

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 Georgia Families® Medicaid and Peach Care for Kids® 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[®].

Peach State Health Plan: Preferred Drug List (PDL)



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

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
<i>P</i>	Preferred Drug
<i>NP</i>	Non-Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	Age Limit: Drug is limited to a specific age
<i>PA</i>	Prior Authorization: Review required before prescription can be filled
<i>QL</i>	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both prescription and over the counter coverage
<i>SP</i>	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
<i>ST</i>	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
<i>ADHD</i>	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.
<i>Test Strips</i>	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days EXCEPTIONS: The below members may get up to 200 strips per 30 days • Members who are less than 18 years old • Members with a Gestational Diabetes or Diabetes in Pregnancy
STANDARD ABBREVIATIONS	

Dose Form	Dose Form Description	Dose Form	Dose Form Description
<i>AEPB</i>	Aerosol Powder Breath Activated	<i>CPCR</i>	Capsule ER
<i>AERB</i>	Aerosol, breath activated	<i>CPDR</i>	Capsule Delayed Release
<i>AERO</i>	Aerosol	<i>CPEP</i>	Capsule Enteric Coated Particles
<i>AJKT</i>	Auto-injector Kit	<i>CPSP</i>	Capsule Sprinkle
<i>AUIJ</i>	Auto-injector	<i>CREA</i>	Cream
<i>CAPS</i>	Capsule	<i>CSDR</i>	Capsule Delayed Release Sprinkle
<i>CHEW</i>	Tablet Chewable	<i>DEVI</i>	Device
<i>CONC</i>	Concentrate	<i>ELIX</i>	Elixir
<i>CP12</i>	Capsule ER 12 HR	<i>EMUL</i>	Emulsion
<i>CP24</i>	Capsule ER 24 HR	<i>ENEM</i>	Enema

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Dose Form	Dose Form Description	Dose Form	Dose Form Description
EX	External	SHAM	Shampoo
GRAN	Granules	SOAJ	Solution Auto-injector
IJ	Injection	SOCT	Solution Cartridge
IMPL	Implant	SOLN	Solution
INHA	Inhaler	SOLR	Solution Reconstituted
INJ	Injectable	SOPN	Solution Pen-injector
IUD	Intrauterine Device	SOSY	Solution Prefilled Syringe
IV	Intravenous	SRER	Suspension Reconstituted ER
LIQD	Liquid	STRP	Strip
LOTN	Lotion	SUBL	Tablet Sublingual
LOZG	Lozenge	SUER	Suspension Extended Release
LPOP	Lollipop	SUPN	Suspension Pen-injector
MISC	Miscellaneous	SUPP	Suppository
NA	Nasal	SUSP	Suspension
NEBU	Nebulization solution	SUSR	Suspension Reconstituted
OINT	Ointment	SUSY	Suspension Prefilled Syringe
OP	Ophthalmic	SYRP	Syrup
OPHT	Ophthalmic	T12A	Tablet ER 12 Hour Abuse-Deterrent
OR	Oral	TABS	Tablets
PACK	Packet	TB12	Tablet ER 12 Hour
PEN	Pen-injector	TB24	Tablet ER 24 Hour
PNKT	Pen-injector Kit	TBCR	Tablet ER
POT	Potassium	TBDP	Tablet Dispersible
POWD	Powder	TBEC	Tablet Enteric Coated
PRSY	Prefilled Syringe	TBEF	Tablet Effervescent
PSKT	Prefilled Syringe Kit	TBPK	Tablet Therapy Pack
PSTE	Paste	TBSO	Tablet Soluble
PT24	Patch 24 Hour	TEST	Diagnostic Test
PT72	Patch 72 Hour	TINC	Tincture
PTCH	Patch	TROC	Troche
PTTW	Patch Biweekly	VA	Vaginal
PTWK	Patch Weekly	VI	Visual Indicator
RE	Rectal	WAFR	Wafer
S.O.P.	Sterile Ophthalmic Preparation	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 (<i>Use amphetamine-dextroamphetamine</i>)	NP	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 3 yrs old)
ADDERALL XR CP24 (<i>Use amphetamine-dextroamphetamine</i>)	NP	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)
ADZENYS ER SUEP (<i>Use amphetamine</i>)	NP	
<i>amphetamine-dextroamphetamine cp24</i>	P	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine tabs</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 3 yrs old)
DEXEDRINE CP24 (<i>Use dextroamphetamine sulfate</i>)	NP	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
<i>dextroamphetamine sulfate tabs 5 MG, 10 MG</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 3 yrs old)
<i>dextroamphetamine sulfate cp24</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
VYVANSE CAPS	P	try methylphenidate ER and Adderall XR; Clinical Edit: ADHD;QL(1 ea daily);ST
Analeptics		

Drug Name	Drug Tier	Requirements/Limits
<i>caffeine citrate soln or</i>	P	QL(45 ml per fill retail)
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)
Anti-Obesity Agents		
IMCIVREE	P	SP;PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	P	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old);ST
<i>clonidine hcl (adhd) tb12</i>	P	
<i>guanfacine hcl (adhd)</i>	P	QL(1 ea daily);AL(At least 6 yrs old)
INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NP	QL(1 ea daily);AL(At least 6 yrs old)
KAPVAY TB12 (<i>Use clonidine hcl (adhd)</i>)	NP	
STRATTERA (<i>Use atomoxetine hcl</i>)	NP	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old);ST
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	P	SP;PA
Stimulants - Misc.		
CONCERTA TBCR 36 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tabs</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	NP	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
METHYLIN SOLN 5 MG/5ML (<i>Use methylphenidate hcl</i>)	NP	QL(1800 ml per 30 days retail);AL(At least 3 yrs old)
METHYLIN SOLN 10 MG/5ML (<i>Use methylphenidate hcl</i>)	NP	QL(900 ml per 30 days retail);AL(At least 3 yrs old)
<i>methylphenidate hcl tbc 10 MG, 20 MG, 36 MG</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl soln 5 MG/5ML</i>	P	QL(1800 ml per 30 days retail);AL(At least 3 yrs old)
<i>methylphenidate hcl tb 24 36 MG</i>	P	Clinical Edit: ADHD;QL(2 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 MG, 20 MG</i>	P	Clinical Edit: ADHD;QL(3 ea daily);AL(At least 3 yrs old)
<i>methylphenidate hcl soln 10 MG/5ML</i>	P	QL(900 ml per 30 days retail);AL(At least 3 yrs old)
<i>methylphenidate hcl tbc 18 MG, 27 MG, 54 MG</i>	P	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr</i>	P	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tabs 5 MG</i>	P	Clinical Edit: ADHD;QL(6 ea daily);AL(At least 3 yrs old)
<i>methylphenidate hcl tb 24 18 MG, 27 MG, 54 MG</i>	P	Clinical Edit: ADHD;QL(1 ea daily);AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NP	Clinical Edit: ADHD;QL(3 ea daily);AL(At least 3 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	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		
<i>ginger (zingiber officinalis) caps 250 MG</i>	P	OTC;QL(4 ea daily)
Alternative Medicine - M's		
<i>melatonin tabs 3 MG, 5 MG</i>	P	OTC;QL(1 ea daily)
<i>melatonin tbdp 3 MG</i>	P	QL(1 ea daily)
MELATONIN SUBL	P	QL(1 ea daily)
Alternative Medicine Combinations		
CARNI Q-GEL FORTE 250 MG-30 MG (<i>Use coenzyme q10-levocarnitine</i>)	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
BETHKIS NEBU (<i>Use tobramycin</i>)	NP	SP;PA
KITABIS PAK NEBU (<i>Use tobramycin</i>)	NP	SP;PA
<i>neomycin sulfate tabs</i>	P	
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP;PA
TOBI PODHALER CAPS	P	SP;PA
<i>tobramycin nebu</i>	P	SP;PA
<i>tobramycin sulfate soln ij</i>	P	PA
<i>tobramycin sulfate solr</i>	P	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	P	SP;PA
RINVOQ 30 MG, 45 MG	P	SP;PA
XELJANZ TABS	P	SP;PA
XELJANZ SOLN	P	SP;PA
XELJANZ XR TB24	P	SP;PA
Antirheumatic Antimetabolites		
METHOTREXATE	P	
OTREXUP SOAJ	P	SP;PA
RASUVO SOAJ	P	SP;PA
REDITREX SOSY	P	SP;PA
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PSKT	P	SP;PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	SP;PA
HUMIRA PEN PNKT	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP;PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP;PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP;PA
SIMPONI SOAJ	P	SP;PA
SIMPONI SOSY	P	SP;PA
SIMPONI ARIA SOLN	P	SP;PA
Interleukin-1 Blockers		
ARCALYST	P	SP;PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	P	SP;PA
Interleukin-1beta Blockers		
ILARIS SOLN	P	SP;PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	P	SP;PA
ACTEMRA SOSY	P	SP;PA
ACTEMRA ACTPEN SOAJ	P	SP;PA
KEVZARA SOAJ	P	SP;PA
KEVZARA SOSY	P	SP;PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (<i>Use ibuprofen</i>)	NP	OTC
ALEVE TABS (<i>Use naproxen sodium</i>)	NP	OTC;QL(2 ea daily)
ALEVE ARTHRITIS TABS (<i>Use naproxen sodium</i>)	NP	OTC;QL(2 ea daily)
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	NP	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	NP	RX/OTC
diclofenac potassium tabs 50 MG	P	
diclofenac sodium tbec	P	
etodolac caps	P	
etodolac tabs	P	
FELDENE CAPS (Use piroxicam)	NP	
fenoprofen calcium caps 400 MG	P	
flurbiprofen tabs	P	
ibuprofen susp 100 MG/5ML	P	RX/OTC
ibuprofen tabs 200 MG	P	OTC
ibuprofen susp 40 MG/ML, 50 MG/1.25ML	P	OTC
ibuprofen tabs 400 MG, 600 MG, 800 MG	P	
ibuprofen chew	P	OTC
ibuprofen lysine	P	
INDOCIN SUSP	P	
INDOCIN SUPP	P	
indomethacin caps 25 MG, 50 MG	P	
indomethacin sodium	P	
INFANTS ADVIL SUSP (Use ibuprofen)	NP	OTC
ketorolac tromethamine tabs	P	QL(20 ea per 30 days retail);AL(At least 17 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine soln ij 15 MG/ML, 30 MG/ML	P	
KETOROLAC TROMETHAMINE SOLN IJ 15 MG/ML, 30 MG/ML	P	
LODINE TABS (Use etodolac)	NP	
meloxicam tabs	P	
MOBIC TABS (Use meloxicam)	NP	
MOTRIN CHILDRENS CHEW (Use ibuprofen)	NP	OTC
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	NP	OTC
nabumetone	P	
NALFON CAPS (Use fenoprofen calcium)	NP	
NAPROSYN SUSP (Use naproxen)	NP	
NAPROSYN TABS 500 MG (Use naproxen)	NP	
naproxen susp	P	
naproxen tabs	P	
naproxen sodium tabs 220 MG	P	OTC;QL(2 ea daily)
naproxen sodium tabs 275 MG, 550 MG	P	
NEOPROFEN (Use ibuprofen lysine)	NP	
piroxicam caps	P	
sulindac tabs	P	
TIVORBEX CAPS (Use indomethacin)	NP	
VIVLODEX CAPS (Use meloxicam)	NP	

Drug Name	Drug Tier	Requirements/Limits
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TBPk	P	SP;PA
OTEZLA TABS	P	SP;PA
Pyrimidine Synthesis Inhibitors		
ARAVA (Use leflunomide)	NP	QL(1 ea daily)
leflunomide	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR	P	SP;PA
ORENCIA SOSY	P	SP;PA
ORENCIA CLICKJECT SOAJ	P	SP;PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOSY	P	SP;PA
ENBREL SOLR	P	SP;PA
ENBREL SOLN	P	SP;PA
ENBREL MINI SOCT	P	SP;PA
ENBREL SURECLICK SOAJ	P	SP;PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs 325 MG-50 MG	P	QL(4 ea daily);AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine caps 325 MG-40 MG-50 MG	P	QL(4 ea daily);AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine tabs 325 MG-40 MG-50 MG	P	QL(4 ea daily);AL(At least 12 yrs old)
butalbital-aspirin-caffeine caps 50 MG-325 MG-40 MG	P	QL(4 ea daily);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ESGIC TABS 325 MG-40 MG-50 MG (Use butalbital-acetaminophen-caffeine)	NP	QL(4 ea daily);AL(At least 12 yrs old)
FIORINAL CAPS 50 MG-325 MG-40 MG (Use butalbital-aspirin-caffeine)	NP	QL(4 ea daily);AL(At least 18 yrs old)
Analgesics Other		
acetaminophen supp	P	OTC;QL(12 ea per 30 days retail)
acetaminophen tabs 325 MG, 500 MG	P	OTC
acetaminophen soln or 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	OTC
acetaminophen elix	P	OTC
acetaminophen susp 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	P	OTC
acetaminophen chew	P	OTC
acetaminophen liqd 160 MG/5ML	P	OTC
FEVERALL JUNIOR STRENGTH SUPP	P	OTC;QL(12 ea per 30 days retail)
INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)
OFIRMEV SOLN IV (Use acetaminophen)	NP	
TYLENOL TABS (Use acetaminophen)	NP	OTC
TYLENOL CHILDRENS SUSP (Use acetaminophen)	NP	OTC
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	NP	OTC

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P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	NP	OTC
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	NP	OTC
TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	NP	OTC
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	NP	OTC
Analgesics-Peptide Channel Blockers		
PRIALT	P	SP;PA
Salicylates		
ALKA-SELTZER 1916 MG-325 MG-1000 MG (Use aspirin effervescent)	NP	
aspirin tbec 81 MG, 325 MG	P	OTC
aspirin chew	P	OTC
aspirin tabs 325 MG	P	OTC
ASPIRIN SUPP 300 MG, 600 MG	P	OTC;QL(12 ea per 30 days retail)
aspirin buffered (cal carb-mag carb-mag oxide)	P	OTC
BUFFERIN 325 MG (Use aspirin buffered (cal carb-mag carb-mag oxide))	NP	OTC
diflunisal tabs	P	
ECOTRIN TBEC (Use aspirin)	NP	OTC
ECOTRIN MAXIMUM STRENGTH TBEC (Use aspirin)	NP	OTC

Drug Name	Drug Tier	Requirements/Limits
ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	NP	OTC
salsalate	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
codeine sulfate tabs	P	Clinical Edit: Opioids;QL(2 ea daily);AL(At least 12 yrs old)
CODEINE SULFATE TABS	P	Clinical Edit: Opioids;QL(2 ea daily);AL(At least 12 yrs old)
DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl)	NP	Clinical Edit: Opioids;QL(6 ea daily)
DILAUDID TABS 8 MG (Use hydromorphone hcl)	NP	Clinical Edit: Opioids;QL(4 ea daily)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR (Use fentanyl)	NP	QL(0.34 ea daily)
fentanyl pt72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	QL(0.34 ea daily)
hydromorphone hcl tabs 2 MG, 4 MG	P	Clinical Edit: Opioids;QL(6 ea daily)
hydromorphone hcl tabs 8 MG	P	Clinical Edit: Opioids;QL(4 ea daily)
HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids;QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
KADIAN CP24 (<i>Use morphine sulfate</i>)	NP	
<i>meperidine hcl soln or 50 MG/5ML</i>	P	Clinical Edit: Opioids;QL(30 ml daily)
<i>meperidine hcl tabs 50 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>methadone hcl tabs 10 MG</i>	P	QL(10 ea daily);PA
<i>methadone hcl tabs 5 MG</i>	P	QL(6 ea daily);PA
<i>morphine sulfate tbc</i>	P	QL(3 ea daily)
<i>morphine sulfate soln or 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	P	Clinical Edit: Opioids;QL(240 ea per fill retail)
<i>morphine sulfate soln or 10 MG/5ML, 20 MG/5ML</i>	P	Clinical Edit: Opioids;QL(21.4 ml daily)
<i>morphine sulfate tabs</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>morphine sulfate supp</i>	P	Clinical Edit: Opioids;QL(18 ea per fill retail)
MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NP	QL(3 ea daily)
OXAYDO TABS	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone hcl soln</i>	P	Clinical Edit: Opioids;QL(30 ml daily)
<i>oxycodone hcl caps</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone hcl conc 100 MG/5ML</i>	P	Clinical Edit: Opioids;QL(90 ml per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>oxycodone hcl tabs 5 MG, 10 MG, 15 MG, 20 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone hcl t12a</i>	P	QL(2 ea daily);PA
<i>oxycodone hcl tabs 30 MG</i>	P	Clinical Edit: Opioids;QL(4 ea daily)
OXYCONTIN T12A	P	QL(2 ea daily);PA
ROXICODONE TABS 5 MG, 15 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids;QL(6 ea daily)
ROXICODONE TABS 30 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids;QL(4 ea daily)
<i>tramadol hcl tabs 50 MG</i>	P	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 18 yrs old)
ULTRAM TABS (<i>Use tramadol hcl</i>)	NP	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 18 yrs old)
ZOXYDRO ER CP12 (<i>Use hydrocodone bitartrate</i>)	NP	
Opioid Combinations		
<i>acetaminophen w/ codeine tabs 300 MG-15 MG, 300 MG-30 MG, 300 MG-60 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily);AL(At least 12 yrs old)
<i>acetaminophen w/ codeine soln 120 MG/5ML-12 MG/5ML</i>	P	Clinical Edit: Opioids;QL(30 ml daily);AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine 325 MG-30 MG-40 MG-50 MG</i>	P	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>butalbital-aspirin-caffeine w/cod 50 MG-325 MG-30 MG-40 MG</i>	P	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 12 yrs old)
<i>FIORINAL/CODEINE #3 50 MG-325 MG-30 MG-40 MG (Use butalbital-aspirin-caffeine w/cod)</i>	NP	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 12 yrs old)
<i>hydrocodone-acetaminophen soln 2.5 MG/5ML-108 MG/5ML, 5 MG/10ML-217 MG/10ML, 7.5 MG/15ML-325 MG/15ML</i>	P	Clinical Edit: Opioids;QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>NORCO TABS (Use hydrocodone-acetaminophen)</i>	NP	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone w/acetaminophen soln 5 MG/5ML-325 MG/5ML</i>	P	Clinical Edit: Opioids;QL(30 ml daily)
<i>oxycodone w/acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone-aspirin 4.835 MG-325 MG</i>	P	Clinical Edit: Opioids;QL(6 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (Use oxycodone w/acetaminophen)</i>	NP	Clinical Edit: Opioids;QL(6 ea daily)
<i>tramadol-acetaminophen 37.5 MG-325 MG</i>	P	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 18 yrs old)
<i>ULTRACET 37.5 MG-325 MG (Use tramadol-acetaminophen)</i>	NP	Clinical Edit: Opioids;QL(4 ea daily);AL(At least 18 yrs old)
Opioid Partial Agonists		
<i>BELBUCA FILM</i>	P	PA
<i>BUNAVAIL FILM BU</i>	P	PA
<i>BUPRENEX SOLN (Use buprenorphine hcl)</i>	NP	PA
<i>buprenorphine hcl soln</i>	P	PA
<i>buprenorphine hcl subl</i>	P	PA
<i>buprenorphine hcl film</i>	P	PA
<i>buprenorphine hcl-naloxone hcl dihydrate film sl 2 MG-0.5 MG, 4 MG-1 MG</i>	P	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	P	QL(3 ea daily)
<i>SUBLOCADE SOSY</i>	P	2 rtl MAX fill,30 rtl day(s) supply;SP;PA
<i>SUBOXONE FILM SL 12 MG-3 MG (Use buprenorphine hcl-naloxone hcl dihydrate)</i>	NP	QL(2 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
SUBOXONE FILM SL 2 MG-0.5 MG, 4 MG-1 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 ea daily)
SUBOXONE FILM SL 8 MG-2 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily)
ZUBSOLV SUBL	P	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL GEL TD (<i>Use testosterone</i>)	NP	
AVEED SOLN	P	SP;PA
DEPO-TESTOSTERONE SOLN IM 100 MG/ML (<i>Use testosterone cypionate</i>)	NP	QL(0.2858 ml daily)
DEPO-TESTOSTERONE SOLN IM 200 MG/ML (<i>Use testosterone cypionate</i>)	NP	QL(4 ml per 30 days retail)
METHITEST TABS	P	
TESTOPEL PLLT	P	SP;PA
<i>testosterone cypionate soln im 100 MG/ML</i>	P	QL(0.2858 ml daily)
<i>testosterone cypionate soln im 200 MG/ML</i>	P	QL(4 ml per 30 days retail)
<i>testosterone enanthate soln im</i>	P	QL(4 ml per 30 days retail)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		

Drug Name	Drug Tier	Requirement s/Limits
Intrarectal Steroids		
CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	NP	
<i>hydrocortisone (intrarectal)</i>	P	
Rectal Combinations		
ANALPRAM-HC LOTN EX 1 %-2.5 %	P	QL(62 ml per 30 days retail)
<i>phenylephrine-shark liver oil-cocoa butter 3 %-0.25 %-85.5 %</i>	P	OTC;QL(12 ea per 30 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum 3 %-0.25 %-71.9 %-14 %</i>	P	OTC;QL(31 gm per 30 days retail)
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NP	
<i>hydrocortisone (rectal) ex 2.5 %</i>	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone susp</i>	P	QL(744 ml per 30 days retail)
<i>alum & mag hydrox-simethicone liqd</i>	P	QL(744 ml per 30 days retail)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	OTC
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) tabs 325 MG, 650 MG</i>	P	OTC;QL(100 ea per 30 days retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) chew 500 MG</i>	P	OTC

Drug Name	Drug Tier	Requirements/Limits
TUMS CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC
TUMS LASTING EFFECTS CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC
Antacids - Magnesium Salts		
<i>magnesium oxide tabs 400 MG</i>	P	OTC
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
ALBENZA (<i>Use albendazole</i>)	NP	
BENZNIDAZOLE	P	SP;PA
EMVERM CHEW	P	QL(1 ea per 14 days retail)
<i>pyrantel pamoate susp 144 MG/ML</i>	P	OTC;QL(60 ml per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
<i>isosorbide dinitrate tabs 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate tb24</i>	P	QL(1 ea daily)
<i>isosorbide mononitrate tabs</i>	P	QL(2 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NP	
<i>nitroglycerin subl</i>	P	
<i>nitroglycerin cpcr</i>	P	
<i>nitroglycerin pt24</i>	P	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 15 MG</i>	P	QL(4 ea daily)
<i>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily)
<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 ea daily)
<i>hydroxyzine hcl syrp</i>	P	
<i>hydroxyzine hcl tabs</i>	P	
<i>hydroxyzine pamoate caps</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS (<i>Use hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
<i>alprazolam tabs</i>	P	QL(3 ea daily);AL(At least 18 yrs old)
ATIVAN TABS (<i>Use lorazepam</i>)	NP	QL(3 ea daily);AL(At least 18 yrs old)
<i>chlordiazepoxide hcl caps</i>	P	QL(4 ea daily);AL(At least 18 yrs old)
<i>clorazepate dipotassium tabs</i>	P	QL(3 ea daily);AL(At least 18 yrs old)
<i>diazepam soln or 5 MG/5ML</i>	P	AL (6 months to 12 years old)
<i>diazepam tabs</i>	P	QL(4 ea daily);AL(At least 18 yrs old)
<i>lorazepam tabs</i>	P	QL(3 ea daily);AL(At least 18 yrs old)
<i>oxazepam caps</i>	P	QL(4 ea daily);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
TRANXENE T TABS 7.5 MG (<i>Use clorazepate dipotassium</i>)	NP	QL(3 ea daily);AL(At least 18 yrs old)
VALIUM TABS (<i>Use diazepam</i>)	NP	QL(4 ea daily);AL(At least 18 yrs old)
XANAX TABS (<i>Use alprazolam</i>)	NP	QL(3 ea daily);AL(At least 18 yrs old)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	P	
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	P	
NORPACE CR CP12 150 MG	P	
<i>quinidine gluconate tbc</i>	P	
<i>quinidine sulfate tabs</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	
<i>propafenone hcl tabs</i>	P	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs 200 MG</i>	P	
<i>dofetilide</i>	P	
TIKOSYN (<i>Use dofetilide</i>)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
FASENRA SOSY	P	SP;PA
FASENRA PEN SOAJ	P	SP;PA
NUCALA SOAJ	P	SP;PA
NUCALA SOSY	P	SP;PA
NUCALA SOLR	P	SP;PA
TEZSPIRE	P	SP;PA
XOLAIR SOSY	P	SP;PA
XOLAIR SOLR	P	SP;PA
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	P	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25.8 gm per fill retail)
INCRUSE ELLIPTA	P	QL(1 ea daily)
<i>ipratropium bromide soln .02 %</i>	P	QL(375 ml per 20 days retail)
TUDORZA PRESSAIR	P	QL(1 ea per 30 days retail)
Leukotriene Modulators		
<i>montelukast sodium pack</i>	P	QL(1 ea daily)
<i>montelukast sodium tabs</i>	P	QL(1 ea daily)
<i>montelukast sodium chew</i>	P	QL(1 ea daily)
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	P	QL(1 ea daily)
ASMANEX HFA AERO	P	QL(0.44 gm daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>budesonide (inhalation) susp</i>	P	QL(120 ml per fill retail);AL(At least 1 yrs old- Up to 8 yrs old)
FLOVENT HFA 44 MCG/ACT	P	QL(10.6 gm per fill retail);AL(Up to 12 yrs old)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail);AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail);AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT	P	QL(10.6 gm per fill retail);AL(Up to 12 yrs old)
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NP	QL(120 ml per fill retail);AL(At least 1 yrs old- Up to 8 yrs old)
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NP	QL(2 ea daily,60 ea per 30 days retail)
<i>albuterol sulfate aers</i>	P	QL(8.5 gm per fill retail,17 gm per 30 days retail)
<i>albuterol sulfate tb12</i>	P	
<i>albuterol sulfate tabs</i>	P	
<i>albuterol sulfate aers</i>	P	QL(18 gm per fill retail,36 gm per 30 days retail)
<i>albuterol sulfate nebu .083 %</i>	P	QL(12.5 ml daily)
<i>albuterol sulfate nebu .5 %, 2.5 MG/0.5ML</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>albuterol sulfate aers</i>	NP	
<i>albuterol sulfate syrup</i>	P	
<i>albuterol sulfate nebu .63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ml per 30 days retail)
<i>albuterol sulfate aers</i>	P	QL(6.7 gm per fill retail,13.4 gm per 30 days retail)
ALBUTEROL SULFATE NEBU	P	
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	P	QL(4 gm per 30 days retail)
<i>fluticasone-salmeterol aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT</i>	P	QL(2 ea daily,60 ea per 30 days retail)
<i>ipratropium-albuterol soln 0.5 MG/3ML-2.5 MG/3ML</i>	P	QL(12 ml daily)
ISUPREL (<i>Use isoproterenol hcl</i>)	NP	
PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	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 (<i>Use albuterol sulfate</i>)	NP	

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Updated January 1, 2023

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Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS	P	QL(60 ea per fill retail)
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	NP	
terbutaline sulfate tabs	P	
VENTOLIN HFA AERS (Use albuterol sulfate)	NP	
Xanthines		
THEO-24 CP24	P	
theophylline elix	P	
theophylline tb12 300 MG, 450 MG	P	
theophylline tb24	P	
theophylline soln	P	QL(475 ml per fill retail)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium tabs	P	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	P	QL(2 ea daily)
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA (Use fondaparinux sodium)	NP	SP;PA
enoxaparin sodium sosy	P	QL(0 ml daily);SP;PA
enoxaparin sodium soln ij 300 MG/3ML	P	SP
fondaparinux sodium	P	SP;PA
FRAGMIN SOLN 95000 UNIT/3.8ML	P	SP;PA
FRAGMIN SOSY	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) soln ij 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NP	SP
LOVENOX SOSY (Use enoxaparin sodium)	NP	QL(0 ml daily);SP;PA
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clonazepam tabs	P	QL(3 ea daily);AL(At least 18 yrs old)
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	P	QL(1 ea per fill retail);AL(At least 2 yrs old)
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	NP	QL(1 ea per fill retail);AL(At least 2 yrs old)
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NP	QL(1 ea per fill retail);AL(At least 2 yrs old)
diazepam (anticonvulsant) gel	P	QL(1 ea per fill retail);AL(At least 2 yrs old)
KLONOPIN TABS (Use clonazepam)	NP	QL(3 ea daily);AL(At least 18 yrs old)
NAYZILAM	P	QL(10 ea per 30 days retail);PA
VALTOCO LQPK	P	QL(10 ea per 30 days retail);PA
VALTOCO LIQD	P	QL(10 ea per 30 days retail);PA
Anticonvulsants - Misc.		
BANZEL TABS (Use rufinamide)	NP	SP;PA

Drug Name	Drug Tier	Requirements/Limits
BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP;PA
BRIVIACT SOLN IV 50 MG/5ML	P	SP;PA
<i>carbamazepine tabs</i>	P	
<i>carbamazepine tb12</i>	P	
<i>carbamazepine chew</i>	P	
<i>carbamazepine susp</i>	P	
DIACOMIT CAPS 500 MG	P	QL(6 ea daily);SP;PA
DIACOMIT CAPS 250 MG	P	QL(12 ea daily);SP;PA
DIACOMIT PACK 500 MG	P	QL(6 ea daily);SP;PA
DIACOMIT PACK 250 MG	P	QL(12 ea daily);SP;PA
EPIDIOLEX	P	SP;PA
FINTEPLA	P	SP;PA
<i>gabapentin caps</i>	P	QL(9 ea daily)
<i>gabapentin tabs 600 MG</i>	P	QL(6 ea daily)
<i>gabapentin tabs 800 MG</i>	P	QL(4 ea daily)
<i>gabapentin soln</i>	P	
KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP	
KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 ea daily)
KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 ea daily)
KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(16 ml daily)
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	Use levetiracetam IR;ST

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NP	
LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	Use lamotrigine IR;ST
<i>lamotrigine tb24</i>	P	Use lamotrigine IR;ST
<i>lamotrigine chew</i>	P	
<i>lamotrigine tabs</i>	P	
<i>levetiracetam tabs 250 MG, 750 MG</i>	P	QL(4 ea daily)
<i>levetiracetam tb24</i>	P	Use levetiracetam IR;ST
<i>levetiracetam tabs 1000 MG</i>	P	
<i>levetiracetam tabs 500 MG</i>	P	QL(6 ea daily)
<i>levetiracetam soln or 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ml daily)
MYSOLINE (<i>Use primidone</i>)	NP	
NEURONTIN CAPS (<i>Use gabapentin</i>)	NP	QL(9 ea daily)
NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NP	QL(6 ea daily)
NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NP	QL(4 ea daily)
NEURONTIN SOLN (<i>Use gabapentin</i>)	NP	
<i>oxcarbazepine tabs</i>	P	
<i>oxcarbazepine susp</i>	P	
<i>primidone</i>	P	
<i>rufinamide susp</i>	P	SP;PA
<i>rufinamide tabs</i>	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	
TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	
TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NP	QL(3 ea daily)
TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NP	QL(8 ea daily)
<i>topiramate tabs 100 MG</i>	P	QL(4 ea daily)
<i>topiramate cpsp 25 MG</i>	P	QL(8 ea daily)
<i>topiramate cpsp 15 MG</i>	P	QL(6 ea daily)
<i>topiramate tabs 25 MG, 50 MG</i>	P	QL(6 ea daily)
<i>topiramate tabs 200 MG</i>	P	QL(3 ea daily)
TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP	
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	
ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NP	
<i>zonisamide caps</i>	P	
Carbamates		
<i>felbamate tabs</i>	P	
<i>felbamate susp</i>	P	

Drug Name	Drug Tier	Requirements/Limits
FELBATOL TABS (<i>Use felbamate</i>)	NP	
FELBATOL SUSP (<i>Use felbamate</i>)	NP	
GABA Modulators		
GABITRIL (<i>Use tiagabine hcl</i>)	NP	
SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP;PA
SABRIL TABS (<i>Use vigabatrin</i>)	NP	SP;PA
<i>tiagabine hcl</i>	P	
<i>vigabatrin pack</i>	P	SP;PA
<i>vigabatrin tabs</i>	P	SP;PA
Hydantoins		
DILANTIN (<i>Use phenytoin sodium extended</i>)	P	
DILANTIN	P	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	P	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	P	
<i>phenytoin chew</i>	P	
<i>phenytoin susp</i>	P	
<i>phenytoin sodium soln</i>	P	
<i>phenytoin sodium extended 30 MG, 100 MG</i>	P	
Succinimides		
<i>ethosuximide soln</i>	P	
<i>ethosuximide caps</i>	P	
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	
Valproic Acid		

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Updated January 1, 2023

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE TBEC 125 MG (<i>Use divalproex sodium</i>)	NP	QL(2 ea daily)
DEPAKOTE TBEC 500 MG (<i>Use divalproex sodium</i>)	NP	QL(7 ea daily)
DEPAKOTE TBEC 250 MG (<i>Use divalproex sodium</i>)	NP	QL(3 ea daily)
DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NP	QL(3 ea daily)
DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	NP	QL(7 ea daily)
DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	QL(8 ea daily)
<i>divalproex sodium tbec 125 MG</i>	P	QL(2 ea daily)
<i>divalproex sodium tb24 250 MG</i>	P	QL(3 ea daily)
<i>divalproex sodium csdr</i>	P	QL(8 ea daily)
<i>divalproex sodium tb24 500 MG</i>	P	QL(7 ea daily)
<i>divalproex sodium tbec 250 MG</i>	P	QL(3 ea daily)
<i>divalproex sodium tbec 500 MG</i>	P	QL(7 ea daily)
<i>valproate sodium soln or 250 MG/5ML</i>	P	
<i>valproic acid caps</i>	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 30 MG</i>	P	QL(1.5 ea daily)
<i>mirtazapine tabs 15 MG</i>	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tbdp 30 MG</i>	P	QL(1.5 ea daily)
<i>mirtazapine tabs 7.5 MG, 45 MG</i>	P	QL(1 ea daily)
<i>mirtazapine tbdp 15 MG</i>	P	QL(3 ea daily)
<i>mirtazapine tbdp 45 MG</i>	P	QL(1 ea daily)
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily)
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 ea daily)
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NP	QL(1 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tb24 150 MG</i>	P	QL(3 ea daily)
<i>bupropion hcl tabs</i>	P	QL(3 ea daily)
<i>bupropion hcl tb12 100 MG</i>	P	QL(4 ea daily)
<i>bupropion hcl tb24 300 MG</i>	P	QL(1 ea daily)
<i>bupropion hcl tb12 200 MG</i>	P	QL(2 ea daily)
<i>bupropion hcl tb12 150 MG</i>	P	QL(3 ea daily)
<i>maprotiline hcl</i>	P	
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NP	QL(4 ea daily)
WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NP	QL(1 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 ea daily)
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	P	SP;PA
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL (<i>Use phenelzine sulfate</i>)	NP	
PARNATE (<i>Use tranylcypromine sulfate</i>)	NP	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	P	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	P	SP;PA
SPRAVATO 84MG DOSE	P	SP;PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(2 ea daily)
CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(4 ea daily)
CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tabs 40 MG</i>	P	QL(1 ea daily)
<i>citalopram hydrobromide tabs 20 MG</i>	P	QL(2 ea daily)
<i>citalopram hydrobromide soln</i>	P	
<i>citalopram hydrobromide tabs 10 MG</i>	P	QL(4 ea daily)
<i>escitalopram oxalate tabs 10 MG</i>	P	QL(2 ea daily);AL(At least 12 yrs old)
<i>escitalopram oxalate tabs 5 MG</i>	P	QL(4 ea daily);AL(At least 12 yrs old)
<i>escitalopram oxalate tabs 20 MG</i>	P	QL(1 ea daily);AL(At least 12 yrs old)
<i>fluoxetine hcl caps 10 MG, 20 MG</i>	P	QL(4 ea daily)
<i>fluoxetine hcl soln</i>	P	QL(600 ml per 30 days retail);AL(Up to 6 yrs old)
<i>fluoxetine hcl caps 40 MG</i>	P	QL(2 ea daily);AL(At least 7 yrs old)
<i>fluoxetine hcl tabs 20 MG</i>	P	QL(4 ea daily)
<i>fluoxetine hcl tabs 10 MG</i>	P	QL(1 ea daily);AL(At least 7 yrs old)
<i>fluvoxamine maleate tabs 100 MG</i>	P	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 MG, 50 MG</i>	P	QL(2 ea daily)
LEXAPRO TABS 5 MG (<i>Use escitalopram oxalate</i>)	NP	QL(4 ea daily);AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	NP	QL(1 ea daily);AL(At least 12 yrs old)
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NP	QL(2 ea daily);AL(At least 12 yrs old)
paroxetine hcl tabs 30 MG, 40 MG	P	QL(2 ea daily)
paroxetine hcl susp	P	QL(40 ml daily);PA
paroxetine hcl tb24	P	
paroxetine hcl tabs 20 MG	P	QL(3 ea daily)
paroxetine hcl tabs 10 MG	P	QL(6 ea daily)
PAXIL TABS 10 MG (Use paroxetine hcl)	NP	QL(6 ea daily)
PAXIL SUSP (Use paroxetine hcl)	NP	QL(40 ml daily);PA
PAXIL TABS 20 MG (Use paroxetine hcl)	NP	QL(3 ea daily)
PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	NP	QL(2 ea daily)
PAXIL CR TB24 (Use paroxetine hcl)	NP	
PROZAC CAPS 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	P	QL(6 ml daily)
sertraline hcl tabs 100 MG	P	QL(2 ea daily)
sertraline hcl tabs 25 MG, 50 MG	P	QL(4 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
ZOLOFT TABS 100 MG (Use sertraline hcl)	NP	QL(2 ea daily)
ZOLOFT CONC (Use sertraline hcl)	NP	QL(6 ml daily)
Serotonin Modulators		
nefazodone hcl	P	
trazodone hcl tabs 50 MG, 100 MG, 150 MG	P	
trazodone hcl tabs 300 MG	P	QL(2 ea daily)
TRINTELLIX	P	QL(1 ea daily);AL(At least 18 yrs old);PA
VIIBRYD TABS (Use vilazodone hcl)	NP	QL(1 ea daily);PA
vilazodone hcl tabs	P	QL(1 ea daily);PA
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (Use duloxetine hcl)	NP	QL(1 ea daily);AL(At least 7 yrs old)
desvenlafaxine succinate 100 MG	P	QL(4 ea daily);ST
desvenlafaxine succinate 25 MG, 50 MG	P	QL(1 ea daily);ST
duloxetine hcl cpep 20 MG, 30 MG, 60 MG	P	QL(1 ea daily);AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NP	QL(2 ea daily)
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 ea daily)
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRISTIQ 100 MG (Use desvenlafaxine succinate)	NP	QL(4 ea daily);ST
PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)	NP	QL(1 ea daily);ST
venlafaxine hcl cp24 150 MG	P	QL(2 ea daily)
venlafaxine hcl cp24 75 MG	P	QL(5 ea daily)
venlafaxine hcl tb24 37.5 MG, 75 MG, 225 MG	P	QL(1 ea daily)
venlafaxine hcl cp24 37.5 MG	P	QL(4 ea daily)
venlafaxine hcl tb24 150 MG	P	QL(2 ea daily)
venlafaxine hcl tabs	P	
Tricyclic Agents		
amitriptyline hcl tabs	P	
amoxapine	P	
clomipramine hcl 75 MG	P	
desipramine hcl tabs 25 MG	P	QL(2 ea daily)
desipramine hcl tabs 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	
doxepin hcl conc	P	
doxepin hcl caps	P	
imipramine hcl tabs	P	
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NP	QL(2 ea daily)
NORPRAMIN TABS 10 MG (Use desipramine hcl)	NP	
nortriptyline hcl caps	P	

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hcl soln	P	QL(20 ml daily)
PAMELOR CAPS (Use nortriptyline hcl)	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
PRECOSE (Use acarbose)	NP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ml per 30 days retail);PA
SYMLINPEN 60 SOPN	P	QL(6 ml per 30 days retail);PA
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use pioglitazone hcl-metformin hcl)	NP	QL(2 ea daily)
alogliptin-metformin hcl	P	QL(2 ea daily)
alogliptin-pioglitazone	P	
glipizide-metformin hcl	P	
glyburide-metformin	P	
KAZANO (Use alogliptin-metformin hcl)	NP	
OSENI (Use alogliptin-pioglitazone)	NP	
OSENI 12.5 MG-15 MG	NP	
pioglitazone hcl-metformin hcl tabs	P	QL(2 ea daily)
SEGLUROMET	P	QL(2 ea daily)
SOLIQUA 100/33 33 MCG/ML-100 UNIT/ML	P	QL(0.6 ml daily);ST
Biguanides		

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Updated January 1, 2023

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Drug Name	Drug Tier	Requirements/Limits
FORTAMET TB24 (<i>Use metformin hcl</i>)	NP	
<i>metformin hcl tb24 750 MG</i>	P	QL(3 ea daily)
<i>metformin hcl tabs 850 MG, 1000 MG</i>	P	
<i>metformin hcl tabs 500 MG</i>	P	QL(4 ea daily)
<i>metformin hcl tb24 500 MG</i>	P	QL(4 ea daily)
Diabetic Other		
BD GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
CVS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
CVS SOFT GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
DEX4 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 FAST ACTING GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 NATURALS 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 POUCH PACK 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
<i>glucagon (rdna)</i>	P	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NP	QL(1 ea per fill retail)
GLUCOSE	P	QL(50 ea per 30 days retail)
GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
GLUCOSE INSTANT ENERGY 4 GM-6 MG	P	QL(50 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
GNP GLUCOSE	P	QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
GOODSENSE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
HY-VEE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
KORLYM	P	SP;PA
KROGER GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
LEADER GLUCOSE	P	QL(50 ea per 30 days retail)
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
LONGS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
MEIJER GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
PREFERRED PLUS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
PX GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
RA GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
RELION GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
SM GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
SM GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
SMART SENSE GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
SMART SENSE GLUCOSE TABLETS 4 GM-6 MG	P	QL(50 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
TGT GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
TRUEPLUS GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
TRUEPLUS GLUCOSE ON THE GO CHEW	P	OTC;QL(50 ea per 30 days retail)
UP & UP GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
VALUE PLUS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
WALGREENS GLUCOSE 4 GM-6 MG	P	QL(50 ea per 30 days retail)
WALGREENS GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	P	
NESINA (Use <i>alogliptin benzoate</i>)	NP	
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 days retail);PA
BYDUREON PEN PEN	P	QL(4 ea per 28 days retail);AL(At least 18 yrs old);PA
BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 30 days retail);AL(At least 18 yrs old);PA
BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 30 days retail);AL(At least 18 yrs old);PA
Insulin		
ADMELOG SOLN IJ	P	QL(0 ml daily,40 ml per 30 days retail)
ADMELOG SOLOSTAR SOPN	P	QL(1 ml daily)

Drug Name	Drug Tier	Requirements/Limits
BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)
HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(1 ml daily)
HUMULIN N SUSP	P	OTC;QL(40 ml per 30 days retail)
HUMULIN N KWIKPEN SUPN	P	OTC;QL(1 ml daily)
HUMULIN R SOLN IJ	P	OTC;QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 70 %-30 %	P	QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	P	QL(1 ml daily)
INSULIN GLARGINE SOLN	P	Viatis Brand Only;QL(1 ml daily)
INSULIN GLARGINE SOPN	P	Viatis Brand Only;QL(1 ml daily)
INSULIN LISPRO SOLN IJ	NP	QL(0 ml daily,40 ml per 30 days retail)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	NP	
INSULIN LISPRO KWIKPEN SOPN	NP	

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 75 UNIT/ML-25 UNIT/ML	P	QL(1 ml daily)
NOVOLIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN 70/30 FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(1 ml daily)
NOVOLIN 70/30 FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(1 ml daily)
NOVOLIN 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN N SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN N FLEXPEN SUPN	P	OTC;QL(1 ml daily)
NOVOLIN N FLEXPEN RELION SUPN	P	OTC;QL(1 ml daily)
NOVOLIN N RELION SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN R SOLN IJ	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN R RELION SOLN IJ	P	OTC;QL(40 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	P	QL(1 ml daily)
NOVOLOG MIX 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	P	QL(40 ml per 30 days retail)
Insulin Sensitizing Agents		

Drug Name	Drug Tier	Requirements/Limits
ACTOS (<i>Use pioglitazone hcl</i>)	NP	QL(1 ea daily)
<i>pioglitazone hcl</i>	P	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	P	QL(3 ea daily)
STARLIX (<i>Use nateglinide</i>)	NP	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
STEGLATRO	P	QL(1 ea daily)
Sulfonylureas		
AMARYL 1 MG, 2 MG (<i>Use glimepiride</i>)	NP	QL(4 ea daily)
AMARYL 4 MG (<i>Use glimepiride</i>)	NP	QL(2 ea daily)
<i>glimepiride</i> 1 MG, 2 MG	P	QL(4 ea daily)
<i>glimepiride</i> 4 MG	P	QL(2 ea daily)
<i>glipizide tabs</i>	P	
<i>glipizide tb24</i>	P	
GLUCOTROL TABS 10 MG (<i>Use glipizide</i>)	NP	
GLUCOTROL XL TB24 (<i>Use glipizide</i>)	NP	
<i>glyburide tabs</i>	P	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	
GLYNASE (<i>Use glyburide micronized</i>)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate chew 262 MG</i>	P	OTC
<i>bismuth subsalicylate susp 525 MG/15ML, 1050 MG/30ML</i>	P	OTC

Georgia Medicaid

Updated January 1, 2023

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NP	OTC
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	P	OTC;QL(40 ml daily)
diphenoxylate w/ atropine liqd 2.5 MG/5ML-0.025 MG/5ML	P	
diphenoxylate w/ atropine tabs 2.5 MG-0.025 MG	P	
IMODIUM A-D TABS (Use loperamide hcl)	NP	OTC;QL(8 ea daily)
IMODIUM A-D CAPS (Use loperamide hcl)	NP	OTC;QL(8 ea daily);RX/OTC
LOMOTIL TABS 2.5 MG-0.025 MG (Use diphenoxylate w/ atropine)	NP	
loperamide hcl caps	P	OTC;QL(8 ea daily);RX/OTC
loperamide hcl tabs	P	OTC;QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox pack	P	SP;PA
deferasirox tbso	P	SP;PA
deferasirox tabs	P	SP;PA
deferiprone tabs	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
EXJADE TBSO (Use deferasirox)	NP	SP;PA
FERRIPROX TABS (Use deferiprone)	NP	SP;PA
FERRIPROX SOLN	P	SP;PA
FERRIPROX TWICE-A-DAY TABS	P	SP;PA
JADENU TABS (Use deferasirox)	NP	SP;PA
JADENU SPRINKLE PACK (Use deferasirox)	NP	SP;PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	P	SP;PA
BRIDION	P	SP;PA
deferoxamine mesylate	P	SP;PA
DESFERAL 500 MG (Use deferoxamine mesylate)	NP	SP;PA
SM IPECAC SYRUP	P	
VISTOGARD	P	
Opioid Antagonists		
naloxone hcl liqd	P	QL(4 ea per 90 days retail)
naloxone hcl soln .4 MG/ML, 4 MG/10ML	P	QL(2 ml per 90 days retail)
naloxone hcl soct	P	QL(2 ml per 90 days retail)
naloxone hcl sosy	P	QL(4 ml per 90 days retail)
NALTREXONE 200 MG-6.5 MG	P	SP;PA
naltrexone hcl	P	
NARCAN LIQD (Use naloxone hcl)	NP	QL(4 ea per 90 days retail)
VIVITROL	P	SP
ANTIEMETICS - Drugs to Treat Nausea and		

Drug Name	Drug Tier	Requirements/Limits
Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron tbdp</i>	P	QL(2 ea daily)
<i>ondansetron hcl soln or 4 MG/5ML</i>	P	QL(50 ml per 30 days retail)
<i>ondansetron hcl tabs 4 MG, 8 MG</i>	P	QL(2 ea daily)
<i>ondansetron hcl tabs 24 MG</i>	P	QL(1 ea per 14 days retail)
ZOFRAN TABS 4 MG (Use <i>ondansetron hcl</i>)	NP	QL(2 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (Use <i>meclizine hcl</i>)	NP	OTC;RX/OTC
<i>dimenhydrinate tabs</i>	P	OTC;QL(24 ea per fill retail)
DRAMAMINE TABS (Use <i>dimenhydrinate</i>)	NP	OTC;QL(24 ea per fill retail)
DRAMAMINE CHEW	P	OTC;QL(24 ea per fill retail)
<i>meclizine hcl tabs 12.5 MG, 25 MG</i>	P	RX/OTC
<i>meclizine hcl chew</i>	P	OTC;RX/OTC
TIGAN CAPS (Use <i>trimethobenzamide hcl</i>)	NP	
TRANSDERM SCOP (Use <i>scopolamine</i>)	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
EMEND (Use <i>fosaprepitant dimeglumine</i>)	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize susp</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize tabs</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin tabs</i>	P	QL(6 ea daily)
<i>terbinafine hcl tabs</i>	P	QL(90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN TABS 50 MG (Use <i>fluconazole</i>)	NP	QL(3 ea per 14 days retail)
DIFLUCAN SUSR (Use <i>fluconazole</i>)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 150 MG (Use <i>fluconazole</i>)	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 100 MG, 200 MG (Use <i>fluconazole</i>)	NP	
<i>fluconazole susr</i>	P	QL(70 ml per fill retail)
<i>fluconazole tabs 150 MG</i>	P	QL(2 ea per fill retail)
<i>fluconazole tabs 100 MG, 200 MG</i>	P	
<i>fluconazole tabs 50 MG</i>	P	QL(3 ea per 14 days retail)
<i>itraconazole caps</i>	P	QL(1 ea daily);PA
SPORANOX CAPS (Use <i>itraconazole</i>)	NP	QL(1 ea daily);PA
SPORANOX PULSEPAK CAPS (Use <i>itraconazole</i>)	NP	QL(1 ea daily);PA
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate syrup</i>	P	OTC
<i>chlorpheniramine maleate tabs</i>	P	OTC;QL(120 ea per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
CHLOR-TRIMETON SYRP (<i>Use chlorpheniramine maleate</i>)	NP	OTC
CHLOR-TRIMETON TABS (<i>Use chlorpheniramine maleate</i>)	NP	OTC;QL(120 ea per fill retail)
VANACLEAR PD LIQD (<i>Use triprolidine hcl</i>)	NP	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NP	QL(4 ea daily)
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC;QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NP	OTC;QL(240 ml per fill retail)
BENADRYL ALLERGY EXTRA STRENGTH TABS	P	QL(4 ea daily)
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC;QL(4 ea daily)
<i>clemastine fumarate tabs 1.34 MG</i>	P	OTC;QL(2 ea daily)
<i>diphenhydramine hcl liqd 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	OTC;QL(240 ml per fill retail)
<i>diphenhydramine hcl caps</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl tabs 25 MG</i>	P	OTC;QL(4 ea daily)
<i>diphenhydramine hcl elix 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)
VANAMINE PD LIQD (<i>Use diphenhydramine hcl</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NP	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NP	QL(1 ea daily)
<i>cetirizine hcl soln or</i>	P	QL(240 ml per fill retail);RX/OTC
<i>cetirizine hcl syrp or</i>	P	QL(240 ml per fill retail);RX/OTC
<i>cetirizine hcl tabs</i>	P	QL(1 ea daily)
<i>cetirizine hcl chew</i>	P	QL(1 ea daily)
CLARITIN CAPS (<i>Use loratadine</i>)	NP	
CLARITIN TABS (<i>Use loratadine</i>)	NP	OTC;QL(1 ea daily)
CLARITIN SYRP (<i>Use loratadine</i>)	NP	OTC;QL(240 ml per fill retail)
CLARITIN ALLERGY CHILDRENS SYRP (<i>Use loratadine</i>)	NP	OTC;QL(240 ml per fill retail)
CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NP	OTC;QL(1 ea daily)
<i>fexofenadine hcl tabs 180 MG</i>	P	QL(1 ea daily)
<i>fexofenadine hcl tabs 60 MG</i>	P	QL(2 ea daily)
<i>levocetirizine dihydrochloride tabs</i>	P	RX/OTC
<i>loratadine soln</i>	P	OTC;QL(240 ml per fill retail)
<i>loratadine tbdp</i>	P	OTC;QL(1 ea daily)
<i>loratadine syrp</i>	P	OTC;QL(240 ml per fill retail)
<i>loratadine tabs</i>	P	OTC;QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	NP	RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use levocetirizine dihydrochloride)	NP	RX/OTC
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	NP	QL(240 ml per fill retail);RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl soln 6.25 MG/5ML	P	AL(At least 2 yrs old)
promethazine hcl tabs	P	AL(At least 2 yrs old)
promethazine hcl syrup	P	AL(At least 2 yrs old)
promethazine hcl supp	P	QL(12 ea per fill retail);AL(At least 2 yrs old)
Antihistamines - Piperidines		
ciproheptadine hcl syrup	P	
ciproheptadine hcl tabs	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Angiopoietin-like Protein Inhibitors		
EVKEEZA	P	SP;PA
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	P	QL(1 ea daily);ST
VYTORIN (Use ezetimibe-simvastatin)	NP	QL(1 ea daily);ST
Bile Acid Sequestrants		
cholestyramine powd	P	

Drug Name	Drug Tier	Requirements/Limits
cholestyramine pack	P	
cholestyramine light powd	P	
cholestyramine light pack	P	
COLESTID TABS (Use colestipol hcl)	NP	
COLESTID GRAN (Use colestipol hcl)	NP	
COLESTID FLAVORED GRAN (Use colestipol hcl)	NP	
colestipol hcl gran	P	
colestipol hcl tabs	P	
QUESTRAN POWD (Use cholestyramine)	NP	
QUESTRAN PACK (Use cholestyramine)	NP	
QUESTRAN LIGHT POWD (Use cholestyramine light)	NP	
Fibric Acid Derivatives		
fenofibrate tabs 54 MG	P	QL(3 ea daily)
fenofibrate tabs 160 MG	P	QL(1 ea daily)
FENOFIBRATE TABS	P	QL(1 ea daily)
fenofibrate micronized 67 MG	P	QL(2 ea daily)
fenofibrate micronized 134 MG, 200 MG	P	QL(1 ea daily)
gemfibrozil tabs	P	QL(2 ea daily)
LOPID TABS (Use gemfibrozil)	NP	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	NP	Try simvastatin or atorvastatin; QL(1 ea daily); ST
LIPITOR (<i>Use atorvastatin calcium</i>)	NP	QL(1 ea daily)
<i>lovastatin tabs 40 MG</i>	P	QL(2 ea daily)
<i>lovastatin tabs 10 MG, 20 MG</i>	P	QL(1 ea daily)
PRAVACHOL 20 MG, 40 MG (<i>Use pravastatin sodium</i>)	NP	QL(1 ea daily)
<i>pravastatin sodium</i>	P	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	P	Try simvastatin or atorvastatin; QL(1 ea daily); ST
<i>simvastatin tabs 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 ea daily)
ZOCOR TABS 80 MG (<i>Use simvastatin</i>)	NP	
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	P	ST
ZETIA (<i>Use ezetimibe</i>)	NP	ST
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	P	SP;PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	P	
<i>niacin (antihyperlipidemic) tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>)	NP	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	P	SP;PA
PRALUENT SOAJ	P	SP;PA
REPATHA SOSY	P	SP;PA
REPATHA PUSHTRONEX SYSTEM SOCT	P	SP;PA
REPATHA SURECLICK SOAJ	P	SP;PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>Use quinapril hcl</i>)	NP	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>Use ramipril</i>)	NP	QL(2 ea daily)
<i>benazepril hcl 40 MG</i>	P	QL(2 ea daily)
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 ea daily)
<i>captopril</i>	P	QL(3 ea daily)
<i>enalapril maleate tabs</i>	P	QL(2 ea daily)
<i>fosinopril sodium</i>	P	QL(1 ea daily)
<i>lisinopril tabs 2.5 MG</i>	P	QL(1 ea daily)
<i>lisinopril tabs 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 ea daily)
LOTENSIN 10 MG, 20 MG (<i>Use benazepril hcl</i>)	NP	QL(1 ea daily)
LOTENSIN 40 MG (<i>Use benazepril hcl</i>)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRINIVIL TABS (<i>Use lisinopril</i>)	NP	QL(2 ea daily)
<i>quinapril hcl</i>	P	
<i>ramipril caps</i>	P	QL(2 ea daily)
<i>trandolapril 1 MG, 2 MG</i>	P	QL(1 ea daily)
<i>trandolapril 4 MG</i>	P	QL(2 ea daily)
VASOTEC TABS (<i>Use enalapril maleate</i>)	NP	QL(2 ea daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use lisinopril</i>)	NP	QL(2 ea daily)
ZESTRIL TABS 2.5 MG (<i>Use lisinopril</i>)	NP	QL(1 ea daily)
Agents for Pheochromocytoma		
DEMSEER (<i>Use metyrosine</i>)	NP	SP;PA
<i>metyrosine</i>	P	SP;PA
Angiotensin II Receptor Antagonists		
ATACAND (<i>Use candesartan cilexetil</i>)	NP	
AVAPRO (<i>Use irbesartan</i>)	NP	QL(1 ea daily)
BENICAR (<i>Use olmesartan medoxomil</i>)	NP	Use losartan or irbesartan;QL(1 ea daily);ST
<i>candesartan cilexetil</i>	P	
COZAAR (<i>Use losartan potassium</i>)	NP	QL(1 ea daily)
DIOVAN TABS (<i>Use valsartan</i>)	NP	QL(1 ea daily)
<i>irbesartan</i>	P	QL(1 ea daily)
<i>losartan potassium</i>	P	QL(1 ea daily)
MICARDIS (<i>Use telmisartan</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil</i>	P	Use losartan or irbesartan;QL(1 ea daily);ST
<i>telmisartan</i>	P	QL(1 ea daily)
<i>valsartan tabs</i>	P	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA (<i>Use doxazosin mesylate</i>)	NP	
CATAPRES TABS (<i>Use clonidine hcl</i>)	NP	
<i>clonidine hcl tabs</i>	P	
<i>doxazosin mesylate</i>	P	
<i>guanfacine hcl</i>	P	
<i>methyldopa tabs</i>	P	
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NP	
<i>prazosin hcl caps</i>	P	
<i>terazosin hcl</i>	P	
Antihypertensive Combinations		
ACCURETIC 20 MG-12.5 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily)
ACCURETIC 20 MG-25 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily)
ACCURETIC 10 MG-12.5 MG	P	QL(3 ea daily)
ACCURETIC 10 MG-12.5 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	P	Use losartan or irbesartan;ST

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

Drug Name	Drug Tier	Requirements/Limits
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan;ST
<i>fosinopril sodium & hydrochlorothiazide</i>	P	QL(1 ea daily)
HYZAAR (Use <i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide</i> 10 MG-12.5 MG, 20 MG-12.5 MG	P	QL(2 ea daily)
LOPRESSOR HCT TABS 50 MG-25 MG (Use <i>metoprolol & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 ea daily)
LOTENSIN HCT 10 MG-12.5 MG, 20 MG-12.5 MG, 20 MG-25 MG (Use <i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (Use <i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide tabs</i> 100 MG-25 MG, 50 MG-25 MG	P	QL(2 ea daily)
MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	Use losartan or irbesartan;ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	Use losartan or irbesartan;QL(1 ea daily);ST
<i>propranolol & hydrochlorothiazide</i>	P	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 20 MG-25 MG</i>	P	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 20 MG-12.5 MG</i>	P	QL(4 ea daily)
TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG (Use <i>trandolapril-verapamil hcl</i>)	NP	
<i>telmisartan-amlodipine</i>	P	
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
TENORETIC 100 100 MG-25 MG (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
TENORETIC 50 50 MG-25 MG (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
<i>trandolapril-verapamil hcl</i>	P	
TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan;ST
TWYNSTA (Use <i>telmisartan-amlodipine</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
VASERETIC 10 MG-25 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
ZESTORETIC 20 MG-25 MG (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
ZESTORETIC 10 MG-12.5 MG, 20 MG-12.5 MG (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
ZIAC (Use <i>bisoprolol & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	P	SP;PA
Vasodilators		
<i>hydralazine hcl tabs</i>	P	
<i>minoxidil 2.5 MG</i>	P	QL(3 ea daily)
<i>minoxidil 10 MG</i>	P	QL(10 ea daily)
NITROPRESS (Use <i>nitroprusside sodium</i>)	NP	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS 500 MG (Use <i>metronidazole</i>)	NP	
<i>metronidazole tabs</i>	P	
<i>trimethoprim tabs</i>	P	
TRIMETHOPRIM TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM TABS 80 MG-400 MG (Use <i>sulfamethoxazole-trimethoprim</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
BACTRIM DS TABS 160 MG-800 MG (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs</i> 40.8 MG-10.8 MG-81.6 MG-0.12 MG-36.2 MG, 40.8 MG-10.8 MG-81.6 MG-36.2 MG-0.12 MG	P	
<i>sulfamethoxazole-trimethoprim tabs</i>	P	
<i>sulfamethoxazole-trimethoprim susp</i> 40 MG/5ML-200 MG/5ML	P	
Carbapenems		
<i>ertapenem sodium ij</i>	P	SP;PA
INVANZ IJ (<i>Use ertapenem sodium</i>)	NP	SP;PA
MERREM 500 MG (<i>Use meropenem</i>)	NP	
Cyclic Lipopeptides		
CUBICIN (<i>Use daptomycin</i>)	NP	
CUBICIN RF (<i>Use daptomycin</i>)	NP	
DAPTOMYCIN (<i>Use daptomycin</i>)	NP	
Glycopeptides		
FIRVANQ SOLR OR	P	QL(300 ml per fill retail)
VANCOCIN CAPS 125 MG (<i>Use vancomycin hcl</i>)	NP	QL(4 ea daily)
VANCOCIN CAPS 250 MG (<i>Use vancomycin hcl</i>)	NP	QL(8 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>vancomycin hcl caps</i> 125 MG	P	QL(4 ea daily)
<i>vancomycin hcl solr iv</i> 500 MG	P	QL(14 ea per 30 days retail)
<i>vancomycin hcl solr iv</i> 1 GM, 1000 MG	P	QL(14 ea per fill retail)
<i>vancomycin hcl caps</i> 250 MG	P	QL(8 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN PEDIATRIC GRANULES (<i>Use clindamycin palmitate hydrochloride</i>)	NP	QL(300 ml per fill retail)
<i>clindamycin hcl</i> 150 MG, 300 MG	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)
Monobactams		
CAYSTON	P	SP;PA
Oxazolidinones		
SIVEXTRO TABS	P	QL(6 ea per fill retail);PA
Pleuromutilins		
XENLETA TABS	P	SP;PA
Polymyxins		
COLY-MYCIN M (<i>Use colistimethate sodium</i>)	NP	
Urinary Anti-infectives		
MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine mandelate</i>	P	
<i>nitrofurantoin</i>	P	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	P	
<i>nitrofurantoin monohydrate macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM 120 MG-20 MG	P	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate tabs 250 MG</i>	P	
<i>chloroquine phosphate tabs 500 MG</i>	P	QL(1 ea daily)
DARAPRIM (Use pyrimethamine)	NP	SP;PA
<i>hydroxychloroquine sulfate</i>	P	
KRINTAFEL	P	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	P	
PLAQUENIL (Use hydroxychloroquine sulfate)	NP	
<i>primaquine phosphate tabs</i>	P	
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	NP	
<i>pyrimethamine</i>	P	SP;PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		

Drug Name	Drug Tier	Requirements/Limits
MESTINON TABS (Use pyridostigmine bromide)	NP	
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	NP	
<i>pyridostigmine bromide tbc</i>	P	
<i>pyridostigmine bromide tabs 60 MG</i>	P	
RUZURGI	P	QL(10 ea daily);SP;PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	P	
<i>isoniazid syrup</i>	P	
<i>isoniazid tabs</i>	P	
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	NP	
MYCOBUTIN (Use rifabutin)	NP	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin caps</i>	P	
TRECTOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (Use melphalan)	NP	
ALKERAN (Use melphalan hcl)	NP	SP;PA
BELRAPZO SOLN	P	SP;PA
BENDEKA SOLN	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
BUSULFEX SOLN (<i>Use busulfan</i>)	NP	
<i>carboplatin soln 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i>	P	SP;PA
<i>cisplatin soln 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	SP;PA
CISPLATIN SOLR	P	SP;PA
<i>cyclophosphamide solr ij</i>	P	SP;PA
CYCLOPHOSPHAMIDE SOLN	P	SP;PA
CYCLOPHOSPHAMIDE SOLN	P	SP;PA
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	P	SP;PA
EVOMELA	P	SP;PA
LEUKERAN	P	
<i>melphalan</i>	P	
<i>melphalan hcl</i>	P	SP;PA
MYLERAN TABS	P	
TEMODAR CAPS 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (<i>Use temozolomide</i>)	NP	SP;PA
TEMODAR SOLR	P	SP;PA
<i>temozolomide caps</i>	P	SP;PA
TEPADINA (<i>Use thiotepa</i>)	NP	SP;PA
<i>thiotepa</i>	P	SP;PA
TREANDA SOLR	P	SP;PA
VIVIMUSTA SOLN	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
YONDELIS	P	SP;PA
ZEPZELCA	P	SP;PA
Antimetabolites		
ALIMTA SOLR (<i>Use pemetrexed disodium</i>)	NP	SP;PA
<i>azacitidine susr</i>	P	SP;PA
<i>capecitabine</i>	P	SP;PA
<i>cladribine 10 MG/10ML</i>	P	SP;PA
<i>cytarabine soln</i>	P	SP;PA
DACOGEN (<i>Use decitabine</i>)	NP	SP;PA
<i>decitabine</i>	P	SP;PA
<i>fludarabine phosphate solr</i>	P	SP;PA
<i>fludarabine phosphate soln</i>	P	SP;PA
FOLOTYN	P	SP;PA
<i>mercaptopurine tabs</i>	P	
<i>methotrexate sodium soln 1 GM/40ML, 50 MG/2ML, 250 MG/10ML</i>	P	
<i>methotrexate sodium tabs 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG</i>	P	
ONUREG TABS	P	SP;PA
PEMETREXED 500 MG/20ML	P	SP;PA
<i>pemetrexed disodium solr 100 MG, 500 MG</i>	P	SP;PA
PEMFEXY	P	SP;PA
<i>pralatrexate</i>	P	SP;PA
PURIXAN SUSP	P	
TABLOID	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
TREXALL TABS	P	
VIDAZA SUSR (<i>Use azacitidine</i>)	NP	SP;PA
XELODA (<i>Use capecitabine</i>)	NP	SP;PA
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN	P	SP;PA
CYRAMZA	P	SP;PA
INLYTA	P	SP;PA
LENVIMA 10 MG DAILY DOSE	P	QL(1 ea daily);SP;PA
LENVIMA 12MG DAILY DOSE	P	QL(3 ea daily);SP;PA
LENVIMA 14 MG DAILY DOSE	P	QL(2 ea daily);SP;PA
LENVIMA 18 MG DAILY DOSE	P	QL(2 ea daily);SP;PA
LENVIMA 20 MG DAILY DOSE	P	QL(2 ea daily);SP;PA
LENVIMA 24 MG DAILY DOSE	P	QL(3 ea daily);SP;PA
LENVIMA 4 MG DAILY DOSE	P	QL(1 ea daily);SP;PA
LENVIMA 8 MG DAILY DOSE	P	QL(2 ea daily);SP;PA
MVASI	P	SP;PA
ZALTRAP	P	SP;PA
ZIRABEV 400 MG/16ML	P	SP;PA
Antineoplastic - Antibodies		
ADCETRIS	P	SP;PA
ARZERRA	P	SP;PA
BAVENCIO	P	SP;PA
BESPONSA	P	SP;PA
BLENREP	P	SP;PA
BLINCYTO	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
DARZALEX	P	SP;PA
EMPLICITI	P	SP;PA
ENHERTU	P	SP;PA
GAZYVA	P	SP;PA
IMFINZI	P	SP;PA
JEMPERLI	P	SP;PA
KADCYLA	P	SP;PA
KEYTRUDA	P	SP;PA
KIMMTRAK	P	SP;PA
LIBTAYO	P	SP;PA
LUMOXITI	P	SP;PA
MONJUVI	P	SP;PA
MYLOTARG	P	SP;PA
OPDIVO	P	SP;PA
PADCEV	P	SP;PA
POLIVY	P	SP;PA
POTELIGEO	P	SP;PA
RIABNI	P	SP;PA
RITUXAN	P	SP;PA
RUXIENCE	P	SP;PA
TECENTRIQ	P	SP;PA
TIVDAK	P	SP;PA
TRUXIMA	P	SP;PA
UNITUXIN	P	SP;PA
YERVOY	P	SP;PA
ZEVALIN Y-90	P	SP;PA
ZYNLONTA	P	SP;PA
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	P	SP;PA
KANJINTI 420 MG	P	SP;PA
MARGENZA	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
OGIVRI	P	SP;PA
PERJETA	P	SP;PA
TRAZIMERA	P	SP;PA
TUKYSA	P	SP;PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA TABS	P	SP;PA
VENCLEXTA STARTING PACK TBPk	P	SP;PA
Antineoplastic - Cellular Immunotherapy		
ABECMA	P	SP;PA
BREYANZI	P	SP;PA
CARVYKTI	P	SP;PA
TECARTUS O	P	SP;PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	P	SP;PA
<i>erlotinib hcl</i>	P	SP;PA
EXKIVITY	P	SP;PA
GILOTRIF	P	SP;PA
IRESSA	P	SP;PA
PORTRAZZA	P	SP;PA
TAGRISSO	P	SP;PA
TARCEVA (Use <i>erlotinib hcl</i>)	NP	SP;PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP;PA
VIZIMPRO	P	SP;PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	P	SP;PA
ERIVEDGE	P	SP;PA
ODOMZO	P	SP;PA
Antineoplastic - Hormonal and Related		

Drug Name	Drug Tier	Requirements/Limits
Agents		
<i>abiraterone acetate</i>	P	SP;PA
<i>anastrozole</i>	P	
ARIMIDEX (Use <i>anastrozole</i>)	NP	
AROMASIN (Use <i>exemestane</i>)	NP	
<i>bicalutamide</i>	P	QL(1 ea daily)
CAMCEVI	P	SP;PA
CASODEX (Use <i>bicalutamide</i>)	NP	QL(1 ea daily)
ELIGARD SC 30 MG	P	SP;PA
ELIGARD KIT SC 7.5 MG	P	SP;PA
EMCYT	P	SP;PA
ERLEADA	P	SP;PA
EULEXIN	P	
<i>exemestane</i>	P	
FARESTON (Use <i>toremifene citrate</i>)	NP	PA
FEMARA (Use <i>letrozole</i>)	NP	
FIRMAGON 80 MG	P	SP;PA
<i>flutamide</i>	P	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	SP;PA
<i>letrozole</i>	P	
<i>leuprolide acetate kit ij 1 MG/0.2ML</i>	P	SP;PA
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE 25 MG/ML-5 MG/ML	P	SP;PA
LUPRON DEPOT (1-MONTH) KIT IM	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) KIT IM	P	SP;PA
LUPRON DEPOT (4-MONTH) IM	P	SP;PA
LUPRON DEPOT (6-MONTH) IM	P	SP;PA
LYSODREN	P	SP;PA
<i>megestrol acetate susp</i>	P	
<i>megestrol acetate tabs</i>	P	
NUBEQA	P	SP;PA
ORGOVYX	P	SP;PA
<i>tamoxifen citrate tabs</i>	P	
<i>toremifene citrate</i>	P	PA
TRELSTAR MIXJECT	P	SP;PA
VANTAS	P	SP;PA
XTANDI CAPS	P	SP;PA
XTANDI TABS	P	SP;PA
YONSA	P	SP;PA
ZOLADEX	P	SP;PA
ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP;PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	P	SP;PA
Antineoplastic - Immunomodulators		
POMALYST	P	SP;PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	P	QL(1 ea daily);SP;PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	P	SP;PA
XPOVIO 100 MG ONCE WEEKLY	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 40 MG ONCE WEEKLY	P	SP;PA
XPOVIO 40 MG TWICE WEEKLY	P	SP;PA
XPOVIO 60 MG ONCE WEEKLY	P	SP;PA
XPOVIO 60 MG TWICE WEEKLY	P	SP;PA
XPOVIO 80 MG ONCE WEEKLY	P	SP;PA
XPOVIO 80 MG TWICE WEEKLY	P	SP;PA
Antineoplastic Antibiotics		
<i>daunorubicin hcl soln</i>	P	SP;PA
DAUNORUBICIN HYDROCHLORIDE SOLN (<i>Use daunorubicin hcl</i>)	NP	SP;PA
DAUNORUBICIN HYDROCHLORIDE SOLN	P	SP;PA
ELLECE SOLN	P	SP;PA
<i>epirubicin hcl soln 50 MG/25ML, 200 MG/100ML</i>	P	SP;PA
<i>mitoxantrone hcl 2 MG/ML</i>	P	SP;PA
<i>valrubicin</i>	P	SP;PA
VALSTAR (<i>Use valrubicin</i>)	NP	SP;PA
Antineoplastic Combinations		
DARZALEX FASPRO 1800 MG/15ML-30000 UNIT/15ML	P	SP;PA
HERCEPTIN HYLECTA 10000 UNIT/5ML-600 MG/5ML	P	SP;PA
INQOVI 100 MG-35 MG	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	P	SP;PA
KISQALI FEMARA 400 DOSE 200 MG-2.5 MG	P	SP;PA
KISQALI FEMARA 600 DOSE 200 MG-2.5 MG	P	SP;PA
LONSURF	P	SP;PA
OPDUALAG 80 MG/20ML-240 MG/20ML	P	SP;PA
PHESGO	P	SP;PA
RITUXAN HYCELA	P	SP;PA
VYXEOS 44 MG-100 MG	P	SP;PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP;PA
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP;PA
ALECENSA	P	SP;PA
ALIQOPA	P	SP;PA
ALUNBRIG TBPK	P	SP;PA
ALUNBRIG TABS	P	SP;PA
BALVERSA	P	SP;PA
BELEODAQ	P	SP;PA
<i>bortezomib solr ij</i>	P	SP;PA
BORTEZOMIB SOLR IV 3.5 MG	P	SP;PA
BOSULIF	P	SP;PA
BRAFTOVI 75 MG	P	SP;PA
BRUKINSA	P	SP;PA
CABOMETYX TABS 40 MG	P	QL(2 ea daily);SP;PA
CABOMETYX TABS 20 MG, 60 MG	P	QL(1 ea daily);SP;PA
CALQUENCE	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA	P	SP;PA
COMETRIQ KIT	P	SP;PA
COPIKTRA	P	SP;PA
COTELLIC	P	SP;PA
<i>everolimus tbso</i>	P	SP;PA
<i>everolimus tabs</i>	P	SP;PA
FARYDAK	P	SP;PA
FOTIVDA	P	SP;PA
FYARRO	P	SP;PA
GAVRETO	P	SP;PA
GLEEVEC (<i>Use imatinib mesylate</i>)	NP	SP;PA
IBRANCE TABS	P	SP;PA
IBRANCE CAPS	P	SP;PA
ICLUSIG	P	QL(1 ea daily);SP;PA
IDHIFA	P	SP;PA
<i>imatinib mesylate</i>	P	SP;PA
IMBRUVICA TABS	P	QL(1 ea daily);SP;PA
IMBRUVICA CAPS	P	SP;PA
INREBIC	P	SP;PA
ISTODAX (OVERFILL) SOLR (<i>Use romidepsin</i>)	NP	SP;PA
JAKAFI	P	QL(2 ea daily);SP;PA
KISQALI	P	SP;PA
KOSELUGO	P	SP;PA
KYPROLIS	P	SP;PA
<i>lapatinib ditosylate</i>	P	SP;PA
LORBRENA	P	SP;PA
LYNPARZA TABS	P	QL(4 ea daily);SP;PA
MEKINIST	P	SP;PA

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Drug Name	Drug Tier	Requirements/Limits
MEKTOVI	P	SP;PA
NERLYNX	P	SP;PA
NEXAVAR (Use sorafenib tosylate)	NP	SP;PA
NINLARO	P	SP;PA
PEMAZYRE	P	SP;PA
PIQRAY 200MG DAILY DOSE	P	SP;PA
PIQRAY 250MG DAILY DOSE	P	SP;PA
PIQRAY 300MG DAILY DOSE	P	SP;PA
QINLOCK	P	SP;PA
RETEVMO	P	SP;PA
romidepsin solr	P	SP;PA
ROMIDEPSIN SOLN	P	SP;PA
ROZLYTREK	P	SP;PA
RUBRACA	P	SP;PA
RYDAPT	P	SP;PA
SCEMBLIX	P	SP;PA
sorafenib tosylate	P	SP;PA
SPRYCEL	P	SP;PA
STIVARGA	P	SP;PA
sunitinib malate	P	SP;PA
SUTENT (Use sunitinib malate)	NP	SP;PA
TABRECTA	P	SP;PA
TAFINLAR	P	SP;PA
TALZENNA	P	SP;PA
TASIGNA	P	SP;PA
TAZVERIK	P	SP;PA
temsirolimus	P	SP;PA
TIBSOVO	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
TORISEL (Use temsirolimus)	NP	SP;PA
TURALIO	P	SP;PA
TYKERB (Use lapatinib ditosylate)	NP	SP;PA
UKONIQ	P	SP;PA
VELCADE SOLR IJ (Use bortezomib)	NP	SP;PA
VERZENIO	P	QL(2 ea daily);SP;PA
VITRAKVI CAPS	P	SP;PA
VITRAKVI SOLN	P	SP;PA
VONJO	P	SP;PA
VOTRIENT	P	SP;PA
XALKORI	P	SP;PA
XOSPATA	P	SP;PA
ZEJULA	P	SP;PA
ZELBORAF	P	SP;PA
ZOLINZA	P	SP;PA
ZYDELIG	P	SP;PA
ZYKADIA TABS	P	SP;PA
Antineoplastic Enzymes		
ASPARLAS	P	SP;PA
ERWINASE	P	SP;PA
ERWINAZE	P	SP;PA
ONCASPARG	P	SP;PA
RYLAZE	P	SP;PA
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	P	SP;PA
AZEDRA THERAPEUTIC	P	SP;PA
Antineoplastics Misc.		
ACTIMMUNE	P	SP;PA
ALFERON N	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>arsenic trioxide</i>	P	SP;PA
BESREMI	P	SP;PA
<i>bexarotene</i>	P	SP;PA
HYDREA (Use hydroxyurea)	NP	
<i>hydroxyurea</i>	P	
INTRON A SOLN	P	SP;PA
INTRON A SOLR	P	SP;PA
MATULANE	P	SP;PA
PHOTOFRIN	P	SP;PA
PROLEUKIN	P	SP;PA
SYNRIBO	P	SP;PA
TARGRETIN (Use bexarotene)	NP	SP;PA
<i>tretinoin (chemotherapy)</i>	P	SP;PA
TRISENOX (Use arsenic trioxide)	NP	SP;PA
Chemotherapy Adjuncts		
KEPIVANCE	P	SP;PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	P	SP;PA
KHAPZORY	P	SP;PA
<i>leucovorin calcium tabs</i>	P	
<i>levoleucovorin calcium solr</i>	P	SP;PA
<i>levoleucovorin calcium soln 250 MG/25ML</i>	P	SP;PA
<i>mesna soln</i>	P	SP;PA
MESNEX TABS	P	SP;PA
MESNEX SOLN (Use mesna)	NP	SP;PA
TOTECT	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
VORAXAZE	P	SP;PA
Mitotic Inhibitors		
ABRAXANE 100 MG-900 MG (Use paclitaxel protein-bound particles)	NP	SP;PA
<i>docetaxel conc 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	P	SP;PA
<i>docetaxel soln</i>	P	SP;PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP;PA
DOCETAXEL SOLN (Use docetaxel)	NP	SP;PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel)	NP	SP;PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP;PA
<i>etoposide soln 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP;PA
<i>etoposide caps</i>	P	SP;PA
HALAVEN	P	SP;PA
IXEMPRA KIT	P	SP;PA
JEVTANA	P	SP;PA
MARQIBO	P	SP;PA
NAVELBINE (Use vinorelbine tartrate)	NP	
<i>paclitaxel protein-bound particles 100 MG-900 MG</i>	P	SP;PA

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Drug Name	Drug Tier	Requirements/Limits
PACLITAXEL PROTEIN-BOUND PARTICLES 100 MG-900 MG (Use paclitaxel protein-bound particles)	NP	SP;PA
vincristine sulfate	P	SP;PA
Oncolytic Viral Agents		
IMLYGIC O	P	SP;PA
Topoisomerase I Inhibitors		
CAMPTOSAR (Use irinotecan hcl)	NP	SP;PA
HYCAMTIN CAPS	P	SP;PA
HYCAMTIN SOLR (Use topotecan hcl)	NP	SP;PA
irinotecan hcl	P	SP;PA
topotecan hcl solr	P	SP;PA
topotecan hcl soln	P	SP;PA
TOPOTECAN HCL SOLN (Use topotecan hcl)	NP	SP;PA
TOPOTECAN HCL SOLN	P	SP;PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	P	
LODOSYN (Use carbidopa)	NP	
Antiparkinson Anticholinergics		
benztropine mesylate tabs	P	
COGENTIN SOLN (Use benztropine mesylate)	NP	
trihexyphenidyl hcl tabs	P	
Antiparkinson Dopaminergics		
amantadine hcl caps	P	

Drug Name	Drug Tier	Requirements/Limits
amantadine hcl soln	P	
APOKYN SOCT	P	SP;PA
apomorphine hydrochloride soct	P	SP;PA
bromocriptine mesylate caps	P	
bromocriptine mesylate tabs 2.5 MG	P	
carbidopa-levodopa tbc	P	
carbidopa-levodopa tabs	P	
DHIVY TABS 25 MG-100 MG	P	
GOCOVRI CP24	P	SP;PA
MIRAPEX TABS .125 MG, .5 MG, .75 MG, 1 MG (Use pramipexole dihydrochloride)	NP	QL(3 ea daily);AL(At least 18 yrs old)
PARLODEL CAPS (Use bromocriptine mesylate)	NP	
PARLODEL TABS (Use bromocriptine mesylate)	NP	
pramipexole dihydrochloride tabs	P	QL(3 ea daily);AL(At least 18 yrs old)
ropinirole hydrochloride tabs .25 MG, 3 MG, 4 MG	P	QL(6 ea daily)
ropinirole hydrochloride tabs .5 MG, 1 MG, 2 MG, 5 MG	P	QL(3 ea daily)
SINEMET TABS (Use carbidopa-levodopa)	NP	
Antiparkinson Monoamine Oxidase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl tabs</i>	P	
<i>selegiline hcl caps</i>	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	P	
<i>lithium carbonate tabs</i>	P	
<i>lithium carbonate tbc</i>	P	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	P	
Antipsychotics - Misc.		
GEODON (Use <i>ziprasidone hcl</i>)	NP	QL(2 ea daily);AL(At least 18 yrs old)
NUPLAZID CAPS	P	QL(1 ea daily);PA
NUPLAZID TABS 10 MG	P	QL(1 ea daily);PA
<i>ziprasidone hcl</i>	P	QL(2 ea daily);AL(At least 18 yrs old)
Benzisoxazoles		
INVEGA HAFYERA	P	SP;PA
INVEGA SUSTENNA	P	SP;PA
INVEGA TRINZA	P	SP;PA
PERSERIS PRSY	P	SP;PA
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i>)	NP	QL(4 ea daily);AL(At least 5 yrs old)
RISPERDAL SOLN (Use <i>risperidone</i>)	NP	QL(4 ml daily);AL(At least 5 yrs old)
RISPERDAL CONSTA	P	SP;PA
<i>risperidone tabs</i>	P	QL(4 ea daily);AL(At least 5 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone soln</i>	P	QL(4 ml daily);AL(At least 5 yrs old)
<i>risperidone tbdp</i>	P	QL(2 ea daily);AL(At least 5 yrs old)
Butyrophenones		
HALDOL SOLN (Use <i>haloperidol lactate</i>)	NP	
HALDOL DECANOATE 100 (Use <i>haloperidol decanoate</i>)	NP	
HALDOL DECANOATE 50 (Use <i>haloperidol decanoate</i>)	NP	
<i>haloperidol tabs 20 MG</i>	P	
<i>haloperidol tabs .5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	QL(3 ea daily)
<i>haloperidol decanoate</i>	P	
<i>haloperidol lactate conc</i>	P	
Dibenzapines		
<i>clozapine tabs</i>	P	QL(3 ea daily);AL(At least 18 yrs old)
CLOZARIL TABS (Use <i>clozapine</i>)	NP	QL(3 ea daily);AL(At least 18 yrs old)
<i>loxapine succinate</i>	P	QL(4 ea daily)
<i>olanzapine tabs 2.5 MG, 5 MG</i>	P	QL(4 ea daily);AL(At least 10 yrs old)
<i>olanzapine tabs 7.5 MG, 10 MG</i>	P	QL(2 ea daily);AL(At least 10 yrs old)
<i>olanzapine tabs 15 MG, 20 MG</i>	P	QL(1 ea daily);AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>quetiapine fumarate tabs 300 MG, 400 MG</i>	P	QL(2 ea daily);AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 25 MG, 50 MG</i>	P	QL(4 ea daily);AL(At least 10 yrs old- Up to 17 yrs old)
<i>quetiapine fumarate tabs 100 MG, 200 MG</i>	P	QL(4 ea daily);AL(At least 10 yrs old)
SEROQUEL TABS 100 MG, 200 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 ea daily);AL(At least 10 yrs old)
SEROQUEL TABS 25 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 ea daily);AL(At least 10 yrs old- Up to 17 yrs old)
SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NP	QL(2 ea daily);AL(At least 10 yrs old)
ZYPREXA TABS 15 MG, 20 MG (<i>Use olanzapine</i>)	NP	QL(1 ea daily);AL(At least 10 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NP	QL(4 ea daily);AL(At least 10 yrs old)
ZYPREXA TABS 7.5 MG, 10 MG (<i>Use olanzapine</i>)	NP	QL(2 ea daily);AL(At least 10 yrs old)
ZYPREXA RELPREVV	P	SP;PA
Dihydroindolones		
<i>molindone hcl</i>	P	QL(4 ea daily)
Phenothiazines		
<i>chlorpromazine hcl tabs 10 MG</i>	P	QL(10 ea daily)
<i>chlorpromazine hcl tabs 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 ea daily)
<i>fluphenazine decanoate</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>fluphenazine hcl tabs</i>	P	
<i>perphenazine tabs</i>	P	QL(4 ea daily)
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate tabs</i>	P	
<i>thioridazine hcl</i>	P	QL(3 ea daily)
<i>trifluoperazine hcl tabs</i>	P	QL(2 ea daily)
Quinolinone Derivatives		
ABILIFY TABS (<i>Use aripiprazole</i>)	NP	QL(1 ea daily);AL(At least 6 yrs old)
ABILIFY MAINTENA PRSY	P	SP;PA
ABILIFY MAINTENA SRER	P	SP;PA
ABILIFY MYCITE	P	SP;PA
<i>aripiprazole tabs</i>	P	QL(1 ea daily);AL(At least 6 yrs old)
<i>aripiprazole soln or</i>	P	QL(750 ml per fill retail);AL(At least 6 yrs old)
<i>aripiprazole tbdp</i>	P	QL(1 ea daily);AL(At least 6 yrs old)
ARISTADA	P	SP;PA
ARISTADA INITIO	P	SP;PA
Thioxanthenes		
<i>thiothixene</i>	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde soln 10 %</i>	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate liqd</i>	P	OTC;QL(946 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
HIBICLENS LIQD (<i>Use chlorhexidine gluconate</i>)	NP	OTC;QL(946 ml per fill retail)
NEOSPORIN WOUND CLEANSERFOR KIDS LIQD (<i>Use benzalkonium chloride</i>)	NP	
SECURA MOISTURIZING CLEANSER LIQD (<i>Use benzethonium chloride</i>)	NP	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate tabs</i>	P	QL(2 ea daily)
<i>abacavir sulfate soln</i>	P	QL(30 ml daily)
<i>abacavir sulfate-lamivudine 600 MG-300 MG</i>	P	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine 300 MG-300 MG-150 MG</i>	P	QL(2 ea daily)
APTIVUS CAPS	P	QL(4 ea daily);ST
APTIVUS SOLN	P	QL(10 ml daily);ST
<i>atazanavir sulfate caps 150 MG, 200 MG</i>	P	QL(2 ea daily)
<i>atazanavir sulfate caps 300 MG</i>	P	
ATRIPLA 300 MG-200 MG-600 MG (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
BIKTARVY	P	QL(1 ea daily)
CIMDUO 300 MG-300 MG	P	QL(1 ea daily);ST

Drug Name	Drug Tier	Requirements/Limits
COMBIVIR 150 MG-300 MG (<i>Use lamivudine-zidovudine</i>)	NP	QL(2 ea daily)
COMPLERA 25 MG-200 MG-300 MG	P	QL(1 ea daily)
CRIXIVAN 200 MG	P	QL(9 ea daily)
CRIXIVAN 400 MG	P	QL(6 ea daily)
DELSTRIGO 100 MG-300 MG-300 MG	P	QL(1 ea daily)
DESCOVY 25 MG-200 MG	P	QL(1 ea daily);PA
DESCOVY 15 MG-120 MG	P	QL(1 ea daily);PA
<i>didanosine cpdr 200 MG, 250 MG, 400 MG</i>	P	QL(1 ea daily)
DOVATO 50 MG-300 MG	P	
EDURANT	P	QL(1 ea daily)
<i>efavirenz caps 200 MG</i>	P	QL(1 ea daily)
<i>efavirenz caps 50 MG</i>	P	QL(2 ea daily)
<i>efavirenz tabs</i>	P	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG-600 MG</i>	P	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)
<i>emtricitabine caps</i>	P	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG</i>	P	QL(1 ea daily)
EMTRIVA SOLN	P	QL(24 ml daily)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR TABS 300 MG (Use lamivudine)	NP	QL(1 ea daily)
EPIVIR SOLN (Use lamivudine)	NP	QL(30 ml daily)
EPIVIR TABS 150 MG (Use lamivudine)	NP	QL(2 ea daily)
EPZICOM 600 MG-300 MG (Use abacavir sulfate-lamivudine)	NP	QL(1 ea daily)
etravirine 200 MG	P	QL(2 ea daily)
etravirine	P	QL(4 ea daily)
fosamprenavir calcium tabs	P	QL(4 ea daily)
FUZEON SOLR	P	SP;PA
GENVOYA 150 MG-200 MG-150 MG-10 MG	P	QL(1 ea daily)
INTELENCE 100 MG (Use etravirine)	NP	QL(4 ea daily)
INTELENCE	P	QL(4 ea daily)
INTELENCE 200 MG (Use etravirine)	NP	QL(2 ea daily)
INVIRASE TABS	P	QL(4 ea daily);ST
ISENTRESS PACK	P	QL(2 ea daily)
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
ISENTRESS TABS	P	QL(2 ea daily)
ISENTRESS HD TABS	P	QL(2 ea daily)
JULUCA 50 MG-25 MG	P	QL(1 ea daily)
KALETRA TABS 100 MG-25 MG (Use lopinavir-ritonavir)	NP	QL(4 ea daily)
KALETRA SOLN 400 MG/5ML-100 MG/5ML (Use lopinavir-ritonavir)	NP	QL(480 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
KALETRA TABS 200 MG-50 MG (Use lopinavir-ritonavir)	NP	QL(6 ea daily)
lamivudine tabs 150 MG	P	QL(2 ea daily)
lamivudine soln	P	QL(30 ml daily)
lamivudine tabs 300 MG	P	QL(1 ea daily)
lamivudine-zidovudine 150 MG-300 MG	P	QL(2 ea daily)
LEXIVA TABS (Use fosamprenavir calcium)	NP	QL(4 ea daily)
LEXIVA SUSP	P	QL(56 ml daily)
lopinavir-ritonavir soln 400 MG/5ML-100 MG/5ML	P	QL(480 ml per 30 days retail)
lopinavir-ritonavir tabs 200 MG-50 MG	P	QL(6 ea daily)
lopinavir-ritonavir tabs 100 MG-25 MG	P	QL(4 ea daily)
maraviroc tabs 300 MG	P	QL(4 ea daily)
maraviroc tabs	P	QL(2 ea daily)
nevirapine tabs	P	QL(2 ea daily)
nevirapine tb24 400 MG	P	QL(1 ea daily)
nevirapine tb24 100 MG	P	QL(3 ea daily)
nevirapine susp	P	QL(40 ml daily)
NORVIR SOLN	P	QL(15 ml daily)
NORVIR TABS (Use ritonavir)	NP	QL(12 ea daily)
ODEFSEY 25 MG-200 MG-25 MG	P	
PIFELTRO	P	QL(1 ea daily)
PREZCOBIX 800 MG-150 MG	P	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
SYMFI 300 MG-300 MG-600 MG (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
SYMFI LO 300 MG-300 MG-400 MG (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
TEMIXYS 300 MG-300 MG	P	QL(1 ea daily);ST
<i>tenofovir disoproxil fumarate tabs</i>	P	QL(1 ea daily)
TIVICAY TABS 50 MG	P	QL(2 ea daily)
TRIUMEQ TABS 50 MG-300 MG-600 MG	P	QL(1 ea daily);AL(At least 18 yrs old)
TRIZIVIR 300 MG-300 MG-150 MG	P	QL(2 ea daily)
TROGARZO	P	SP;PA
TRUVADA 300 MG-200 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 ea daily)
TYBOST	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 (<i>Use nevirapine</i>)	NP	QL(40 ml daily)
VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>)	NP	QL(1 ea daily)
VIREAD TABS	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
VIREAD POWD	P	QL(240 gm per 30 days retail)
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	NP	QL(2 ea daily)
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NP	QL(30 ml daily)
<i>zidovudine tabs</i>	P	QL(2 ea daily)
<i>zidovudine syrup</i>	P	QL(60 ml daily)
<i>zidovudine caps</i>	P	QL(6 ea daily)
CMV Agents		
LIVTENCITY	P	SP;PA
PREVYMIS TABS	P	QL(1 ea daily);SP;PA
PREVYMIS SOLN	P	SP;PA
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NP	QL(2 ea daily)
<i>valganciclovir hcl tabs</i>	P	QL(2 ea daily)
Hepatitis Agents		
EPCLUSA PACK 200 MG-50 MG	P	SP;PA
HEPSERA (<i>Use adefovir dipivoxil</i>)	NP	
MAVYRET TABS 100 MG-40 MG	P	QL(3 ea daily);SP;PA
MAVYRET PACK 50 MG-20 MG	P	QL(6 ea daily);SP;PA
PEGASYS SOLN	P	SP;PA
PEGINTRON 50 MCG/0.5ML	P	SP;PA
<i>ribavirin (hepatitis c) caps</i>	P	SP;PA
<i>ribavirin (hepatitis c) tabs 200 MG</i>	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
SOFOSBUVIR/VELPAT ASVIR TABS 400 MG-100 MG	P	QL(1 ea daily);SP;PA
SOVALDI TABS	P	SP;PA
VEMLIDY	P	SP;PA
Herpes Agents		
<i>acyclovir tabs or 800 MG</i>	P	QL(50 ea per 30 days retail)
<i>acyclovir caps</i>	P	QL(50 ea per 30 days retail)
<i>acyclovir tabs or 400 MG</i>	P	QL(3 ea daily)
<i>acyclovir susp</i>	P	QL(400 ml per 30 days retail)
<i>famciclovir</i>	P	
<i>valacyclovir hcl 500 MG</i>	P	QL(2 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	P	QL(42 ea per 21 days retail)
VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NP	QL(42 ea per 21 days retail)
VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NP	QL(2 ea daily)
ZOVIRAX SUSP (<i>Use acyclovir</i>)	NP	QL(400 ml per 30 days retail)
Influenza Agents		
<i>oseltamivir phosphate susr</i>	P	QL(120 ml per 30 days retail)
<i>oseltamivir phosphate caps 45 MG, 75 MG</i>	P	QL(10 ea per 30 days retail)
<i>oseltamivir phosphate caps 30 MG</i>	P	QL(20 ea per 30 days retail)
RELENZA DISKHALER	P	QL(20 ea per fill retail);AL(At least 5 yrs old)
TAMIFLU CAPS 30 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(20 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	NP	QL(10 ea per 30 days retail)
TAMIFLU SUSR (Use oseltamivir phosphate)	NP	QL(120 ml per 30 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	P	QL(3 ea daily)
carvedilol 25 MG	P	QL(4 ea daily)
carvedilol phosphate	P	QL(1 ea daily)
COREG 25 MG (Use carvedilol)	NP	QL(4 ea daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	NP	QL(3 ea daily)
COREG CR (Use carvedilol phosphate)	NP	QL(1 ea daily)
labetalol hcl tabs 200 MG	P	QL(6 ea daily)
labetalol hcl tabs 100 MG	P	QL(3 ea daily)
labetalol hcl tabs 300 MG	P	QL(8 ea daily)
Beta Blockers Cardio-Selective		
acebutolol hcl caps	P	
atenolol tabs	P	QL(2 ea daily)
bisoprolol fumarate	P	QL(1 ea daily)
LOPRESSOR TABS 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)

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate tb24 25 MG, 50 MG, 100 MG	P	QL(4 ea daily)
metoprolol tartrate tabs 25 MG, 50 MG	P	QL(4 ea daily)
metoprolol tartrate tabs 100 MG	P	QL(4.5 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, 50 MG, 100 MG (Use metoprolol succinate)	NP	QL(4 ea daily)
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	NP	QL(2 ea daily)
BETAPACE AF (Use sotalol hcl (afib/afl))	NP	QL(2 ea daily)
CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)	NP	QL(2 ea daily)
HEMANGEOL SOLN OR	P	SP;PA
INDERAL LA CP24 (Use propranolol hcl)	NP	QL(2 ea daily)
nadolol tabs 20 MG, 40 MG, 80 MG	P	QL(2 ea daily)
pindolol tabs	P	
propranolol hcl soln or 20 MG/5ML, 40 MG/5ML	P	
propranolol hcl tabs	P	
propranolol hcl cp24	P	QL(2 ea daily)
sotalol hcl tabs 240 MG	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tabs 80 MG, 120 MG, 160 MG</i>	P	QL(2 ea daily)
<i>sotalol hcl (afib/afl)</i>	P	QL(2 ea daily)
<i>timolol maleate tabs</i>	P	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs</i>	P	QL(1 ea daily)
<i>CALAN SR TBCR (Use verapamil hcl)</i>	NP	QL(2 ea daily)
<i>CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)</i>	NP	QL(3 ea daily)
<i>CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)</i>	NP	QL(2 ea daily)
<i>CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)</i>	NP	QL(1 ea daily)
<i>diltiazem hcl cp12</i>	P	QL(2 ea daily)
<i>diltiazem hcl cp24 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl tabs</i>	P	QL(3 ea daily)
<i>diltiazem hcl cp24 120 MG, 180 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 120 MG, 180 MG, 300 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 ea daily)
<i>felodipine</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hcl caps</i>	P	
<i>nifedipine tb24 60 MG</i>	P	QL(2 ea daily)
<i>nifedipine tb24 30 MG, 90 MG</i>	P	QL(1 ea daily)
<i>nifedipine caps</i>	P	QL(4 ea daily)
<i>NORVASC TABS (Use amlodipine besylate)</i>	NP	QL(1 ea daily)
<i>PROCARDIA CAPS (Use nifedipine)</i>	NP	QL(4 ea daily)
<i>PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)</i>	NP	QL(1 ea daily)
<i>PROCARDIA XL TB24 60 MG (Use nifedipine)</i>	NP	QL(2 ea daily)
<i>TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl extended release beads)</i>	NP	QL(1 ea daily)
<i>TIAZAC 240 MG (Use diltiazem hcl extended release beads)</i>	NP	QL(2 ea daily)
<i>verapamil hcl tabs</i>	P	QL(3 ea daily)
<i>verapamil hcl cp24 100 MG, 200 MG</i>	P	QL(2 ea daily)
<i>verapamil hcl cp24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	P	QL(1 ea daily)
<i>verapamil hcl tbcR</i>	P	QL(2 ea daily)
<i>VERELAN CP24 (Use verapamil hcl)</i>	NP	QL(1 ea daily)
<i>VERELAN PM CP24 (Use verapamil hcl)</i>	NP	QL(1 ea daily)
<i>VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)</i>	NP	QL(2 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		

Drug Name	Drug Tier	Requirements/Limits
Cardiac Glycosides		
<i>digoxin tabs .125 MG, .25 MG, 125 MCG, 250 MCG</i>	P	
<i>digoxin soln or .05 MG/ML</i>	P	
LANOXIN TABS .125 MG, .25 MG, 125 MCG, 250 MCG (<i>Use digoxin</i>)	P	
LANOXIN SOLN IJ (<i>Use digoxin</i>)	P	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	P	SP;PA
Impotence Agents		
BI-MIX SOLR 5 MG-150 MG	P	PA
IFE-BIMIX 30/1 SOLN 1 MG/ML-30 MG/ML	P	PA
SUPER BI-MIX SOLR 10 MG-150 MG	P	PA
SUPER TRI-MIX SOLR 100 MCG-150 MG-10 MG	P	SP;PA
TRI-MIX SOLR 50 MCG-150 MG-5 MG	P	SP;PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	P	SP;PA
FLOLAN (<i>Use epoprostenol sodium</i>)	NP	SP;PA
ORENITRAM	P	SP;PA
TYVASO SOLN IN	P	SP;PA
TYVASO REFILL SOLN IN	P	SP;PA
TYVASO STARTER SOLN IN	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
VELETRI (<i>Use epoprostenol sodium</i>)	NP	SP;PA
VENTAVIS	P	SP;PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	P	QL(1 ea daily);SP;PA
<i>bosentan tabs</i>	P	SP;PA
LETAIRIS (<i>Use ambrisentan</i>)	NP	QL(1 ea daily);SP;PA
OPSUMIT	P	SP;PA
TRACLEER TBSO	P	SP;PA
TRACLEER TABS (<i>Use bosentan</i>)	NP	SP;PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	NP	SP;PA
REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP;PA
REVATIO SOLN (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP;PA
REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP;PA
<i>sildenafil citrate (pulmonary hypertension) susr</i>	P	SP;PA
<i>sildenafil citrate (pulmonary hypertension) soln</i>	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	P	SP;PA
<i>tadalafil (pulmonary hypertension) tabs</i>	P	SP;PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TABS	P	SP;PA
UPTRAVI SOLR	P	SP;PA
UPTRAVI TITRATION PACK TBPk	P	SP;PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	P	SP;PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 ea daily);SP;PA
VYNDALCEL	P	QL(4 ea daily);SP;PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	P	
<i>cefadroxil tabs</i>	P	
<i>cefadroxil susr</i>	P	
<i>cephalexin caps 250 MG, 500 MG</i>	P	
<i>cephalexin susr</i>	P	
KEFLEX CAPS (Use <i>cephalexin</i>)	NP	
Cephalosporins - 2nd Generation		
<i>cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	P	
<i>cefaclor caps</i>	P	

Drug Name	Drug Tier	Requirements/Limits
CEFOTAN IJ (Use <i>cefotetan disodium</i>)	NP	
<i>cefprozil susr</i>	P	QL(200 ml per fill retail);AL(Up to 12 yrs old)
<i>cefprozil tabs</i>	P	QL(20 ea per fill retail)
<i>cefuroxime axetil tabs</i>	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir susr</i>	P	QL(100 ml per fill retail)
<i>cefdinir caps</i>	P	QL(20 ea per fill retail)
<i>cefixime caps</i>	P	
<i>ceftriaxone sodium ij 1 GM, 250 MG, 500 MG</i>	P	QL(3 ea per fill retail)
FORTAZ IJ 1 GM (Use <i>ceftazidime</i>)	NP	
SUPRAX SUSR (Use <i>cefixime</i>)	NP	
SUPRAX CAPS (Use <i>cefixime</i>)	NP	
CHEMICALS		
Bulk Chemicals - O's		
OMEPRazole	P	PA
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 ea daily)
ESTROSTEP FE 75 MG-1 MG (Use <i>norethindrone acetate-ethinyl estradiol-fe</i>)	NP	
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 ea daily)
GENERESS FE 75 MG-25 MCG-0.8 MG (Use <i>norethindrone & ethinyl estradiol-fe</i>)	NP	
<i>levonorgestrel & eth estradiol tabs</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	P	QL(91 ea per fill retail)
MIRCETTE 0 (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP	
<i>norethin acet & estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG</i>	P	
<i>norethindrone & eth estradiol</i>	P	
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra</i>	P	
<i>norethindrone acetate-ethinyl estradiol-fe 75 MG-1 MG</i>	P	
<i>norethindrone-eth estradiol (triphasic) 0</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol 0.25 MG-35 MCG</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	P	
<i>norgestrel & ethinyl estradiol 0.3 MG-30 MCG</i>	P	QL(2 ea daily)
SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	QL(91 ea per fill retail)
TYBLUME CHEW 0.1 MG-20 MCG	P	
YASMIN 28 3 MG-0.03 MG (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
YAZ 3 MG-0.02 MG (Use <i>drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol 150 MCG/24HR-35 MCG/24HR</i>	P	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol 0.12 MG/24HR-0.015 MG/24HR</i>	P	QL(1 ea per fill retail)
NUVARING 0.12 MG/24HR-0.015 MG/24HR (Use <i>etonogestrel-ethinyl estradiol</i>)	NP	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA	P	QL(4 ea per 365 days retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(1 ea per 21 days retail)

Drug Name	Drug Tier	Requirements/Limits
PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	NP	QL(1 ea per 21 days retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susp im	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy im	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	
ORTHO MICRONOR (Use norethindrone (contraceptive))	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CELESTONE- SOLUSPAN SUSP 3 MG/ML-3 MG/ML (Use betamethasone sod phosphate & acetate)	NP	

Drug Name	Drug Tier	Requirements/Limits
CORTEF TABS (Use hydrocortisone)	NP	
dexamethasone tabs	P	
dexamethasone elix	P	
dexamethasone soln	P	
dexamethasone sodium phosphate soln ij 4 MG/ML, 20 MG/5ML, 120 MG/30ML	P	QL(150 ml per 30 days retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	P	QL(150 ml per 30 days retail)
EMFLAZA SUSP	P	SP;PA
EMFLAZA TABS	P	SP;PA
ENTOCORT EC CPEP (Use budesonide)	NP	
hydrocortisone tabs	P	
MEDROL DOSEPAK TBPK (Use methylprednisolone)	NP	
methylprednisolone tabs 4 MG, 8 MG	P	
methylprednisolone tbpk	P	
MILLIPRED TABS	P	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NP	
prednisolone soln	P	
prednisolone sodium phosphate soln 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	P	
prednisolone sodium phosphate soln 20 MG/5ML	P	QL(150 ml per fill retail)
prednisone tabs	P	

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

Drug Name	Drug Tier	Requirements/Limits
HYCODAN SOLN 5 MG/5ML-1.5 MG/5ML (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NP	QL(0 ml daily);AL(At least 18 yrs old- Up to 21 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide soln 5 MG/5ML-1.5 MG/5ML</i>	P	QL(0 ml daily);AL(At least 18 yrs old- Up to 21 yrs old)
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS CAPS (<i>Use dextromethorphan hbr</i>)	NP	
TESSALON PERLES (<i>Use benzonatate</i>)	NP	AL(At least 10 yrs old- Up to 21 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD (<i>Use dextromethorphan hbr</i>)	NP	OTC;QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations		
ADVIL COLD & SINUS TABS 200 MG-30 MG (<i>Use pseudoephedrine-ibuprofen</i>)	NP	OTC;AL(Up to 21 yrs old)
ALKA-SELTZER PLUS COLD 7.8 MG-325 MG-2 MG (<i>Use chlorpheniramine-phenylephrine-asa</i>)	NP	
<i>brompheniramine & phenyleph elix 1 MG/5ML-2.5 MG/5ML</i>	P	OTC;QL(120 ml per 30 days retail);AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>brompheniramine & pseudoeph liqd 1 MG/5ML-15 MG/5ML</i>	P	OTC;QL(120 ml per 30 days retail);AL(Up to 21 yrs old)
<i>brompheniramine & pseudoeph elix 1 MG/5ML-15 MG/5ML</i>	P	OTC;QL(120 ml per 30 days retail);AL(Up to 21 yrs old)
<i>cetirizine-pseudoephedrine 5 MG-120 MG</i>	P	AL(Up to 21 yrs old)
CLARITIN-D 12 HOUR TB12 5 MG-120 MG (Use loratadine & pseudoephedrine)	NP	OTC;QL(2 ea daily);AL(Up to 21 yrs old)
CLARITIN-D 24 HOUR TB24 10 MG-240 MG (Use loratadine & pseudoephedrine)	NP	OTC;QL(1 ea daily);AL(Up to 21 yrs old)
COLD & FLU RELIEF NIGHTTIME D LIQD 6.25 MG/15ML-500 MG/15ML-15 MG/15ML-30 MG/15ML	P	OTC;AL(Up to 21 yrs old)
CORICIDIN HBP COLD & FLU 2 MG-325 MG (Use chlorpheniramine-acetaminophen)	NP	
CORICIDIN HBP COUGH & COLD TABS 30 MG-4 MG (Use chlorpheniramine-dm)	NP	
CORICIDIN HBP FLU TABS 15 MG-500 MG-2 MG (Use dextromethorphan-acetaminophen-chlorpheniramine)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-doxylamine-acetaminophen liqd</i>	P	OTC;AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin syrp 10 MG/5ML-100 MG/5ML, 10 MG/5ML-100 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin liqd 15 MG/5ML-200 MG/5ML, 20 MG/20ML-400 MG/20ML, 30 MG/5ML-200 MG/5ML, 30 MG/5ML-200 MG/5ML-200 MG/5ML-30 MG/5ML, 5 MG/5ML-100 MG/5ML</i>	P	OTC;AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin tb12 30 MG-600 MG</i>	P	QL(2 ea daily);AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin liqd 10 MG/5ML-200 MG/5ML</i>	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>dextromethorphan-phenylephrine-acetaminophen caps 10 MG-5 MG-325 MG</i>	P	OTC;AL(Up to 21 yrs old)
DIABETIC TUSSIN COLD/FLU CAPS 15 MG-325 MG-4 MG	P	OTC;AL(Up to 21 yrs old)
DIMETAPP COLD & ALLERGY ELIX 1 MG/5ML-2.5 MG/5ML (Use brompheniramine & phenyleph)	NP	OTC;QL(120 ml per 30 days retail);AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
DIMETAPP DM COLD & COUGH LIQD 1 MG/5ML-2.5 MG/5ML-5 MG/5ML (Use <i>phenylephrine-brompheniramine-dm</i>)	NP	
DIMETAPP MULTI-SYMPTOM COLD RELIEF CHILDRENS LIQD 1 MG/5ML-2.5 MG/5ML-5 MG/5ML (Use <i>phenylephrine-brompheniramine-dm</i>)	NP	
ED BRON GP LIQD 100 MG/5ML-5 MG/5ML	P	OTC;QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
ENTEX T TABS 60 MG-375 MG (Use <i>pseudoephedrine-guaifenesin</i>)	NP	
<i>guaifenesin-codeine soln 100 MG/5ML-10 MG/5ML</i>	P	AL(At least 18 yrs old- Up to 21 yrs old)
<i>guaifenesin-codeine liqd 100 MG/5ML-10 MG/5ML</i>	P	AL(At least 18 yrs old- Up to 21 yrs old)
<i>guaifenesin-codeine syrp 100 MG/5ML-10 MG/5ML</i>	P	AL(At least 18 yrs old- Up to 21 yrs old)
LITTLE REMEDIES FOR COLDSMULTI SYMPTOM LIQD 2.5 MG/ML-1.25 MG/ML-80 MG/ML	P	OTC;AL(Up to 21 yrs old)
LOHIST-D LIQD 30 MG/5ML-2 MG/5ML	P	QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>loratadine & pseudoephedrine tb12 5 MG-120 MG</i>	P	OTC;QL(2 ea daily);AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine & pseudoephedrine tb24 10 MG-240 MG</i>	P	OTC;QL(1 ea daily);AL(Up to 21 yrs old)
MAXI-TUSS PE LIQD 2 MG/5ML-5 MG/5ML	P	AL(Up to 21 yrs old)
MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML	P	OTC;QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
MUCINEX CHILDRENS MULTI-SYMPTOM COLD & SORE THROAT LIQD 10 MG/10ML-5 MG/10ML-200 MG/10ML-325 MG/10ML (Use <i>phenylephrine-dm-gg w/ apap</i>)	NP	
MUCINEX D TB12 60 MG-600 MG (Use <i>pseudoephedrine-guaifenesin</i>)	NP	QL(210 ea per fill retail);AL(Up to 21 yrs old)
MUCINEX DM TB12 30 MG-600 MG (Use <i>dextromethorphan-guaifenesin</i>)	NP	QL(2 ea daily);AL(Up to 21 yrs old)
MUCINEX FAST-MAX COLD/FLU/SORE THROAT CAPS 10 MG-5 MG-200 MG-325 MG (Use <i>phenylephrine-dm-gg w/ apap</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
MUCINEX FAST-MAX DAY TIME/NIGHT TIME MISC 25 MG/20ML-10 MG/20ML-400 MG/20ML-650 MG/20ML-20 MG/20ML (Use <i>phenylephrine-diphenhydramine-dm-guaifenesin-apap</i>)	NP	
MUCINEX FAST-MAX DAY/NIGHT COLD & FLU MAXIMUM STRENGTH CPPK 6.25 MG-5 MG-200 MG-325 MG-10 MG (Use <i>phenylephrine-doxylamine-dm-guaifenesin-apap</i>)	NP	
MUCINEX FAST-MAX SEVERE COLD LIQD 10 MG/10ML-5 MG/10ML-200 MG/10ML-325 MG/10ML (Use <i>phenylephrine-dm-gg w/ apap</i>)	NP	
MUCINEX SINUS/MAX PRESSURE/PAIN & COUGH MAXIMUM STRENGTH CAPS 10 MG-5 MG-200 MG-325 MG (Use <i>phenylephrine-dm-gg w/ apap</i>)	NP	
MUCINEX SINUS-MAX DAY/NIGHT CPPK 6.25 MG-5 MG-200 MG-325 MG-10 MG (Use <i>phenylephrine-doxylamine-dm-guaifenesin-apap</i>)	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>phenylephrine-chlorphen-dm liqd 15 MG/5ML-10 MG/5ML-4 MG/5ML</i>	P	QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>phenylephrine-dm liqd 5 MG/5ML-2.5 MG/5ML</i>	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>phenylephrine-dm soln 5 MG/5ML-2.5 MG/5ML</i>	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
PRIMATENE ASTHMA TABS 200 MG-12.5 MG (Use <i>ephedrine-guaifenesin</i>)	NP	
<i>promethazine & phenylephrine syrp 5 MG/5ML-6.25 MG/5ML</i>	P	QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
<i>promethazine w/codeine soln 6.25 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per fill retail);AL(At least 18 yrs old- Up to 21 yrs old)
<i>promethazine w/codeine syrp 6.25 MG/5ML-10 MG/5ML</i>	P	QL(240 ml per fill retail);AL(At least 18 yrs old- Up to 21 yrs old)
<i>promethazine-dm syrp 15 MG/5ML-6.25 MG/5ML</i>	P	QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>promethazine-phenylephrine-codeine 5 MG/5ML-10 MG/5ML-6.25 MG/5ML</i>	P	QL(240 ml per fill retail);AL(At least 18 yrs old- Up to 21 yrs old)
<i>pseudoephed-bromphen-dm syrp 2 MG/5ML-10 MG/5ML-30 MG/5ML</i>	P	QL(240 ml per fill retail);AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine w/dm-gg liqd 10 MG/5ML-100 MG/5ML-30 MG/5ML</i>	P	OTC;QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
<i>pseudoephedrine-guaifenesin tb12 60 MG-600 MG</i>	P	QL(210 ea per fill retail);AL(Up to 21 yrs old)
<i>pseudoephedrine-guaifenesin syrp 30 MG/5ML-100 MG/5ML</i>	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
<i>pseudoephedrine-ibuprofen tabs 200 MG-30 MG</i>	P	OTC;AL(Up to 21 yrs old)
PX DAYTIME MULTI-SYMPTOM CAPS 30 MG-325 MG-15 MG	P	OTC;AL(Up to 21 yrs old)
PX NITETIME MULTI-SYMPTOM CAPS 6.25 MG-325 MG-15 MG-30 MG	P	OTC;QL(240 ea per fill retail);AL(Up to 21 yrs old)
QC TRIACTING DAYTIME CHILDRENS SYRP 5 MG/5ML-2.5 MG/5ML	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
SCOT-TUSSIN DM LIQD 15 MG/5ML-2 MG/5ML	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
SCOT-TUSSIN SENIOR LIQD 15 MG/5ML-200 MG/5ML	P	OTC;AL(Up to 21 yrs old)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP 5 MG/5ML-2.5 MG/5ML	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
TUSSI-PRES PEDIATRIC LIQD 5 MG/5ML-2.5 MG/5ML-75 MG/5ML (Use phenylephrine w/dm-gg)	NP	

Drug Name	Drug Tier	Requirements/Limits
TYLENOL COLD MULTI-SYMPTOM SEVERE DAYTIME LIQD 10 MG/15ML-5 MG/15ML-200 MG/15ML-325 MG/15ML (Use phenylephrine-dm-gg w/apap)	NP	
VIRTUSSIN DAC SOLN 30 MG/5ML-70 %-10 MG/5ML-100 MG/5ML	NP	
WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD 15 MG/5ML-7.5 MG/5ML	P	OTC;QL(240 ml per fill retail);AL(Up to 21 yrs old)
ZYRTEC-D ALLERGY/CONGESTION 5 MG-120 MG (Use cetirizine-pseudoephedrine)	NP	AL(Up to 21 yrs old)
Expectorants		
<i>guaifenesin tb12 600 MG</i>	P	QL(40 ea per 30 days retail);AL(Up to 21 yrs old)
<i>guaifenesin liqd</i>	P	QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
<i>guaifenesin syrp</i>	P	OTC;QL(240 ml per 7 days retail);AL(Up to 21 yrs old)
<i>guaifenesin tb12 1200 MG</i>	P	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)

Drug Name	Drug Tier	Requirements/Limits
MUCINEX MAXIMUM STRENGTH TB12 (<i>Use guaifenesin</i>)	NP	OTC;QL(2 ea daily);AL(Up to 21 yrs old)
SSKI SOLN (<i>Use potassium iodide (expectorant)</i>)	NP	
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) aers</i>	P	OTC;QL(240 ml per fill retail)
<i>sodium chloride (inhalant) nebu .9 %, 3 %, 10 %</i>	P	
Mucolytics		
<i>acetylcysteine soln</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>Use isotretinoin</i>)	NP	QL(2 ea daily);AL(At least 12 yrs old);PA
ACNE MEDICATION 10 LOTN	P	OTC
ACNE MEDICATION 5 LOTN	P	OTC
BENZAC AC WASH LIQD 2.5 %, 5 % (<i>Use benzoyl peroxide</i>)	NP	RX/OTC
BENZAACLIN GEL 1 %-5 % (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NP	
BENZAACLIN WITH PUMP GEL 1 %-5 % (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NP	
<i>benzoyl peroxide liqd 4 %, 5 %, 6 %, 10 %</i>	P	
<i>benzoyl peroxide bar</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide gel 2.5 %, 5 %, 10 %</i>	P	
BENZOYL PEROXIDE CLEANSER LIQD	P	
CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NP	
CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NP	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) lotn</i>	P	
<i>clindamycin phosphate (topical) soln</i>	P	
<i>clindamycin phosphate (topical) gel</i>	P	QL(60 ml per fill retail)
DIFFERIN DAILY DEEP CLEANSER LIQD (<i>Use benzoyl peroxide</i>)	NP	RX/OTC
ERYGEL GEL (<i>Use erythromycin (acne aid)</i>)	NP	QL(60 gm per fill retail)
<i>erythromycin (acne aid) soln</i>	P	
<i>erythromycin (acne aid) gel</i>	P	QL(60 gm per fill retail)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 ea daily);AL(At least 12 yrs old);PA
KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NP	
RETIN-A CREA (<i>Use tretinoin</i>)	NP	QL(20 gm per fill retail);AL(Up to 35 yrs old)
RETIN-A GEL .01 % (<i>Use tretinoin</i>)	NP	QL(15 gm per fill retail);AL(Up to 35 yrs old)

Drug Name	Drug Tier	Requirements/Limits
RETIN-A GEL .025 % (Use tretinoin)	NP	AL(Up to 35 yrs old)
SODIUM SULFACETAMIDE/SULFUR SUSP 5 %-10 %	P	
sulfacetamide sodium (acne)	P	
sulfacetamide sodium w/ sulfur lotion 5 %-10 %	P	QL(60 gm per fill retail)
SUMAXIN WASH LIQD 4 %-9 % (Use sulfacetamide sodium w/ sulfur)	NP	
tretinoin cream .025 %, .05 %, .1 %	P	QL(20 gm per fill retail);AL(Up to 35 yrs old)
tretinoin gel .01 %	P	QL(15 gm per fill retail);AL(Up to 35 yrs old)
tretinoin gel .025 %	P	AL(Up to 35 yrs old)
Analgesics - Topical		
ICY HOT MEDICATED SPRAY LIQD (Use menthol (topical analgesic))	NP	
Antibiotics - Topical		
bacitracin (topical) oint	P	OTC;QL(30 gm per fill retail)
bacitracin zinc oint	P	OTC;QL(30 ea per fill retail)
CENTANY OINT	P	
gentamicin sulfate (topical) cream	P	QL(60 gm per fill retail)
gentamicin sulfate (topical) oint	P	QL(60 gm per fill retail)
mupirocin oint	P	
mupirocin calcium (topical)	P	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
neomycin-bacitracin-polymyxin oint 400 UNIT/GM-3.5 MG/GM-5000 UNIT/GM	P	OTC;QL(454 ea per fill retail)
neomycin-polymyxin w/ pramoxine 10000 UNIT/GM-10 MG/GM-3.5 MG/GM	P	OTC;QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT 400 UNIT/GM-3.5 MG/GM-5000 UNIT/GM (Use neomycin-bacitracin-polymyxin)	NP	OTC;QL(454 ea per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH 10000 UNIT/GM-10 MG/GM-3.5 MG/GM (Use neomycin-polymyxin w/ pramoxine)	NP	OTC;QL(30 gm per fill retail)
Antifungals - Topical		
ALCORTIN A 1 %-2 %-1 % (Use iodoquinol-hydrocortisone-aloe polysaccharide)	NP	
ALOE VESTA CLEAR ANTIFUNGAL OINT (Use miconazole nitrate (topical))	NP	
clotrimazole (topical) cream	P	QL(90 gm per fill retail);RX/OTC
clotrimazole (topical) soln	P	QL(60 ml per fill retail);RX/OTC
clotrimazole w/ betamethasone cream 1 %-0.05 %	P	QL(45 gm per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>clotrimazole w/ betamethasone lotn 1 %-0.05 %</i>	P	QL(31 ml per 30 days retail)
<i>econazole nitrate crea</i>	P	QL(30 gm per fill retail)
<i>ketoconazole (topical) sham 1 %</i>	P	OTC
<i>ketoconazole (topical) crea</i>	P	QL(60 gm per fill retail)
<i>ketoconazole (topical) sham 2 %</i>	P	
LAMISIL AT CREA (<i>Use terbinafine hcl (topical)</i>)	NP	OTC;QL(30 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (<i>Use terbinafine hcl (topical)</i>)	NP	OTC;QL(30 gm per fill retail)
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail);RX/OTC
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail);RX/OTC
MICATIN CREA (<i>Use miconazole nitrate (topical)</i>)	NP	QL(60 gm per fill retail)
<i>miconazole nitrate (topical) crea</i>	P	QL(60 gm per fill retail)
NAFTIN CREA 2 % (<i>Use naftifine hcl</i>)	NP	
<i>nystatin (topical) crea</i>	P	QL(30 gm per fill retail)
<i>nystatin (topical) powd ex</i>	P	QL(60 gm per fill retail)
<i>nystatin (topical) oint</i>	P	QL(30 gm per fill retail)
<i>nystatin-triamcinolone crea 100000 UNIT/GM-1 MG/GM</i>	P	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>nystatin-triamcinolone oint 100000 UNIT/GM-0.1 %</i>	P	QL(60 gm per fill retail)
<i>terbinafine hcl (topical) crea</i>	P	OTC;QL(30 gm per fill retail)
TINACTIN CREA (<i>Use tolnaftate</i>)	NP	OTC;QL(30 gm per fill retail)
<i>tolnaftate crea</i>	P	OTC;QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	OTC
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel ex</i>	P	2 rtl MAX fill,30 rtl day(s) supply;QL(6.68 gm daily);RX/OTC
VOLTAREN GEL EX (<i>Use diclofenac sodium (topical)</i>)	NP	2 rtl MAX fill,30 rtl day(s) supply;QL(6.68 gm daily);RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	P	SP;PA
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NP	
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NP	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) soln</i>	P	QL(10 ml per 30 days retail)
<i>fluorouracil (topical) crea 5 %</i>	P	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) crea .5 %</i>	P	
LEVULAN KERASTICK SOLR	P	SP;PA
TARGRETIN (<i>Use bexarotene (topical)</i>)	NP	SP;PA
VALCHLOR	P	SP;PA
Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/Limits
<i>camphor & menthol lotn 0.5 %-0.5 %</i>	P	OTC;QL(222 ml per fill retail)
SARNA LOTN 0.5 %-0.5 % (<i>Use camphor & menthol</i>)	NP	OTC;QL(222 ml per fill retail)
Antipsoriatics		
<i>calcipotriene crea</i>	P	
<i>calcipotriene soln</i>	P	QL(60 ml per fill retail)
COSENTYX SOSY	P	SP;PA
COSENTYX SENSOREADY PEN SOAJ	P	SP;PA
DOVONEX CREA (<i>Use calcipotriene</i>)	NP	
ILUMYA	P	SP;PA
OXSORALEN ULTRA (<i>Use methoxsalen rapid</i>)	NP	
SILIQ	P	SP;PA
SKYRIZI SOSY	P	SP;PA
SKYRIZI PSKT	P	SP;PA
SKYRIZI PEN SOAJ	P	SP;ST;PA
SORIATANE 10 MG, 25 MG (<i>Use acitretin</i>)	NP	
STELARA SOSY	P	SP;PA
TALTZ SOSY	P	SP;PA
TALTZ SOAJ	P	SP;PA
<i>tazarotene crea</i>	P	QL(2 gm daily);AL(Up to 20 yrs old)
<i>tazarotene gel</i>	P	QL(6.67 gm daily);AL(Up to 20 yrs old)
TAZORAC CREA	P	QL(2 gm daily);AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/Limits
TAZORAC GEL (<i>Use tazarotene</i>)	NP	QL(6.67 gm daily);AL(Up to 20 yrs old)
TAZORAC CREA (<i>Use tazarotene</i>)	NP	QL(2 gm daily);AL(Up to 20 yrs old)
TREMFYA SOPN	P	SP;PA
TREMFYA SOSY	P	SP;PA
Antiseborrheic Products		
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)
<i>selenium sulfide lotn 1 %</i>	P	OTC;QL(420 ml per fill retail)
<i>selenium sulfide sham 1 %</i>	P	OTC;QL(420 ml per fill retail)
<i>selenium sulfide lotn 2.5 %</i>	P	
SELRX SHAM (<i>Use selenium sulfide</i>)	NP	
SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NP	OTC;QL(420 ml per fill retail)
<i>sulfacetamide sodium liqd</i>	P	QL(120 gm per fill retail)
Antivirals - Topical		
<i>acyclovir topical oint</i>	P	QL(30 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical crea</i>	P	QL(5 gm per fill retail)
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	QL(30 gm per 30 days retail)
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	QL(5 gm per fill retail)
Burn Products		
SILVADENE (<i>Use silver sulfadiazine</i>)	NP	
<i>silver sulfadiazine</i>	P	
Corticosteroids - Topical		
<i>betamethasone dipropionate (topical) crea</i>	P	1 rtl pack lmt amt, 30 rtl pack lmt day(s)
<i>betamethasone dipropionate augmented crea</i>	P	QL(50 gm per fill retail)
<i>betamethasone valerate crea</i>	P	
<i>betamethasone valerate oint</i>	P	
<i>betamethasone valerate lotn</i>	P	
<i>clobetasol propionate soln .05 %</i>	P	QL(50 ml per fill retail)
<i>clobetasol propionate gel .05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate oint .05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate crea .05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate emollient base .05 %</i>	P	QL(60 gm per fill retail)
CUTIVATE LOTN (<i>Use fluticasone propionate</i>)	NP	
DERMA-SMOOTH/FS SCALP OIL (<i>Use fluocinolone acetonide</i>)	NP	QL(118.28 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DESONATE GEL (<i>Use desonide</i>)	NP	
<i>desonide crea</i>	P	
<i>desonide oint</i>	P	QL(2 gm daily)
DESOWEN CREA (<i>Use desonide</i>)	NP	
<i>desoximetasone crea .25 %</i>	P	QL(2 gm daily)
<i>desoximetasone gel</i>	P	QL(2 gm daily)
<i>desoximetasone oint .25 %</i>	P	QL(2 gm daily)
<i>desoximetasone crea .05 %</i>	P	
DIPROLENE AF CREA (<i>Use betamethasone dipropionate augmented</i>)	NP	QL(50 gm per fill retail)
EPIFOAM FOAM 1 %-1 %	P	QL(15 gm per fill retail)
<i>fluocinolone acetonide oil</i>	P	QL(118.28 ml per fill retail)
<i>fluocinonide soln</i>	P	QL(60 ml per fill retail)
<i>fluocinonide oint</i>	P	QL(60 gm per fill retail)
<i>fluocinonide gel</i>	P	QL(60 gm per fill retail)
<i>fluocinonide crea .05 %</i>	P	1 rtl pack lmt per fill; QL(150 gm per 30 days retail)
<i>fluocinonide emulsified base</i>	P	QL(60 gm per fill retail)
<i>fluticasone propionate crea .05 %</i>	P	QL(60 gm per fill retail)
<i>fluticasone propionate oint</i>	P	QL(60 gm per fill retail)
<i>hydrocortisone (topical) crea .5 %</i>	P	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) lotn 1 %</i>	P	QL(453.6 gm per fill retail)
<i>hydrocortisone (topical) crea 2.5 %</i>	P	
<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	P	RX/OTC
<i>hydrocortisone (topical) crea 1 %</i>	P	QL(454 gm per fill retail);RX/OTC
<i>hydrocortisone (topical) lotn 2.5 %</i>	P	QL(120 ml per fill retail)
<i>hydrocortisone butyrate soln</i>	P	
<i>mometasone furoate soln</i>	P	QL(60 ml per fill retail)
<i>mometasone furoate crea</i>	P	QL(50 gm per fill retail)
<i>mometasone furoate oint</i>	P	QL(45 gm per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use <i>hydrocortisone (topical)</i>)	NP	QL(454 gm per fill retail);RX/OTC
SYNALAR SOLN (Use <i>fluocinolone acetonide</i>)	NP	
TEMOVATE OINT (Use <i>clobetasol propionate</i>)	NP	QL(60 gm per fill retail)
TEMOVATE CREA (Use <i>clobetasol propionate</i>)	NP	QL(60 gm per fill retail)
TOPICORT CREA .05 % (Use <i>desoximetasone</i>)	NP	
TOPICORT CREA .25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
TOPICORT GEL (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
TOPICORT OINT .25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) oint .1 %, .5 %</i>	P	
<i>triamcinolone acetonide (topical) oint .025 %</i>	P	QL(454 gm per fill retail)
<i>triamcinolone acetonide (topical) lotn</i>	P	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) crea</i>	P	
TRIDESILON CREA .05 % (Use <i>desonide</i>)	NP	
Eczema Agents		
ADBRY	P	SP;PA
CIBINQO	P	SP;PA
DUPIXENT SOSY	P	SP;PA
DUPIXENT SOPN	P	SP;PA
Emollient/Keratolytic Agents		
KERALAC CREA (Use <i>urea</i>)	NP	
<i>urea crea 40 %</i>	P	RX/OTC
<i>urea lotn 40 %</i>	P	
UTOPIC CREA (Use <i>urea</i>)	NP	
Emollients		
A + D PERSONAL CARE LOTION LOTN	P	
ALOE AFTERSUN LOTION LOTN	P	

Drug Name	Drug Tier	Requirements/Limits
AMLACTIN RAPID RELIEF LOTN 1 %, 10 %, 15 %, 2 %-10 %-5 %-6.3 %-5 %, 2 %-4.5 %-4.85 %-7.5 %-2.38 %, 2.5 %-2.5 %-2.5 %-2.5 %-2.5 %, 25 %, 3 %-3 %-1.7 %-5 %, 5 %-0.15 %, 5 %-0.5 %, 5 %-5 %, .5 %	P	
AQUA GLYCOLIC HAND & BODY LOTION LOTN	P	
AQUA LACTEN LOTN	P	
AQUAMED LOTN	P	
AVEENO DAILY MOISTURIZING SHEER HYDRATION LOTN	P	
AVEENO DAILY MOISTURIZING SPF 15 LOTN 3 %-3 %-1.7 %-5 %	P	
AVEENO POSITIVELY AGELESS FIRMING BODY LOTN	P	
AVEENO STRESS RELIEF MOISTURIZING LOTN	P	
BETA CARE LOTN	P	
CAM LOTN	P	
CERAVE AM FACIAL MOISTURIZING LOTION/SPF30 LOTN 2 %-10 %-5 %-6.3 %-5 %	P	
CERAVE DAILY MOISTURIZING LOTN	P	
CERAVE PM FACIAL MOISTURIZING LOTION ULTRA LIGHTWEIGHT LOTN	P	

Drug Name	Drug Tier	Requirements/Limits
CERAVE SA/ROUGH AND BUMPY SKIN 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 LOTN	P	
COCOA BUTTER HAND & BODY LOTION LOTN	P	
CVS BEAUTY 360 DRY SKIN LOTN	P	
CVS DAILY ULTRA MOISTURE LOTION LOTN	P	
CVS GENTLE SKIN CLEANSER LOTN	P	
DAILY MOISTURIZING LOTN	P	
DAILY MOISTURIZING LOTION LOTN	P	
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN 10 %	P	
DERMAL THERAPY FACE CARE MOISTURIZING LOTION LOTN 1 %	P	
DERMAL THERAPY FOOT MASSAGE LOTN 1 %	P	

Drug Name	Drug Tier	Requirements/Limits
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN 15 %	P	
DERMAL THERAPY HEEL CARE LOTN 25 %	P	
DERMEND ALPHA + BETA HYDROXY THERAPY LOTN	P	
DIABETIDERM LOTN	P	
EMOLLIA-LOTION LOTN	P	
<i>emollient lotn</i>	P	
EMOLLIENT LOTION-MISC	P	RX/OTC
EPILYT LOTN	P	
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	P	
EUCERIN LOTN	P	
EUCERIN BABY LOTN	P	
EUCERIN DAILY HYDRATION LOTN	P	
EUCERIN DAILY PROTECTION/SPF 30 LOTN 2 %-4.5 %-4.85 %-7.5 %-2.38 %	P	
EUCERIN INTENSIVE REPAIR LOTN	P	
EUCERIN ORIGINAL HEALING SOOTHING REPAIR LOTN	P	
EUCERIN PLUS LOTN 5 %-5 %	P	
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	P	
EUCERIN ROUGHNESS RELIEF LOTN	P	

Drug Name	Drug Tier	Requirements/Limits
EUCERIN SKIN CALMING DAILY MOISTURIZING CREA (Use emollient)	NP	
EUCERIN SMOOTHING REPAIR ADVANCED FORMULA LOTN	P	
GOLD BOND MEDICATED BODY LOTION LOTN 5 %-0.15 %	P	
GOLD BOND MEDICATED BODY LOTION EXTRA STRENGTH LOTN 5 %-0.5 %	P	
GOLD BOND ULTIMATE LOTN	P	
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	P	
GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN	P	
GOLD BOND ULTIMATE HEALING LOTN	P	
GOLD BOND ULTIMATE OVERNIGHT LOTN	P	
GOLD BOND ULTIMATE PROTECTION LOTN	P	
GOLD BOND ULTIMATE RESTORING LOTN	P	
GOLD BOND ULTIMATE SHEER RIBBONS PEARL RADIANCE LOTN	P	

Drug Name	Drug Tier	Requirements/Limits
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN	P	
GOLD BOND ULTIMATE SOFTENING LOTN	P	
GOLD BOND ULTIMATE SOOTHING 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 LOTN	P	
KERI ORIGINAL DAILY MOISTURE 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	
<i>lactic acid (ammonium lactate) crea</i>	P	QL(385 gm per fill retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	QL(1368 gm per fill retail);RX/OTC
LUBRIDERM LOTN	P	
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 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	
MSM SKIN LOTION LOTN	P	
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	P	
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	P	
NIVEA LOTN	P	
NIVEA EXTRA ENRICHED LOTN	P	

Georgia Medicaid

Updated January 1, 2023

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
NIVEA EXTRA ENRICHED LOTION LOTN	P	
NIVEA GENTLE BODY EXFOLIATOR LOTN	P	
NIVEA LIGHT LOTN	P	
NIVEA ORIGINAL LOTN	P	
NIVEA ORIGINAL MOISTURE LOTN	P	
NIVEA VISAGE LOTN	P	
NUTRADERM LOTN 2.5 %-2.5 %-2.5 %-2.5 %-2.5 %	P	
NUTRADERM ADVANCED FORMULA LOTN	P	
PALMERS COCOA BUTTER FORMULA LOTION LOTN	P	
PALMERS COCOA BUTTER FORMULA LOTION FRAGRANCE FREE 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	
RADIAGUARD ADVANCED LOTN	P	
RESTA LITE LOTN	P	
SKIN REPAIR LOTN	P	

Drug Name	Drug Tier	Requirements/Limits
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	
Glabella Lines (Frown Lines) Agents		
BOTOX COSMETIC	P	SP;PA
Immunomodulating Agents - Topical		
ALDARA (<i>Use imiquimod</i>)	NP	QL(48 ea per 180 days retail)
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL (<i>Use pimecrolimus</i>)	NP	QL(30 gm per 30 days retail);AL(At least 2 yrs old);PA
<i>pimecrolimus</i>	P	QL(30 gm per 30 days retail);AL(At least 2 yrs old);PA
PROTOPIC OINT .03 % (<i>Use tacrolimus (topical)</i>)	NP	QL(30 gm per 30 days retail);AL(At least 2 yrs old);PA
PROTOPIC OINT .1 % (<i>Use tacrolimus (topical)</i>)	NP	QL(30 gm per 30 days retail);AL(At least 16 yrs old);PA

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) oint .1 %</i>	P	QL(30 gm per 30 days retail);AL(At least 16 yrs old);PA
<i>tacrolimus (topical) oint .03 %</i>	P	QL(30 gm per 30 days retail);AL(At least 2 yrs old);PA
Keratolytic/Antimitotic Agents		
CLEAR AWAY ONE STEP WARTREMOVER PADS (<i>Use salicylic acid</i>)	NP	
DERMAREST PSORIASIS GEL	P	OTC
KERALYT GEL (<i>Use salicylic acid</i>)	NP	
KERALYT GEL	P	OTC
<i>podofilox soln</i>	P	
SALEX SHAM (<i>Use salicylic acid</i>)	NP	
<i>salicylic acid gel 6 %</i>	P	
Liniments		
BENGAY GREASELESS CREA 10 %-15 % (<i>Use menthol-methyl salicylate (liniments)</i>)	NP	
MYOFLEX CREA (<i>Use trolamine salicylate</i>)	NP	
Local Anesthetics - Topical		
<i>capsaicin crea .025 %, .075 %</i>	P	OTC;QL(60 gm per fill retail)
<i>capsaicin crea .1 %</i>	P	OTC;QL(43 gm per fill retail)
CAPZASIN-HP CREA (<i>Use capsaicin</i>)	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)

Drug Name	Drug Tier	Requirements/Limits
<i>dibucaine</i>	P	OTC;QL(56.7 gm per fill retail)
<i>lidocaine oint</i>	P	1 rtl pack lmt per fill;QL(100 gm per 30 days retail)
<i>lidocaine crea 4 %</i>	P	OTC;QL(2 gm daily)
<i>lidocaine hcl crea 4 %</i>	P	OTC;QL(2 gm daily)
<i>lidocaine hcl gel 2 %</i>	P	AL(At least 21 yrs old)
<i>lidocaine hcl crea 3 %</i>	P	QL(453.6 gm per fill retail);RX/OTC
<i>lidocaine-prilocaine crea</i>	P	QL(30 gm per fill retail)
LMX 4 CREA (<i>Use lidocaine</i>)	NP	OTC;QL(2 gm daily)
NEOSPORIN NEO TO GO 0.13 %-1 % (<i>Use pramoxine-benzalkonium chloride</i>)	NP	
NEOSPORIN NEO TO GO + PAIN RELIEF 0.13 %-1 % (<i>Use pramoxine-benzalkonium chloride</i>)	NP	
RA ARTHRITIS PAIN RELIEF CREA	P	OTC;QL(60 gm per fill retail)
Misc. Topical		
ALOE VESTA DAILY MOISTURIZER LOTN (<i>Use dimethicone (topical)</i>)	NP	
AVEENO ACTIVE NATURALS SKIN RELIEF GENTLE SCENT LOTN (<i>Use dimethicone (topical)</i>)	NP	

Georgia Medicaid

Updated January 1, 2023

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
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	NP	
DRYSOL SOLN	P	
EUCERIN CREA (<i>Use skin protectants, misc.</i>)	NP	
<i>lanolin (topical) crea</i>	P	OTC
LANOLOR CREA 0	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)

Drug Name	Drug Tier	Requirements/Limits
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	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 LOTN	NP	
REPEL SPORTSMEN MAX AERO	NP	
SAWYER INSECT REPELLENT AERO	NP	
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP	
ULTRATHON INSECT REPELLENT LOTN	P	OTC;QL(57 gm per fill retail,114 gm per 30 days retail)
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
<i>zinc oxide (topical) oint 20 %</i>	P	OTC;QL(500 gm per fill retail)

Georgia Medicaid

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Drug Name	Drug Tier	Requirements/Limits
Rosacea Agents		
METROCREAM CREA (Use metronidazole (topical))	NP	
METROLOTION LOTN (Use metronidazole (topical))	NP	
metronidazole (topical) gel .75 %	P	QL(45 gm per fill retail)
metronidazole (topical) crea	P	
metronidazole (topical) lotn	P	
Scabicides & Pediculicides		
crotamiton lotn	P	QL(454 gm per fill retail)
CVS LICE SOLUTION KIT 3-STEP 0.5 %-4 %-0.33 %	P	OTC
ELIMITE CREA (Use permethrin)	NP	QL(360 gm per fill retail)
LICEMD GEL 0.33 %-4 %	P	OTC
malathion	P	QL(59 ml per fill retail)
NATROBA (Use spinosad)	NP	Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail)
NIX CREME RINSE LIQD EX (Use permethrin)	NP	OTC
OVIDE (Use malathion)	NP	QL(59 ml per fill retail)
permethrin lotn	P	OTC
permethrin liqd ex	P	OTC
permethrin crea	P	QL(360 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
pyrethrins-piperonyl butoxide liqd	P	OTC
pyrethrins-piperonyl butoxide sham 0.33 %-4 %, 0.33 %-4 %-0.3 %	P	OTC
pyrethrins-piperonyl butoxide-permethrin- nit remover 0.5 %-4 %-0.33 %	P	OTC
RID LIQD 0.33 %-4 % (Use pyrethrins- piperonyl butoxide)	NP	OTC
RID COMPLETE LICE ELIMINATION 0.5 %-4 %-0.33 % (Use pyrethrins-piperonyl butoxide-permethrin- nit remover)	NP	OTC
RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	P	OTC
SCHOOLTIME SHAMPOO SHAM	P	OTC;QL(1 ml per 14 days retail)
SKLICE (Use ivermectin (pediculicide))	NP	RX/OTC
spinosad	P	Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail)
Tar Products		
coal tar extract sham .5 %	P	OTC
DENOREX THERAPEUTIC 2-IN-1 SHAM (Use coal tar extract)	NP	
DHS TAR SHAM (Use coal tar extract)	NP	OTC

Drug Name	Drug Tier	Requirements/Limits
DHS TAR GEL SHAM (Use coal tar extract)	NP	OTC
NEUTROGENA T/GEL SHAM .5 % (Use coal tar extract)	NP	OTC
PSORIASIN OINT (Use coal tar extract)	NP	
Wound Care Products		
AMNIOCORE AMNIOTIC MEMBRANE/2CM X 12CM SHEE	P	SP;PA
AMNIOCORE AMNIOTIC MEMBRANE/6CM X 16CM SHEE	P	SP;PA
AMNIOCORE AMNIOTIC MEMBRANE/6CM X 9CM SHEE	P	SP;PA
AMNIOCORE AMNIOTIC MEMBRANE/9CM X 20CM SHEE	P	SP;PA
AMNIOCORE HUMAN TISSUE ALLOGRAFT/9 X 20 CM SHEE	P	SP;PA
APLIGRAF DISK	P	SP;PA
CORETEXT SUSP	P	SP;PA
EPICORD/ 1CM X 2CM SHEE	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	P	SP;PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X7CM/MESHED	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 4X4CM/MESHED	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 7X10CM/MESH	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	P	SP;PA
MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	P	SP;PA
NOVACHOR	P	SP;PA
NUCEL 0	P	SP;PA
OASIS ULTRA TRI-LAYER MATRIX FENESTRATED 0	P	SP;PA
OASIS WOUND MATRIX 0	P	SP;PA
OSTEOCONDUCTIVE MATRIX PLUS 0	P	SP;PA
PROTEXT SUSP	P	SP;PA
PURAPLY 2CM X 4CM	P	SP;PA
PURAPLY 5CM X 5 CM	P	SP;PA
PURAPLY 6CM X 9CM	P	SP;PA
DIAGNOSTIC PRODUCTS		

Drug Name	Drug Tier	Requirements/Limits
Diagnostic Drugs		
CORTROSYN SOLR (Use cosyntropin)	NP	SP;PA
cosyntropin solr	P	SP;PA
THYROGEN .9 MG	P	SP;PA
Diagnostic Tests		
BD VERITOR AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	QL(2 ea per fill retail)
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CARESTART COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP-K STRP	P	OTC;QL(6.67 ea daily)
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	NP	
COVID-19 AT-HOME TEST KIT KIT	P	QL(2 ea per fill retail)
CVS COVID-19 AT HOME TESTKIT KIT	NP	
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ELLUME COVID-19 HOME TEST KIT	P	QL(2 ea per fill retail)
EMBRACE PRO BLOOD GLUCOSE TEST 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	P	OTC;QL(1 ea daily)
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	NP	
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	NP	
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	P	OTC;QL(1 ea daily)
IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	P	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	NP	
INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 ea per fill retail)
KETONE STRP	P	OTC;QL(6.67 ea daily)
KETONE TEST STRIPS STRP	P	OTC;QL(6.67 ea daily)
KETOSTIX STRP	P	OTC;QL(6.67 ea daily)
NOVA MAX PLUS KETONE TEST STRIPS	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
PILOT COVID-19 AT-HOME TEST KIT	NP	
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
PRECISION XTRA	P	OTC;QL(1 ea daily)
PTS PANELS EGLU STRP	NP	RX/OTC
PTS PANELS KETONE TEST	P	OTC;QL(1 ea daily)
QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
RELION KETONE TEST STRIPS STRP	P	OTC;QL(6.67 ea daily)
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP	
TRUE METRIX SELF MONITORING BLOOD GLUCOSE 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
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12	P	
acetazolamide tabs	P	
KEVEYIS	P	SP;PA
methazolamide tabs	P	
Diuretic Combinations		
ALDACTAZIDE 25 MG-25 MG (Use spironolactone & hydrochlorothiazide)	NP	
amiloride & hydrochlorothiazide 5 MG-50 MG	P	QL(1 ea daily)
MAXZIDE TABS 75 MG-50 MG (Use triamterene & hydrochlorothiazide)	NP	
MAXZIDE-25 TABS 37.5 MG-25 MG (Use triamterene & hydrochlorothiazide)	NP	

Drug Name	Drug Tier	Requirements/Limits
spironolactone & hydrochlorothiazide 25 MG-25 MG	P	
triamterene & hydrochlorothiazide caps 37.5 MG-25 MG	P	
triamterene & hydrochlorothiazide tabs	P	
Loop Diuretics		
bumetanide tabs	P	
BUMEX TABS (Use bumetanide)	NP	
furosemide soln or 10 MG/ML, 40 MG/5ML	P	
furosemide tabs	P	
LASIX TABS (Use furosemide)	NP	
SOAANZ TABS	P	QL(1 ea daily)
torseamide tabs	P	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (Use spironolactone)	NP	
amiloride hcl tabs	P	QL(4 ea daily)
spironolactone tabs	P	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	P	
hydrochlorothiazide tabs 25 MG, 50 MG	P	
hydrochlorothiazide caps	P	
indapamide tabs 1.25 MG, 2.5 MG	P	
metolazone	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and		

Drug Name	Drug Tier	Requirement s/Limits
Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	P	SP;PA
RECORLEV	P	SP;PA
Bone Density Regulators		
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	NP	QL(4 ea per fill retail);PA
<i>alendronate sodium tabs 5 MG, 10 MG</i>	P	QL(1 ea daily)
<i>alendronate sodium tabs 35 MG, 70 MG</i>	P	QL(0.15 ea daily)
<i>alendronate sodium soln</i>	P	QL(10.8 ml daily)
ATELVIA TBEC (Use <i>risedronate sodium</i>)	NP	QL(4 ea per 28 days retail);PA
BONIVA TABS (Use <i>ibandronate sodium</i>)	NP	
BONIVA SOLN (Use <i>ibandronate sodium</i>)	NP	SP;PA
<i>calcitonin (salmon) ij</i>	P	QL(2 ml per fill retail)
<i>calcitonin (salmon) na</i>	P	1 rtl pack lmt per fill
EVENITY	P	SP;PA
FORTEO SOPN	P	SP;PA
FOSAMAX TABS 70 MG (Use <i>alendronate sodium</i>)	NP	QL(0.15 ea daily)
<i>ibandronate sodium soln</i>	P	SP;PA
MIACALCIN IJ (Use <i>calcitonin (salmon)</i>)	NP	QL(2 ml per fill retail)
NATPARA	P	SP;PA
<i>pamidronate disodium soln</i>	P	SP;PA
PAMIDRONATE DISODIUM SOLN	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
PROLIA SOSY	P	SP;PA
RECLAST SOLN (Use <i>zoledronic acid</i>)	NP	SP;PA
<i>risedronate sodium tbec</i>	P	QL(4 ea per 28 days retail);PA
<i>risedronate sodium tabs 5 MG, 30 MG</i>	P	QL(1 ea daily);PA
<i>risedronate sodium tabs 35 MG</i>	P	QL(4 ea per fill retail);PA
TERIPARATIDE SOPN	P	SP;PA
TYMLOS	P	SP;PA
XGEVA SOLN	P	SP;PA
<i>zoledronic acid soln</i>	P	SP;PA
<i>zoledronic acid conc</i>	P	SP;PA
ZOLEDRONIC ACID SOLN	P	SP;PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	P	PA
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA
GONAL-F SOLR IJ	P	PA
GONAL-F RFF SOLR SC	P	PA
GONAL-F RFF REDIRECT SOPN	P	PA
MENOPUR SC	P	PA
NOVAREL IM	P	PA
OVIDREL INJ	P	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NAC L IM	P	PA
GnRH/LHRH Antagonists		
<i>cetrorelix acetate</i>	P	PA

Drug Name	Drug Tier	Requirement s/Limits
CETROTIDE (<i>Use cetorelix acetate</i>)	NP	PA
<i>ganirelix acetate</i>	P	PA
GANIRELIX ACETATE (<i>Use ganirelix acetate</i>)	NP	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	P	SP;PA
Growth Hormones		
GENOTROPIN CART SC	P	SP;PA
GENOTROPIN MINIQUICK PRSY	P	SP;PA
HUMATROPE CART IJ	P	SP;PA
HUMATROPE COMBO PACK SOLR IJ	P	SP;PA
NORDITROPIN FLEXPRO SOPN	P	SP;PA
NUTROPIN AQ NUSPIN 10 SOPN	P	SP;PA
NUTROPIN AQ NUSPIN 20 SOPN	P	SP;PA
NUTROPIN AQ NUSPIN 5 SOPN	P	SP;PA
OMNITROPE SOLR SC	P	PA
OMNITROPE SOCT	P	SP;PA
SAIZEN IJ	P	SP;PA
SAIZENPREP RECONSTITUTIONKIT IJ	P	SP;PA
SEROSTIM SC	P	SP;PA
SKYTROFA	P	SP;PA
ZOMACTON SOLR SC	P	SP;PA
ZORBTIVE SC	P	SP;PA
Hormone Receptor Modulators		
EVISTA (<i>Use raloxifene hcl</i>)	NP	QL(1 ea daily)
<i>raloxifene hcl</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA	P	SP;PA
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	P	SP;PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI	P	SP;PA
LUPANETA PACK	P	SP;PA
LUPRON DEPOT-PED (1-MONTH)	P	SP;PA
LUPRON DEPOT-PED (3-MONTH)	P	SP;PA
SUPPRELIN LA	P	SP;PA
SYNAREL	P	SP;PA
TRIPTODUR	P	SP;PA
Metabolic Modifiers		
ALDURAZYME	P	SP;PA
<i>betaine</i>	P	SP;PA
BRINEURA	P	SP;PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NP	SP;PA
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NP	SP;PA
<i>calcitriol caps</i>	P	
CARBAGLU (<i>Use carglumic acid</i>)	NP	SP;PA
<i>carglumic acid</i>	P	SP;PA
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(3 ea daily)
CARNITOR SOLN OR (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)
cinacalcet hcl	P	SP;PA
CRYSVITA	P	SP;PA
CYSTADANE (Use betaine)	NP	SP;PA
ELAPRASE	P	SP;PA
GALAFOLD	P	QL(0.5 ea daily);SP;PA
KANUMA	P	SP;PA
KUVAN PACK (Use sapropterin dihydrochloride)	NP	SP;PA
KUVAN TABS (Use sapropterin dihydrochloride)	NP	SP;PA
levocarnitine (metabolic modifiers) soln or 1 GM/10ML	P	QL(30 ml daily)
levocarnitine (metabolic modifiers) tabs	P	QL(3 ea daily)
LUMIZYME	P	SP;PA
MEPSEVII	P	SP;PA
MYALEPT	P	SP;PA
NAGLAZYME	P	SP;PA
NEXVIAZYME	P	SP;PA
nitisinone caps	P	SP;PA
NITYR TABS	P	SP;PA
NULIBRY	P	SP;PA
ORFADIN SUSP	P	SP;PA
ORFADIN CAPS (Use nitisinone)	NP	SP;PA
ORFADIN CAPS	P	SP;PA
PALYNZIQ	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
paricalcitol soln	P	SP;PA
PARSABIV	P	SP;PA
RAVICTI	P	SP;PA
REVCovi	P	SP;PA
ROCALtrol CAPS (Use calcitriol)	NP	
sapropterin dihydrochloride tabs	P	SP;PA
sapropterin dihydrochloride pack	P	SP;PA
SENSIPAR (Use cinacalcet hcl)	NP	SP;PA
sodium phenylbutyrate tabs	P	SP;PA
sodium phenylbutyrate powd	P	SP;PA
STRENSIQ	P	SP;PA
VIMIZIM	P	SP;PA
XURIDEN	P	SP;PA
ZEMPLAR SOLN (Use paricalcitol)	NP	SP;PA
Natriuretic Peptides		
VOXZOGO	P	SP;PA
Posterior Pituitary Hormones		
DDAVP TABS (Use desmopressin acetate)	NP	QL(6 ea daily)
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NP	SP;PA
DDAVP	P	QL(5 ml per fill retail)
desmopressin acetate tabs	P	QL(6 ea daily)
desmopressin acetate soln ij	P	SP;PA
DESMOPRESSIN ACETATE SOLN NA	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate spray refrigerated</i>	P	QL(5 ml per fill retail)
STIMATE SOLN NA	P	SP;PA
Somatostatic Agents		
LANREOTIDE ACETATE	P	SP;PA
<i>octreotide acetate soln</i>	P	SP;PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NP	SP;PA
SANDOSTATIN LAR DEPOT KIT	P	SP;PA
SIGNIFOR	P	SP;PA
SIGNIFOR LAR	P	SP;PA
SOMATULINE DEPOT	P	SP;PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPB	P	SP;PA
JYNARQUE TABS	P	SP;PA
SAMSCA TABS (<i>Use tolvaptan</i>)	NP	SP;PA
<i>tolvaptan tabs</i>	P	SP;PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVEVILLA TABS 0.5 MG-1 MG (<i>Use estradiol & norethindrone acetate</i>)	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 days retail)
<i>estradiol & norethindrone acetate tabs</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FEMHRT 2.5 MCG-0.5 MG (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NP	
<i>norethindrone acetate-ethinyl estradiol</i>	P	
PREMPHASE 0.625 MG-5 MG	P	
PREMPRO	P	
Estrogens		
ALORA PTTW	P	QL(8 ea per fill retail)
CLIMARA PTWK (<i>Use estradiol</i>)	NP	QL(4 ea per fill retail)
ESTRACE TABS (<i>Use estradiol</i>)	NP	
<i>estradiol tabs</i>	P	
<i>estradiol ptwk</i>	P	QL(4 ea per fill retail)
<i>estradiol pttw</i>	P	QL(8 ea per fill retail)
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(8 ea per fill retail)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	QL(8 ea per fill retail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>ciprofloxacin hcl tabs 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin hcl tabs 100 MG</i>	P	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tabs</i>	P	QL(1 ea daily, 14 ea per fill retail)
<i>ofloxacin 400 MG</i>	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP (<i>Use simethicone</i>)	NP	OTC;QL(31 ml per 30 days retail)
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>Use simethicone</i>)	NP	OTC;QL(31 ml per 30 days retail)
PHAZYME CAPS (<i>Use simethicone</i>)	NP	
<i>simethicone chew 80 MG</i>	P	OTC
<i>simethicone susp</i>	P	OTC;QL(31 ml per 30 days retail)
<i>simethicone liqd or</i>	P	OTC;QL(31 ml per 30 days retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	P	SP;PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	P	QL(1 ea daily);SP;PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use ursodiol</i>)	NP	
CHENODAL	P	SP;PA
URSO 250 TABS (<i>Use ursodiol</i>)	NP	QL(7 ea daily)
<i>ursodiol caps</i>	P	
<i>ursodiol tabs 250 MG</i>	P	QL(7 ea daily)
Gastrointestinal Stimulants		

Drug Name	Drug Tier	Requirements/Limits
GIMOTI SOLN NA	P	SP;PA
<i>metoclopramide hcl tabs</i>	P	
<i>metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML</i>	P	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NP	
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY CAPS	P	SP;PA
BYLVAY (PELLETS) CPSP	P	SP;PA
LIVMARLI	P	SP;PA
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NP	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	
AVSOLA	P	SP;PA
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP	
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP	
<i>balsalazide disodium caps</i>	P	QL(9 ea daily)
CIMZIA PSKT	P	SP;PA
CIMZIA KIT	P	SP;PA
CIMZIA STARTER KIT PSKT	P	SP;PA
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NP	QL(9 ea daily)
DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
ENTYVIO	P	SP;PA
INFLECTRA	P	SP;PA
INFLIXIMAB	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
LIALDA TBEC (Use mesalamine)	NP	
mesalamine cpdr	P	
mesalamine tbec	P	
mesalamine enem	P	QL(60 ml daily)
mesalamine cp24	P	
REMICADE	P	SP;PA
RENFLEXIS	P	SP;PA
SFROWASA ENEM	P	
STELARA 130 MG/26ML	P	SP;PA
sulfasalazine tbec	P	
sulfasalazine tabs	P	
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	P	
Short Bowel Syndrome (SBS) Agents		
GATTEX	P	SP;PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	P	SP;PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbc 10 MEQ, 540 MG, 1080 MG	P	
sodium citrate & citric acid 334 MG/5ML-500 MG/5ML	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
sodium citrate & citric acid 334 MG/5ML-500 MG/5ML	P	QL(500 ml per 30 days retail);RX/OTC
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	NP	
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP;PA
PROCYSBI PACK	P	SP;PA
PROCYSBI CPDR	P	SP;PA
Genitourinary Irrigants		
sodium chloride (gu irrigant) .9 %	P	
Hyperoxaluria Agents		
OXLUMO	P	SP;PA
Prostatic Hypertrophy Agents		
finasteride	P	QL(1 ea daily)
FLOMAX (Use tamsulosin hcl)	NP	QL(2 ea daily)
PROSCAR (Use finasteride)	NP	QL(1 ea daily)
tamsulosin hcl	P	QL(2 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG	P	
PYRIDIUM TABS (Use phenazopyridine hcl)	NP	
Urinary Stone Agents		
THIOLA TABS (Use tiopronin)	NP	SP;PA
THIOLA EC TBEC	P	SP;PA
tiopronin tabs	P	SP;PA
Vesicoureteral Reflux (VUR) Agents		

Drug Name	Drug Tier	Requirements/Limits
DEFLUX 50 MG/ML-15 MG/ML	P	SP;PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid 0.5 MG-500 MG</i>	P	
Gout Agents		
<i>allopurinol</i>	P	
<i>colchicine tabs</i>	P	QL(6 ea per fill retail)
COLCRYS TABS (<i>Use colchicine</i>)	NP	QL(6 ea per fill retail)
KRYSTEXXA	P	SP;PA
ZYLOPRIM (<i>Use allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP;PA
ADYNOVATE	P	SP;PA
AFSTYLA	P	SP;PA
ALPHANATE SOLR	P	SP;PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP;PA
ALPROLIX	P	SP;PA
BENEFIX KIT	P	SP;PA
COAGADEX	P	SP;PA
CORIFACT	P	SP;PA
ELOCTATE	P	SP;PA
ESPEROCT	P	SP;PA
FEIBA	P	SP;PA

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

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

Drug Name	Drug Tier	Requirements/Limits
CABLIVI	P	SP;PA
cilostazol	P	QL(2 ea daily)
clopidogrel bisulfate 75 MG	P	
dipyridamole	P	
EFFIENT (Use prasugrel hcl)	NP	QL(1 ea daily)
INTEGRILIN (Use eptifibatide)	NP	
PLAVIX 75 MG (Use clopidogrel bisulfate)	NP	
prasugrel hcl	P	QL(1 ea daily)
Pyruvate Kinase Activators		
PYRUKYND TABS	P	SP;PA
PYRUKYND TAPER PACK TBPK	P	SP;PA
Thrombolytic Agent - Misc		
DEFITELIO	P	SP;PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP;PA
CEREZYME 400 UNIT	P	SP;PA
ELELYSO	P	SP;PA
miglustat	P	SP;PA
VPRIV	P	SP;PA
ZAVESCA (Use miglustat)	NP	SP;PA
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
ENDARI	P	SP;PA
OXBRYTA TABS	P	SP;PA
OXBRYTA TBSO	P	SP;PA
SIKLOS TABS	P	PA

Drug Name	Drug Tier	Requirements/Limits
Cobalamins		
<i>cyanocobalamin soln ij</i>	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		
<i>folic acid tabs 1 MG</i>	P	RX/OTC
<i>folic acid tabs 400 MCG, 800 MCG</i>	P	OTC;QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOSY	P	SP;PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	SP;PA
DOPTelet	P	SP;PA
EPOGEN	P	SP;PA
FULPHILA	P	SP;PA
GRANIX SOLN	P	SP;PA
GRANIX SOSY	P	SP;PA
LEUKINE SOLR IJ	P	SP;PA
MIRCERA	P	SP;PA
MULPLETA	P	SP;PA
NEULASTA SOSY	P	SP;PA
NEULASTA ONPRO KIT PSKT	P	SP;PA
NEUPOGEN SOSY	P	SP;PA
NEUPOGEN SOLN	P	SP;PA
NIVESTYM SOLN	P	SP;PA
NIVESTYM SOSY	P	SP;PA
NPLATE	P	SP;PA
NYVEPRIA	P	SP;PA
PROCRIT	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT	P	SP;PA
PROMACTA TABS	P	SP;PA
PROMACTA PACK	P	SP;PA
RELEUKO SOLN	P	SP;PA
RELEUKO SOSY	P	SP;PA
RETACRIT	P	SP;PA
RETACRIT	P	SP;PA
UDENYCA	P	SP;PA
ZARXIO	P	SP;PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs 6.9 MG-5 MG-1 MG-15 MCG-6 MG-30 MG-200 MG-10 MG-324 MG-10 MG-18.2 MG-0.8 MG-1.3 MG</i>	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NP	OTC;QL(3.4 ml daily)
FERRETTS TABS	P	OTC;QL(2 ea daily)
<i>ferrous fumarate tabs</i>	P	OTC;QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG	P	OTC;QL(100 ea per 30 days retail);AL(Up to 50 yrs old)
<i>ferrous sulfate tabs 65 MG, 325 MG</i>	P	OTC;AL(Up to 50 yrs old)
<i>ferrous sulfate tbec</i>	P	OTC;AL(Up to 50 yrs old)
<i>ferrous sulfate elix</i>	P	OTC;AL(Up to 50 yrs old)
<i>ferrous sulfate soln</i>	P	OTC;QL(3.4 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
FERROUS SULFATE TBEC	P	OTC;AL(Up to 50 yrs old)
HEMOCYTE TABS (<i>Use ferrous fumarate</i>)	NP	OTC;QL(2 ea daily)
IRON TABS 28 MG	P	OTC
IRON CHEWS PEDIATRIC CHEW	P	OTC
<i>polysaccharide iron complex caps 150 MG</i>	P	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBI	P	SP;PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG (<i>Use aminocaproic acid</i>)	NP	SP;PA
AMICAR TABS 500 MG (<i>Use aminocaproic acid</i>)	NP	QL(24 ea per fill retail);SP
AMICAR SOLN OR (<i>Use aminocaproic acid</i>)	NP	QL(236.5 ml per 30 days retail);SP
<i>aminocaproic acid soln or .25 GM/ML</i>	P	QL(236.5 ml per 30 days retail);SP
<i>aminocaproic acid tabs 1000 MG</i>	P	SP;PA
<i>aminocaproic acid soln iv 250 MG/ML</i>	P	SP;PA
<i>aminocaproic acid tabs 500 MG</i>	P	QL(24 ea per fill retail);SP
LYSTEDA TABS (<i>Use tranexamic acid</i>)	NP	QL(30 ea per 7 days retail);AL(At least 12 yrs old)
<i>tranexamic acid tabs</i>	P	QL(30 ea per 7 days retail);AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		

Drug Name	Drug Tier	Requirement s/Limits
<i>diphenhydramine hcl (sleep) tabs 25 MG</i>	P	OTC;QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 MG</i>	P	OTC
<i>diphenhydramine hcl (sleep) caps 50 MG</i>	P	OTC
<i>doxylamine succinate (sleep)</i>	P	OTC
NYTOL MAXIMUM STRENGTH TABS (<i>Use diphenhydramine hcl (sleep)</i>)	NP	OTC
TYLENOL PM EXTRA STRENGTH LIQD 50 MG/30ML-1000 MG/30ML (<i>Use diphenhydramine-acetaminophen (sleep)</i>)	NP	
UNISOM SLEEPGELS CAPS (<i>Use diphenhydramine hcl (sleep)</i>)	NP	OTC
UNISOM SLEEPTABS (<i>Use doxylamine succinate (sleep)</i>)	NP	OTC
Barbiturate Hypnotics		
NEMBUTAL SODIUM SOLN (<i>Use pentobarbital sodium</i>)	NP	
<i>phenobarbital elix</i>	P	
<i>phenobarbital tabs</i>	P	
Non-Barbiturate Hypnotics		
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NP	QL(14 ea per 31 days retail);AL(At least 21 yrs old)
<i>flurazepam hcl</i>	P	AL(At least 18 yrs old- Up to 65 yrs old)

Drug Name	Drug Tier	Requirements/Limits
HALCION .25 MG (<i>Use triazolam</i>)	NP	QL(1 ea daily);AL(At least 18 yrs old)
<i>midazolam hcl soln ij</i>	P	
RESTORIL 15 MG, 30 MG (<i>Use temazepam</i>)	NP	AL(At least 18 yrs old)
<i>temazepam 15 MG, 30 MG</i>	P	AL(At least 18 yrs old)
<i>triazolam</i>	P	QL(1 ea daily);AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	P	QL(1 ea daily);AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	P	QL(2 ea daily);AL(At least 18 yrs old)
<i>zolpidem tartrate tabs</i>	P	QL(14 ea per 31 days retail);AL(At least 21 yrs old)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	P	SP;PA
HETLIOZ LQ SUSP	P	SP;PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	P	OTC;QL(10 ea daily)
EVAC POWD (<i>Use psyllium</i>)	NP	OTC
FIBERCON TABS (<i>Use calcium polycarbophil</i>)	NP	OTC;QL(10 ea daily)
KONSYL DAILY FIBER POWD (<i>Use psyllium</i>)	NP	OTC
METAMUCIL CAPS (<i>Use psyllium</i>)	NP	OTC
METAMUCIL POWD (<i>Use psyllium</i>)	NP	OTC
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use psyllium</i>)	NP	OTC

Drug Name	Drug Tier	Requirements/Limits
NATURAL FIBER LAXATIVE POWD	P	OTC
<i>psyllium caps .52 GM</i>	P	OTC
<i>psyllium powd 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 68 %, 100 %</i>	P	OTC
Laxative Combinations		
GOLYTELY SOLR 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	QL(4000 ml per fill retail)
NULYTELY 420 GM-5.72 GM-1.48 GM-11.2 GM (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NP	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS 420 GM-5.72 GM-1.48 GM-11.2 GM (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	NP	QL(4000 ml per fill retail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	P	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride 420 GM-5.72 GM-1.48 GM-11.2 GM</i>	P	QL(4000 ml per fill retail)
PEG-PREP 210 GM-2.86 GM-5 MG-0.74 GM-5.6 GM	P	
<i>sennosides-docusate sodium tabs 8.6 MG-50 MG</i>	P	OTC;QL(4 ea daily)

Georgia Medicaid

Updated January 1, 2023

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
SENOKOT S TABS 8.6 MG-50 MG (<i>Use sennosides-docusate sodium</i>)	NP	OTC;QL(4 ea daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) supp 2 GM</i>	P	OTC
GLYCERIN ADULT SUPP (<i>Use glycerin (laxative)</i>)	NP	OTC
<i>lactulose soln</i>	P	
MIRALAX PACK (<i>Use polyethylene glycol 3350</i>)	NP	
MIRALAX POWD (<i>Use polyethylene glycol 3350</i>)	NP	QL(34 gm daily)
PEDIA-LAX SUPP (<i>Use glycerin (laxative)</i>)	NP	
<i>polyethylene glycol 3350 powd</i>	P	QL(34 gm daily)
SORBITOL OR 70 %	P	OTC
Saline Laxatives		
FLEET ENEMA ENEM 7 GM/197ML-19 GM/197ML (<i>Use sodium phosphates</i>)	NP	OTC
FLEET PEDIATRIC ENEM 3.5 GM/59ML-9.5 GM/59ML (<i>Use sodium phosphates</i>)	NP	OTC
<i>magnesium citrate</i>	P	OTC
<i>magnesium hydroxide susp 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	OTC;QL(992 ml per 30 days retail)
<i>sodium phosphates enem</i>	P	OTC

Drug Name	Drug Tier	Requirements/Limits
Stimulant Laxatives		
<i>bisacodyl supp</i>	P	OTC;QL(12 ea per fill retail)
<i>bisacodyl tbec</i>	P	OTC;QL(1 ea daily)
DULCOLAX SUPP (<i>Use bisacodyl</i>)	NP	OTC;QL(12 ea per fill retail)
DULCOLAX TBEC (<i>Use bisacodyl</i>)	NP	OTC;QL(1 ea daily)
DULCOLAX PINK LAXATIVE TBEC (<i>Use bisacodyl</i>)	NP	OTC;QL(1 ea daily)
<i>sennosides tabs 8.6 MG</i>	P	OTC;QL(12 ea per fill retail)
SENOKOT TABS (<i>Use sennosides</i>)	NP	OTC;QL(12 ea per fill retail)
Surfactant Laxatives		
COLACE CAPS 100 MG (<i>Use docusate sodium</i>)	NP	OTC;QL(3 ea daily)
COLACE CLEAR CAPS (<i>Use docusate sodium</i>)	NP	OTC
<i>docusate sodium caps 100 MG, 250 MG</i>	P	OTC;QL(3 ea daily)
<i>docusate sodium caps 50 MG</i>	P	OTC
<i>docusate sodium syrpf</i>	P	OTC
<i>docusate sodium tabs</i>	P	OTC
<i>docusate sodium liqf</i>	P	OTC
DOCUSATE SODIUM SYRP	P	OTC
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
CARBOCAINE SOLN 1 % (<i>Use mepivacaine hcl</i>)	NP	
MACROLIDES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits
Azithromycin		
<i>azithromycin susr 200 MG/5ML</i>	P	QL(30 ml per fill retail)
<i>azithromycin pack</i>	P	QL(2 ea per fill retail)
<i>azithromycin tabs 500 MG</i>	P	QL(4 ea daily)
<i>azithromycin tabs 250 MG</i>	P	QL(6 ea per fill retail)
<i>azithromycin tabs 600 MG</i>	P	QL(8 ea per 28 days retail)
<i>azithromycin susr 100 MG/5ML</i>	P	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (Use <i>azithromycin</i>)	NP	QL(30 ml per fill retail)
ZITHROMAX SUSR 100 MG/5ML (Use <i>azithromycin</i>)	NP	QL(15 ml per fill retail)
ZITHROMAX SOLR (Use <i>azithromycin</i>)	NP	
ZITHROMAX PACK (Use <i>azithromycin</i>)	NP	QL(2 ea per fill retail)
ZITHROMAX TABS 250 MG (Use <i>azithromycin</i>)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (Use <i>azithromycin</i>)	NP	QL(4 ea daily)
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>)	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>)	NP	QL(6 ea per fill retail)
Clarithromycin		
<i>clarithromycin susr 250 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>clarithromycin susr 125 MG/5ML</i>	P	QL(100 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tabs</i>	P	QL(28 ea per fill retail)
<i>clarithromycin tb24</i>	P	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base cpep</i>	P	
<i>erythromycin base tabs</i>	P	
<i>erythromycin base tbec</i>	P	
<i>erythromycin ethylsuccinate susr</i>	P	
<i>erythromycin ethylsuccinate tabs</i>	P	
<i>erythromycin stearate tabs 250 MG</i>	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 LARGE 4" X 4" PADS	P	RX/OTC
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	P	

Drug Name	Drug Tier	Requirements/Limits
BAND-AID GAUZE PADS SMALL 2" X 2" PADS	P	RX/OTC
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE 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 0	P	RX/OTC
CARRASMART PADS 0	P	RX/OTC
CARRASMART FOAM PADS 0	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 0	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS 0	P	RX/OTC
CRUAD GAUZE PADS 4" X 4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS	P	
CURITY ALL PURPOSE SPONGES 4 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CURITY ALL PURPOSE SPONGES 4"X4" 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 AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS	P	RX/OTC
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 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	

Drug Name	Drug Tier	Requirements/Limits
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/CELLULOSE FILLED/2"X2" PADS	P	RX/OTC
CURITY SPONGES/CELLULOSE FILLED/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" PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	P	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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 0	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

Drug Name	Drug Tier	Requirements/Limits
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 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
GNP STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
GNP STERILE GAUZE PADS 3"X3" PADS	P	
HM STERILE PADS PADS	P	RX/OTC
HM STERILE PADS 2"X2" 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

Drug Name	Drug Tier	Requirements/Limits
J & J GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY 4" X 4" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAM DRESSING 2"X2" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAM DRESSING 3"X3" PADS	P	
KENDALL HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAM PLUS DRESSING 2"X2" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAM PLUS 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

Drug Name	Drug Tier	Requirements/Limits
OPTIFOAM PADS 0	P	RX/OTC
POLYMEM NON-ADHESIVE PAD PADS	P	RX/OTC
QC ALL PURPOSE DRESSINGS 4"X4" PADS	P	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	P	RX/OTC
QC STERILE PADS PADS 0	P	RX/OTC
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 DETECTABLE SPONGES 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	

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Drug Name	Drug Tier	Requirements/Limits
SM GAUZE PADS 4"X4" PADS	P	RX/OTC
SM STERILE PADS PADS	P	RX/OTC
SM STERILE PADS 2"X2" 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
TEGADERM FOAM DRESSING 2"X2" PADS	P	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	P	RX/OTC
THERAGAUZE PADS 0	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)
KAMELEON LUBRICATED MISC	P	QL(36 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
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)

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Drug Name	Drug Tier	Requirement s/Limits
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 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/RIBBED/STUDED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMIC IDE MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMIC IDE EXTRA LARGE MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMIC IDE EXTRA STRENGTH MISC	P	QL(36 ea per 30 days retail)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED 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/SPERMIC IDE MISC	P	QL(36 ea per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	QL(6.67 ea daily)
ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ADVANCED MOBILE LANCET 30G	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	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 32G	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G	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	NP	
AURORA LANCET SUPER THIN30G	P	QL(6.67 ea daily)
AURORA LANCET THIN 23G	P	QL(6.67 ea daily)
AUTO-LANCET MISC	P	QL(1 ea per 180 days retail)

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Drug Name	Drug Tier	Requirements/Limits
AUTO-LANCET MINI 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	P	QL(6.67 ea daily)
BIOTEL CARE BLOOD GLUCOSE MONITORING 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 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CAREONE LANCET SUPER THIN/30G	P	QL(6.67 ea daily)
CAREONE LANCET THIN	P	QL(6.67 ea daily)
CARESENS LANCETS	P	QL(6.67 ea daily)
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	NP	
CARETOUCH LANCING DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
CARETOUCH SAFETY LANCETS/26G	NP	
CARETOUCH SAFETY LANCETS/28G	NP	
CARETOUCH SAFETY LANCETS/30G	NP	

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH TWIST LANCETS 28G	P	QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 30G	P	QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 33G	NP	
CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	QL(6.67 ea daily)
CLEANLET LANCETS 28G	P	QL(6.67 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G	P	QL(6.67 ea daily)
COMFORT LANCETS	P	QL(6.67 ea daily)
COMFORT TOUCH LANCETS ULTRA THIN 31G	NP	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	NP	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	NP	
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CVS LANCETS 21G	P	QL(6.67 ea daily)
CVS LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS MICRO-THIN 33G	P	QL(6.67 ea daily)
CVS LANCETS ORIGINAL	P	QL(6.67 ea daily)
CVS LANCETS THIN 26G	P	QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
CVS LANCETS ULTRA-THIN 30G	P	QL(6.67 ea daily)
CVS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS	P	QL(6.67 ea daily)
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	
DEXCOM G4 PLATINUM RECEIVER KIT	NP	
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	
DEXCOM G5 MOBILE RECEIVERKIT	NP	
DEXCOM G5 RECEIVER KIT	NP	
DEXCOM G6 RECEIVER	NP	
DEXCOM G7 RECEIVER	NP	
DEXCOM G7 SENSOR	NP	
DIATHRIVE LANCETS	P	QL(6.67 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
DIATHRIVE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DROPLET LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
DROPLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DROPLET PERSONAL LANCETS30G	NP	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DRUG MART LANCETS THIN	P	QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G	P	QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G	P	QL(6.67 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G	NP	
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 HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/TWIST	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 30G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/TWIST	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST	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	NP	
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	NP	
EQL COLOR LANCETS 21G	P	QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G	P	QL(6.67 ea daily)
EQL THIN LANCETS 26G	P	QL(6.67 ea daily)
EVERSENSE SENSOR/HOLDER	NP	
E-Z JECT LANCETS	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
E-Z JECT LANCETS 21G	P	QL(6.67 ea daily)
E-Z JECT LANCETS COLOR	P	QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G	P	QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G	P	QL(6.67 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT	P	QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT	P	QL(6.67 ea daily)
EZ-LETS LANCETS 30G	P	QL(6.67 ea daily)
FIFTY50 UNILET LANCETS 33G	P	QL(6.67 ea daily)
FORA LANCETS	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	P	QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail);PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 days retail);PA

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail);PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail);PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	NP	
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail);PA
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
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)
GENTLE-LET GP LANCETS	P	QL(6.67 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NP	RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 ea per 180 days retail)
GOJJI STERILE LANCETS 30G	P	QL(6.67 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	NP	
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	NP	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	QL(6.67 ea daily)
GOODSENSE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	
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)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
H-E-B INCONTROL LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
HY-VEE LANCETS	P	QL(6.67 ea daily)
HY-VEE THIN LANCETS	P	QL(6.67 ea daily)
IN TOUCH LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
KINNEY LANCETS	P	QL(6.67 ea daily)
KINNEY THIN LANCETS	P	QL(6.67 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
KROGER HEALTHPRO TWIST LANCETS/26G	P	QL(6.67 ea daily)
KROGER LANCETS	P	QL(6.67 ea daily)
KROGER LANCETS 21G	P	QL(6.67 ea daily)
KROGER LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
KROGER LANCETS SUPER THIN	P	QL(6.67 ea daily)
KROGER LANCETS THIN	P	QL(6.67 ea daily)
KROGER LANCETS THIN 26G	P	QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN 30G	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	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LANCETS 26G TWIST TOP	P	QL(6.67 ea daily)
LANCETS 30G	P	QL(6.67 ea daily)
LANCETS 30G TWIST TOP	NP	
LANCETS 33G EXTRA FINE	NP	
LANCETS SAFETY SEAL 21G	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 28G	P	QL(6.67 ea daily)
LANCETS SUPER THIN 28G	P	QL(6.67 ea daily)
LANCETS THIN	P	QL(6.67 ea daily)
LANCETS ULTRA THIN	P	QL(6.67 ea daily)
LANCETS-MISC	P	QL (6.67 ea daily); OTC
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	P	QL(6.67 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G	P	QL(6.67 ea daily)
LONGS LANCETS STANDARD	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LONGS LANCETS THIN	P	QL(6.67 ea daily)
MEDISENSE THIN LANCETS	P	QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G	P	QL(6.67 ea daily)
MEIJER LANCETS	P	QL(6.67 ea daily)
MEIJER LANCETS THIN	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G	P	QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS	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	P	QL(6.67 ea daily)
MONOLET OPD LANCETS	P	QL(6.67 ea daily)
MULTI-LANCET DEVICE MISC	P	QL(1 ea per 180 days retail)
NOVA SUREFLEX LANCETS	P	QL(6.67 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH CLUB LANCETS FINE POINT	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G	P	QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DELICA LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G	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	P	QL(6.67 ea daily)
ONETOUCH SOLUTIONS FIT KIT	NP	
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	QL(0 ea daily)
ONETOUCH ULTRA 2 KIT	P	RX/OTC
ONETOUCH ULTRA MINI KIT	P	RX/OTC
ONETOUCH ULTRASOFT LANCETS	P	QL(6.67 ea daily)
ONETOUCH VERIO KIT	P	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
ONETOUCH VERIO REFLECT KIT	P	RX/OTC
PC LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PERFECT LANCETS 30G	P	QL(6.67 ea daily)
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	NP	
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	NP	
PHARMACY COUNTER LANCETS	P	QL(6.67 ea daily)
PIP GLUCOSE CONTROL SOLUTION LIQD	NP	
PIP LANCETS/28G	NP	
PIP LANCETS/30G	NP	
PRECISION THINS GP LANCET	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G	P	QL(6.67 ea daily)
PRODIGY LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
PRODIGY TWIST TOP LANCETS	P	QL(6.67 ea daily)
PSS SELECT GP LANCETS	P	QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS	P	QL(6.67 ea daily)
PURE COMFORT LANCETS 30G	NP	
PUSH BUTTON SAFETY LANCETS 28G	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)

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Drug Name	Drug Tier	Requirements/Limits
PX LANCETS MICROTHIN 33G	P	QL(6.67 ea daily)
PX LANCETS ULTRA THIN	P	QL(6.67 ea daily)
QC ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
QC LANCETS SUPER THIN	P	QL(6.67 ea daily)
QC LANCETS ULTRA THIN	P	QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G	P	QL(6.67 ea daily)
READYLANCER SAFETY LANCETS/21G/2.2MM	NP	
READYLANCER SAFETY LANCETS/23G/1.8MM	NP	
READYLANCER SAFETY LANCETS/26G/1.8MM	NP	
READYLANCER SAFETY LANCETS/28G/1.8MM	NP	
REALITY LANCETS	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	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RELION LANCETS THIN 26G	P	QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G	P	QL(6.67 ea daily)
RELION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
RELION ULTRA THIN LANCETS/30G	P	QL(6.67 ea daily)
RELION ULTRA THIN LANCETS30G	P	QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G	P	QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G	P	QL(6.67 ea daily)
REXALL LANCETS ULTRA THIN	P	QL(6.67 ea daily)
RIGHTTEST GD500 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
RIGHTTEST GL300 LANCETS	P	QL(6.67 ea daily)
SAFETY LANCET 23G/PRESSURE ACTIVATED	NP	
SAFETY LANCET 30G/PRESSURE ACTIVATED	NP	
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	NP	
SB LANCETS THIN	P	QL(6.67 ea daily)
SB LANCETS ULTRA THIN	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	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
SIDE BUTTON SAFETY LANCET21G	P	QL(6.67 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SM MICRO THIN LANCETS 33G	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	P	QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	QL(6.67 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G	P	QL(6.67 ea daily)
SOLUS V2 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
STERILANCE TL	P	QL(6.67 ea daily)
SUPER THIN LANCETS	P	QL(6.67 ea daily)
SURE COMFORT LANCING PEN MISC	P	QL(1 ea per 180 days retail)
SURELITE LANCETS	P	QL(6.67 ea daily)
SURE-PEN MISC	P	QL(1 ea per 180 days retail)
TECHLITE AST LANCETS	P	QL(6.67 ea daily)
TECHLITE LANCETS	P	QL(6.67 ea daily)
TECHLITE LANCETS 30G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TEMPO WELCOME KIT	NP	RX/OTC
TGT LANCET MICRO THIN 33G	P	QL(6.67 ea daily)
TGT LANCET THIN 26G	P	QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G	P	QL(6.67 ea daily)
TGT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
THINLETS GP LANCETS	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	P	QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G	P	QL(6.67 ea daily)
TRUE COMFORT TWIST TOP LANCETS 30G	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	P	QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS LANCETS 28G	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 30G	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 33G	P	QL(6.67 ea daily)
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	QL(1 ea per 180 days retail)
ULILET CLASSIC LANCETS	P	QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET	P	QL(6.67 ea daily)
UNILET EXCELITE	P	QL(6.67 ea daily)
UNILET EXCELITE II	P	QL(6.67 ea daily)
UNILET G.P. LANCET	P	QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET	P	QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN	P	QL(6.67 ea daily)
UNILET LANCET	P	QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G	P	QL(6.67 ea daily)
UNILET LANCETS SUPER-THIN30G	P	QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G	P	QL(6.67 ea daily)
UNILET SUPERLITE LANCET	P	QL(6.67 ea daily)
UNISTIK PRO SAFETY LANCET 21G	NP	
UNISTIK PRO SAFETY LANCET 25G	NP	

Drug Name	Drug Tier	Requirements/Limits
UNISTIK PRO SAFETY LANCET 28G	NP	
UNISTIK TOUCH SAFETY LANCETS 21G	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G	P	QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G	P	QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G	P	QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G	P	QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G	P	QL(6.67 ea daily)
VALUE PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
VALUMARK LANCET SUPER THIN 30G	P	QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G	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	P	QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
VIVAGUARD INO CONTROL SOLUTION LIQD	NP	
VIVAGUARD LANCETS	NP	
VIVAGUARD LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
VIVAGUARD SAFETY LANCETS/28G	NP	
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	P	QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	P	QL(6.67 ea daily)
WALGREENS THIN LANCETS	P	QL(6.67 ea daily)
ZEV RX TWIST TOP LANCETS 30G	NP	
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	NP	RX/OTC
ALCOHOL PREP PAD	NP	RX/OTC
ALCOHOL PREP PADS	NP	RX/OTC
ALCOHOL PREP PADS	P	QL(400 ea per 30 days retail);RX/OTC
ALCOHOL PREP PADS-MISC	P	OTC
ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
BD SWABS SINGLE USE	P	QL(400 ea per 30 days retail);RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	QL(400 ea per 30 days retail);RX/OTC
CARE TOUCH ALCOHOL PREP PADS	NP	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	NP	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	QL(400 ea per 30 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS PREP PADS	P	QL(400 ea per 30 days retail);RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC
EASY COMFORT ALCOHOL PADS	NP	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	QL(400 ea per 30 days retail);RX/OTC
EQL ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
FIFTY50 ALCOHOL PREP PADS	P	QL(400 ea per 30 days retail);RX/OTC
GNP ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	QL(400 ea per 30 days retail);RX/OTC
HM STERILE ALCOHOL PREP PADS	NP	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	QL(400 ea per 30 days retail);RX/OTC
PHARMACIST CHOICE ALCOHOL PREP PADS	NP	RX/OTC
PHARMACIST CHOICE ALCOHOL PREP PADS	NP	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	NP	RX/OTC
QC ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
RA ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
REALITY SWABS	P	QL(400 ea per 30 days retail);RX/OTC

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Drug Name	Drug Tier	Requirement s/Limits
RELION ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	NP	RX/OTC
SB ALCOHOL PREP PADS	P	QL(400 ea per 30 days retail);RX/OTC
SM ALCOHOL PREP PADS	P	QL(400 ea per 30 days retail);RX/OTC
SURE COMFORT ALCOHOL PREP PADS	NP	RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS	NP	RX/OTC
ULTICARE ALCOHOL SWABS	P	QL(400 ea per 30 days retail);RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	QL(400 ea per 30 days retail);RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	QL(400 ea per 30 days retail);RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	QL(400 ea per 30 days retail);RX/OTC
ZEV RX STERILE ALCOHOL PREP PADS	NP	RX/OTC
Optical and Ophthalmic Supplies		
SUSVIMO OCULAR IMPLANT	P	SP;PA
Parenteral Therapy Supplies		
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	P	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	P	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	P	QL(5 ea daily)
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	NP	
AUM MINI INSULIN PEN NEEDLE/32GX4MM	NP	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	NP	

Drug Name	Drug Tier	Requirements/Limits
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	NP	RX/OTC
AUM SAFETY PEN NEEDLE/31G X 5MM	NP	RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
BD AUTOSHIELD 29G X 3/16"	P	QL(5 ea daily)
BD AUTOSHIELD 29G X 5/16"	P	QL(5 ea daily)
BD AUTOSHIELD DUO 30G X 5MM	P	QL(5 ea daily)
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	P	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	P	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	P	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	P	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	P	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	P	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3 ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5 ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	P	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	P	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	P	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	P	QL(5 ea daily);RX/OTC
BD PEN NEEDLES	P	QL (5 ea daily); OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	P	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX 5/16"	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX 5/16"	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH INSULIN SYRINGE 0.5ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	P	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	P	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	P	QL(5 ea daily)

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

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

Georgia Medicaid

Updated January 1, 2023

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/30G X 1/2"	P	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/30G X 1/2"	P	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3M L/30G X 1/2"	P	QL(5 ea daily)
GLOBAL INSULIN SYRINGES/U-100/0.3 ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3M L/30G X 1/2"	P	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5M L/30G X 1/2"	P	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/0.3ML/30G X5/16"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1/2ML/29G X1/2"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	P	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES/31GX5/16"	NP	RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32"	NP	RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4"	NP	
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	NP	RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	NP	RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	NP	

Drug Name	Drug Tier	Requirements/Limits
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	NP	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	P	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	NP	RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	NP	RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1"	P	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" 0	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES 0	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES	P	QL (5 ea daily); OTC
INSULIN SYRINGES/0.5ML/27G X1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/28G X1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/29G X1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/30G X5/16"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/31G X 5/16"	P	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31G X5/16"	P	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX/1/2"	P	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/27GX1/2"	P	QL(5 ea daily);RX/OTC

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	P	QL(5 ea daily);RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	P	QL(5 ea daily);RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" 0	P	QL(5 ea daily);RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	NP	
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	P	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/1ML	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	P	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	P	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
PEN NEEDLES 30GX5MM	NP	
PENTIPS 31GX5MM	NP	RX/OTC
PENTIPS 31GX8MM	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PENTIPS 32GX4MM	NP	RX/OTC
PENTIPS 32GX6MM	NP	
PIP PEN NEEDLES 31G X 5MM	NP	RX/OTC
PIP PEN NEEDLES 32G X 4MM	NP	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"	P	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	NP	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	P	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	P	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	P	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
QC UNIFINE PENTIPS 32GX4MM	NP	RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC

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P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
RAYA SURE PEN NEEDLE 31GX 5MM	NP	RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	NP	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	P	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	P	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
RELION INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	P	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	P	QL(5 ea daily);RX/OTC
SAFETY PEN NEEDLES/30G X3/16"	NP	
SB INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5 ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NP	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3M L/29G X 1/2"	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"	P	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5 ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5 ML/31G X 5/16"	P	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/1ML /30G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML /31G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-10 0/0.5ML/30G X 1/2"	P	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/U-10 0/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM 0	NP	RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM 0	NP	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3M L/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3M L/30G X 5/16"	P	QL(5 ea daily);RX/OTC

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

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	NP	

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	P	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	P	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	P	QL(5 ea daily)
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	NP	RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	P	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	P	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS/30GX 3/16"	NP	
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	NP	RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30GX 3/16"	NP	
UNIFINE ULTRA PEN NEEDLE/31GX5MM	NP	RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX8MM	NP	RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM	NP	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29GX 1/2"	P	QL(5 ea daily);RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29GX 1/2"	P	QL(5 ea daily);RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30GX 1/2"	P	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30GX 5/16"	P	QL(5 ea daily);RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29GX 1/2"	P	QL(5 ea daily);RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29GX 5/16"	P	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/1ML/30GX 5/16"	P	QL(5 ea daily);RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	P	QL(5 ea daily)
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	P	QL(5 ea daily);RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
ZEV RX PEN NEEDLES 31G X 5MM	NP	RX/OTC
ZEV RX PEN NEEDLES 31G X 8MM	NP	RX/OTC
ZEV RX PEN NEEDLES 32G X 4MM	NP	RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 days retail);RX/OTC
ACTIVITY POUCH MISC	P	QL(1 ea per 360 days retail);RX/OTC
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER/FLOW SIGNAL MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROTRACH PLUS MISC	P	QL(1 ea 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 ea per 360 days retail);RX/OTC
AIRZONE PEAK FLOW METER	P	RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC
ASSESS FULL RANGE PEAK FLOW METER	P	RX/OTC
ASSESS LOW RANGE PEAK FLOW METER	P	RX/OTC
ASSESS PEAK FLOW METER FULL RANGE	P	RX/OTC
ASSESS PEAK FLOW METER LOW RANGE	P	RX/OTC
ASTHMA CHECK METER-ZONE SYSTEM	P	RX/OTC
ASTHMAMENTOR	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

Drug Name	Drug Tier	Requirements/Limits
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 days retail);RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail);RX/OTC
BREATHE EASE PEAK FLOW METER	P	RX/OTC
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 MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLE ADULT SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLE CHILD SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLE INFANT SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLE SMALL CHILD SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLE SPACER W/ NEONATE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
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 ea per 360 days retail);RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail);RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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	P	RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail);RX/OTC
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

Drug Name	Drug Tier	Requirements/Limits
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
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 ea per 360 days retail);RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail);RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 days retail);RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EBASE CONTROLLER KIT MISC	P	QL(1 ea 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 ea 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 ea per 360 days retail);RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail);RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
INSPIRACHAMBER/LARGE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/SOTHERMASK/INSPIRAMASK/MEDIUM DEVI	P	QL(2 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/SOTHERMASK/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	P	QL(3 ea per 180 days retail)
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail);RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail);RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail);RX/OTC
LUNG PERFORMANCE PEAK FLOW METER	P	RX/OTC
MICROCHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
MICROCHAMBER MISC	P	QL(2 ea per 360 days retail);RX/OTC
MICROELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail);RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC	P	QL(1 ea per 360 days retail);RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MICROSPACER MISC	P	QL(2 ea per 360 days retail);RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	RX/OTC
MINI WRIGHT PEAK FLOW METER	P	RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail);RX/OTC
MINIELITE RECHARGEABLE BATTERY MISC	P	QL(1 ea per 360 days retail);RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail);RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 days retail);RX/OTC
NOSE CLIP MISC	P	QL(1 ea per 360 days retail);RX/OTC
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail);RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
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 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/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 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
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 days retail);RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits
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
PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PURE COMFORT PEAK FLOW METER ADULT	P	RX/OTC
PURE COMFORT PEAK FLOW METER CHILD	P	RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 days retail);RX/OTC
RITEFLO DEVI	P	QL(2 ea per 360 days retail);RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)

Drug Name	Drug Tier	Requirements/Limits
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC
THRESHOLD IMT MISC	P	QL(1 ea per 360 days retail);RX/OTC
TRUZONE PEAK FLOW METER	P	RX/OTC
TUBING/WING TIP MISC	P	QL(1 ea per 360 days retail);RX/OTC
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 ea per 360 days retail);RX/OTC

MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches

Migraine Combinations

CAFERGOT TABS 1 MG-100 MG (<i>Use ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old)
<i>ergotamine w/ caffeine tabs 1 MG-100 MG</i>	P	AL(At least 18 yrs old)

Migraine Products

D.H.E. 45 SOLN IJ (<i>Use dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)
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Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate soln na 4 MG/ML</i>	P	AL(At least 18 yrs old)
MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)
Serotonin Agonists		
AMERGE (Use <i>naratriptan hcl</i>)	NP	QL(9 ea per 30 days retail);AL(At least 18 yrs old)
<i>eletriptan hydrobromide</i>	P	QL(6 ea per 30 days retail);AL(At least 18 yrs old)
IMITREX TABS (Use <i>sumatriptan succinate</i>)	NP	QL(9 ea per 30 days retail);AL(At least 12 yrs old)
IMITREX SOLN 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2.5 ml per 30 days retail);AL(At least 12 yrs old)
IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i>)	NP	QL(6 ea per 30 days retail);AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail);AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 days retail);AL(At least 12 yrs old)
MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 ea per 30 days retail);AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(0.4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl</i>	P	QL(9 ea per 30 days retail);AL(At least 18 yrs old)
RELPAK (Use <i>eletriptan hydrobromide</i>)	NP	QL(6 ea per 30 days retail);AL(At least 18 yrs old)
<i>rizatriptan benzoate tbdp</i>	P	QL(0.4 ea daily)
<i>rizatriptan benzoate tabs</i>	P	QL(12 ea per 30 days retail);AL(At least 6 yrs old)
<i>sumatriptan</i>	P	QL(6 ea per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate soln 6 MG/0.5ML</i>	P	QL(2.5 ml per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate soaj 6 MG/0.5ML</i>	P	QL(2 ml per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate sosy 6 MG/0.5ML</i>	P	QL(2 ml per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate soct 6 MG/0.5ML</i>	P	QL(2 ml per 30 days retail);AL(At least 12 yrs old)
<i>sumatriptan succinate tabs</i>	P	QL(9 ea per 30 days retail);AL(At least 12 yrs old)
<i>zolmitriptan tbdp</i>	P	QL(6 ea per 30 days retail);AL(At least 18 yrs old)
<i>zolmitriptan soln 5 MG</i>	P	QL(6 ea per 30 days retail);AL(At least 12 yrs old)
<i>zolmitriptan tabs</i>	P	QL(6 ea per 30 days retail);AL(At least 18 yrs old)
ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	NP	QL(6 ea per 30 days retail);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ZOMIG SOLN 5 MG (Use zolmitriptan)	NP	QL(6 ea per 30 days retail);AL(At least 12 yrs old)
ZOMIG ZMT TBDP (Use zolmitriptan)	NP	QL(6 ea per 30 days retail);AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	P	OTC;QL(2 ea daily)
calcium carbonate-cholecalciferol tabs 600 MG-10 MCG, 600 MG-20 MCG, 600 MG-400 UNIT, 600 MG-800 UNIT, 600 MG-800 UNIT-400 UNIT-600 MG	P	QL(2 ea daily)
calcium carbonate-cholecalciferol tabs 500 MG-200 UNIT, 500 MG-200 UNIT-200 UNIT-500 MG, 500 MG-5 MCG	P	OTC
calcium carbonate-vitamin d tabs 125 UNIT-250 MG, 200 UNIT-500 MG, 250 MG-125 UNIT, 500 MG-125 UNIT, 500 MG-200 UNIT	P	OTC
calcium carbonate-vitamin d tabs 200 UNIT-600 MG, 400 UNIT-600 MG	P	OTC;QL(2 ea daily)
CALTRATE 600+D3 TABS 600 MG-800 UNIT (Use calcium carbonate-cholecalciferol)	NP	QL(2 ea daily)
oyster shell	P	OTC

Drug Name	Drug Tier	Requirements/Limits
OYSTER SHELL CALCIUM 500+ D TABS 500 MG-125 UNIT	P	OTC
OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG	P	OTC
PARVA-CAL 500 MG-200 UNIT	P	OTC
QC CALCIUM 500MG/D3 TABS 500 MG-200 UNIT	P	OTC
Electrolyte Mixtures		
BIOLYTE SOLN 1.1 GM/437ML-16 MG/437ML-5 MG/437ML-500 MCG/437ML-3 MG/437ML-8 GM/473ML-400 MG/437ML-700 MG/437ML-1 MCG/437ML	P	QL(1000 ml per fill retail)
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-20 MEQ/L-18 MEQ/L	P	QL(1000 ml per fill retail)
CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-35 MEQ/L-30 MEQ/L	P	QL(1000 ml per fill retail)
ENFAMIL ENFALYTE SOLN 4.5 MEQ/100ML-3.3 MEQ/100ML-2.5 MEQ/100ML-5 MEQ/100ML	P	QL(1000 ml per fill retail)
EQUALYTE SOLN 20 MEQ/L-25 GM/L-30.1 MEQ/L-67.6 MEQ/L-78.2 MEQ/L (Use oral electrolytes)	NP	QL(1000 ml per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
HYDRALYTE SOLN 140 MG/250ML-107.5 MG/250ML-132.5 MG/250ML	P	QL(1000 ml per fill retail)
HYDRALYTE FREEZER POPS SOLN 45 MEQ/L-16 GM/L-90 MEQ/L-20 MEQ/L-55 MEQ/L	P	QL(1000 ml per fill retail)
KINDERLYTE SOLN 1590 MG/L-840 MG/L-1270 MG/L-8.6 MG/L	P	QL(1000 ml per fill retail)
KINDERLYTE PREMAX SOLN 630 MG/360ML-620 MG/360ML-330 MG/360ML-3.1 MG/360ML	P	QL(1000 ml per fill retail)
<i>oral electrolytes soln 40 MEQ/L-20 GM/L-7.8 MG/L-20 MEQ/L-50 MEQ/L</i>	P	QL(1000 ml per fill retail)
PEDIALYTE SOLN (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)
PEDIALYTE ADVANCED CARE SOLN 20 MEQ/L-2.8 MG/360ML-50 MEQ/L-60 MEQ/L (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)
PEDIALYTE FREEZER POPS SOLN 35 MEQ/L-25 GM/L-30 MEQ/L-20 MEQ/L-45 MEQ/L (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)

Drug Name	Drug Tier	Requirement s/Limits
PEDIALYTE SINGLES SOLN 7 MEQ/200ML-5.6 GM/200ML-1.6 MG/200ML-4 MEQ/200ML-9 MEQ/200ML (<i>Use oral electrolytes</i>)	NP	QL(1000 ml per fill retail)
Fluoride		
<i>sodium fluoride soln .125 MG/DROP, .5 MG/ML</i>	P	AL(Up to 15 yrs old);RX/OTC
<i>sodium fluoride chew .25 MG, .5 MG, 1 MG, 2.2 MG</i>	P	AL(Up to 15 yrs old)
Magnesium		
MAGNESIUM CAPS 400 MG	P	OTC
MAGNESIUM EXTRA STRENGTH CAPS	P	OTC
MAGNESIUM OXIDE CAPS	P	OTC
<i>magnesium oxide (mg supplement) tabs 400 MG</i>	P	OTC
MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NP	OTC
Phosphate		
K-PHOS NEUTRAL 130 MG-852 MG-155 MG (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 ea daily);RX/OTC
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 MG-852 MG-155 MG</i>	P	QL(8 ea daily);RX/OTC
Potassium		

Drug Name	Drug Tier	Requirements/Limits
<i>potassium bicarbonate tbef</i>	P	
<i>potassium chloride cpcr 10 MEQ</i>	P	
<i>potassium chloride soln or 10 %, 20 %</i>	P	
<i>potassium chloride cpcr 8 MEQ</i>	P	QL(1 ea daily)
<i>potassium chloride pack or 20 MEQ</i>	P	
<i>potassium chloride tbc 8 MEQ, 10 MEQ</i>	P	
<i>potassium chloride microencapsulated crystals er</i>	P	
Zinc		
<i>zinc sulfate caps</i>	P	QL(100 ea per fill retail)
ZINC SULFATE CAPS	P	QL(100 ea per fill retail)
MISCELLANEOUS THERAPEUTIC CLASSES		
Allogeneic Tissue		
RETHYMIC	P	SP;PA
Chelating Agents		
DEPEN TITRATABS TABS (Use <i>penicillamine</i>)	NP	
<i>penicillamine tabs</i>	P	
SYPRINE (Use <i>trientine hcl</i>)	NP	SP;PA
<i>trientine hcl</i>	P	SP;PA
Enzymes		
XIAFLEX	P	SP;PA
Fecal Incontinence Bulking Agents		
SOLESTA 15 MG/ML-50 MG/ML	P	SP;PA
Homeopathic Products		

Drug Name	Drug Tier	Requirements/Limits
COLD-EEZE LOZG (Use <i>homeopathic products</i>)	NP	
COLD-EEZE PLUS DEFENSE LOZG (Use <i>homeopathic products</i>)	NP	
COLD-EEZE PLUS NATURAL MULTI-SYMPTOM RELIEF LOZG (Use <i>homeopathic products</i>)	NP	
COLD-EEZE SUGAR FREE LOZG (Use <i>homeopathic products</i>)	NP	
Immunomodulators		
<i>lenalidomide</i>	P	SP;PA
REVLIMID	P	SP;PA
REZUROCK	P	SP;PA
THALOMID	P	SP;PA
VYVGART	P	SP;PA
Immunosuppressive Agents		
ATGAM	P	SP;PA
<i>azathioprine tabs 75 MG, 100 MG</i>	P	PA
<i>azathioprine tabs 50 MG</i>	P	
CELLCEPT SUSR (Use <i>mycophenolate mofetil</i>)	NP	
CELLCEPT TABS (Use <i>mycophenolate mofetil</i>)	NP	
CELLCEPT CAPS (Use <i>mycophenolate mofetil</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine soln iv 50 MG/ML</i>	P	
<i>cyclosporine caps</i>	P	
<i>cyclosporine modified (for microemulsion) caps</i>	P	
<i>cyclosporine modified (for microemulsion) soln</i>	P	
ENSPRYNG	P	SP;PA
GAMIFANT	P	SP;PA
IMURAN TABS (Use azathioprine)	NP	
LUPKYNIS	P	SP;PA
<i>mycophenolate mofetil tabs</i>	P	
<i>mycophenolate mofetil caps</i>	P	
<i>mycophenolate mofetil susr</i>	P	
<i>mycophenolate sodium</i>	P	
MYFORTIC (Use mycophenolate sodium)	NP	
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NP	
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NP	
NULOJIX	P	SP;PA
PROGRAF CAPS (Use tacrolimus)	NP	
PROGRAF PACK	P	PA
RAPAMUNE SOLN (Use sirolimus)	NP	
RAPAMUNE TABS (Use sirolimus)	NP	

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAPS (Use cyclosporine)	NP	
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	NP	
SANDIMMUNE SOLN OR	P	
<i>sirolimus soln</i>	P	
<i>sirolimus tabs</i>	P	
<i>tacrolimus caps</i>	P	
THYMOGLOBULIN	P	SP;PA
Lymphatic Agents		
SYLVANT	P	SP;PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE	P	SP;PA
Potassium Removing Agents		
<i>sodium polystyrene sulfonate susp or 15 GM/60ML</i>	P	
<i>sodium polystyrene sulfonate powd</i>	P	
Progeria Treatment Agents		
ZOKINVY	P	SP;PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOSY	P	SP;PA
BENLYSTA SOLR	P	SP;PA
BENLYSTA SOAJ	P	SP;PA
SAPHNELO	P	SP;PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
ANBESOL GEL (Use benzocaine (dental))	NP	
ANBESOL MAXIMUM STRENGTH GEL (Use benzocaine (dental))	NP	

Georgia Medicaid

Updated January 1, 2023

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
ANBESOL MAXIMUM STRENGTH LIQD (<i>Use benzocaine (dental)</i>)	NP	
CHLORASEPTIC LOZG 10 MG-6 MG (<i>Use benzocaine-menthol (mouth-throat)</i>)	NP	
CHLORASEPTIC STRP 3 MG-3 MG (<i>Use benzocaine-menthol (mouth-throat)</i>)	NP	
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	P	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NP	
Dental Products		
LISTERINE HEALTHY WHITE VIBRANT SOLN (<i>Use sodium fluoride (dental)</i>)	NP	
LISTERINE SMART RINSE SOLN (<i>Use sodium fluoride (dental)</i>)	NP	
LISTERINE SMART RINSE ANTICAVITY SOLN (<i>Use sodium fluoride (dental)</i>)	NP	
LISTERINE TOTAL CARE SOLN (<i>Use sodium fluoride (dental)</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
LISTERINE TOTAL CARE PLUSWHITENING SOLN (<i>Use sodium fluoride (dental)</i>)	NP	
LISTERINE WHITENING/RESTORING SOLN (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NP	PA
PREVIDENT FLUORIDE GEL (<i>Use sodium fluoride (dental)</i>)	NP	
<i>sodium fluoride (dental) pste dt</i>	P	
<i>sodium fluoride (dental) crea</i>	P	PA
<i>sodium fluoride (dental) gel</i>	P	
Periodontal Products		
ARESTIN	P	SP;PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ml per fill retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail);RX/OTC
CAPHOSOL SOLN 0.032 %-0.009 %-0.569 %-0.052 %	P	QL(900 ml per fill retail);RX/OTC
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail);RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail);RX/OTC
MOI-STIR SOLN	P	QL(900 ml per fill retail);RX/OTC
MOUTH KOTE SOLN	P	QL(900 ea per fill retail);RX/OTC
MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail);RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail);RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail);RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 ea daily)
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail);RX/OTC
SALAGEN 5 MG (<i>Use pilocarpine hcl (oral)</i>)	NP	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail);RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins tabs 25 MCG-7 MG-4 MG-5 MG-10 MG</i>	P	QL(1 ea daily)
<i>b-complex vitamins caps 70 MG-100 MCG-1.5 MG-2 MG-10 MG-1 MG-100 MG</i>	P	OTC;QL(1 ea daily)
B-Complex w/ C		

Drug Name	Drug Tier	Requirements/Limits
<i>b complex w/ c caps 10 MG-300 MG-5 MG-15 MG-10.2 MG-50 MG</i>	P	OTC;QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid caps 6 MCG-100 MG-150 MCG-1000 MCG-1.5 MG-20 MG-10 MG-5 MG-1.7 MG</i>	P	QL(1 ea daily);RX/OTC
<i>b-complex w/ c & folic acid tabs</i>	P	QL(1 ea daily);RX/OTC
NEPHRO-VITE RX TABS 1.5 MG-60 MG-10 MG-300 MCG-1 MG-6 MCG-1.7 MG-20 MG-10 MG (<i>Use b-complex w/ c & folic acid</i>)	NP	QL(1 ea daily);RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG</i>	P	OTC;QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 13.5 MG-60 MG-2 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-1.5 MG	P	OTC;QL(1 ea daily)
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
Multivitamins		
AMLADEX TABS 1 MG-125 MG-1 MG-25 MG-12.5 MG-5 MG-50 MG-12.5 MCG	P	OTC;QL(1 ea daily);RX/OTC
DAILY MULTIPLE VITAMINS TABS 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-21 MG-900 MCG	P	OTC;QL(1 ea daily);RX/OTC
ESTROFACTORS TABS 0.67 MG-16.7 MG-66.7 UNIT-13 MCG-30 MG-66.7 MG-66.7 UNIT-833 UNIT-10 MCG-266 MCG-66.7 MG-70 MG-33 MG	P	OTC;QL(1 ea daily);RX/OTC
GENICIN VITA-Q TABS 1000 MCG-125 MG-12.5 MG-1000 MCG-25 MG-12.5 MCG-50 MG-5 MG	P	OTC;QL(1 ea daily);RX/OTC
HIGH POTENCY MULTIVITAMIN TABS 35 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-10 MCG-9 MCG-3.4 MG-20 MG-1500 MCG-10 MG-45 MG-13.6 MG	P	OTC;QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MULTI VITAMIN TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG	P	OTC;QL(1 ea daily);RX/OTC
MULTI VITAMIN/D-3 TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.9 MG-20 MG-3000 UNIT-50 MG-1.5 MG-40 MG	P	OTC;QL(1 ea daily);RX/OTC
<i>multiple vitamin tabs 60 MG-50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG</i>	P	OTC;QL(1 ea daily);RX/OTC
MULTIVITAMIN TABS	P	OTC;QL(1 ea daily);RX/OTC
MULTIVITAMIN ADULT TABS 1500 MCG-60 MG-2 MG-400 MCG-1.5 MG-10 MCG-6 MCG-1.7 MG-20 MG	P	OTC;QL(1 ea daily);RX/OTC
NEOMULTIVITE TABS 2 MCG-60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-5 MCG-1500 MCG	P	OTC;QL(1 ea daily);RX/OTC
OMNICAP TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG	P	OTC;QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ONE DAILY ESSENTIAL TABS 900 MCG-60 MG-2 MG-500 MCG-1.5 MG-20 MCG-6 MCG-1.7 MG-20 MG-10 MG-45 MG-3.3 MG	P	OTC;QL(1 ea daily);RX/OTC
ONE-A-DAY ESSENTIAL TABS 5000 UNIT-60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT (<i>Use multiple vitamin</i>)	NP	OTC;QL(1 ea daily);RX/OTC
ONE-A-DAY MENS TABS 5000 UNIT-200 MG-3 MG-0.4 MG-20 MG-2.25 MG-9 MCG-10 MG-2.55 MG-400 UNIT-45 UNIT (<i>Use multiple vitamin</i>)	NP	OTC;QL(1 ea daily);RX/OTC
QUINTABS TABS 50 UNIT-400 UNIT-300 MG-30 MG-30 MCG-400 MCG-30 MG-30 MCG-5000 UNIT-30 MG-100 MG-30 MG	P	OTC;QL(1 ea daily);RX/OTC
THERA TABS 45 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-400 UNIT-9 MCG-3.4 MG-20 MG-5000 UNIT-10 MG-30 UNIT	P	OTC;QL(1 ea daily);RX/OTC
THEREMS MULTIVITAMIN TABS 9 MCG-90 MG-30 MCG-400 MCG-3 MG-20 MG-3 MG-10 MG-3.4 MG-10 MCG-13.6 MG-45 MG-35 MG-1500 MCG	P	OTC;QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron soln</i>	P	QL(50 ml per fill retail);AL(Up to 21 yrs old);RX/OTC
Ped Multiple Vitamins w/ Minerals		
ONE-A-DAY SCOOPY-DOO GUMMIES CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-10 UNIT-100 MCG-100 UNIT-2.5 MCG-15 MCG-10 MCG-1000 UNIT-2.5 MG-20 MCG (<i>Use pediatric multiple vitamin w/ minerals & c</i>)	NP	
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN 0.25 MG/ML-32 MG/ML-0.4 MG/ML-29.7 MCG/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1150 UNIT/ML-2 MG/ML-5 UNIT/ML-0.6 MG/ML	P	QL(50 ml per fill retail);AL(Up to 21 yrs old);RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	P	RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	P	QL(1 ea daily);AL(Up to 21 yrs old);RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN WITH FLUORIDE CHEW	P	QL(1 ea daily);AL(Up to 21 yrs old);RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 15 UNIT-60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG	P	RX/OTC
MULTI-VIT-FLOR CHEW	P	QL(1 ea daily);AL(Up to 21 yrs old);RX/OTC
MULTI-VIT-FLOR CHEW	P	RX/OTC
<i>pediatric multivitamins w/fl chew</i>	P	RX/OTC
<i>pediatric multivitamins w/fl soln</i>	P	QL(50 ml per fill retail);AL(Up to 21 yrs old);RX/OTC
<i>pediatric vitamins and w/ fluoride soln</i>	P	QL(50 ml per fill retail);AL(Up to 21 yrs old);RX/OTC
POLY-VI-FLOR CHEW	P	QL(1 ea daily);AL(Up to 21 yrs old);RX/OTC
POLY-VI-FLOR CHEW	P	RX/OTC
QUFLORA PEDIATRIC CHEW	P	QL(1 ea daily);AL(Up to 21 yrs old);RX/OTC
QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail);AL(Up to 21 yrs old);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
QUFLORA PEDIATRIC CHEW	P	RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIATRIC POLY-VITE/IRON SOLN 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-10 MG/ML	P	OTC;QL(60 ml per fill retail)
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 250 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-11 MG/ML	P	OTC;QL(60 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN 10 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-35 MG/ML	P	OTC;QL(60 ml per fill retail)
POLY-VI-SOL/IRON SOLN 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-250 MCG/ML-4 MG/ML-11 MG/ML-5 MG/ML	P	OTC;QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
POLY-VITA/IRON SOLN 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML-10 MG/ML	P	OTC;QL(60 ml per fill retail)
POLY-VITE/IRON SOLN 11 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-0.4 MG/ML-5 UNIT/ML	P	OTC;QL(60 ml per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML	P	OTC;QL(50 ml per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-250 MCG/ML	P	OTC;QL(50 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN INFANT/TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-400 UNIT/ML-5 MG/ML-250 MCG/ML	P	OTC;QL(50 ml per fill retail)
PC PEDIATRIC POLY- VITAMIN DROPS SOLN OR 35 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-750 UNIT/ML-0.6 MG/ML-8 MG/ML	P	OTC;QL(50 ml per fill retail)
POLY-VI-SOL SOLN OR 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-0.5 MCG/ML-250 MCG/ML-4 MG/ML-5 MG/ML	P	OTC;QL(50 ml per fill retail)
POLY-VITA SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-2 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML	P	OTC;QL(50 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
POLY-VITE PEDIATRIC SOLN OR 5 UNIT/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-50 MG/ML-0.4 MG/ML	P	OTC;QL(50 ml per fill retail)
Prenatal Vitamins		
CALNA 10 UNIT-50 MG-5 MG-400 MCG-5 MG-10 MCG-2 MG-15 MG-5 MG-5 MG-100 UNIT-10 MG-20 MG-2 MG-1 MG-40 MCG-0.5 MG-10 MG-250 MG-0.15 MG-30 MCG-1000 UNIT	P	OTC
CLASSIC PRENATAL TABS 200 MG-60 MG-4 MG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-8000 UNIT-28 MG-1.7 MG-100 MG-150 MCG-30 UNIT	P	OTC
COMPLETENATE CHEW 11 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-29 MG-2 MG-1000 UNIT	P	
CO-NATAL FA TABS 4000 UNIT-120 MG-3 MG-1 MG-8 MCG-3 MG-20 MG-29 MG-200 MG-3 MG-15 MG-400 UNIT-150 MCG-30 UNIT	P	RX/OTC
CVS PRENATAL TABS	P	OTC

Drug Name	Drug Tier	Requirements/Limits
EQL PRENATAL FORMULA TABS 4000 UNIT-120 MG-2.6 MG-30 UNIT-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG	P	OTC
GNP PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
GOODSENSE PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
JENLIVA PRENATAL/POSTNATAL CAPS 1000 MCG-125 MG-2.5 MG-1000 MCG-1.4 MG-12.5 MCG-13 MG-200 MG-150 MCG	P	
KP PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC

Drug Name	Drug Tier	Requirements/Limits
KPN PRENATAL TABS 2666.67 UNIT-0.83 MG-0.13 MG-10 MG-2 MG-133.33 UNIT-2 MCG-2 MG-3.33 MG-33.33 MG-2 MG-0.03 MG-33.33 MG-10 UNIT-0.03 MG-33.33 MG-0.03 MG-333.33 MG-0.01 MG-21.67 MG	P	OTC
MASONATAL TABS 8 MCG-120 MG-800 MCG-1.8 MG-20 MG-2.6 MG-1.7 MG-28 MG-10 MCG-13.5 MG-25 MG-244 MG-600 MCG	P	OTC
M-NATAL PLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG	P	RX/OTC
MULTI PRENATAL TABS 200 MG-400 UNIT-100 MG-2.6 MG-800 MCG-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.5 MG-25 MG-11 UNIT	P	OTC
NATALVIT TABS 4000 UNIT-400 UNIT-120 MG-15 MG-10 MCG-1 MG-30 MG-2 MG-12 MCG-5 MG-3.5 MG-25 MG-20 MG-75 MG-15 UNIT-50 MG-2 MG-25 MG-200 MG-50 MG	P	

Drug Name	Drug Tier	Requirements/Limits
NEONATAL COMPLETE TABS	P	RX/OTC
NEONATAL PLUS TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-5 MG-27 MG-10 MCG-9.2 MG-0.2 MG-2 MG-25 MG-200 MG-1200 MCG-2 MG	P	RX/OTC
NEONATAL PRENATAL VITAMIN TABS 4 MCG-100 MG-800 MCG-1.5 MG-18 MG-2.6 MG-1.7 MG-5 MG-10 MCG-4.6 MG-27 MG-0.2 MG-25 MG-263 MG-1200 MCG-2 MG	P	OTC
NEONATAL VITAMIN TABS 0.2 MG-100 MG-2.6 MG-800 MCG-1.5 MG-10 MCG-4 MCG-1.7 MG-5 MG-1.8 MG-1200 MCG-27 MG-263 MG-25 MG-4.6 MG-2 MG	P	OTC
NIVA-PLUS TABS 200 MG-120 MG-10 MG-22 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE VITE WOMENS PRENATALVITAMIN TABS 0.2 MG-100 MG-2.6 MG-0.8 MG-10 MCG-4 MCG-1.7 MG-5 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-4.6 MG-1200 MCG-2 MG	P	OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS 0.2 MG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.2 MG-1200 MCG-2 MG	P	RX/OTC
PERRY PRENATAL CAPS 15 UNIT-50 MG-2 MG-400 MCG-200 UNIT-4 MCG-1 MG-10 MG-3000 UNIT-5 MG-13.5 MG-100 MG-1.5 MG-7.5 MG-50 MG-1 MG-75 MCG	P	OTC
PNV TABS 29-1 29 MG-120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-200 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-150 MCG-30 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits
PRENATABS FA TABS 4000 UNIT-120 MG-120 MG-3 MG-3 MG-1 MG-1000 MCG-10 MCG-8 MCG-8 MCG-3 MG-3 MG-20 MG-20 MG-29 MG-29 MG-200 MG-200 MG-3 MG-3 MG-15 MG-15 MG-400 UNIT-1200 MCG-150 MCG-150 MCG-30 UNIT-13.5 MG	P	RX/OTC
PRENATAL TABS	P	RX/OTC
PRENATAL TABS	P	OTC
PRENATAL 19 TABS 30 UNIT-100 MG-20 MG-1 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-3 MG-25 MG-20 MG-1000 UNIT	P	RX/OTC
PRENATAL 19 CHEW 30 UNIT-100 MG-20 MG-1 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-3 MG-20 MG-1000 UNIT	P	
PRENATAL AND IRON TABS 1 MG-4 MG-800 MCG-1.7 MG-400 UNIT-2 MG-20 MG-8000 UNIT-60 MG-45 MG-100 MG-100 MG-7.5 MG-150 MCG-30 UNIT	P	OTC;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL FORTE TABS 200 MG-100 MG-4 MG-0.8 MG-8 MCG-10 MG-2 MG-20 MG-8000 UNIT-3 MG-100 MG-400 UNIT-27 MG-2 MG-150 MCG-30 UNIT-15 MG	P	OTC;RX/OTC
PRENATAL LOW IRON TABS	P	OTC
PRENATAL MULTIVITAMIN TABS 30 UNIT-120 MG-800 MCG-2.6 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
PRENATAL ONE DAILY TABS 200 MG-400 UNIT-3 MG-100 MCG-15 UNIT-800 MCG-2 MG-10 MCG-2000 UNIT-3 MG-20 MG-10 MG-27 MG-2 MG-15 MG-60 MG-100 MG-2 MG	P	OTC
PRENATAL PLUS TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-400 UNIT-22 MG-27 MG-2 MG-25 MG-200 MG-4000 UNIT	P	RX/OTC
PRENATAL PLUS IRON 29 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-200 MG-1.84 MG-25 MG-2 MG-22 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL PLUS VITAMIN ANDMINERAL TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-27 MG-10 MCG-9.9 MG-2 MG-25 MG-200 MG-1200 MCG	P	RX/OTC
<i>prenatal vit w/ docusate-iron carbonyl-folic acid tabs 2700 UNIT-120 MG-20 MG-30 MCG-1 MG-400 UNIT-12 MCG-3.4 MG-20 MG-6 MG-200 MG-3 MG-50 MG-30 MG-15 MG-2 MG-90 MG-10 UNIT</i>	P	QL(1 ea daily)
<i>prenatal vit w/ iron carbonyl-folic acid</i>	P	
PRENATAL VITAMIN TABS 50 MCG-50 MG-1 MG-800 MCG-400 UNIT-2 MCG-2 MG-10 MG-4000 UNIT-27 MG-300 MG-3 MG-150 MCG-88 MCG-150 MCG-835 MCG-10 MCG	P	OTC
PRENATAL VITAMIN & MINERAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-4000 UNIT-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG	P	OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMIN/IRON TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
PRENATAL VITAMINS TABS	P	OTC
PRENATAL VITAMINS PLUS LOW IRON TABS 22 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-200 MG-1.84 MG-25 MG-2 MG	P	RX/OTC
PRENATAL VITAMINS- MISC	P	RX/OTC
PRENATAL-U CAPS 1.3 MG-5 MG-1 MG-15 MCG-6 MG-30 MG-200 MG-10 MG-106.5 MG-10 MG-0.8 MG	P	
PRENATRIX TABS 45 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1720 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-1.3 MG-150 MCG-30 MG-2.6 MG-50 MCG-70 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATRYL TABS 70 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-150 MCG-30 MG-2.6 MG-45 MCG-50 MCG	P	RX/OTC
PRENATVITE RX TABS 0.2 MG-100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-5 MG-18 MG-1200 MCG-27 MG-1.5 MG-25 MG-263 MG-4.6 MG-2 MG	P	OTC;RX/OTC
PREPLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG	P	RX/OTC
PRETAB TABS 30 UNIT-120 MG-3 MG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-29 MG-200 MG-3 MG-15 MG-4000 UNIT-150 MCG	P	RX/OTC
PX PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC

Drug Name	Drug Tier	Requirements/Limits
QC PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
RA PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
RA PRENATAL FORMULA/FOLICACID TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
SE-NATAL 19 TABS 30 UNIT-100 MG-1 MG-20 MG-3 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-20 MG-1000 UNIT	P	RX/OTC
SE-NATAL 19 CHEW 30 UNIT-20 MG-1 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-3 MG-20 MG-100 MG-1000 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits
SM PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	OTC
THERANATAL CORE NUTRITION TABS 70 MCG-100 MG-12 MG-30 MCG-1 MG-2000 UNIT-12 MCG-1.7 MG-50 MG-20 MG-6 MG-27 MG-140 MG-1.5 MG-50 MG-2 MG-30 UNIT-15 MG-3000 UNIT-50 MCG-220 MCG-30 MCG	P	RX/OTC
THRIVITE RX 29 MG-120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-200 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-150 MCG-30 UNIT	P	
TRICARE TABS 200 MG-100 MG-1 MG-1.6 MG-20 MG-3.1 MG-12 MCG-1.6 MG-27 MG-10 MCG-30 UNIT-2 MG-10 MG	P	RX/OTC
TRINATAL RX 1 TABS 15 UNIT-80 MG-4 MG-30 MCG-1 MG-400 UNIT-2.5 MCG-7 MG-1.6 MG-17 MG-3600 UNIT-60 MG-200 MG-1.5 MG-100 MG-25 MG-3 MG-400 UNIT	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VINATE ONE TABS 15 UNIT-80 MG-4 MG-0.03 MG-1 MG-400 UNIT-2.5 MCG-7 MG-1.6 MG-17 MG-4000 UNIT-60 MG-1.5 MG-25 MG-3 MG-100 MG-200 MG	P	QL(1 ea daily)
VITAFOL-OB TABS 30 UNIT-70 MG-2.5 MG-1 MG-400 UNIT-12 MCG-1.8 MG-18 MG-65 MG-100 MG-1.6 MG-25 MG-25 MG-2700 UNIT-2 MG	P	
VITATHELY/GINGER TABS 20 MG-85 MG-1.9 MG-1000 MCG-15 MCG-2.6 MCG-27 MG-330 MCG-44 MG	P	RX/OTC
VOL-PLUS TABS 200 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-22 MG	P	RX/OTC
VOL-TAB RX 29 MG-120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-200 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-150 MCG-30 UNIT	P	
WESTAB PLUS TABS 1200 MCG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.9 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics caps 50 MG-50 MG-50 MCG-100 MCG-50 MCG-50 MG-50 MG-50 MG-50 MG</i>	P	OTC;QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Articular Cartilage Repair Therapy		
MACI	P	SP;PA
Central Muscle Relaxants		
<i>baclofen tabs 10 MG, 20 MG</i>	P	
<i>baclofen soln it</i>	P	SP;PA
<i>chlorzoxazone tabs 500 MG</i>	P	
<i>cyclobenzaprine hcl tabs 7.5 MG</i>	P	QL(4 ea daily)
<i>cyclobenzaprine hcl tabs 5 MG, 10 MG</i>	P	QL(3 ea daily)
GABLOFEN SOLN IT	P	SP;PA
GABLOFEN SOLN IT (Use baclofen)	NP	SP;PA
LIORESAL INTRATHECAL SOLN IT (Use baclofen)	NP	SP;PA
LIORESAL INTRATHECAL SOLN IT	P	SP;PA
<i>methocarbamol tabs</i>	P	
<i>orphenadrine citrate tb12</i>	P	
ROBAXIN-750 TABS (Use methocarbamol)	NP	
SKELAXIN (Use metaxalone)	NP	
<i>tizanidine hcl tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG, 50 MG (Use dantrolene sodium)	NP	
Viscosupplements		
DUROLANE PRSY	P	SP;PA
EUFLEXXA SOSY	P	SP;PA
GEL-ONE	P	SP;PA
GELSYN-3 SOSY	P	SP;PA
GENVISC 850 SOSY	P	SP;PA
HYALGAN SOLN	P	SP;PA
HYALGAN SOSY	P	SP;PA
HYMOVIS	P	SP;PA
HYRONAN KIT 1 %-2 %	P	SP;PA
MONOVISC	P	SP;PA
ORTHOVISC	P	SP;PA
SODIUM HYALURONATE SOSY	P	SP;PA
SUPARTZ FX SOSY	P	SP;PA
SYNOJOYNT SOSY	P	SP;PA
SYNVISC SOSY	P	SP;PA
SYNVISC ONE SOSY	P	SP;PA
TRILURON SOSY	P	SP;PA
TRIVISC SOSY	P	SP;PA
VISCO-3 SOSY	P	SP;PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	OTC;QL(480 ml per fill retail);AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
OCEAN NASAL SPRAY SOLN (Use saline)	NP	OTC;QL(480 ml per fill retail);AL(Up to 21 yrs old)
saline soln	P	OTC;QL(480 ml per fill retail);AL(Up to 21 yrs old)
Nasal Antiallergy		
azelastine hcl .1 %, 137 MCG/SPRAY	P	
azelastine hcl .15 %, 205.5 MCG/SPRAY	P	QL(30 ml per fill retail);RX/OTC
cromolyn sodium (nasal) 5.2 MG/ACT	P	OTC;QL(26 ml per 30 days retail)
NASALCROM (Use cromolyn sodium (nasal))	NP	OTC;QL(26 ml per 30 days retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) .03 %	P	QL(31 ml per 30 days retail)
ipratropium bromide (nasal) .06 %	P	QL(15 ml per 30 days retail)
Nasal Steroids		
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail);RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail);RX/OTC
flunisolide (nasal) .025 %	P	QL(25 ml per 30 days retail)
fluticasone propionate (nasal) susp	P	QL(16 ml per fill retail);RX/OTC
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetone (nasal))	NP	AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NP	AL(At least 2 yrs old)
NASONEX SUSP (<i>Use mometasone furoate (nasal)</i>)	NP	
<i>triamcinolone acetonide (nasal) aero</i>	P	AL(At least 2 yrs old)
Sympathomimetic Decongestants		
ADRENALIN .1 %	P	QL(120 ml per fill retail);AL(Up to 21 yrs old)
AFRIN NASAL SPRAY SOLN (<i>Use oxymetazoline hcl</i>)	NP	
DRISTAN SPRAY SOLN (<i>Use oxymetazoline hcl</i>)	NP	
<i>epinephrine hcl (nasal)</i>	P	QL(120 ml per fill retail);AL(Up to 21 yrs old)
<i>phenylephrine hcl (oral) tabs</i>	P	OTC;QL(24 ea per fill retail)
<i>pseudoephedrine hcl liqd 15 MG/5ML</i>	P	OTC;AL(Up to 21 yrs old)
<i>pseudoephedrine hcl tabs</i>	P	OTC;AL(Up to 21 yrs old)
<i>pseudoephedrine hcl tb12</i>	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 (<i>Use pseudoephedrine hcl</i>)	NP	OTC;AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC;QL(120 ml per fill retail)
SUDAFED PE SINUS CONGESTION TABS (<i>Use phenylephrine hcl (oral)</i>)	NP	OTC;QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NP	OTC;AL(Up to 21 yrs old)

NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles

ALS Agents

EXSERVAN FILM	P	SP;PA
RADICAVA SOLN	P	SP;PA
RADICAVA ORS SUSP	P	SP;PA
RADICAVA ORS STARTER KIT SUSP	P	SP;PA
RILUTEK TABS (<i>Use riluzole</i>)	NP	PA
<i>riluzole tabs</i>	P	PA
TIGLUTIK SUSP	P	SP;PA

Muscular Dystrophy Agents

AMONDYS 45	P	SP;PA
EXONDYS 51	P	SP;PA
VILTEPSO	P	SP;PA
VYONDYS 53	P	SP;PA

Neuromuscular Blocking Agent - Neurotoxins

BOTOX IJ	P	SP;PA
DYSPORT	P	SP;PA
MYOBLOC	P	SP;PA
XEOMIN	P	SP;PA

Nondepolarizing Muscle Relaxants

Drug Name	Drug Tier	Requirements/Limits
NIMBEX SOLN (<i>Use cisatracurium besylate</i>)	NP	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	P	SP;PA
SPINRAZA	P	SP;PA
ZOLGENSMA 10.1-10.5 KG	P	SP;PA
ZOLGENSMA 10.6-11.0 KG	P	SP;PA
ZOLGENSMA 11.1-11.5 KG	P	SP;PA
ZOLGENSMA 11.6-12.0 KG	P	SP;PA
ZOLGENSMA 12.1-12.5 KG	P	SP;PA
ZOLGENSMA 12.6-13.0 KG	P	SP;PA
ZOLGENSMA 13.1-13.5 KG	P	SP;PA
ZOLGENSMA 2.6-3.0 KG	P	SP;PA
ZOLGENSMA 3.1-3.5 KG	P	SP;PA
ZOLGENSMA 3.6-4.0 KG	P	SP;PA
ZOLGENSMA 4.1-4.5 KG	P	SP;PA
ZOLGENSMA 4.6-5.0 KG	P	SP;PA
ZOLGENSMA 5.1-5.5 KG	P	SP;PA
ZOLGENSMA 5.6-6.0 KG	P	SP;PA
ZOLGENSMA 6.1-6.5 KG	P	SP;PA
ZOLGENSMA 6.6-7.0 KG	P	SP;PA
ZOLGENSMA 7.1-7.5 KG	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 7.6-8.0 KG	P	SP;PA
ZOLGENSMA 8.1-8.5 KG	P	SP;PA
ZOLGENSMA 8.6-9.0 KG	P	SP;PA
ZOLGENSMA 9.1-9.5 KG	P	SP;PA
ZOLGENSMA 9.6-10.0 KG	P	SP;PA
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	P	OTC;QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC;QL(350 gm per fill retail)
Lipids		
DOJOLVI	P	SP;PA
Misc. Nutritional Substances		
<i>omega-3 fatty acids cpdr</i>	P	QL(6 ea daily)
<i>omega-3 fatty acids caps</i>	P	OTC;QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
GONAK (<i>Use hypromellose (gonioscopic)</i>)	NP	
<i>polyvinyl alcohol 1.4 %</i>	P	OTC;QL(31 ml per 30 days retail)
<i>white petrolatum-mineral oil 15 %-83 %</i>	P	OTC;QL(30 gm per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	P	
<i>carteolol hcl (ophth)</i>	P	

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Drug Name	Drug Tier	Requirement s/Limits
COSOPT 22.3 MG/ML-6.8 MG/ML (Use dorzolamide hcl-timolol maleate)	NP	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE 2 %-0.5 %	P	QL(10 ml per 30 days retail)
dorzolamide hcl-timolol maleate	P	QL(10 ml per 30 days retail)
levobunolol hcl .5 %	P	QL(15 ml per 30 days retail)
timolol maleate (ophth) soln	P	QL(15 ea per 30 days retail)
TIMOPTIC SOLN (Use timolol maleate (ophth))	NP	QL(15 ml per 30 days retail)
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	NP	QL(15 ea per 30 days retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN	P	
atropine sulfate (ophthalmic) soln	P	
atropine sulfate (ophthalmic) oint	P	
CYCLOGYL .5 % (Use cyclopentolate hcl)	NP	QL(15 ml per 30 days retail)
CYCLOGYL 1 %, 2 % (Use cyclopentolate hcl)	NP	
cyclopentolate hcl .5 %	P	QL(15 ml per 30 days retail)
cyclopentolate hcl 1 %, 2 %	P	
homatropine hbr	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (Use tropicamide)	NP	

Drug Name	Drug Tier	Requirement s/Limits
phenylephrine hcl (mydriatic) soln 2.5 %	P	QL(5 ml per 30 days retail)
tropicamide soln	P	
Miotics		
ISOPTO CARPINE SOLN (Use pilocarpine hcl)	NP	
pilocarpine hcl soln 1 %, 2 %, 4 %	P	
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOLN	P	SP;PA
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	P	SP;PA
EYLEA SOLN	P	SP;PA
EYLEA SOSY	P	SP;PA
LUCENTIS SOLN	P	SP;PA
LUCENTIS SOSY	P	SP;PA
SUSVIMO SOLN	P	SP;PA
VABYSMO	P	SP;PA
Ophthalmic Adrenergic Agents		
apraclonidine hcl	P	
brimonidine tartrate .2 %	P	
IOPIDINE	P	
Ophthalmic Anti-infectives		
BACIGUENT	P	QL(4 gm per 30 days retail)
bacitracin (ophthalmic)	P	QL(4 gm per 30 days retail)
bacitracin-polymyxin b (ophth) 500 UNIT/GM-10000 UNIT/GM	P	QL(4 gm per 30 days retail)

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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)	P	
gentamicin sulfate (ophth) oint	P	QL(4 gm per 30 days retail)
gentamicin sulfate (ophth) soln	P	
MOXEZA SOLN OP (Use moxifloxacin hcl (ophth))	NP	
moxifloxacin hcl (ophth) soln op	P	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin 400 UNIT/GM-3.5 MG/GM-10000 UNIT/GM	P	QL(4 gm per 30 days retail)
neomycin-polymyxin-gramicidin 0.025 MG/ML-1.75 MG/ML-10000 UNIT/ML	P	QL(10 ml per 30 days retail)
OCUFLOX (Use ofloxacin (ophth))	NP	QL(10 ml per 30 days retail)
ofloxacin (ophth)	P	QL(10 ml per 30 days retail)
polymyxin b-trimethoprim 0.1 %-10000 UNIT/ML	P	QL(10 ml per fill retail)
POLYTRIM 0.1 %-10000 UNIT/ML (Use polymyxin b-trimethoprim)	NP	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
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 SOLN (Use tobramycin (ophth))	NP	QL(5 ml per 30 days retail)
TOBREX OINT	P	
trifluridine	P	QL(8 ml per 30 days retail)
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(3 ml per fill retail)
Ophthalmic Decongestants		
naphazoline w/ pheniramine 0.027 %-0.315 %	P	OTC;QL(15 ml per 30 days retail)
OPCON-A 0.027 %-0.315 % (Use naphazoline w/ pheniramine)	NP	OTC;QL(15 ml per 30 days retail)
tetrahydrozoline hcl (ophth) .05 %	P	OTC
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	NP	OTC
Ophthalmic Gene Therapy		
LUXTURN A	P	SP;PA
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth)	P	
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	P	SP;PA
Ophthalmic Photoenhancers		
PHOTREXA VISCOUS 20 %-0.146 %	P	SP;PA
PHOTREXA/PHOTREXA VISCOUS KIT	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Steroids		
BLEPHAMIDE SUSP 10 %-0.2 %	P	QL(10 ml per fill retail)
BLEPHAMIDE S.O.P. OINT 10 %-0.2 %	P	
<i>dexamethasone sodium phosphate (ophth)</i>	P	
DEXTENZA INST	P	SP;PA
DEXYCU SUSP IO	P	SP;PA
<i>fluorometholone (ophth) susp</i>	P	
FML OINT	P	QL(4 gm per 30 days retail)
FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>)	NP	
ILUVIEN	P	SP;PA
MAXITROL OINT 10000 UNIT/GM-0.1 %-3.5 MG/GM (Use <i>neomycin-polymyxin-dexameth</i>)	NP	QL(4 gm per 30 days retail)
MAXITROL SUSP 10000 UNIT/ML-0.1 %-3.5 MG/ML (Use <i>neomycin-polymyxin-dexameth</i>)	NP	QL(10 ml per 30 days retail)
<i>neomycin-polymyxin-dexameth oint 10000 UNIT/GM-0.1 %-3.5 MG/GM</i>	P	QL(4 gm per 30 days retail)
<i>neomycin-polymyxin-dexameth susp 10000 UNIT/ML-0.1 %-3.5 MG/ML</i>	P	QL(10 ml per 30 days retail)
<i>neomycin-polymyxin-hc (ophth) 10000 UNIT/ML-1 %-3.5 MG/ML</i>	P	QL(15 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
OZURDEX IMPL	P	SP;PA
PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	NP	
PRED MILD	P	QL(10 ml per 30 days retail)
PRED-G SUSP 0.3 %-1 %	P	QL(5 ml per fill retail)
<i>prednisolone acetate (ophth)</i>	P	
PREDNISOLONE ACETATE P-F	P	
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per 30 days retail)
RETISERT	P	SP;PA
<i>sulfacetamide sodium-prednisolone soln 10 %-0.23 %</i>	P	QL(10 ml per 30 days retail)
TOBRADEX OINT 0.3 %-0.1 %	P	QL(4 gm per 30 days retail)
TOBRADEX SUSP 0.3 %-0.1 % (Use <i>tobramycin-dexamethasone</i>)	NP	QL(10 ml per fill retail)
<i>tobramycin-dexamethasone susp 0.3 %-0.1 %</i>	P	QL(10 ml per fill retail)
TRIESENCE	P	SP;PA
XIPERE	P	SP;PA
YUTIQ	P	SP;PA
Ophthalmics - Misc.		
ACULAR (Use <i>ketorolac tromethamine (ophth)</i>)	NP	QL(10 ml per fill retail)
ACULAR LS (Use <i>ketorolac tromethamine (ophth)</i>)	NP	QL(5 ml per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
ALOCRIIL	P	QL(5 ml per 30 days retail);PA
ALOMIDE	P	QL(10 ml per 30 days retail);PA
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per 30 days retail)
AZOPT (Use brinzolamide)	NP	
<i>brinzolamide</i>	P	
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per fill retail)
CYSTADROPS	P	SP;PA
CYSTARAN	P	SP;PA
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 30 days retail)
<i>dorzolamide hcl</i>	P	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL	P	QL(10 ml per 30 days retail)
<i>flurbiprofen sodium</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) .5 %</i>	P	QL(10 ml per fill retail)
<i>ketorolac tromethamine (ophth) .4 %</i>	P	QL(5 ml per 30 days retail)
<i>ketotifen fumarate (ophth) .025 %</i>	P	
TRUSOPT (Use dorzolamide hcl)	NP	QL(10 ml per 30 days retail)
ZADITOR (Use ketotifen fumarate (ophth))	NP	
Prostaglandins - Ophthalmic		
<i>latanoprost soln</i>	P	QL(5 ml per 30 days retail)
LATANOPROST SOLN	P	QL(5 ml per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
XALATAN SOLN (Use latanoprost)	NP	QL(5 ml per 30 days retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	QL(15 ml per 30 days retail)
<i>carbamide peroxide (otic) 6.5 %</i>	P	OTC;QL(15 ml per 30 days retail)
DEBROX 6.5 % (Use carbamide peroxide (otic))	NP	OTC;QL(15 ml per 30 days retail)
Otic Anti-infectives		
<i>ofloxacin (otic)</i>	P	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX 0.3 %-0.1 % (Use ciprofloxacin-dexamethasone)	NP	1 rtl MAX fill,30 rtl day(s) supply;QL(7.5 ml per fill retail)
<i>ciprofloxacin-dexamethasone 0.3 %-0.1 %</i>	P	1 rtl MAX fill,30 rtl day(s) supply;QL(7.5 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp 10000 UNIT/ML-1 %-3.5 MG/ML</i>	P	QL(20 ml per 30 days retail)
<i>neomycin-polymyxin-hc (otic) soln 10000 UNIT/ML-1 %-3.5 MG/ML</i>	P	QL(10 ml per fill retail)
OTICIN HC NR 10 MG/ML-10 MG/ML-1 MG/ML (Use pramoxine-hc-chloroxylonol)	NP	QL(15 ml per fill retail)
OTOVEL 0.3 %-0.025 % (Use ciprofloxacin-fluocinolone acetamide)	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>pramoxine-hc-chloroxylenol 10 MG/ML-10 MG/ML-1 MG/ML</i>	P	QL(15 ml per fill retail)
Otic Steroids		
DERMOTIC (<i>Use fluocinolone acetonide (otic)</i>)	NP	QL(20 ml per fill retail);AL(At least 5 yrs old)
<i>fluocinolone acetonide (otic)</i>	P	QL(20 ml per fill retail);AL(At least 5 yrs old)
<i>hydrocortisone w/acetic acid 2 %-1 %</i>	P	QL(20 ml per 30 days retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	P	SP;PA
CARIMUNE NANOFILTERED SOLR	P	SP;PA
CUTAQUIG	P	SP;PA
CUVITRU SOLN	P	SP;PA
CYTOGAM	P	SP;PA
FLEBOGAMMA DIF SOLN	P	SP;PA
GAMASTAN	P	SP;PA
GAMMAGARD LIQUID	P	SP;PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP;PA
GAMMAKED	P	SP;PA
GAMMAPLEX SOLN	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
GAMUNEX-C	P	SP;PA
HEPAGAM B SOLN IJ	P	SP;PA
HIZENTRA SOLN	P	SP;PA
HIZENTRA SOSY	P	SP;PA
HYPERHEP B SOLN IM	P	SP;PA
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
HYPERRHO S/D MINI-DOSE SOSY IM	P	SP;PA
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	SP;PA
NABI-HB SOLN IM	P	SP;PA
OCTAGAM SOLN	P	SP;PA
PANZYGA	P	SP;PA
PRIVIGEN SOLN	P	SP;PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
RHOPHYLAC SOSY IJ	P	SP;PA
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	P	SP;PA
XEMBIFY	P	SP;PA
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP;PA
ZINPLAVA	P	SP;PA
Passive Immunizing Agents - Combinations		
HYQVIA	P	SP;PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin tabs 875 MG</i>	P	
<i>amoxicillin chew 125 MG, 250 MG</i>	P	
<i>amoxicillin susr</i>	P	
<i>amoxicillin caps</i>	P	
<i>ampicillin caps 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium solr</i>	P	
<i>penicillin v potassium tabs</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate tabs 250 MG-125 MG, 500 MG-125 MG</i>	P	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate susr 125 MG/5ML-31.25 MG/5ML, 250 MG/5ML-62.5 MG/5ML</i>	P	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate tb12 1000 MG-62.5 MG</i>	P	QL(40 ea per 30 days retail)
<i>amoxicillin & pot clavulanate susr 400 MG/5ML-57 MG/5ML, 600 MG/5ML-42.9 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>amoxicillin & pot clavulanate tabs 875 MG-125 MG</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate susr 200 MG/5ML-28.5 MG/5ML</i>	P	QL(100 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate chew</i>	P	QL(20 ea per fill retail)
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(150 ml per fill retail)
AUGMENTIN SUSR	P	QL(150 ml per fill retail)
AUGMENTIN TABS 500 MG-125 MG (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)
AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML (<i>Use amoxicillin & pot clavulanate</i>)	NP	QL(200 ml per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	P	OTC;QL(1816 gm per fill retail);AL(At least 1 yrs old);PA
SIMPLYTHICK EASY MIX	P	OTC;QL(1816 gm per fill retail);AL(At least 1 yrs old);PA
SIMPLYTHICK EASYMIX	P	OTC;QL(1816 gm per fill retail);AL(At least 1 yrs old);PA
Liquid Vehicles		
FLAVOR BLEND SUSP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
FLAVOR SWEET-SF SYRP	P	RX/OTC
<i>glycine diluent 73.3 MG/50ML-94 MG/50ML</i>	P	SP;PA
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
MX-SOL BLEND SUSP	P	RX/OTC
MX-SOL BLEND SF SUSP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC
MX-SOL SUSPEND SUSP	P	RX/OTC
ORA-BLEND SUSP	P	RX/OTC
ORA-BLEND SF SUSP	P	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	P	RX/OTC
ORAL MIX SF SUSP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC
ORA-SWEET SYRP	P	RX/OTC
ORA-SWEET SF SYRP	P	RX/OTC
PCCA SWEET-SF SYRP 70 %	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
PCCA-PLUS SUSP	P	RX/OTC
PH 12 STERILE DILUENT FORFLOLAN 73.3 MG/50ML-94 MG/50ML (<i>Use glycine diluent</i>)	NP	SP;PA
SOSWEET SYRP	P	RX/OTC
STERILE DILUENT FOR TREPROSTINIL INJECTION 73.3 MG/50ML-94 MG/50ML	P	SP;PA
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC
SUSPENSION VEHICLE SUSP	P	RX/OTC
SYRPALTA SYRP	P	RX/OTC
SYRSPEND SF LIQD	P	RX/OTC
SYRUP VEHICLE SYRP	P	RX/OTC
SYRUP VEHICLE SF SYRP	P	RX/OTC
UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC
UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC
VERSAFREE SYRP	P	RX/OTC
VERSAPLUS SYRP	P	RX/OTC
Semi Solid Vehicles		
<i>Ianolin xx</i>	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>Use norethindrone acetate</i>)	NP	
<i>hydroxyprogesterone caproate oil</i>	P	QL(2 ml per fill retail, 2 ml per 11 days retail);SP;PA
MAKENA OIL (<i>Use hydroxyprogesterone caproate</i>)	NP	QL(2 ml per fill retail, 2 ml per 11 days retail);SP;PA
MAKENA SOAJ	P	SP;PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>norethindrone acetate tabs</i>	P	
<i>progesterone caps 100 MG</i>	P	QL(30 ea per 30 days retail)
<i>progesterone caps 200 MG</i>	P	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 200 MG (<i>Use progesterone</i>)	NP	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG (<i>Use progesterone</i>)	NP	QL(30 ea per 30 days retail)
PROVERA (<i>Use medroxyprogesterone acetate</i>)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	P	
Anti-Cataleptic Agents		
SODIUM OXYBATE 500 MG/ML	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
XYREM	P	SP;PA
XYWAV 96 MG/ML-40 MG/ML-130 MG/ML-234 MG/ML	P	SP;PA
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (<i>Use donepezil hydrochloride</i>)	NP	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 MG, 10 MG</i>	P	QL(1 ea daily)
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>Use rivastigmine</i>)	NP	QL(1 ea daily);PA
<i>galantamine hydrobromide soln</i>	P	QL(6 ml daily)
<i>galantamine hydrobromide tabs</i>	P	QL(2 ea daily)
<i>galantamine hydrobromide cp24</i>	P	QL(1 ea daily)
<i>memantine hcl soln</i>	P	QL(2 ml daily);PA
<i>memantine hcl tabs</i>	P	1 rtl pack lmt amt, 28 rtl pack lmt day(s);PA
<i>memantine hcl tabs</i>	P	QL(2 ea daily);PA
NAMENDA TABS (<i>Use memantine hcl</i>)	NP	QL(2 ea daily);PA
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP	1 rtl pack lmt amt, 28 rtl pack lmt day(s);PA
RAZADYNE ER CP24 (<i>Use galantamine hydrobromide</i>)	NP	QL(1 ea daily)
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	P	QL(1 ea daily);PA
<i>rivastigmine tartrate caps</i>	P	QL(2 ea daily);PA
Combination Psychotherapeutics		

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline</i>	P	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	P	QL(2 ea daily);PA
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail);PA
Movement Disorder Drug Therapy		
<i>tetrabenazine</i>	P	SP;PA
XENAZINE (<i>Use tetrabenazine</i>)	NP	SP;PA
Multiple Sclerosis Agents		
AMPYRA (<i>Use dalfampridine</i>)	NP	SP;PA
AUBAGIO	P	QL(1 ea daily);SP;PA
AVONEX PSKT	P	SP;PA
AVONEX PEN AJKT	P	SP;PA
BAFIERTAM	P	SP;PA
COPAXONE SOSY (<i>Use glatiramer acetate</i>)	NP	SP;PA
<i>dalfampridine</i>	P	SP;PA
<i>dimethyl fumarate misc</i>	P	SP;PA
<i>dimethyl fumarate cpdr</i>	P	SP;PA
EXTAVIA KIT	P	SP;PA
<i>fingolimod hcl</i>	P	QL(1 ea daily);SP;PA
GILENYA .5 MG	P	QL(1 ea daily);SP;PA
GILENYA (<i>Use fingolimod hcl</i>)	NP	QL(1 ea daily);SP;PA
<i>glatiramer acetate sosy</i>	P	SP;PA
KESIMPTA	P	SP;PA
LEMTRADA	P	SP;PA
MAYZENT TABS	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK TBPK	P	SP;PA
PLEGRIDY SOPN	P	SP;PA
PLEGRIDY SOSY IM	P	SP;PA
PLEGRIDY STARTER PACK SOSY SC	P	SP;PA
PLEGRIDY STARTER PACK SOPN	P	SP;PA
PONVORY TABS	P	SP;PA
PONVORY 14-DAY STARTER PACK TBPK	P	SP;PA
REBIF SOSY	P	SP;PA
REBIF REBIDOSE SOAJ	P	SP;PA
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP;PA
REBIF TITRATION PACK SOSY	P	SP;PA
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NP	SP;PA
TECFIDERA STARTER PACK MISC (<i>Use dimethyl fumarate</i>)	NP	SP;PA
ZEPOSIA CAPS	P	QL(1 ea daily);SP;PA
ZEPOSIA 7-DAY STARTER PACK CPPK	P	QL(7 ea per 7 days retail);SP;PA
ZEPOSIA STARTER KIT CPPK	P	QL(37 ea per 30 days retail);SP;PA
Smoking Deterrents		
APO-VARENICLINE TABS	P	QL(2 ea daily);AL(At least 18 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 ea daily);AL(At least 18 yrs old)
CHANTIX TABS (<i>Use varenicline tartrate</i>)	NP	QL(2 ea daily);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTHPAK TABS (<i>Use varenicline tartrate</i>)	NP	QL(2 ea daily);AL(At least 18 yrs old)
CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	NP	QL(53 ea per fill retail);AL(At least 18 yrs old)
NICODERM CQ PT24 (<i>Use nicotine</i>)	NP	QL(1 ea daily)
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 ea daily)
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 ea daily)
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 ea daily)
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 ea daily)
<i>nicotine pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 ea daily)
<i>nicotine polacrilex gum</i>	P	QL(24 ea daily)
<i>nicotine polacrilex lozg</i>	P	QL(20 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	
NICOTROL INHALER INHA	P	QL(16.8 ea daily)
NICOTROL NS SOLN	P	QL(4 ml daily)
<i>varenicline tartrate tabs</i>	P	QL(2 ea daily);AL(At least 18 yrs old)
<i>varenicline tartrate tbpk</i>	P	QL(53 ea per fill retail);AL(At least 18 yrs old)
Transthyretin Amyloidosis Agents		

Drug Name	Drug Tier	Requirements/Limits
ONPATTRO	P	SP;PA
TEGSEDI	P	SP;PA
Vasomotor Symptom Agents		
BRISDELLE (<i>Use paroxetine mesylate (vasomotor)</i>)	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	P	SP;PA
GLASSIA SOLN	P	SP;PA
PROLASTIN-C SOLN	P	SP;PA
PROLASTIN-C SOLR	P	SP;PA
ZEMAIRA SOLR	P	SP;PA
Cystic Fibrosis Agents		
BRONCHITOL	P	SP;PA
BRONCHITOL TOLERANCE TEST	P	SP;PA
KALYDECO PACK	P	SP;PA
KALYDECO TABS	P	SP;PA
ORKAMBI TABS	P	SP;PA
ORKAMBI PACK	P	SP;PA
PULMOZYME	P	SP;PA
SYMDEKO	P	SP;PA
TRIKAFTA	P	QL(3 ea daily);SP;PA
Pulmonary Fibrosis Agents		
ESBRIET TABS (<i>Use pirfenidone</i>)	NP	SP;PA
ESBRIET CAPS	P	SP;PA
OFEV	P	SP;PA
<i>pirfenidone tabs 267 MG, 801 MG</i>	P	SP;PA
TETRACYCLINES - Drugs to Treat Bacterial		

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Drug Name	Drug Tier	Requirements/Limits
Infections		
Tetracyclines		
<i>doxycycline (monohydrate) tabs 50 MG, 100 MG</i>	P	
<i>doxycycline (monohydrate) caps 50 MG, 100 MG</i>	P	
<i>doxycycline hyclate tabs 100 MG</i>	P	
<i>doxycycline hyclate caps</i>	P	
<i>minocycline hcl caps</i>	P	
<i>tetracycline hcl caps 500 MG</i>	P	
VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i>)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	P	
<i>propylthiouracil</i>	P	
TAPAZOLE TABS 10 MG (Use <i>methimazole</i>)	NP	
Thyroid Hormones		
ARMOUR THYROID TABS	P	
CYTOMEL TABS (Use <i>liothyronine sodium</i>)	NP	
<i>levothyroxine sodium tabs</i>	P	
<i>liothyronine sodium tabs</i>	P	
SYNTHROID TABS (Use <i>levothyroxine sodium</i>)	P	

Drug Name	Drug Tier	Requirements/Limits
<i>thyroid tabs 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG</i>	P	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP 15.5 MCG/0.5ML-2 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per fill retail);AL(At least 19 yrs old)
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per fill retail);AL(At least 19 yrs old)
BOOSTRIX SUSP 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per fill retail);AL(At least 19 yrs old)
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	P	QL(0.5 ml per fill retail);AL(At least 19 yrs old)
INFANRIX 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	P	QL(0.5 ml per fill retail);AL(At least 19 yrs old)
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 per 10 years;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
TENIVAC INJ 5 LFU-2 LFU	P	Limit 1 per 10 years;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	P	Limit 1 per 10 years;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		

Drug Name	Drug Tier	Requirements/Limits
Antispasmodics		
<i>dicyclomine hcl caps</i>	P	
<i>dicyclomine hcl soln or</i>	P	QL(496 ml per 30 days retail)
<i>dicyclomine hcl tabs</i>	P	
<i>glycopyrrolate tabs 1 MG, 2 MG</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate tbdp .125 MG</i>	NP	
<i>hyoscyamine sulfate soln or .125 MG/ML</i>	NP	
<i>hyoscyamine sulfate tbdp .125 MG</i>	P	
<i>hyoscyamine sulfate tabs .125 MG</i>	NP	
<i>hyoscyamine sulfate subl .125 MG</i>	NP	
<i>hyoscyamine sulfate elix</i>	P	
<i>hyoscyamine sulfate elix</i>	NP	
<i>hyoscyamine sulfate tabs .125 MG</i>	P	
<i>hyoscyamine sulfate subl .125 MG</i>	P	
<i>hyoscyamine sulfate soln or .125 MG/ML</i>	P	
<i>hyoscyamine sulfate tb12 .375 MG</i>	P	QL(4 ea daily)
HYOSCYAMINE SULFATE POWD	P	
LEVBIID TB12 (Use <i>hyoscyamine sulfate</i>)	NP	QL(4 ea daily)
LEVSIN SOLN IJ .5 MG/ML (Use <i>hyoscyamine sulfate</i>)	NP	
ROBINUL TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 ea daily)
ROBINUL FORTE TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SYMAX DUOTAB TBCR	P	
H-2 Antagonists		
<i>cimetidine tabs</i>	P	RX/OTC
<i>cimetidine hcl or 300 MG/5ML, 400 MG/6.67ML</i>	P	
<i>famotidine tabs 10 MG</i>	P	OTC
<i>famotidine susr</i>	P	
<i>famotidine tabs 20 MG, 40 MG</i>	P	RX/OTC
PEPCID TABS (Use <i>famotidine</i>)	NP	RX/OTC
PEPCID AC TABS 10 MG (Use <i>famotidine</i>)	NP	OTC
PEPCID AC TABS (Use <i>famotidine</i>)	NP	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	NP	RX/OTC
TAGAMET HB TABS (Use <i>cimetidine</i>)	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE TABS (Use <i>sucralfate</i>)	NP	
CARAFATE SUSP (Use <i>sucralfate</i>)	NP	QL(420 ml per fill retail)
<i>sucralfate susp</i>	P	QL(420 ml per fill retail)
<i>sucralfate tabs</i>	P	
Proton Pump Inhibitors		
DEXILANT (Use <i>dexlansoprazole</i>)	NP	ST
<i>dexlansoprazole</i>	P	ST
<i>esomeprazole magnesium cpdr 20 MG</i>	P	QL(2 ea daily);RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cpdr 30 MG</i>	P	
<i>lansoprazole cpdr 15 MG</i>	P	QL(4 ea daily);RX/OTC
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily);RX/OTC
NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily);RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily);RX/OTC
<i>omeprazole cpdr</i>	P	QL(2 ea daily);RX/OTC
<i>omeprazole tbec</i>	P	QL(1 ea daily)
OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC
<i>omeprazole magnesium tbec</i>	P	OTC;QL(1 ea daily)
<i>pantoprazole sodium tbec 40 MG</i>	P	QL(2 ea daily)
<i>pantoprazole sodium tbec 20 MG</i>	P	QL(1 ea daily)
PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NP	
PREVACID CPDR 15 MG (Use <i>lansoprazole</i>)	NP	QL(4 ea daily);RX/OTC
PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NP	QL(4 ea daily);RX/OTC
PRILOSEC OTC TBEC (Use <i>omeprazole magnesium</i>)	NP	OTC;QL(1 ea daily)
PROTONIX TBEC 20 MG (Use <i>pantoprazole sodium</i>)	NP	QL(1 ea daily)
PROTONIX SOLR (Use <i>pantoprazole sodium</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
PROTONIX TBEC 40 MG (Use <i>pantoprazole sodium</i>)	NP	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC (Use <i>misoprostol</i>)	NP	
<i>misoprostol</i>	P	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole 30 MG-500 MG-500 MG</i>	P	14 rtl MAX day(s) supply,365 rtl lmt day(s)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL TABS (Use <i>tolterodine tartrate</i>)	NP	QL(2 ea daily)
DETROL LA CP24 (Use <i>tolterodine tartrate</i>)	NP	QL(1 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (Use <i>oxybutynin chloride</i>)	NP	QL(2 ea daily)
ENABLEX 7.5 MG (Use <i>darifenacin hydrobromide</i>)	NP	
<i>oxybutynin chloride tabs</i>	P	QL(3 ea daily)
<i>oxybutynin chloride tb24</i>	P	QL(2 ea daily)
<i>oxybutynin chloride syrup</i>	P	QL(496 ml per 30 days retail)
<i>tolterodine tartrate cp24</i>	P	QL(1 ea daily)
<i>tolterodine tartrate tabs</i>	P	QL(2 ea daily)
<i>trospium chloride tabs</i>	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		

Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride</i>	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	P	
VACCINES		
Bacterial Vaccines		
BEXSERO	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
MENACTRA	P	Limit 2 fills per Lifetime;QL(0.5 ml per fill retail,2 ml per 999 days retail);AL(At least 19 yrs old)
MENQUADFI	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
MENVEO SOLR	P	2 rtl MAX fill,999 rtl day(s) supply;QL(1 ea per fill retail);AL(At least 19 yrs old)
PNEUMOVAX 23	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
PREVNAR 13	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
TRUMENBA	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	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 2021-2022 SUSY 0	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 2022-2023 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
ASTRAZENECA COVID-19 VACCINE	P	
ENGERIX-B SUSY 10 MCG/0.5ML	P	3 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirement s/Limits
ENGERIX-B SUSP	P	3 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old)
ENGERIX-B SUSY 20 MCG/ML	P	3 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2021-2022	P	QL(0.5 ml per fill retail);AL(At least 65 yrs old)
FLUAD QUADRIVALENT 2022-2023	P	QL(0.5 ml per fill retail);AL(At least 65 yrs old)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	P	QL(0.5 ml per fill retail);AL(At least 65 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)
FLUARIX QUADRIVALENT 2022-2023 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)
FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
FLUMIST QUADRIVALENT	P	QL(1 ea per fill retail);AL(At least 13 yrs old- Up to 49 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021	P	QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022	P	QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023	P	QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSP 0	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 0	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)
FLUZONE QUADRIVALENT 2022-2023 SUSP 0	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSY	P	QL(0.5 ml per fill retail);AL(At least 13 yrs old)
GARDASIL 9 SUSP	P	3 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
GARDASIL 9 SUSY	P	3 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
HAVRIX	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
HAVRIX	P	2 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old)
INFLUENZA VACCINE	P	AL; At least 13 years old; QL (1 ea per 180 days retail)
JANSSEN COVID-19 VACCINE	P	
M-M-R II SOLR	P	2 rtl MAX fill,999 rtl day(s) supply;QL(1 ea per fill retail);AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE	P	
NOVAVAX COVID-19 VACCINE	P	
PFIZER-BIONTECH COVID-19VACCINE	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y	P	
PFIZER-BIONTECH COVID-19VACCINE/6 MO-4Y	P	

Drug Name	Drug Tier	Requirement s/Limits
RECOMBIVAX HB SUSP	P	3 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old)
RECOMBIVAX HB SUSP 5 MCG/0.5ML	P	3 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
RECOMBIVAX HB SUSY 10 MCG/ML	P	3 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old- Up to 19 yrs old)
RECOMBIVAX HB SUSY 5 MCG/0.5ML	P	3 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old- Up to 19 yrs old)
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	P	
SHINGRIX	P	2 rtl MAX fill,999 rtl day(s) supply;QL(1 ea per fill retail);AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE	P	
VAQTA	P	2 rtl MAX fill,999 rtl day(s) supply;QL(1 ml per fill retail);AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
VAQTA	P	2 rtl MAX fill,999 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 19 yrs old)
VARIVAX INJ	P	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	
<i>clindamycin phosphate vaginal crea</i>	P	
<i>clotrimazole vaginal crea 2 %</i>	P	OTC;QL(31 gm per 30 days retail)
<i>clotrimazole vaginal crea 1 %</i>	P	OTC;QL(45 gm per 30 days retail)
GYNAZOLE-1	P	
GYNE-LOTRIMIN CREA (<i>Use clotrimazole vaginal</i>)	NP	OTC;QL(45 gm per 30 days retail)
GYNE-LOTRIMIN 3 CREA (<i>Use clotrimazole vaginal</i>)	NP	OTC;QL(31 gm per 30 days retail)
<i>metronidazole vaginal</i>	P	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal supp 200 MG</i>	P	QL(3 ea per 30 days retail)
<i>miconazole nitrate vaginal kit 0</i>	P	
<i>miconazole nitrate vaginal crea</i>	P	OTC;QL(45 gm per 30 days retail)
<i>miconazole nitrate vaginal supp 100 MG</i>	P	OTC;QL(7 ea per 30 days retail)

Drug Name	Drug Tier	Requirement s/Limits
MONISTAT 3 CREA (<i>Use miconazole nitrate vaginal</i>)	NP	OTC;QL(45 gm per 30 days retail)
MONISTAT 7 SIMPLY CURE CREA (<i>Use miconazole nitrate vaginal</i>)	NP	OTC;QL(45 gm per 30 days retail)
<i>terconazole vaginal supp</i>	P	
<i>terconazole vaginal crea</i>	P	
<i>tioconazole vaginal 6.5 %</i>	P	OTC
VANDAZOLE	P	QL(70 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NP	QL(43 gm per 30 days retail)
<i>estradiol vaginal tabs</i>	P	
<i>estradiol vaginal crea</i>	P	QL(43 gm per 30 days retail)
PREMARIN	P	QL(43 gm per fill retail)
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ .15 MG/0.3ML, .3 MG/0.3ML	NP	4 rtl MAX fill,365 rtl day(s) supply;QL(2 ea per fill retail)
AUVI-Q SOAJ .15 MG/0.15ML	NP	
<i>epinephrine (anaphylaxis) soaj .15 MG/0.15ML</i>	P	QL(2 ea per fill retail,4 ea per 365 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) soaj</i>	P	4 rtl MAX fill,365 rtl day(s) supply;QL(2 ea per fill retail)
<i>epinephrine (anaphylaxis) soaj .15 MG/0.15ML</i>	NP	
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	4 rtl MAX fill,365 rtl day(s) supply;QL(2 ea per fill retail)
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	4 rtl MAX fill,365 rtl day(s) supply;QL(2 ea per fill retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	P	SP;PA
NORTHERA (Use <i>droxidopa</i>)	NP	SP;PA
Vasopressors		
<i>midodrine hcl</i>	P	
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR (Use <i>cholecalciferol</i>)	NP	Age limit = less than 6 months
<i>cholecalciferol caps 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	P	OTC;QL(100 ea per fill retail)
<i>cholecalciferol liqd or 10 MCG/ML, 400 UNIT/ML</i>	P	
<i>cholecalciferol caps 1.25 MG, 1.25 MG, 50000 UNIT</i>	P	OTC;QL(8 ea per 30 days retail)
<i>cholecalciferol caps 125 MCG, 5000 UNIT</i>	P	OTC;QL(2 ea daily)
<i>cholecalciferol liqd or 400 UT/0.028ML</i>	P	Age limit = less than 6 months

Drug Name	Drug Tier	Requirements/Limits
DRISDOL CAPS (Use <i>ergocalciferol</i>)	NP	
D-VI-SOL LIQD OR (Use <i>cholecalciferol</i>)	NP	
<i>ergocalciferol soln or ergocalciferol caps</i>	P	
KEY-E CHEW	P	QL(2 ea daily)
MEPHYTON TABS (Use <i>phytonadione</i>)	NP	
<i>phytonadione tabs 5 MG</i>	P	
VITAMIN D3 LIQD OR 5000 UNIT/ML	P	Age limit = 6 months to 1 year
<i>vitamin e caps 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT</i>	P	QL(2 ea daily)
<i>vitamin e caps 100 UNIT, 200 UNIT, 400 UNIT</i>	P	OTC;QL(2 ea daily)
VITAMIN E CHEW	P	OTC;QL(2 ea daily)
Water Soluble Vitamins		
<i>ascorbic acid tabs</i>	P	OTC;QL(100 ea per 30 days retail)
B-1 TABS	P	OTC;QL(100 ea per 30 days retail)
<i>niacin cpcr 250 MG, 500 MG</i>	P	OTC
<i>niacin tabs 500 MG</i>	P	OTC
<i>niacin tbcr</i>	P	OTC
NIACIN TR TBCR	P	OTC
<i>pyridoxine hcl tabs 25 MG, 50 MG, 100 MG</i>	P	OTC
<i>riboflavin tabs</i>	P	OTC;QL(100 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
SLO-NIACIN TBCR (<i>Use niacin</i>)	NP	OTC
<i>thiamine hcl tabs</i>	P	OTC;QL(100 ea per 30 days retail)
<i>thiamine mononitrate tabs</i>	P	OTC;QL(100 ea per 30 days retail)

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CUBICIN.....	31	CURITY GAUZE SPONGE 2"X2" 8		CVS DAILY ULTRA	
CUBICIN RF.....	31	PLY.....	88	MOISTURELOTION.....	64
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2"X2".....	88	12 PLY.....	88		89
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 4"X4"		CVS GAUZE PADS 4"X4" 12-PLY	
2"X2" 4PLY.....	88	12 PLY.....	89		89
CURITY ALL PURPOSE SPONGES		CURITY GAUZE SPONGE 4"X4"		CVS GAUZE PADS STERILE 4"X4"	
3"X3" 4PLY.....	88	16 PLY.....	89		89
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CYRAMZA.....	34	<i>deferoxamine mesylate</i>	23		
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FLUTICASONE PROPIONATE HFA		FORTEO.....	75	SYSTEM.....	97
.....	12	FORTISCARE G1 BLOOD		FREESTYLE PRECISION INSULIN	
<i>fluticasone-salmeterol</i>	12	GLUCOSE TEST STRIP.....	73	SYRINGE/U-100/0.5ML/30G X	
<i>fluvoxamine maleate</i>	17	FOSAMAX.....	75	5/16".....	113
FLUZONE HIGH-DOSE PF		<i>fosamprenavir calcium</i>	44	FREESTYLE PRECISION INSULIN	
2020-2021.....	174	<i>fosinopril sodium</i>	27	SYRINGE/U-100/0.5ML/31G X	
FLUZONE HIGH-DOSE PF		<i>fosinopril sodium &</i>		5/16".....	113
2021-2022.....	174	<i>hydrochlorothiazide</i>	29	FREESTYLE PRECISION INSULIN	
FLUZONE HIGH-DOSE PF		FOTIVDA.....	37	SYRINGES/U-100/1ML/30G X	
2022-2023.....	174	FRAGMIN.....	13	5/16".....	113
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2020-2021.....	174	LANCING DEVICE.....	96	FULPHILA.....	83
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FLUZONE QUADRIVALENT		FREDS PHARMACY UNILET		FYARRO.....	37
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FLYP HYPERSONIQ CARTRIDGE		FREESTYLE LIBRE 14		GABITRIL.....	15
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GALAFOLD.....	77	<i>gentamicin sulfate (ophth)</i> ...	161	GLOBAL EASY GLIDE	
<i>galantamine hydrobromide</i> ..	167	<i>gentamicin sulfate (topical)</i>	59	INSULINSYRINGE/U-100/0.3ML/	
GAMASTAN.....	164	GENTEEL PLUS LANCING		31G X 5/16"	113
GAMIFANT.....	143	DEVICE/BUFF BLACK.....	97	GLOBAL INJECT EASE INSULIN	
GAMMAGARD LIQUID.....	164	GENTEEL PLUS LANCING		SYRINGE/U-100/0.3ML/29G X	
GAMMAGARD S/D IGA LESS		DEVICE/BUTTERFLY BLUE.....	97	1/2"	113
THAN 1MCG/ML.....	164	GENTEEL PLUS LANCING		GLOBAL INJECT EASE INSULIN	
GAMMAKED.....	164	DEVICE/PLAYFUL PURPLE.....	97	SYRINGE/U-100/0.3ML/30G X	
GAMMAPLEX.....	164	GENTEEL PLUS LANCING		1/2"	113
GAMUNEX-C.....	164	DEVICE/PRINCESS PINK.....	97	GLOBAL INJECT EASE INSULIN	
<i>ganirelix acetate</i>	76	GENTEEL PLUS LANCING		SYRINGE/U-100/0.3ML/30G X	
GANIRELIX ACETATE.....	76	DEVICE/WILLOWY WHITE.....	97	5/16"	113
GARDASIL 9.....	174,175	GENTLE-LET GP LANCETS.....	97	GLOBAL INJECT EASE INSULIN	
GATTEX.....	80	GENTLE-LET LANCETS GENERAL		SYRINGE/U-100/0.3ML/31G X	
GAUZE DRESSING 4"X4"	90	PURPOSE STYLE/FINE POINT..	97	5/16"	113
GAUZE PADS.....	90	GENTLE-LET LANCETS GENERAL		GLOBAL INJECT EASE INSULIN	
GAUZE PADS 2"X2"	90	PURPOSE STYLE/MEDIUM		SYRINGE/U-100/0.5ML/28G X	
GAUZE PADS 3"X3"	90	POINT.....	97	1/2"	113
GAUZE PADS 4"X4"	90	GENTLE-LET LANCETS SAFETY		GLOBAL INJECT EASE INSULIN	
GAUZE SPONGE TYPE VII MEDI-		STYLE/FINE POINT.....	97	SYRINGE/U-100/0.5ML/29G X	
PAK 2"X2" 8PLY.....	90	GENTLE-LET LANCETS SAFETY		1/2"	113
GAUZE SPONGES.....	90	STYLE/MEDIUM POINT.....	97	GLOBAL INJECT EASE INSULIN	
GAVRETO.....	37	GENVISC 850.....	157	SYRINGE/U-100/0.5ML/30G X	
GAZYVA.....	34	GENVOYA.....	44	1/2"	113
GEL-ONE.....	157	GEODON.....	41	GLOBAL INJECT EASE INSULIN	
GELSYN-3.....	157	GILENYA.....	168	SYRINGE/U-100/0.5ML/31G X	
<i>gemfibrozil</i>	26	GILOTTRIF.....	35	5/16"	113
GENABIO COVID-19 RAPID SELF		GIMOTI.....	79	GLOBAL INJECT EASE INSULIN	
TEST KIT 1-PACK.....	73	<i>ginger (zingiber officinalis)</i>	2	SYRINGE/U-100/1ML/28G X	
GENABIO COVID-19 RAPID SELF		GLASSIA.....	169	1/2"	114
TEST KIT 2-PACK.....	73	<i>glatiramer acetate</i>	168	GLOBAL INJECT EASE INSULIN	
GENERESS FE.....	51	GLEEEVC.....	37	SYRINGE/U-100/1ML/29G X	
GENICIN VITA-Q.....	146	<i>glimepiride</i>	22	1/2"	114
GENOTROPIN.....	76	<i>glipizide</i>	22	GLOBAL INJECT EASE INSULIN	
GENOTROPIN MINIQUICK.....	76	<i>glipizide-metformin hcl</i>	19	SYRINGE/U-100/1ML/30G X	
		GLOBAL EASY GLIDE INSULIN		1/2"	114
		SYRINGE/1ML/31G X 15/64"	113	GLOBAL INJECT EASE INSULIN	
				SYRINGE/U-100/1ML/30G X	

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GLOBAL INJECT EASE INSULIN	SYRINGE/U-100/1ML/31G X	114
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5/16"..... 114	GLUCOSE..... 20	SYRINGE/1ML/28G X 1/2".... 114
GLOBAL INSULIN	GLUCOSE INSTANT ENERGY... 20	GNP INSULIN
SYRINGE/U-100/0.3ML/30G X	GLUCOTROL..... 22	SYRINGE/1ML/29G X 1/2".... 114
1/2"..... 114	GLUCOTROL XL..... 22	GNP INSULIN
GLOBAL INSULIN	<i>glyburide</i>22	SYRINGE/1ML/30G X 5/16".. 115
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/16"..... 114	<i>glyburide-metformin</i> 19	SYRINGE/1ML/31G X 5/16".. 115
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<i>glucagon (rdna)</i> 20	GLYCERIN ADULT..... 86	SYRINGES/0.3ML/30GX5/16"
GLUCAGON EMERGENCY KIT..20	<i>glycine diluent</i> 166	115
GLUCOCOM LANCETS 28G..... 97	<i>glycopyrrolate</i> 171	GNP INSULIN
GLUCOCOM LANCETS 30G..... 97	GLYNASE..... 22	SYRINGES/1/2ML/29GX1/2" 115
GLUCOPRO INSULIN	GNP ALCOHOL SWABS.....104	GNP INSULIN
SYRINGE/U-100/0.3ML/30G X	GNP EASY TOUCH CONTROL	SYRINGES/1ML/28GX1/2" 115
1/2"..... 114	SOLUTION HIGH & LOW..... 97	GNP INSULIN
GLUCOPRO INSULIN	GNP EASY TOUCH GLUCOSE	SYRINGES/1ML/29GX1/2" 115
SYRINGE/U-100/0.3ML/30G X	TEST STRIPS..... 73	GNP INSULIN
5/16"..... 114	GNP GLUCOSE..... 20	SYRINGES/1ML/30GX5/16".. 115
GLUCOPRO INSULIN	GNP INSULIN	GNP INSULIN
SYRINGE/U-100/0.3ML/31G X	SYRINGE/0.3ML/29G X 1/2" . 114	SYRINGES/3ML/31GX5/16".. 115
5/16"..... 114	GNP INSULIN	GNP LANCETS 21G.....97
GLUCOPRO INSULIN	SYRINGE/0.3ML/30G X 5/16"	GNP LANCETS THIN..... 97
SYRINGE/U-100/0.5ML/30G X	114	GNP LANCETS THIN 26G.....97
1/2"..... 114	GNP INSULIN	GNP LANCING SYSTEM DEVICE
GLUCOPRO INSULIN	SYRINGE/0.3ML/31G X 5/16"	97
SYRINGE/U-100/0.5ML/30G X	114	GNP PRENATAL.....150
5/16"..... 114	GNP INSULIN	GNP QUICK DISSOLVE GLUCOSE
GLUCOPRO INSULIN	SYRINGE/0.5ML/28G X 1/2" . 114	20
SYRINGE/U-100/0.5ML/31G X	GNP INSULIN	GNP STERILE GAUZE PADS
5/16"..... 114	SYRINGE/0.5ML/29G X 1/2" . 114	2"X2"..... 90
GLUCOPRO INSULIN	GNP INSULIN	GNP STERILE GAUZE PADS
SYRINGE/U-100/1ML/30G X	SYRINGE/0.5ML/30G X 5/16"	3"X3"..... 90
1/2"..... 114	114	GNP STERILE LANCETS 28G.... 97
GLUCOPRO INSULIN	GNP INSULIN	GNP STERILE LANCETS 30G.... 97
SYRINGE/U-100/1ML/30G X	SYRINGE/0.5ML/30G X 5/16"	GNP STERILE LANCETS 33G.... 97
5/16"..... 114	114	
	GNP INSULIN	

GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER.....	97	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	115	GONAK.....	159
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER.....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	115	GONAL-F.....	75
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS.....	73	GOCOVRI.....	40	GONAL-F RFF.....	75
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS.....	73	GOJJI BLOOD KETONE TEST STRIPS.....	73	GONAL-F RFF REDIJECT.....	75
GNP TRUETRACK SMART SYSTEM.....	73	GOJJI LANCING DEVICE/CLEAR CAP.....	98	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.	98
GNP ULTICARE PEN NEEDLES/31GX5/16"	115	GOJJI STERILE LANCETS 30G...	98	GOODSENSE GLUCOSE.....	20
GNP ULTICARE PEN NEEDLES/32GX 5/32"	115	GOLD BOND MEDICATED BODYLOTION.....	65	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL.....	98
GNP ULTICARE PEN NEEDLES/32GX1/4"	115	GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH	65	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL.....	98
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM.....	115	GOLD BOND ULTIMATE.....	65	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL.....	98
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM.....	115	GOLD BOND ULTIMATE DIABETICS' DRY RELIEF.....	65	GOODSENSE LANCING DEVICE	98
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM.....	115	GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF....	65	GOODSENSE PRENATAL VITAMINS.....	150
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM.....	115	GOLD BOND ULTIMATE HEALING.....	65	GRANIX.....	83
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".	115	GOLD BOND ULTIMATE OVERNIGHT.....	65	GRAPE SYRUP.....	166
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	115	GOLD BOND ULTIMATE PROTECTION.....	65	<i>griseofulvin microsize</i>	24
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".	115	GOLD BOND ULTIMATE RESTORING.....	65	<i>griseofulvin ultramicrosize</i>	24
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".	115	GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE.....	65	<i>guaifenesin</i>	57
		GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS	66	<i>guaifenesin-codeine</i>	55
		GOLD BOND ULTIMATE SOFTENING.....	66	<i>guanfacine hcl</i>	28
		GOLD BOND ULTIMATE SOOTHING.....	66	<i>guanfacine hcl (adhd)</i>	1
		GOLYTELY.....	85	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC.....	98
				GYNAZOLE-1.....	176
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				GYNE-LOTRIMIN 3.....	176
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				HALAVEN.....	39
				HALCION.....	85
				HALDOL.....	41
				HALDOL DECANOATE 100.....	41

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<i>haloperidol</i>	41	HEMANGEOL.....	47	STARTER.....	3
<i>haloperidol decanoate</i>	41	HEMLIBRA.....	81	HUMIRA PEN-PEDIATRIC UC	
<i>haloperidol lactate</i>	41	HEMOCYTE.....	84	STARTER PACK.....	3
HAVRIX.....	175	HEMOFIL M.....	81	HUMIRA PEN-PS/UV STARTER..	3
HEALTH CARE LANCING DEVICE		HEPAGAM B.....	164	HUMULIN 70/30.....	21
.....	98	<i>heparin sodium (porcine)</i>	13	HUMULIN 70/30 KWIKPEN.....	21
HEALTHWISE INSULIN		HEPSERA.....	46	HUMULIN N.....	21
SYRINGE/U-100/0.3ML/30G X		HERCEPTIN.....	34	HUMULIN N KWIKPEN.....	21
5/16".....	115	HERCEPTIN HYLECTA.....	36	HUMULIN R.....	21
HEALTHWISE INSULIN		HETLIOZ.....	85	HYALGAN.....	157
SYRINGE/U-100/0.3ML/31G X		HETLIOZ LQ.....	85	HYCAMTIN.....	40
5/16".....	115	HIBICLENS.....	43	HYCODAN.....	53
HEALTHWISE INSULIN		HIGH POTENCY MULTIVITAMIN		<i>hydralazine hcl</i>	30
SYRINGE/U-100/0.5ML/30G X			146	HYDRALYTE.....	141
5/16".....	115	HIZENTRA.....	164	HYDRALYTE FREEZER POPS...	141
HEALTHWISE INSULIN		HM STERILE ALCOHOL PREP		HYDRAZONE LOTION.....	66
SYRINGE/U-100/0.5ML/31G X		PADS.....	104	HYDREA.....	39
5/16".....	115	HM STERILE PADS.....	90	HYDROCELL ADHESIVE	
HEALTHWISE INSULIN		HM STERILE PADS 2"X2".....	90	DRESSING 4"X4".....	90
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5/16".....	115	SYRINGE/1ML/30G X 1/2"....	116	<i>hydrochlorothiazide</i>	74
HEALTHWISE INSULIN		HM ULTICARE INSULIN		<i>hydrocodone bitartrate-</i>	
SYRINGE/U-100/1ML/31G X		SYRINGE/U-100/0.3ML/31G X		<i>homatropine methylbromide</i> .	53
5/16".....	116	5/16".....	116	<i>hydrocodone-acetaminophen</i> ..	8
HEALTHY ACCENTS AUTOLET		<i>homatropine hbr</i>	160	<i>hydrocortisone</i>	52
IMPRESSION LANCING DEVICE		HUDSON RCI SEE-THRU		<i>hydrocortisone (intrarectal)</i>	9
.....	98	AEROSOL MASK		<i>hydrocortisone (rectal)</i>	9
HEALTHY ACCENTS UNILET		ELONGATED/ADULT.....	134	<i>hydrocortisone (topical)</i>	62,63
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H-E-B INCONTROL		HUMATROPE.....	76	<i>hydrocortisone w/acetic acid</i>	
ADVANCED LANCING DEVICE..	98	HUMATROPE COMBO PACK...	76		164
H-E-B INCONTROL ALCOHOL		HUMIRA.....	3	<i>hydromorphone hcl</i>	6
PADS.....	104	HUMIRA PEDIATRIC CROHNS		HYDROMORPHONE HCL.....	6
H-E-B INCONTROL LANCETS		DISEASE STARTER PACK.....	3	<i>hydroxychloroquine sulfate</i>	32
MICRO THIN 33G.....	98	HUMIRA PEN.....	3		
H-E-B INCONTROL LANCETS					
SUPER THIN 30G.....	98				
H-E-B INCONTROL LANCETS					

<i>hydroxyprogesterone caproate</i>	167	IMBRUVICA.....	37	INREBIC.....	37
<i>hydroxyprogesterone caproate</i> (antineoplastic).....	35	IMCIVREE.....	1	INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE.....	134
<i>hydroxyurea</i>	39	IMFINZI.....	34	INSPIRACHAMBER/LARGE....	135
<i>hydroxyzine hcl</i>	10	<i>imipramine hcl</i>	19	INSPIRACHAMBER/SOOTHERM ASK/INSPIRAMASK/MEDIUM	135
<i>hydroxyzine pamoate</i>	10	<i>imiquimod</i>	67	INSPIRACHAMBER/SOOTHERM ASK/INSPIRAMASK/SMALL... 135	
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<i>hyoscyamine sulfate</i>	171	IMITREX STATDOSE REFILL... 139		INSPIREASE RESERVOIR BAGS	135
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HYPERHEP B.....	164	IMLYGIC.....	40	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN.....	21
HYPERRHO S/D.....	164	IMODIUM A-D.....	23	INSULIN GLARGINE.....	21
HYPERRHO S/D MINI-DOSE.. 164		IMURAN.....	143	INSULIN LISPRO.....	21
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HYRONAN.....	157	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM.....	116	INSULIN LISPRO KWIKPEN.....	21
HY-VEE GLUCOSE.....	20	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM.....	116	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN.....	22
HY-VEE LANCETS.....	98	INCRELEX.....	76	INSULIN SYRINGE/0.3ML/29G X 1".....	116
HY-VEE THIN LANCETS.....	98	INCRUSE ELLIPTA.....	11	INSULIN SYRINGE/0.3ML/29G X 1/2".....	116
HYZAAR.....	29	<i>indapamide</i>	74	INSULIN SYRINGE/0.3ML/30G X 5/16".....	116
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<i>ibuprofen lysine</i>	4	<i>indomethacin</i>	4		
<i>icatibant acetate</i>	82	<i>indomethacin sodium</i>	4		
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<i>imatinib mesylate</i>	37				

INSULIN SYRINGE/0.5ML/30G X 1/2".....	116	5/16".....	117	INVANZ.....	31
INSULIN SYRINGE/0.5ML/30G X 5/16".....	116	INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	117	INVEGA HAFYERA.....	41
INSULIN SYRINGE/0.5ML/31G X 5/16".....	116	INSULIN SYRINGES.....	117	INVEGA SUSTENNA.....	41
INSULIN SYRINGE/1ML/28G X 1/2".....	116	INSULIN SYRINGES/0.5ML/27GX1/2" .	117	INVEGA TRINZA.....	41
INSULIN SYRINGE/1ML/29G X 1/2".....	116	INSULIN SYRINGES/0.5ML/28GX1/2" .	117	INVIRASE.....	44
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INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	116	INSULIN SYRINGES/0.5ML/30GX5/16".....	117	<i>ipratropium bromide</i>	11
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	116	INSULIN SYRINGES/0.5ML/31GX 5/16".....	117	<i>ipratropium bromide (nasal)</i>	157
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	116	INSULIN SYRINGES/0.5ML/31GX5/16".....	117	<i>ipratropium-albuterol</i>	12
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	116	INSULIN SYRINGES/1ML/27GX1/2" ..	117	<i>irbesartan</i>	28
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	116	INSULIN SYRINGES/1ML/27GX1/2"	117	<i>irbesartan-hydrochlorothiazide</i>	29
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	116	INSULIN SYRINGES/1ML/28GX1/2"	117	IRESSA.....	35
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	116	INSULIN SYRINGES/1ML/29GX1/2"	117	<i>irinotecan hcl</i>	40
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	116	INSULIN SYRINGES/1ML/30GX1/2"	117	IRON.....	84
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	116	INSULIN SYRINGES/1ML/31GX5/16" ..	117	IRON CHEWS PEDIATRIC.....	84
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	117	INSULIN SYRINGES-MISC.....	117	ISENTRESS.....	44
INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	117	INTEGRILIN.....	82	ISENTRESS HD.....	44
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		INTELISWAB COVID-19 RAPID TEST.....	73	ISOPTO ATROPINE.....	160
		INTRON A.....	39	ISOPTO CARPINE.....	160
		INTUNIV.....	1	<i>isosorbide dinitrate</i>	10
				<i>isosorbide mononitrate</i>	10
				<i>isotretinoin</i>	58
				ISTODAX (OVERFILL).....	37
				ISTURISA.....	75
				ISUPREL.....	12
				ITCH RELIEF.....	60
				<i>itraconazole</i>	24
				IXEMPRA KIT.....	39
				IXINITY.....	81
				J & J GAUZE 2"X2" 8 PLY.....	90
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