NP | QL(4 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 10 mg/5ml* | P | |
| *citalopram hydrobromide tabs 10 mg* | P | QL(4 ea daily) |
| *citalopram hydrobromide tabs 20 mg* | P | QL(2 ea daily) |
| *citalopram hydrobromide tabs 40 mg* | P | QL(1 ea daily) |
| *escitalopram oxalate tabs or 10 mg* | P | QL(2 ea daily); AL(At least 12 yrs old) |
| *escitalopram oxalate tabs or 20 mg* | P | QL(1 ea daily); AL(At least 12 yrs old) |
| *escitalopram oxalate tabs or 5 mg* | P | QL(4 ea daily); AL(At least 12 yrs old) |
| *fluoxetine hcl caps or 10 mg, 20 mg* | P | QL(4 ea daily) |
| *fluoxetine hcl caps or 40 mg* | P | QL(2 ea daily); AL(At least 7 yrs old) |
| *fluoxetine hcl soln or 20 mg/5ml* | P | QL(600 ml per 30 days retail); AL(Up to 6 yrs old ) |
| *fluoxetine hcl tabs or 10 mg* | P | QL(1 ea daily); AL(At least 7 yrs old) |
| *fluoxetine hcl tabs or 20 mg* | P | QL(4 ea daily) |
| *fluvoxamine maleate tabs 100 mg* | P | QL(3 ea daily) |
| *fluvoxamine maleate tabs 25 mg, 50 mg* | P | QL(2 ea daily) |
| LEXAPRO TABS 10 MG (*Use escitalopram oxalate*) | NP | QL(2 ea daily); AL(At least 12 yrs old) |
| 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) |
| *paroxetine hcl susp 10 mg/5ml* | P | PA; QL(40 ml daily) |
| *paroxetine hcl tabs 10 mg* | P | QL(6 ea daily) |
| *paroxetine hcl tabs 20 mg* | P | QL(3 ea daily) |
| *paroxetine hcl tabs 30 mg, 40 mg* | P | QL(2 ea daily) |
| *paroxetine hcl tb24 12.5 mg, 25 mg, 37.5 mg* | P | |
| PAXIL CR TB24 (*Use paroxetine hcl*) | NP | |
| PAXIL SUSP 10 MG/5ML (*Use paroxetine hcl*) | NP | PA; QL(40 ml daily) |
| PAXIL TABS 10 MG (*Use paroxetine hcl*) | NP | QL(6 ea daily) |
| 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) |
| PROZAC CAPS 10 MG, 20 MG (*Use fluoxetine hcl*) | NP | QL(4 ea daily) |
| PROZAC CAPS 40 MG (*Use fluoxetine hcl*) | NP | QL(2 ea daily); AL(At least 7 yrs old) |
| *sertraline hcl conc or 20 mg/ml* | P | QL(6 ml daily) |
| *sertraline hcl tabs or 100 mg* | P | QL(2 ea daily) |
| *sertraline hcl tabs or 25 mg, 50 mg* | P | QL(4 ea daily) |
| ZOLOFT CONC 20 MG/ML (*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 tabs* | P | |
| *trazodone hcl tabs or 100 mg, 150 mg, 50 mg* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *trazodone hcl tabs or 300 mg* | P | QL(2 ea daily) |
| TRINTELLIX TABS | P | PA; QL(1 ea daily); AL(At least 18 yrs old) |
| VIIBRYD TABS | P | PA; QL(1 ea daily) |
| *vilazodone hcl tabs* | P | PA; QL(1 ea daily) |
| **Serotonin-Norepinephrine Reuptake Inhibitors** | | |
| CYMBALTA CPEP (*Use duloxetine hcl*) | NP | QL(1 ea daily); AL(At least 7 yrs old) |
| *desvenlafaxine succinate tb24 100 mg* | P | ST; QL(4 ea daily) |
| *desvenlafaxine succinate tb24 25 mg, 50 mg* | P | ST; QL(1 ea daily) |
| *duloxetine hcl cpep or 20 mg, 60 mg, 30 mg* | P | QL(1 ea daily); AL(At least 7 yrs old) |
| EFFEXOR XR CP24 150 MG (*Use venlafaxine hcl*) | NP | QL(2 ea daily) |
| 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) |
| PRISTIQ TB24 100 MG (*Use desvenlafaxine succinate*) | NP | ST; QL(4 ea daily) |
| PRISTIQ TB24 25 MG, 50 MG (*Use desvenlafaxine succinate*) | NP | ST; QL(1 ea daily) |
| *venlafaxine hcl cp24 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 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | P | |
| *venlafaxine hcl tb24 150 mg* | P | QL(2 ea daily) |
| *venlafaxine hcl tb24 225 mg, 75 mg, 37.5 mg* | P | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Tricyclic Agents** | | |
| *amitriptyline hcl tabs or 10 mg, 50 mg, 100 mg, 150 mg, 25 mg, 75 mg* | P | |
| *amoxapine tabs* | P | |
| ANAFRANIL CAPS 75 MG (*Use clomipramine hcl*) | NP | |
| *clomipramine hcl caps or 75 mg* | P | |
| *desipramine hcl tabs or 10 mg, 100 mg, 150 mg, 75 mg, 50 mg* | P | |
| *desipramine hcl tabs or 25 mg* | P | QL(2 ea daily) |
| *doxepin hcl caps or 150 mg, 25 mg, 75 mg, 10 mg, 100 mg, 50 mg* | P | |
| *doxepin hcl conc or 10 mg/ml* | P | |
| *imipramine hcl tabs or 10 mg, 25 mg, 50 mg* | P | |
| NORPRAMIN TABS 10 MG (*Use desipramine hcl*) | NP | |
| NORPRAMIN TABS 25 MG (*Use desipramine hcl*) | NP | QL(2 ea daily) |
| *nortriptyline hcl caps or 10 mg, 50 mg, 25 mg, 75 mg* | P | |
| *nortriptyline hcl soln or 10 mg/5ml* | P | QL(20 ml daily) |
| PAMELOR CAPS (*Use nortriptyline hcl*) | NP | |
| **ANTIDIABETICS - Drugs to Regulate Blood Sugar** | | |
| **Antidiabetic - Amylin Analogs** | | |
| SYMLINPEN 120 SOPN | P | PA; QL(11 ml per 30 days retail) |
| SYMLINPEN 60 SOPN | P | PA; QL(6 ml per 30 days retail) |
| **Antidiabetic Combinations** | | |
| ACTOPLUS MET TABS (*Use pioglitazone hcl-metformin hcl*) | NP | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *alogliptin-metformin hcl tabs* | P | QL(2 ea daily) |
| *alogliptin-pioglitazone tabs* | P | |
| *glipizide-metformin hcl tabs* | P | |
| *glyburide-metformin tabs* | P | |
| KAZANO TABS (*Use alogliptin-metformin hcl*) | NP | |
| OSENI TABS (*Use alogliptin-pioglitazone*) | NP | |
| *pioglitazone hcl-metformin hcl tabs* | P | QL(2 ea daily) |
| SEGLUROMET TABS | P | QL(2 ea daily) |
| SOLIQUA 100/33 SOPN | P | ST; QL(0.6 ml daily) |
| **Biguanides** | | |
| *metformin hcl tabs or 1000 mg, 850 mg* | P | |
| *metformin hcl tabs or 500 mg* | P | QL(4 ea daily) |
| *metformin hcl tb24 or 500 mg* | P | QL(4 ea daily) |
| *metformin hcl tb24 or 750 mg* | P | QL(3 ea daily) |
| **Diabetic Other** | | |
| BD GLUCOSE CHEW | P | OTC;QL(50 ea per 30 days retail) |
| CVS GLUCOSE CHEW 4 GM | P | OTC;QL(50 ea per 30 days retail) |
| CVS GLUCOSE CHEW 4 GM-6 MG | P | QL(50 ea per 30 days retail) |
| CVS SOFT GLUCOSE CHEW | P | OTC;QL(50 ea per 30 days retail) |
| DEX4 CHEW | P | QL(50 ea per 30 days retail) |
| DEX4 FAST ACTING GLUCOSE CHEW 4 GM-6 MG | P | QL(50 ea per 30 days retail) |
| DEX4 NATURALS CHEW | P | QL(50 ea per 30 days retail) |
| DEX4 POUCH PACK CHEW | P | QL(50 ea per 30 days retail) |
| DEX4 QUICK DISSOLVE GLUCOSE CHEW | P | OTC;QL(50 ea per 30 days retail) |
| *glucagon (rdna) kit* | P | QL(1 ea per fill retail) |
| GLUCAGON EMERGENCY KIT KIT (*Use glucagon (rdna)*) | NP | QL(1 ea per fill retail) |
| GLUCOSE CHEW 4 GM | P | OTC;QL(50 ea per 30 days retail) |
| GLUCOSE CHEW 4 GM-4 GM-6 MG, 4 GM-6 MG-4 GM | P | QL(50 ea per 30 days retail) |
| GLUCOSE INSTANT ENERGY CHEW | P | QL(50 ea per 30 days retail) |
| GNP GLUCOSE CHEW 4 GM | P | OTC;QL(50 ea per 30 days retail) |
| GNP GLUCOSE CHEW 4 GM-6 MG | P | QL(50 ea per 30 days retail) |
| GNP QUICK DISSOLVE GLUCOSE CHEW | P | OTC;QL(50 ea per 30 days retail) |
| GOODSENSE GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |
| HY-VEE GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |
| KORLYM TABS | P | PA; SP |
| KROGER GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |
| LEADER GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |
| LEADER QUICK DISSOLVE GLUCOSE CHEW | P | OTC;QL(50 ea per 30 days retail) |
| LONGS GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |
| MEIJER GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |
| PREFERRED PLUS GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |
| PX GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RA GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |
| RELION GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |
| SM GLUCOSE CHEW 4 GM | P | OTC;QL(50 ea per 30 days retail) |
| SM GLUCOSE CHEW 4 GM-6 MG | P | QL(50 ea per 30 days retail) |
| SMART SENSE GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |
| SMART SENSE GLUCOSE TABLETS CHEW | P | QL(50 ea per 30 days retail) |
| TGT GLUCOSE CHEW | 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 CHEW | P | QL(50 ea per 30 days retail) |
| VALUE PLUS GLUCOSE CHEW | P | QL(50 ea per 30 days retail) |
| WALGREENS GLUCOSE CHEW 4 GM | P | OTC;QL(50 ea per 30 days retail) |
| WALGREENS GLUCOSE CHEW 4 GM-6 MG | P | QL(50 ea per 30 days retail) |
| **Dipeptidyl Peptidase-4 (DPP-4) Inhibitors** | | |
| *alogliptin benzoate tabs* | P | |
| NESINA TABS (*Use alogliptin benzoate*) | NP | |
| **Incretin Mimetic Agents (GLP-1 Receptor** | | |
| BYDUREON BCISE AUIJ | P | PA; QL(3.4 ml per 28 days retail) |
| BYDUREON PEN PEN | P | PA; QL(4 ea per 28 days retail); AL(At least 18 yrs old) |
| BYETTA SOPN 10 MCG/0.04ML | P | PA; QL(2.4 ml per 30 days retail); AL(At least 18 yrs old) |
| BYETTA SOPN 5 MCG/0.02ML | P | PA; QL(1.2 ml per 30 days retail); AL(At least 18 yrs old) |
| **Insulin Sensitizing Agents** | | |
| ACTOS TABS (*Use pioglitazone hcl*) | NP | QL(1 ea daily) |
| *pioglitazone hcl tabs* | P | QL(1 ea daily) |
| **Insulin** | | |
| ADMELOG SOLN | P | QL(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 KWIKPEN SUPN | P | OTC;QL(1 ml daily) |
| HUMULIN 70/30 SUSP | P | OTC;QL(40 ml per 30 days retail) |
| HUMULIN N KWIKPEN SUPN | P | OTC;QL(1 ml daily) |
| HUMULIN N SUSP | P | OTC;QL(40 ml per 30 days retail) |
| HUMULIN R SOLN | P | OTC;QL(40 ml per 30 days retail) |
| INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN | P | QL(1 ml daily) |
| INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP | P | QL(40 ml per 30 days retail) |
| INSULIN GLARGINE SOLN | NP | |
| INSULIN GLARGINE SOLOSTAR SOPN | NP | |
| INSULIN LISPRO KWIKPEN SOPN | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN | P | QL(1 ml daily) |
| INSULIN LISPRO SOLN | NP | QL(40 ml per 30 days retail) |
| INSULIN LISPRO SOLN | NP | |
| LANTUS SOLN | NP | |
| LANTUS SOLOSTAR SOPN | NP | |
| NOVOLIN 70/30 FLEXPEN RELION SUPN | P | OTC;QL(1 ml daily) |
| NOVOLIN 70/30 FLEXPEN SUPN | P | OTC;QL(1 ml daily) |
| NOVOLIN 70/30 RELION SUSP | P | OTC;QL(40 ml per 30 days retail) |
| NOVOLIN 70/30 SUSP | P | OTC;QL(40 ml per 30 days retail) |
| NOVOLIN N FLEXPEN RELION SUPN | P | OTC;QL(1 ml daily) |
| NOVOLIN N FLEXPEN SUPN | P | OTC;QL(1 ml daily) |
| NOVOLIN N RELION SUSP | P | OTC;QL(40 ml per 30 days retail) |
| NOVOLIN N SUSP | P | OTC;QL(40 ml per 30 days retail) |
| NOVOLIN R RELION SOLN | P | OTC;QL(40 ml per 30 days retail) |
| NOVOLIN R SOLN | P | OTC;QL(40 ml per 30 days retail) |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN | P | QL(1 ml daily) |
| NOVOLOG MIX 70/30 RELION SUSP | P | QL(40 ml per 30 days retail) |
| SEMGLEE SOLN | P | QL(1 ml daily) |
| SEMGLEE SOPN | P | QL(1 ml daily) |
| **Meglitinide Analogues** | | |
| *nateglinide tabs* | P | QL(3 ea daily) |
| STARLIX TABS (*Use nateglinide*) | NP | QL(3 ea daily) |
| **Sodium-Glucose Co-Transporter 2 (SGLT2)** | | |
| STEGLATRO TABS | P | QL(1 ea daily) |
| **Sulfonylureas** | | |
| AMARYL TABS 1 MG, 2 MG (*Use glimepiride*) | NP | QL(4 ea daily) |
| AMARYL TABS 4 MG (*Use glimepiride*) | NP | QL(2 ea daily) |
| *glimepiride tabs 1 mg, 2 mg* | P | QL(4 ea daily) |
| *glimepiride tabs 4 mg* | P | QL(2 ea daily) |
| *glipizide tabs or 10 mg, 5 mg* | P | |
| *glipizide tb24 or 10 mg, 2.5 mg, 5 mg* | P | |
| GLUCOTROL TABS (*Use glipizide*) | NP | |
| GLUCOTROL XL TB24 (*Use glipizide*) | NP | |
| *glyburide micronized tabs* | P | |
| *glyburide tabs or 1.25 mg, 2.5 mg, 5 mg* | P | |
| GLYNASE TABS (*Use glyburide micronized*) | NP | |
| **ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea** | | |
| **Antidiarrheal/Probiotic Agents - Misc.** | | |
| *bismuth subsalicylate chew or 262 mg* | P | OTC |
| *bismuth subsalicylate susp or 1050 mg/30ml, 525 mg/15ml* | P | OTC |
| PEPTO-BISMOL CHEW 262 MG (*Use bismuth subsalicylate*) | NP | OTC |
| PEPTO-BISMOL MAX STRENGTH SUSP (*Use bismuth subsalicylate*) | NP | OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PEPTO-BISMOL TO-GO CHEW (*Use bismuth subsalicylate*) | NP | OTC |
| **Antiperistaltic Agents** | | |
| ANTI-DIARRHEAL LIQD | P | OTC;QL(40 ml daily) |
| *diphenoxylate w/ atropine liqd* | P | |
| *diphenoxylate w/ atropine tabs* | P | |
| IMODIUM A-D CAPS 2 MG (*Use loperamide hcl*) | NP | OTC;QL(8 ea daily); RX/OTC |
| IMODIUM A-D TABS 2 MG (*Use loperamide hcl*) | NP | OTC;QL(8 ea daily) |
| LOMOTIL TABS (*Use diphenoxylate w/ atropine*) | NP | |
| *loperamide hcl caps or 2 mg* | P | OTC;QL(8 ea daily); RX/OTC |
| *loperamide hcl tabs or 2 mg* | P | OTC;QL(8 ea daily) |
| **ANTIDOTES AND SPECIFIC ANTAGONISTS** | | |
| **Antidotes - Chelating Agents** | | |
| CHEMET CAPS | P | |
| *deferasirox pack* | P | PA; SP |
| *deferasirox tabs* | P | PA; SP |
| *deferasirox tbso* | P | PA; SP |
| *deferiprone tabs* | P | PA; SP |
| EXJADE TBSO (*Use deferasirox*) | NP | PA; SP |
| FERRIPROX SOLN 100 MG/ML | P | PA; SP |
| FERRIPROX TABS 1000 MG, 500 MG (*Use deferiprone*) | NP | PA; SP |
| FERRIPROX TWICE-A-DAY TABS | P | PA; SP |
| JADENU SPRINKLE PACK (*Use deferasirox*) | NP | PA; SP |
| JADENU TABS (*Use deferasirox*) | NP | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Antidotes and Specific Antagonists** | | |
| ANDEXXA SOLR | P | PA; SP |
| BRIDION SOLN | P | PA; SP |
| *deferoxamine mesylate solr* | P | PA; SP |
| DESFERAL SOLR (*Use deferoxamine mesylate*) | NP | PA; SP |
| SM IPECAC SYRUP SYRP | P | |
| VISTOGARD PACK | P | |
| **Opioid Antagonists** | | |
| *naloxone hcl liqd na 4 mg/0.1ml* | P | QL(4 ea per 90 days retail) |
| *naloxone hcl soct ij 0.4 mg/ml* | P | QL(2 ml per 90 days retail) |
| *naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml* | P | QL(2 ml per 90 days retail) |
| *naloxone hcl sosy ij 2 mg/2ml* | P | QL(4 ml per 90 days retail) |
| *naltrexone hcl tabs or* | P | |
| NALTREXONE IMPL SC | P | PA; SP |
| NARCAN LIQD (*Use naloxone hcl*) | NP | QL(4 ea per 90 days retail) |
| VIVITROL SUSR | P | SP |
| **ANTIEMETICS - Drugs to Treat Nausea and Vomiting** | | |
| **5-HT3 Receptor Antagonists** | | |
| *ondansetron hcl soln or 4 mg/5ml* | P | QL(50 ml per 30 days retail) |
| *ondansetron hcl tabs or 24 mg* | P | QL(1 ea per 14 days retail) |
| *ondansetron hcl tabs or 8 mg, 4 mg* | P | QL(2 ea daily) |
| *ondansetron tbdp* | P | QL(2 ea daily) |
| ZOFRAN TABS (*Use ondansetron hcl*) | NP | QL(2 ea daily) |
| **Antiemetics - Anticholinergic** | | |
| ANTIVERT CHEW (*Use meclizine hcl*) | NP | OTC;RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dimenhydrinate tabs or 50 mg* | 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 chew or 25 mg* | P | OTC;RX/OTC |
| *meclizine hcl tabs or 12.5 mg, 25 mg* | P | RX/OTC |
| **ANTIFUNGALS - Drugs to Treat Fungal Infections** | | |
| **Antifungals** | | |
| *griseofulvin microsize susp* | P | |
| *griseofulvin microsize tabs* | P | |
| *griseofulvin ultramicrosize tabs* | P | |
| *nystatin tabs or* | P | QL(6 ea daily) |
| *terbinafine hcl tabs or* | P | QL(90 ea per 120 days retail) |
| **Imidazole-Related Antifungals** | | |
| DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (*Use fluconazole*) | NP | QL(70 ml per fill retail) |
| DIFLUCAN TABS 100 MG, 200 MG (*Use fluconazole*) | NP | |
| DIFLUCAN TABS 150 MG (*Use fluconazole*) | NP | QL(2 ea per fill retail) |
| DIFLUCAN TABS 50 MG (*Use fluconazole*) | NP | QL(3 ea per 14 days retail) |
| *fluconazole susr or 10 mg/ml, 40 mg/ml* | P | QL(70 ml per fill retail) |
| *fluconazole tabs or 100 mg, 200 mg* | P | |
| *fluconazole tabs or 150 mg* | P | QL(2 ea per fill retail) |
| *fluconazole tabs or 50 mg* | P | QL(3 ea per 14 days retail) |
| *itraconazole caps or 100 mg* | P | PA; QL(1 ea daily) |
| SPORANOX CAPS 100 MG (*Use itraconazole*) | NP | PA; QL(1 ea daily) |
| SPORANOX PULSEPAK CAPS (*Use itraconazole*) | NP | PA; QL(1 ea daily) |
| **ANTIHISTAMINES - Drugs to Treat Allergies** | | |
| **Antihistamines - Alkylamines** | | |
| CHLOR-TRIMETON SYRP 2 MG/5ML (*Use chlorpheniramine maleate*) | NP | OTC |
| CHLOR-TRIMETON TABS 4 MG (*Use chlorpheniramine maleate*) | NP | OTC;QL(120 ea per fill retail) |
| *chlorpheniramine maleate syrp or 2 mg/5ml* | P | OTC |
| *chlorpheniramine maleate tabs or 4 mg* | P | OTC;QL(120 ea per fill retail) |
| **Antihistamines - Ethanolamines** | | |
| ALER-DRYL TABS | P | QL(4 ea daily) |
| BENADRYL ALLERGY CAPS (*Use diphenhydramine hcl*) | NP | QL(4 ea daily) |
| BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (*Use diphenhydramine hcl*) | NP | OTC;QL(240 ml per fill retail) |
| BENADRYL ALLERGY TABS (*Use diphenhydramine hcl*) | NP | OTC;QL(4 ea daily) |
| BENADRYL ALLERGY ULTRATABS TABS (*Use diphenhydramine hcl*) | NP | OTC;QL(4 ea daily) |
| *clemastine fumarate tabs or 1.34 mg* | P | OTC;QL(2 ea daily) |
| *diphenhydramine hcl caps or 50 mg, 25 mg* | P | QL(4 ea daily) |
| *diphenhydramine hcl elix or 12.5 mg/5ml* | P | QL(240 ml per fill retail) |
| *diphenhydramine hcl liqd or 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml* | P | OTC;QL(240 ml per fill retail) |
| *diphenhydramine hcl tabs or 25 mg* | P | OTC;QL(4 ea daily) |
| **Antihistamines - Non-Sedating** | | |
| ALLEGRA ALLERGY TABS 180 MG (*Use fexofenadine hcl*) | NP | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ALLEGRA ALLERGY TABS 60 MG (*Use fexofenadine hcl*) | NP | QL(2 ea daily) |
| *cetirizine hcl chew 5 mg, 10 mg* | P | QL(1 ea daily) |
| *cetirizine hcl soln 1 mg/ml, 5 mg/5ml* | P | QL(240 ml per fill retail); RX/OTC |
| *cetirizine hcl syrp 1 mg/ml, 5 mg/5ml* | P | QL(240 ml per fill retail); RX/OTC |
| *cetirizine hcl tabs 5 mg, 10 mg* | P | QL(1 ea daily) |
| CLARITIN ALLERGY CHILDRENS SYRP (*Use loratadine*) | NP | OTC;QL(240 ml per fill retail) |
| CLARITIN REDITABS TBDP 10 MG (*Use loratadine*) | NP | OTC;QL(1 ea daily) |
| CLARITIN SYRP 5 MG/5ML (*Use loratadine*) | NP | OTC;QL(240 ml per fill retail) |
| CLARITIN TABS 10 MG (*Use loratadine*) | NP | OTC;QL(1 ea daily) |
| *fexofenadine hcl tabs or 180 mg* | P | QL(1 ea daily) |
| *fexofenadine hcl tabs or 60 mg* | P | QL(2 ea daily) |
| *levocetirizine dihydrochloride tabs or 5 mg* | P | RX/OTC |
| *loratadine soln or 5 mg/5ml* | P | OTC;QL(240 ml per fill retail) |
| *loratadine syrp or 5 mg/5ml* | P | OTC;QL(240 ml per fill retail) |
| *loratadine tabs or 10 mg* | P | OTC;QL(1 ea daily) |
| *loratadine tbdp or 10 mg* | 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 (*Use cetirizine hcl*) | NP | QL(240 ml per fill retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Antihistamines - Phenothiazines** | | |
| *promethazine hcl soln or 6.25 mg/5ml* | P | AL(At least 2 yrs old) |
| *promethazine hcl supp re 50 mg, 12.5 mg, 25 mg* | P | QL(12 ea per fill retail); AL(At least 2 yrs old) |
| *promethazine hcl syrp or 6.25 mg/5ml* | P | AL(At least 2 yrs old) |
| *promethazine hcl tabs or 25 mg, 12.5 mg, 50 mg* | P | AL(At least 2 yrs old) |
| **Antihistamines - Piperidines** | | |
| *cyproheptadine hcl syrp or 2 mg/5ml* | P | |
| *cyproheptadine hcl tabs or 4 mg* | P | |
| **ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol** | | |
| **Angiopoietin-like Protein Inhibitors** | | |
| EVKEEZA SOLN | P | PA; SP |
| **Antihyperlipidemics - Combinations** | | |
| *ezetimibe-simvastatin tabs* | P | ST; QL(1 ea daily) |
| VYTORIN TABS (*Use ezetimibe-simvastatin*) | NP | ST; QL(1 ea daily) |
| **Bile Acid Sequestrants** | | |
| *cholestyramine light pack* | P | |
| *cholestyramine light powd* | P | |
| *cholestyramine pack or 4 gm* | P | |
| *cholestyramine powd or 4 gm/dose* | P | |
| COLESTID FLAVORED GRAN 5 GM (*Use colestipol hcl*) | NP | |
| COLESTID GRAN 5 GM (*Use colestipol hcl*) | NP | |
| COLESTID TABS 1 GM (*Use colestipol hcl*) | NP | |
| *colestipol hcl gran 5 gm* | P | |
| *colestipol hcl tabs 1 gm* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| QUESTRAN LIGHT POWD (*Use cholestyramine light*) | NP | |
| QUESTRAN PACK (*Use cholestyramine*) | NP | |
| QUESTRAN POWD (*Use cholestyramine*) | NP | |
| **Fibric Acid Derivatives** | | |
| *fenofibrate micronized caps 134 mg, 200 mg* | P | QL(1 ea daily) |
| *fenofibrate micronized caps 67 mg* | P | QL(2 ea daily) |
| FENOFIBRATE TABS OR 160 MG | P | QL(1 ea daily) |
| *fenofibrate tabs or 160 mg* | P | QL(1 ea daily) |
| *fenofibrate tabs or 54 mg* | P | QL(3 ea daily) |
| *gemfibrozil tabs or* | P | QL(2 ea daily) |
| LOPID TABS (*Use gemfibrozil*) | NP | QL(2 ea daily) |
| TRIGLIDE TABS | P | QL(1 ea daily) |
| **HMG CoA Reductase Inhibitors** | | |
| *atorvastatin calcium tabs or 10 mg, 20 mg, 40 mg, 80 mg* | P | QL(1 ea daily) |
| CRESTOR TABS (*Use rosuvastatin calcium*) | NP | ST; Try simvastatin or atorvastatin;QL (1 ea daily) |
| LIPITOR TABS (*Use atorvastatin calcium*) | NP | QL(1 ea daily) |
| *lovastatin tabs 10 mg, 20 mg* | P | QL(1 ea daily) |
| *lovastatin tabs 40 mg* | P | QL(2 ea daily) |
| PRAVACHOL TABS (*Use pravastatin sodium*) | NP | QL(1 ea daily) |
| *pravastatin sodium tabs* | P | QL(1 ea daily) |
| *rosuvastatin calcium tabs* | P | ST; Try simvastatin or atorvastatin;QL (1 ea daily) |
| *simvastatin tabs or 10 mg, 20 mg, 5 mg, 40 mg* | P | QL(1 ea daily) |
| ZOCOR TABS 10 MG, 20 MG, 40 MG (*Use simvastatin*) | NP | QL(1 ea daily) |
| **Intestinal Cholesterol Absorption Inhibitors** | | |
| *ezetimibe tabs* | P | ST |
| ZETIA TABS (*Use ezetimibe*) | NP | ST |
| **Microsomal Triglyceride Transfer Protein (MTP)** | | |
| JUXTAPID CAPS | P | PA; SP |
| **Nicotinic Acid Derivatives** | | |
| *niacin (antihyperlipidemic) tabs* | P | |
| *niacin (antihyperlipidemic) tbcr* | P | |
| NIASPAN TBCR (*Use niacin (antihyperlipidemic)*) | NP | |
| **Proprotein Convertase Subtilisin/Kexin Type 9** | | |
| LEQVIO SOSY | P | PA; SP |
| PRALUENT SOAJ | P | PA; SP |
| REPATHA PUSHTRONEX SYSTEM SOCT | P | PA; SP |
| REPATHA SOSY | P | PA; SP |
| REPATHA SURECLICK SOAJ | P | PA; SP |
| **ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure** | | |
| **ACE Inhibitors** | | |
| ACCUPRIL TABS (*Use quinapril hcl*) | NP | |
| ALTACE CAPS (*Use ramipril*) | NP | QL(2 ea daily) |
| *benazepril hcl tabs or 10 mg, 20 mg, 5 mg* | P | QL(1 ea daily) |
| *benazepril hcl tabs or 40 mg* | P | QL(2 ea daily) |
| *captopril tabs or 100 mg, 12.5 mg, 25 mg, 50 mg* | P | QL(3 ea daily) |
| *enalapril maleate tabs or 10 mg, 2.5 mg, 20 mg, 5 mg* | P | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fosinopril sodium tabs* | P | QL(1 ea daily) |
| *lisinopril tabs or 2.5 mg* | P | QL(1 ea daily) |
| *lisinopril tabs or 20 mg, 10 mg, 30 mg, 40 mg, 5 mg* | P | QL(2 ea daily) |
| LOTENSIN TABS 10 MG, 20 MG (*Use benazepril hcl*) | NP | QL(1 ea daily) |
| LOTENSIN TABS 40 MG (*Use benazepril hcl*) | NP | QL(2 ea daily) |
| PRINIVIL TABS (*Use lisinopril*) | NP | QL(2 ea daily) |
| *quinapril hcl tabs* | P | |
| *ramipril caps* | P | QL(2 ea daily) |
| *trandolapril tabs 1 mg, 2 mg* | P | QL(1 ea daily) |
| *trandolapril tabs 4 mg* | P | QL(2 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 20 MG, 10 MG, 30 MG, 40 MG, 5 MG (*Use lisinopril*) | NP | QL(2 ea daily) |
| **Agents for Pheochromocytoma** | | |
| DEMSER CAPS (*Use metyrosine*) | NP | PA; SP |
| *metyrosine caps* | P | PA; SP |
| **Angiotensin II Receptor Antagonists** | | |
| ATACAND TABS (*Use candesartan cilexetil*) | NP | |
| AVAPRO TABS (*Use irbesartan*) | NP | QL(1 ea daily) |
| BENICAR TABS (*Use olmesartan medoxomil*) | NP | ST; Use losartan or irbesartan;QL(1 ea daily) |
| *candesartan cilexetil tabs* | P | |
| COZAAR TABS (*Use losartan potassium*) | NP | QL(1 ea daily) |
| DIOVAN TABS (*Use valsartan*) | NP | QL(1 ea daily) |
| *irbesartan tabs* | P | QL(1 ea daily) |
| *losartan potassium tabs* | P | QL(1 ea daily) |
| MICARDIS TABS (*Use telmisartan*) | NP | QL(1 ea daily) |
| *olmesartan medoxomil tabs or 20 mg, 40 mg, 5 mg* | P | ST; Use losartan or irbesartan;QL(1 ea daily) |
| *telmisartan tabs* | P | QL(1 ea daily) |
| *valsartan tabs 40 mg, 80 mg, 160 mg, 320 mg* | P | QL(1 ea daily) |
| **Antiadrenergic Antihypertensives** | | |
| CARDURA TABS (*Use doxazosin mesylate*) | NP | |
| CATAPRES TABS (*Use clonidine hcl*) | NP | |
| *clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg* | P | |
| *doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg* | P | |
| *guanfacine hcl tabs* | P | |
| *methyldopa tabs* | P | |
| MINIPRESS CAPS (*Use prazosin hcl*) | NP | |
| *prazosin hcl caps* | P | |
| *terazosin hcl caps* | P | |
| **Antihypertensive Combinations** | | |
| ACCURETIC TABS 10 MG-12.5 MG (*Use quinapril-hydrochlorothiazide*) | NP | QL(3 ea daily) |
| ACCURETIC TABS 12.5 MG-20 MG (*Use quinapril-hydrochlorothiazide*) | NP | QL(4 ea daily) |
| ACCURETIC TABS 20 MG-25 MG (*Use quinapril-hydrochlorothiazide*) | NP | QL(2 ea daily) |
| *amlodipine besylate-benazepril hcl caps* | P | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *amlodipine besylate-olmesartan medoxomil tabs* | P | ST; Use losartan or irbesartan |
| *amlodipine besylate-valsartan tabs* | P | ST; Use losartan or irbesartan |
| *amlodipine-valsartan-hydrochlorothiazide tabs* | P | ST; Use losartan or irbesartan |
| ATACAND HCT TABS (*Use candesartan cilexetil-hydrochlorothiazide*) | NP | |
| *atenolol & chlorthalidone tabs* | P | QL(2 ea daily) |
| AVALIDE TABS (*Use irbesartan-hydrochlorothiazide*) | NP | QL(1 ea daily) |
| AZOR TABS (*Use amlodipine besylate-olmesartan medoxomil*) | NP | ST; Use losartan or irbesartan |
| *benazepril & hydrochlorothiazide tabs* | P | QL(1 ea daily) |
| BENICAR HCT TABS (*Use olmesartan medoxomil-hydrochlorothiazide*) | NP | ST; Use losartan or irbesartan;QL(1 ea daily) |
| *bisoprolol & hydrochlorothiazide tabs* | P | QL(1 ea daily) |
| *candesartan cilexetil-hydrochlorothiazide tabs* | P | |
| *captopril & hydrochlorothiazide tabs 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg* | P | QL(2 ea daily) |
| *captopril & hydrochlorothiazide tabs 25 mg-50 mg* | P | QL(3 ea daily) |
| DIOVAN HCT TABS (*Use valsartan-hydrochlorothiazide*) | NP | QL(1 ea daily) |
| DUTOPROL TB24 | P | QL(1 ea daily) |
| *enalapril maleate & hydrochlorothiazide tabs* | P | QL(2 ea daily) |
| EXFORGE HCT TABS | P | ST; Use losartan or irbesartan |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EXFORGE TABS (*Use amlodipine besylate-valsartan*) | NP | ST; Use losartan or irbesartan |
| *fosinopril sodium & hydrochlorothiazide tabs* | P | QL(1 ea daily) |
| HYZAAR TABS (*Use losartan potassium & hydrochlorothiazide*) | NP | QL(1 ea daily) |
| *irbesartan-hydrochlorothiazide tabs* | P | QL(1 ea daily) |
| *lisinopril & hydrochlorothiazide tabs 12.5 mg-20 mg, 10 mg-12.5 mg* | P | QL(2 ea daily) |
| *lisinopril & hydrochlorothiazide tabs 20 mg-25 mg* | P | QL(1 ea daily) |
| LOPRESSOR HCT TABS (*Use metoprolol & hydrochlorothiazide*) | NP | QL(2 ea daily) |
| *losartan potassium & hydrochlorothiazide tabs* | P | QL(1 ea daily) |
| LOTENSIN HCT TABS (*Use benazepril & hydrochlorothiazide*) | NP | QL(1 ea daily) |
| LOTREL CAPS (*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) |
| *metoprolol & hydrochlorothiazide tabs 50 mg-100 mg* | P | QL(1 ea daily) |
| MICARDIS HCT TABS (*Use telmisartan-hydrochlorothiazide*) | NP | QL(1 ea daily) |
| *olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs* | P | ST; Use losartan or irbesartan |
| *olmesartan medoxomil-hydrochlorothiazide tabs* | P | ST; Use losartan or irbesartan;QL(1 ea daily) |
| *propranolol & hydrochlorothiazide tabs* | P | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg* | P | QL(3 ea daily) |
| *quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg* | P | QL(4 ea daily) |
| *quinapril-hydrochlorothiazide tabs 20 mg-25 mg* | P | QL(2 ea daily) |
| TARKA TBCR (*Use trandolapril-verapamil hcl*) | NP | |
| *telmisartan-amlodipine tabs* | P | |
| *telmisartan-hydrochlorothiazide tabs* | P | QL(1 ea daily) |
| TENORETIC 100 TABS (*Use atenolol & chlorthalidone*) | NP | QL(2 ea daily) |
| TENORETIC 50 TABS (*Use atenolol & chlorthalidone*) | NP | QL(2 ea daily) |
| *trandolapril-verapamil hcl tbcr* | P | |
| TRIBENZOR TABS (*Use olmesartan medoxomil-amlodipine-hydrochlorothiazide*) | NP | ST; Use losartan or irbesartan |
| TWYNSTA TABS (*Use telmisartan-amlodipine*) | NP | |
| *valsartan-hydrochlorothiazide tabs* | P | QL(1 ea daily) |
| VASERETIC TABS (*Use enalapril maleate & hydrochlorothiazide*) | NP | QL(2 ea daily) |
| ZESTORETIC TABS 12.5 MG-20 MG, 10 MG-12.5 MG (*Use lisinopril & hydrochlorothiazide*) | NP | QL(2 ea daily) |
| ZESTORETIC TABS 20 MG-25 MG (*Use lisinopril & hydrochlorothiazide*) | NP | QL(1 ea daily) |
| ZIAC TABS (*Use bisoprolol & hydrochlorothiazide*) | NP | QL(1 ea daily) |
| **Antihypertensives - Misc.** | | |
| VECAMYL TABS | P | PA; SP |
| **Vasodilators** | | |
| *hydralazine hcl tabs or 100 mg, 25 mg, 50 mg, 10 mg* | P | |
| *minoxidil tabs or 10 mg* | P | QL(10 ea daily) |
| *minoxidil tabs or 2.5 mg* | P | QL(3 ea daily) |
| **ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)** | | |
| **Antimalarial Combinations** | | |
| COARTEM TABS | P | QL(24 ea per fill retail) |
| **Antimalarials** | | |
| *chloroquine phosphate tabs or 250 mg* | P | |
| *chloroquine phosphate tabs or 500 mg* | P | QL(1 ea daily) |
| DARAPRIM TABS (*Use pyrimethamine*) | NP | PA; SP |
| *hydroxychloroquine sulfate tabs or 200 mg* | P | |
| KRINTAFEL TABS | P | QL(2 ea per 30 days retail) |
| *mefloquine hcl tabs* | P | |
| PLAQUENIL TABS (*Use hydroxychloroquine sulfate*) | NP | |
| *primaquine phosphate tabs* | P | |
| PRIMAQUINE PHOSPHATE TABS (*Use primaquine phosphate*) | NP | |
| *pyrimethamine tabs or* | P | PA; SP |
| **ANTIMYASTHENIC/CHOLINERGIC AGENTS** | | |
| **Antimyasthenic/Cholinergic Agents** | | |
| MESTINON TABS (*Use pyridostigmine bromide*) | NP | |
| MESTINON TIMESPAN TBCR (*Use pyridostigmine bromide*) | NP | |
| *pyridostigmine bromide tabs or 60 mg* | P | |
| *pyridostigmine bromide tbcr or 180 mg* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RUZURGI TABS | P | PA; QL(10 ea daily); SP |
| **ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)** | | |
| **Antimycobacterial Agents** | | |
| *ethambutol hcl tabs or 100 mg, 400 mg* | P | |
| *isoniazid syrp or 50 mg/5ml* | P | |
| *isoniazid tabs or 100 mg, 300 mg* | P | |
| MYAMBUTOL TABS (*Use ethambutol hcl*) | NP | |
| MYCOBUTIN CAPS (*Use rifabutin*) | NP | |
| *pyrazinamide tabs or* | P | |
| *rifabutin caps* | P | |
| RIFADIN CAPS OR 150 MG, 300 MG (*Use rifampin*) | NP | |
| *rifampin caps or 150 mg, 300 mg* | P | |
| TRECATOR TABS | P | |
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer** | | |
| **Alkylating Agents** | | |
| ALKERAN SOLR IV 50 MG (*Use melphalan hcl*) | NP | PA; SP |
| ALKERAN TABS OR 2 MG (*Use melphalan*) | NP | |
| BELRAPZO SOLN | P | PA; SP |
| BENDAMUSTINE HYDROCHLORIDE SOLN | P | PA; SP |
| BENDEKA SOLN | P | PA; SP |
| *carboplatin soln* | P | PA; SP |
| *cisplatin soln 200 mg/200ml, 100 mg/100ml, 50 mg/50ml* | P | PA; SP |
| CISPLATIN SOLR 50 MG | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CYCLOPHOSPHAMIDE MONOHYDRATE SOLN IV | P | PA; SP |
| CYCLOPHOSPHAMIDE SOLN IV 1 GM/5ML, 500 MG/2.5ML | P | PA; SP |
| *cyclophosphamide solr ij 1 gm, 2 gm, 500 mg* | P | PA; SP |
| EVOMELA SOLR | P | PA; SP |
| LEUKERAN TABS | P | |
| *melphalan hcl solr* | P | PA; SP |
| *melphalan tabs* | P | |
| MYLERAN TABS | P | |
| TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (*Use temozolomide*) | NP | PA; SP |
| TEMODAR SOLR IV 100 MG | P | PA; SP |
| *temozolomide caps* | P | PA; SP |
| TEPADINA SOLR (*Use thiotepa*) | NP | PA; SP |
| *thiotepa solr ij 100 mg, 15 mg* | P | PA; SP |
| TREANDA SOLR | P | PA; SP |
| YONDELIS SOLR | P | PA; SP |
| ZEPZELCA SOLR | P | PA; SP |
| **Antimetabolites** | | |
| ALIMTA SOLR (*Use pemetrexed disodium*) | NP | PA; SP |
| *azacitidine susr* | P | PA; SP |
| *capecitabine tabs* | P | PA; SP |
| *cladribine soln* | P | PA; SP |
| *cytarabine soln* | P | PA; SP |
| DACOGEN SOLR (*Use decitabine*) | NP | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *decitabine solr* | P | PA; SP |
| *fludarabine phosphate soln* | P | PA; SP |
| *fludarabine phosphate solr* | P | PA; SP |
| FOLOTYN SOLN | P | PA; SP |
| *mercaptopurine tabs or* | P | |
| *methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml, 1 gm/40ml* | P | |
| *methotrexate sodium tabs or 2.5 mg* | P | |
| ONUREG TABS | P | PA; SP |
| *pemetrexed disodium solr 100 mg, 500 mg* | P | PA; SP |
| PEMETREXED SOLN 500 MG/20ML | P | PA; SP |
| PEMFEXY SOLN | P | PA; SP |
| PURIXAN SUSP | P | |
| TABLOID TABS | P | PA; SP |
| TREXALL TABS | P | |
| VIDAZA SUSR (*Use azacitidine*) | NP | PA; SP |
| XELODA TABS (*Use capecitabine*) | NP | PA; SP |
| **Antineoplastic - Angiogenesis Inhibitors** | | |
| AVASTIN SOLN | P | PA; SP |
| CYRAMZA SOLN | P | PA; SP |
| INLYTA TABS | P | PA; SP |
| LENVIMA 10 MG DAILY DOSE CPPK | P | PA; QL(1 ea daily); SP |
| LENVIMA 12MG DAILY DOSE CPPK | P | PA; QL(3 ea daily); SP |
| LENVIMA 14 MG DAILY DOSE CPPK | P | PA; QL(2 ea daily); SP |
| LENVIMA 18 MG DAILY DOSE CPPK | P | PA; QL(2 ea daily); SP |
| LENVIMA 20 MG DAILY DOSE CPPK | P | PA; QL(2 ea daily); SP |
| LENVIMA 24 MG DAILY DOSE CPPK | P | PA; QL(3 ea daily); SP |
| LENVIMA 4 MG DAILY DOSE CPPK | P | PA; QL(1 ea daily); SP |
| LENVIMA 8 MG DAILY DOSE CPPK | P | PA; QL(2 ea daily); SP |
| MVASI SOLN | P | PA; SP |
| ZALTRAP SOLN | P | PA; SP |
| ZIRABEV SOLN 400 MG/16ML | P | PA; SP |
| **Antineoplastic - Anti-HER2 Agents** | | |
| HERCEPTIN SOLR | P | PA; SP |
| KANJINTI SOLR 420 MG | P | PA; SP |
| MARGENZA SOLN | P | PA; SP |
| OGIVRI SOLR | P | PA; SP |
| PERJETA SOLN | P | PA; SP |
| TRAZIMERA SOLR | P | PA; SP |
| TUKYSA TABS | P | PA; SP |
| **Antineoplastic - Antibodies** | | |
| ADCETRIS SOLR | P | PA; SP |
| ARZERRA CONC | P | PA; SP |
| BAVENCIO SOLN | P | PA; SP |
| BESPONSA SOLR | P | PA; SP |
| BLENREP SOLR | P | PA; SP |
| BLINCYTO SOLR | P | PA; SP |
| DARZALEX SOLN | P | PA; SP |
| EMPLICITI SOLR | P | PA; SP |
| ENHERTU SOLR | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GAZYVA SOLN | P | PA; SP |
| IMFINZI SOLN | P | PA; SP |
| JEMPERLI SOLN | P | PA; SP |
| KADCYLA SOLR | P | PA; SP |
| KEYTRUDA SOLN | P | PA; SP |
| KIMMTRAK SOLN | P | PA; SP |
| LIBTAYO SOLN | P | PA; SP |
| LUMOXITI SOLR | P | PA; SP |
| MONJUVI SOLR | P | PA; SP |
| MYLOTARG SOLR | P | PA; SP |
| OPDIVO SOLN | P | PA; SP |
| PADCEV SOLR | P | PA; SP |
| POLIVY SOLR | P | PA; SP |
| POTELIGEO SOLN | P | PA; SP |
| RIABNI SOLN | P | PA; SP |
| RITUXAN SOLN | P | PA; SP |
| RUXIENCE SOLN | P | PA; SP |
| TECENTRIQ SOLN | P | PA; SP |
| TIVDAK SOLR | P | PA; SP |
| TRUXIMA SOLN | P | PA; SP |
| UNITUXIN SOLN | P | PA; SP |
| YERVOY SOLN | P | PA; SP |
| ZEVALIN Y-90 KIT | P | PA; SP |
| ZYNLONTA SOLR | P | PA; SP |
| **Antineoplastic - BCL-2 Inhibitors** | | |
| VENCLEXTA STARTING PACK TBPK | P | PA; SP |
| VENCLEXTA TABS | P | PA; SP |
| **Antineoplastic - Cellular Immunotherapy** | | |
| ABECMA SUSP | P | PA; SP |
| BREYANZI SUSP | P | PA; SP |
| CARVYKTI SUSP | P | PA; SP |
| TECARTUS SUSP | P | PA; SP |
| **Antineoplastic - EGFR Inhibitors** | | |
| ERBITUX SOLN | P | PA; SP |
| *erlotinib hcl tabs* | P | PA; SP |
| EXKIVITY CAPS | P | PA; SP |
| GILOTRIF TABS | P | PA; SP |
| IRESSA TABS | P | PA; SP |
| PORTRAZZA SOLN | P | PA; SP |
| TAGRISSO TABS | P | PA; SP |
| TARCEVA TABS (*Use erlotinib hcl*) | NP | PA; SP |
| VECTIBIX SOLN | P | PA; SP |
| VIZIMPRO TABS | P | PA; SP |
| **Antineoplastic - Hedgehog Pathway Inhibitors** | | |
| DAURISMO TABS | P | PA; SP |
| ERIVEDGE CAPS | P | PA; SP |
| ODOMZO CAPS | P | PA; SP |
| **Antineoplastic - Hormonal and Related Agents** | | |
| *abiraterone acetate tabs* | P | PA; SP |
| *anastrozole tabs or* | P | |
| ARIMIDEX TABS (*Use anastrozole*) | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AROMASIN TABS (*Use exemestane*) | NP | |
| *bicalutamide tabs* | P | QL(1 ea daily) |
| CAMCEVI PRSY | P | PA; SP |
| CASODEX TABS (*Use bicalutamide*) | NP | QL(1 ea daily) |
| ELIGARD KIT | P | PA; SP |
| EMCYT CAPS | P | PA; SP |
| ERLEADA TABS | P | PA; SP |
| EULEXIN CAPS | P | |
| *exemestane tabs* | P | |
| FARESTON TABS (*Use toremifene citrate*) | NP | PA |
| FEMARA TABS (*Use letrozole*) | NP | |
| FIRMAGON SOLR 80 MG | P | PA; SP |
| *flutamide caps* | P | |
| *hydroxyprogesterone caproate (antineoplastic) soln* | P | PA; SP |
| *letrozole tabs or* | P | |
| *leuprolide acetate kit ij* | P | PA; SP |
| LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE SOLN | P | PA; SP |
| LUPRON DEPOT (*1-MONTH*) KIT | P | PA; SP |
| LUPRON DEPOT (*3-MONTH*) KIT | P | PA; SP |
| LUPRON DEPOT (*4-MONTH*) KIT | P | PA; SP |
| LUPRON DEPOT (*6-MONTH*) KIT | P | PA; SP |
| LYSODREN TABS | P | PA; SP |
| *megestrol acetate susp or 40 mg/ml, 400 mg/10ml* | P | |
| *megestrol acetate tabs or 20 mg, 40 mg* | P | |
| NUBEQA TABS | P | PA; SP |
| ORGOVYX TABS | P | PA; SP |
| *tamoxifen citrate tabs or 10 mg, 20 mg* | P | |
| *toremifene citrate tabs* | P | PA |
| TRELSTAR MIXJECT SUSR | P | PA; SP |
| VANTAS KIT | P | PA; SP |
| XTANDI CAPS | P | PA; SP |
| XTANDI TABS | P | PA; SP |
| YONSA TABS | P | PA; SP |
| ZOLADEX IMPL | P | PA; SP |
| ZYTIGA TABS (*Use abiraterone acetate*) | NP | PA; SP |
| **Antineoplastic - Hypoxia-Inducible Factor** | | |
| WELIREG TABS | P | PA; SP |
| **Antineoplastic - Immunomodulators** | | |
| POMALYST CAPS | P | PA; SP |
| **Antineoplastic - PDGFR-alpha Inhibitors** | | |
| AYVAKIT TABS | P | PA; QL(1 ea daily); SP |
| LARTRUVO SOLN | P | PA; SP |
| **Antineoplastic - XPO1 Inhibitors** | | |
| XPOVIO 100 MG ONCE WEEKLY TBPK | P | PA; SP |
| XPOVIO 40 MG ONCE WEEKLY TBPK | P | PA; SP |
| XPOVIO 40 MG TWICE WEEKLY TBPK | P | PA; SP |
| XPOVIO 60 MG ONCE WEEKLY TBPK | P | PA; SP |
| XPOVIO 60 MG TWICE WEEKLY TBPK | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| XPOVIO 80 MG ONCE WEEKLY TBPK | P | PA; SP |
| XPOVIO 80 MG TWICE WEEKLY TBPK | P | PA; SP |
| XPOVIO TBPK | P | PA; SP |
| **Antineoplastic Antibiotics** | | |
| *daunorubicin hcl soln* | P | PA; SP |
| DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (*Use daunorubicin hcl*) | NP | PA; SP |
| DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML | P | PA; SP |
| ELLENCE SOLN | P | PA; SP |
| *epirubicin hcl soln* | P | PA; SP |
| *mitoxantrone hcl conc* | P | PA; SP |
| *valrubicin soln* | P | PA; SP |
| VALSTAR SOLN (*Use valrubicin*) | NP | PA; SP |
| **Antineoplastic Combinations** | | |
| DARZALEX FASPRO SOLN | P | PA; SP |
| HERCEPTIN HYLECTA SOLN | P | PA; SP |
| INQOVI TABS | P | PA; SP |
| KISQALI FEMARA 200 DOSE TBPK | P | PA; SP |
| KISQALI FEMARA 400 DOSE TBPK | P | PA; SP |
| KISQALI FEMARA 600 DOSE TBPK | P | PA; SP |
| LONSURF TABS | P | PA; SP |
| OPDUALAG SOLN | P | PA; SP |
| PHESGO SOLN | P | PA; SP |
| RITUXAN HYCELA SOLN | P | PA; SP |
| VYXEOS SUSR | P | PA; SP |
| **Antineoplastic Enzyme Inhibitors** | | |
| AFINITOR DISPERZ TBSO (*Use everolimus*) | NP | PA; SP |
| AFINITOR TABS (*Use everolimus*) | NP | PA; SP |
| ALECENSA CAPS | P | PA; SP |
| ALIQOPA SOLR | P | PA; SP |
| ALUNBRIG TABS | P | PA; SP |
| ALUNBRIG TBPK | P | PA; SP |
| BALVERSA TABS | P | PA; SP |
| BELEODAQ SOLR | P | PA; SP |
| BORTEZOMIB SOLR IJ 1 MG, 2.5 MG | P | PA; SP |
| *bortezomib solr ij 3.5 mg* | P | PA; SP |
| BORTEZOMIB SOLR IV 3.5 MG | P | PA; SP |
| BOSULIF TABS | P | PA; SP |
| BRAFTOVI CAPS | P | PA; SP |
| BRUKINSA CAPS | P | PA; SP |
| CABOMETYX TABS 20 MG, 60 MG | P | PA; QL(1 ea daily); SP |
| CABOMETYX TABS 40 MG | P | PA; QL(2 ea daily); SP |
| CALQUENCE CAPS | P | PA; SP |
| CAPRELSA TABS | P | PA; SP |
| COMETRIQ KIT | P | PA; SP |
| COPIKTRA CAPS | P | PA; SP |
| COTELLIC TABS | P | PA; SP |
| *everolimus tabs* | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *everolimus tbso* | P | PA; SP |
| FARYDAK CAPS | P | PA; SP |
| FOTIVDA CAPS | P | PA; SP |
| FYARRO SUSR | P | PA; SP |
| GAVRETO CAPS | P | PA; SP |
| GLEEVEC TABS (*Use imatinib mesylate*) | NP | PA; SP |
| IBRANCE CAPS | P | PA; SP |
| IBRANCE TABS | P | PA; SP |
| ICLUSIG TABS 10 MG, 15 MG, 30 MG, 45 MG | P | PA; QL(1 ea daily); SP |
| IDHIFA TABS | P | PA; SP |
| *imatinib mesylate tabs* | P | PA; SP |
| IMBRUVICA CAPS 140 MG, 70 MG | P | PA; SP |
| IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG | P | PA; QL(1 ea daily); SP |
| INREBIC CAPS | P | PA; SP |
| ISTODAX (*OVERFILL*) SOLR (Use romidepsin) | NP | PA; SP |
| JAKAFI TABS | P | PA; QL(2 ea daily); SP |
| KISQALI TBPK | P | PA; SP |
| KOSELUGO CAPS | P | PA; SP |
| KYPROLIS SOLR | P | PA; SP |
| *lapatinib ditosylate tabs* | P | PA; SP |
| LORBRENA TABS | P | PA; SP |
| LYNPARZA TABS | P | PA; QL(4 ea daily); SP |
| MEKINIST TABS | P | PA; SP |
| MEKTOVI TABS | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NERLYNX TABS | P | PA; SP |
| NEXAVAR TABS (*Use sorafenib tosylate*) | NP | PA; SP |
| NINLARO CAPS | P | PA; SP |
| PEMAZYRE TABS | P | PA; SP |
| PIQRAY 200MG DAILY DOSE TBPK | P | PA; SP |
| PIQRAY 250MG DAILY DOSE TBPK | P | PA; SP |
| PIQRAY 300MG DAILY DOSE TBPK | P | PA; SP |
| QINLOCK TABS | P | PA; SP |
| RETEVMO CAPS | P | PA; SP |
| ROMIDEPSIN SOLN 27.5 MG/5.5ML | P | PA; SP |
| ROMIDEPSIN SOLR 10 MG | P | PA; SP |
| *romidepsin solr 10 mg* | P | PA; SP |
| ROZLYTREK CAPS | P | PA; SP |
| RUBRACA TABS | P | PA; SP |
| RYDAPT CAPS | P | PA; SP |
| SCEMBLIX TABS | P | PA; SP |
| *sorafenib tosylate tabs or* | P | PA; SP |
| SPRYCEL TABS | P | PA; SP |
| STIVARGA TABS | P | PA; SP |
| *sunitinib malate caps* | P | PA; SP |
| SUTENT CAPS (*Use sunitinib malate*) | NP | PA; SP |
| TABRECTA TABS | P | PA; SP |
| TAFINLAR CAPS | P | PA; SP |
| TALZENNA CAPS | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TASIGNA CAPS | P | PA; SP |
| TAZVERIK TABS | P | PA; SP |
| *temsirolimus soln* | P | PA; SP |
| TIBSOVO TABS | P | PA; SP |
| TORISEL SOLN (*Use temsirolimus*) | NP | PA; SP |
| TURALIO CAPS | P | PA; SP |
| TYKERB TABS (*Use lapatinib ditosylate*) | NP | PA; SP |
| UKONIQ TABS | P | PA; SP |
| VELCADE SOLR (*Use bortezomib*) | NP | PA; SP |
| VERZENIO TABS | P | PA; QL(2 ea daily); SP |
| VITRAKVI CAPS | P | PA; SP |
| VITRAKVI SOLN | P | PA; SP |
| VONJO CAPS | P | PA; SP |
| VOTRIENT TABS | P | PA; SP |
| XALKORI CAPS | P | PA; SP |
| XOSPATA TABS | P | PA; SP |
| ZEJULA CAPS | P | PA; SP |
| ZELBORAF TABS | P | PA; SP |
| ZOLINZA CAPS | P | PA; SP |
| ZYDELIG TABS | P | PA; SP |
| ZYKADIA TABS | P | PA; SP |
| **Antineoplastic Enzymes** | | |
| ASPARLAS SOLN | P | PA; SP |
| ERWINASE SOLR | P | PA; SP |
| ERWINAZE SOLR | P | PA; SP |
| ONCASPAR SOLN | P | PA; SP |
| RYLAZE SOLN | P | PA; SP |
| **Antineoplastic Radiopharmaceuticals** | | |
| AZEDRA DOSIMETRIC SOLN | P | PA; SP |
| AZEDRA THERAPEUTIC SOLN | P | PA; SP |
| **Antineoplastics Misc.** | | |
| ACTIMMUNE SOLN | P | PA; SP |
| ALFERON N SOLN | P | PA; SP |
| *arsenic trioxide soln iv 10 mg/10ml, 12 mg/6ml* | P | PA; SP |
| BESREMI SOSY | P | PA; SP |
| *bexarotene caps* | P | PA; SP |
| HYDREA CAPS (*Use hydroxyurea*) | NP | |
| *hydroxyurea caps or* | P | |
| INTRON A SOLN | P | PA; SP |
| INTRON A SOLR | P | PA; SP |
| MATULANE CAPS | P | PA; SP |
| PHOTOFRIN SOLR | P | PA; SP |
| PROLEUKIN SOLR | P | PA; SP |
| SYNRIBO SOLR | P | PA; SP |
| TARGRETIN CAPS (*Use bexarotene*) | NP | PA; SP |
| *tretinoin (chemotherapy) caps* | P | PA; SP |
| TRISENOX SOLN (*Use arsenic trioxide*) | NP | PA; SP |
| **Chemotherapy Adjuncts** | | |
| KEPIVANCE SOLR | P | PA; SP |
| **Chemotherapy Rescue/Antidote/Protective Agents** | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dexrazoxane hcl solr* | P | PA; SP |
| KHAPZORY SOLR | P | PA; SP |
| *leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg* | P | |
| *levoleucovorin calcium soln 250 mg/25ml* | P | PA; SP |
| *levoleucovorin calcium solr 50 mg* | P | PA; SP |
| *mesna soln* | P | PA; SP |
| MESNEX SOLN IV 100 MG/ML (*Use mesna*) | NP | PA; SP |
| MESNEX TABS OR 400 MG | P | PA; SP |
| TOTECT SOLR | P | PA; SP |
| VORAXAZE SOLR | P | PA; SP |
| ZINECARD SOLR (*Use dexrazoxane hcl*) | NP | PA; SP |
| **Mitotic Inhibitors** | | |
| ABRAXANE SUSR (*Use paclitaxel protein-bound particles*) | NP | PA; SP |
| *docetaxel conc 160 mg/8ml, 20 mg/ml, 80 mg/4ml* | P | PA; SP |
| DOCETAXEL CONC 160 MG/8ML, 20 MG/ML, 80 MG/4ML (*Use docetaxel*) | NP | PA; SP |
| DOCETAXEL CONC 200 MG/10ML, 160 MG/8ML, 20 MG/ML, 80 MG/4ML | P | PA; SP |
| DOCETAXEL SOLN 160 MG/16ML, 80 MG/8ML, 20 MG/2ML | P | PA; SP |
| *docetaxel soln 160 mg/16ml, 80 mg/8ml, 20 mg/2ml* | P | PA; SP |
| DOCETAXEL SOLN 160 MG/16ML, 80 MG/8ML, 20 MG/2ML (*Use docetaxel*) | NP | PA; SP |
| *etoposide caps or 50 mg* | P | PA; SP |
| *etoposide soln iv 1 gm/50ml, 500 mg/25ml, 100 mg/5ml* | P | PA; SP |
| HALAVEN SOLN | P | PA; SP |
| IXEMPRA KIT SOLR | P | PA; SP |
| JEVTANA SOLN | P | PA; SP |
| MARQIBO SUSP | P | PA; SP |
| *paclitaxel protein-bound particles susr* | P | PA; SP |
| PACLITAXEL PROTEIN-BOUNDPARTICLES SUSR (*Use paclitaxel protein-bound particles*) | NP | PA; SP |
| *vincristine sulfate soln* | P | PA; SP |
| **Oncolytic Viral Agents** | | |
| IMLYGIC SUSP | P | PA; SP |
| **Topoisomerase I Inhibitors** | | |
| CAMPTOSAR SOLN (*Use irinotecan hcl*) | NP | PA; SP |
| HYCAMTIN CAPS OR 0.25 MG, 1 MG | P | PA; SP |
| HYCAMTIN SOLR IV 4 MG (*Use topotecan hcl*) | NP | PA; SP |
| *irinotecan hcl soln* | P | PA; SP |
| TOPOTECAN HCL SOLN 4 MG/4ML | P | PA; SP |
| *topotecan hcl soln 4 mg/4ml* | P | PA; SP |
| TOPOTECAN HCL SOLN 4 MG/4ML (*Use topotecan hcl*) | NP | PA; SP |
| *topotecan hcl solr 4 mg* | P | PA; SP |
| **ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease** | | |
| **Antiparkinson Adjunctive Therapy** | | |
| *carbidopa tabs or* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LODOSYN TABS (*Use carbidopa*) | NP | |
| **Antiparkinson Anticholinergics** | | |
| *benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg* | P | |
| *trihexyphenidyl hcl tabs* | P | |
| **Antiparkinson Dopaminergics** | | |
| *amantadine hcl caps or 100 mg* | P | |
| *amantadine hcl soln or 50 mg/5ml* | P | |
| APOKYN SOCT | P | PA; SP |
| *apomorphine hydrochloride soct sc* | P | PA; SP |
| *bromocriptine mesylate caps or 5 mg* | P | |
| *bromocriptine mesylate tabs or 2.5 mg* | P | |
| *carbidopa-levodopa tabs 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg* | P | |
| *carbidopa-levodopa tbcr 25 mg-100 mg, 50 mg-200 mg* | P | |
| DHIVY TABS | P | |
| GOCOVRI CP24 | P | PA; SP |
| MIRAPEX TABS (*Use pramipexole dihydrochloride*) | NP | QL(3 ea daily); AL(At least 18 yrs old) |
| PARLODEL CAPS (*Use bromocriptine mesylate*) | NP | |
| PARLODEL TABS (*Use bromocriptine mesylate*) | NP | |
| *pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | P | QL(3 ea daily); AL(At least 18 yrs old) |
| *ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg* | P | QL(6 ea daily) |
| *ropinirole hydrochloride tabs 1 mg, 2 mg, 5 mg, 0.5 mg* | P | QL(3 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SINEMET TABS (*Use carbidopa-levodopa*) | NP | |
| **Antiparkinson Monoamine Oxidase Inhibitors** | | |
| *selegiline hcl caps or* | P | |
| *selegiline hcl tabs or* | P | |
| **ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders** | | |
| **Antimanic Agents** | | |
| *lithium carbonate caps or 150 mg, 300 mg, 600 mg* | P | |
| *lithium carbonate tabs or 300 mg* | P | |
| *lithium carbonate tbcr or 300 mg, 450 mg* | P | |
| LITHOBID TBCR (*Use lithium carbonate*) | P | |
| **Antipsychotics - Misc.** | | |
| GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (*Use ziprasidone hcl*) | NP | QL(2 ea daily); AL(At least 18 yrs old) |
| NUPLAZID CAPS | P | PA; QL(1 ea daily) |
| NUPLAZID TABS | P | PA; QL(1 ea daily) |
| *ziprasidone hcl caps* | P | QL(2 ea daily); AL(At least 18 yrs old) |
| **Benzisoxazoles** | | |
| INVEGA HAFYERA SUSY | P | PA; SP |
| INVEGA SUSTENNA SUSY | P | PA; SP |
| INVEGA TRINZA SUSY | P | PA; SP |
| PERSERIS PRSY | P | PA; SP |
| RISPERDAL CONSTA SRER | P | PA; SP |
| RISPERDAL SOLN 1 MG/ML (*Use risperidone*) | NP | QL(4 ml daily); AL(At least 5 yrs old) |
| RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*Use risperidone*) | NP | QL(4 ea daily); AL(At least 5 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *risperidone soln 1 mg/ml* | P | QL(4 ml daily); AL(At least 5 yrs old) |
| *risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | P | QL(4 ea daily); AL(At least 5 yrs old) |
| *risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | P | QL(2 ea daily); AL(At least 5 yrs old) |
| **Butyrophenones** | | |
| HALDOL DECANOATE 100 SOLN (*Use haloperidol decanoate*) | NP | |
| HALDOL DECANOATE 50 SOLN (*Use haloperidol decanoate*) | NP | |
| *haloperidol decanoate soln im 100 mg/ml, 50 mg/ml* | P | |
| *haloperidol lactate conc or 2 mg/ml* | P | |
| *haloperidol tabs or 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg* | P | QL(3 ea daily) |
| *haloperidol tabs or 20 mg* | P | |
| **Dibenzapines** | | |
| *clozapine tabs 200 mg, 100 mg, 25 mg, 50 mg* | 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 caps* | P | QL(4 ea daily) |
| *olanzapine tabs or 15 mg, 20 mg* | P | QL(1 ea daily); AL(At least 10 yrs old) |
| *olanzapine tabs or 2.5 mg, 5 mg* | P | QL(4 ea daily); AL(At least 10 yrs old) |
| *olanzapine tabs or 7.5 mg, 10 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) |
| *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) |
| 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) |
| SEROQUEL TABS 300 MG, 400 MG (*Use quetiapine fumarate*) | NP | QL(2 ea daily); AL(At least 10 yrs old) |
| ZYPREXA RELPREVV SUSR | P | PA; SP |
| ZYPREXA TABS OR 15 MG, 20 MG (*Use olanzapine*) | NP | QL(1 ea daily); AL(At least 10 yrs old) |
| ZYPREXA TABS OR 2.5 MG, 5 MG (*Use olanzapine*) | NP | QL(4 ea daily); AL(At least 10 yrs old) |
| ZYPREXA TABS OR 7.5 MG, 10 MG (*Use olanzapine*) | NP | QL(2 ea daily); AL(At least 10 yrs old) |
| **Dihydroindolones** | | |
| *molindone hcl tabs* | P | QL(4 ea daily) |
| **Phenothiazines** | | |
| *chlorpromazine hcl tabs or 10 mg* | P | QL(10 ea daily) |
| *chlorpromazine hcl tabs or 100 mg, 200 mg, 25 mg, 50 mg* | P | QL(3 ea daily) |
| *fluphenazine decanoate soln ij* | P | |
| *fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg* | P | |
| *perphenazine tabs or 16 mg, 2 mg, 4 mg, 8 mg* | P | QL(4 ea daily) |
| *prochlorperazine maleate tabs or 10 mg, 5 mg* | P | |
| *prochlorperazine supp* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *thioridazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg* | P | QL(3 ea daily) |
| *trifluoperazine hcl tabs* | P | QL(2 ea daily) |
| **Quinolinone Derivatives** | | |
| ABILIFY MAINTENA PRSY | P | PA; SP |
| ABILIFY MAINTENA SRER | P | PA; SP |
| ABILIFY MYCITE TABS | P | PA; SP |
| ABILIFY TABS (*Use aripiprazole*) | NP | QL(1 ea daily); AL(At least 6 yrs old) |
| *aripiprazole soln 1 mg/ml* | P | QL(750 ml per fill retail); AL(At least 6 yrs old) |
| *aripiprazole tabs 10 mg, 2 mg, 30 mg, 5 mg, 15 mg, 20 mg* | P | QL(1 ea daily); AL(At least 6 yrs old) |
| *aripiprazole tbdp 10 mg, 15 mg* | P | QL(1 ea daily); AL(At least 6 yrs old) |
| ARISTADA INITIO PRSY | P | PA; SP |
| ARISTADA PRSY | P | PA; SP |
| **Thioxanthenes** | | |
| *thiothixene caps* | P | QL(3 ea daily) |
| **ANTISEPTICS & DISINFECTANTS** | | |
| **Antiseptics & Disinfectants** | | |
| *formaldehyde soln 10 %* | P | QL(90 ml per fill retail) |
| **Chlorine Antiseptics** | | |
| *chlorhexidine gluconate liqd ex 4 %* | P | OTC;QL(946 ml per fill retail) |
| HIBICLENS LIQD (*Use chlorhexidine gluconate*) | NP | OTC;QL(946 ml per fill retail) |
| **ANTIVIRALS - Drugs to Treat Viral Infections** | | |
| **Antiretrovirals** | | |
| *abacavir sulfate soln 20 mg/ml* | P | QL(30 ml daily) |
| *abacavir sulfate tabs 300 mg* | P | QL(2 ea daily) |
| *abacavir sulfate-lamivudine tabs* | P | QL(1 ea daily) |
| *abacavir sulfate-lamivudine-zidovudine tabs* | P | QL(2 ea daily) |
| APTIVUS CAPS 250 MG | P | ST; QL(4 ea daily) |
| APTIVUS SOLN 100 MG/ML | P | ST; QL(10 ml daily) |
| *atazanavir sulfate caps 150 mg, 200 mg* | P | QL(2 ea daily) |
| *atazanavir sulfate caps 300 mg* | P | |
| ATRIPLA TABS (*Use efavirenz-emtricitabine-tenofovir disoproxil fumarate*) | NP | QL(1 ea daily) |
| BIKTARVY TABS | P | QL(1 ea daily) |
| CIMDUO TABS | P | ST; QL(1 ea daily) |
| COMBIVIR TABS (*Use lamivudine-zidovudine*) | NP | QL(2 ea daily) |
| COMPLERA TABS | P | QL(1 ea daily) |
| CRIXIVAN CAPS 200 MG | P | QL(9 ea daily) |
| CRIXIVAN CAPS 400 MG | P | QL(6 ea daily) |
| DELSTRIGO TABS | P | QL(1 ea daily) |
| DESCOVY TABS | P | PA; QL(1 ea daily) |
| *didanosine cpdr* | P | QL(1 ea daily) |
| DOVATO TABS | P | |
| EDURANT TABS | P | QL(1 ea daily) |
| *efavirenz caps 200 mg* | P | QL(1 ea daily) |
| *efavirenz caps 50 mg* | P | QL(2 ea daily) |
| *efavirenz tabs 600 mg* | P | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs* | P | QL(1 ea daily) |
| *efavirenz-lamivudine-tenofovir disoproxil fumarate tabs* | P | QL(1 ea daily) |
| *emtricitabine caps* | P | QL(1 ea daily) |
| *emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg* | P | QL(1 ea daily) |
| EMTRIVA CAPS 200 MG (*Use emtricitabine*) | NP | QL(1 ea daily) |
| EMTRIVA SOLN 10 MG/ML | P | QL(24 ml daily) |
| EPIVIR SOLN 10 MG/ML (*Use lamivudine*) | NP | QL(30 ml daily) |
| EPIVIR TABS 150 MG (*Use lamivudine*) | NP | QL(2 ea daily) |
| EPIVIR TABS 300 MG (*Use lamivudine*) | NP | QL(1 ea daily) |
| EPZICOM TABS (*Use abacavir sulfate-lamivudine*) | NP | QL(1 ea daily) |
| *etravirine tabs 100 mg* | P | QL(4 ea daily) |
| *etravirine tabs 200 mg* | P | QL(2 ea daily) |
| *fosamprenavir calcium tabs* | P | QL(4 ea daily) |
| FUZEON SOLR | P | PA; SP |
| GENVOYA TABS | P | QL(1 ea daily) |
| INTELENCE TABS 100 MG (*Use etravirine*) | NP | QL(4 ea daily) |
| INTELENCE TABS 200 MG (*Use etravirine*) | NP | QL(2 ea daily) |
| INTELENCE TABS 25 MG | P | QL(4 ea daily) |
| INVIRASE TABS | P | ST; QL(4 ea daily) |
| ISENTRESS CHEW 100 MG | P | QL(6 ea daily) |
| ISENTRESS CHEW 25 MG | P | QL(12 ea daily) |
| ISENTRESS HD TABS | P | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ISENTRESS PACK 100 MG | P | QL(2 ea daily) |
| ISENTRESS TABS 400 MG | P | QL(2 ea daily) |
| JULUCA TABS | P | QL(1 ea daily) |
| KALETRA SOLN 100 MG/5ML-400 MG/5ML (*Use lopinavir-ritonavir*) | NP | QL(480 ml per 30 days retail) |
| KALETRA TABS 25 MG-100 MG (*Use lopinavir-ritonavir*) | NP | QL(4 ea daily) |
| KALETRA TABS 50 MG-200 MG (*Use lopinavir-ritonavir*) | NP | QL(6 ea daily) |
| *lamivudine soln 10 mg/ml* | P | QL(30 ml daily) |
| *lamivudine tabs 150 mg* | P | QL(2 ea daily) |
| *lamivudine tabs 300 mg* | P | QL(1 ea daily) |
| *lamivudine-zidovudine tabs* | P | QL(2 ea daily) |
| LEXIVA SUSP 50 MG/ML | P | QL(56 ml daily) |
| LEXIVA TABS 700 MG (*Use fosamprenavir calcium*) | NP | QL(4 ea daily) |
| *lopinavir-ritonavir soln 100 mg/5ml-400 mg/5ml* | P | QL(480 ml per 30 days retail) |
| *lopinavir-ritonavir tabs 25 mg-100 mg* | P | QL(4 ea daily) |
| *lopinavir-ritonavir tabs 50 mg-200 mg* | P | QL(6 ea daily) |
| *maraviroc tabs 150 mg* | P | QL(2 ea daily) |
| *maraviroc tabs 300 mg* | P | QL(4 ea daily) |
| *nevirapine susp 50 mg/5ml* | P | QL(40 ml daily) |
| *nevirapine tabs 200 mg* | P | QL(2 ea daily) |
| *nevirapine tb24 100 mg* | P | QL(3 ea daily) |
| *nevirapine tb24 400 mg* | P | QL(1 ea daily) |
| NORVIR SOLN 80 MG/ML | P | QL(15 ml daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NORVIR TABS 100 MG (*Use ritonavir*) | NP | QL(12 ea daily) |
| ODEFSEY TABS | P | |
| PIFELTRO TABS | P | QL(1 ea daily) |
| PREZCOBIX TABS | P | QL(1 ea daily) |
| PREZISTA SUSP 100 MG/ML | P | ST; QL(12 ml daily) |
| PREZISTA TABS 150 MG | P | ST; QL(3 ea daily) |
| PREZISTA TABS 600 MG, 75 MG | P | ST; QL(2 ea daily) |
| PREZISTA TABS 800 MG | P | ST; QL(1 ea daily) |
| RETROVIR CAPS 100 MG (*Use zidovudine*) | NP | QL(6 ea daily) |
| RETROVIR SYRP 50 MG/5ML (*Use zidovudine*) | NP | QL(60 ml daily) |
| REYATAZ CAPS 150 MG, 200 MG (*Use atazanavir sulfate*) | NP | QL(2 ea daily) |
| REYATAZ CAPS 300 MG (*Use atazanavir sulfate*) | NP | |
| REYATAZ PACK 50 MG | P | QL(6 ea daily) |
| *ritonavir tabs* | P | QL(12 ea daily) |
| RUKOBIA TB12 | P | PA |
| SELZENTRY SOLN 20 MG/ML | P | QL(35 ml daily) |
| SELZENTRY TABS 150 MG (*Use maraviroc*) | NP | QL(2 ea daily) |
| SELZENTRY TABS 25 MG, 75 MG | P | QL(2 ea daily) |
| SELZENTRY TABS 300 MG (*Use maraviroc*) | NP | QL(4 ea daily) |
| STAVUDINE CAPS 15 MG, 20 MG, 30 MG, 40 MG | P | QL(2 ea daily) |
| *stavudine caps 15 mg, 20 mg, 30 mg, 40 mg* | P | QL(2 ea daily) |
| STRIBILD TABS | 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 600 MG (*Use efavirenz*) | NP | QL(1 ea daily) |
| SYMFI LO TABS (*Use efavirenz-lamivudine-tenofovir disoproxil fumarate*) | NP | QL(1 ea daily) |
| SYMFI TABS (*Use efavirenz-lamivudine-tenofovir disoproxil fumarate*) | NP | QL(1 ea daily) |
| TEMIXYS TABS | P | ST; QL(1 ea daily) |
| *tenofovir disoproxil fumarate tabs* | P | QL(1 ea daily) |
| TIVICAY TABS 50 MG | P | QL(2 ea daily) |
| TRIUMEQ TABS | P | QL(1 ea daily); AL(At least 18 yrs old) |
| TRIZIVIR TABS | P | QL(2 ea daily) |
| TROGARZO SOLN | P | PA; SP |
| TRUVADA TABS 200 MG-300 MG (*Use emtricitabine-tenofovir disoproxil fumarate*) | P | QL(1 ea daily) |
| TYBOST TABS | P | QL(1 ea daily); AL(At least 18 yrs old) |
| VIRACEPT TABS 250 MG | P | QL(9 ea daily) |
| VIRACEPT TABS 625 MG | P | QL(4 ea daily) |
| VIRAMUNE SUSP 50 MG/5ML (*Use nevirapine*) | NP | QL(40 ml daily) |
| VIRAMUNE TABS 200 MG (*Use nevirapine*) | NP | QL(2 ea daily) |
| VIRAMUNE XR TB24 (*Use nevirapine*) | NP | QL(1 ea daily) |
| VIREAD POWD 40 MG/GM | P | QL(240 gm per 30 days retail) |
| VIREAD TABS 150 MG, 200 MG, 250 MG | P | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VIREAD TABS 300 MG (*Use tenofovir disoproxil fumarate*) | NP | QL(1 ea daily) |
| ZIAGEN SOLN 20 MG/ML (*Use abacavir sulfate*) | NP | QL(30 ml daily) |
| ZIAGEN TABS 300 MG (*Use abacavir sulfate*) | NP | QL(2 ea daily) |
| *zidovudine caps 100 mg* | P | QL(6 ea daily) |
| *zidovudine syrp 50 mg/5ml* | P | QL(60 ml daily) |
| *zidovudine tabs 300 mg* | P | QL(2 ea daily) |
| **CMV Agents** | | |
| LIVTENCITY TABS | P | PA; SP |
| PREVYMIS SOLN IV 240 MG/12ML, 480 MG/24ML | P | PA; SP |
| PREVYMIS TABS OR 240 MG, 480 MG | P | PA; QL(1 ea daily); SP |
| VALCYTE TABS 450 MG (*Use valganciclovir hcl*) | NP | QL(2 ea daily) |
| *valganciclovir hcl tabs 450 mg* | P | QL(2 ea daily) |
| **Hepatitis Agents** | | |
| EPCLUSA PACK | P | PA; SP |
| EPCLUSA TABS | P | PA; SP |
| MAVYRET PACK 20 MG-50 MG | P | PA; SP |
| MAVYRET TABS 40 MG-100 MG | P | PA; QL(3 ea daily); SP |
| PEGASYS SOLN 180 MCG/ML | P | PA; SP |
| PEGINTRON KIT | P | PA; SP |
| *ribavirin (hepatitis c) caps* | P | PA; SP |
| *ribavirin (hepatitis c) tabs* | P | PA; SP |
| SOFOSBUVIR/VELPATASVIR TABS | P | PA; SP |
| SOVALDI TABS | P | PA; SP |
| VEMLIDY TABS | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Herpes Agents** | | |
| *acyclovir caps or 200 mg* | P | QL(50 ea per 30 days retail) |
| *acyclovir susp or 200 mg/5ml* | P | QL(400 ml per 30 days retail) |
| *acyclovir tabs or 400 mg* | P | QL(3 ea daily) |
| *acyclovir tabs or 800 mg* | P | QL(50 ea per 30 days retail) |
| *famciclovir tabs or 125 mg, 250 mg, 500 mg* | P | |
| *valacyclovir hcl tabs or 1 gm, 1000 mg* | P | QL(42 ea per 21 days retail) |
| *valacyclovir hcl tabs or 500 mg* | P | QL(2 ea daily) |
| VALTREX TABS 1 GM (*Use valacyclovir hcl*) | NP | QL(42 ea per 21 days retail) |
| VALTREX TABS 500 MG (*Use valacyclovir hcl*) | NP | QL(2 ea daily) |
| ZOVIRAX SUSP OR 200 MG/5ML (*Use acyclovir*) | NP | QL(400 ml per 30 days retail) |
| **Influenza Agents** | | |
| *oseltamivir phosphate caps or 30 mg* | P | QL(20 ea per 30 days retail) |
| *oseltamivir phosphate caps or 45 mg, 75 mg* | P | QL(10 ea per 30 days retail) |
| *oseltamivir phosphate susr or 6 mg/ml* | P | QL(120 ml per 30 days retail) |
| RELENZA DISKHALER AEPB | P | QL(20 ea per fill retail); AL(At least 5 yrs old) |
| TAMIFLU CAPS 30 MG (*Use oseltamivir phosphate*) | NP | QL(20 ea per 30 days retail) |
| TAMIFLU CAPS 45 MG, 75 MG (*Use oseltamivir phosphate*) | NP | QL(10 ea per 30 days retail) |
| TAMIFLU SUSR 6 MG/ML (*Use oseltamivir phosphate*) | NP | QL(120 ml per 30 days retail) |
| **BETA BLOCKERS - Drugs to Treat High Blood Pressure** | | |
| **Alpha-Beta Blockers** | | |
| *carvedilol phosphate cp24* | P | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *carvedilol tabs 12.5 mg, 3.125 mg, 6.25 mg* | P | QL(3 ea daily) |
| *carvedilol tabs 25 mg* | P | QL(4 ea daily) |
| COREG CR CP24 (*Use carvedilol phosphate*) | NP | QL(1 ea daily) |
| COREG TABS 12.5 MG, 3.125 MG, 6.25 MG (*Use carvedilol*) | NP | QL(3 ea daily) |
| COREG TABS 25 MG (*Use carvedilol*) | NP | QL(4 ea daily) |
| *labetalol hcl tabs or 100 mg* | P | QL(3 ea daily) |
| *labetalol hcl tabs or 200 mg* | P | QL(6 ea daily) |
| *labetalol hcl tabs or 300 mg* | P | QL(8 ea daily) |
| **Beta Blockers Cardio-Selective** | | |
| *acebutolol hcl caps or 200 mg, 400 mg* | P | |
| *atenolol tabs or 25 mg, 100 mg, 50 mg* | P | QL(2 ea daily) |
| *bisoprolol fumarate tabs or 10 mg, 5 mg* | P | QL(1 ea daily) |
| LOPRESSOR TABS 100 MG (*Use metoprolol tartrate*) | NP | QL(4.5 ea daily) |
| LOPRESSOR TABS 50 MG (*Use metoprolol tartrate*) | NP | QL(4 ea daily) |
| *metoprolol succinate tb24 200 mg* | P | QL(2 ea daily) |
| *metoprolol succinate tb24 25 mg, 100 mg, 50 mg* | P | QL(4 ea daily) |
| *metoprolol tartrate tabs or 100 mg* | P | QL(4.5 ea daily) |
| *metoprolol tartrate tabs or 25 mg, 50 mg* | P | QL(4 ea daily) |
| TENORMIN TABS (*Use atenolol*) | NP | QL(2 ea daily) |
| TOPROL XL TB24 200 MG (*Use metoprolol succinate*) | NP | QL(2 ea daily) |
| TOPROL XL TB24 25 MG, 100 MG, 50 MG (*Use metoprolol succinate*) | NP | QL(4 ea daily) |
| **Beta Blockers Non-Selective** | | |
| BETAPACE AF TABS (*Use sotalol hcl (afib/afl)*) | NP | QL(2 ea daily) |
| BETAPACE TABS (*Use sotalol hcl*) | NP | QL(2 ea daily) |
| CORGARD TABS (*Use nadolol*) | NP | QL(2 ea daily) |
| HEMANGEOL SOLN | P | PA; SP |
| INDERAL LA CP24 (*Use propranolol hcl*) | NP | QL(2 ea daily) |
| *nadolol tabs or 20 mg, 40 mg, 80 mg* | P | QL(2 ea daily) |
| *pindolol tabs* | P | |
| *propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg* | P | QL(2 ea daily) |
| *propranolol hcl soln or 40 mg/5ml, 20 mg/5ml* | P | |
| *propranolol hcl tabs or 10 mg, 20 mg, 80 mg, 40 mg, 60 mg* | P | |
| *sotalol hcl (afib/afl) tabs* | P | QL(2 ea daily) |
| *sotalol hcl tabs 120 mg, 160 mg, 80 mg* | P | QL(2 ea daily) |
| *sotalol hcl tabs 240 mg* | P | |
| *timolol maleate tabs or 10 mg, 20 mg, 5 mg* | P | |
| **CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure** | | |
| **Calcium Channel Blockers** | | |
| *amlodipine besylate tabs or 10 mg, 2.5 mg, 5 mg* | P | QL(1 ea daily) |
| CALAN SR TBCR (*Use verapamil hcl*) | NP | QL(2 ea daily) |
| CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (*Use diltiazem hcl coated beads*) | NP | QL(1 ea daily) |
| CARDIZEM CD CP24 240 MG (*Use diltiazem hcl coated beads*) | NP | QL(2 ea daily) |
| CARDIZEM TABS (*Use diltiazem hcl*) | NP | QL(3 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg* | P | QL(1 ea daily) |
| *diltiazem hcl coated beads cp24 240 mg* | P | QL(2 ea daily) |
| *diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg* | P | QL(2 ea daily) |
| *diltiazem hcl cp24 or 120 mg, 180 mg* | P | QL(1 ea daily) |
| *diltiazem hcl cp24 or 240 mg* | P | QL(2 ea daily) |
| *diltiazem hcl extended release beads cp24 240 mg* | P | QL(2 ea daily) |
| *diltiazem hcl extended release beads cp24 420 mg, 300 mg, 120 mg, 180 mg, 360 mg* | P | QL(1 ea daily) |
| *diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg* | P | QL(3 ea daily) |
| *felodipine tb24* | P | QL(1 ea daily) |
| *nicardipine hcl caps or 20 mg, 30 mg* | P | |
| *nifedipine caps or 20 mg, 10 mg* | P | QL(4 ea daily) |
| *nifedipine tb24 or 60 mg* | P | QL(2 ea daily) |
| *nifedipine tb24 or 90 mg, 30 mg* | P | QL(1 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 90 MG, 30 MG (*Use nifedipine*) | NP | QL(1 ea daily) |
| TIAZAC CP24 240 MG (*Use diltiazem hcl extended release beads*) | NP | QL(2 ea daily) |
| TIAZAC CP24 420 MG, 300 MG, 120 MG, 180 MG, 360 MG (*Use diltiazem hcl extended release beads*) | NP | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *verapamil hcl cp24 or 100 mg, 200 mg* | P | QL(2 ea daily) |
| *verapamil hcl cp24 or 300 mg, 360 mg, 120 mg, 180 mg, 240 mg* | P | QL(1 ea daily) |
| *verapamil hcl tabs or 40 mg, 120 mg, 80 mg* | P | QL(3 ea daily) |
| *verapamil hcl tbcr or 120 mg, 180 mg, 240 mg* | P | QL(2 ea daily) |
| VERELAN CP24 (*Use verapamil hcl*) | NP | QL(1 ea daily) |
| VERELAN PM CP24 100 MG, 200 MG (*Use verapamil hcl*) | NP | QL(2 ea daily) |
| VERELAN PM CP24 300 MG (*Use verapamil hcl*) | NP | QL(1 ea daily) |
| **CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm** | | |
| **Cardiac Glycosides** | | |
| *digoxin soln ij 0.25 mg/ml* | P | |
| *digoxin soln or 0.05 mg/ml* | P | |
| *digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg* | P | |
| LANOXIN SOLN IJ 0.25 MG/ML (*Use digoxin*) | P | |
| LANOXIN TABS OR 125 MCG, 250 MCG (*Use digoxin*) | P | |
| **CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions** | | |
| **Cardiac Myosin Inhibitors** | | |
| CAMZYOS CAPS | P | PA; SP |
| **Impotence Agents** | | |
| BI-MIX SOLR | P | PA |
| IFE-BIMIX 30/1 SOLN | P | PA |
| SUPER BI-MIX SOLR | P | PA |
| SUPER TRI-MIX SOLR | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRI-MIX SOLR | P | PA; SP |
| **Prostaglandin Vasodilators** | | |
| *epoprostenol sodium solr* | P | PA; SP |
| FLOLAN SOLR (*Use epoprostenol sodium*) | NP | PA; SP |
| ORENITRAM TBCR | P | PA; SP |
| TYVASO REFILL SOLN | P | PA; SP |
| TYVASO SOLN | P | PA; SP |
| TYVASO STARTER SOLN | P | PA; SP |
| VELETRI SOLR (*Use epoprostenol sodium*) | NP | PA; SP |
| VENTAVIS SOLN | P | PA; SP |
| **Pulmonary Hypertension - Endothelin Receptor** | | |
| *ambrisentan tabs* | P | PA; QL(1 ea daily); SP |
| *bosentan tabs* | P | PA; SP |
| LETAIRIS TABS (*Use ambrisentan*) | NP | PA; QL(1 ea daily); SP |
| OPSUMIT TABS | P | PA; SP |
| TRACLEER TABS 125 MG, 62.5 MG (*Use bosentan*) | NP | PA; SP |
| TRACLEER TBSO 32 MG | P | PA; SP |
| **Pulmonary Hypertension - Phosphodiesterase** | | |
| ADCIRCA TABS (*Use tadalafil (pulmonary hypertension)*) | NP | PA; SP |
| REVATIO SOLN (*Use sildenafil citrate (pulmonary hypertension)*) | NP | PA; SP |
| REVATIO SUSR (*Use sildenafil citrate (pulmonary hypertension)*) | NP | PA; SP |
| REVATIO TABS (*Use sildenafil citrate (pulmonary hypertension)*) | NP | PA; SP |
| *sildenafil citrate (pulmonary hypertension) soln* | P | PA; SP |
| *sildenafil citrate (pulmonary hypertension) susr* | P | PA; SP |
| *sildenafil citrate (pulmonary hypertension) tabs* | P | PA; SP |
| *tadalafil (pulmonary hypertension) tabs* | P | PA; SP |
| **Pulmonary Hypertension - Prostacyclin Receptor** | | |
| UPTRAVI SOLR | P | PA; SP |
| UPTRAVI TABS | P | PA; SP |
| UPTRAVI TBPK | P | PA; SP |
| **Pulmonary Hypertension - Sol Guanylate Cyclase** | | |
| ADEMPAS TABS | P | PA; SP |
| **Transthyretin Stabilizers** | | |
| VYNDAMAX CAPS | P | PA; QL(1 ea daily); SP |
| VYNDAQEL CAPS | P | PA; QL(4 ea daily); SP |
| **CEPHALOSPORINS - Drugs to Treat Bacterial Infections** | | |
| **Cephalosporins - 1st Generation** | | |
| *cefadroxil caps* | P | |
| *cefadroxil susr* | P | |
| *cefadroxil tabs* | P | |
| *cephalexin caps 250 mg, 500 mg* | P | |
| *cephalexin susr 125 mg/5ml, 250 mg/5ml* | P | |
| KEFLEX CAPS 250 MG, 500 MG (*Use cephalexin*) | NP | |
| **Cephalosporins - 2nd Generation** | | |
| *cefaclor caps* | P | |
| *cefaclor susr* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cefprozil susr 125 mg/5ml, 250 mg/5ml* | P | QL(200 ml per fill retail); AL(Up to 12 yrs old ) |
| *cefprozil tabs 250 mg, 500 mg* | P | QL(20 ea per fill retail) |
| *cefuroxime axetil tabs* | P | QL(20 ea per fill retail) |
| **Cephalosporins - 3rd Generation** | | |
| *cefdinir caps 300 mg* | P | QL(20 ea per fill retail) |
| *cefdinir susr 250 mg/5ml, 125 mg/5ml* | P | QL(100 ml per fill retail) |
| *ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg* | P | QL(3 ea per fill retail) |
| **CHEMICALS** | | |
| **Bulk Chemicals - O's** | | |
| OMEPRAZOLE POWD XX | P | PA |
| **Bulk Chemicals - P's** | | |
| PROMETHAZINE HCL POWD XX | P | PA |
| **CONTRACEPTIVES - Drugs to Prevent Pregnancy** | | |
| **Combination Contraceptives - Oral** | | |
| *desogestrel & ethinyl estradiol tabs* | P | |
| *desogestrel-ethinyl estradiol (biphasic) tabs* | P | |
| *desogestrel-ethinyl estradiol (triphasic) tabs* | P | |
| *drospirenone-ethinyl estradiol tabs* | P | QL(1 ea daily) |
| ESTROSTEP FE TABS (*Use norethindrone acetate-ethinyl estradiol-fe*) | NP | |
| *ethynodiol diacet & eth estrad tabs* | P | QL(1 ea daily) |
| GENERESS FE CHEW (*Use norethindrone & ethinyl estradiol-fe*) | NP | |
| *levonorgestrel & eth estradiol tabs* | P | |
| *levonorgestrel-eth estradiol (triphasic) tabs* | P | |
| *levonorgestrel-ethinyl estradiol (91-day) tabs* | P | QL(91 ea per fill retail) |
| MIRCETTE TABS (*Use desogestrel-ethinyl estradiol (biphasic)*) | NP | |
| *norethin acet & estrad-fe tabs 1.5 mg-30 mcg-75 mg, 1 mg-20 mcg-75 mg* | P | |
| *norethindrone & eth estradiol tabs* | P | |
| *norethindrone & ethinyl estradiol-fe chew* | P | |
| *norethindrone acet & eth estra tabs* | P | |
| *norethindrone acetate-ethinyl estradiol-fe tabs* | P | |
| *norethindrone-eth estradiol (triphasic) tabs* | P | |
| *norgestimate-ethinyl estradiol (triphasic) tabs* | P | |
| *norgestimate-ethinyl estradiol tabs* | P | |
| *norgestrel & ethinyl estradiol tabs* | P | QL(2 ea daily) |
| SEASONIQUE TABS (*Use levonorgestrel-ethinyl estradiol (91-day)*) | NP | QL(91 ea per fill retail) |
| TYBLUME CHEW | P | |
| YASMIN 28 TABS (*Use drospirenone-ethinyl estradiol*) | NP | QL(1 ea daily) |
| YAZ TABS (*Use drospirenone-ethinyl estradiol*) | NP | QL(1 ea daily) |
| **Combination Contraceptives - Transdermal** | | |
| *norelgestromin-ethinyl estradiol ptwk* | P | QL(3 ea per 28 days retail) |
| **Combination Contraceptives - Vaginal** | | |
| *etonogestrel-ethinyl estradiol ring* | P | QL(1 ea per fill retail) |
| NUVARING RING (*Use etonogestrel-ethinyl estradiol*) | NP | QL(1 ea per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Emergency Contraceptives** | | |
| ELLA TABS | P | QL(4 ea per 365 days retail) |
| *levonorgestrel (emergency oc) tabs* | P | QL(1 ea per 21 days retail) |
| PLAN B ONE-STEP TABS (*Use levonorgestrel (emergency oc*)) | NP | QL(1 ea per 21 days retail) |
| **Progestin Contraceptives - Injectable** | | |
| DEPO-PROVERA CONTRACEPTIVE SUSP (*Use medroxyprogesterone acetate (contraceptive*)) | NP | QL(1 ml per fill retail) |
| DEPO-PROVERA CONTRACEPTIVE SUSY (*Use medroxyprogesterone acetate (contraceptive*)) | NP | QL(1 ml per fill retail) |
| DEPO-SUBQ PROVERA 104 SUSY | P | QL(1 ml per fill retail) |
| *medroxyprogesterone acetate (contraceptive) susp* | P | QL(1 ml per fill retail) |
| *medroxyprogesterone acetate (contraceptive) susy* | P | QL(1 ml per fill retail) |
| **Progestin Contraceptives - Oral** | | |
| *norethindrone (contraceptive) tabs* | P | |
| ORTHO MICRONOR TABS (*Use norethindrone (contraceptive*)) | NP | |
| **CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions** | | |
| **Glucocorticosteroids** | | |
| CORTEF TABS (*Use hydrocortisone*) | NP | |
| *dexamethasone elix or 0.5 mg/5ml* | P | |
| *dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml* | P | QL(150 ml per 30 days retail) |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML | P | QL(150 ml per 30 days retail) |
| *dexamethasone soln or 0.5 mg/5ml* | P | |
| *dexamethasone tabs or 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg* | P | |
| EMFLAZA SUSP | P | PA; SP |
| EMFLAZA TABS | P | PA; SP |
| *hydrocortisone tabs or 10 mg, 20 mg, 5 mg* | P | |
| MEDROL DOSEPAK TBPK (*Use methylprednisolone*) | NP | |
| MEDROL TABS 8 MG, 4 MG (*Use methylprednisolone*) | NP | |
| *methylprednisolone tabs or 8 mg, 4 mg* | P | |
| *methylprednisolone tbpk or 4 mg* | P | |
| MILLIPRED TABS | P | |
| PEDIAPRED SOLN (*Use prednisolone sodium phosphate*) | NP | |
| *prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml* | P | |
| *prednisolone sodium phosphate soln or 20 mg/5ml* | P | QL(150 ml per fill retail) |
| *prednisolone soln or* | P | |
| PREDNISONE INTENSOL CONC | P | |
| *prednisone soln or 5 mg/5ml* | P | |
| *prednisone tabs or 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg, 20 mg* | P | |
| *prednisone tbpk or 10 mg, 5 mg* | P | |
| TARPEYO CPDR | P | PA; SP |
| ZILRETTA SRER | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Mineralocorticoids** | | |
| *fludrocortisone acetate tabs or* | P | |
| **COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms** | | |
| **Antitussives** | | |
| *benzonatate caps 100 mg* | P | AL(At least 10 yrs old - Up to 21 yrs old) |
| *benzonatate caps 200 mg* | P | QL(30 ea per 30 days retail); AL(At least 10 yrs old - 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 ) |
| DELSYM SUER (*Use dextromethorphan polistirex*) | NP | OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old ) |
| *dextromethorphan hbr liqd or 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 | AL(At least 18 yrs old - Up to 21 yrs old) |
| *hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml* | P | AL(At least 18 yrs old - Up to 21 yrs old) |
| TESSALON PERLES CAPS (*Use benzonatate*) | NP | AL(At least 10 yrs old - Up to 21 yrs old) |
| TRIAMINIC LONG ACTING COUGH LIQD 7.5 MG/5ML (*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 (*Use pseudoephedrine-ibuprofen*) | NP | OTC;AL(Up to 21 yrs old ) |
| *brompheniramine & phenyleph elix 1 mg/5ml-1 mg/5ml-2.5 mg/5ml-2.5 mg/5ml* | P | OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old ) |
| *brompheniramine & pseudoeph elix* | P | OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old ) |
| *brompheniramine & pseudoeph liqd* | P | OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old ) |
| *cetirizine-pseudoephedrine tb12* | P | AL(Up to 21 yrs old ) |
| CHERACOL PLUS LIQD (*Use dextromethorphan-guaifenesin*) | NP | QL(240 ml per fill retail); AL(Up to 21 yrs old ) |
| CHERACOL-D COUGH LIQD (*Use dextromethorphan-guaifenesin*) | NP | QL(240 ml per fill retail); AL(Up to 21 yrs old ) |
| CLARITIN-D 12 HOUR TB12 (*Use loratadine & pseudoephedrine*) | NP | OTC;QL(2 ea daily); AL(Up to 21 yrs old ) |
| CLARITIN-D 24 HOUR TB24 (*Use loratadine & pseudoephedrine*) | NP | OTC;QL(1 ea daily); AL(Up to 21 yrs old ) |
| COLD & FLU RELIEF NIGHTTIME D LIQD | P | OTC;AL(Up to 21 yrs old ) |
| *dextromethorphan-doxylamine-acetaminophen liqd 12.5 mg/30ml-30 mg/30ml-1000 mg/30ml, 6.25 mg/15ml-15 mg/15ml-500 mg/15ml, 6.25 mg/15ml-6.25 mg/15ml-10 %-15 mg/15ml-15 mg/15ml-500 mg/15ml-500 mg/15ml* | P | OTC;AL(Up to 21 yrs old ) |
| *dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 15 mg/7.5ml-150 mg/7.5ml, 20 mg/10ml-200 mg/10ml* | P | QL(240 ml per fill retail); AL(Up to 21 yrs old ) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dextromethorphan-guaifenesin liqd 10 mg/5ml-200 mg/5ml, 20 mg/10ml-400 mg/10ml* | P | OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old ) |
| *dextromethorphan-guaifenesin liqd 30 mg/5ml-200 mg/5ml, 30 mg/5ml-30 mg/5ml-200 mg/5ml-200 mg/5ml, 20 mg/20ml-400 mg/20ml, 5 mg/5ml-100 mg/5ml* | P | OTC;AL(Up to 21 yrs old ) |
| *dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml* | P | QL(240 ml per fill retail); 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-phenylephrine-acetaminophen caps 5 mg-10 mg-325 mg, 5 mg-5 mg-10 mg-10 mg-325 mg-325 mg* | P | OTC;AL(Up to 21 yrs old ) |
| DIABETIC TUSSIN COLD/FLU CAPS | 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 LONG ACTING COUGH PLUS COLD SYRP | P | OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old ) |
| ED BRON GP LIQD | P | OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old ) |
| *guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml* | P | AL(At least 18 yrs old - Up to 21 yrs old) |
| *guaifenesin-codeine soln 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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LITTLE REMEDIES FOR COLDSMULTI SYMPTOM LIQD | P | OTC;AL(Up to 21 yrs old ) |
| LOHIST-D LIQD | 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 ) |
| *loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 240 mg-10 mg* | P | OTC;QL(1 ea daily); AL(Up to 21 yrs old ) |
| MAXI-TUSS PE LIQD | P | AL(Up to 21 yrs old ) |
| MAXI-TUSS PE MAX LIQD | P | OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old ) |
| MUCINEX D TB12 (*Use pseudoephedrine-guaifenesin*) | NP | QL(210 ea per fill retail); AL(Up to 21 yrs old ) |
| MUCINEX DM TB12 (*Use dextromethorphan-guaifenesin*) | NP | QL(2 ea daily); AL(Up to 21 yrs old ) |
| *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 liqd* | P | OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old ) |
| *phenylephrine-dm soln* | P | OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old ) |
| *promethazine & phenylephrine syrp* | P | QL(240 ml per 7 days retail); AL(Up to 21 yrs old ) |
| *promethazine w/codeine soln* | P | QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *promethazine w/codeine syrp* | 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 syrp* | P | QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old) |
| *pseudoephed-bromphen-dm syrp* | 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-dm liqd* | P | OTC;QL(240 ml 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-guaifenesin tb12 60 mg-600 mg* | P | QL(210 ea per fill retail); AL(Up to 21 yrs old ) |
| *pseudoephedrine-ibuprofen tabs* | P | OTC;AL(Up to 21 yrs old ) |
| PX DAYTIME MULTI-SYMPTOM CAPS | P | OTC;AL(Up to 21 yrs old ) |
| PX NITETIME MULTI-SYMPTOM CAPS | P | OTC;QL(240 ea per fill retail); AL(Up to 21 yrs old ) |
| QC TRIACTING DAYTIME CHILDRENS SYRP | P | OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old ) |
| ROBITUSSIN PEAK COLD DM SYRP (*Use dextromethorphan-guaifenesin*) | NP | QL(240 ml per fill retail); AL(Up to 21 yrs old ) |
| SCOT-TUSSIN DM LIQD | P | OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old ) |
| SCOT-TUSSIN SENIOR LIQD | P | OTC;AL(Up to 21 yrs old ) |
| TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP | P | OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old ) |
| VIRTUSSIN DAC SOLN | NP | |
| ZYRTEC-D ALLERGY/CONGESTION TB12 (*Use cetirizine-pseudoephedrine*) | NP | AL(Up to 21 yrs old ) |
| **Expectorants** | | |
| *guaifenesin liqd or 100 mg/5ml, 200 mg/10ml, 400 mg/20ml* | P | QL(240 ml per 7 days retail); AL(Up to 21 yrs old ) |
| *guaifenesin soln or 100 mg/5ml, 200 mg/10ml, 300 mg/15ml* | P | QL(240 ml per 7 days retail); AL(Up to 21 yrs old ) |
| *guaifenesin syrp or 100 mg/5ml* | P | OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old ) |
| *guaifenesin tb12 or 1200 mg* | P | OTC;QL(2 ea daily); AL(Up to 21 yrs old ) |
| *guaifenesin tb12 or 600 mg* | P | 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 ) |
| MUCINEX TB12 (*Use guaifenesin*) | NP | QL(40 ea per 30 days retail); AL(Up to 21 yrs old ) |
| **Misc. Respiratory Inhalants** | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sodium chloride (inhalant) aers 0.9 %* | P | OTC;QL(240 ml per fill retail) |
| *sodium chloride (inhalant) nebu 0.9 %, 10 %, 3 %* | P | |
| **Mucolytics** | | |
| *acetylcysteine soln in 10 %, 20 %* | P | |
| **DERMATOLOGICALS - Drugs to Treat Skin Conditions** | | |
| **Acne Products** | | |
| ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG (*Use isotretinoin*) | NP | PA; QL(2 ea daily); AL(At least 12 yrs old) |
| ACNE MEDICATION 10 LOTN | P | OTC |
| ACNE MEDICATION 5 LOTN | P | OTC |
| BENZAC AC WASH LIQD (*Use benzoyl peroxide*) | NP | RX/OTC |
| *benzoyl peroxide bar ex 10 %* | P | |
| BENZOYL PEROXIDE CLEANSER LIQD | P | |
| *benzoyl peroxide gel ex 2.5 %, 5 %, 10 %* | P | |
| *benzoyl peroxide liqd ex 4 %, 10 %* | P | |
| *benzoyl peroxide liqd ex 5 %* | P | RX/OTC |
| CLEOCIN-T LOTN (*Use clindamycin phosphate (topical)*) | NP | |
| CLINDAGEL GEL (*Use clindamycin phosphate (topical)*) | NP | QL(60 ml per fill retail) |
| *clindamycin phosphate (topical) gel* | P | QL(60 ml per fill retail) |
| *clindamycin phosphate (topical) lotn* | P | |
| *clindamycin phosphate (topical) soln* | P | |
| 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 | |
| *isotretinoin caps or 30 mg, 10 mg, 20 mg, 40 mg* | P | PA; QL(2 ea daily); AL(At least 12 yrs old) |
| KLARON LOTN (*Use sulfacetamide sodium (acne)*) | NP | |
| RETIN-A CREA 0.05 %, 0.1 %, 0.025 % (*Use tretinoin*) | NP | QL(20 gm per fill retail); AL(Up to 35 yrs old ) |
| RETIN-A GEL 0.01 % (*Use tretinoin*) | NP | QL(15 gm per fill retail); AL(Up to 35 yrs old ) |
| RETIN-A GEL 0.025 % (*Use tretinoin*) | NP | AL(Up to 35 yrs old ) |
| SODIUM SULFACETAMIDE/SULFUR SUSP 5 %-10 % | P | |
| *sulfacetamide sodium (acne) lotn* | P | |
| *sulfacetamide sodium w/ sulfur lotn 5 %-10 %* | P | QL(60 gm per fill retail) |
| *tretinoin crea ex 0.05 %, 0.1 %, 0.025 %* | P | QL(20 gm per fill retail); AL(Up to 35 yrs old ) |
| *tretinoin gel ex 0.01 %* | P | QL(15 gm per fill retail); AL(Up to 35 yrs old ) |
| *tretinoin gel ex 0.025 %* | P | AL(Up to 35 yrs old ) |
| **Anti-inflammatory Agents - Topical** | | |
| *diclofenac sodium (topical) gel 1 %* | P | QL(6.68 gm daily)2 rtl MAX fill,30 rtl day(s) supply,; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VOLTAREN GEL (*Use diclofenac sodium (topical)*) | NP | QL(6.68 gm daily)2 rtl MAX fill,30 rtl day(s) supply,; RX/OTC |
| **Antibiotics - Topical** | | |
| BACIGUENT OINT EX (*Use bacitracin (topical)*) | NP | OTC;QL(30 gm per fill retail) |
| *bacitracin (topical) oint* | P | OTC;QL(30 gm per fill retail) |
| *bacitracin zinc oint ex* | P | OTC;QL(30 gm per fill retail) |
| CENTANY OINT | P | |
| *gentamicin sulfate (topical) crea* | P | QL(60 gm per fill retail) |
| *gentamicin sulfate (topical) oint* | P | QL(60 gm per fill retail) |
| *mupirocin calcium (topical) crea* | P | QL(30 gm per fill retail) |
| *mupirocin oint ex* | P | |
| *neomycin-bacitracin-polymyxin oint* | P | OTC;QL(454 gm per fill retail) |
| *neomycin-polymyxin w/ pramoxine crea* | P | OTC;QL(30 gm per fill retail) |
| NEOSPORIN ORIGINAL OINT (*Use neomycin-bacitracin-polymyxin*) | NP | OTC;QL(454 gm per fill retail) |
| NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (*Use neomycin-polymyxin w/ pramoxine*) | NP | OTC;QL(30 gm per fill retail) |
| **Antifungals - Topical** | | |
| *clotrimazole (topical) crea* | P | QL(90 gm per fill retail); RX/OTC |
| *clotrimazole (topical) soln* | P | QL(60 ml per fill retail); RX/OTC |
| *clotrimazole w/ betamethasone crea* | P | QL(45 gm per 30 days retail) |
| *clotrimazole w/ betamethasone lotn* | P | QL(31 ml per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *econazole nitrate crea ex* | P | QL(30 gm per fill retail) |
| *ketoconazole (topical) crea 2 %* | P | QL(60 gm per fill retail) |
| *ketoconazole (topical) sham 1 %* | P | OTC |
| *ketoconazole (topical) sham 2 %* | P | |
| 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) |
| 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 ml per fill retail) |
| *miconazole nitrate (topical) crea* | P | QL(60 ml per fill retail) |
| NIZORAL A-D SHAM | P | OTC |
| *nystatin (topical) crea* | P | QL(30 gm per fill retail) |
| *nystatin (topical) oint* | P | QL(30 gm per fill retail) |
| *nystatin (topical) powd* | P | QL(60 gm per fill retail) |
| *nystatin-triamcinolone crea* | P | QL(60 gm per fill retail) |
| *nystatin-triamcinolone oint* | 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 ex* | P | OTC;QL(30 gm per fill retail) |
| **Antihistamines-Topical** | | |
| ITCH RELIEF CREA | P | OTC |
| **Antineoplastic or Premalignant Lesion Agents -** | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *bexarotene (topical) gel* | P | PA; SP |
| CARAC CREA (*Use fluorouracil (topical)*) | NP | |
| EFUDEX CREA (*Use fluorouracil (topical)*) | NP | QL(40 gm per 30 days retail) |
| *fluorouracil (topical) crea 0.5 %* | P | |
| *fluorouracil (topical) crea 5 %* | P | QL(40 gm per 30 days retail) |
| *fluorouracil (topical) soln 2 %, 5 %* | P | QL(10 ml per 30 days retail) |
| LEVULAN KERASTICK SOLR | P | PA; SP |
| TARGRETIN GEL (*Use bexarotene (topical)*) | NP | PA; SP |
| VALCHLOR GEL | P | PA; SP |
| **Antipruritics - Topical** | | |
| *camphor & menthol lotn 0.5 %-0.5 %* | P | OTC;QL(222 ml per fill retail) |
| SARNA LOTN (*Use camphor & menthol*) | NP | OTC;QL(222 ml per fill retail) |
| **Antipsoriatics** | | |
| *calcipotriene crea ex* | P | |
| *calcipotriene soln ex* | P | QL(60 ml per fill retail) |
| COSENTYX SENSOREADY PEN SOAJ | P | PA; SP |
| COSENTYX SOSY | P | PA; SP |
| DOVONEX CREA (*Use calcipotriene*) | NP | |
| ILUMYA SOSY | P | PA; SP |
| SILIQ SOSY | P | PA; SP |
| SKYRIZI PEN SOAJ | P | PA; ST; SP |
| SKYRIZI PSKT SC 75 MG/0.83ML | P | PA; SP |
| SKYRIZI SOSY SC 150 MG/ML | P | PA; SP |
| STELARA SOLN | P | PA; SP |
| STELARA SOSY | P | PA; SP |
| TALTZ SOAJ | P | PA; SP |
| TALTZ SOSY | P | PA; SP |
| *tazarotene crea ex* | P | QL(2 gm daily); AL(Up to 20 yrs old ) |
| TAZORAC CREA 0.05 % | P | QL(2 gm daily); AL(Up to 20 yrs old ) |
| TAZORAC CREA 0.1 % (*Use tazarotene*) | NP | QL(2 gm daily); AL(Up to 20 yrs old ) |
| TAZORAC GEL 0.05 %, 0.1 % | P | QL(6.67 gm daily); AL(Up to 20 yrs old ) |
| TREMFYA SOPN | P | PA; SP |
| TREMFYA SOSY | P | PA; SP |
| **Antiseborrheic Products** | | |
| 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 lotn ex 1 %* | P | OTC;QL(420 ml per fill retail) |
| *selenium sulfide lotn ex 2.5 %* | P | |
| *selenium sulfide sham ex 1 %* | P | OTC;QL(420 ml per fill retail) |
| SELSUN BLUE DAILY LOTN (*Use selenium sulfide*) | NP | OTC;QL(420 ml per fill retail) |
| SELSUN BLUE 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 ex 10 %* | P | QL(120 ml per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **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 EX 5 % (*Use acyclovir topical*) | NP | QL(5 gm per fill retail) |
| ZOVIRAX OINT EX 5 % (*Use acyclovir topical*) | NP | QL(30 gm per 30 days retail) |
| **Burn Products** | | |
| SILVADENE CREA (*Use silver sulfadiazine*) | NP | |
| *silver sulfadiazine crea ex* | 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 crea ex 0.1 %* | P | |
| *betamethasone valerate lotn ex 0.1 %* | P | |
| *betamethasone valerate oint ex 0.1 %* | P | |
| *clobetasol propionate crea ex* | P | QL(60 gm per fill retail) |
| *clobetasol propionate emollient base crea* | P | QL(60 gm per fill retail) |
| *clobetasol propionate gel ex* | P | QL(60 gm per fill retail) |
| *clobetasol propionate oint ex* | P | QL(60 gm per fill retail) |
| *clobetasol propionate soln ex* | P | QL(50 ml per fill retail) |
| DERMA-SMOOTHE/FS SCALP OIL (*Use fluocinolone acetonide*) | NP | QL(118.28 ml per fill retail) |
| *desonide crea ex* | P | |
| *desonide oint ex* | P | QL(2 gm daily) |
| DESOWEN CREA (*Use desonide*) | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *desoximetasone crea ex 0.05 %* | P | |
| *desoximetasone crea ex 0.25 %* | P | QL(2 gm daily) |
| *desoximetasone gel ex 0.05 %* | P | QL(2 gm daily) |
| *desoximetasone oint ex 0.25 %* | P | QL(2 gm daily) |
| DIPROLENE AF CREA (*Use betamethasone dipropionate augmented*) | NP | QL(50 gm per fill retail) |
| EPIFOAM FOAM | P | QL(15 gm per fill retail) |
| *fluocinolone acetonide oil ex 0.01 %* | P | QL(118.28 ml per fill retail) |
| *fluocinonide crea ex 0.05 %* | P | QL(150 gm per 30 days retail)1 rtl pack lmt per fill, |
| *fluocinonide emulsified base crea* | P | QL(60 gm per fill retail) |
| *fluocinonide gel ex 0.05 %* | P | QL(60 gm per fill retail) |
| *fluocinonide oint ex 0.05 %* | P | QL(60 gm per fill retail) |
| *fluocinonide soln ex 0.05 %* | P | QL(60 ml per fill retail) |
| *fluticasone propionate crea ex 0.05 %* | P | QL(60 gm per fill retail) |
| *fluticasone propionate oint ex 0.005 %* | P | QL(60 gm per fill retail) |
| *hydrocortisone (topical) crea 0.5 %* | P | OTC |
| *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 ml per fill retail) |
| *hydrocortisone (topical) lotn 2.5 %* | P | QL(120 ml per fill retail) |
| *hydrocortisone (topical) oint 1 %* | P | RX/OTC |
| *hydrocortisone (topical) oint 2.5 %* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *hydrocortisone butyrate soln* | P | |
| *hydrocortisone-aloe vera crea 0.5 %* | P | |
| *hydrocortisone-aloe vera crea 1 %* | P | OTC;QL(224 gm per fill retail) |
| HYDROCORTISONE/ALOE CREA | P | |
| *mometasone furoate crea ex* | P | QL(50 gm per fill retail) |
| *mometasone furoate oint ex* | P | QL(45 gm per fill retail) |
| *mometasone furoate soln ex* | P | QL(60 ml per fill retail) |
| MONISTAT SOOTHING CARE ITCH RELIEF CREA (*Use hydrocortisone (topical)*) | NP | QL(454 gm per fill retail); RX/OTC |
| 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 0.05 % (*Use desoximetasone*) | NP | |
| TOPICORT CREA 0.25 % (*Use desoximetasone*) | NP | QL(2 gm daily) |
| TOPICORT GEL 0.05 % (*Use desoximetasone*) | NP | QL(2 gm daily) |
| TOPICORT OINT 0.25 % (*Use desoximetasone*) | NP | QL(2 gm daily) |
| *triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %* | P | |
| *triamcinolone acetonide (topical) lotn 0.1 %, 0.025 %* | P | QL(60 ml per fill retail) |
| *triamcinolone acetonide (topical) oint 0.025 %* | P | QL(454 gm per fill retail) |
| *triamcinolone acetonide (topical) oint 0.1 %, 0.5 %* | P | |
| TRIDESILON CREA (*Use desonide*) | NP | |
| **Eczema Agents** | | |
| ADBRY SOSY | P | PA; SP |
| CIBINQO TABS | P | PA; SP |
| DUPIXENT SOPN 200 MG/1.14ML | P | PA |
| DUPIXENT SOPN 300 MG/2ML | P | PA; SP |
| DUPIXENT SOSY 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML | P | PA; SP |
| **Emollient/Keratolytic Agents** | | |
| *urea crea ex 40 %* | P | RX/OTC |
| *urea lotn ex 40 %* | P | |
| **Emollients** | | |
| A + D PERSONAL CARE LOTION LOTN | P | |
| ALOE AFTERSUN LOTION LOTN | P | |
| AQUA GLYCOLIC HAND & BODYLOTION LOTN | P | |
| AQUA LACTEN LOTN | P | |
| AQUAMED LOTN | P | |
| AVEENO DAILY MOISTURIZING SHEER HYDRATION LOTN | P | |
| AVEENO DAILY MOISTURIZINGSPF 15 LOTN | P | |
| AVEENO POSITIVELY AGELESSFIRMING BODY LOTN | P | |
| AVEENO STRESS RELIEF MOISTURIZING LOTN | P | |
| BETA CARE LOTN | P | |
| CAM LOTN | P | |
| CERAVE AM FACIAL MOISTURIZING LOTION/SPF30 LOTN | P | |
| CERAVE DAILY MOISTURIZING LOTN | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CERAVE PM FACIAL MOISTURIZING LOTION ULTRA LIGHTWEIGHT LOTN | P | |
| CERAVE SA/ROUGH AND BUMPYSKIN LOTN | P | |
| CETAPHIL ADVANCED RELIEF LOTN | P | |
| CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN | P | |
| CETAPHIL MOISTURIZING LOTN | P | |
| CETAPHIL RESTORADERM LOTN | P | |
| CLN FACIAL MOISTURIZER NOURISHING LOTN | P | |
| COCOA BUTTER HAND & BODYLOTION LOTN | P | |
| COCOA BUTTER LOTN EX | P | |
| CVS BEAUTY 360 DRY SKIN LOTN | P | |
| CVS DAILY ULTRA MOISTURELOTION LOTN | P | |
| DAILY MOISTURIZING LOTION LOTN | P | |
| DAILY MOISTURIZING LOTN | P | |
| DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN | P | |
| DERMAL THERAPY FACE CAREMOISTURIZING LOTION LOTN | P | |
| DERMAL THERAPY FOOT MASSAGE LOTN | P | |
| DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN | P | |
| DERMAL THERAPY HEEL CARE LOTN | P | |
| DERMEND ALPHA + BETA HYDROXY THERAPY LOTN | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DIABETIDERM LOTN | P | |
| EMOLLIA-LOTION LOTN | P | |
| EMOLLIENT LOTION-MISC | P | RX/OTC |
| *emollient lotn* | P | |
| EPILYT LOTN | P | |
| EQL ADVANCED RECOVERY SKIN CARE LOTN | P | |
| EQL ULTRA MOISTURIZING DAILY LOTION LOTN | P | |
| EUCERIN BABY LOTN | P | |
| EUCERIN DAILY HYDRATION LOTN | P | |
| EUCERIN DAILY PROTECTION/SPF 30 LOTN | P | |
| EUCERIN INTENSIVE REPAIR LOTN | P | |
| EUCERIN LOTN | P | |
| EUCERIN ORIGINAL HEALINGSOOTHING REPAIR LOTN | P | |
| EUCERIN PLUS LOTN 5 %-5 % | P | |
| EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN | P | |
| EUCERIN ROUGHNESS RELIEF LOTN | P | |
| EUCERIN SMOOTHING REPAIRADVANCED FORMULA LOTN | P | |
| GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH LOTN | P | |
| GOLD BOND MEDICATED BODYLOTION LOTN | P | |
| GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN | P | |
| GOLD BOND ULTIMATE HEALING LOTN | P | |
| GOLD BOND ULTIMATE LOTN | P | |
| GOLD BOND ULTIMATE OVERNIGHT LOTN | P | |
| GOLD BOND ULTIMATE PROTECTION LOTN | P | |
| GOLD BOND ULTIMATE RESTORING LOTN | P | |
| GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN | P | |
| GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN | P | |
| GOLD BOND ULTIMATE SOFTENING LOTN | P | |
| GOLD BOND ULTIMATE SOOTHING LOTN | P | |
| GRX VITAMIN E LOTN | P | |
| HYDRAZONE LOTION LOTN | P | |
| JOHNSONS SKIN NOURISH MOISTURIZING LOTN | P | |
| JOHNSONS SKIN NOURISH VANILLA OAT LOTION LOTN | P | |
| KERI ADVANCED MOISTURE THERAPY LOTN | P | |
| KERI BASIC ESSENTIALS LOTN | P | |
| KERI NOURISHING SHEA BUTTER LOTN | P | |
| KERI ORIGINAL DAILY MOISTURE LOTN | P | |
| KERI ORIGINAL LOTN | P | |
| KERI OVERNIGHT LOTN | P | |
| KERI RENEWAL MILK BODY LOTN | P | |
| KERI RENEWAL SKIN FIRMING LOTN | P | |
| KERI RENEWAL STRETCH MARK MINIMIZER LOTN | P | |
| KERI SENSITIVE SKIN LOTN | P | |
| LAC-HYDRIN TWELVE LOTN (*Use lactic acid (ammonium lactate*)) | NP | QL(1368 ml per fill retail); RX/OTC |
| *lactic acid (ammonium lactate) crea 12 %* | P | QL(385 gm per fill retail); RX/OTC |
| *lactic acid (ammonium lactate) lotn 12 %* | P | QL(1368 ml per fill retail); RX/OTC |
| LUBRIDERM ADVANCED THERAPY LOTN | P | |
| LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN | P | |
| LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN | P | |
| LUBRIDERM INTENSE SKIN REPAIR LOTN | P | |
| LUBRIDERM LOTN | P | |
| LUBRIDERM MENS 3-IN-1 LOTN | P | |
| LUBRIDERM SERIOUSLY SENSITIVE LOTN | P | |
| LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS LOTN | P | |
| LUBRISOFT LOTN | P | |
| MAXAM LOTN | P | |
| MEDERMA AG HAND & BODY LOTION LOTN | P | |
| MOTHERS FRIEND LOTN | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MSM SKIN LOTION LOTN | P | |
| NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN | P | |
| NEUTROGENA MOISTURE SENSITIVE SKIN LOTN | P | |
| NIVEA EXTRA ENRICHED LOTION LOTN | P | |
| NIVEA EXTRA ENRICHED LOTN | P | |
| NIVEA GENTLE BODY EXFOLIATOR LOTN | P | |
| NIVEA LIGHT LOTN | P | |
| NIVEA LOTN | P | |
| NIVEA ORIGINAL LOTN | P | |
| NIVEA ORIGINAL MOISTURE LOTN | P | |
| NIVEA VISAGE LOTN | P | |
| NUTRADERM ADVANCED FORMULA LOTN | P | |
| NUTRADERM LOTN 2.5 %-2.5 %-2.5 %-2.5 %-2.5 % | P | |
| PALMERS COCOA BUTTER FORMULA LOTION FRAGRANCE FREE LOTN | P | |
| PALMERS COCOA BUTTER FORMULA LOTION LOTN | P | |
| PALMERS COCOA BUTTER FORMULA MASSAGE LOTION/STRETCH MARKS LOTN | P | |
| PALMERS COCONUT OIL FORMULA BODY LOTION LOTN | P | |
| RA DAYLOGIC HEALING DRY SKIN THERAPY LOTN | P | |
| RA RENEWAL DRY SKIN THERAPY LOTN | P | |
| RADIAGUARD ADVANCED LOTN | P | |
| RESTA LITE LOTN | P | |
| ROSE MILK LOTN | P | |
| SKIN REPAIR LOTN | P | |
| SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN | P | |
| ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN | P | |
| STUDIO 35 EXTRA MOISTURIZING LOTION LOTN | P | |
| THERABETIC SKIN CARE LOTN | P | |
| THERAPLEX HYDROLOTION LOTN | P | |
| VANICREAM LOTN | P | |
| WIBI LOTN | P | |
| **Glabellar Lines (Frown Lines) Agents** | | |
| BOTOX COSMETIC SOLR | P | PA; SP |
| **Immunomodulating Agents - Topical** | | |
| ALDARA CREA (*Use imiquimod*) | NP | QL(48 ea per 180 days retail) |
| *imiquimod crea ex 5 %* | P | QL(48 ea per 180 days retail) |
| **Immunosuppressive Agents - Topical** | | |
| ELIDEL CREA (*Use pimecrolimus*) | NP | PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old) |
| *pimecrolimus crea* | P | PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old) |
| PROTOPIC OINT 0.03 % (*Use tacrolimus (topical)*) | NP | PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PROTOPIC OINT 0.1 % (*Use tacrolimus (topical*)) | NP | PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old) |
| *tacrolimus (topical) oint 0.03 %* | P | PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old) |
| *tacrolimus (topical) oint 0.1 %* | P | PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old) |
| **Keratolytic/Antimitotic Agents** | | |
| DERMAREST PSORIASIS GEL | P | OTC |
| KERALYT GEL 3 % | P | OTC |
| KERALYT GEL 6 % (*Use salicylic acid*) | NP | |
| *podofilox soln ex* | P | |
| *salicylic acid gel ex 6 %* | P | |
| **Local Anesthetics - Topical** | | |
| *capsaicin crea ex 0.025 %* | P | OTC;QL(60 ml per fill retail) |
| *capsaicin crea ex 0.075 %* | P | OTC;QL(60 gm per fill retail) |
| *capsaicin crea ex 0.1 %* | P | OTC;QL(43 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 oint ex* | P | OTC;QL(56.7 gm per fill retail) |
| *lidocaine crea ex 4 %* | P | OTC;QL(2 gm daily) |
| *lidocaine hcl crea ex 3 %* | P | QL(453.6 gm per fill retail); RX/OTC |
| *lidocaine hcl crea ex 4 %* | P | OTC;QL(2 ml daily) |
| *lidocaine hcl gel ex 2 %* | P | AL(At least 21 yrs old) |
| *lidocaine hcl gel ex 2 %* | P | AL(At least 21 yrs old); RX/OTC |
| *lidocaine oint ex 5 %* | P | QL(100 gm per 30 days retail)1 rtl pack lmt per fill, |
| *lidocaine-prilocaine crea* | P | QL(30 gm per fill retail) |
| LMX 4 CREA (*Use lidocaine*) | NP | OTC;QL(2 gm daily) |
| PREDATOR CREA (*Use lidocaine hcl*) | NP | OTC;QL(2 ml daily) |
| **Misc. Topical** | | |
| COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO | NP | |
| COLEMAN INSECT REPELLENT/HIGH & DRY AERO | NP | |
| COLEMAN INSECT REPELLENT/SPORTSMEN AERO | NP | |
| CUTTER AERO | NP | |
| CUTTER ALL FAMILY AERO | NP | |
| CUTTER BACKWOODS AERO | NP | |
| CUTTER BACKWOODS DRY AERO | NP | |
| CUTTER DRY AERO | NP | |
| CUTTER SKINSATIONS AERO | NP | |
| CUTTER SPORT AERO | NP | |
| CVS INSECT REPELLENT AERO | NP | |
| CVS TOTAL HOME INSECT REPELLENT AERO 30 % | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DRYSOL SOLN | P | |
| HYDRO-LAN CREA | P | OTC |
| *lanolin (topical) crea* | P | OTC |
| LANOLOR CREA | P | OTC |
| OFF ACTIVE AERO | NP | |
| OFF DEEP WOODS AERO | NP | |
| OFF DEEP WOODS AERO | P | OTC;QL(170 gm per fill retail,340 gm per 30 days retail) |
| OFF DEEP WOODS DRY AERO | NP | |
| OFF DEEP WOODS DRY AERO | P | OTC;QL(113 gm per fill retail,226 gm per 30 days retail) |
| OFF DEEP WOODS SPORTSMEN AERO 30 % | NP | |
| OFF FAMILYCARE SMOOTH & DRY AERO | NP | |
| OFF SMOOTH & DRY AERO | NP | |
| REPEL FAMILY AERO | NP | |
| REPEL FAMILY DRY AERO | NP | |
| REPEL HUNTERS FORMULA AERO | NP | |
| REPEL SPORTSMEN AERO | NP | |
| REPEL SPORTSMEN DRY AERO | NP | |
| REPEL SPORTSMEN MAX AERO | NP | |
| REPEL SPORTSMEN MAX LOTN | NP | |
| SAWYER INSECT REPELLENT AERO | NP | |
| SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN | NP | |
| ULTRATHON INSECT REPELLENT 8 AERO | P | OTC;QL(170 gm per fill retail,340 gm per 30 days retail) |
| ULTRATHON INSECT REPELLENT LOTN | P | OTC;QL(57 gm per fill retail,114 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 0.75 %* | P | |
| *metronidazole (topical) gel 0.75 %* | P | QL(45 gm per fill retail) |
| *metronidazole (topical) lotn 0.75 %* | P | |
| **Scabicides & Pediculicides** | | |
| *crotamiton lotn ex* | P | QL(454 gm per fill retail) |
| CVS LICE SOLUTION KIT 3-STEP KIT | P | OTC |
| ELIMITE CREA (*Use permethrin*) | NP | QL(360 gm per fill retail) |
| LICEMD GEL | P | OTC |
| *malathion lotn* | P | QL(59 ml per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NATROBA SUSP (*Use spinosad*) | NP | Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail) |
| NIX CREME RINSE LIQD (*Use permethrin*) | NP | OTC |
| OVIDE LOTN (*Use malathion*) | NP | QL(59 ml per fill retail) |
| *permethrin crea ex 5 %* | P | QL(360 gm per fill retail) |
| *permethrin liqd ex 1 %* | P | OTC |
| *permethrin lotn ex 1 %* | P | OTC |
| *pyrethrins-piperonyl butoxide liqd* | P | OTC |
| *pyrethrins-piperonyl butoxide sham* | P | OTC |
| *pyrethrins-piperonyl butoxide-permethrin-nit remover kit* | P | OTC |
| RID COMPLETE LICE ELIMINATION KIT (*Use pyrethrins-piperonyl butoxide-permethrin-nit remover*) | NP | OTC |
| RID ESSENTIAL LICE ELIMINATION KIT KIT | P | OTC |
| RID LIQD EX 0.33 %-4 % (*Use pyrethrins-piperonyl butoxide*) | NP | OTC |
| SCHOOLTIME SHAMPOO SHAM | P | OTC;QL(1 ml per 14 days retail) |
| *spinosad susp* | P | Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail) |
| **Tar Products** | | |
| *coal tar extract sham 0.5 %* | P | OTC |
| DHS TAR GEL SHAM (*Use coal tar extract*) | NP | OTC |
| DHS TAR SHAM (*Use coal tar extract*) | NP | OTC |
| NEUTROGENA T/GEL SHAM (*Use coal tar extract*) | NP | OTC |
| NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (*Use coal tar extract*) | NP | OTC |
| **Wound Care Products** | | |
| AMNIOCORE AMNIOTIC MEMBRANE/2CM X 12CM SHEE | P | PA; SP |
| AMNIOCORE AMNIOTIC MEMBRANE/6CM X 16CM SHEE | P | PA; SP |
| AMNIOCORE AMNIOTIC MEMBRANE/6CM X 9CM SHEE | P | PA; SP |
| AMNIOCORE AMNIOTIC MEMBRANE/9CM X 20CM SHEE | P | PA; SP |
| AMNIOCORE HUMAN TISSUE ALLOGRAFT/9 X 20 CM SHEE | P | PA; SP |
| APLIGRAF DISK | P | PA; SP |
| CORETEXT SUSP | P | PA; SP |
| DERMAGRAFT SHEE | P | PA; SP |
| EPICORD/ 1CM X 2CM SHEE | P | PA; SP |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM SHEE | P | PA; SP |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM SHEE | P | PA; SP |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM SHEE | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM SHEE | P | PA; SP |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM SHEE | P | PA; SP |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM SHEE | P | PA; SP |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM SHEE | P | PA; SP |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM SHEE | P | PA; SP |
| MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM SHEE | P | PA; SP |
| MIRODERM FENESTRATED PLUSBIOLOGIC WOUND MATRIX 3X3CM/MESHED SHEE | P | PA; SP |
| MIRODERM FENESTRATED PLUSBIOLOGIC WOUND MATRIX 3X7CM/MESHED SHEE | P | PA; SP |
| MIRODERM FENESTRATED PLUSBIOLOGIC WOUND MATRIX 4X4CM/MESHED SHEE | P | PA; SP |
| MIRODERM FENESTRATED PLUSBIOLOGIC WOUND MATRIX 5X5CM/MESHED SHEE | P | PA; SP |
| MIRODERM FENESTRATED PLUSBIOLOGIC WOUND MATRIX 7X10CM/MESHED SHEE | P | PA; SP |
| MIRODERM FENESTRATED PLUSBIOLOGIC WOUND MATRIX 8X15CM/MESHED SHEE | P | PA; SP |
| MIRODERM FENESTRATED PLUSBIOLOGIC WOUND MATRIX 8X8CM/MESHED SHEE | P | PA; SP |
| NOVACHOR SHEE | P | PA; SP |
| NUCEL INJ | P | PA; SP |
| OASIS ULTRA TRI-LAYER MATRIX FENESTRATED SHEE | P | PA; SP |
| OASIS WOUND MATRIX SHEE | P | PA; SP |
| OSTEOCONDUCTIVE MATRIX PLUS INJ | P | PA; SP |
| PROTEXT SUSP | P | PA; SP |
| PURAPLY 2CM X 4CM SHEE | P | PA; SP |
| PURAPLY 5CM X 5 CM SHEE | P | PA; SP |
| PURAPLY 6CM X 9CM SHEE | P | PA; SP |
| **DIAGNOSTIC PRODUCTS** | | |
| **Diagnostic Drugs** | | |
| CORTROSYN SOLR (*Use cosyntropin*) | NP | PA; SP |
| *cosyntropin solr* | P | PA; SP |
| THYROGEN SOLR | P | PA; SP |
| **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) |
| BLULINK GLUCOSE TEST STRIPS STRP | NP | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CARESTART COVID-19 ANTIGEN HOME TEST KIT | P | QL(2 ea per fill retail) |
| CHEMSTRIP-K STRP | P | OTC;QL(6.67 ea daily) |
| CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT | P | QL(2 ea per fill retail) |
| COVID-19 AT-HOME TEST KIT KIT | P | QL(2 ea per fill retail) |
| EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| EASY TOUCH HEALTHPRO 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 |
| FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT | P | QL(2 ea per fill retail) |
| FORA GTEL BLOOD KETONE TEST STRIPS STRP | 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 |
| GNP EASY TOUCH GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| GOJJI BLOOD KETONE TEST STRIPS STRP | P | OTC;QL(1 ea daily) |
| IHEALTH COVID-19 ANTIGENRAPID TEST KIT | P | QL(2 ea per fill retail) |
| 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 STRP | 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 TEST STRIPS STRP | P | Clinical Edit: Test Strips;RX/OTC |
| PRECISION XTRA STRP | P | OTC;QL(1 ea daily) |
| PTS PANELS KETONE TEST STRP | P | OTC;QL(1 ea daily) |
| QUICKVUE AT-HOME COVID-19 TEST KIT | P | QL(2 ea per fill retail) |
| RELION KETONE TEST STRIPS STRP | P | OTC;QL(6.67 ea daily) |
| RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP | NP | RX/OTC |
| **DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes** | | |
| **Digestive Enzymes** | | |
| CREON CPEP | P | Smart PA |
| PANCREAZE CPEP | P | Smart PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SUCRAID SOLN | P | PA; SP |
| **DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure** | | |
| **Carbonic Anhydrase Inhibitors** | | |
| *acetazolamide cp12 or 500 mg* | P | |
| *acetazolamide tabs or 125 mg, 250 mg* | P | |
| KEVEYIS TABS | P | PA; SP |
| *methazolamide tabs or 25 mg, 50 mg* | P | |
| **Diuretic Combinations** | | |
| ALDACTAZIDE TABS 25 MG-25 MG (*Use spironolactone & hydrochlorothiazide*) | NP | |
| *amiloride & hydrochlorothiazide tabs* | P | QL(1 ea daily) |
| DYAZIDE CAPS (*Use triamterene & hydrochlorothiazide*) | NP | |
| MAXZIDE TABS (*Use triamterene & hydrochlorothiazide*) | NP | |
| MAXZIDE-25 TABS (*Use triamterene & hydrochlorothiazide*) | NP | |
| *spironolactone & hydrochlorothiazide tabs* | P | |
| *triamterene & hydrochlorothiazide caps* | P | |
| *triamterene & hydrochlorothiazide tabs* | P | |
| **Loop Diuretics** | | |
| *bumetanide tabs or 0.5 mg, 1 mg, 2 mg* | P | |
| BUMEX TABS (*Use bumetanide*) | NP | |
| *furosemide soln or 10 mg/ml, 8 mg/ml* | P | |
| *furosemide tabs or 20 mg, 40 mg, 80 mg* | P | |
| LASIX TABS (*Use furosemide*) | NP | |
| SOAANZ TABS 20 MG | P | QL(1 ea daily) |
| *torsemide tabs* | P | QL(1 ea daily) |
| **Potassium Sparing Diuretics** | | |
| ALDACTONE TABS (*Use spironolactone*) | NP | |
| *amiloride hcl tabs or* | P | QL(4 ea daily) |
| *spironolactone tabs or 100 mg, 25 mg, 50 mg* | P | |
| **Thiazides and Thiazide-Like Diuretics** | | |
| *chlorthalidone tabs* | P | |
| *hydrochlorothiazide caps or 12.5 mg* | P | |
| *hydrochlorothiazide tabs or 25 mg, 50 mg* | P | |
| *indapamide tabs* | P | |
| *metolazone tabs* | P | |
| **ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones** | | |
| **Adrenal Steroid Inhibitors** | | |
| ISTURISA TABS | P | PA; SP |
| RECORLEV TABS | P | PA; SP |
| **Bone Density Regulators** | | |
| ACTONEL TABS 35 MG (*Use risedronate sodium*) | NP | PA; QL(4 ea per fill retail) |
| *alendronate sodium soln 70 mg/75ml* | P | QL(10.8 ml daily) |
| *alendronate sodium tabs 10 mg, 5 mg* | P | QL(1 ea daily) |
| *alendronate sodium tabs 35 mg, 70 mg* | P | QL(0.15 ea daily) |
| ATELVIA TBEC (*Use risedronate sodium*) | NP | PA; QL(4 ea per 28 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BONIVA SOLN IV 3 MG/3ML (*Use ibandronate sodium*) | NP | PA; SP |
| *calcitonin (salmon) soln ij 200 unit/ml* | P | QL(2 ml per fill retail) |
| *calcitonin (salmon) soln na 200 unit/act* | P | 1 rtl pack lmt per fill, |
| EVENITY SOSY | P | PA; SP |
| FORTEO SOPN | P | PA; SP |
| FOSAMAX TABS (*Use alendronate sodium*) | NP | QL(0.15 ea daily) |
| *ibandronate sodium soln iv 3 mg/3ml* | P | PA; SP |
| MIACALCIN SOLN (*Use calcitonin (salmon)*) | NP | QL(2 ml per fill retail) |
| NATPARA CART | P | PA; SP |
| *pamidronate disodium soln 30 mg/10ml, 90 mg/10ml* | P | PA; SP |
| PAMIDRONATE DISODIUM SOLN 6 MG/ML | P | PA; SP |
| *pamidronate disodium solr 30 mg, 90 mg* | P | PA; SP |
| PROLIA SOSY | P | PA; SP |
| RECLAST SOLN (*Use zoledronic acid*) | NP | PA; SP |
| *risedronate sodium tabs 30 mg, 5 mg* | P | PA; QL(1 ea daily) |
| *risedronate sodium tabs 35 mg* | P | PA; QL(4 ea per fill retail) |
| *risedronate sodium tbec 35 mg* | P | PA; QL(4 ea per 28 days retail) |
| TERIPARATIDE SOPN | P | PA; SP |
| TYMLOS SOPN | P | PA; SP |
| XGEVA SOLN | P | PA; SP |
| *zoledronic acid conc 4 mg/5ml* | P | PA; SP |
| ZOLEDRONIC ACID SOLN 4 MG/100ML | P | PA; SP |
| *zoledronic acid soln 4 mg/100ml, 5 mg/100ml* | P | PA; SP |
| **Corticotropin** | | |
| ACTHAR GEL | P | PA; SP |
| CORTROPHIN GEL | P | PA; SP |
| **Fertility Regulators** | | |
| CHORIONIC GONADOTROPIN SOLR IM | P | PA |
| FOLLISTIM AQ SOLN | P | PA |
| GONAL-F RFF REDIJECT SOPN | P | PA |
| GONAL-F RFF SOLR | P | PA |
| GONAL-F SOLR | P | PA |
| MENOPUR SOLR | P | PA |
| NOVAREL SOLR | P | PA |
| OVIDREL INJ | P | PA |
| PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR | P | PA |
| **GnRH/LHRH Antagonists** | | |
| CETROTIDE KIT | P | PA |
| *ganirelix acetate sosy* | P | PA |
| GANIRELIX ACETATE SOSY (*Use ganirelix acetate*) | NP | PA |
| ORILISSA TABS | P | PA; SP |
| **Growth Hormone Receptor Antagonists** | | |
| SOMAVERT SOLR | P | PA; SP |
| **Growth Hormone Releasing Hormones (GHRH)** | | |
| EGRIFTA SOLR 1 MG | P | PA; SP |
| **Growth Hormones** | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GENOTROPIN CART | P | PA; SP |
| GENOTROPIN MINIQUICK PRSY | P | PA; SP |
| HUMATROPE CART | P | PA; SP |
| HUMATROPE COMBO PACK SOLR | P | PA; SP |
| NORDITROPIN FLEXPRO SOPN | P | PA; SP |
| NUTROPIN AQ NUSPIN 10 SOPN | P | PA; SP |
| NUTROPIN AQ NUSPIN 20 SOPN | P | PA; SP |
| NUTROPIN AQ NUSPIN 5 SOPN | P | PA; SP |
| OMNITROPE SOCT | P | PA; SP |
| OMNITROPE SOLR | P | PA; SP |
| SAIZEN SOLR | P | PA; SP |
| SAIZENPREP RECONSTITUTIONKIT SOLR | P | PA; SP |
| SEROSTIM SOLR | P | PA; SP |
| SKYTROFA CART | P | PA; SP |
| ZOMACTON SOLR | P | PA; SP |
| ZORBTIVE SOLR | P | PA; SP |
| **Hormone Receptor Modulators** | | |
| EVISTA TABS (*Use raloxifene hcl*) | NP | QL(1 ea daily) |
| *raloxifene hcl tabs* | P | QL(1 ea daily) |
| **Insulin-Like Growth Factor Receptor Inhibitors** | | |
| TEPEZZA SOLR | P | PA; SP |
| **Insulin-Like Growth Factors (Somatomedins)** | | |
| INCRELEX SOLN | P | PA; SP |
| **LHRH/GnRH Agonist Analog Pituitary** | | |
| FENSOLVI KIT | P | PA; SP |
| LUPANETA PACK KIT | P | PA; SP |
| LUPRON DEPOT-PED (*1-MONTH*) KIT | P | PA; SP |
| LUPRON DEPOT-PED (*3-MONTH*) KIT | P | PA; SP |
| SUPPRELIN LA KIT | P | PA; SP |
| SYNAREL SOLN | P | PA; SP |
| TRIPTODUR SRER | P | PA; SP |
| **Metabolic Modifiers** | | |
| ALDURAZYME SOLN | P | PA; SP |
| *betaine powd* | P | PA; SP |
| BRINEURA KIT | P | PA; SP |
| BUPHENYL POWD (*Use sodium phenylbutyrate*) | NP | PA; SP |
| BUPHENYL TABS (*Use sodium phenylbutyrate*) | NP | PA; SP |
| *calcitriol caps or 0.25 mcg, 0.5 mcg* | P | |
| CARBAGLU TBSO (*Use carglumic acid*) | NP | PA; SP |
| *carglumic acid tbso* | P | PA; SP |
| CARNITOR SF SOLN (*Use levocarnitine (metabolic modifiers*)) | NP | QL(30 ml daily) |
| CARNITOR SOLN OR 1 GM/10ML (*Use levocarnitine (metabolic modifiers*)) | NP | QL(30 ml daily) |
| CARNITOR TABS OR 330 MG (*Use levocarnitine (metabolic modifiers*)) | NP | QL(3 ea daily) |
| *cinacalcet hcl tabs* | P | PA; SP |
| CRYSVITA SOLN | P | PA; SP |
| CYSTADANE POWD | P | PA; SP |
| CYSTADANE POWD (*Use betaine*) | NP | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ELAPRASE SOLN | P | PA; SP |
| FABRAZYME SOLR | P | PA; SP |
| GALAFOLD CAPS | P | PA; QL(0.5 ea daily); SP |
| KANUMA SOLN | P | PA; SP |
| KUVAN PACK (*Use sapropterin dihydrochloride*) | NP | PA; SP |
| KUVAN TABS (*Use sapropterin dihydrochloride*) | NP | PA; SP |
| *levocarnitine (metabolic modifiers) soln 1 gm/10ml* | P | QL(30 ml daily) |
| *levocarnitine (metabolic modifiers) tabs 330 mg* | P | QL(3 ea daily) |
| LUMIZYME SOLR | P | PA; SP |
| MEPSEVII SOLN | P | PA; SP |
| MYALEPT SOLR | P | PA; SP |
| NAGLAZYME SOLN | P | PA; SP |
| NEXVIAZYME SOLR | P | PA; SP |
| *nitisinone caps* | P | PA; SP |
| NITYR TABS | P | PA; SP |
| NULIBRY SOLR | P | PA; SP |
| ORFADIN CAPS 10 MG, 2 MG, 5 MG (*Use nitisinone*) | NP | PA; SP |
| ORFADIN CAPS 20 MG | P | PA; SP |
| ORFADIN SUSP 4 MG/ML | P | PA; SP |
| PALYNZIQ SOSY | P | PA; SP |
| *paricalcitol soln iv 2 mcg/ml, 5 mcg/ml* | P | PA; SP |
| PARSABIV SOLN | P | PA; SP |
| RAVICTI LIQD | P | PA; SP |
| REVCOVI SOLN | P | PA; SP |
| ROCALTROL CAPS 0.25 MCG, 0.5 MCG (*Use calcitriol*) | NP | |
| *sapropterin dihydrochloride pack* | P | PA; SP |
| *sapropterin dihydrochloride tabs* | P | PA; SP |
| SENSIPAR TABS (*Use cinacalcet hcl*) | NP | PA; SP |
| *sodium phenylbutyrate powd or 3 gm/tsp* | P | PA; SP |
| *sodium phenylbutyrate tabs or 500 mg* | P | PA; SP |
| STRENSIQ SOLN | P | PA; SP |
| VIMIZIM SOLN | P | PA; SP |
| XURIDEN PACK | P | PA; SP |
| ZEMPLAR SOLN IV 2 MCG/ML, 5 MCG/ML (*Use paricalcitol*) | NP | PA; SP |
| **Natriuretic Peptides** | | |
| VOXZOGO SOLR | P | PA; SP |
| **Posterior Pituitary Hormones** | | |
| DDAVP SOLN IJ 4 MCG/ML (*Use desmopressin acetate*) | NP | PA; SP |
| DDAVP SOLN NA 0.01 % | P | QL(5 ml per fill retail) |
| DDAVP SOLN NA 0.01 % (*Use desmopressin acetate spray*) | NP | QL(5 ml per fill retail) |
| DDAVP TABS OR 0.1 MG, 0.2 MG (*Use desmopressin acetate*) | NP | QL(6 ea daily) |
| *desmopressin acetate soln ij 4 mcg/ml* | P | PA; SP |
| DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML | P | PA; SP |
| *desmopressin acetate spray refrigerated soln* | P | QL(5 ml per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *desmopressin acetate spray soln* | P | QL(5 ml per fill retail) |
| *desmopressin acetate tabs or 0.1 mg, 0.2 mg* | P | QL(6 ea daily) |
| STIMATE SOLN | P | PA; SP |
| **Somatostatic Agents** | | |
| LANREOTIDE ACETATE SOLN | P | PA; SP |
| *octreotide acetate soln ij 100 mcg/ml, 50 mcg/ml, 500 mcg/ml, 1000 mcg/5ml, 1000 mcg/ml, 200 mcg/ml* | P | PA; SP |
| SANDOSTATIN LAR DEPOT KIT | P | PA; SP |
| SANDOSTATIN SOLN (*Use octreotide acetate*) | NP | PA; SP |
| SIGNIFOR LAR SRER | P | PA; SP |
| SIGNIFOR SOLN | P | PA; SP |
| SOMATULINE DEPOT SOLN | P | PA; SP |
| **Vasopressin Receptor Antagonists** | | |
| JYNARQUE TABS | P | PA; SP |
| JYNARQUE TBPK | P | PA; SP |
| SAMSCA TABS (*Use tolvaptan*) | NP | PA; SP |
| *tolvaptan tabs* | P | PA; SP |
| **ESTROGENS - Hormone Replacement/Modifying Drugs** | | |
| **Estrogen Combinations** | | |
| ACTIVELLA TABS (*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 TABS (*Use norethindrone acetate-ethinyl estradiol*) | NP | |
| *norethindrone acetate-ethinyl estradiol tabs* | P | |
| PREMPHASE TABS | P | |
| PREMPRO TABS | P | |
| **Estrogens** | | |
| ALORA PTTW | P | QL(8 ea per fill retail) |
| CLIMARA PTWK (*Use estradiol*) | NP | QL(4 ea per fill retail) |
| ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (*Use estradiol*) | NP | |
| *estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | P | QL(8 ea per fill retail) |
| *estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr* | P | QL(4 ea per fill retail) |
| *estradiol tabs or 0.5 mg, 1 mg, 2 mg* | P | |
| MINIVELLE PTTW (*Use estradiol*) | NP | QL(8 ea per fill retail) |
| PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 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 or 100 mg* | P | QL(6 ea per fill retail) |
| *ciprofloxacin hcl tabs or 250 mg, 500 mg, 750 mg* | P | |
| *levofloxacin tabs or 250 mg, 500 mg, 750 mg* | P | QL(1 ea daily,14 ea per fill retail) |
| *ofloxacin tabs 400 mg* | P | QL(56 ea per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs** | | |
| **Antiflatulents** | | |
| MYLICON INFANTS GAS RELIEF DYE FREE SUSP (*Use simethicone*) | NP | OTC;QL(31 ml per 30 days retail) |
| MYLICON INFANTS GAS RELIEF SUSP (*Use simethicone*) | NP | OTC;QL(31 ml per 30 days retail) |
| *simethicone chew or 80 mg* | P | OTC |
| *simethicone liqd or 20 mg/0.3ml, 40 mg/0.6ml* | P | OTC;QL(31 ml per 30 days retail) |
| *simethicone susp or 20 mg/0.3ml, 40 mg/0.6ml* | P | OTC;QL(31 ml per 30 days retail) |
| **Bile Acid Synthesis Disorder Agents** | | |
| CHOLBAM CAPS | P | PA; SP |
| **Farnesoid X Receptor (FXR) Agonists** | | |
| OCALIVA TABS | P | PA; QL(1 ea daily); SP |
| **Gallstone Solubilizing Agents** | | |
| ACTIGALL CAPS (*Use ursodiol*) | NP | |
| CHENODAL TABS | P | PA; SP |
| URSO 250 TABS (*Use ursodiol*) | NP | QL(7 ea daily) |
| *ursodiol caps or 300 mg* | P | |
| *ursodiol tabs or 250 mg* | P | QL(7 ea daily) |
| **Gastrointestinal Stimulants** | | |
| GIMOTI SOLN | P | PA; SP |
| *metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml* | P | |
| *metoclopramide hcl tabs or 10 mg, 5 mg* | P | |
| REGLAN TABS (*Use metoclopramide hcl*) | NP | |
| **Ileal Bile Acid Transporter (IBAT) Inhibitors** | | |
| BYLVAY (*PELLETS*) CPSP | P | PA; SP |
| BYLVAY CAPS | P | PA; SP |
| LIVMARLI SOLN | P | PA; SP |
| **Inflammatory Bowel Agents** | | |
| APRISO CP24 (*Use mesalamine*) | NP | |
| ASACOL HD TBEC (*Use mesalamine*) | NP | |
| AVSOLA SOLR | P | PA; SP |
| AZULFIDINE EN-TABS TBEC (*Use sulfasalazine*) | NP | |
| AZULFIDINE TABS (*Use sulfasalazine*) | NP | |
| *balsalazide disodium caps* | P | QL(9 ea daily) |
| CIMZIA KIT | P | PA; SP |
| CIMZIA PSKT | P | PA; SP |
| CIMZIA STARTER KIT PSKT | P | PA; SP |
| COLAZAL CAPS (*Use balsalazide disodium*) | NP | QL(9 ea daily) |
| DELZICOL CPDR (*Use mesalamine*) | NP | |
| ENTYVIO SOLR | P | PA; SP |
| INFLECTRA SOLR | P | PA; SP |
| INFLIXIMAB SOLR | P | PA; SP |
| LIALDA TBEC (*Use mesalamine*) | NP | |
| *mesalamine cp24 or 0.375 gm* | P | |
| *mesalamine cpdr or 400 mg* | P | |
| *mesalamine enem re 4 gm* | P | QL(60 ml daily) |
| *mesalamine tbec or 800 mg, 1.2 gm* | P | |
| REMICADE SOLR | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RENFLEXIS SOLR | P | PA; SP |
| SFROWASA ENEM | P | |
| STELARA SOLN | P | PA; SP |
| *sulfasalazine tabs or* | P | |
| *sulfasalazine tbec or* | P | |
| **Intestinal Acidifiers** | | |
| *lactulose (encephalopathy) soln* | P | |
| **Phosphate Binder Agents** | | |
| *calcium acetate (phosphate binder) caps* | P | |
| **Short Bowel Syndrome (SBS) Agents** | | |
| GATTEX KIT | P | PA; SP |
| **Tryptophan Hydroxylase Inhibitors** | | |
| XERMELO TABS | P | PA; SP |
| **GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System** | | |
| **Alkalinizers** | | |
| *potassium citrate (alkalinizer) tbcr 540 mg, 10 meq, 1080 mg* | P | |
| *sodium citrate & citric acid soln 334 mg/5ml-334 mg/5ml-500 mg/5ml-500 mg/5ml* | P | QL(500 ml per 30 days retail); RX/OTC |
| *sodium citrate & citric acid soln 334 mg/5ml-500 mg/5ml* | NP | 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 | PA; SP |
| PROCYSBI CPDR | P | PA; SP |
| PROCYSBI PACK | P | PA; SP |
| **Genitourinary Irrigants** | | |
| *sodium chloride (gu irrigant) soln* | P | |
| **Hyperoxaluria Agents** | | |
| OXLUMO SOLN | P | PA; SP |
| **Prostatic Hypertrophy Agents** | | |
| *finasteride tabs or* | P | QL(1 ea daily) |
| FLOMAX CAPS (*Use tamsulosin hcl*) | NP | QL(2 ea daily) |
| PROSCAR TABS (*Use finasteride*) | NP | QL(1 ea daily) |
| *tamsulosin hcl caps* | P | QL(2 ea daily) |
| **Urinary Analgesics** | | |
| *phenazopyridine hcl tabs or 100 mg, 200 mg* | P | |
| PYRIDIUM TABS (*Use phenazopyridine hcl*) | NP | |
| **Urinary Stone Agents** | | |
| THIOLA EC TBEC | P | PA; SP |
| THIOLA TABS (*Use tiopronin*) | NP | PA; SP |
| *tiopronin tabs or* | P | PA; SP |
| **Vesicoureteral Reflux (VUR) Agents** | | |
| DEFLUX PRSY | P | PA; SP |
| **GOUT AGENTS - Drugs to Treat Gout** | | |
| **Gout Agent Combinations** | | |
| *colchicine w/ probenecid tabs* | P | |
| **Gout Agents** | | |
| *allopurinol tabs or 300 mg, 100 mg* | P | |
| *colchicine tabs or* | P | QL(6 ea per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| COLCRYS TABS (*Use colchicine*) | NP | QL(6 ea per fill retail) |
| KRYSTEXXA SOLN | P | PA; SP |
| ZYLOPRIM TABS (*Use allopurinol*) | NP | |
| **Uricosurics** | | |
| *probenecid tabs* | P | |
| **HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders** | | |
| **Antihemophilic Products** | | |
| ADVATE SOLR | P | PA; SP |
| ADYNOVATE SOLR | P | PA; SP |
| AFSTYLA KIT | P | PA; SP |
| ALPHANATE SOLR | P | PA; SP |
| ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR | P | PA; SP |
| ALPHANINE SD SOLR | P | PA; SP |
| ALPROLIX SOLR | P | PA; SP |
| BENEFIX KIT | P | PA; SP |
| COAGADEX SOLR | P | PA; SP |
| CORIFACT KIT | P | PA; SP |
| ELOCTATE SOLR | P | PA; SP |
| ESPEROCT SOLR | P | PA; SP |
| FEIBA SOLR | P | PA; SP |
| FIBRYGA SOLR | P | PA; SP |
| HEMLIBRA SOLN | P | PA; SP |
| HEMOFIL M SOLR 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT | P | PA; SP |
| HEMOFIL M SOLR 1501 - 2000 UNIT | P | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HUMATE-P SOLR | P | PA; SP |
| IDELVION SOLR | P | PA; SP |
| IXINITY SOLR | P | PA; SP |
| JIVI SOLR | P | PA; SP |
| KCENTRA KIT | P | PA; SP |
| KOATE SOLR | P | PA; SP |
| KOATE-DVI SOLR | P | PA; SP |
| KOGENATE FS KIT | P | PA; SP |
| KOVALTRY SOLR | P | PA; SP |
| MONONINE SOLR | P | PA; SP |
| NOVOSEVEN RT SOLR | P | PA; SP |
| NUWIQ KIT | P | PA; SP |
| NUWIQ SOLR | P | PA; SP |
| OBIZUR SOLR | P | PA; SP |
| PROFILNINE SOLR | P | PA; SP |
| REBINYN SOLR | P | PA; SP |
| RECOMBINATE SOLR | P | PA; SP |
| RIASTAP SOLR | P | PA; SP |
| RIXUBIS SOLR | P | PA; SP |
| SEVENFACT SOLR | P | PA; SP |
| TRETTEN SOLR | P | PA; SP |
| VONVENDI SOLR | P | PA; SP |
| WILATE KIT | P | PA; SP |
| XYNTHA KIT | P | PA; SP |
| XYNTHA SOLOFUSE KIT | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Bradykinin B2 Receptor Antagonists** | | |
| FIRAZYR SOLN (*Use icatibant acetate*) | NP | PA; SP |
| *icatibant acetate soln* | P | PA; SP |
| **Complement Inhibitors** | | |
| BERINERT KIT | P | PA; SP |
| CINRYZE SOLR | P | PA; SP |
| EMPAVELI SOLN | P | PA; SP |
| ENJAYMO SOLN | P | PA; SP |
| HAEGARDA SOLR | P | PA; SP |
| RUCONEST SOLR | P | PA; SP |
| SOLIRIS SOLN | P | PA; SP |
| TAVNEOS CAPS | P | PA; SP |
| ULTOMIRIS SOLN | P | PA; SP |
| **Hemataologic - Tyrosine Kinase Inhibitors** | | |
| TAVALISSE TABS | P | PA; SP |
| **Hematorheologic Agents** | | |
| *pentoxifylline tbcr or* | P | |
| **Hemin** | | |
| PANHEMATIN SOLR | P | PA; SP |
| **Human Protein C** | | |
| CEPROTIN SOLR | P | PA; SP |
| **Plasma Kallikrein Inhibitors** | | |
| KALBITOR SOLN | P | PA; SP |
| ORLADEYO CAPS | P | PA; SP |
| TAKHZYRO SOLN | P | PA; SP |
| TAKHZYRO SOSY | P | PA; SP |
| **Plasma Proteins** | | |
| RYPLAZIM SOLR | P | PA; SP |
| THROMBATE III SOLR | P | PA; SP |
| THROMBATE III W/10 ML STERILE WATER SOLR | P | PA; SP |
| THROMBATE III W/20 ML STERILE WATER SOLR | P | PA; SP |
| **Platelet Aggregation Inhibitors** | | |
| BRILINTA TABS | P | QL(2 ea daily) |
| CABLIVI KIT | P | PA; SP |
| *cilostazol tabs* | P | QL(2 ea daily) |
| *clopidogrel bisulfate tabs or 75 mg* | P | |
| *dipyridamole tabs or 25 mg, 50 mg, 75 mg* | P | |
| EFFIENT TABS (*Use prasugrel hcl*) | NP | QL(1 ea daily) |
| PLAVIX TABS (*Use clopidogrel bisulfate*) | NP | |
| *prasugrel hcl tabs* | P | QL(1 ea daily) |
| **Pyruvate Kinase Activators** | | |
| PYRUKYND TABS | P | PA; SP |
| PYRUKYND TAPER PACK TBPK | P | PA; SP |
| **Thrombolytic Agent - Misc** | | |
| DEFITELIO SOLN | P | PA; SP |
| **HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders** | | |
| **Agents for Gaucher Disease** | | |
| CERDELGA CAPS | P | PA; SP |
| CEREZYME SOLR | P | PA; SP |
| ELELYSO SOLR | P | PA; SP |
| *miglustat caps* | P | PA; SP |
| VPRIV SOLR | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZAVESCA CAPS (*Use miglustat*) | NP | PA; SP |
| **Agents for Sickle Cell Disease** | | |
| DROXIA CAPS | P | |
| ENDARI PACK | P | PA; SP |
| OXBRYTA TABS | P | PA; SP |
| OXBRYTA TBSO | P | PA; SP |
| SIKLOS TABS | P | PA |
| **Cobalamins** | | |
| *cyanocobalamin soln 1000 mcg/ml* | P | QL(10 ml per 270 days retail) |
| **Folic Acid/Folates** | | |
| *folic acid tabs 1 mg* | P | RX/OTC |
| *folic acid tabs 800 mcg, 400 mcg* | P | OTC;QL(1 ea daily) |
| **Hematopoietic Growth Factors** | | |
| ARANESP ALBUMIN FREE SOLN | P | PA; SP |
| ARANESP ALBUMIN FREE SOSY | P | PA; SP |
| DOPTELET TABS | P | PA; SP |
| EPOGEN SOLN | P | PA; SP |
| FULPHILA SOSY | P | PA; SP |
| GRANIX SOLN | P | PA; SP |
| GRANIX SOSY | P | PA; SP |
| LEUKINE SOLR | P | PA; SP |
| MIRCERA SOSY | P | PA; SP |
| MULPLETA TABS | P | PA; SP |
| NEULASTA ONPRO KIT PSKT | P | PA; SP |
| NEULASTA SOSY | P | PA; SP |
| NEUPOGEN SOLN | P | PA; SP |
| NEUPOGEN SOSY | P | PA; SP |
| NIVESTYM SOLN | P | PA; SP |
| NIVESTYM SOSY | P | PA; SP |
| NPLATE SOLR | P | PA; SP |
| NYVEPRIA SOSY | P | PA; SP |
| PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | P | PA; SP |
| PROMACTA PACK | P | PA; SP |
| PROMACTA TABS | P | PA; SP |
| RELEUKO SOLN | P | PA; SP |
| RELEUKO SOSY | P | PA; SP |
| RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | P | PA; SP |
| UDENYCA SOSY | P | PA; SP |
| ZARXIO SOSY | P | PA; SP |
| **Hematopoietic Mixtures** | | |
| *ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs* | P | QL(1 ea daily) |
| **Iron** | | |
| FER-IN-SOL SOLN (*Use ferrous sulfate*) | NP | OTC;QL(3.4 ml daily) |
| FERRETTS TABS | P | OTC;QL(2 ea daily) |
| *ferrous fumarate tabs or* | P | OTC;QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FERROUS GLUCONATE TABS OR | P | OTC;QL(100 ea per 30 days retail); AL(Up to 50 yrs old ) |
| *ferrous sulfate elix 220 mg/5ml* | P | OTC;AL(Up to 50 yrs old ) |
| *ferrous sulfate soln 15 mg/ml* | P | OTC;QL(3.4 ml daily) |
| *ferrous sulfate tabs 325 mg, 65 mg* | P | OTC;AL(Up to 50 yrs old ) |
| FERROUS SULFATE TBEC 324 MG | P | OTC;AL(Up to 50 yrs old ) |
| *ferrous sulfate tbec 325 mg* | P | OTC;AL(Up to 50 yrs old ) |
| HEMOCYTE TABS (*Use ferrous fumarate*) | NP | OTC;QL(2 ea daily) |
| IRON CHEWS PEDIATRIC CHEW | P | OTC |
| IRON TABS | P | OTC |
| *polysaccharide iron complex caps* | P | QL(1 ea daily) |
| **Stem Cell Mobilizers** | | |
| MOZOBIL SOLN | P | PA; SP |
| **HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders** | | |
| **Hemostatics - Systemic** | | |
| AMICAR SOLN 0.25 GM/ML (*Use aminocaproic acid*) | NP | QL(60 ml per fill retail); SP |
| AMICAR TABS 1000 MG (*Use aminocaproic acid*) | NP | PA; SP |
| AMICAR TABS 500 MG (*Use aminocaproic acid*) | NP | QL(24 ea per fill retail); SP |
| *aminocaproic acid soln iv 250 mg/ml* | P | PA; SP |
| *aminocaproic acid soln or 0.25 gm/ml* | P | QL(60 ml per fill retail); SP |
| *aminocaproic acid tabs or 1000 mg* | P | PA; SP |
| *aminocaproic acid tabs or 500 mg* | P | QL(24 ea per fill retail); SP |
| LYSTEDA TABS (*Use tranexamic acid*) | NP | QL(30 ea per 7 days retail); AL(At least 12 yrs old) |
| *tranexamic acid tabs or 650 mg* | 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 25 mg* | P | OTC;QL(1 ea daily) |
| *diphenhydramine hcl (sleep) tabs 50 mg* | P | OTC |
| *doxylamine succinate (sleep) tabs* | P | OTC |
| NYTOL MAXIMUM STRENGTH TABS (*Use diphenhydramine hcl (sleep)*) | NP | OTC |
| UNISOM SLEEPGELS CAPS (*Use diphenhydramine hcl (sleep)*) | NP | OTC |
| UNISOM SLEEPTABS TABS (*Use doxylamine succinate (sleep)*) | NP | OTC |
| **Barbiturate Hypnotics** | | |
| *phenobarbital elix or 20 mg/5ml* | P | |
| *phenobarbital soln or 20 mg/5ml* | P | |
| *phenobarbital tabs or 100 mg, 30 mg, 60 mg, 15 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg* | P | |
| **Non-Barbiturate Hypnotics** | | |
| AMBIEN TABS (*Use zolpidem tartrate*) | NP | QL(14 ea per 31 days retail); AL(At least 21 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *flurazepam hcl caps* | P | AL(At least 18 yrs old - Up to 65 yrs old) |
| HALCION TABS (*Use triazolam*) | NP | QL(1 ea daily); AL(At least 18 yrs old) |
| *midazolam hcl soln ij 5 mg/5ml, 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 5 mg/ml, 50 mg/10ml, 25 mg/5ml* | P | |
| RESTORIL CAPS 15 MG, 30 MG (*Use temazepam*) | NP | AL(At least 18 yrs old) |
| *temazepam caps 15 mg, 30 mg* | P | AL(At least 18 yrs old) |
| *triazolam tabs* | P | QL(1 ea daily); AL(At least 18 yrs old) |
| *zaleplon caps 10 mg* | P | QL(2 ea daily); AL(At least 18 yrs old) |
| *zaleplon caps 5 mg* | P | QL(1 ea daily); AL(At least 18 yrs old) |
| *zolpidem tartrate tabs or 10 mg, 5 mg* | P | QL(14 ea per 31 days retail); AL(At least 21 yrs old) |
| **Selective Melatonin Receptor Agonists** | | |
| HETLIOZ CAPS | P | PA; SP |
| HETLIOZ LQ SUSP | P | PA; SP |
| **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 100 % (*Use psyllium*) | NP | OTC |
| METAMUCIL CAPS 0.52 GM (*Use psyllium*) | NP | OTC |
| METAMUCIL ORIGINAL TEXTURE POWD (*Use psyllium*) | NP | OTC |
| METAMUCIL POWD 48.57 % (*Use psyllium*) | NP | OTC |
| NATURAL FIBER LAXATIVE POWD | P | OTC |
| *psyllium caps 0.52 gm, 520 mg* | P | OTC |
| *psyllium powd 30.9 %, 33 %, 68 %, 30 %, 100 %, 48.57 %, 58.6 %, 28.3 %* | P | OTC |
| **Laxative Combinations** | | |
| GOLYTELY SOLR (*Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*) | NP | QL(4000 ml per fill retail) |
| NULYTELY SOLR (*Use peg 3350-potassium chloride-sod bicarbonate-sod chloride*) | NP | QL(4000 ml per fill retail) |
| NULYTELY/FLAVOR PACKS SOLR (*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 solr* | P | QL(4000 ml per fill retail) |
| PEG-PREP KIT | P | |
| *sennosides-docusate sodium tabs* | P | OTC;QL(4 ea daily) |
| SENOKOT S TABS (*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 10 gm/15ml, 20 gm/30ml* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MIRALAX POWD 17 GM/SCOOP (*Use polyethylene glycol 3350*) | NP | QL(34 gm daily) |
| *polyethylene glycol 3350 powd or 17 gm/scoop* | P | QL(34 gm daily) |
| SORBITOL SOLN OR 70 % | P | OTC |
| **Saline Laxatives** | | |
| FLEET ENEMA ENEM (*Use sodium phosphates*) | NP | OTC |
| FLEET ENEMA SIX PACK ENEM (*Use sodium phosphates*) | NP | OTC |
| FLEET PEDIATRIC ENEM (*Use sodium phosphates*) | NP | OTC |
| *magnesium citrate soln or 1.745 gm/30ml,* | P | OTC |
| *magnesium hydroxide susp or 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %* | P | OTC;QL(992 ml per 30 days retail) |
| *sodium phosphates enem* | P | OTC |
| **Stimulant Laxatives** | | |
| *bisacodyl supp re 10 mg* | P | OTC;QL(12 ea per fill retail) |
| *bisacodyl tbec or 5 mg* | P | OTC;QL(1 ea daily) |
| DULCOLAX PINK LAXATIVE TBEC (*Use bisacodyl*) | NP | OTC;QL(1 ea daily) |
| DULCOLAX SUPP RE 10 MG (*Use bisacodyl*) | NP | OTC;QL(12 ea per fill retail) |
| DULCOLAX TBEC OR 5 MG (*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 (*Use docusate sodium*) | NP | OTC;QL(3 ea daily) |
| COLACE CLEAR CAPS (*Use docusate sodium*) | NP | OTC |
| *docusate sodium caps or 250 mg, 100 mg* | P | OTC;QL(3 ea daily) |
| *docusate sodium caps or 50 mg* | P | OTC |
| *docusate sodium liqd or 100 mg/10ml, 150 mg/15ml, 50 mg/5ml* | P | OTC |
| *docusate sodium syrp or 60 mg/15ml* | P | OTC |
| *docusate sodium tabs or 100 mg* | P | OTC |
| **MACROLIDES - Drugs to Treat Bacterial Infections** | | |
| **Azithromycin** | | |
| *azithromycin pack or 1 gm* | P | QL(2 ea per fill retail) |
| *azithromycin susr or 100 mg/5ml* | P | QL(15 ml per fill retail) |
| *azithromycin susr or 200 mg/5ml* | P | QL(30 ml per fill retail) |
| *azithromycin tabs or 250 mg* | P | QL(6 ea per fill retail) |
| *azithromycin tabs or 500 mg* | P | QL(4 ea daily) |
| *azithromycin tabs or 600 mg* | P | QL(8 ea per 28 days retail) |
| ZITHROMAX PACK OR 1 GM (*Use azithromycin*) | NP | QL(2 ea per fill retail) |
| ZITHROMAX SUSR OR 100 MG/5ML (*Use azithromycin*) | NP | QL(15 ml per fill retail) |
| ZITHROMAX SUSR OR 200 MG/5ML (*Use azithromycin*) | NP | QL(30 ml per fill retail) |
| ZITHROMAX TABS OR 250 MG (*Use azithromycin*) | NP | QL(6 ea per fill retail) |
| ZITHROMAX TABS OR 500 MG (*Use azithromycin*) | NP | QL(4 ea daily) |
| ZITHROMAX TRI-PAK TABS (*Use azithromycin*) | NP | QL(4 ea daily) |
| ZITHROMAX Z-PAK TABS (*Use azithromycin*) | NP | QL(6 ea per fill retail) |
| **Clarithromycin** | | |
| *clarithromycin susr or 125 mg/5ml* | P | QL(100 ml per fill retail) |
| *clarithromycin susr or 250 mg/5ml* | P | QL(200 ml per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *clarithromycin tabs or 250 mg, 500 mg* | P | QL(28 ea per fill retail) |
| *clarithromycin tb24 or 500 mg* | P | QL(14 ea 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 susr or 200 mg/5ml, 400 mg/5ml* | P | |
| *erythromycin ethylsuccinate tabs or 400 mg* | P | |
| *erythromycin stearate tabs* | P | |
| **MEDICAL DEVICES AND SUPPLIES** | | |
| **Bandages-Dressings-Tape** | | |
| AMD FOAM DRESSING 4"X4" PADS | P | RX/OTC |
| AMD FOAM DRESSING/TOPSHEET 4"X4" PADS | P | RX/OTC |
| BAND-AID GAUZE PADS LARGE4" X 4" PADS | P | RX/OTC |
| BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS | P | |
| BAND-AID GAUZE PADS SMALL2" X 2" PADS | P | RX/OTC |
| BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4" PADS | P | RX/OTC |
| BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS | P | RX/OTC |
| BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS | P | RX/OTC |
| BORDERED GAUZE PADS | P | RX/OTC |
| CARRASMART FOAM PADS | P | RX/OTC |
| CARRASMART PADS XX | P | RX/OTC |
| COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS | P | RX/OTC |
| COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS | P | RX/OTC |
| COVRSITE COVER DRESSING PADS | P | RX/OTC |
| COVRSITE PLUS COMPOSITE DRESSING PADS | P | RX/OTC |
| CRUAD GAUZE PADS 4" X 4" PADS | P | RX/OTC |
| CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS | P | RX/OTC |
| CURITY ALL PURPOSE SPONGES 2"X2" PADS | P | RX/OTC |
| CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS | P | |
| CURITY ALL PURPOSE SPONGES 4 PLY PADS | P | RX/OTC |
| CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS | P | RX/OTC |
| CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS | P | RX/OTC |
| CURITY ALL PURPOSE SPONGES 4"X4" PADS | P | RX/OTC |
| CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS | P | RX/OTC |
| CURITY COVER SPONGE 4"X4" PADS | P | RX/OTC |
| CURITY COVER SPONGES 3"X3" PADS | P | |
| CURITY COVER SPONGES 4"X4" PADS | P | RX/OTC |
| CURITY DRESSING SPONGES 4"X4" 6 PLY PADS | P | RX/OTC |
| CURITY GAUZE PADS 2"X2" 12 PLY PADS | P | RX/OTC |
| CURITY GAUZE PADS 2"X2" PADS | P | RX/OTC |
| CURITY GAUZE PADS 3"X3" PADS | P | |
| CURITY GAUZE PADS 4"X4" 12 PLY PADS | P | RX/OTC |
| CURITY GAUZE SPONGE 2"X2" 8 PLY PADS | P | RX/OTC |
| CURITY GAUZE SPONGE 2"X2"12 PLY PADS | P | RX/OTC |
| CURITY GAUZE SPONGE 3"X3" 12 PLY PADS | P | |
| CURITY GAUZE SPONGE 4"X4" 12 PLY PADS | P | RX/OTC |
| CURITY GAUZE SPONGE 4"X4" 16 PLY PADS | P | RX/OTC |
| CURITY GAUZE SPONGE 4"X4" 8 PLY PADS | P | RX/OTC |
| CURITY GAUZE SPONGE 4"X4"16 PLY PADS | P | RX/OTC |
| CURITY GAUZE SPONGES 4"X4" 12 PLY PADS | P | RX/OTC |
| CURITY GAUZE SPONGES 4"X4" 8 PLY PADS | P | RX/OTC |
| CURITY NON-ADHERENT STRIPS 3"X3" PADS | P | |
| CURITY SPONGES/CELLULOSEFILLED/2"X2" PADS | P | RX/OTC |
| CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS | P | RX/OTC |
| CVS GAUZE PAD 3"X3" PADS | P | |
| CVS GAUZE PADS 2"X2" 12-PLY PADS | P | RX/OTC |
| CVS GAUZE PADS 4"X4" 12-PLY PADS | P | RX/OTC |
| CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS | P | RX/OTC |
| CVS GAUZE PADS STERILE 4"X4" PADS | P | RX/OTC |
| DERMACEA DRAIN SPONGES 4"X4" PADS | P | RX/OTC |
| DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS | P | RX/OTC |
| DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS | P | RX/OTC |
| DERMACEA GAUZE SPONGE 3"X3" 12 PLY PADS | P | |
| DERMACEA GAUZE SPONGE 3"X3" 8 PLY PADS | P | |
| DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS | P | RX/OTC |
| DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS | P | RX/OTC |
| DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS | P | RX/OTC |
| DERMACEA I.V. DRAIN SPONGES 2"X2" PADS | P | RX/OTC |
| DERMACEA I.V. DRAIN SPONGES 4"X4" PADS | P | RX/OTC |
| DERMACEA I.V. SPONGES 2"X2" PADS | P | RX/OTC |
| DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY PADS | P | |
| DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS | P | RX/OTC |
| DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS | P | RX/OTC |
| DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS | P | RX/OTC |
| DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS | P | RX/OTC |
| DERMACEA TYPE VII GAUZE 3"X3" 12 PLY PADS | P | |
| DERMACEA TYPE VII GAUZE 3"X3" 12PLY PADS | P | |
| DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS | P | RX/OTC |
| DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS | P | RX/OTC |
| DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS | P | RX/OTC |
| DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS | P | RX/OTC |
| DERMALEVIN ADHESIVE FOAMDRESSING 4"X4" PADS | P | RX/OTC |
| DRYMAX EXTRA PADS | P | RX/OTC |
| EQL GAUZE PADS 2"X2"/SMALL PADS | P | RX/OTC |
| EQL GAUZE PADS 4"X4"/LARGE PADS | P | RX/OTC |
| EQL GAUZE STERILE PADS 3"X3" PADS | P | |
| EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS | P | RX/OTC |
| EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS | P | RX/OTC |
| EXCILON DRAIN SPONGE 4"X4" PADS | P | RX/OTC |
| EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS | P | RX/OTC |
| EXCILON I.V. SPONGES 2"X2" 6 PLY PADS | P | RX/OTC |
| GAUZE DRESSING 4"X4" PADS | P | RX/OTC |
| GAUZE PADS 2"X2" PADS | P | RX/OTC |
| GAUZE PADS 3"X3" PADS | P | |
| GAUZE PADS 4"X4" PADS | P | RX/OTC |
| GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS | P | RX/OTC |
| GAUZE SPONGES | P | RX/OTC |
| GAUZE SPONGES 4"X4" 12 PLY PADS | P | RX/OTC |
| GNP STERILE GAUZE PADS 2"X2" PADS | P | RX/OTC |
| GNP STERILE GAUZE PADS 3"X3" PADS | P | |
| HM STERILE PADS 2"X2" PADS | P | RX/OTC |
| HM STERILE PADS PADS | P | RX/OTC |
| HYDROCELL ADHESIVE DRESSING 4"X4" PADS | P | RX/OTC |
| HYDROCELL DRESSING 4"X4" PADS | P | RX/OTC |
| J & J GAUZE 2"X2" 8 PLY PADS | P | RX/OTC |
| J & J GAUZE 4"X4" 12 PLY PADS | P | RX/OTC |
| J & J GAUZE 4"X4" 8 PLY PADS | P | RX/OTC |
| J & J GAUZE SPONGES 12-PLY 4" X 4" MISC | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| J & J GAUZE SPONGES 16-PLY 4" X 4" MISC | P | RX/OTC |
| J & J GAUZE SPONGES 8-PLY4" X 4" MISC | P | RX/OTC |
| KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS | P | RX/OTC |
| KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS | P | |
| KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS | P | RX/OTC |
| KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS | P | RX/OTC |
| KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS | P | |
| KERLIX SPONGES 4" X 4" 12 PLY PADS | P | RX/OTC |
| KERLIX SPONGES 4" X 4" 16 PLY PADS | P | RX/OTC |
| MIRASORB SPONGES 2" X 2" MISC | P | RX/OTC |
| MIRASORB SPONGES 4" X 4" MISC | P | RX/OTC |
| NU GAUZE 4PLY 4"X4" PADS | P | RX/OTC |
| NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC | P | RX/OTC |
| OPTIFOAM PADS | P | RX/OTC |
| POLYMEM NON-ADHESIVE PAD PADS | P | RX/OTC |
| QC ALL PURPOSE DRESSINGS4"X4" PADS | P | RX/OTC |
| QC BORDER ISLAND GAUZE PAD 2"X2" PADS | P | RX/OTC |
| QC STERILE PADS PADS | P | RX/OTC |
| QC STERILE PADS PADS | P | |
| RA STERILE PADS 2"X2" PADS | P | RX/OTC |
| RA STERILE PADS 3"X3" PADS | P | |
| RA STERILE PADS 4"X4" PADS | P | RX/OTC |
| RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC | P | RX/OTC |
| RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS | P | RX/OTC |
| RESTORE FOAM DRESSING BORDERED 4"X4" PADS | P | RX/OTC |
| RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS | P | RX/OTC |
| RESTORE ODOR ABSORBING DRESSING 4"X4" PADS | P | RX/OTC |
| RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS | P | |
| SM GAUZE PADS 2"X2" PADS | P | RX/OTC |
| SM GAUZE PADS 3"X3" PADS | P | |
| SM GAUZE PADS 4"X4" PADS | P | RX/OTC |
| SM STERILE PADS 2"X2" PADS | P | RX/OTC |
| SM STERILE PADS PADS | P | RX/OTC |
| SOF-WICK 4"X4" PADS | P | RX/OTC |
| STERILE GAUZE PADS 2"X2" PADS | P | RX/OTC |
| STERILE GAUZE PADS 3"X3" PADS | P | |
| STERILE PADS 2"X2" PADS | P | RX/OTC |
| STERILE PADS 3"X3" PADS | P | |
| STERILE PADS 4"X4" PADS | P | RX/OTC |
| SURGICAL GAUZE SPONGE PADS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TEGADERM FOAM DRESSING 2"X2" PADS | P | RX/OTC |
| TEGADERM FOAM DRESSING 4"X4" PADS | P | RX/OTC |
| THERAGAUZE PADS | P | RX/OTC |
| TOPPER DRESSING SPONGES 4"X4" MISC | P | RX/OTC |
| **Contraceptives** | | |
| AIMSCO LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| CONDOMS-MISC | P | QL (36 ea per 30 days retail); OTC |
| DUREX EXTRA SENSITIVE DEVI | P | QL(36 ea per 30 days retail) |
| FANTASY LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| FANTASY LUBRICATED/SPERMICIDE MISC | P | QL(36 ea per 30 days retail) |
| K-Y ME & YOU EXTRA LUBRICATED DEVI | P | QL(36 ea per 30 days retail) |
| K-Y ME & YOU INTENSE DEVI | P | QL(36 ea per 30 days retail) |
| KAMELEON LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| KIMONO COLORS DEVI | P | QL(36 ea per 30 days retail) |
| KIMONO LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| KIMONO PLUS SPERMICIDE LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| KIMONO PLUS SPERMICIDE/LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| KIMONO PS LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| KIMONO SENSATION LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| KIMONO SPECIAL DEVI | P | QL(36 ea per 30 days retail) |
| MAXX LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| MAXX PLUS SPERMICIDE LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| PREMIUM CONDOMS LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| REALITY LATEX CONDOMS/LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| REALITY LATEX/ULTRA TEXTURED DEVI | P | QL(36 ea per 30 days retail) |
| REALITY LATEX/ULTRA THIN DEVI | P | QL(36 ea per 30 days retail) |
| TRUSTEX COLOR CONDOMS + LUBE MISC | P | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED EXTRALARGE MISC | P | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED EXTRASTRENGTH MISC | P | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED/RIBBED/STUDDED MISC | P | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC | P | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC | P | QL(36 ea per 30 days retail) |
| TRUSTEX LUBRICATED/SPERMICIDE MISC | P | QL(36 ea per 30 days retail) |
| TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC | P | QL(36 ea per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC | P | QL(36 ea per 30 days retail) |
| TRUSTEX/RIA LUBRICATED MISC | P | QL(36 ea per 30 days retail) |
| TRUSTEX/RIA LUBRICATED SPERMICIDE MISC | P | QL(36 ea per 30 days retail) |
| TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC | P | QL(36 ea per 30 days retail) |
| **Diabetic Supplies** | | |
| 1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC | P | QL(6.67 ea daily) |
| 1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC | P | QL(6.67 ea daily) |
| ADJUSTABLE LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| ADVANCED MOBILE LANCET 30G MISC | NP | |
| ADVOCATE LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| ADVOCATE RAPID-SAFE LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN | NP | |
| AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN | NP | |
| AGAMATRIX ULTRA-THIN LANCETS 33G MISC | P | QL(6.67 ea daily) |
| AIMSCO TWIST LANCETS 32G MISC | P | QL(6.67 ea daily) |
| AIMSCO TWIST LANCETS 33G MISC | P | QL(6.67 ea daily) |
| ALTERNATE SITE LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI | P | QL(1 ea per 180 days retail) |
| ASSURE LANCE SAFETY LANCET 28G MISC | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AURORA LANCET SUPER THIN30G MISC | P | QL(6.67 ea daily) |
| AURORA LANCET THIN 23G MISC | P | QL(6.67 ea daily) |
| AUTO-LANCET MINI MISC | P | QL(1 ea per 180 days retail) |
| AUTO-LANCET MISC | P | QL(1 ea per 180 days retail) |
| AUTOLET IMPRESSION LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| AUTOLET LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| AUTOLET MINI MISC | P | QL(1 ea per 180 days retail) |
| AUTOLET PLUS MISC | P | QL(1 ea per 180 days retail) |
| BD LANCET ULTRAFINE 30G MISC | P | QL(6.67 ea daily) |
| BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT | NP | RX/OTC |
| BLULINK CONTROL SOLUTION/HIGH & LOW LIQD | NP | |
| CARDIOCOM LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| CAREONE ADVANCED LANCINGDEVICE MISC | P | QL(1 ea per 180 days retail) |
| CAREONE LANCET SUPER THIN/30G MISC | P | QL(6.67 ea daily) |
| CAREONE LANCET THIN MISC | P | QL(6.67 ea daily) |
| CARESENS LANCETS MISC | P | QL(6.67 ea daily) |
| CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD | NP | |
| CARETOUCH LANCING DEVICEWITH EJECTOR MISC | P | QL(1 ea per 180 days retail) |
| CARETOUCH SAFETY LANCETS/26G MISC | NP | |
| CARETOUCH SAFETY LANCETS/28G MISC | NP | |
| CARETOUCH SAFETY LANCETS/30G MISC | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CARETOUCH TWIST LANCETS 33G MISC | NP | |
| CLEANLET LANCETS 28G MISC | P | QL(6.67 ea daily) |
| COMFORT ASSURED LANCETS MICRO THIN 33G MISC | P | QL(6.67 ea daily) |
| COMFORT ASSURED LANCETS SUPER THIN 28G MISC | P | QL(6.67 ea daily) |
| COMFORT LANCETS MISC | P | QL(6.67 ea daily) |
| COMFORT TOUCH LANCETS ULTRA THIN 31G MISC | NP | |
| COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G MISC | NP | |
| CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT | NP | RX/OTC |
| CVS LANCETS 21G MISC | P | QL(6.67 ea daily) |
| CVS LANCETS MICRO THIN 33G MISC | P | QL(6.67 ea daily) |
| CVS LANCETS MICRO-THIN 33G MISC | P | QL(6.67 ea daily) |
| CVS LANCETS ORIGINAL MISC | P | QL(6.67 ea daily) |
| CVS LANCETS THIN 26G MISC | P | QL(6.67 ea daily) |
| CVS LANCETS ULTRA THIN 30G MISC | P | QL(6.67 ea daily) |
| CVS LANCETS ULTRA-THIN 30G MISC | P | QL(6.67 ea daily) |
| CVS LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| CVS ULTRA THIN LANCETS MISC | P | QL(6.67 ea daily) |
| DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT DEVI | NP | |
| DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE DEVI | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DEXCOM G4 PLATINUM RECEIVER KIT DEVI | NP | |
| DEXCOM G4 PLATINUM RECEIVER KIT/SHARE DEVI | NP | |
| DEXCOM G5 MOBILE RECEIVERKIT DEVI | NP | |
| DEXCOM G5 RECEIVER KIT DEVI | NP | |
| DEXCOM G6 RECEIVER DEVI | NP | |
| DIATHRIVE LANCETS MISC | P | QL(6.67 ea daily) |
| DIATHRIVE LANCETS ULTRA THIN 30G MISC | P | QL(6.67 ea daily) |
| DIATHRIVE LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| DROPLET GENTEEL LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| DROPLET LANCETS ULTRA THIN 30G MISC | P | QL(6.67 ea daily) |
| DROPLET LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| DROPLET PERSONAL LANCETS30G MISC | NP | |
| DRUG MART ADJUSTABLE LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| DRUG MART LANCETS THIN MISC | P | QL(6.67 ea daily) |
| DRUG MART UNILET LANCETSSUPER THIN 30G MISC | P | QL(6.67 ea daily) |
| DRUG MART UNILET LANCETSULTRA THIN 28G MISC | P | QL(6.67 ea daily) |
| DRUG MART UNILET MICRO THIN LANCETS 33G MISC | NP | |
| E-Z JECT LANCETS 21G MISC | P | QL(6.67 ea daily) |
| E-Z JECT LANCETS COLOR MISC | P | QL(6.67 ea daily) |
| E-Z JECT LANCETS MISC | P | QL(6.67 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| E-Z JECT LANCETS SUPER THIN 30G MISC | P | QL(6.67 ea daily) |
| E-Z JECT LANCETS THIN 26G MISC | P | QL(6.67 ea daily) |
| E-ZJECT LANCETS MICRO-THIN 33G MISC | P | QL(6.67 ea daily) |
| EASY MINI EJECT LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| EASY MINI LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| EASY TALK PLUS II CONTROLHIGH SOLN | NP | |
| EASY TALK PLUS II CONTROLLOW SOLN | NP | |
| EASY TOUCH LANCETS 26G/PULL-TOP MISC | P | QL(6.67 ea daily) |
| EASY TOUCH LANCETS 28G/PULL-TOP MISC | P | QL(6.67 ea daily) |
| EASY TOUCH LANCETS 28G/TWIST MISC | P | QL(6.67 ea daily) |
| EASY TOUCH LANCETS 30G/PULL-TOP MISC | P | QL(6.67 ea daily) |
| EASY TOUCH LANCETS 30G/TWIST MISC | P | QL(6.67 ea daily) |
| EASY TOUCH LANCETS 32G/PULL-TOP MISC | P | QL(6.67 ea daily) |
| EASY TOUCH LANCETS 32G/TWIST MISC | P | QL(6.67 ea daily) |
| EASY TOUCH LANCETS 33G/TWIST MISC | P | QL(6.67 ea daily) |
| EASY TOUCH LANCING DEVICE/EJECTOR MISC | P | QL(1 ea per 180 days retail) |
| EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD | NP | |
| EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD | NP | |
| EMBRACE LANCING DEVICE WITH EJECTOR MISC | P | QL(1 ea per 180 days retail) |
| EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G MISC | NP | |
| EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G MISC | NP | |
| EQL COLOR LANCETS 21G MISC | P | QL(6.67 ea daily) |
| EQL COLOR LANCETS MICRO THIN 33G MISC | P | QL(6.67 ea daily) |
| EQL SUPER THIN LANCETS 30G MISC | P | QL(6.67 ea daily) |
| EQL THIN LANCETS 26G MISC | P | QL(6.67 ea daily) |
| EVERSENSE SENSOR/HOLDER MISC | NP | |
| EZ-LETS LANCETS 26G SUPER-SOFT MISC | P | QL(6.67 ea daily) |
| EZ-LETS LANCETS 28G ULTRA-SOFT MISC | P | QL(6.67 ea daily) |
| EZ-LETS LANCETS 30G MISC | P | QL(6.67 ea daily) |
| FIFTY50 UNILET LANCETS 33G MISC | P | QL(6.67 ea daily) |
| FORA LANCETS MISC | P | QL(6.67 ea daily) |
| FORA LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| FORA LANCING DEVICE/CLEARCAP MISC | P | QL(1 ea per 180 days retail) |
| FREDS PHARMACY AUTOLET LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC | P | QL(6.67 ea daily) |
| FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC | P | QL(6.67 ea daily) |
| FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM DEVI | P | PA; QL(1 ea per 365 days retail) |
| FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM MISC | P | PA; QL(2 ea per 28 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM DEVI | P | PA; QL(1 ea per 365 days retail) |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM MISC | P | PA; QL(2 ea per 28 days retail) |
| FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM MISC | NP | |
| FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM DEVI | P | PA; QL(1 ea per 365 days retail) |
| FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM MISC | P | PA; QL(3 ea per 30 days retail) |
| FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT | NP | RX/OTC |
| GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC | P | QL(1 ea per 180 days retail) |
| GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC | P | QL(1 ea per 180 days retail) |
| GENTEEL LANCING DEVICE/STATELY SILVER MISC | P | QL(1 ea per 180 days retail) |
| GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC | P | QL(1 ea per 180 days retail) |
| GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC | P | QL(1 ea per 180 days retail) |
| GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC | P | QL(1 ea per 180 days retail) |
| GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC | P | QL(1 ea per 180 days retail) |
| GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC | P | QL(1 ea per 180 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GENTLE-LET GP LANCETS MISC | P | QL(6.67 ea daily) |
| GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC | P | QL(6.67 ea daily) |
| GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC | P | QL(6.67 ea daily) |
| GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC | P | QL(6.67 ea daily) |
| GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC | P | QL(6.67 ea daily) |
| GLOBAL LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| GLUCOCOM LANCETS 28G MISC | P | QL(6.67 ea daily) |
| GLUCOCOM LANCETS 30G MISC | P | QL(6.67 ea daily) |
| GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD | NP | |
| GNP LANCETS 21G MISC | P | QL(6.67 ea daily) |
| GNP LANCETS THIN 26G MISC | P | QL(6.67 ea daily) |
| GNP LANCETS THIN MISC | P | QL(6.67 ea daily) |
| GNP LANCING SYSTEM DEVICE MISC | P | QL(1 ea per 180 days retail) |
| GNP STERILE LANCETS 28G MISC | P | QL(6.67 ea daily) |
| GNP STERILE LANCETS 30G MISC | P | QL(6.67 ea daily) |
| GNP STERILE LANCETS 33G MISC | P | QL(6.67 ea daily) |
| GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT | NP | RX/OTC |
| GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT | NP | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GOJJI LANCING DEVICE/CLEAR CAP MISC | P | QL(1 ea per 180 days retail) |
| GOJJI STERILE LANCETS 30G MISC | P | QL(6.67 ea daily) |
| GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC | P | QL(6.67 ea daily) |
| GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC | NP | |
| GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC | P | QL(6.67 ea daily) |
| GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC | NP | |
| GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC | P | QL(6.67 ea daily) |
| GOODSENSE LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| GUARDIAN REAL-TIME REPLACEMENT MONITOR DEVI | NP | |
| GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC DEVI | NP | |
| H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| H-E-B INCONTROL LANCETS MICRO THIN 33G MISC | P | QL(6.67 ea daily) |
| H-E-B INCONTROL LANCETS SUPER THIN 30G MISC | P | QL(6.67 ea daily) |
| H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC | P | QL(6.67 ea daily) |
| HEALTH CARE LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC | P | QL(6.67 ea daily) |
| HY-VEE LANCETS MISC | P | QL(6.67 ea daily) |
| HY-VEE THIN LANCETS MISC | P | QL(6.67 ea daily) |
| IN TOUCH LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| KINNEY LANCETS MISC | P | QL(6.67 ea daily) |
| KINNEY THIN LANCETS MISC | P | QL(6.67 ea daily) |
| KROGER AUTOLET LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| KROGER HEALTHPRO TWIST LANCETS/26G MISC | P | QL(6.67 ea daily) |
| KROGER LANCETS 21G MISC | P | QL(6.67 ea daily) |
| KROGER LANCETS MICRO THIN33G MISC | P | QL(6.67 ea daily) |
| KROGER LANCETS MISC | P | QL(6.67 ea daily) |
| KROGER LANCETS SUPER THIN MISC | P | QL(6.67 ea daily) |
| KROGER LANCETS THIN 26G MISC | P | QL(6.67 ea daily) |
| KROGER LANCETS THIN MISC | P | QL(6.67 ea daily) |
| KROGER LANCETS ULTRATHIN30G MISC | P | QL(6.67 ea daily) |
| KROGER LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| LANCET DEVICE ADJUSTABLE MISC | P | QL(1 ea per 180 days retail) |
| LANCET DEVICE WITH EJECTOR MISC | P | QL(1 ea per 180 days retail) |
| LANCETS 26G TWIST TOP MISC | P | QL(6.67 ea daily) |
| LANCETS 28G MISC | P | QL(6.67 ea daily) |
| LANCETS 30G MISC | P | QL(6.67 ea daily) |
| LANCETS 30G TWIST TOP MISC | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LANCETS 33G EXTRA FINE MISC | NP | |
| LANCETS MISC | NP | |
| LANCETS MISC | P | QL(6.67 ea daily) |
| LANCETS SAFETY SEAL 21G MISC | P | QL(6.67 ea daily) |
| LANCETS SAFETY SEAL 26G MISC | P | QL(6.67 ea daily) |
| LANCETS SAFETY SEAL 28G MISC | P | QL(6.67 ea daily) |
| LANCETS SUPER THIN 28G MISC | P | QL(6.67 ea daily) |
| LANCETS THIN MISC | P | QL(6.67 ea daily) |
| LANCETS ULTRA THIN MISC | P | QL(6.67 ea daily) |
| LANCETS-MISC | P | QL (6.67 ea daily); OTC |
| LANCING DEVICE ADJUSTABLE MISC | P | QL(1 ea per 180 days retail) |
| LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| LANCING DEVICE-MISC | P | OTC |
| LANZO MISC | P | QL(1 ea per 180 days retail) |
| LEADER ADVANCED LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| LIBERTY MINI LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| LITE TOUCH LANCING PEN MISC | P | QL(1 ea per 180 days retail) |
| LIVE BETTER ADVANCED LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| LIVE BETTER LANCET SUPERTHIN 30G MISC | P | QL(6.67 ea daily) |
| LIVE BETTER LANCET ULTRATHIN 28G MISC | P | QL(6.67 ea daily) |
| LONGS LANCETS STANDARD MISC | P | QL(6.67 ea daily) |
| LONGS LANCETS THIN MISC | P | QL(6.67 ea daily) |
| MEDISENSE THIN LANCETS MISC | P | QL(6.67 ea daily) |
| MEIJER COLOR LANCETS UNIVERSAL 33G MISC | P | QL(6.67 ea daily) |
| MEIJER LANCETS MISC | P | QL(6.67 ea daily) |
| MEIJER LANCETS THIN MISC | P | QL(6.67 ea daily) |
| MEIJER LANCETS UNIVERSAL21G MISC | P | QL(6.67 ea daily) |
| MEIJER LANCETS UNIVERSAL30G MISC | P | QL(6.67 ea daily) |
| MEIJER LANCETS UNIVERSAL33G MISC | P | QL(6.67 ea daily) |
| MEIJER SUPER THIN LANCETS MISC | P | QL(6.67 ea daily) |
| MICROLET NEXT MISC | P | QL(1 ea per 180 days retail) |
| MINI LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| MM LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| MONOLET LANCETS MISC | P | QL(6.67 ea daily) |
| MONOLET OPD LANCETS MISC | P | QL(6.67 ea daily) |
| MULTI-LANCET DEVICE MISC | P | QL(1 ea per 180 days retail) |
| NOVA SUREFLEX LANCETS MISC | P | QL(6.67 ea daily) |
| NOVA SUREFLEX LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| ON CALL LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| ON CALL PLUS LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| ONETOUCH CLUB LANCETS FINE POINT MISC | P | QL(6.67 ea daily) |
| ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC | P | QL(6.67 ea daily) |
| ONETOUCH DELICA LANCETS FINE 30G MISC | P | QL(6.67 ea daily) |
| ONETOUCH DELICA LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC | P | QL(6.67 ea daily) |
| ONETOUCH DELICA PLUS LANCETS FINE 30G MISC | P | QL(6.67 ea daily) |
| ONETOUCH DELICA PLUS LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| ONETOUCH DELICA SAFETY LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| ONETOUCH FINEPOINT LANCETS MISC | P | QL(6.67 ea daily) |
| ONETOUCH SOLUTIONS FIT KIT | NP | |
| ONETOUCH SOLUTIONS RX STARTER KIT KIT | NP | |
| ONETOUCH ULTRA 2 KIT | P | RX/OTC |
| ONETOUCH ULTRA MINI KIT | P | RX/OTC |
| ONETOUCH ULTRASOFT LANCETS MISC | P | QL(6.67 ea daily) |
| ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT | P | RX/OTC |
| ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT | P | RX/OTC |
| ONETOUCH VERIO KIT | P | RX/OTC |
| ONETOUCH VERIO REFLECT KIT | P | RX/OTC |
| PC LANCETS SUPER THIN 30G MISC | P | QL(6.67 ea daily) |
| PERFECT LANCETS 30G MISC | P | QL(6.67 ea daily) |
| PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC | NP | |
| PHARMACY COUNTER LANCETS MISC | P | QL(6.67 ea daily) |
| PIP LANCETS/28G MISC | NP | |
| PIP LANCETS/30G MISC | NP | |
| PRECISION THINS GP LANCET MISC | P | QL(6.67 ea daily) |
| PREFERRED PLUS LANCETS COLORED 21G MISC | P | QL(6.67 ea daily) |
| PREFERRED PLUS LANCETS SUPER THIN 30G MISC | P | QL(6.67 ea daily) |
| PREFERRED PLUS LANCETS THIN 26G MISC | P | QL(6.67 ea daily) |
| PRODIGY LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| PRODIGY TWIST TOP LANCETS MISC | P | QL(6.67 ea daily) |
| PSS SELECT GP LANCETS MISC | P | QL(6.67 ea daily) |
| PSS SELECT SAFETY LANCETS MISC | P | QL(6.67 ea daily) |
| PURE COMFORT LANCETS 30G MISC | NP | |
| PUSH BUTTON SAFETY LANCETS 28G MISC | NP | |
| PX ADVANCED LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| PX LANCET AUTO INJECTOR MISC | P | QL(1 ea per 180 days retail) |
| PX LANCETS MICROTHIN 33G MISC | P | QL(6.67 ea daily) |
| PX LANCETS ULTRA THIN MISC | P | QL(6.67 ea daily) |
| QC ADVANCED LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| QC LANCETS SUPER THIN MISC | P | QL(6.67 ea daily) |
| QC LANCETS ULTRA THIN MISC | P | QL(6.67 ea daily) |
| QC UNILET LANCETS 33G/MICRO THIN MISC | P | QL(6.67 ea daily) |
| RA E-ZJECT LANCETS 28G MISC | P | QL(6.67 ea daily) |
| RA E-ZJECT LANCETS THIN 26G MISC | P | QL(6.67 ea daily) |
| RA E-ZJECT LANCETS THIN 28G MISC | P | QL(6.67 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RA E-ZJECT LANCETS ULTRATHIN 30G MISC | P | QL(6.67 ea daily) |
| READYLANCE SAFETY LANCETS/21G/2.2MM MISC | NP | |
| READYLANCE SAFETY LANCETS/23G/1.8MM MISC | NP | |
| READYLANCE SAFETY LANCETS/26G/1.8MM MISC | NP | |
| READYLANCE SAFETY LANCETS/28G/1.8MM MISC | NP | |
| REALITY LANCETS MISC | P | QL(6.67 ea daily) |
| RELION 2-IN-1 LANCET DEVICES 30G MISC | P | QL(1 ea per 180 days retail) |
| RELION 2-IN-1 LANCING DEVICE 25G MISC | P | QL(1 ea per 180 days retail) |
| RELION 2-IN-1 LANCING DEVICE 30G MISC | P | QL(1 ea per 180 days retail) |
| RELION LANCETS MICRO-THIN33G MISC | P | QL(6.67 ea daily) |
| RELION LANCETS THIN 26G MISC | P | QL(6.67 ea daily) |
| RELION LANCETS ULTRA-THIN30G MISC | P | QL(6.67 ea daily) |
| RELION LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| RELION ULTRA THIN LANCETS/30G MISC | P | QL(6.67 ea daily) |
| RELION ULTRA THIN LANCETS30G MISC | P | QL(6.67 ea daily) |
| RELION ULTRA THIN PLUS LANCETS 32G MISC | P | QL(6.67 ea daily) |
| RELION ULTRA THIN PLUS LANCETS 33G MISC | P | QL(6.67 ea daily) |
| REXALL LANCETS ULTRA THIN MISC | P | QL(6.67 ea daily) |
| RIGHTEST GD500 LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| RIGHTEST GL300 LANCETS MISC | P | QL(6.67 ea daily) |
| SAFETY LANCET 30G/PRESSURE ACTIVATED MISC | NP | |
| SAFETY SEAL LANCETS 28G MISC | P | QL(6.67 ea daily) |
| SAFETY SEAL LANCETS 30G MISC | P | QL(6.67 ea daily) |
| SB LANCETS THIN MISC | P | QL(6.67 ea daily) |
| SB LANCETS ULTRA THIN MISC | P | QL(6.67 ea daily) |
| SELECT-LITE LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| SHOPKO AUTOLET LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| SHOPKO UNILET LANCETS SUPER THIN 30G MISC | P | QL(6.67 ea daily) |
| SHOPKO UNILET LANCETS ULTRA THIN 28G MISC | P | QL(6.67 ea daily) |
| SIDE BUTTON SAFETY LANCET21G MISC | P | QL(6.67 ea daily) |
| SIMPLE DIAGNOSTICS LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| SM MICRO THIN LANCETS 33G MISC | P | QL(6.67 ea daily) |
| SM TRUEDRAW LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| SMART DIABETES VANTAGE LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC | P | QL(6.67 ea daily) |
| SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC | P | QL(6.67 ea daily) |
| SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC | P | QL(6.67 ea daily) |
| SMART SENSE THIN LANCETSUNIVERSAL 26G MISC | P | QL(6.67 ea daily) |
| SOLUS V2 LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| STERILANCE TL MISC | P | QL(6.67 ea daily) |
| SUPER THIN LANCETS MISC | P | QL(6.67 ea daily) |
| SURE COMFORT LANCING PEN MISC | P | QL(1 ea per 180 days retail) |
| SURE-PEN MISC | P | QL(1 ea per 180 days retail) |
| SURELITE LANCETS MISC | P | QL(6.67 ea daily) |
| TECHLITE AST LANCETS MISC | P | QL(6.67 ea daily) |
| TECHLITE LANCETS 30G MISC | P | QL(6.67 ea daily) |
| TECHLITE LANCETS MISC | P | QL(6.67 ea daily) |
| TGT LANCET MICRO THIN 33G MISC | P | QL(6.67 ea daily) |
| TGT LANCET THIN 26G MISC | P | QL(6.67 ea daily) |
| TGT LANCET ULTRA THIN 30G MISC | P | QL(6.67 ea daily) |
| TGT LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| THINLETS GP LANCETS MISC | P | QL(6.67 ea daily) |
| TODAYS HEALTH ADVANCED LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| TODAYS HEALTH SUPER THINLANCETS 30G MISC | P | QL(6.67 ea daily) |
| TODAYS HEALTH ULTRA THINLANCETS 28G MISC | P | QL(6.67 ea daily) |
| TRUE COMFORT TWIST TOP LANCETS 30G MISC | NP | |
| TRUE METRIX BLOOD GLUCOSEMETER KIT | NP | RX/OTC |
| TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN | NP | |
| TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN | NP | |
| TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD | NP | |
| TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD | NP | |
| TRUEDRAW LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| TRUEPLUS LANCETS 26G MISC | P | QL(6.67 ea daily) |
| TRUEPLUS LANCETS 28G MISC | P | QL(6.67 ea daily) |
| TRUEPLUS LANCETS 28G SUPER THIN MISC | P | QL(6.67 ea daily) |
| TRUEPLUS LANCETS 30G MISC | P | QL(6.67 ea daily) |
| TRUEPLUS LANCETS 30G ULTRA THIN MISC | P | QL(6.67 ea daily) |
| TRUEPLUS LANCETS 33G MISC | P | QL(6.67 ea daily) |
| ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC | P | QL(1 ea per 180 days retail) |
| ULTILET CLASSIC LANCETS MISC | P | QL(6.67 ea daily) |
| UNILET COMFORTOUCH LANCET MISC | P | QL(6.67 ea daily) |
| UNILET EXCELITE II MISC | P | QL(6.67 ea daily) |
| UNILET EXCELITE MISC | P | QL(6.67 ea daily) |
| UNILET G.P. LANCET MISC | P | QL(6.67 ea daily) |
| UNILET G.P. SUPERLITE LANCET MISC | P | QL(6.67 ea daily) |
| UNILET GP 28 ULTRA THIN MISC | P | QL(6.67 ea daily) |
| UNILET LANCET MISC | P | QL(6.67 ea daily) |
| UNILET LANCETS MICRO-THIN33G MISC | P | QL(6.67 ea daily) |
| UNILET LANCETS SUPER-THIN30G MISC | P | QL(6.67 ea daily) |
| UNILET LANCETS ULTRA-THIN 28G MISC | P | QL(6.67 ea daily) |
| UNILET SUPERLITE LANCET MISC | P | QL(6.67 ea daily) |
| UNISTIK PRO SAFETY LANCET 21G MISC | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UNISTIK PRO SAFETY LANCET 25G MISC | NP | |
| UNISTIK PRO SAFETY LANCET 28G MISC | NP | |
| UNISTIK TOUCH SAFETY LANCETS 21G MISC | P | QL(6.67 ea daily) |
| UNISTIK TOUCH SAFETY LANCETS 23G MISC | P | QL(6.67 ea daily) |
| UNISTIK TOUCH SAFETY LANCETS 28G MISC | P | QL(6.67 ea daily) |
| UNISTIK TOUCH SAFETY LANCETS 30G MISC | P | QL(6.67 ea daily) |
| UNIVERSAL 1 LANCETS THIN26G MISC | P | QL(6.67 ea daily) |
| UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC | P | QL(6.67 ea daily) |
| VALUE PLUS LANCETS STANDARD 21G MISC | P | QL(6.67 ea daily) |
| VALUE PLUS LANCETS SUPERTHIN 30G MISC | P | QL(6.67 ea daily) |
| VALUE PLUS LANCETS THIN 26G MISC | P | QL(6.67 ea daily) |
| VALUE PLUS LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| VALUMARK LANCET SUPER THIN 30G MISC | P | QL(6.67 ea daily) |
| VALUMARK LANCET ULTRA THIN 28G MISC | P | QL(6.67 ea daily) |
| VIDA MIA AUTOLET LANCINGDEVICE MISC | P | QL(1 ea per 180 days retail) |
| VIDA MIA UNILET LANCETS SUPER THIN 30G MISC | P | QL(6.67 ea daily) |
| VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC | P | QL(6.67 ea daily) |
| VIVAGUARD INO CONTROL SOLUTION LIQD | NP | |
| VIVAGUARD LANCETS MISC | NP | |
| VIVAGUARD LANCING DEVICE MISC | P | QL(1 ea per 180 days retail) |
| VIVAGUARD SAFETY LANCETS/28G MISC | NP | |
| WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G MISC | P | QL(6.67 ea daily) |
| WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G MISC | P | QL(6.67 ea daily) |
| WALGREENS THIN LANCETS MISC | P | QL(6.67 ea daily) |
| ZEVRX TWIST TOP LANCETS 30G MISC | NP | |
| **Misc. Devices** | | |
| ALCOHOL PREP PAD PADS | NP | RX/OTC |
| ALCOHOL PREP PADS PADS | NP | RX/OTC |
| ALCOHOL PREP PADS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| ALCOHOL PREP PADS-MISC | P | OTC |
| ALCOHOL SWABS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| BD SWABS SINGLE USE BUTTERFLY PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| BD SWABS SINGLE USE PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| CARETOUCH ALCOHOL PREP PADS PADS | NP | RX/OTC |
| COMFORT TOUCH ALCOHOL PREP PADS PADS | NP | RX/OTC |
| CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| CURITY ALCOHOL SWABS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| CVS PREP PADS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| DROPSAFE ALCOHOL PREP PADS PADS | P | RX/OTC |
| EASY COMFORT ALCOHOL PADS PADS | NP | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| EQL ALCOHOL SWABS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| FIFTY50 ALCOHOL PREP PADS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| GNP ALCOHOL SWABS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| H-E-B INCONTROL ALCOHOL PADS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| HM STERILE ALCOHOL PREP PADS PADS | NP | RX/OTC |
| MEIJER ALCOHOL SWABS EXTRA-THICK PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| PHARMACIST CHOICE ALCOHOL PRED PADS PADS | NP | RX/OTC |
| PHARMACIST CHOICE ALCOHOLPREP PADS PADS | NP | RX/OTC |
| PURE COMFORT ALCOHOL PREPPADS PADS | NP | RX/OTC |
| QC ALCOHOL SWABS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| RA ALCOHOL SWABS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| REALITY SWABS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| RELION ALCOHOL SWABS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| SAPS HEALTH ALCOHOL PREPPADS PADS | NP | RX/OTC |
| SB ALCOHOL PREP PADS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| SHOPKO ALCOHOL SWABS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| SM ALCOHOL PREP PADS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| TGT ALCOHOL SWABS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| TRUE COMFORT PRO ALCOHOLPREP PADS PADS | NP | RX/OTC |
| ULTICARE ALCOHOL SWABS PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| WEBCOL ALCOHOL PREP LARGE 1 PLY PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| WEBCOL ALCOHOL PREP LARGE 2 PLY PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS | P | QL(400 ea per 30 days retail); RX/OTC |
| ZEVRX STERILE ALCOHOL PREP PADS PADS | NP | RX/OTC |
| **Optical and Ophthalmic Supplies** | | |
| SUSVIMO OCULAR IMPLANT IMPL | P | PA; SP |
| **Parenteral Therapy Supplies** | | |
| ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC | P | QL(5 ea daily) |
| ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC | P | QL(5 ea daily) |
| ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC | P | QL(5 ea daily) |
| ASSURE ID INSULIN SAFETYSYRINGE/1ML/31 G X 15/64" MISC | P | QL(5 ea daily) |
| ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ASSURE ID SAFETY PEN NEEDLES 30G X 3/16" MISC | NP | |
| AUM MINI INSULIN PEN NEEDLE/32GX4MM MISC | NP | RX/OTC |
| AUM MINI INSULIN PEN NEEDLE/32GX6MM MISC | NP | |
| AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC MISC | NP | RX/OTC |
| AUM SAFETY PEN NEEDLE/31G X 5MM MISC | NP | RX/OTC |
| B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD AUTOSHIELD 29G X 3/16" MISC | P | QL(5 ea daily) |
| BD AUTOSHIELD 29G X 5/16" MISC | P | QL(5 ea daily) |
| BD AUTOSHIELD DUO 30G X 5MM MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM MISC | P | QL(5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC | P | QL(5 ea daily) |
| BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8" MISC | P | QL(5 ea daily) |
| BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC | P | QL(5 ea daily) |
| BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC | P | QL(5 ea daily); RX/OTC |
| BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC | P | QL(5 ea daily); RX/OTC |
| BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC | P | QL(5 ea daily) |
| BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC | P | QL(5 ea daily); RX/OTC |
| BD PEN NEEDLES | P | QL (5 ea daily); OTC |
| BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC | P | QL(5 ea daily) |
| BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC | P | QL(5 ea daily) |
| BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC | P | QL(5 ea daily) |
| CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC | P | QL(5 ea daily) |
| CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" MISC | P | QL(5 ea daily) |
| CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" MISC | P | QL(5 ea daily) |
| CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" MISC | P | QL(5 ea daily) |
| CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16" MISC | P | QL(5 ea daily) |
| CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16" MISC | P | QL(5 ea daily) |
| CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC | P | QL(5 ea daily) |
| COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| COMFORT TOUCH PEN NEEDLES/31G X 5MM MISC | NP | RX/OTC |
| COMFORT TOUCH PEN NEEDLES/31G X 8 MM MISC | NP | RX/OTC |
| COMFORT TOUCH PEN NEEDLES/32G X 4MM MISC | NP | RX/OTC |
| COMFORT TOUCH PEN NEEDLES/32G X 6MM MISC | NP | |
| DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| DROPLET INSULIN SYRINGE 1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC | P | QL(5 ea daily) |
| DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| DROPSAFE SAFETY PEN NEEDLE/31GX5MM MISC | NP | RX/OTC |
| EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC | P | QL(5 ea daily) |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC | P | QL(5 ea daily) |
| EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC | P | QL(5 ea daily) |
| EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| EASY TOUCH PEN NEEDLE/30G X 3/16" MISC | NP | |
| EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM MISC | NP | |
| EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC | P | QL(5 ea daily) |
| EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC | P | QL(5 ea daily) |
| ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ELITE-THIN INSULIN SYRINGE/1ML/29G X 5/16" MISC | P | QL(5 ea daily) |
| ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/29G X 5/16" MISC | P | QL(5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 5/16" MISC | P | QL(5 ea daily) |
| ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC | P | QL(5 ea daily) |
| GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| GNP INSULIN SYRINGES/0.3ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGES/1/2ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGES/1ML/28GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGES/1ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGES/1ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| GNP INSULIN SYRINGES/3ML/31GX5/16" MISC | P | QL(5 ea daily) |
| GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM MISC | NP | RX/OTC |
| GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM MISC | NP | RX/OTC |
| GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM MISC | NP | |
| GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM MISC | NP | RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC | P | QL(5 ea daily); RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGE/0.3ML/29G X 1" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGE/0.5ML/27G X 1/2" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGE/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGES | P | QL (5 ea daily); OTC |
| INSULIN SYRINGES-MISC | P | QL (5 ea daily); RX/OTC |
| INSULIN SYRINGES/0.5ML/27GX1/2" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGES/0.5ML/28GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGES/0.5ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGES/0.5ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGES/0.5ML/31GX 5/16" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGES/0.5ML/31GX5/16" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGES/1ML/27GX/1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGES/1ML/27GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGES/1ML/28GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGES/1ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| INSULIN SYRINGES/1ML/30GX1/2" MISC | P | QL(5 ea daily) |
| INSULIN SYRINGES/1ML/31GX5/16" MISC | P | QL(5 ea daily) |
| KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC | P | QL(5 ea daily); RX/OTC |
| KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC | P | QL(5 ea daily); RX/OTC |
| KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16" MISC | NP | |
| MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC | P | QL(5 ea daily) |
| MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| MONOJECT INSULIN SYRINGE/1ML MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC | P | QL(5 ea daily) |
| MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| MS INSULIN SYRINGE/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| PEN NEEDLES 30GX5MM MISC | NP | |
| PENTIPS 31GX5MM MISC | NP | RX/OTC |
| PENTIPS 31GX8MM MISC | NP | RX/OTC |
| PENTIPS 32GX4MM MISC | NP | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC | P | QL(5 ea daily) |
| PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16" MISC | NP | RX/OTC |
| PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| QC UNIFINE PENTIPS 32GX4MM MISC | NP | RX/OTC |
| RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RA INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| RELION INSULIN SYRINGE 1ML/31GX15/64" MISC | P | QL(5 ea daily) |
| RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC | P | QL(5 ea daily) |
| RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC | P | QL(5 ea daily) |
| SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC | P | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 MISC | P | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC | P | QL(5 ea daily) |
| TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRUE COMFORT PRO INSULINSYRINGE/0.5ML/ 31G X 5/16" MISC | P | QL(5 ea daily) |
| TRUE COMFORT PRO INSULINSYRINGE/1ML/30 G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| TRUE COMFORT PRO INSULINSYRINGE/1ML/31 G X 5/16" MISC | P | QL(5 ea daily) |
| TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16" MISC | NP | |
| ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C MISC | P | QL(5 ea daily) |
| ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C MISC | P | QL(5 ea daily) |
| ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON MISC | P | QL(5 ea daily) |
| ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO MISC | P | QL(5 ea daily) |
| ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C MISC | P | QL(5 ea daily) |
| ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS MISC | P | QL(5 ea daily) |
| ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C MISC | P | QL(5 ea daily) |
| ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN MISC | NP | RX/OTC |
| ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN MISC | NP | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN MISC | P | QL(5 ea daily) |
| ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC | P | QL(5 ea daily); RX/OTC |
| ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC | P | QL(5 ea daily) |
| ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC | P | QL(5 ea daily); RX/OTC |
| ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC | P | QL(5 ea daily); RX/OTC |
| ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC | P | QL(5 ea daily) |
| ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC | P | QL(5 ea daily) |
| ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" MISC | P | QL(5 ea daily) |
| ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" MISC | P | QL(5 ea daily) |
| ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2" MISC | P | QL(5 ea daily) |
| ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16" MISC | P | QL(5 ea daily) |
| ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" MISC | P | QL(5 ea daily) |
| ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" MISC | P | QL(5 ea daily) |
| ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" MISC | P | QL(5 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16" MISC | P | QL(5 ea daily) |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC | P | QL(5 ea daily) |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC | P | QL(5 ea daily) |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC | P | QL(5 ea daily) |
| ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC | P | QL(5 ea daily) |
| UNIFINE PENTIPS 31GX5MM MISC | NP | RX/OTC |
| UNIFINE PENTIPS 31GX8MM MISC | NP | RX/OTC |
| UNIFINE PENTIPS 32GX4MM MISC | NP | RX/OTC |
| UNIFINE PENTIPS 32GX6MM MISC | NP | |
| UNIFINE PENTIPS PLUS/30GX 3/16" MISC | NP | |
| UNIFINE PENTIPS/30G X 3/16" MISC | NP | |
| UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM MISC | NP | RX/OTC |
| UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16" MISC | NP | |
| UNIFINE ULTRA PEN NEEDLE/31GX5MM MISC | NP | RX/OTC |
| UNIFINE ULTRA PEN NEEDLE/31GX8MM MISC | NP | RX/OTC |
| UNIFINE ULTRA PEN NEEDLE/32GX4MM MISC | NP | RX/OTC |
| VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16" MISC | P | QL(5 ea daily) |
| VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC | P | QL(5 ea daily); RX/OTC |
| ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ZEVRX INSULIN SYRINGE/1ML/30G X 1/2" MISC | P | QL(5 ea daily) |
| ZEVRX INSULIN SYRINGE/1ML/30G X 5/16" MISC | P | QL(5 ea daily); RX/OTC |
| ZEVRX PEN NEEDLES 31G X 5MM MISC | NP | RX/OTC |
| ZEVRX PEN NEEDLES 31G X 8MM MISC | NP | RX/OTC |
| ZEVRX PEN NEEDLES 32G X 4MM MISC | NP | RX/OTC |
| **Respiratory Therapy Supplies** | | |
| ACE AEROSOL CLOUD ENHANCER MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| ACTIVITY POUCH MISC | P | QL(1 ml 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 ml 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 ml per 360 days retail); RX/OTC |
| ADULT MASK MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| AEROCHAMBER MINI AEROSOLCHAMBER DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER MV MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER PLUS FLOW VU MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER PLUS FLOW-VU MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER PLUS FLOW-VU/MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC | P | QL(2 ea per 360 days retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROCHAMBER/FLOWSIGNAL MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| AEROTRACH PLUS MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| AIRS PEDIATRIC AEROSOL MASK MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| AIRZONE PEAK FLOW METER DEVI | P | RX/OTC |
| ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| ARIAL CHAMBER DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| ASSESS FULL RANGE PEAK FLOW METER DEVI | P | RX/OTC |
| ASSESS LOW RANGE PEAK FLOW METER DEVI | P | RX/OTC |
| ASSESS PEAK FLOW METER FULL RANGE DEVI | P | RX/OTC |
| ASSESS PEAK FLOW METER LOW RANGE DEVI | P | RX/OTC |
| ASTHMA CHECK METER-ZONE SYSTEM DEVI | P | RX/OTC |
| ASTHMAMENTOR DEVI | P | RX/OTC |
| BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHE EASE NEBULIZER MASK/CHILD MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| BREATHE EASE NEBULIZER MASK/INFANT MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| BREATHE EASE PEAK FLOW METER DEVI | P | RX/OTC |
| BREATHE EASE/LARGE MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHE EASE/MEDIUM MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHE EASE/SMALL MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHERITE MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHERITE RIGID SPACERW/MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHERITE W/LARGE MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BREATHERITE W/MEDIUM MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| BREATHERITE W/SMALL MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| CARETOUCH 2 CPAP HOSE HANGER MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| CARETOUCH CPAP & BIPAP HOSE/6FT MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| CARETOUCH CPAP MASK WIPES MISC | P | QL(1 ml 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 ml per 360 days retail); RX/OTC |
| CARETOUCH UNIVERSAL CPAPFILTERS MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| CLEVER CHOICE PEAK FLOW METER DEVI | P | RX/OTC |
| CO MONITOR REPLACEMENT TPIECES MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| COMPACT SPACE CHAMBER/ANTI-STATIC DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| DISPOSABLE MOUTHPIECE FULL RANGE MISC | P | QL(1 ea per 180 days retail); RX/OTC |
| DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC | P | QL(1 ea per 180 days retail); RX/OTC |
| DISPOSABLE MOUTHPIECE/LOW RANGE MISC | P | QL(1 ea per 180 days retail); RX/OTC |
| DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC | P | QL(1 ea per 180 days retail); RX/OTC |
| DISPOSABLE PAPER MOUTHPIECE MISC | P | QL(1 ea per 180 days retail); RX/OTC |
| EASIVENT MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| EASIVENT/MASK-LARGE MISC | P | QL(2 ea per 360 days retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASIVENT/MASK-MEDIUM MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| EASIVENT/MASK-SMALL MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| EASY FLOW 300 MM HOSE MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| EASY FLOW 400 MM HOSE MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| EASY FLOW AIR NOZZLE MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| EASY FLOW HEPA FILTER MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| EBASE CONTROLLER KIT MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| EFLOW SCF AEROSOL HEAD MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| EXPIRATORY MOUTHPIECE MISC | P | QL(1 ea per 180 days retail); RX/OTC |
| FILTER AIR PP MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| FLEXICHAMBER DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| FLYP HYPERSONIQ CARTRIDGE MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| FULL KIT NEBULIZER SET MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| INNOSPIRE REPLACEMENT FILTER MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| INSPIRACHAMBER/LARGE DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| INSPIREASE DRUG DELIVERYSYSTEM MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| INSPIREASE RESERVOIR BAGS MISC | P | QL(3 ea per 180 days retail) |
| KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC | P | QL(1 ea per 180 days retail); RX/OTC |
| LITEAIRE DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| LITETOUCH MASK LARGE MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| LITETOUCH MASK MEDIUM MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| LITETOUCH MASK SMALL MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| LUNG PERFORMANCE PEAK FLOW METER DEVI | P | RX/OTC |
| MICROCHAMBER DEVI | P | QL(2 ea per 360 days retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MICROCHAMBER MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| MICROELITE FILTER REPLACEMENTS MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| MICROELITE RECHARGEABLE BATTERY MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| MICROLIFE DIGITAL PEAK FLOW METER DEVI | P | RX/OTC |
| MICROSPACER MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE DEVI | P | RX/OTC |
| MINI WRIGHT PEAK FLOW METER DEVI | P | RX/OTC |
| MINI WRIGHT PEAK FLOW METER STANDARD RANGE DEVI | P | RX/OTC |
| MINIELITE FILTER REPLACEMENTS MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| MINIELITE RECHARGEABLE BATTERY MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| NEBULIZER AIR TUBE/PLUGS MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| NEBULIZER MASK ADULT MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| NEBULIZER MASK CHILD MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| NOSE CLIP MISC | P | QL(1 ml 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 |
| OPTICHAMBER ADVANTAGE/LARGE MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTICHAMBER DIAMOND DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTICHAMBER DIAMOND MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTICHAMBER DIAMOND/SMALLFACE MASK MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTICHAMBER FACE MASK/LARGE MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTICHAMBER FACE MASK/MEDIUM MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTICHAMBER FACE MASK/SMALL MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| OPTIHALER MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| PARI ALTERA NEBULIZER HANDSET MISC | P | QL(1 ml per 360 days retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PARI BABY CONVERSION KITSIZE 1 MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PARI BABY CONVERSION KITSIZE 2 MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PARI BABY CONVERSION KITSIZE 3 MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PARI ERAPID NEBULIZER HANDSET MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PARI EXPIRATORY FILTER VALVE SET DEVI | P | QL(1 ml per 360 days retail); RX/OTC |
| PARI MASK SET MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PARI SMARTMASK BABY/ELBOW MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PARI SOFT PLASTIC ADULT MASK MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PARI SOFT PLASTIC PEDIATRIC MASK MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PARI VORTEX ADULT MASK MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PEAK A-I-R FLOW METER DEVI | P | RX/OTC |
| PEAK AIR PEAK FLOW METERADULT/PEDIATRIC DEVI | P | RX/OTC |
| PEDIATRIC DISPOSABLE MOUTPIECE MISC | P | QL(1 ea per 180 days retail); RX/OTC |
| PEDIATRIC MOUTHPIECE/DISPOSABLE MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PERSONAL BEST FULL RANGE DEVI | P | RX/OTC |
| PERSONAL BEST LOW RANGE DEVI | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PFLEX MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PIKO 1 ELECTRONIC DEVI | P | RX/OTC |
| PILLOW MASK/ADULT MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PILLOW MASK/CHILD MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PILLOW MASK/PEDIATRIC MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| POCKET CHAMBER DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| POCKET PEAK FLOW METER DEVI | P | RX/OTC |
| POCKET SPACER DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| POCKETPEAK PEAK FLOW METER LOW RANGE DEVI | P | RX/OTC |
| POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM DEVI | P | RX/OTC |
| PRO COMFORT INHALER SPACER CHAMBER ADULT MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| PRO COMFORT INHALER SPACER CHAMBER CHILD MISC | P | QL(2 ea per 360 days retail); RX/OTC |
| PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| PROCARE SPACER CHAMBER W/ADULT MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| PROCARE SPACER CHAMBER W/CHILD MASK DEVI | P | QL(2 ea per 360 days retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PRONEB ULTRA FILTER SET MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| PURE COMFORT PEAK FLOW METER ADULT DEVI | P | RX/OTC |
| PURE COMFORT PEAK FLOW METER CHILD DEVI | P | RX/OTC |
| REPLACEMENT AIR FILTER MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| REPLACEMENT FILTERS MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| RITEFLO DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| SAMI THE SEAL REPLACEMENTFILTERS MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SIDESTREAM ADULT FACE MASK MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SIDESTREAM PEDIATRIC FACEMASK MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SIDESTREAM PLUS ADULT FACE MASK MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SOOTHENEB NBL 100 CHILD MASK MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SOOTHENEB NBL 100 MEDICATION CUP MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SOOTHENEB NBL 100 MESH CAP MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| SOOTHENEB NBL100 ADULT MASK MISC | P | QL(1 ml 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 ml per 360 days retail); RX/OTC |
| TRUZONE PEAK FLOW METER DEVI | P | RX/OTC |
| TUBING/WING TIP MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| VALVED HOLDING CHAMBER DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| VORTEX VALVED HOLDING CHAMBER DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| WATCHHALER DEVI | P | QL(2 ea per 360 days retail); RX/OTC |
| WINDMILL TRAINER MISC | P | QL(1 ml per 360 days retail); RX/OTC |
| **MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches** | | |
| **Calcitonin Gene-Related Peptide (CGRP)** | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AJOVY SOAJ | P | PA; SP |
| AJOVY SOSY | P | PA; SP |
| EMGALITY SOAJ | P | PA; SP |
| EMGALITY SOSY | P | PA; SP |
| VYEPTI SOLN | P | PA; SP |
| **Migraine Combinations** | | |
| CAFERGOT TABS (*Use ergotamine w/ caffeine*) | NP | AL(At least 18 yrs old) |
| *ergotamine w/ caffeine tabs or 1 mg-100 mg* | P | AL(At least 18 yrs old) |
| **Migraine Products** | | |
| D.H.E. 45 SOLN (*Use dihydroergotamine mesylate*) | NP | AL(At least 18 yrs old) |
| *dihydroergotamine mesylate soln ij 1 mg/ml* | P | AL(At least 18 yrs old) |
| *dihydroergotamine mesylate soln na 4 mg/ml* | P | AL(At least 18 yrs old) |
| MIGRANAL SOLN (*Use dihydroergotamine mesylate*) | NP | AL(At least 18 yrs old) |
| **Serotonin Agonists** | | |
| AMERGE TABS (*Use naratriptan hcl*) | NP | QL(9 ea per 30 days retail); AL(At least 18 yrs old) |
| *eletriptan hydrobromide tabs* | P | QL(6 ea per 30 days retail); AL(At least 18 yrs old) |
| IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (*Use sumatriptan*) | NP | QL(6 ea per 30 days retail); AL(At least 12 yrs old) |
| IMITREX SOLN SC 6 MG/0.5ML (*Use sumatriptan succinate*) | NP | QL(2.5 ml 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) |
| IMITREX TABS OR 100 MG, 25 MG, 50 MG (*Use sumatriptan succinate*) | NP | QL(9 ea per 30 days retail); AL(At least 12 yrs old) |
| MAXALT TABS (*Use rizatriptan benzoate*) | NP | QL(12 ea per 30 days retail); AL(At least 6 yrs old) |
| MAXALT-MLT TBDP (*Use rizatriptan benzoate*) | NP | QL(0.4 ea daily) |
| *naratriptan hcl tabs* | P | QL(9 ea per 30 days retail); AL(At least 18 yrs old) |
| RELPAX TABS (*Use eletriptan hydrobromide*) | NP | QL(6 ea per 30 days retail); AL(At least 18 yrs old) |
| *rizatriptan benzoate tabs 10 mg, 5 mg* | P | QL(12 ea per 30 days retail); AL(At least 6 yrs old) |
| *rizatriptan benzoate tbdp 10 mg, 5 mg* | P | QL(0.4 ea daily) |
| *sumatriptan soln na 20 mg/act, 5 mg/act* | P | QL(6 ea per 30 days retail); AL(At least 12 yrs old) |
| *sumatriptan succinate soaj sc 6 mg/0.5ml* | P | QL(2 ml per 30 days retail); AL(At least 12 yrs old) |
| *sumatriptan succinate soct sc 6 mg/0.5ml* | P | QL(2 ml per 30 days retail); AL(At least 12 yrs old) |
| *sumatriptan succinate soln sc 6 mg/0.5ml* | P | QL(2.5 ml per 30 days retail); AL(At least 12 yrs old) |
| *sumatriptan succinate sosy sc 6 mg/0.5ml* | P | QL(2 ml per 30 days retail); AL(At least 12 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg* | P | QL(9 ea per 30 days retail); AL(At least 12 yrs old) |
| *zolmitriptan soln na 5 mg* | P | QL(6 ea per 30 days retail); AL(At least 12 yrs old) |
| *zolmitriptan tabs or 2.5 mg, 5 mg* | P | QL(6 ea per 30 days retail); AL(At least 18 yrs old) |
| *zolmitriptan tbdp or 2.5 mg, 5 mg* | P | QL(6 ea per 30 days retail); AL(At least 18 yrs old) |
| ZOMIG SOLN NA 5 MG (*Use zolmitriptan*) | NP | QL(6 ea per 30 days retail); AL(At least 12 yrs old) |
| ZOMIG TABS OR 2.5 MG, 5 MG (*Use zolmitriptan*) | NP | QL(6 ea per 30 days retail); AL(At least 18 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 | P | OTC;QL(2 ea daily) |
| *calcium carbonate-cholecalciferol tabs 20 mcg-600 mg, 400 unit-600 mg-600 mg-800 unit, 10 mcg-600 mg* | P | QL(2 ea daily) |
| *calcium carbonate-cholecalciferol tabs 200 unit-200 unit-500 mg-500 mg, 5 mcg-500 mg* | P | OTC |
| *calcium carbonate-vitamin d tabs 125 unit-500 mg, 125 unit-250 mg, 200 unit-500 mg* | P | OTC |
| *calcium carbonate-vitamin d tabs 200 unit-600 mg* | P | OTC;QL(2 ea daily) |
| CALTRATE 600+D3 TABS (*Use calcium carbonate-cholecalciferol*) | NP | QL(2 ea daily) |
| OYSTER SHELL CALCIUM 500+ D TABS | P | OTC |
| OYSTER SHELL CALCIUM/D TABS | P | OTC |
| *oyster shell tabs* | P | OTC |
| PARVA-CAL TABS | P | OTC |
| QC CALCIUM 500MG/D3 TABS | P | OTC |
| **Electrolyte Mixtures** | | |
| BIOLYTE SOLN | P | QL(1000 ml per fill retail) |
| CERALYTE 70 SOLN 20 MEQ/L-30 MEQ/L-60 MEQ/L-70 MEQ/L | P | QL(1000 ml per fill retail) |
| CERASPORT EX1 SOLN | 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) |
| ENFAMIL ENFALYTE SOLN | P | QL(1000 ml per fill retail) |
| EQUALYTE SOLN (*Use oral electrolytes*) | NP | QL(1000 ml per fill retail) |
| HYDRALYTE FREEZER POPS SOLN | P | QL(1000 ml per fill retail) |
| HYDRALYTE SOLN 107.5 MG/250ML-132.5 MG/250ML-140 MG/250ML, 16 GM/L-20 MEQ/L-45 MEQ/L-45 MEQ/L-90 MEQ/L, 210 MG/250ML-270 MG/250ML | P | QL(1000 ml per fill retail) |
| KINDERLYTE PREMAX SOLN 3.1 MG/360ML-320 MG/360ML-620 MG/360ML-630 MG/360ML, 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML | P | QL(1000 ml per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KINDERLYTE SOLN 3.1 MG/360ML-300 MG/360ML-445 MG/360ML-560 MG/360ML, 3.1 MG/360ML-300 MG/360ML-460 MG/360ML-570 MG/360ML | P | QL(1000 ml per fill retail) |
| *oral electrolytes soln* | P | QL(1000 ml per fill retail) |
| PEDIALYTE ADVANCED CARE SOLN (*Use oral electrolytes*) | NP | QL(1000 ml per fill retail) |
| PEDIALYTE FREEZER POPS SOLN (*Use oral electrolytes*) | NP | QL(1000 ml per fill retail) |
| PEDIALYTE SINGLES SOLN (*Use oral electrolytes*) | NP | QL(1000 ml per fill retail) |
| PEDIALYTE SOLN 0.5 MG/59ML-1.2 MEQ/59ML-1.5 GM/59ML-2.1 MEQ/59ML-2.7 MEQ/59ML, 20 MEQ/L-25 GM/L-30 MEQ/L-35 MEQ/L-45 MEQ/L, 4.7 MEQ/237ML-8.3 MEQ/237ML-10.6 MEQ/237ML, 5 GM/L-20 GM/L-20 MEQ/L-35 MEQ/L-45 MEQ/L, 7.8 MG/L-20 MEQ/L-25 GM/L-35 MEQ/L-45 MEQ/L (*Use oral electrolytes*) | NP | QL(1000 ml per fill retail) |
| **Fluoride** | | |
| *sodium fluoride chew or 0.25 mg, 0.5 mg, 1 mg, 2.2 mg* | P | AL(Up to 15 yrs old ) |
| *sodium fluoride soln or 0.125 mg/drop* | P | AL(Up to 15 yrs old ) |
| *sodium fluoride soln or 0.5 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 (mg supplement) tabs 400 mg* | P | OTC |
| MAGNESIUM OXIDE CAPS 400 MG | P | OTC |
| MAGOX 400 TABS (*Use magnesium oxide (mg supplement*)) | NP | OTC |
| **Phosphate** | | |
| K-PHOS NEUTRAL TABS (*Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) | NP | QL(8 ea daily) |
| *pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs* | P | QL(8 ea daily) |
| **Potassium** | | |
| K-TAB TBCR 10 MEQ, 8 MEQ (*Use potassium chloride*) | NP | |
| *potassium bicarbonate tbef or* | P | |
| *potassium chloride cpcr or 10 meq* | P | |
| *potassium chloride cpcr or 8 meq* | P | QL(1 ea daily) |
| *potassium chloride microencapsulated crystals er tbcr* | P | |
| *potassium chloride pack or 20 meq* | P | |
| *potassium chloride soln or 20 %, 10 %* | P | |
| *potassium chloride tbcr or 10 meq, 8 meq* | P | |
| **Zinc** | | |
| *zinc sulfate caps or 220 mg* | P | QL(100 ea per fill retail) |
| **MISCELLANEOUS THERAPEUTIC CLASSES** | | |
| **Allogeneic Tissue** | | |
| RETHYMIC IMPL | P | PA; SP |
| **Chelating Agents** | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DEPEN TITRATABS TABS (*Use penicillamine*) | NP | |
| *penicillamine tabs or* | P | |
| SYPRINE CAPS (*Use trientine hcl*) | NP | PA; SP |
| *trientine hcl caps* | P | PA; SP |
| **Enzymes** | | |
| XIAFLEX SOLR | P | PA; SP |
| **Fecal Incontinence Bulking Agents** | | |
| SOLESTA GEL | P | PA; SP |
| **Immunomodulators** | | |
| *lenalidomide caps* | P | PA; SP |
| REVLIMID CAPS | P | PA; SP |
| REZUROCK TABS | P | PA; SP |
| THALOMID CAPS | P | PA; SP |
| VYVGART SOLN | P | PA; SP |
| **Immunosuppressive Agents** | | |
| ATGAM INJ | P | PA; SP |
| *azathioprine tabs or 100 mg, 75 mg* | P | PA |
| *azathioprine tabs or 50 mg* | P | |
| CELLCEPT CAPS (*Use mycophenolate mofetil*) | NP | |
| CELLCEPT SUSR (*Use mycophenolate mofetil*) | NP | |
| CELLCEPT TABS (*Use mycophenolate mofetil*) | NP | |
| *cyclosporine caps or 100 mg, 25 mg* | P | |
| *cyclosporine modified (for microemulsion) caps* | P | |
| *cyclosporine modified (for microemulsion) soln* | P | |
| *cyclosporine soln iv 50 mg/ml* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ENSPRYNG SOSY | P | PA; SP |
| GAMIFANT SOLN | P | PA; SP |
| IMURAN TABS (*Use azathioprine*) | NP | |
| LUPKYNIS CAPS | P | PA; SP |
| *mycophenolate mofetil caps or 250 mg* | P | |
| *mycophenolate mofetil susr or 200 mg/ml* | P | |
| *mycophenolate mofetil tabs or 500 mg* | P | |
| *mycophenolate sodium tbec* | P | |
| MYFORTIC TBEC (*Use mycophenolate sodium*) | NP | |
| NEORAL CAPS (*Use cyclosporine modified (for microemulsion*)) | NP | |
| NEORAL SOLN (*Use cyclosporine modified (for microemulsion*)) | NP | |
| NULOJIX SOLR | P | PA; SP |
| PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (*Use tacrolimus*) | NP | |
| PROGRAF PACK OR 0.2 MG, 1 MG | P | PA |
| RAPAMUNE SOLN (*Use sirolimus*) | NP | |
| RAPAMUNE TABS (*Use sirolimus*) | NP | |
| SANDIMMUNE CAPS OR 100 MG, 25 MG (*Use cyclosporine*) | NP | |
| SANDIMMUNE SOLN IV 50 MG/ML (*Use cyclosporine*) | NP | |
| SANDIMMUNE SOLN OR 100 MG/ML | P | |
| *sirolimus soln or 1 mg/ml* | P | |
| *sirolimus tabs or 0.5 mg, 1 mg, 2 mg* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tacrolimus caps or 0.5 mg, 1 mg, 5 mg* | P | |
| THYMOGLOBULIN SOLR | P | PA; SP |
| UPLIZNA SOLN | P | PA; SP |
| **Lymphatic Agents** | | |
| SYLVANT SOLR | P | PA; SP |
| **PIK3CA-Related Overgrowth Spectrum (PROS)** | | |
| VIJOICE TBPK | P | PA; SP |
| **Potassium Removing Agents** | | |
| *sodium polystyrene sulfonate powd* | P | |
| *sodium polystyrene sulfonate susp* | P | |
| **Progeria Treatment Agents** | | |
| ZOKINVY CAPS | P | PA; SP |
| **Systemic Lupus Erythematosus Agents** | | |
| BENLYSTA SOAJ | P | PA; SP |
| BENLYSTA SOLR | P | PA; SP |
| BENLYSTA SOSY | P | PA; SP |
| SAPHNELO SOLN | P | PA; SP |
| **MOUTH/THROAT/DENTAL AGENTS** | | |
| **Anesthetics Topical Oral** | | |
| *lidocaine hcl (mouth-throat) soln 2 %* | P | QL(100 ml per fill retail) |
| **Anti-infectives - Throat** | | |
| *nystatin (mouth-throat) susp* | P | QL(120 ml per fill retail) |
| **Antiseptics - Mouth/Throat** | | |
| *chlorhexidine gluconate (mouth-throat) soln* | P | |
| PERIDEX SOLN (*Use chlorhexidine gluconate (mouth-throat)*) | NP | |
| **Dental Products** | | |
| PREVIDENT 5000 BOOSTER PLUS PSTE (*Use sodium fluoride (dental)*) | NP | |
| PREVIDENT 5000 DRY MOUTH GEL (*Use sodium fluoride (dental)*) | NP | |
| PREVIDENT 5000 ORTHO DEFENSE PSTE (*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) crea dt 1.1 %* | P | PA |
| *sodium fluoride (dental) gel dt 1.1 %* | P | |
| *sodium fluoride (dental) pste dt 1.1 %* | P | |
| **Periodontal Products** | | |
| ARESTIN MISC | P | PA; SP |
| **Steroids - Mouth/Throat/Dental** | | |
| *triamcinolone acetonide (mouth) pste* | 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 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MOI-STIR SOLN | P | QL(900 ml per fill retail); RX/OTC |
| MOUTH KOTE REMINT SOLN | P | QL(900 ml per fill retail); RX/OTC |
| MOUTH KOTE SOLN | P | QL(900 ml per fill retail); RX/OTC |
| NUMOISYN LIQD | P | QL(900 ml per fill retail); RX/OTC |
| ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN | P | QL(900 ml per fill retail); RX/OTC |
| *pilocarpine hcl (oral) tabs 5 mg* | P | QL(6 ea daily) |
| RA DRY MOUTH SOLN | P | QL(900 ml per fill retail); RX/OTC |
| SALAGEN TABS 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 0.5 mg-1 mcg-3 mg-3 mg-5 mg-20 mg-60 mg-60 mg, 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 0.1 mg-1 mg-2 mg-3 mg-5 mcg-20 mg, 0.2 mg-1.5 mg-2 mg-10 mg-10 mg, 1 mg-2 mg-3 mg-5 mcg-20 mg-83 mg, 2 mcg-2 mg-2 mg-2 mg-5 mg-15 mg, 2 mg-2 mg-3 mg-3 mg-3 mg-3 mg-6 mcg-6 mcg-10 mg-10 mg-20 mg-20 mg, 2 mg-3 mg-3 mg-6 mcg-10 mg-20 mg, 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 mg-15 mg-50 mg-300 mg, 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 caps 1 mg-1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg, 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 |
| *b-complex w/ c & folic acid tabs 0.006 mg-0.3 mg-1 mg-1.5 mg-1.7 mg-10 mg-10 mg-20 mg-100 mg, 0.01 mcg-1 mg-1.5 mg-1.7 mg-10 mg-10 mg-20 mg-60 mg-300 mcg, 1 mg-1 mg-1.5 mg-1.5 mg-1.7 mg-1.7 mg-6 mcg-6 mcg-10 mg-10 mg-10 mg-10 mg-20 mg-20 mg-100 mg-100 mg-300 mcg-300 mcg, 1 mg-1 mg-1.5 mg-1.7 mg-8 mg-20 mg-30 mcg-200 mg-300 mcg, 1 mg-1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-100 mg-300 mcg, 1 mg-1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-60 mg-300 mcg, 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg, 1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-100 mg-300 mcg-1000 mcg* | P | QL(1 ea daily); RX/OTC |
| NEPHRO-VITE RX TABS (*Use b-complex w/ c & folic acid*) | NP | QL(1 ea daily); RX/OTC |
| **Multiple Vitamins w/ Iron** | | |
| *multiple vitamins w/ iron tabs* | P | OTC;QL(1 ea daily) |
| TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS | P | OTC;QL(1 ea daily) |
| **Multiple Vitamins w/ Minerals** | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *multiple vitamins w/ minerals tabs* | P | RX/OTC |
| *multiple vitamins w/ minerals-various* | P | RX/OTC |
| **Multivitamins** | | |
| AMLADEX TABS | P | OTC;QL(1 ea daily); RX/OTC |
| DAILY MULTIPLE VITAMINS TABS | P | OTC;QL(1 ea daily); RX/OTC |
| ESTROFACTORS TABS | P | OTC;QL(1 ea daily); RX/OTC |
| GENICIN VITA-Q TABS | P | OTC;QL(1 ea daily); RX/OTC |
| HIGH POTENCY MULTIVITAMIN TABS | P | OTC;QL(1 ea daily); RX/OTC |
| MULTI VITAMIN TABS | P | OTC;QL(1 ea daily); RX/OTC |
| MULTI VITAMIN/D-3 TABS | P | OTC;QL(1 ea daily); RX/OTC |
| *multiple vitamin tabs* | P | OTC;QL(1 ea daily); RX/OTC |
| MULTIVITAMIN ADULT TABS | P | OTC;QL(1 ea daily); RX/OTC |
| MULTIVITAMIN TABS | P | OTC;QL(1 ea daily); RX/OTC |
| NEOMULTIVITE TABS | P | OTC;QL(1 ea daily); RX/OTC |
| OMNICAP TABS | P | OTC;QL(1 ea daily); RX/OTC |
| ONE DAILY ESSENTIAL TABS | P | OTC;QL(1 ea daily); RX/OTC |
| ONE-A-DAY ESSENTIAL TABS (*Use multiple vitamin*) | NP | OTC;QL(1 ea daily); RX/OTC |
| ONE-A-DAY MENS TABS (*Use multiple vitamin*) | NP | OTC;QL(1 ea daily); RX/OTC |
| QUINTABS TABS | P | OTC;QL(1 ea daily); RX/OTC |
| THERA TABS | P | OTC;QL(1 ea daily); RX/OTC |
| THEREMS MULTIVITAMIN TABS | P | OTC;QL(1 ea daily); RX/OTC |
| **Ped MV w/ Fluoride** | | |
| FLORIVA PLUS SOLN | P | QL(50 ml per fill retail); AL(Up to 21 yrs old ); RX/OTC |
| MULTI-VIT-FLOR CHEW 0.25 MG-1 MG-1 MG-1.2 MG-4.5 MCG-10 MCG-10 MG-10 MG-60 MG-230 MCG-600 MCG, 1 MG-1 MG-1 MG-1.2 MG-4.5 MCG-10 MCG-10 MG-10 MG-60 MG-230 MCG-600 MCG | P | RX/OTC |
| MULTI-VIT-FLOR CHEW 0.5 MG-1 MG-1 MG-1.2 MG-4.5 MCG-10 MCG-10 MG-10 MG-60 MG-230 MCG-600 MCG | 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, 0.3 MG-1 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 |
| MULTIVITAMIN + FLUORIDE CHEW 0.3 MG-0.5 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 | QL(1 ea daily); AL(Up to 21 yrs old ); RX/OTC |
| MULTIVITAMIN WITH 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, 0.3 MG-1 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 |
| MULTIVITAMIN WITH FLUORIDE CHEW 0.3 MG-0.5 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 | QL(1 ea daily); AL(Up to 21 yrs old ); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MULTIVITAMIN/FLUORIDE CHEW | P | RX/OTC |
| *pediatric multivitamins w/fl 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, 0.25 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit, 0.3 mg-1 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 1 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit* | P | RX/OTC |
| *pediatric multivitamins w/fl chew 0.3 mg-0.5 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 0.5 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit* | P | QL(1 ea daily); AL(Up to 21 yrs old ); RX/OTC |
| *pediatric multivitamins w/fl soln 0.4 mg/ml-0.5 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, 0.25 mg/ml-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 | QL(50 ml per fill retail); AL(Up to 21 yrs old ); RX/OTC |
| *pediatric vitamins acd w/ fluoride soln 0.25 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 |
| *pediatric vitamins acd w/ fluoride soln 0.5 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml* | P | QL(50 ml per fill retail); AL(Up to 21 yrs old ) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| QUFLORA PEDIATRIC CHEW 0.25 MG-1 MG-1.2 MG-1.3 MG-1.5 MG-4 MCG-5 MG-15 MG-15 UNIT-60 MG-100 MCG-108 MCG-400 UNIT-1200 UNIT, 1 MG-1 MG-1.2 MG-1.3 MG-1.5 MG-4 MCG-5 MG-15 MG-15 UNIT-60 MG-100 MCG-108 MCG-400 UNIT-1200 UNIT | P | RX/OTC |
| QUFLORA PEDIATRIC CHEW 0.5 MG-1 MG-1.2 MG-1.3 MG-1.5 MG-4 MCG-5 MG-15 MG-15 UNIT-60 MG-100 MCG-108 MCG-400 UNIT-1200 UNIT | P | QL(1 ea daily); AL(Up to 21 yrs old ); RX/OTC |
| QUFLORA PEDIATRIC SOLN 0.5 MG/ML-1 MG/ML-1 MG/ML-1 MG/ML-1 MG/ML-2 MG/ML-3 MCG/ML-12 MG/ML-12 UNIT/ML-45 MG/ML-81 MCG/ML-150 MCG/ML-400 UNIT/ML-1100 UNIT/ML, 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-0.8 MG/ML-1 MG/ML-2 MCG/ML-5 UNIT/ML-10 MG/ML-35 MCG/ML-35 MG/ML-65 MCG/ML-400 UNIT/ML-1000 UNIT/ML | P | QL(50 ml per fill retail); AL(Up to 21 yrs old ); RX/OTC |
| **Ped MV w/ Iron** | | |
| BPROTECTED PEDIA POLY-VITE/IRON SOLN | P | OTC;QL(60 ml per fill retail) |
| PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN | P | OTC;QL(60 ml per fill retail) |
| POLY-VI-SOL/IRON SOLN | P | OTC;QL(60 ml per fill retail) |
| POLY-VITA/IRON SOLN | P | OTC;QL(60 ml per fill retail) |
| POLY-VITE/IRON SOLN | P | OTC;QL(60 ml per fill retail) |
| **Ped Multi Vitamins w/Fl & FE** | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ped multivitamins w/fl & iron soln* | P | QL(50 ml per fill retail); AL(Up to 21 yrs old ); RX/OTC |
| **Ped Multiple Vitamins w/ Minerals** | | |
| *pediatric multiple vitamins w/ minerals-various* | P | RX/OTC |
| **Pediatric Multiple Vitamins** | | |
| BPROTECTED PEDIA POLY-VITE SOLN | P | OTC;QL(50 ml per fill retail) |
| ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (*Use pediatric multiple vitamin w/ c & fa*) | NP | OTC;QL(1 ea daily) |
| PC PEDIATRIC POLY-VITAMIN DROPS SOLN | P | OTC;QL(50 ml per fill retail) |
| *pediatric multiple vitamin w/ c & fa chew* | P | OTC;QL(1 ea daily) |
| POLY-VI-SOL SOLN | P | OTC;QL(50 ml per fill retail) |
| POLY-VITA SOLN | P | OTC;QL(50 ml per fill retail) |
| POLY-VITE PEDIATRIC SOLN | P | OTC;QL(50 ml per fill retail) |
| **Prenatal Vitamins** | | |
| CALNA TABS | P | OTC; |
| CLASSIC PRENATAL TABS | P | OTC; |
| CO-NATAL FA TABS | P | RX/OTC |
| COMPLETENATE CHEW | P | |
| CVS PRENATAL TABS | P | OTC; |
| EQL PRENATAL FORMULA TABS | P | OTC; |
| GNP PRENATAL TABS | P | OTC; |
| GOODSENSE PRENATAL VITAMINS TABS | P | OTC; |
| HM PRENATAL TABS | P | OTC; |
| JENLIVA PRENATAL/POSTNATAL CAPS | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KP PRENATAL MULTIVITAMINS TABS | P | OTC; |
| KPN PRENATAL TABS | P | OTC; |
| M-NATAL PLUS TABS | P | RX/OTC |
| MASONATAL TABS | P | OTC; |
| MULTI PRENATAL TABS | P | OTC; |
| MYNATAL ADVANCE TABS | P | QL(1 ea daily) |
| MYNATAL ULTRACAPLET TABS | P | QL(1 ea daily) |
| MYNATE 90 PLUS TBCR | P | |
| NATALVIT TABS | P | |
| NEONATAL COMPLETE TABS | P | RX/OTC |
| NEONATAL PLUS TABS | P | RX/OTC |
| NEONATAL VITAMIN TABS | P | OTC; |
| NIVA-PLUS TABS | P | RX/OTC |
| O-CAL PRENATAL TABS | P | |
| ONE VITE WOMENS PRENATALVITAMIN PLUS TABS | P | RX/OTC |
| ONE VITE WOMENS PRENATALVITAMIN TABS | P | OTC; |
| PERRY PRENATAL CAPS | P | OTC; |
| PNV TABS 29-1 TABS | P | |
| PRENATABS FA TABS | P | RX/OTC |
| PRENATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT | P | RX/OTC |
| PRENATAL AND IRON TABS | P | OTC;RX/OTC |
| PRENATAL FORTE TABS | P | OTC;RX/OTC |
| PRENATAL LOW IRON TABS | P | OTC; |
| PRENATAL MULTIVITAMIN TABS | P | OTC; |
| PRENATAL ONE DAILY TABS | P | OTC; |
| PRENATAL PLUS IRON TABS | P | |
| PRENATAL PLUS TABS | P | RX/OTC |
| PRENATAL PLUS VITAMIN ANDMINERAL TABS | P | RX/OTC |
| PRENATAL TABS 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT, 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-18 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT-25 MG-11 UNIT, 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-4000 UNIT, 1.5 MG-1.7 MG-2.6 MG-4 MCG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-200 MG-800 MCG-1200 MCG, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-160 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | P | OTC; |
| PRENATAL TABS 0.8 MG-1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-200 MG-400 UNIT-4000 UNIT | P | OTC;RX/OTC |
| PRENATAL TABS 1 MG-1.84 MG-2 MG-3 MG-10 MCG-10 MG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG | P | RX/OTC |
| *prenatal vit w/ docusate-iron carbonyl-folic acid tabs* | P | QL(1 ea daily) |
| *prenatal vit w/ ferrous fumarate-folic acid chew* | P | |
| *prenatal vit w/ iron carbonyl-folic acid tabs* | P | |
| PRENATAL VITAMIN & MINERAL TABS | P | OTC; |
| PRENATAL VITAMIN TABS | P | OTC; |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PRENATAL VITAMIN/IRON TABS | P | OTC; |
| PRENATAL VITAMINS PLUS LOW IRON TABS | P | RX/OTC |
| PRENATAL VITAMINS TABS | P | OTC; |
| *prenatal vitamins-misc* | P | RX/OTC |
| PRENATAL-U CAPS | P | |
| PRENATRIX TABS | P | RX/OTC |
| PRENATRYL TABS | P | RX/OTC |
| PRENATVITE RX TABS | P | OTC;RX/OTC |
| PREPLUS TABS | P | RX/OTC |
| PRETAB TABS | P | RX/OTC |
| PX PRENATAL MULTIVITAMINS TABS | P | OTC; |
| QC PRENATAL TABS | P | OTC; |
| RA PRENATAL FORMULA/FOLICACID TABS | P | OTC; |
| RA PRENATAL TABS | P | OTC; |
| RIGHT STEP PRENATAL TABS | P | OTC; |
| SE-NATAL 19 CHEW | P | |
| SE-NATAL 19 TABS | P | RX/OTC |
| SM PRENATAL VITAMINS TABS | P | OTC; |
| THERANATAL CORE NUTRITION TABS | P | RX/OTC |
| THRIVITE RX TABS | P | |
| TRICARE TABS | P | RX/OTC |
| TRINATAL RX 1 TABS | P | QL(1 ea daily) |
| VINATE ONE TABS | P | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VITAFOL-OB TABS | P | |
| VITATHELY/GINGER TABS | P | RX/OTC |
| VOL-PLUS TABS | P | RX/OTC |
| VOL-TAB RX TABS | P | |
| WESTAB PLUS TABS | P | RX/OTC |
| **Vitamins w/ Lipotropics** | | |
| *vitamins w/ lipotropics caps* | P | OTC;QL(1 ea daily) |
| **MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms** | | |
| **Articular Cartilage Repair Therapy** | | |
| MACI SHEE | P | PA; SP |
| **Central Muscle Relaxants** | | |
| *baclofen soln it 20000 mcg/20ml, 40 mg/20ml, 500 mcg/ml* | P | PA; SP |
| *baclofen tabs or 10 mg, 20 mg* | P | |
| *chlorzoxazone tabs 500 mg* | P | |
| *cyclobenzaprine hcl tabs or 10 mg, 5 mg* | P | QL(3 ea daily) |
| *cyclobenzaprine hcl tabs or 7.5 mg* | P | QL(4 ea daily) |
| GABLOFEN SOLN 10000 MCG/20ML, 40000 MCG/20ML | P | PA; SP |
| GABLOFEN SOLN 20000 MCG/20ML (*Use baclofen*) | NP | PA; SP |
| LIORESAL INTRATHECAL SOLN 0.05 MG/ML, 10 MG/5ML | P | PA; SP |
| LIORESAL INTRATHECAL SOLN 10 MG/20ML, 40 MG/20ML (*Use baclofen*) | NP | PA; SP |
| *methocarbamol tabs or 500 mg, 750 mg* | P | |
| *orphenadrine citrate tb12 or 100 mg* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ROBAXIN-750 TABS (*Use methocarbamol*) | NP | |
| *tizanidine hcl tabs or 4 mg, 2 mg* | P | |
| ZANAFLEX TABS 4 MG (*Use tizanidine hcl*) | NP | |
| **Viscosupplements** | | |
| DUROLANE PRSY | P | PA; SP |
| EUFLEXXA SOSY | P | PA; SP |
| GEL-ONE PRSY | P | PA; SP |
| GELSYN-3 SOSY | P | PA; SP |
| GENVISC 850 SOSY | P | PA; SP |
| HYALGAN SOLN | P | PA; SP |
| HYALGAN SOSY | P | PA; SP |
| HYMOVIS SOSY | P | PA; SP |
| HYRONAN KIT | P | PA; SP |
| MONOVISC SOSY | P | PA; SP |
| ORTHOVISC SOSY | P | PA; SP |
| SODIUM HYALURONATE SOSY IX | P | PA; SP |
| SUPARTZ FX SOSY | P | PA; SP |
| SYNVISC ONE SOSY | P | PA; SP |
| SYNVISC SOSY | P | PA; SP |
| TRILURON SOSY | P | PA; SP |
| TRIVISC SOSY | P | PA; SP |
| VISCO-3 SOSY | P | PA; SP |
| **NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus** | | |
| **Nasal Agents - Misc.** | | |
| NOZIN NASAL SANITIZER SWAB | NP | |
| OCEAN NASAL SPRAY SOLN (*Use saline*) | NP | OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old ) |
| *saline soln na 0.002 %-0.65 %* | P | OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old ) |
| **Nasal Antiallergy** | | |
| *azelastine hcl soln na 0.1 %, 137 mcg/spray* | P | |
| *azelastine hcl soln na 0.15 %* | P | QL(30 ml per fill retail) |
| *cromolyn sodium (nasal) aers* | P | OTC;QL(26 ml per 30 days retail) |
| NASALCROM AERS (*Use cromolyn sodium (nasal)*) | NP | OTC;QL(26 ml per 30 days retail) |
| **Nasal Anticholinergics** | | |
| *ipratropium bromide (nasal) soln 0.03 %* | P | QL(31 ml per 30 days retail) |
| *ipratropium bromide (nasal) soln 0.06 %* | P | QL(15 ml per 30 days retail) |
| **Nasal Steroids** | | |
| FLONASE ALLERGY RELIEF CHILDRENS SUSP (*Use fluticasone propionate (nasal)*) | NP | QL(16 ml per fill retail); RX/OTC |
| FLONASE ALLERGY RELIEF SUSP (*Use fluticasone propionate (nasal)*) | NP | QL(16 ml per fill retail); RX/OTC |
| *flunisolide (nasal) soln* | P | QL(25 ml per 30 days retail) |
| *fluticasone propionate (nasal) susp* | P | QL(16 ml per fill retail); RX/OTC |
| NASACORT ALLERGY 24HR AERO | P | AL(At least 2 yrs old) |
| NASACORT ALLERGY 24HR AERO (*Use triamcinolone acetonide (nasal)*) | NP | AL(At least 2 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NASACORT ALLERGY 24HR CHILDRENS AERO (*Use triamcinolone acetonide (nasal)*) | NP | AL(At least 2 yrs old) |
| *triamcinolone acetonide (nasal) aero* | P | AL(At least 2 yrs old) |
| **Sympathomimetic Decongestants** | | |
| ADRENALIN SOLN NA 0.1 % | P | QL(120 ml per fill retail); AL(Up to 21 yrs old ) |
| *epinephrine hcl (nasal) soln* | 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 liqd or 15 mg/5ml* | P | OTC;AL(Up to 21 yrs old ) |
| *pseudoephedrine hcl tabs or 60 mg, 30 mg* | P | OTC;AL(Up to 21 yrs old ) |
| *pseudoephedrine hcl tb12 or 120 mg* | 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 | PA; SP |
| RADICAVA ORS STARTER KIT SUSP | P | PA; SP |
| RADICAVA ORS SUSP | P | PA; SP |
| RADICAVA SOLN | P | PA; SP |
| RILUTEK TABS (*Use riluzole*) | NP | PA |
| *riluzole tabs* | P | PA |
| TIGLUTIK SUSP | P | PA; SP |
| **Muscular Dystrophy Agents** | | |
| AMONDYS 45 SOLN | P | PA; SP |
| EXONDYS 51 SOLN | P | PA; SP |
| VILTEPSO SOLN | P | PA; SP |
| VYONDYS 53 SOLN | P | PA; SP |
| **Neuromuscular Blocking Agent - Neurotoxins** | | |
| BOTOX SOLR | P | PA; SP |
| DYSPORT SOLR | P | PA; SP |
| MYOBLOC SOLN | P | PA; SP |
| XEOMIN SOLR | P | PA; SP |
| **Spinal Muscular Atrophy Agents (SMA)** | | |
| EVRYSDI SOLR | P | PA; SP |
| SPINRAZA SOLN | P | PA; SP |
| ZOLGENSMA 10.1-10.5 KG KIT | P | PA; SP |
| ZOLGENSMA 10.6-11.0 KG KIT | P | PA; SP |
| ZOLGENSMA 11.1-11.5 KG KIT | P | PA; SP |
| ZOLGENSMA 11.6-12.0 KG KIT | P | PA; SP |
| ZOLGENSMA 12.1-12.5 KG KIT | P | PA; SP |
| ZOLGENSMA 12.6-13.0 KG KIT | P | PA; SP |
| ZOLGENSMA 13.1-13.5 KG KIT | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZOLGENSMA 2.6-3.0 KG KIT | P | PA; SP |
| ZOLGENSMA 3.1-3.5 KG KIT | P | PA; SP |
| ZOLGENSMA 3.6-4.0 KG KIT | P | PA; SP |
| ZOLGENSMA 4.1-4.5 KG KIT | P | PA; SP |
| ZOLGENSMA 4.6-5.0 KG KIT | P | PA; SP |
| ZOLGENSMA 5.1-5.5 KG KIT | P | PA; SP |
| ZOLGENSMA 5.6-6.0 KG KIT | P | PA; SP |
| ZOLGENSMA 6.1-6.5 KG KIT | P | PA; SP |
| ZOLGENSMA 6.6-7.0 KG KIT | P | PA; SP |
| ZOLGENSMA 7.1-7.5 KG KIT | P | PA; SP |
| ZOLGENSMA 7.6-8.0 KG KIT | P | PA; SP |
| ZOLGENSMA 8.1-8.5 KG KIT | P | PA; SP |
| ZOLGENSMA 8.6-9.0 KG KIT | P | PA; SP |
| ZOLGENSMA 9.1-9.5 KG KIT | P | PA; SP |
| ZOLGENSMA 9.6-10.0 KG KIT | P | PA; SP |
| **NUTRIENTS** | | |
| **Carbohydrates** | | |
| POLYCOSE LIQD | P | OTC;QL(124 ml per fill retail) |
| POLYCOSE POWD | P | OTC;QL(350 gm per fill retail) |
| **Lipids** | | |
| DOJOLVI LIQD | P | PA; SP |
| **Misc. Nutritional Substances** | | |
| *omega-3 fatty acids caps 108 mg-180 mg-360 mg-1200 mg, 12 mg-360 mg-360 mg-1200 mg, 144 mg-180 mg-1200 mg, 144 mg-216 mg-1200 mg, 144 mg-216 mg-360 mg-1200 mg, 15 unit-144 mg-216 mg-1200 mg, 216 mg-324 mg-600 mg-1200 mg, 276 mg-336 mg-1200 mg, 60 mg-120 mg-180 mg-1200 mg, 60 mg-300 mg-360 mg-1200 mg, 1 gm-120 mg-180 mg-300 mg, 1 mg-120 mg-180 mg-1000 mg, 1 unit-120 mg-180 mg-1000 mg, 1 unit-120 mg-180 mg-340 mg-1000 mg, 1 unit-200 mg-300 mg-1000 mg, 1 unit-300 mg-1000 mg, 1 unit-300 mg-1000 mg-1000 mg, 1.8 unit-120 mg-180 mg, 10 unit-100 mg-500 mg-1000 mg, 100 mg-150 mg-300 mg-1000 mg, 100 mg-160 mg-1000 mg, 120 mg-180 mg-300 mg-1000 mg, 180 mg-270 mg-1000 mg, 250 mg-350 mg-1000 mg, 250 mg-500 mg-1000 mg, 3 mg-108 mg-162 mg-1000 mg, 300 mg-400 mg-1000 mg, 360 mg-455 mg-900 mg-1000 mg, 600 mg-1000 mg, 75 mg-90 mg-210 mg-1000 mg* | P | OTC;QL(6 ea daily) |
| *omega-3 fatty acids cpdr 144 mg-216 mg-360 mg-1200 mg, 684 mg-1200 mg* | P | QL(6 ea daily) |
| **OPHTHALMIC AGENTS - Drugs to Treat the Eye** | | |
| **Artificial Tears and Lubricants** | | |
| *polyvinyl alcohol soln op* | P | OTC;QL(31 ml per 30 days retail) |
| *white petrolatum-mineral oil oint* | P | OTC;QL(30 gm per fill retail) |
| **Beta-blockers - Ophthalmic** | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *betaxolol hcl (ophth) soln* | P | |
| *carteolol hcl (ophth) soln* | P | |
| COSOPT SOLN (*Use dorzolamide hcl-timolol maleate*) | NP | QL(10 ml per 30 days retail) |
| *dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml* | P | QL(10 ml per 30 days retail) |
| DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN | P | QL(10 ml per 30 days retail) |
| *levobunolol hcl soln* | P | QL(15 ml per 30 days retail) |
| *timolol maleate (ophth) soln 0.25 %, 0.5 %* | P | QL(15 ml per 30 days retail) |
| *timolol maleate (ophth) soln 0.5 %* | P | QL(15 ea per 30 days retail) |
| TIMOPTIC OCUDOSE SOLN 0.25 % | P | QL(15 ea per 30 days retail) |
| TIMOPTIC OCUDOSE SOLN 0.5 % (*Use timolol maleate (ophth)*) | NP | QL(15 ea per 30 days retail) |
| TIMOPTIC SOLN (*Use timolol maleate (ophth)*) | NP | QL(15 ml per 30 days retail) |
| **Cycloplegic Mydriatics** | | |
| *atropine sulfate (ophthalmic) oint* | P | |
| *atropine sulfate (ophthalmic) soln* | P | |
| ATROPINE SULFATE SOLN OP 1 % (*Use atropine sulfate (ophthalmic)*) | NP | |
| CYCLOGYL SOLN 0.5 % (*Use cyclopentolate hcl*) | NP | QL(15 ml per 30 days retail) |
| CYCLOGYL SOLN 2 %, 1 % (*Use cyclopentolate hcl*) | NP | |
| *cyclopentolate hcl soln op 0.5 %* | P | QL(15 ml per 30 days retail) |
| *cyclopentolate hcl soln op 2 %, 1 %* | P | |
| *homatropine hbr soln* | P | QL(15 ml per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ISOPTO ATROPINE SOLN | P | |
| MYDRIACYL SOLN (*Use tropicamide*) | NP | |
| *phenylephrine hcl (mydriatic) soln* | P | QL(5 ml per 30 days retail) |
| *tropicamide soln op 0.5 %, 1 %* | P | |
| **Miotics** | | |
| ISOPTO CARPINE SOLN (*Use pilocarpine hcl*) | NP | |
| *pilocarpine hcl soln op 1 %, 2 %, 4 %* | P | |
| **Ophthalmic - Angiogenesis Inhibitors** | | |
| BEOVU SOLN | P | PA; SP |
| BEVACIZUMAB SOSY | P | PA; SP |
| EYLEA SOLN | P | PA; SP |
| EYLEA SOSY | P | PA; SP |
| LUCENTIS SOLN | P | PA; SP |
| LUCENTIS SOSY | P | PA; SP |
| MACUGEN SOLN | P | PA; SP |
| SUSVIMO SOLN | P | PA; SP |
| VABYSMO SOLN | P | PA; SP |
| **Ophthalmic Adrenergic Agents** | | |
| *apraclonidine hcl soln* | P | |
| *brimonidine tartrate soln op 0.2 %* | P | |
| IOPIDINE SOLN | P | |
| **Ophthalmic Anti-infectives** | | |
| BACIGUENT OINT OP | P | QL(4 gm per 30 days retail) |
| *bacitracin (ophthalmic) oint* | P | QL(4 gm per 30 days retail) |
| *bacitracin-polymyxin b (ophth) oint* | P | QL(4 gm per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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) oint* | P | |
| *gentamicin sulfate (ophth) oint* | P | QL(4 gm per 30 days retail) |
| *gentamicin sulfate (ophth) soln* | P | |
| *moxifloxacin hcl (ophth) soln* | P | QL(3 ml per fill retail) |
| *neomycin-bacitracin zn-polymyxin oint* | P | QL(4 gm per 30 days retail) |
| *neomycin-polymyxin-gramicidin soln* | P | QL(10 ml per 30 days retail) |
| OCUFLOX SOLN (*Use ofloxacin (ophth)*) | NP | QL(10 ml per 30 days retail) |
| *ofloxacin (ophth) soln* | P | QL(10 ml per 30 days retail) |
| *polymyxin b-trimethoprim soln* | P | QL(10 ml per fill retail) |
| POLYTRIM SOLN (*Use polymyxin b-trimethoprim*) | NP | QL(10 ml per fill retail) |
| *sulfacetamide sodium (ophth) oint* | P | QL(4 gm per 30 days retail) |
| *sulfacetamide sodium (ophth) soln* | P | QL(15 ml 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 soln* | P | QL(8 ml per 30 days retail) |
| VIGAMOX SOLN (*Use moxifloxacin hcl (ophth)*) | NP | QL(3 ml per fill retail) |
| **Ophthalmic Decongestants** | | |
| *naphazoline w/ pheniramine soln 0.027 %-0.315 %* | P | OTC;QL(15 ml per 30 days retail) |
| OPCON-A SOLN (*Use naphazoline w/ pheniramine*) | NP | OTC;QL(15 ml per 30 days retail) |
| *tetrahydrozoline hcl (ophth) soln* | P | OTC |
| VISINE RED EYE COMFORT SOLN (*Use tetrahydrozoline hcl (ophth)*) | NP | OTC |
| **Ophthalmic Gene Therapy** | | |
| LUXTURNA SUSP | P | PA; SP |
| **Ophthalmic Local Anesthetics** | | |
| *tetracaine hcl (ophth) soln* | P | |
| **Ophthalmic Nerve Growth Factors** | | |
| OXERVATE SOLN | P | PA; SP |
| **Ophthalmic Photodynamic Therapy Agents** | | |
| VISUDYNE SOLR | P | PA; SP |
| **Ophthalmic Photoenhancers** | | |
| PHOTREXA VISCOUS SOSY | P | PA; SP |
| PHOTREXA/PHOTREXA VISCOUS KIT SOSY | P | PA; SP |
| **Ophthalmic Steroids** | | |
| BLEPHAMIDE S.O.P. OINT | P | |
| BLEPHAMIDE SUSP | P | QL(10 ml per fill retail) |
| *dexamethasone sodium phosphate (ophth) soln* | P | |
| DEXTENZA INST | P | PA; SP |
| DEXYCU SUSP | P | PA; SP |
| *fluorometholone (ophth) susp* | P | |
| FML LIQUIFILM SUSP (*Use fluorometholone (ophth)*) | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FML OINT | P | QL(4 gm per 30 days retail) |
| ILUVIEN IMPL | P | PA; SP |
| MAXITROL OINT 0.1 %-3.5 MG/GM-10000 UNIT/GM (*Use neomycin-polymy-dexameth*) | NP | QL(4 gm per 30 days retail) |
| MAXITROL SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML (*Use neomycin-polymy-dexameth*) | NP | QL(10 ml 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) susp* | P | QL(15 ml per 30 days retail) |
| OZURDEX IMPL | P | PA; SP |
| PRED FORTE SUSP (*Use prednisolone acetate (ophth)*) | NP | |
| PRED MILD SUSP | P | QL(10 ml per 30 days retail) |
| PRED-G SUSP | P | QL(5 ml per fill retail) |
| *prednisolone acetate (ophth) susp* | P | |
| PREDNISOLONE ACETATE P-F SUSP | P | |
| PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 % | P | QL(15 ml per 30 days retail) |
| RETISERT IMPL | P | PA; SP |
| *sulfacetamide sod-prednisolone soln* | P | QL(10 ml per 30 days retail) |
| TOBRADEX OINT | P | QL(4 gm per 30 days retail) |
| TOBRADEX SUSP (*Use tobramycin-dexamethasone*) | NP | QL(10 ml per fill retail) |
| *tobramycin-dexamethasone susp* | P | QL(10 ml per fill retail) |
| TRIESENCE SUSP | P | PA; SP |
| XIPERE SUSP | P | PA; SP |
| YUTIQ IMPL | P | PA; SP |
| **Ophthalmics - Misc.** | | |
| ACULAR LS SOLN (*Use ketorolac tromethamine (ophth)*) | NP | QL(5 ml per 30 days retail) |
| ACULAR SOLN (*Use ketorolac tromethamine (ophth)*) | NP | QL(10 ml per fill retail) |
| ALOCRIL SOLN | P | PA; QL(5 ml per 30 days retail) |
| ALOMIDE SOLN | P | PA; QL(10 ml per 30 days retail) |
| *azelastine hcl (ophth) soln* | P | QL(6 ml per 30 days retail) |
| AZOPT SUSP (*Use brinzolamide*) | NP | |
| *brinzolamide susp* | P | |
| *cromolyn sodium (ophth) soln* | P | QL(10 ml per fill retail) |
| CYSTADROPS SOLN | P | PA; SP |
| CYSTARAN SOLN | P | PA; SP |
| *diclofenac sodium (ophth) soln* | P | QL(3 ml per 30 days retail) |
| DORZOLAMIDE HCL SOLN | P | QL(10 ml per 30 days retail) |
| *dorzolamide hcl soln* | P | QL(10 ml per 30 days retail) |
| *flurbiprofen sodium soln* | P | QL(5 ml per 30 days retail) |
| *ketorolac tromethamine (ophth) soln 0.4 %* | P | QL(5 ml per 30 days retail) |
| *ketorolac tromethamine (ophth) soln 0.5 %* | P | QL(10 ml per fill retail) |
| *ketotifen fumarate (ophth) soln* | P | |
| TRUSOPT SOLN (*Use dorzolamide hcl*) | NP | QL(10 ml per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZADITOR SOLN (*Use ketotifen fumarate (ophth)*) | NP | |
| **Prostaglandins - Ophthalmic** | | |
| LATANOPROST SOLN OP | P | QL(5 ml per 30 days retail) |
| *latanoprost soln op* | 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) soln* | P | QL(15 ml per 30 days retail) |
| *carbamide peroxide (otic) soln* | P | OTC;QL(15 ml per 30 days retail) |
| DEBROX SOLN (*Use carbamide peroxide (otic)*) | NP | OTC;QL(15 ml per 30 days retail) |
| **Otic Anti-infectives** | | |
| *ofloxacin (otic) soln* | P | QL(10 ml per fill retail) |
| **Otic Combinations** | | |
| CIPRODEX SUSP (*Use ciprofloxacin-dexamethasone*) | NP | QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply, |
| *ciprofloxacin-dexamethasone susp* | P | QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply, |
| *neomycin-polymyxin-hc (otic) soln* | P | QL(10 ml per fill retail) |
| *neomycin-polymyxin-hc (otic) susp* | P | QL(20 ml per 30 days retail) |
| OTICIN HC NR SOLN (*Use pramoxine-hc-chloroxylenol*) | NP | QL(15 ml per fill retail) |
| *pramoxine-hc-chloroxylenol soln* | P | QL(15 ml per fill retail) |
| **Otic Steroids** | | |
| DERMOTIC OIL (*Use fluocinolone acetonide (otic)*) | NP | QL(20 ml per fill retail); AL(At least 5 yrs old) |
| *fluocinolone acetonide (otic) oil* | P | QL(20 ml per fill retail); AL(At least 5 yrs old) |
| *hydrocortisone w/acetic acid soln* | P | QL(20 ml per 30 days retail) |
| **OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding** | | |
| **Oxytocics** | | |
| *methylergonovine maleate tabs or 0.2 mg* | P | |
| **PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System** | | |
| **Immune Serums** | | |
| BIVIGAM SOLN | P | PA; SP |
| CARIMUNE NANOFILTERED SOLR | P | PA; SP |
| CUTAQUIG SOLN | P | PA; SP |
| CUVITRU SOLN | P | PA; SP |
| CYTOGAM INJ | P | PA; SP |
| FLEBOGAMMA DIF SOLN | P | PA; SP |
| GAMASTAN INJ | P | PA; SP |
| GAMMAGARD LIQUID SOLN | P | PA; SP |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR | P | PA; SP |
| GAMMAKED SOLN | P | PA; SP |
| GAMMAPLEX SOLN | P | PA; SP |
| GAMUNEX-C SOLN | P | PA; SP |
| HEPAGAM B SOLN | P | PA; SP |
| HIZENTRA SOLN | P | PA; SP |
| HIZENTRA SOSY | P | PA; SP |
| HYPERRHO S/D MINI-DOSE SOSY | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HYPERRHO S/D SOSY | P | SP |
| MICRHOGAM ULTRA-FILTEREDPLUS SOSY | P | PA; SP |
| OCTAGAM SOLN | P | PA; SP |
| PANZYGA SOLN | P | PA; SP |
| PRIVIGEN SOLN | P | PA; SP |
| RHOGAM ULTRA-FILTERED PLUS SOSY | P | SP |
| RHOPHYLAC SOSY | P | PA; SP |
| WINRHO SDF SOLN | P | PA; SP |
| XEMBIFY SOLN | P | PA; SP |
| **Monoclonal Antibodies** | | |
| SYNAGIS SOLN | P | PA; SP |
| ZINPLAVA SOLN | P | PA; SP |
| **Passive Immunizing Agents - Combinations** | | |
| HYQVIA KIT | P | PA; SP |
| **PENICILLINS - Drugs to Treat Bacterial Infections** | | |
| **Aminopenicillins** | | |
| *amoxicillin caps 250 mg, 500 mg* | P | |
| *amoxicillin chew 125 mg, 250 mg* | P | |
| *amoxicillin susr 125 mg/5ml, 250 mg/5ml, 200 mg/5ml, 400 mg/5ml* | P | |
| *amoxicillin tabs 875 mg* | P | |
| *ampicillin caps* | P | |
| **Natural Penicillins** | | |
| *penicillin v potassium solr* | P | |
| *penicillin v potassium tabs* | P | |
| **Penicillin Combinations** | | |
| *amoxicillin & pot clavulanate chew 28.5 mg-200 mg, 57 mg-400 mg* | P | QL(20 ea per fill retail) |
| *amoxicillin & pot clavulanate susr 28.5 mg/5ml-200 mg/5ml* | P | QL(100 ml per fill retail) |
| *amoxicillin & pot clavulanate susr 57 mg/5ml-400 mg/5ml, 42.9 mg/5ml-600 mg/5ml* | P | QL(200 ml per fill retail) |
| *amoxicillin & pot clavulanate susr 62.5 mg/5ml-250 mg/5ml* | P | QL(150 ml per fill retail) |
| *amoxicillin & pot clavulanate tabs 125 mg-250 mg, 125 mg-500 mg* | P | QL(30 ea per fill retail) |
| *amoxicillin & pot clavulanate tabs 125 mg-875 mg* | P | QL(20 ea per fill retail) |
| *amoxicillin & pot clavulanate tb12 62.5 mg-1000 mg* | P | QL(40 ea per 30 days retail) |
| AUGMENTIN ES-600 SUSR (*Use amoxicillin & pot clavulanate*) | NP | QL(200 ml per fill retail) |
| AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML | P | QL(150 ml per fill retail) |
| AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (*Use amoxicillin & pot clavulanate*) | NP | QL(150 ml per fill retail) |
| AUGMENTIN TABS 125 MG-500 MG (*Use amoxicillin & pot clavulanate*) | NP | QL(30 ea per fill retail) |
| **Penicillinase-Resistant Penicillins** | | |
| *dicloxacillin sodium caps* | P | |
| **PHARMACEUTICAL ADJUVANTS** | | |
| **Internal Vehicle Ingredients/Agents** | | |
| SIMPLYTHICK EASY MIX GEL | P | PA; OTC;QL(1816 ml per fill retail); AL(At least 1 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SIMPLYTHICK EASYMIX GEL | P | PA; OTC;QL(1816 ml per fill retail); AL(At least 1 yrs old) |
| SIMPLYTHICK GEL | P | PA; OTC;QL(1816 ml per fill retail); AL(At least 1 yrs old) |
| **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 soln* | P | PA; SP |
| GRAPE SYRUP SYRP | P | RX/OTC |
| MX-SOL BLEND SF SUSP | P | RX/OTC |
| MX-SOL BLEND SUSP | P | RX/OTC |
| MX-SOL SF SYRP | P | RX/OTC |
| MX-SOL SUSPEND SUSP | P | RX/OTC |
| MX-SOL SYRP | P | RX/OTC |
| ORA-BLEND SF SUSP | P | RX/OTC |
| ORA-BLEND SUSP | P | RX/OTC |
| ORA-PLUS LIQD | P | RX/OTC |
| ORA-SWEET SF SYRP | P | RX/OTC |
| ORA-SWEET SYRP | P | RX/OTC |
| ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP | P | RX/OTC |
| ORAL MIX SF SUSP | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ORAL SUSPEND LIQD | P | RX/OTC |
| ORAL SUSPENDING COMPOUNDPLUS SUSP | 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 |
| PCCA SWEET-SF SYRP | P | RX/OTC |
| PCCA SYRUP VEHICLE SYRP | P | RX/OTC |
| PCCA-PLUS SUSP | P | RX/OTC |
| PH 12 STERILE DILUENT FORFLOLAN SOLN (*Use glycine diluent*) | NP | PA; SP |
| SOSWEET SYRP | P | RX/OTC |
| STERILE DILUENT FOR TREPROSTINIL INJECTION SOLN | P | PA; SP |
| 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 83 % | P | RX/OTC |
| SYRSPEND SF LIQD | P | RX/OTC |
| SYRUP VEHICLE SF SYRP | P | RX/OTC |
| SYRUP VEHICLE SYRP | P | RX/OTC |
| UNISPEND ANHYDROUS SWEETENED SUSP | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UNISPEND ANHYDROUS UNSWEETENED SUSP | P | RX/OTC |
| VERSAFREE SYRP | P | RX/OTC |
| VERSAPLUS SYRP | P | RX/OTC |
| **Semi Solid Vehicles** | | |
| *lanolin oint ex* | P | RX/OTC |
| *lanolin oint xx* | P | RX/OTC |
| **PROGESTINS - Hormone Replacement/Modifying Drugs** | | |
| **Progestins** | | |
| AYGESTIN TABS (*Use norethindrone acetate*) | NP | |
| *hydroxyprogesterone caproate oil im* | P | PA; QL(2 ml per fill retail,2 ml per 11 days retail); SP |
| MAKENA OIL IM 250 MG/ML (*Use hydroxyprogesterone caproate*) | NP | PA; QL(2 ml per fill retail,2 ml per 11 days retail); SP |
| MAKENA SOAJ SC 275 MG/1.1ML | P | PA; SP |
| *medroxyprogesterone acetate tabs or 10 mg, 5 mg, 2.5 mg* | P | |
| *norethindrone acetate tabs or* | P | |
| *progesterone caps or 100 mg* | P | QL(30 ea per 30 days retail) |
| *progesterone caps or 200 mg* | P | QL(20 ea per 30 days retail) |
| PROMETRIUM CAPS 100 MG (*Use progesterone*) | NP | QL(30 ea per 30 days retail) |
| PROMETRIUM CAPS 200 MG (*Use progesterone*) | NP | QL(20 ea per 30 days retail) |
| PROVERA TABS (*Use medroxyprogesterone acetate*) | NP | |
| **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions** | | |
| **Agents for Chemical Dependency** | | |
| ANTABUSE TABS 250 MG (*Use disulfiram*) | NP | |
| *disulfiram tabs or 250 mg* | P | |
| **Anti-Cataplectic Agents** | | |
| XYREM SOLN | P | PA; SP |
| XYWAV SOLN | P | PA; SP |
| **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 PT24 4.6 MG/24HR, 9.5 MG/24HR (*Use rivastigmine*) | NP | PA; QL(1 ea daily) |
| *galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg* | P | QL(1 ea daily) |
| *galantamine hydrobromide soln 4 mg/ml* | P | QL(6 ml daily) |
| *galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg* | P | QL(2 ea daily) |
| *memantine hcl soln 10 mg/5ml, 2 mg/ml* | P | PA; QL(2 ml daily) |
| *memantine hcl tabs* | P | PA; 1 rtl pack lmt amt,28 rtl pack lmt day(s), |
| *memantine hcl tabs 10 mg, 5 mg* | P | PA; QL(2 ea daily) |
| NAMENDA TABS (*Use memantine hcl*) | NP | PA; QL(2 ea daily) |
| NAMENDA TITRATION PAK TABS (*Use memantine hcl*) | NP | PA; 1 rtl pack lmt amt,28 rtl pack lmt day(s), |
| RAZADYNE ER CP24 (*Use galantamine hydrobromide*) | NP | QL(1 ea daily) |
| RAZADYNE TABS (*Use galantamine hydrobromide*) | NP | QL(2 ea daily) |
| *rivastigmine pt24 4.6 mg/24hr, 9.5 mg/24hr* | P | PA; QL(1 ea daily) |
| *rivastigmine tartrate caps* | P | PA; QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Combination Psychotherapeutics** | | |
| *perphenazine-amitriptyline tabs* | P | QL(4 ea daily) |
| **Fibromyalgia Agents** | | |
| SAVELLA TABS | P | PA; QL(2 ea daily) |
| SAVELLA TITRATION PACK MISC | P | PA; QL(55 ea per 365 days retail) |
| **Movement Disorder Drug Therapy** | | |
| AUSTEDO TABS | P | PA; SP |
| INGREZZA CAPS 40 MG, 60 MG, 80 MG | P | PA; QL(1 ea daily); SP |
| INGREZZA CPPK | P | PA; SP |
| *tetrabenazine tabs* | P | PA; SP |
| XENAZINE TABS (*Use tetrabenazine*) | NP | PA; SP |
| **Multiple Sclerosis Agents** | | |
| AMPYRA TB12 (*Use dalfampridine*) | NP | PA; SP |
| AUBAGIO TABS | P | PA; QL(1 ea daily); SP |
| AVONEX PEN AJKT | P | PA; SP |
| AVONEX PSKT | P | PA; SP |
| BAFIERTAM CPDR | P | PA; SP |
| COPAXONE SOSY (*Use glatiramer acetate*) | NP | PA; SP |
| *dalfampridine tb12 or* | P | PA; SP |
| *dimethyl fumarate cpdr or 120 mg, 240 mg* | P | PA; SP |
| *dimethyl fumarate misc or* | P | PA; SP |
| EXTAVIA KIT | P | PA; SP |
| GILENYA CAPS 0.25 MG | P | PA; SP |
| GILENYA CAPS 0.5 MG | P | PA; QL(1 ea daily); SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *glatiramer acetate sosy* | P | PA; SP |
| KESIMPTA SOAJ | P | PA; SP |
| LEMTRADA SOLN | P | PA; SP |
| MAVENCLAD TBPK | P | PA; QL(10 ea per 30 days retail); SP |
| MAVENCLAD TBPK | P | PA; QL(9 ea per 30 days retail); SP |
| MAVENCLAD TBPK | P | PA; QL(8 ea per 30 days retail); SP |
| MAVENCLAD TBPK | P | PA; QL(7 ea per 30 days retail); SP |
| MAVENCLAD TBPK | P | PA; QL(6 ea per 30 days retail); SP |
| MAVENCLAD TBPK | P | PA; QL(5 ea per 30 days retail); SP |
| MAVENCLAD TBPK | P | PA; QL(4 ea per 30 days retail); SP |
| MAYZENT STARTER PACK TBPK | P | PA; SP |
| MAYZENT TABS | P | PA; SP |
| OCREVUS SOLN | P | PA; SP |
| PLEGRIDY SOPN | P | PA; SP |
| PLEGRIDY SOSY | P | PA; SP |
| PLEGRIDY STARTER PACK SOPN | P | PA; SP |
| PLEGRIDY STARTER PACK SOSY | P | PA; SP |
| PONVORY 14-DAY STARTER PACK TBPK | P | PA; SP |
| PONVORY TABS | P | PA; SP |
| REBIF REBIDOSE SOAJ | P | PA; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| REBIF REBIDOSE TITRATIONPACK SOAJ | P | PA; SP |
| REBIF SOSY | P | PA; SP |
| REBIF TITRATION PACK SOSY | P | PA; SP |
| TECFIDERA CPDR (*Use dimethyl fumarate*) | NP | PA; SP |
| TECFIDERA STARTER PACK MISC (*Use dimethyl fumarate*) | NP | PA; SP |
| TYSABRI CONC | P | PA; SP |
| ZEPOSIA 7-DAY STARTER PACK CPPK | P | PA; QL(7 ea per 7 days retail); SP |
| ZEPOSIA CAPS | P | PA; QL(1 ea daily); SP |
| ZEPOSIA STARTER KIT CPPK | P | PA; QL(37 ea per 30 days retail); SP |
| **Smoking Deterrents** | | |
| APO-VARENICLINE TABS | P | QL(2 ea daily); AL(At least 18 yrs old) |
| *bupropion hcl (smoking deterrent) tb12* | P | QL(2 ea daily); AL(At least 18 yrs old) |
| CHANTIX CONTINUING MONTHPAK TABS | P | QL(2 ea daily); AL(At least 18 yrs old) |
| CHANTIX STARTING MONTH PAK TABS (*Use varenicline tartrate*) | NP | QL(53 ea per fill retail); AL(At least 18 yrs old) |
| CHANTIX TABS 0.5 MG (*Use varenicline tartrate*) | NP | QL(2 ea daily); AL(At least 18 yrs old) |
| CHANTIX TABS 1 MG | P | QL(2 ea daily); AL(At least 18 yrs old) |
| NICODERM CQ PT24 (*Use nicotine*) | NP | QL(1 ea daily) |
| NICORETTE GUM 4 MG, 2 MG (*Use nicotine polacrilex*) | NP | QL(24 ea daily) |
| NICORETTE LOZG 2 MG, 4 MG (*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 polacrilex gum mt 4 mg, 2 mg* | P | QL(24 ea daily) |
| *nicotine polacrilex lozg mt 2 mg, 4 mg* | P | QL(20 ea daily) |
| *nicotine pt24* | P | QL(1 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 misc* | P | QL(53 ea per fill retail); AL(At least 18 yrs old) |
| *varenicline tartrate tabs 0.5 mg, 1 mg* | P | QL(2 ea daily); AL(At least 18 yrs old) |
| **Transthyretin Amyloidosis Agents** | | |
| ONPATTRO SOLN | P | PA; SP |
| TEGSEDI SOSY | P | PA; SP |
| **RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions** | | |
| **Alpha-Proteinase Inhibitor (Human)** | | |
| ARALAST NP SOLR | P | PA; SP |
| GLASSIA SOLN | P | PA; SP |
| PROLASTIN-C SOLN | P | PA; SP |
| PROLASTIN-C SOLR | P | PA; SP |
| ZEMAIRA SOLR | P | PA; SP |
| **Cystic Fibrosis Agents** | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BRONCHITOL CAPS | P | PA; SP |
| BRONCHITOL TOLERANCE TEST CAPS | P | PA; SP |
| KALYDECO PACK | P | PA; SP |
| KALYDECO TABS | P | PA; SP |
| ORKAMBI PACK | P | PA; SP |
| ORKAMBI TABS | P | PA; SP |
| PULMOZYME SOLN | P | PA; SP |
| SYMDEKO TBPK | P | PA; SP |
| TRIKAFTA TBPK | P | PA; QL(3 ea daily); SP |
| **Pulmonary Fibrosis Agents** | | |
| ESBRIET CAPS 267 MG | P | PA; SP |
| ESBRIET TABS 267 MG, 801 MG (*Use pirfenidone*) | NP | PA; SP |
| OFEV CAPS | P | PA; SP |
| *pirfenidone tabs* | P | PA; SP |
| **TETRACYCLINES - Drugs to Treat Bacterial Infections** | | |
| **Tetracyclines** | | |
| *doxycycline (monohydrate) caps 50 mg, 100 mg* | P | |
| *doxycycline (monohydrate) tabs 50 mg, 100 mg* | P | |
| *doxycycline hyclate caps or 50 mg, 100 mg* | P | |
| *doxycycline hyclate tabs or 100 mg* | P | |
| *minocycline hcl caps or 100 mg, 50 mg, 75 mg* | P | |
| *tetracycline hcl caps or 500 mg* | P | |
| VIBRAMYCIN CAPS 100 MG (*Use doxycycline hyclate*) | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **THYROID AGENTS - Drugs to Regulate Thyroid Hormones** | | |
| **Antithyroid Agents** | | |
| *methimazole tabs or 10 mg, 5 mg* | P | |
| *propylthiouracil tabs or* | P | |
| TAPAZOLE TABS (*Use methimazole*) | NP | |
| **Thyroid Hormones** | | |
| ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*Use thyroid*) | P | |
| ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG | P | |
| CYTOMEL TABS (*Use liothyronine sodium*) | NP | |
| *levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | P | |
| *liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg* | P | |
| SYNTHROID TABS (*Use levothyroxine sodium*) | P | |
| *thyroid tabs or 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | P | |
| **TOXOIDS** | | |
| **Toxoid Combinations** | | |
| ADACEL SUSP | P | QL(0.5 ml per fill retail); AL(At least 19 yrs old) |
| BOOSTRIX SUSP | P | QL(0.5 ml per fill retail); AL(At least 19 yrs old) |
| BOOSTRIX SUSY | 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 | P | QL(0.5 ml per fill retail); AL(At least 19 yrs old) |
| INFANRIX SUSP | P | QL(0.5 ml per fill retail); AL(At least 19 yrs old) |
| TDVAX SUSP | P | Limit 1 per 10 years;QL(0.5 ml per fill retail); AL(At least 19 yrs old) |
| TENIVAC INJ | 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 | 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** | | |
| **Proton Pump Inhibitors** | | |
| *omeprazole 20mg tablet* | P | QL (1 ea daily); OTC |
| **Antispasmodics** | | |
| *dicyclomine hcl caps or 10 mg* | P | |
| *dicyclomine hcl soln or 10 mg/5ml* | P | QL(496 ml per 30 days retail) |
| *dicyclomine hcl tabs or 20 mg* | P | |
| *glycopyrrolate tabs or 1 mg, 2 mg* | P | QL(4 ea daily) |
| *hyoscyamine sulfate elix or 0.125 mg/5ml* | P | |
| HYOSCYAMINE SULFATE POWD XX | P | |
| *hyoscyamine sulfate soln ij 0.5 mg/ml* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *hyoscyamine sulfate soln or 0.125 mg/ml* | P | |
| *hyoscyamine sulfate subl sl 0.125 mg* | NP | |
| *hyoscyamine sulfate subl sl 0.125 mg* | P | |
| *hyoscyamine sulfate tabs or 0.125 mg* | NP | |
| *hyoscyamine sulfate tabs or 0.125 mg* | P | |
| *hyoscyamine sulfate tb12 or 0.375 mg* | P | QL(4 ea daily) |
| *hyoscyamine sulfate tbdp or 0.125 mg* | NP | |
| *hyoscyamine sulfate tbdp or 0.125 mg* | P | |
| LEVBID TB12 (*Use hyoscyamine sulfate*) | NP | QL(4 ea daily) |
| LEVSIN SOLN (*Use hyoscyamine sulfate*) | NP | |
| ROBINUL FORTE TABS (*Use glycopyrrolate*) | NP | QL(4 ea daily) |
| ROBINUL TABS (*Use glycopyrrolate*) | NP | QL(4 ea daily) |
| SYMAX DUOTAB TBCR | P | |
| **H-2 Antagonists** | | |
| *cimetidine hcl soln* | P | |
| *cimetidine tabs or 200 mg* | P | RX/OTC |
| *cimetidine tabs or 300 mg, 400 mg, 800 mg* | P | |
| *famotidine susr or 40 mg/5ml* | P | |
| *famotidine tabs or 10 mg* | P | OTC |
| *famotidine tabs or 20 mg* | P | RX/OTC |
| *famotidine tabs or 40 mg* | P | |
| PEPCID AC MAXIMUM STRENGTH TABS (*Use famotidine*) | NP | RX/OTC |
| PEPCID AC TABS 10 MG (*Use famotidine*) | NP | OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PEPCID AC TABS 20 MG (*Use famotidine*) | NP | RX/OTC |
| PEPCID TABS 20 MG (*Use famotidine*) | NP | RX/OTC |
| PEPCID TABS 40 MG (*Use famotidine*) | NP | |
| TAGAMET HB TABS (*Use cimetidine*) | NP | RX/OTC |
| **Misc. Anti-Ulcer** | | |
| CARAFATE SUSP 1 GM/10ML (*Use sucralfate*) | NP | QL(420 ml per fill retail) |
| CARAFATE TABS 1 GM (*Use sucralfate*) | NP | |
| *sucralfate susp or 1 gm/10ml* | P | QL(420 ml per fill retail) |
| *sucralfate tabs or 1 gm* | P | |
| **Proton Pump Inhibitors** | | |
| DEXILANT CPDR (*Use dexlansoprazole*) | NP | ST |
| *dexlansoprazole cpdr* | P | ST |
| *esomeprazole magnesium cpdr 20 mg* | P | QL(2 ea daily); RX/OTC |
| *lansoprazole cpdr or 15 mg* | P | QL(4 ea daily); RX/OTC |
| *lansoprazole cpdr or 30 mg* | P | |
| NEXIUM 24HR CLEAR MINIS CPDR (*Use esomeprazole magnesium*) | NP | QL(2 ea daily); RX/OTC |
| NEXIUM 24HR CPDR (*Use esomeprazole magnesium*) | NP | QL(2 ea daily); RX/OTC |
| NEXIUM CPDR 20 MG (*Use esomeprazole magnesium*) | NP | QL(2 ea daily); RX/OTC |
| *omeprazole cpdr or 10 mg, 40 mg* | P | QL(2 ea daily) |
| *omeprazole cpdr or 20 mg* | P | QL(2 ea daily); RX/OTC |
| *omeprazole magnesium tbec 20 mg* | P | OTC;QL(1 ea daily) |
| *omeprazole tbec or 20 mg* | P | QL(1 ea daily) |
| *pantoprazole sodium tbec or 20 mg* | P | QL(1 ea daily) |
| *pantoprazole sodium tbec or 40 mg* | P | QL(2 ea daily) |
| PREVACID 24HR CPDR (*Use lansoprazole*) | NP | QL(4 ea daily); RX/OTC |
| PREVACID CPDR 15 MG (*Use lansoprazole*) | NP | QL(4 ea daily); RX/OTC |
| PREVACID CPDR 30 MG (*Use lansoprazole*) | NP | |
| PRILOSEC OTC TBEC (*Use omeprazole magnesium*) | NP | OTC;QL(1 ea daily) |
| PROTONIX TBEC OR 20 MG (*Use pantoprazole sodium*) | NP | QL(1 ea daily) |
| PROTONIX TBEC OR 40 MG (*Use pantoprazole sodium*) | NP | QL(2 ea daily) |
| **Ulcer Drugs - Prostaglandins** | | |
| CYTOTEC TABS (*Use misoprostol*) | NP | |
| *misoprostol tabs or 100 mcg, 200 mcg* | P | |
| **Ulcer Therapy Combinations** | | |
| *amoxicillin-clarithromycin w/ lansoprazole misc* | P | 14 rtl MAX day(s) supply,365 rtl lmt day(s), |
| **URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms** | | |
| **Urinary Antispasmodic - Antimuscarinics** | | |
| DETROL LA CP24 (*Use tolterodine tartrate*) | NP | QL(1 ea daily) |
| DETROL TABS (*Use tolterodine tartrate*) | NP | QL(2 ea daily) |
| DITROPAN XL TB24 (*Use oxybutynin chloride*) | NP | QL(2 ea daily) |
| *oxybutynin chloride syrp or 5 mg/5ml* | P | QL(496 ml per 30 days retail) |
| *oxybutynin chloride tabs or 5 mg* | P | QL(3 ea daily) |
| *oxybutynin chloride tb24 or 10 mg, 15 mg, 5 mg* | P | QL(2 ea daily) |
| *tolterodine tartrate cp24 2 mg, 4 mg* | P | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tolterodine tartrate tabs 1 mg, 2 mg* | P | QL(2 ea daily) |
| *trospium chloride tabs 20 mg* | P | QL(2 ea daily) |
| **Urinary Antispasmodics - Cholinergic Agonists** | | |
| *bethanechol chloride tabs or 10 mg, 25 mg, 5 mg, 50 mg* | P | |
| **Urinary Antispasmodics - Direct Muscle Relaxants** | | |
| *flavoxate hcl tabs* | P | |
| **VACCINES** | | |
| **Bacterial Vaccines** | | |
| BEXSERO SUSY | P | QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| MENVEO SOLR | P | QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| PNEUMOVAX 23 INJ | P | QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| PNEUMOVAX 23/1 DOSE INJ | P | QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| PREVNAR 13 SUSP | P | QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| TRUMENBA SUSY | P | QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| **Viral Vaccines** | | |
| AFLURIA QUADRIVALENT 2019-2020 SUSP | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| AFLURIA QUADRIVALENT 2019-2020 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| AFLURIA QUADRIVALENT 2020-2021 SUSP | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| AFLURIA QUADRIVALENT 2020-2021 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| AFLURIA QUADRIVALENT 2021-2022 SUSP | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| AFLURIA QUADRIVALENT 2021-2022 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| ASTRAZENECA COVID-19 VACCINE SUSP | P | |
| ENGERIX-B INJ IM 10 MCG/0.5ML | P | QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| ENGERIX-B INJ IM 20 MCG/ML | P | QL(1 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ENGERIX-B SUSP IJ 10 MCG/0.5ML | P | QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| ENGERIX-B SUSP IJ 20 MCG/ML | P | QL(1 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| FLUAD QUADRIVALENT 2021-2022 PRSY | P | QL(0.5 ml per fill retail); AL(At least 65 yrs old) |
| FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY | P | QL(0.5 ml per fill retail); AL(At least 65 yrs old) |
| FLUARIX QUADRIVALENT 2019-2020 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| FLUARIX QUADRIVALENT 2020-2021 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| FLUARIX QUADRIVALENT 2021-2022 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| FLULAVAL QUADRIVALENT 2019-2020 SUSP | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| FLULAVAL QUADRIVALENT 2019-2020 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| FLULAVAL QUADRIVALENT 2020-2021 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| FLULAVAL QUADRIVALENT 2021-2022 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FLUMIST QUADRIVALENT SUSP | P | QL(1 ea per fill retail); AL(At least 13 yrs old - Up to 49 yrs old) |
| FLUZONE HIGH-DOSE PF 2020-2021 SUSY | P | QL(0.7 ml per fill retail); AL(At least 65 yrs old) |
| FLUZONE HIGH-DOSE PF 2021-2022 SUSY | P | QL(0.7 ml per fill retail); AL(At least 65 yrs old) |
| FLUZONE QUADRIVALENT 2019-2020 SUSP | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| FLUZONE QUADRIVALENT 2019-2020 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| FLUZONE QUADRIVALENT 2020-2021 SUSP | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| FLUZONE QUADRIVALENT 2020-2021 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| FLUZONE QUADRIVALENT 2021-2022 SUSP | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| FLUZONE QUADRIVALENT 2021-2022 SUSY | P | QL(0.5 ml per fill retail); AL(At least 13 yrs old) |
| GARDASIL 9 SUSP | P | QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| GARDASIL 9 SUSY | P | QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HAVRIX SUSP 1440 ELU/ML | P | QL(1 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| HAVRIX SUSP 720 ELU/0.5ML | P | QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; 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 SUSP | P | |
| M-M-R II SOLR | P | QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| MODERNA COVID-19 VACCINE SUSP | P | |
| NOVAVAX COVID-19 VACCINE SUSP | P | |
| PFIZER-BIONTECH COVID-19VACCINE SUSP | P | |
| PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP | P | |
| PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP | P | |
| RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML | P | QL(1 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| RECOMBIVAX HB SUSP 5 MCG/0.5ML | P | QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT EMUL | P | |
| SHINGRIX SUSR | P | QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 50 yrs old) |
| SPIKEVAX COVID-19 VACCINE SUSP | P | |
| VAQTA SUSP 25 UNIT/0.5ML | P | QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| VAQTA SUSP 50 UNIT/ML | P | QL(1 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| VARIVAX INJ | P | QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old) |
| ZOSTAVAX SUSR | P | QL(1 ea per fill retail)1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 50 yrs old) |
| **VAGINAL AND RELATED PRODUCTS** | | |
| **Vaginal Anti-infectives** | | |
| CLEOCIN CREA VA 2 % (*Use clindamycin phosphate vaginal*) | NP | |
| *clindamycin phosphate vaginal crea* | P | |
| *clotrimazole vaginal crea 1 %* | P | OTC;QL(45 gm per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *clotrimazole vaginal crea 2 %* | P | OTC;QL(31 gm per 30 days retail) |
| GYNAZOLE-1 CREA | P | |
| GYNE-LOTRIMIN 3 CREA (*Use clotrimazole vaginal*) | NP | OTC;QL(31 gm per 30 days retail) |
| GYNE-LOTRIMIN CREA (*Use clotrimazole vaginal*) | NP | OTC;QL(45 gm per 30 days retail) |
| *metronidazole vaginal gel* | P | QL(70 gm per fill retail) |
| *miconazole nitrate vaginal crea 4 %, 2 %* | P | OTC;QL(45 gm per 30 days retail) |
| *miconazole nitrate vaginal kit* | P | |
| *miconazole nitrate vaginal supp 100 mg* | P | OTC;QL(7 ea per 30 days retail) |
| *miconazole nitrate vaginal supp 200 mg* | P | QL(3 ea per 30 days retail) |
| MONISTAT 3 COMBINATION PACK KIT (*Use miconazole nitrate vaginal*) | NP | |
| 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 crea* | P | |
| *terconazole vaginal supp* | P | |
| *tioconazole vaginal oint* | P | OTC |
| VANDAZOLE GEL | P | QL(70 gm per fill retail) |
| **Vaginal Estrogens** | | |
| ESTRACE CREA VA 0.1 MG/GM (*Use estradiol vaginal*) | NP | QL(43 gm per 30 days retail) |
| *estradiol vaginal crea 0.1 mg/gm* | P | QL(43 gm per 30 days retail) |
| *estradiol vaginal tabs 10 mcg* | P | |
| PREMARIN CREA VA 0.625 MG/GM | 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 0.15 MG/0.15ML | NP | |
| AUVI-Q SOAJ 0.3 MG/0.3ML | NP | QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply, |
| *epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml* | P | QL(2 ea per fill retail,4 ea per 365 days retail) |
| *epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml* | P | QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply, |
| EPIPEN 2-PAK SOAJ (*Use epinephrine (anaphylaxis*)) | NP | QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply, |
| EPIPEN-JR 2-PAK SOAJ (*Use epinephrine (anaphylaxis*)) | NP | QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply, |
| **Neurogenic Orthostatic Hypotension (NOH) -** | | |
| *droxidopa caps* | P | PA; SP |
| NORTHERA CAPS (*Use droxidopa*) | NP | PA; SP |
| **Vasopressors** | | |
| *midodrine hcl tabs* | P | |
| **VITAMINS** | | |
| **Oil Soluble Vitamins** | | |
| BABY DDROPS LIQD (*Use cholecalciferol*) | NP | Age limit = less than 6 months |
| *cholecalciferol caps or 1.25 mg, 50000 unit* | P | OTC;QL(8 ea per 30 days retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cholecalciferol caps or 1000 unit, 2000 unit, 25 mcg, 50 mcg* | P | OTC;QL(100 ea per fill retail) |
| *cholecalciferol caps or 125 mcg, 5000 unit* | P | OTC;QL(2 ea daily) |
| *cholecalciferol liqd or 10 mcg/ml, 400 unit/ml* | P | |
| *cholecalciferol liqd or 400 ut/0.028ml* | P | Age limit = less than 6 months |
| D-VI-SOL LIQD (*Use cholecalciferol*) | NP | |
| DRISDOL CAPS (*Use ergocalciferol*) | NP | |
| *ergocalciferol caps* | P | |
| *ergocalciferol soln* | P | |
| MEPHYTON TABS (*Use phytonadione*) | NP | |
| *phytonadione tabs or* | P | |
| VITAMIN D3 LIQD OR 5000 UNIT/ML | P | Age limit = 6 months to 1 year |
| *vitamin e caps or 100 unit, 200 unit, 400 unit* | P | OTC;QL(2 ea daily) |
| VITAMIN E CHEW OR 400 UNIT | P | OTC;QL(2 ea daily) |
| **Water Soluble Vitamins** | | |
| *ascorbic acid tabs or 250 mg, 1000 mg, 37 mg-1000 mg, 10 mg-500 mg, 14 mg-25 mg-500 mg, 25 mg-35 mg-500 mg, 37 mg-500 mg* | P | OTC;QL(100 ea per 30 days retail) |
| B-1 TABS | P | OTC;QL(100 ea per 30 days retail) |
| *niacin cpcr* | P | OTC |
| *niacin tabs* | P | OTC |
| *niacin tbcr* | P | OTC |
| NIACIN TR TBCR | P | OTC |
| *pyridoxine hcl tabs* | P | OTC |
| *riboflavin tabs or 25 mg, 50 mg, 100 mg* | 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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