peach state health plan

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

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

Pharmacy Program

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

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

Preferred Drug List (PDL)

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

Pharmacy Benefit Manager (PBM)

Peach State Health Plan works with Envolve Pharmacy Solutions to pay for pharmacy claims. Some drugs on the PDL need a prior authorization (PA). Envolve Pharmacy Solutions reviews those requests. Envolve Pharmacy Solutions 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 the these edits can be found in the **Appropriate Use and Safety Edits** document on the Peach State Health Plan website at www.pshp.com.

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 Envolve Pharmacy Solutions on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at www.pshp.com. The completed form and doctor notes to show your history should be **faxed to Envolve Pharmacy Solutions at 1-866-399-0929**.

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, Envolve Pharmacy Solutions sends your doctor a fax. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions will send a letter to you and a fax to your doctor. The letter will have a list of other 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 Envolve Pharmacy Solutions does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Quantity Limits

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

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 Envolve Pharmacy Solutions. If Envolve Pharmacy Solutions does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Medical Necessity Requests

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, Envolve Pharmacy Solutions sends your doctor a fax. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions will send a letter to you and a fax to your doctor. The letter will have a list of other 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 Envolve Pharmacy Solutions 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 Envolve Pharmacy Solutions 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 Envolve Pharmacy Solutions will send a letter to you and a fax to your doctor. The letter will have a list of other medicine. It will also tell you about the appeal process.

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

Copayments

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

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

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

Contact Information

Peach State Health Plan Member Services:		1-800-704-1484
	Fax:	1-800-659-7518
Peach State Health Plan Member Services TTY/TDD:		1-800-255-0056
Envolve Pharmacy Solutions Prior Authorizations:		1-866-399-0928
	Fax:	1-866-399-0929
Envolve Pharmacy Solutions – CVS/Caremark Pharmacy Help Desk:		1-844-297-0513
AcariaHealth Shipping Questions:		1-855-535-1815

Language Assistance

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

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	**Tier Definitions**
P	Preferred Drug
NP	Non-Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	**Requirement/Limit Description**
AL	**Age Limit**: Drug is limited to a specific age
PA	**Prior Authorization**: Review required before prescription can be filled
QL	**Quantity Limit**: There is a limit on the amount covered per prescription or within a set time frame.
Rx/OTC	Product has both **prescription and over the counter** coverage
SP	**Specialty Drug**: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
ST	**Step Therapy**: Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	**Edit Description**
Opioid	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
ADHD	First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12, after 30 days can be filled. Edit resets if no fills in 4 months.
Test Strips	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days
STANDARD ABBREVIATIONS	

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

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

Dose Form	Dose Form Description
SOPN	Solution Pen-injector
SOSY	Solution Prefilled Syringe
SRER	Suspension Reconstituted ER
STRP	Strip
SUBL	Tablet Sublingual
SUER	Suspension Extended Release
SUPN	Suspension Pen-injector
SUPP	Suppository
SUSP	Suspension
SUSR	Suspension Reconstituted
SUSY	Suspension Prefilled Syringe
SYRP	Syrup
T12A	Tablet ER 12 Hour Abuse-Deterrent
TABS	Tablets
TB12	Tablet ER 12 Hour
TB24	Tablet ER 24 Hour
TBCR	Tablet ER
TBDP	Tablet Dispersible
TBEC	Tablet Enteric Coated
TBEF	Tablet Effervescent
TBPK	Tablet Therapy Pack
TBSO	Tablet Soluble
TEST	Diagnostic Test
TINC	Tincture
TROC	Troche
VA	Vaginal
VI	Visual Indicator
WAFR	Wafer
XR	Extended Release

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (*Use amphetamine-dextroamphetamine*)	NP	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 (*Use amphetamine-dextroamphetamine*)	NP	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	P	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 (*Use dextroamphetamine sulfate*)	NP	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate tabs 10 mg, 5 mg	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	P	ST; try methylphenidate ER and Adderall XR; Clinical Edit: ADHD;;QL(1 ea daily)
Analeptics		
caffeine citrate soln or 20 mg/ml, 60 mg/3ml	P	QL(45 ml per fill retail)
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)
Anti-Obesity Agents		
IMCIVREE SOLN	P	PA; SP
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps	P	ST; Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
clonidine hcl (adhd) tb12	P	
guanfacine hcl (adhd) tb24	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (*Use guanfacine hcl (adhd)*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (*Use clonidine hcl (adhd)*)	NP	
STRATTERA CAPS (*Use atomoxetine hcl*)	NP	ST; Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
Histamine H3-Receptor Antagonist/Inverse		
WAKIX TABS	P	PA; SP
Stimulants - Misc.		
CONCERTA TBCR 18 MG, 27 MG, 54 MG (*Use methylphenidate hcl*)	NP	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
CONCERTA TBCR 36 MG (*Use methylphenidate hcl*)	NP	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (*Use dexmethylphenidate hcl*)	NP	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)
METHYLIN SOLN 10 MG/5ML (*Use methylphenidate hcl*)	NP	QL(900 ml per 30 days retail); AL(At least 3 yrs old)
METHYLIN SOLN 5 MG/5ML (*Use methylphenidate hcl*)	NP	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)
methylphenidate hcl cpcr or 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	P	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl soln or 10 mg/5ml	P	QL(900 ml per 30 days retail); AL(At least 3 yrs old)
methylphenidate hcl soln or 5 mg/5ml	P	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)
methylphenidate hcl tabs or 10 mg, 20 mg	P	Clinical Edit: ADHD;QL(3 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tabs or 5 mg	P	Clinical Edit: ADHD;QL(6 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tb24 or 18 mg, 27 mg, 54 mg	P	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tb24 or 36 mg	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl tbcr or 10 mg, 20 mg, 36 mg	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcr or 18 mg, 27 mg, 54 mg	P	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (*Use methylphenidate hcl*)	NP	Clinical Edit: ADHD;QL(3 ea daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (*Use methylphenidate hcl*)	NP	Clinical Edit: ADHD;QL(6 ea daily); AL(At least 3 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - G's		
ginger (zingiber officinalis) caps 250 mg	P	OTC;QL(4 ea daily)
Alternative Medicine - M's		
MELATONIN SUBL SL 3 MG	P	QL(1 ea daily)
melatonin tabs or 3 mg, 5 mg	P	OTC;QL(1 ea daily)
melatonin tbdp or 3 mg	P	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE SUSP	P	PA; SP
BETHKIS NEBU (*Use tobramycin*)	NP	PA; SP
KITABIS PAK NEBU (*Use tobramycin*)	NP	PA; SP
neomycin sulfate tabs or	P	
TOBI NEBU (*Use tobramycin*)	NP	PA; SP
TOBI PODHALER CAPS	P	PA; SP
tobramycin nebu in 300 mg/4ml, 300 mg/5ml	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
tobramycin sulfate soln ij 1.2 gm/30ml, 10 mg/ml, 40 mg/ml, 80 mg/2ml	P	PA
tobramycin sulfate solr ij 1.2 gm	P	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	PA; SP
HUMIRA PEN PNKT	P	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	PA; SP
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	P	PA; SP
HUMIRA PSKT	P	PA; SP
SIMPONI ARIA SOLN	P	PA; SP
SIMPONI SOAJ	P	PA; SP
SIMPONI SOSY	P	PA; SP
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24 30 MG	P	PA; SP
XELJANZ TABS 10 MG, 5 MG	P	PA; SP
XELJANZ XR TB24	P	PA; SP
Antirheumatic Antimetabolites		
METHOTREXATE TABS OR	P	
OTREXUP SOAJ	P	PA; SP
RASUVO SOAJ	P	PA; SP
Interleukin-1 Blockers		
ARCALYST SOLR	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Interleukin-1beta Blockers		
ILARIS SOLN	P	PA; SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	P	PA; SP
ACTEMRA SOLN	P	PA; SP
ACTEMRA SOSY	P	PA; SP
KEVZARA SOAJ	P	PA; SP
KEVZARA SOSY	P	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (*Use ibuprofen*)	NP	OTC
ALEVE ARTHRITIS TABS (*Use naproxen sodium*)	NP	OTC;QL(2 ea daily)
ALEVE TABS (*Use naproxen sodium*)	NP	OTC;QL(2 ea daily)
ANAPROX DS TABS (*Use naproxen sodium*)	NP	
CHILDRENS ADVIL SUSP (*Use ibuprofen*)	NP	RX/OTC
CHILDRENS MOTRIN SUSP (*Use ibuprofen*)	NP	RX/OTC
diclofenac potassium tabs 50 mg	P	
diclofenac sodium tbec or 25 mg, 50 mg, 75 mg	P	
etodolac caps 200 mg, 300 mg	P	
etodolac tabs 400 mg, 500 mg	P	
FELDENE CAPS (*Use piroxicam*)	NP	
fenoprofen calcium caps or 400 mg	P	
flurbiprofen tabs or 100 mg, 50 mg	P	
ibuprofen chew or 100 mg	P	OTC
ibuprofen lysine soln	P	

Drug Name	Drug Tier	Requirements/ Limits
ibuprofen susp or 100 mg/5ml	P	RX/OTC
ibuprofen susp or 40 mg/ml, 50 mg/1.25ml	P	OTC
ibuprofen tabs or 200 mg	P	OTC
ibuprofen tabs or 400 mg, 600 mg, 800 mg	P	
INDOCIN SUPP	P	
INDOCIN SUSP	P	
indomethacin caps or 25 mg, 50 mg	P	
indomethacin sodium solr	P	
INFANTS ADVIL SUSP (*Use ibuprofen*)	NP	OTC
ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml	P	
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P	
ketorolac tromethamine tabs or 10 mg	P	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
LODINE TABS (*Use etodolac*)	NP	
meloxicam tabs or 15 mg, 7.5 mg	P	
MOBIC TABS (*Use meloxicam*)	NP	
MOTRIN CHILDRENS CHEW (*Use ibuprofen*)	NP	OTC
MOTRIN INFANTS DROPS SUSP (*Use ibuprofen*)	NP	OTC
nabumetone tabs or 750 mg, 500 mg	P	
NALFON CAPS 400 MG	P	
NAPROSYN SUSP (*Use naproxen*)	NP	
NAPROSYN TABS (*Use naproxen*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
naproxen sodium tabs or 220 mg	P	OTC;QL(2 ea daily)
naproxen sodium tabs or 275 mg, 550 mg	P	
naproxen susp or 125 mg/5ml	P	
naproxen tabs or 250 mg, 375 mg, 500 mg	P	
NEOPROFEN SOLN (*Use ibuprofen lysine*)	NP	
piroxicam caps or 10 mg, 20 mg	P	
sulindac tabs or 150 mg, 200 mg	P	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	P	PA; SP
OTEZLA TBPK	P	PA; SP
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (*Use leflunomide*)	NP	QL(1 ea daily)
leflunomide tabs or 20 mg, 10 mg	P	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	P	PA; SP
ENBREL SOLN	P	PA; SP
ENBREL SOLR	P	PA; SP
ENBREL SOSY	P	PA; SP
ENBREL SURECLICK SOAJ	P	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs 325 mg-50 mg, 50 mg-325 mg	P	QL(4 ea daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine caps 40 mg-50 mg-325 mg	P	QL(4 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg	P	QL(4 ea daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine caps	P	QL(4 ea daily); AL(At least 18 yrs old)
ESGIC TABS (*Use butalbital-acetaminophen-caffeine*)	NP	QL(4 ea daily); AL(At least 12 yrs old)
FIORINAL CAPS (*Use butalbital-aspirin-caffeine*)	NP	QL(4 ea daily); AL(At least 18 yrs old)
Analgesics Other		
acetaminophen chew or 80 mg, 160 mg	P	OTC
acetaminophen elix or 160 mg/5ml, 80 mg/2.5ml	P	OTC
acetaminophen liqd or 160 mg/5ml	P	OTC
acetaminophen soln or 100 mg/ml	P	QL(30 ml per fill retail)
acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	P	OTC
acetaminophen supp re 650 mg, 120 mg	P	OTC;QL(12 ea per 30 days retail)
acetaminophen susp or 160 mg/5ml, 650 mg/20.3ml, 80 mg/2.5ml	P	OTC
acetaminophen tabs or 325 mg, 500 mg	P	OTC
FEVERALL JUNIOR STRENGTH SUPP	P	OTC;QL(12 ea per 30 days retail)
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (*Use acetaminophen*)	NP	OTC
TYLENOL CHILDRENS SUSP (*Use acetaminophen*)	NP	OTC
TYLENOL EXTRA STRENGTH TABS (*Use acetaminophen*)	NP	OTC

Drug Name	Drug Tier	Requirements/ Limits
TYLENOL FOR CHILDREN/ADULTS SUSP (*Use acetaminophen*)	NP	OTC
TYLENOL INFANTS PAIN+FEVER SUSP (*Use acetaminophen*)	NP	OTC
TYLENOL INFANTS SUSP (*Use acetaminophen*)	NP	OTC
TYLENOL TABS (*Use acetaminophen*)	NP	OTC
Analgesics-Peptide Channel Blockers		
PRIALT SOLN	P	PA; SP
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide) tabs	P	OTC
aspirin chew or 81 mg	P	OTC
ASPIRIN SUPP RE 300 MG, 600 MG	P	OTC;QL(12 ea per 30 days retail)
aspirin tabs or 325 mg	P	OTC
aspirin tbec or 325 mg, 81 mg	P	OTC
BUFFERIN TABS (*Use aspirin buffered (cal carb-mag carb-mag oxide)*)	NP	OTC
diflunisal tabs	P	
ECOTRIN MAXIMUM STRENGTH TBEC	NP	OTC
ECOTRIN REGULAR STRENGTH TBEC (*Use aspirin*)	NP	OTC
ECOTRIN TBEC (*Use aspirin*)	NP	OTC
salsalate tabs or 500 mg, 750 mg	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		

Drug Name	Drug Tier	Requirements/ Limits
CODEINE SULFATE TABS 15 MG, 60 MG	P	Clinical Edit: Opioids;QL(2 ea daily); AL(At least 12 yrs old)
codeine sulfate tabs 30 mg	P	Clinical Edit: Opioids;QL(2 ea daily); AL(At least 12 yrs old)
DILAUDID TABS OR 2 MG, 4 MG (*Use hydromorphone hcl*)	NP	Clinical Edit: Opioids;QL(6 ea daily)
DILAUDID TABS OR 8 MG (*Use hydromorphone hcl*)	NP	Clinical Edit: Opioids;QL(4 ea daily)
DURAGESIC PT72 (*Use fentanyl*)	NP	QL(0.34 ea daily)
fentanyl pt72 td 12 mcg/hr, 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	P	QL(0.34 ea daily)
HYDROMORPHONE HCL SUPP RE 3 MG	P	Clinical Edit: Opioids;QL(2 ea daily)
hydromorphone hcl tabs or 2 mg, 4 mg	P	Clinical Edit: Opioids;QL(6 ea daily)
hydromorphone hcl tabs or 8 mg	P	Clinical Edit: Opioids;QL(4 ea daily)
meperidine hcl soln or 50 mg/5ml	P	Clinical Edit: Opioids;QL(30 ml daily)
meperidine hcl tabs or 50 mg	P	Clinical Edit: Opioids;QL(6 ea daily)
methadone hcl tabs or 10 mg	P	PA; QL(10 ea daily)
methadone hcl tabs or 5 mg	P	PA; QL(6 ea daily)
morphine sulfate soln or 10 mg/5ml, 20 mg/5ml	P	Clinical Edit: Opioids;QL(21.4 ml daily)
morphine sulfate soln or 100 mg/5ml, 20 mg/ml	P	Clinical Edit: Opioids;QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate supp re 10 mg, 20 mg, 30 mg, 5 mg	P	Clinical Edit: Opioids;QL(18 ea per fill retail)
morphine sulfate tabs or 15 mg, 30 mg	P	Clinical Edit: Opioids;QL(6 ea daily)
morphine sulfate tbcr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	P	QL(3 ea daily)
MS CONTIN TBCR (*Use morphine sulfate*)	NP	QL(3 ea daily)
OXAYDO TABS 5 MG	P	Clinical Edit: Opioids;QL(6 ea daily)
oxycodone hcl caps or 5 mg	P	Clinical Edit: Opioids;QL(6 ea daily)
oxycodone hcl conc or 100 mg/5ml	P	Clinical Edit: Opioids;QL(90 ml per fill retail)
oxycodone hcl soln or 5 mg/5ml	P	Clinical Edit: Opioids;QL(30 ml daily)
oxycodone hcl t12a or 15 mg, 30 mg, 60 mg, 80 mg, 10 mg, 20 mg, 40 mg	P	PA; QL(2 ea daily)
oxycodone hcl tabs or 10 mg, 15 mg, 20 mg, 5 mg	P	Clinical Edit: Opioids;QL(6 ea daily)
oxycodone hcl tabs or 30 mg	P	Clinical Edit: Opioids;QL(4 ea daily)
OXYCONTIN T12A	P	PA; QL(2 ea daily)
ROXICODONE TABS 15 MG, 5 MG (*Use oxycodone hcl*)	NP	Clinical Edit: Opioids;QL(6 ea daily)
ROXICODONE TABS 30 MG (*Use oxycodone hcl*)	NP	Clinical Edit: Opioids;QL(4 ea daily)
tramadol hcl tabs or 50 mg	P	Clinical Edit: Opioids;QL(4 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ULTRAM TABS (*Use tramadol hcl*)	NP	Clinical Edit: Opioids;QL(4 ea daily); AL(At least 18 yrs old)
Opioid Combinations		
acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml, 120 mg/5ml-12 mg/5ml	P	Clinical Edit: Opioids;QL(30 ml daily); AL(At least 12 yrs old)
acetaminophen w/ codeine tabs 15 mg-300 mg, 60 mg-300 mg, 30 mg-300 mg, 300 mg-30 mg	P	Clinical Edit: Opioids;QL(6 ea daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg, 325 mg-30 mg-40 mg-50 mg	P	Clinical Edit: Opioids;QL(4 ea daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod caps	P	Clinical Edit: Opioids;QL(4 ea daily); AL(At least 12 yrs old)
FIORINAL/CODEINE #3 CAPS (*Use butalbital-aspirin-caffeine w/cod*)	NP	Clinical Edit: Opioids;QL(4 ea daily); AL(At least 12 yrs old)
hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 325 mg/15ml-7.5 mg/15ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml	P	Clinical Edit: Opioids;QL(180 ml daily)
hydrocodone-acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-7.5 mg, 7.5 mg-325 mg	P	Clinical Edit: Opioids;QL(6 ea daily)
NORCO TABS (*Use hydrocodone-acetaminophen*)	NP	Clinical Edit: Opioids;QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
oxycodone w/ acetaminophen tabs 7.5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 mg	P	Clinical Edit: Opioids;QL(6 ea daily)
oxycodone-aspirin tabs	P	Clinical Edit: Opioids;QL(6 ea daily)
PERCOCET TABS 7.5 MG-325 MG, 10 MG-325 MG, 5 MG-325 MG (*Use oxycodone w/ acetaminophen*)	NP	Clinical Edit: Opioids;QL(6 ea daily)
tramadol-acetaminophen tabs	P	Clinical Edit: Opioids;QL(4 ea daily); AL(At least 18 yrs old)
TYLENOL/CODEINE #3 TABS (*Use acetaminophen w/ codeine*)	NP	Clinical Edit: Opioids;QL(6 ea daily); AL(At least 12 yrs old)
ULTRACET TABS (*Use tramadol-acetaminophen*)	NP	Clinical Edit: Opioids;QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	P	PA
BUNAVAIL FILM	P	PA
BUPRENEX SOLN (*Use buprenorphine hcl*)	NP	PA
buprenorphine hcl film bu 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg	P	PA
buprenorphine hcl soln ij 0.3 mg/ml	P	PA
buprenorphine hcl subl sl 2 mg, 8 mg	P	PA
buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl-naloxone hcl dihydrate film 2 mg-8 mg, 8 mg-2 mg	P	QL(2 ea daily)
buprenorphine hcl-naloxone hcl dihydrate film 3 mg-12 mg	P	PA; QL(2 ea daily)
buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg	P	QL(3 ea daily)
PROBUPHINE IMPLANT KIT IMPL	P	PA; SP
SUBLOCADE SOSY	P	PA; 2 rtl MAX fill,30 rtl day(s) supply,; SP
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-0.5 MG (*Use buprenorphine hcl-naloxone hcl dihydrate*)	NP	QL(1 ea daily)
SUBOXONE FILM 2 MG-8 MG (*Use buprenorphine hcl-naloxone hcl dihydrate*)	NP	QL(2 ea daily)
SUBOXONE FILM 3 MG-12 MG (*Use buprenorphine hcl-naloxone hcl dihydrate*)	NP	PA; QL(2 ea daily)
ZUBSOLV SUBL	P	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24	P	QL(1 ea daily)
AVEED SOLN	P	PA; SP
DEPO-TESTOSTERONE SOLN 200 MG/ML (*Use testosterone cypionate*)	NP	QL(4 ml per 30 days retail)
METHITEST TABS	P	
TESTOPEL PLLT	P	PA; SP
testosterone cypionate soln im 200 mg/ml	P	QL(4 ml per 30 days retail)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		

Drug Name	Drug Tier	Requirements/ Limits
CORTENEMA ENEM (*Use hydrocortisone (intrarectal)*)	NP	
hydrocortisone (intrarectal) enem	P	
Rectal Combinations		
ANALPRAM-HC LOTN 1 %-2.5 %	P	QL(62 ml per 30 days retail)
phenylephrine-shark liver oil-cocoa butter supp	P	OTC;QL(12 ea per 30 days retail)
phenylephrine-shark liver oil-mineral oil-petrolatum oint	P	OTC;QL(31 gm per 30 days retail)
Rectal Steroids		
ANUSOL-HC CREA (*Use hydrocortisone (rectal)*)	NP	
hydrocortisone (rectal) crea 2.5 %	P	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone liqd 20 mg/5ml-200 mg/5ml-200 mg/5ml	P	QL(744 ml per 30 days retail)
alum & mag hydrox-simethicone susp 0.2 %-40 mg/10ml-400 mg/10ml-400 mg/10ml, 120 mg/30ml-1200 mg/30ml-1200 mg/30ml, 20 mg/5ml-20 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml, 200 mg/5ml-20 mg/5ml-200 mg/5ml, 200 mg/5ml-200 mg/5ml-20 mg/5ml	P	QL(744 ml per 30 days retail)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP OR	P	OTC
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs	P	OTC;QL(100 ea per 30 days retail)
Antacids - Calcium Salts		

Drug Name	Drug Tier	Requirements/ Limits
calcium carbonate (antacid) chew 500 mg	P	OTC
TUMS CHEW (*Use calcium carbonate (antacid)*)	NP	OTC
TUMS LASTING EFFECTS CHEW (*Use calcium carbonate (antacid)*)	NP	OTC
Antacids - Magnesium Salts		
magnesium oxide tabs 400 mg	P	OTC
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE TABS	P	PA; SP
EMVERM CHEW	P	QL(1 ea per 14 days retail)
pyrantel pamoate susp or	P	OTC;QL(60 ml per fill retail)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS 500 MG (*Use metronidazole*)	NP	
metronidazole tabs or 250 mg, 500 mg	P	
TRIMETHOPRIM TABS OR	P	
trimethoprim tabs or	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (*Use sulfamethoxazole-trimethoprim*)	NP	
BACTRIM TABS (*Use sulfamethoxazole-trimethoprim*)	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 40.8 mg-0.12 mg-10.8 mg-36.2 mg-81.6 mg	P	

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

Drug Name	Drug Tier	Requirements/ Limits
CAYSTON SOLR	P	PA; SP
Oxazolidinones		
SIVEXTRO TABS OR	P	PA; QL(6 ea per fill retail)
Pleuromutilins		
XENLETA TABS	P	PA; SP
Urinary Anti-infectives		
MACROBID CAPS (*Use nitrofurantoin monohyd macro*)	NP	
MACRODANTIN CAPS 50 MG, 100 MG (*Use nitrofurantoin macrocrystal*)	NP	
methenamine mandelate tabs or 1 gm, 0.5 gm, 500 mg	P	
nitrofurantoin macrocrystal caps 50 mg, 100 mg	P	
nitrofurantoin monohyd macro caps	P	
nitrofurantoin susp or	P	QL(40 ml daily)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (*Use isosorbide dinitrate*)	NP	
isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg	P	
isosorbide mononitrate tabs 10 mg, 20 mg	P	QL(2 ea daily)
isosorbide mononitrate tb24 120 mg, 30 mg, 60 mg	P	QL(1 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*Use nitroglycerin*)	NP	
nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	P	
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	P	
NITROSTAT SUBL (*Use nitroglycerin*)	NP	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl tabs or 10 mg, 5 mg	P	QL(6 ea daily)
buspirone hcl tabs or 15 mg	P	QL(4 ea daily)
buspirone hcl tabs or 30 mg, 7.5 mg	P	QL(3 ea daily)
hydroxyzine hcl syrp or 10 mg/5ml	P	
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	P	
hydroxyzine pamoate caps or 100 mg, 25 mg, 50 mg	P	
meprobamate tabs	P	
VISTARIL CAPS (*Use hydroxyzine pamoate*)	NP	
Benzodiazepines		
alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg	P	QL(3 ea daily); AL(At least 18 yrs old)
ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG (*Use lorazepam*)	NP	QL(3 ea daily); AL(At least 18 yrs old)
chlordiazepoxide hcl caps	P	QL(4 ea daily); AL(At least 18 yrs old)
clorazepate dipotassium tabs	P	QL(3 ea daily); AL(At least 18 yrs old)
diazepam soln or 5 mg/5ml	P	AL (6 months to 12 years old)
diazepam tabs or 10 mg, 2 mg, 5 mg	P	QL(4 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
lorazepam tabs or 0.5 mg, 1 mg, 2 mg	P	QL(3 ea daily); AL(At least 18 yrs old)
oxazepam caps	P	QL(4 ea daily); AL(At least 18 yrs old)
TRANXENE T TABS (*Use clorazepate dipotassium*)	NP	QL(3 ea daily); AL(At least 18 yrs old)
VALIUM TABS (*Use diazepam*)	NP	QL(4 ea daily); AL(At least 18 yrs old)
XANAX TABS (*Use alprazolam*)	NP	QL(3 ea daily); AL(At least 18 yrs old)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	P	
NORPACE CAPS (*Use disopyramide phosphate*)	P	
NORPACE CR CP12 150 MG	P	
quinidine gluconate tbcr	P	
quinidine sulfate tabs	P	
Antiarrhythmics Type I-B		
mexiletine hcl caps	P	
Antiarrhythmics Type I-C		
flecainide acetate tabs	P	
propafenone hcl tabs 150 mg, 225 mg, 300 mg	P	
Antiarrhythmics Type III		
amiodarone hcl tabs or 200 mg	P	
dofetilide caps	P	
TIKOSYN CAPS (*Use dofetilide*)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Anti-Inflammatory Agents		
cromolyn sodium nebu in	P	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
CINQAIR SOLN	P	PA; SP
FASENRA PEN SOAJ	P	PA; SP
FASENRA SOSY	P	PA; SP
NUCALA SOAJ	P	PA; SP
NUCALA SOLR	P	PA; SP
NUCALA SOSY	P	PA; SP
TEZSPIRE SOSY	P	PA; SP
XOLAIR SOLR	P	PA; SP
XOLAIR SOSY	P	PA; SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	P	QL(25.8 gm per fill retail)
INCRUSE ELLIPTA AEPB	P	QL(1 ea daily)
ipratropium bromide soln in	P	QL(375 ml per 20 days retail)
TUDORZA PRESSAIR AEPB	P	QL(1 ea per 30 days retail)
Leukotriene Modulators		
montelukast sodium chew or 4 mg, 5 mg	P	QL(1 ea daily)
montelukast sodium pack or 4 mg	P	QL(1 ea daily)
montelukast sodium tabs or 10 mg	P	QL(1 ea daily)
SINGULAIR CHEW (*Use montelukast sodium*)	NP	QL(1 ea daily)
SINGULAIR PACK (*Use montelukast sodium*)	NP	QL(1 ea daily)
SINGULAIR TABS (*Use montelukast sodium*)	NP	QL(1 ea daily)
Steroid Inhalants		

Drug Name	Drug Tier	Requirements/ Limits
ARNUITY ELLIPTA AEPB	P	QL(1 ea daily)
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	P	QL(0.44 gm daily)
budesonide (inhalation) susp	P	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail); AL(Up to 12 yrs old)
FLOVENT HFA AERO 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
PULMICORT SUSP (*Use budesonide (inhalation)*)	NP	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
QVAR REDIHALER AERB 40 MCG/ACT	P	QL(0.36 gm daily)
QVAR REDIHALER AERB 80 MCG/ACT	P	QL(0.72 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (*Use fluticasone-salmeterol*)	NP	QL(2 ea daily,60 ea per 30 days retail)
albuterol sulfate aers in 108 mcg/act	NP	
albuterol sulfate aers in 108 mcg/act	P	QL(8.5 gm per fill retail,17 gm per 30 days retail)
albuterol sulfate aers in 108 mcg/act	P	QL(6.7 gm per fill retail,13.4 gm per 30 days retail)
albuterol sulfate aers in 108 mcg/act	P	QL(18 gm per fill retail,36 gm per 30 days retail)
albuterol sulfate nebu in 0.083 %	P	QL(12.5 ml daily)
ALBUTEROL SULFATE NEBU IN 0.5 %	P	

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml	P	
albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml	P	QL(375 ml per 30 days retail)
albuterol sulfate syrp or 2 mg/5ml	P	
albuterol sulfate tabs or 2 mg, 4 mg	P	
albuterol sulfate tb12 or 4 mg, 8 mg	P	
budesonide-formoterol fumarate dihydrate aero	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 30 days retail)
fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 100 mcg/act-50 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/dose-100 mcg/dose, 50 mcg/dose-250 mcg/dose	P	QL(2 ea daily,60 ea per 30 days retail)
ipratropium-albuterol soln	P	QL(12 ml daily)
PROAIR HFA AERS (*Use albuterol sulfate*)	NP	
PROAIR RESPICLICK AEPB	P	QL(1 ea per fill retail,2 ea per 30 days retail); AL(At least 4 yrs old - Up to 18 yrs old)
PROVENTIL HFA AERS (*Use albuterol sulfate*)	NP	
SEREVENT DISKUS AEPB	P	QL(60 ea per fill retail)
SYMBICORT AERO (*Use budesonide-formoterol fumarate dihydrate*)	NP	
terbutaline sulfate tabs or 2.5 mg, 5 mg	P	
VENTOLIN HFA AERS (*Use albuterol sulfate*)	NP	
Xanthines		
ELIXOPHYLLIN ELIX	P	
THEO-24 CP24	P	

Drug Name	Drug Tier	Requirements/ Limits
theophylline soln 80 mg/15ml	P	QL(475 ml per fill retail)
theophylline tb12 300 mg, 450 mg	P	
theophylline tb24 400 mg, 600 mg	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (*Use warfarin sodium*)	P	
warfarin sodium tabs	P	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	P	QL(42 ea per 42 days retail)
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
ELIQUIS TABS	P	QL(4 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN (*Use fondaparinux sodium*)	NP	PA; SP
enoxaparin sodium soln	P	
fondaparinux sodium soln	P	PA; SP
FRAGMIN SOLN	P	PA; SP
heparin sodium (porcine) soln	P	
LOVENOX SOLN (*Use enoxaparin sodium*)	NP	
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clonazepam tabs or 0.5 mg, 1 mg, 2 mg	P	QL(3 ea daily); AL(At least 18 yrs old)
DIASTAT ACUDIAL GEL 10 MG (*Use diazepam (anticonvulsant)*)	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT ACUDIAL GEL 20 MG (*Use diazepam (anticonvulsant)*)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT PEDIATRIC GEL (*Use diazepam (anticonvulsant)*)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
diazepam (anticonvulsant) gel	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
KLONOPIN TABS (*Use clonazepam*)	NP	QL(3 ea daily); AL(At least 18 yrs old)
NAYZILAM SOLN	P	PA; QL(10 ea per 30 days retail)
VALTOCO LIQD	P	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	P	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		
BANZEL SUSP (*Use rufinamide*)	NP	PA; SP
BANZEL TABS (*Use rufinamide*)	NP	PA; SP
BRIVIACT SOLN IV 50 MG/5ML	P	PA; SP
carbamazepine chew or 100 mg	P	
carbamazepine susp or 100 mg/5ml, 200 mg/10ml	P	
carbamazepine tabs or 200 mg	P	
carbamazepine tb12 or 100 mg, 200 mg, 400 mg	P	
DIACOMIT CAPS 250 MG	P	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	P	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	P	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	P	PA; QL(6 ea daily)
EPIDIOLEX SOLN	P	PA; SP
FINTEPLA SOLN	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
gabapentin caps or 100 mg, 300 mg, 400 mg	P	QL(9 ea daily)
gabapentin soln or 250 mg/5ml, 300 mg/6ml	P	
gabapentin tabs or 600 mg	P	QL(6 ea daily)
gabapentin tabs or 800 mg	P	QL(4 ea daily)
KEPPRA SOLN OR 100 MG/ML (*Use levetiracetam*)	NP	QL(16 ml daily)
KEPPRA TABS OR 1000 MG (*Use levetiracetam*)	NP	
KEPPRA TABS OR 250 MG, 750 MG (*Use levetiracetam*)	NP	QL(4 ea daily)
KEPPRA TABS OR 500 MG (*Use levetiracetam*)	NP	QL(6 ea daily)
KEPPRA XR TB24 (*Use levetiracetam*)	NP	ST; Use levetiracetam IR
LAMICTAL CHEWABLE DISPERSIBLE CHEW (*Use lamotrigine*)	NP	
LAMICTAL TABS (*Use lamotrigine*)	NP	
LAMICTAL XR TB24 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*Use lamotrigine*)	NP	ST; Use lamotrigine IR
lamotrigine chew or 25 mg, 5 mg	P	
lamotrigine tabs or 150 mg, 25 mg, 100 mg, 200 mg	P	
lamotrigine tb24 or 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	P	ST; Use lamotrigine IR
levetiracetam soln or 100 mg/ml, 500 mg/5ml	P	QL(16 ml daily)
levetiracetam tabs or 1000 mg	P	
levetiracetam tabs or 250 mg, 750 mg	P	QL(4 ea daily)
levetiracetam tabs or 500 mg	P	QL(6 ea daily)
levetiracetam tb24 or 500 mg, 750 mg	P	ST; Use levetiracetam IR

Drug Name	Drug Tier	Requirements/ Limits
MYSOLINE TABS (*Use primidone*)	NP	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (*Use gabapentin*)	NP	QL(9 ea daily)
NEURONTIN SOLN 250 MG/5ML (*Use gabapentin*)	NP	
NEURONTIN TABS 600 MG (*Use gabapentin*)	NP	QL(6 ea daily)
NEURONTIN TABS 800 MG (*Use gabapentin*)	NP	QL(4 ea daily)
oxcarbazepine susp	P	
oxcarbazepine tabs	P	
primidone tabs or 250 mg, 50 mg	P	
rufinamide susp	P	PA; SP
rufinamide tabs	P	PA; SP
TEGRETOL SUSP (*Use carbamazepine*)	NP	
TEGRETOL TABS (*Use carbamazepine*)	NP	
TEGRETOL-XR TB12 (*Use carbamazepine*)	NP	
TOPAMAX SPRINKLE CPSP 15 MG (*Use topiramate*)	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (*Use topiramate*)	NP	QL(8 ea daily)
TOPAMAX TABS 100 MG (*Use topiramate*)	NP	QL(4 ea daily)
TOPAMAX TABS 200 MG (*Use topiramate*)	NP	QL(3 ea daily)
TOPAMAX TABS 25 MG, 50 MG (*Use topiramate*)	NP	QL(6 ea daily)
topiramate cpsp or 15 mg	P	QL(6 ea daily)
topiramate cpsp or 25 mg	P	QL(8 ea daily)
topiramate tabs or 100 mg	P	QL(4 ea daily)
topiramate tabs or 200 mg	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
topiramate tabs or 25 mg, 50 mg	P	QL(6 ea daily)
TRILEPTAL SUSP (*Use oxcarbazepine*)	NP	
TRILEPTAL TABS (*Use oxcarbazepine*)	NP	
ZONEGRAN CAPS (*Use zonisamide*)	NP	
zonisamide caps or 100 mg, 25 mg, 50 mg	P	
Carbamates		
felbamate susp	P	
felbamate tabs	P	
FELBATOL SUSP (*Use felbamate*)	NP	
FELBATOL TABS (*Use felbamate*)	NP	
GABA Modulators		
GABITRIL TABS (*Use tiagabine hcl*)	NP	
SABRIL PACK (*Use vigabatrin*)	NP	PA; SP
SABRIL TABS (*Use vigabatrin*)	NP	PA; SP
tiagabine hcl tabs	P	
vigabatrin pack	P	PA; SP
vigabatrin tabs	P	PA; SP
Hydantoins		
DILANTIN CAPS 100 MG (*Use phenytoin sodium extended*)	P	
DILANTIN CAPS 30 MG	P	
DILANTIN INFATABS CHEW (*Use phenytoin*)	P	
DILANTIN-125 SUSP (*Use phenytoin*)	P	
phenytoin chew or 50 mg	P	
phenytoin sodium extended caps 100 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
phenytoin sodium soln ij	P	
phenytoin susp or 100 mg/4ml, 125 mg/5ml	P	
Succinimides		
ethosuximide caps or 250 mg	P	
ethosuximide soln or 250 mg/5ml	P	
ZARONTIN CAPS (*Use ethosuximide*)	NP	
ZARONTIN SOLN (*Use ethosuximide*)	NP	
Valproic Acid		
DEPAKOTE ER TB24 250 MG (*Use divalproex sodium*)	NP	QL(3 ea daily)
DEPAKOTE ER TB24 500 MG (*Use divalproex sodium*)	NP	QL(7 ea daily)
DEPAKOTE SPRINKLES CSDR (*Use divalproex sodium*)	NP	QL(8 ea daily)
DEPAKOTE TBEC 125 MG (*Use divalproex sodium*)	NP	QL(2 ea daily)
DEPAKOTE TBEC 250 MG (*Use divalproex sodium*)	NP	QL(3 ea daily)
DEPAKOTE TBEC 500 MG (*Use divalproex sodium*)	NP	QL(7 ea daily)
divalproex sodium csdr or 125 mg	P	QL(8 ea daily)
divalproex sodium tb24 or 250 mg	P	QL(3 ea daily)
divalproex sodium tb24 or 500 mg	P	QL(7 ea daily)
divalproex sodium tbec or 125 mg	P	QL(2 ea daily)
divalproex sodium tbec or 250 mg	P	QL(3 ea daily)
divalproex sodium tbec or 500 mg	P	QL(7 ea daily)
valproate sodium soln or 250 mg/5ml	P	
valproic acid caps or	P	

Drug Name	Drug Tier	Requirements/ Limits
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs or 15 mg	P	QL(3 ea daily)
mirtazapine tabs or 30 mg	P	QL(1.5 ea daily)
mirtazapine tabs or 45 mg, 7.5 mg	P	QL(1 ea daily)
mirtazapine tbdp or 15 mg	P	QL(3 ea daily)
mirtazapine tbdp or 30 mg	P	QL(1.5 ea daily)
mirtazapine tbdp or 45 mg	P	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (*Use mirtazapine*)	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (*Use mirtazapine*)	NP	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (*Use mirtazapine*)	NP	QL(1 ea daily)
REMERON TABS 15 MG (*Use mirtazapine*)	NP	QL(3 ea daily)
REMERON TABS 30 MG (*Use mirtazapine*)	NP	QL(1.5 ea daily)
Antidepressants - Misc.		
bupropion hcl tabs or 100 mg, 75 mg	P	QL(3 ea daily)
bupropion hcl tb12 or 100 mg	P	QL(4 ea daily)
bupropion hcl tb12 or 150 mg	P	QL(3 ea daily)
bupropion hcl tb12 or 200 mg	P	QL(2 ea daily)
bupropion hcl tb24 or 150 mg	P	QL(3 ea daily)
bupropion hcl tb24 or 300 mg	P	QL(1 ea daily)
maprotiline hcl tabs	P	
WELLBUTRIN SR TB12 100 MG (*Use bupropion hcl*)	NP	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (*Use bupropion hcl*)	NP	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (*Use bupropion hcl*)	NP	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (*Use bupropion hcl*)	NP	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (*Use bupropion hcl*)	NP	QL(1 ea daily)
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO SOLN	P	PA; SP
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL TABS (*Use phenelzine sulfate*)	NP	
PARNATE TABS (*Use tranylcypromine sulfate*)	NP	
phenelzine sulfate tabs or	P	
tranylcypromine sulfate tabs	P	
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	P	PA; SP
SPRAVATO 84MG DOSE SOPK	P	PA; SP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (*Use citalopram hydrobromide*)	NP	QL(4 ea daily)
CELEXA TABS 20 MG (*Use citalopram hydrobromide*)	NP	QL(2 ea daily)
CELEXA TABS 40 MG (*Use citalopram hydrobromide*)	NP	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	P	
citalopram hydrobromide tabs 10 mg	P	QL(4 ea daily)
citalopram hydrobromide tabs 20 mg	P	QL(2 ea daily)
citalopram hydrobromide tabs 40 mg	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
escitalopram oxalate tabs or 10 mg	P	QL(2 ea daily); AL(At least 12 yrs old)
escitalopram oxalate tabs or 20 mg	P	QL(1 ea daily); AL(At least 12 yrs old)
escitalopram oxalate tabs or 5 mg	P	QL(4 ea daily); AL(At least 12 yrs old)
fluoxetine hcl caps or 10 mg, 20 mg	P	QL(4 ea daily)
fluoxetine hcl caps or 40 mg	P	QL(2 ea daily); AL(At least 7 yrs old)
fluoxetine hcl soln or 20 mg/5ml	P	QL(600 ml per 30 days retail); AL(Up to 6 yrs old)
fluoxetine hcl tabs or 10 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
fluoxetine hcl tabs or 20 mg	P	QL(4 ea daily)
fluvoxamine maleate tabs 100 mg	P	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	P	QL(2 ea daily)
LEXAPRO TABS 10 MG (*Use escitalopram oxalate*)	NP	QL(2 ea daily); AL(At least 12 yrs old)
LEXAPRO TABS 20 MG (*Use escitalopram oxalate*)	NP	QL(1 ea daily); AL(At least 12 yrs old)
LEXAPRO TABS 5 MG (*Use escitalopram oxalate*)	NP	QL(4 ea daily); AL(At least 12 yrs old)
paroxetine hcl susp 10 mg/5ml	P	PA; QL(40 ml daily)
paroxetine hcl tabs 10 mg	P	QL(6 ea daily)
paroxetine hcl tabs 20 mg	P	QL(3 ea daily)
paroxetine hcl tabs 30 mg, 40 mg	P	QL(2 ea daily)
paroxetine hcl tb24 12.5 mg, 25 mg, 37.5 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
PAXIL CR TB24 (*Use paroxetine hcl*)	NP	
PAXIL SUSP 10 MG/5ML (*Use paroxetine hcl*)	NP	PA; QL(40 ml daily)
PAXIL TABS 10 MG (*Use paroxetine hcl*)	NP	QL(6 ea daily)
PAXIL TABS 20 MG (*Use paroxetine hcl*)	NP	QL(3 ea daily)
PAXIL TABS 30 MG, 40 MG (*Use paroxetine hcl*)	NP	QL(2 ea daily)
PROZAC CAPS 10 MG, 20 MG (*Use fluoxetine hcl*)	NP	QL(4 ea daily)
PROZAC CAPS 40 MG (*Use fluoxetine hcl*)	NP	QL(2 ea daily); AL(At least 7 yrs old)
sertraline hcl conc or 20 mg/ml	P	QL(6 ml daily)
sertraline hcl tabs or 100 mg	P	QL(2 ea daily)
sertraline hcl tabs or 25 mg, 50 mg	P	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (*Use sertraline hcl*)	NP	QL(6 ml daily)
ZOLOFT TABS 100 MG (*Use sertraline hcl*)	NP	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (*Use sertraline hcl*)	NP	QL(4 ea daily)
Serotonin Modulators		
nefazodone hcl tabs	P	
trazodone hcl tabs or 100 mg, 150 mg, 50 mg	P	
trazodone hcl tabs or 300 mg	P	QL(2 ea daily)
TRINTELLIX TABS	P	PA; QL(1 ea daily); AL(At least 18 yrs old)
VIIBRYD TABS	P	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (*Use duloxetine hcl*)	NP	QL(1 ea daily); AL(At least 7 yrs old)
desvenlafaxine succinate tb24 100 mg	P	ST; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
desvenlafaxine succinate tb24 25 mg, 50 mg	P	ST; QL(1 ea daily)
duloxetine hcl cpep or 20 mg, 60 mg, 30 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG (*Use venlafaxine hcl*)	NP	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (*Use venlafaxine hcl*)	NP	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (*Use venlafaxine hcl*)	NP	QL(5 ea daily)
PRISTIQ TB24 100 MG (*Use desvenlafaxine succinate*)	NP	ST; QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (*Use desvenlafaxine succinate*)	NP	ST; QL(1 ea daily)
venlafaxine hcl cp24 150 mg	P	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	P	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	P	QL(5 ea daily)
venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	P	
venlafaxine hcl tb24 150 mg	P	QL(2 ea daily)
venlafaxine hcl tb24 225 mg, 75 mg, 37.5 mg	P	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs or 10 mg, 50 mg, 100 mg, 150 mg, 25 mg, 75 mg	P	
amoxapine tabs	P	
ANAFRANIL CAPS 75 MG (*Use clomipramine hcl*)	NP	
clomipramine hcl caps or 75 mg	P	
desipramine hcl tabs or 10 mg, 100 mg, 150 mg, 75 mg, 50 mg	P	
desipramine hcl tabs or 25 mg	P	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
SOLIQUA 100/33 SOPN	P	ST; QL(0.6 ml daily)
Biguanides		
metformin hcl tabs or 1000 mg, 850 mg	P	
metformin hcl tabs or 500 mg	P	QL(4 ea daily)
metformin hcl tb24 or 500 mg	P	QL(4 ea daily)
metformin hcl tb24 or 750 mg	P	QL(3 ea daily)
Diabetic Other		
BD GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW 4 GM-6 MG, 6 MG-4 GM	P	QL(50 ea per 30 days retail)
CVS SOFT GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
DEX4 CHEW	P	QL(50 ea per 30 days retail)
DEX4 FAST ACTING GLUCOSE CHEW 4 GM-6 MG, 6 MG-4 GM	P	QL(50 ea per 30 days retail)
DEX4 NATURALS CHEW	P	QL(50 ea per 30 days retail)
DEX4 POUCH PACK CHEW	P	QL(50 ea per 30 days retail)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
glucagon (rdna) kit	P	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT KIT (*Use glucagon (rdna)*)	NP	QL(1 ea per fill retail)
GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
GLUCOSE CHEW 4 GM-4 GM-6 MG, 4 GM-6 MG-4 GM	P	QL(50 ea per 30 days retail)

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

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

Drug Name	Drug Tier	Requirements/ Limits
BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	P	OTC;QL(1 ml daily)
HUMULIN 70/30 SUSP	P	OTC;QL(40 ml per 30 days retail)
HUMULIN N KWIKPEN SUPN	P	OTC;QL(1 ml daily)
HUMULIN N SUSP	P	OTC;QL(40 ml per 30 days retail)
HUMULIN R SOLN	P	OTC;QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(1 ml daily)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 30 days retail)
INSULIN LISPRO KWIKPEN SOPN	NP	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(1 ml daily)
INSULIN LISPRO SOLN	NP	QL(40 ml per 30 days retail)
INSULIN LISPRO SOLN	NP	
LANTUS SOLN	NP	
LANTUS SOLOSTAR SOPN	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	OTC;QL(1 ml daily)
NOVOLIN 70/30 FLEXPEN SUPN	P	OTC;QL(1 ml daily)
NOVOLIN 70/30 RELION SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN 70/30 SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN N FLEXPEN RELION SUPN	P	OTC;QL(1 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN N FLEXPEN SUPN	P	OTC;QL(1 ml daily)
NOVOLIN N RELION SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN N SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN R RELION SOLN	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN R SOLN	P	OTC;QL(40 ml per 30 days retail)
SEMGLEE SOLN	P	QL(1 ml daily)
SEMGLEE SOPN	P	QL(1 ml daily)
Meglitinide Analogues		
nateglinide tabs	P	QL(3 ea daily)
STARLIX TABS (*Use nateglinide*)	NP	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
STEGLATRO TABS	P	QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (*Use glimepiride*)	NP	QL(4 ea daily)
AMARYL TABS 4 MG (*Use glimepiride*)	NP	QL(2 ea daily)
glimepiride tabs 1 mg, 2 mg	P	QL(4 ea daily)
glimepiride tabs 4 mg	P	QL(2 ea daily)
glipizide tabs or 10 mg, 5 mg	P	
glipizide tb24 or 10 mg, 2.5 mg, 5 mg	P	
GLUCOTROL TABS (*Use glipizide*)	NP	
GLUCOTROL XL TB24 (*Use glipizide*)	NP	
glyburide micronized tabs	P	
glyburide tabs or 1.25 mg, 2.5 mg, 5 mg	P	
GLYNASE TABS (*Use glyburide micronized*)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate chew or 262 mg	P	OTC
bismuth subsalicylate susp or 1050 mg/30ml, 525 mg/15ml	P	OTC
PEPTO-BISMOL CHEW 262 MG (*Use bismuth subsalicylate*)	NP	OTC
PEPTO-BISMOL MAX STRENGTH SUSP (*Use bismuth subsalicylate*)	NP	OTC
PEPTO-BISMOL TO-GO CHEW (*Use bismuth subsalicylate*)	NP	OTC
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	P	OTC;QL(40 ml daily)
diphenoxylate w/ atropine liqd	P	
diphenoxylate w/ atropine tabs	P	
IMODIUM A-D CAPS 2 MG (*Use loperamide hcl*)	NP	OTC;QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG (*Use loperamide hcl*)	NP	OTC;QL(8 ea daily)
LOMOTIL TABS (*Use diphenoxylate w/ atropine*)	NP	
loperamide hcl caps or 2 mg	P	OTC;QL(8 ea daily); RX/OTC
loperamide hcl tabs or 2 mg	P	OTC;QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	P	
deferasirox pack	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
deferasirox tabs	P	PA; SP
deferasirox tbso	P	PA; SP
deferiprone tabs	P	PA; SP
EXJADE TBSO (*Use deferasirox*)	NP	PA; SP
FERRIPROX SOLN 100 MG/ML	P	PA; SP
FERRIPROX TABS 1000 MG, 500 MG (*Use deferiprone*)	NP	PA; SP
FERRIPROX TWICE-A-DAY TABS	P	PA; SP
JADENU SPRINKLE PACK (*Use deferasirox*)	NP	PA; SP
JADENU TABS (*Use deferasirox*)	NP	PA; SP
Antidotes and Specific Antagonists		
ANDEXXA SOLR	P	PA; SP
BRIDION SOLN	P	PA; SP
deferoxamine mesylate solr	P	PA; SP
DESFERAL SOLR (*Use deferoxamine mesylate*)	NP	PA; SP
SM IPECAC SYRUP SYRP	P	
VISTOGARD PACK	P	
Opioid Antagonists		
naloxone hcl liqd na 4 mg/0.1ml	P	QL(4 ea per 90 days retail)
naloxone hcl soct ij 0.4 mg/ml	P	QL(2 ml per 90 days retail)
naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml	P	QL(2 ml per 90 days retail)
naloxone hcl sosy ij 2 mg/2ml	P	QL(4 ml per 90 days retail)
naltrexone hcl tabs or	P	
NALTREXONE IMPL SC	P	PA; SP
NARCAN LIQD (*Use naloxone hcl*)	NP	QL(4 ea per 90 days retail)

Drug Name	Drug Tier	Requirements/ Limits
VIVITROL SUSR	P	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ondansetron hcl soln or 4 mg/5ml	P	QL(50 ml per 30 days retail)
ondansetron hcl tabs or 24 mg	P	QL(1 ea per 14 days retail)
ondansetron hcl tabs or 8 mg, 4 mg	P	QL(2 ea daily)
ondansetron tbdp	P	QL(2 ea daily)
ZOFRAN TABS (*Use ondansetron hcl*)	NP	QL(2 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (*Use meclizine hcl*)	NP	OTC;RX/OTC
dimenhydrinate tabs or 50 mg	P	OTC;QL(24 ea per fill retail)
DRAMAMINE CHEW	P	OTC;QL(24 ea per fill retail)
DRAMAMINE TABS (*Use dimenhydrinate*)	NP	OTC;QL(24 ea per fill retail)
meclizine hcl chew or 25 mg	P	OTC;RX/OTC
meclizine hcl tabs or 12.5 mg, 25 mg	P	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
griseofulvin microsize susp	P	
griseofulvin microsize tabs	P	
griseofulvin ultramicrosize tabs	P	
nystatin tabs or	P	QL(6 ea daily)
terbinafine hcl tabs or	P	QL(90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (*Use fluconazole*)	NP	QL(70 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
DIFLUCAN TABS 100 MG, 200 MG (*Use fluconazole*)	NP	
DIFLUCAN TABS 150 MG (*Use fluconazole*)	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG (*Use fluconazole*)	NP	QL(3 ea per 14 days retail)
fluconazole susr or 10 mg/ml, 40 mg/ml	P	QL(70 ml per fill retail)
fluconazole tabs or 100 mg, 200 mg	P	
fluconazole tabs or 150 mg	P	QL(2 ea per fill retail)
fluconazole tabs or 50 mg	P	QL(3 ea per 14 days retail)
itraconazole caps or 100 mg	P	PA; QL(1 ea daily)
SPORANOX CAPS 100 MG (*Use itraconazole*)	NP	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (*Use itraconazole*)	NP	PA; QL(1 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
CHLOR-TRIMETON SYRP 2 MG/5ML (*Use chlorpheniramine maleate*)	NP	OTC
CHLOR-TRIMETON TABS 4 MG (*Use chlorpheniramine maleate*)	NP	OTC;QL(120 ea per fill retail)
chlorpheniramine maleate syrp or 2 mg/5ml	P	OTC
chlorpheniramine maleate tabs or 4 mg	P	OTC;QL(120 ea per fill retail)
Antihistamines - Ethanolamines		
ALER-DRYL TABS	P	QL(4 ea daily)
BENADRYL ALLERGY CAPS (*Use diphenhydramine hcl*)	NP	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (*Use diphenhydramine hcl*)	NP	OTC;QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (*Use diphenhydramine hcl*)	NP	OTC;QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BENADRYL ALLERGY ULTRATABS TABS (*Use diphenhydramine hcl*)	NP	OTC;QL(4 ea daily)
clemastine fumarate tabs or 1.34 mg	P	OTC;QL(2 ea daily)
diphenhydramine hcl caps or 50 mg, 25 mg	P	QL(4 ea daily)
diphenhydramine hcl elix or 12.5 mg/5ml	P	QL(240 ml per fill retail)
diphenhydramine hcl liqd or 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml	P	OTC;QL(240 ml per fill retail)
diphenhydramine hcl tabs or 25 mg	P	OTC;QL(4 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG (*Use fexofenadine hcl*)	NP	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (*Use fexofenadine hcl*)	NP	QL(2 ea daily)
cetirizine hcl chew 5 mg, 10 mg	P	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	P	QL(240 ml per fill retail); RX/OTC
cetirizine hcl syrp 1 mg/ml, 5 mg/5ml	P	QL(240 ml per fill retail); RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	P	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (*Use loratadine*)	NP	OTC;QL(240 ml per fill retail)
CLARITIN REDITABS TBDP 10 MG (*Use loratadine*)	NP	OTC;QL(1 ea daily)
CLARITIN SYRP 5 MG/5ML (*Use loratadine*)	NP	OTC;QL(240 ml per fill retail)
CLARITIN TABS 10 MG (*Use loratadine*)	NP	OTC;QL(1 ea daily)
fexofenadine hcl tabs or 180 mg	P	QL(1 ea daily)
fexofenadine hcl tabs or 60 mg	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
levocetirizine dihydrochloride tabs or 5 mg	P	RX/OTC
loratadine soln or 5 mg/5ml	P	OTC;QL(240 ml per fill retail)
loratadine syrp or 5 mg/5ml	P	OTC;QL(240 ml per fill retail)
loratadine tabs or 10 mg	P	OTC;QL(1 ea daily)
loratadine tbdp or 10 mg	P	OTC;QL(1 ea daily)
XYZAL ALLERGY 24HR TABS (*Use levocetirizine dihydrochloride*)	NP	RX/OTC
ZYRTEC ALLERGY TABS (*Use cetirizine hcl*)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (*Use cetirizine hcl*)	NP	QL(240 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl soln or 6.25 mg/5ml	P	AL(At least 2 yrs old)
promethazine hcl supp re 50 mg, 12.5 mg, 25 mg	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
promethazine hcl syrp or 6.25 mg/5ml	P	AL(At least 2 yrs old)
promethazine hcl tabs or 25 mg, 12.5 mg, 50 mg	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl syrp or 2 mg/5ml	P	
cyproheptadine hcl tabs or 4 mg	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	P	ST; QL(1 ea daily)
VYTORIN TABS (*Use ezetimibe-simvastatin*)	NP	ST; QL(1 ea daily)
Bile Acid Sequestrants		
cholestyramine light pack	P	

Drug Name	Drug Tier	Requirements/ Limits
cholestyramine light powd	P	
cholestyramine pack or 4 gm	P	
cholestyramine powd or 4 gm/dose	P	
COLESTID FLAVORED GRAN 5 GM (*Use colestipol hcl*)	NP	
COLESTID GRAN 5 GM (*Use colestipol hcl*)	NP	
COLESTID TABS 1 GM (*Use colestipol hcl*)	NP	
colestipol hcl gran 5 gm	P	
colestipol hcl tabs 1 gm	P	
QUESTRAN LIGHT POWD (*Use cholestyramine light*)	NP	
QUESTRAN PACK (*Use cholestyramine*)	NP	
QUESTRAN POWD (*Use cholestyramine*)	NP	
Fibric Acid Derivatives		
fenofibrate micronized caps 134 mg, 200 mg	P	QL(1 ea daily)
fenofibrate micronized caps 67 mg	P	QL(2 ea daily)
FENOFIBRATE TABS OR 160 MG	P	QL(1 ea daily)
fenofibrate tabs or 160 mg	P	QL(1 ea daily)
fenofibrate tabs or 54 mg	P	QL(3 ea daily)
gemfibrozil tabs or	P	QL(2 ea daily)
LOPID TABS (*Use gemfibrozil*)	NP	QL(2 ea daily)
TRIGLIDE TABS	P	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs or 10 mg, 20 mg, 40 mg, 80 mg	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CRESTOR TABS (*Use rosuvastatin calcium*)	NP	ST; Try simvastatin or atorvastatin;QL (1 ea daily)
LIPITOR TABS (*Use atorvastatin calcium*)	NP	QL(1 ea daily)
lovastatin tabs 20 mg, 10 mg	P	QL(1 ea daily)
lovastatin tabs 40 mg	P	QL(2 ea daily)
PRAVACHOL TABS (*Use pravastatin sodium*)	NP	QL(1 ea daily)
pravastatin sodium tabs	P	QL(1 ea daily)
rosuvastatin calcium tabs	P	ST; Try simvastatin or atorvastatin;QL (1 ea daily)
simvastatin tabs or 5 mg, 10 mg, 20 mg, 40 mg	P	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (*Use simvastatin*)	NP	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	P	ST
ZETIA TABS (*Use ezetimibe*)	NP	ST
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS	P	PA; SP
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tabs	P	
niacin (antihyperlipidemic) tbcr	P	
NIASPAN TBCR (*Use niacin (antihyperlipidemic)*)	NP	
Proprotein Convertase Subtilisin/Kexin Type 9		
LEQVIO SOSY	P	PA; SP
PRALUENT SOAJ	P	PA; SP
REPATHA PUSHTRONEX SYSTEM SOCT	P	PA; SP
REPATHA SOSY	P	PA; SP
REPATHA SURECLICK SOAJ	P	PA; SP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (*Use quinapril hcl*)	NP	
ALTACE CAPS (*Use ramipril*)	NP	QL(2 ea daily)
benazepril hcl tabs or 10 mg, 20 mg, 5 mg	P	QL(1 ea daily)
benazepril hcl tabs or 40 mg	P	QL(2 ea daily)
captopril tabs or 100 mg, 12.5 mg, 25 mg, 50 mg	P	QL(3 ea daily)
enalapril maleate tabs or 10 mg, 2.5 mg, 20 mg, 5 mg	P	QL(2 ea daily)
fosinopril sodium tabs	P	QL(1 ea daily)
lisinopril tabs or 2.5 mg	P	QL(1 ea daily)
lisinopril tabs or 20 mg, 10 mg, 30 mg, 40 mg, 5 mg	P	QL(2 ea daily)
LOTENSIN TABS 10 MG, 20 MG (*Use benazepril hcl*)	NP	QL(1 ea daily)
LOTENSIN TABS 40 MG (*Use benazepril hcl*)	NP	QL(2 ea daily)
PRINIVIL TABS (*Use lisinopril*)	NP	QL(2 ea daily)
quinapril hcl tabs	P	
ramipril caps	P	QL(2 ea daily)
trandolapril tabs 1 mg, 2 mg	P	QL(1 ea daily)
trandolapril tabs 4 mg	P	QL(2 ea daily)
VASOTEC TABS (*Use enalapril maleate*)	NP	QL(2 ea daily)
ZESTRIL TABS 2.5 MG (*Use lisinopril*)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZESTRIL TABS 20 MG, 10 MG, 30 MG, 40 MG, 5 MG (*Use lisinopril*)	NP	QL(2 ea daily)
Agents for Pheochromocytoma		
DEMSER CAPS (*Use metyrosine*)	NP	PA; SP
metyrosine caps	P	PA; SP
Angiotensin II Receptor Antagonists		
ATACAND TABS (*Use candesartan cilexetil*)	NP	
AVAPRO TABS (*Use irbesartan*)	NP	QL(1 ea daily)
BENICAR TABS (*Use olmesartan medoxomil*)	NP	ST; Use losartan or irbesartan;QL(1 ea daily)
candesartan cilexetil tabs	P	
COZAAR TABS (*Use losartan potassium*)	NP	QL(1 ea daily)
DIOVAN TABS (*Use valsartan*)	NP	QL(1 ea daily)
irbesartan tabs	P	QL(1 ea daily)
losartan potassium tabs	P	QL(1 ea daily)
MICARDIS TABS (*Use telmisartan*)	NP	QL(1 ea daily)
olmesartan medoxomil tabs or 20 mg, 40 mg, 5 mg	P	ST; Use losartan or irbesartan;QL(1 ea daily)
telmisartan tabs	P	QL(1 ea daily)
valsartan tabs	P	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (*Use doxazosin mesylate*)	NP	
CATAPRES TABS (*Use clonidine hcl*)	NP	
clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg	P	
doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
guanfacine hcl tabs	P	
methyldopa tabs	P	
MINIPRESS CAPS (*Use prazosin hcl*)	NP	
prazosin hcl caps	P	
terazosin hcl caps	P	
Antihypertensive Combinations		
ACCURETIC TABS 10 MG-12.5 MG (*Use quinapril-hydrochlorothiazide*)	NP	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (*Use quinapril-hydrochlorothiazide*)	NP	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (*Use quinapril-hydrochlorothiazide*)	NP	QL(2 ea daily)
amlodipine besylate-benazepril hcl caps	P	QL(1 ea daily)
amlodipine besylate-olmesartan medoxomil tabs	P	ST; Use losartan or irbesartan
amlodipine besylate-valsartan tabs	P	ST; Use losartan or irbesartan
amlodipine-valsartan-hydrochlorothiazide tabs	P	ST; Use losartan or irbesartan
ATACAND HCT TABS (*Use candesartan cilexetil-hydrochlorothiazide*)	NP	
atenolol & chlorthalidone tabs	P	QL(2 ea daily)
AVALIDE TABS (*Use irbesartan-hydrochlorothiazide*)	NP	QL(1 ea daily)
AZOR TABS (*Use amlodipine besylate-olmesartan medoxomil*)	NP	ST; Use losartan or irbesartan
benazepril & hydrochlorothiazide tabs	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BENICAR HCT TABS (*Use olmesartan medoxomil-hydrochlorothiazide*)	NP	ST; Use losartan or irbesartan;QL(1 ea daily)
bisoprolol & hydrochlorothiazide tabs	P	QL(1 ea daily)
candesartan cilexetil-hydrochlorothiazide tabs	P	
captopril & hydrochlorothiazide tabs 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg	P	QL(2 ea daily)
captopril & hydrochlorothiazide tabs 25 mg-50 mg	P	QL(3 ea daily)
DIOVAN HCT TABS (*Use valsartan-hydrochlorothiazide*)	NP	QL(1 ea daily)
DUTOPROL TB24	P	QL(1 ea daily)
enalapril maleate & hydrochlorothiazide tabs	P	QL(2 ea daily)
EXFORGE HCT TABS	P	ST; Use losartan or irbesartan
EXFORGE TABS (*Use amlodipine besylate-valsartan*)	NP	ST; Use losartan or irbesartan
fosinopril sodium & hydrochlorothiazide tabs	P	QL(1 ea daily)
HYZAAR TABS (*Use losartan potassium & hydrochlorothiazide*)	NP	QL(1 ea daily)
irbesartan-hydrochlorothiazide tabs	P	QL(1 ea daily)
lisinopril & hydrochlorothiazide tabs 12.5 mg-20 mg, 20 mg-12.5 mg, 10 mg-12.5 mg, 12.5 mg-10 mg	P	QL(2 ea daily)
lisinopril & hydrochlorothiazide tabs 20 mg-25 mg	P	QL(1 ea daily)
LOPRESSOR HCT TABS (*Use metoprolol & hydrochlorothiazide*)	NP	QL(2 ea daily)
losartan potassium & hydrochlorothiazide tabs	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LOTENSIN HCT TABS (*Use benazepril & hydrochlorothiazide*)	NP	QL(1 ea daily)
LOTREL CAPS (*Use amlodipine besylate-benazepril hcl*)	NP	QL(1 ea daily)
metoprolol & hydrochlorothiazide tabs 25 mg-100 mg, 25 mg-50 mg	P	QL(2 ea daily)
metoprolol & hydrochlorothiazide tabs 50 mg-100 mg	P	QL(1 ea daily)
MICARDIS HCT TABS (*Use telmisartan-hydrochlorothiazide*)	NP	QL(1 ea daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	P	ST; Use losartan or irbesartan
olmesartan medoxomil-hydrochlorothiazide tabs	P	ST; Use losartan or irbesartan;QL(1 ea daily)
propranolol & hydrochlorothiazide tabs	P	QL(2 ea daily)
quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg	P	QL(3 ea daily)
quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg	P	QL(4 ea daily)
quinapril-hydrochlorothiazide tabs 20 mg-25 mg	P	QL(2 ea daily)
TARKA TBCR (*Use trandolapril-verapamil hcl*)	NP	
telmisartan-amlodipine tabs	P	
telmisartan-hydrochlorothiazide tabs	P	QL(1 ea daily)
TENORETIC 100 TABS (*Use atenolol & chlorthalidone*)	NP	QL(2 ea daily)
TENORETIC 50 TABS (*Use atenolol & chlorthalidone*)	NP	QL(2 ea daily)
trandolapril-verapamil hcl tbcr	P	

Drug Name	Drug Tier	Requirements/ Limits
TRIBENZOR TABS (*Use olmesartan medoxomil-amlodipine-hydrochlorothiazide*)	NP	ST; Use losartan or irbesartan
TWYNSTA TABS (*Use telmisartan-amlodipine*)	NP	
valsartan-hydrochlorothiazide tabs	P	QL(1 ea daily)
VASERETIC TABS (*Use enalapril maleate & hydrochlorothiazide*)	NP	QL(2 ea daily)
ZESTORETIC TABS 12.5 MG-20 MG, 10 MG-12.5 MG (*Use lisinopril & hydrochlorothiazide*)	NP	QL(2 ea daily)
ZESTORETIC TABS 20 MG-25 MG (*Use lisinopril & hydrochlorothiazide*)	NP	QL(1 ea daily)
ZIAC TABS (*Use bisoprolol & hydrochlorothiazide*)	NP	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	P	PA; SP
Vasodilators		
hydralazine hcl tabs or 100 mg, 25 mg, 50 mg, 10 mg	P	
minoxidil tabs or 10 mg	P	QL(10 ea daily)
minoxidil tabs or 2.5 mg	P	QL(3 ea daily)
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM TABS	P	QL(24 ea per fill retail)
Antimalarials		
chloroquine phosphate tabs or 250 mg	P	
chloroquine phosphate tabs or 500 mg	P	QL(1 ea daily)
DARAPRIM TABS (*Use pyrimethamine*)	NP	PA; SP
hydroxychloroquine sulfate tabs or 200 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
KRINTAFEL TABS	P	QL(2 ea per 30 days retail)
mefloquine hcl tabs	P	
PLAQUENIL TABS (*Use hydroxychloroquine sulfate*)	NP	
primaquine phosphate tabs	P	
PRIMAQUINE PHOSPHATE TABS (*Use primaquine phosphate*)	NP	
pyrimethamine tabs or	P	PA; SP
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS (*Use pyridostigmine bromide*)	NP	
MESTINON TIMESPAN TBCR (*Use pyridostigmine bromide*)	NP	
pyridostigmine bromide tabs or 60 mg	P	
pyridostigmine bromide tbcr or 180 mg	P	
RUZURGI TABS	P	PA; QL(10 ea daily); SP
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl tabs or 100 mg, 400 mg	P	
isoniazid syrp or 50 mg/5ml	P	
isoniazid tabs or 100 mg, 300 mg	P	
MYAMBUTOL TABS (*Use ethambutol hcl*)	NP	
pyrazinamide tabs or	P	
RIFADIN CAPS OR 150 MG, 300 MG (*Use rifampin*)	NP	
rifampin caps or 150 mg, 300 mg	P	
TRECATOR TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (*Use melphalan hcl*)	NP	PA; SP
ALKERAN TABS OR 2 MG (*Use melphalan*)	NP	
BELRAPZO SOLN	P	PA; SP
BENDAMUSTINE HYDROCHLORIDE SOLN	P	PA; SP
BENDEKA SOLN	P	PA; SP
carboplatin soln 450 mg/45ml, 50 mg/5ml, 600 mg/60ml, 150 mg/15ml	P	PA; SP
cisplatin soln 200 mg/200ml, 100 mg/100ml, 50 mg/50ml	P	PA; SP
CISPLATIN SOLR 50 MG	P	PA; SP
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN IV	P	PA; SP
CYCLOPHOSPHAMIDE SOLN IV 1 GM/5ML, 500 MG/2.5ML	P	PA; SP
cyclophosphamide solr ij 1 gm, 2 gm, 500 mg	P	PA; SP
EVOMELA SOLR	P	PA; SP
LEUKERAN TABS	P	
melphalan hcl solr	P	PA; SP
melphalan tabs	P	
MYLERAN TABS	P	
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (*Use temozolomide*)	NP	PA; SP
TEMODAR SOLR IV 100 MG	P	PA; SP
temozolomide caps	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TEPADINA SOLR (*Use thiotepa*)	NP	PA; SP
thiotepa solr ij 100 mg, 15 mg	P	PA; SP
TREANDA SOLR	P	PA; SP
YONDELIS SOLR	P	PA; SP
ZEPZELCA SOLR	P	PA; SP
Antimetabolites		
ALIMTA SOLR	P	PA; SP
azacitidine susr	P	PA; SP
capecitabine tabs	P	PA; SP
cladribine soln	P	PA; SP
cytarabine soln	P	PA; SP
DACOGEN SOLR (*Use decitabine*)	NP	PA; SP
decitabine solr	P	PA; SP
fludarabine phosphate soln	P	PA; SP
fludarabine phosphate solr	P	PA; SP
FOLOTYN SOLN	P	PA; SP
mercaptopurine tabs or	P	
methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml, 1 gm/40ml	P	
methotrexate sodium tabs or 2.5 mg	P	
ONUREG TABS	P	PA; SP
PEMFEXY SOLN	P	PA; SP
PURIXAN SUSP	P	
TABLOID TABS	P	PA; SP
TREXALL TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
VIDAZA SUSR (*Use azacitidine*)	NP	PA; SP
XELODA TABS (*Use capecitabine*)	NP	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	P	PA; SP
CYRAMZA SOLN	P	PA; SP
INLYTA TABS	P	PA; SP
LENVIMA 10 MG DAILY DOSE CPPK	P	PA; QL(1 ea daily); SP
LENVIMA 12MG DAILY DOSE CPPK	P	PA; QL(3 ea daily); SP
LENVIMA 14 MG DAILY DOSE CPPK	P	PA; QL(2 ea daily); SP
LENVIMA 18 MG DAILY DOSE CPPK	P	PA; QL(2 ea daily); SP
LENVIMA 20 MG DAILY DOSE CPPK	P	PA; QL(2 ea daily); SP
LENVIMA 24 MG DAILY DOSE CPPK	P	PA; QL(3 ea daily); SP
LENVIMA 4 MG DAILY DOSE CPPK	P	PA; QL(1 ea daily); SP
LENVIMA 8 MG DAILY DOSE CPPK	P	PA; QL(2 ea daily); SP
MVASI SOLN	P	PA; SP
ZALTRAP SOLN	P	PA; SP
ZIRABEV SOLN	P	PA; SP
Antineoplastic - Anti-HER2 Agents		
KANJINTI SOLR	P	PA; SP
OGIVRI SOLR	P	PA
PERJETA SOLN	P	PA; SP
TRAZIMERA SOLR	P	PA; SP
TUKYSA TABS	P	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ARZERRA CONC	P	PA; SP
BAVENCIO SOLN	P	PA; SP
BESPONSA SOLR	P	PA; SP
BLENREP SOLR	P	PA; SP
BLINCYTO SOLR	P	PA; SP
DARZALEX SOLN	P	PA; SP
EMPLICITI SOLR	P	PA; SP
ENHERTU SOLR	P	PA; SP
GAZYVA SOLN	P	PA; SP
IMFINZI SOLN	P	PA; SP
JEMPERLI SOLN	P	PA; SP
KADCYLA SOLR	P	PA; SP
KEYTRUDA SOLN	P	PA; SP
KIMMTRAK SOLN	P	PA; SP
LIBTAYO SOLN	P	PA; SP
LUMOXITI SOLR	P	PA; SP
MONJUVI SOLR	P	PA; SP
MYLOTARG SOLR	P	PA; SP
OPDIVO SOLN	P	PA; SP
PADCEV SOLR	P	PA; SP
POLIVY SOLR	P	PA; SP
POTELIGEO SOLN	P	PA; SP
RUXIENCE SOLN 100 MG/10ML	P	PA; SP
RUXIENCE SOLN 500 MG/50ML	P	PA
TECENTRIQ SOLN	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TIVDAK SOLR	P	PA; SP
TRUXIMA SOLN	P	PA
UNITUXIN SOLN	P	PA; SP
YERVOY SOLN	P	PA; SP
ZEVALIN Y-90 KIT	P	PA; SP
ZYNLONTA SOLR	P	PA; SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	P	PA; SP
VENCLEXTA TABS	P	PA; SP
Antineoplastic - Cellular Immunotherapy		
ABECMA SUSP	P	PA; SP
TECARTUS SUSP	P	PA; SP
Antineoplastic - EGFR Inhibitors		
ERBITUX SOLN	P	PA; SP
erlotinib hcl tabs	P	PA; SP
EXKIVITY CAPS	P	PA; SP
GILOTRIF TABS	P	PA; SP
IRESSA TABS	P	PA; SP
PORTRAZZA SOLN	P	PA; SP
TAGRISSO TABS	P	PA; SP
TARCEVA TABS (*Use erlotinib hcl*)	NP	PA; SP
VECTIBIX SOLN	P	PA; SP
VIZIMPRO TABS	P	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	P	PA; SP
ERIVEDGE CAPS	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ODOMZO CAPS	P	PA; SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate tabs	P	PA; SP
anastrozole tabs or	P	
ARIMIDEX TABS (*Use anastrozole*)	NP	
AROMASIN TABS (*Use exemestane*)	NP	
bicalutamide tabs	P	QL(1 ea daily)
CASODEX TABS (*Use bicalutamide*)	NP	QL(1 ea daily)
ELIGARD KIT	P	PA; SP
EMCYT CAPS	P	PA; SP
EULEXIN CAPS	P	
exemestane tabs	P	
FARESTON TABS (*Use toremifene citrate*)	NP	PA
FEMARA TABS (*Use letrozole*)	NP	
FIRMAGON SOLR	P	PA; SP
flutamide caps	P	
hydroxyprogesterone caproate (antineoplastic) soln	P	PA; SP
letrozole tabs or	P	
leuprolide acetate kit ij	P	PA; SP
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE SOLN	P	PA; SP
LUPRON DEPOT (*1-MONTH*) KIT	P	PA; SP
LUPRON DEPOT (*3-MONTH*) KIT	P	PA; SP
LUPRON DEPOT (*4-MONTH*) KIT	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (*6-MONTH*) KIT	P	PA; SP
LYSODREN TABS	P	PA; SP
megestrol acetate susp or 40 mg/ml, 400 mg/10ml	P	
megestrol acetate tabs or 40 mg, 20 mg	P	
ORGOVYX TABS	P	PA; SP
tamoxifen citrate tabs or 10 mg, 20 mg	P	
toremifene citrate tabs	P	PA
TRELSTAR MIXJECT SUSR	P	PA; SP
VANTAS KIT	P	PA; SP
ZOLADEX IMPL	P	PA; SP
ZYTIGA TABS (*Use abiraterone acetate*)	NP	PA; SP
Antineoplastic - Hypoxia-Inducible Factor		
WELIREG TABS	P	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	P	PA; SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABS	P	PA; QL(1 ea daily); SP
LARTRUVO SOLN	P	PA; SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK	P	PA; SP
XPOVIO 40 MG ONCE WEEKLY TBPK	P	PA; SP
XPOVIO 40 MG TWICE WEEKLY TBPK	P	PA; SP
XPOVIO 60 MG ONCE WEEKLY TBPK	P	PA; SP
XPOVIO 60 MG TWICE WEEKLY TBPK	P	PA; SP
XPOVIO 80 MG ONCE WEEKLY TBPK	P	PA; SP
XPOVIO 80 MG TWICE WEEKLY TBPK	P	PA; SP
XPOVIO TBPK	P	PA; SP
Antineoplastic Antibiotics		
daunorubicin hcl soln	P	PA; SP
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (*Use daunorubicin hcl*)	NP	PA; SP
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	P	PA; SP
ELLENCE SOLN	P	PA; SP
epirubicin hcl soln	P	PA; SP
mitoxantrone hcl conc	P	PA; SP
valrubicin soln	P	PA; SP
VALSTAR SOLN (*Use valrubicin*)	NP	PA; SP
Antineoplastic Combinations		
DARZALEX FASPRO SOLN	P	PA; SP
KISQALI FEMARA 200 DOSE TBPK	P	PA; SP
KISQALI FEMARA 400 DOSE TBPK	P	PA; SP
KISQALI FEMARA 600 DOSE TBPK	P	PA; SP
LONSURF TABS	P	PA; SP
PHESGO SOLN	P	PA; SP
VYXEOS SUSR	P	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (*Use everolimus*)	NP	PA; SP
AFINITOR TABS (*Use everolimus*)	NP	PA; SP
ALECENSA CAPS	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ALIQOPA SOLR	P	PA; SP
ALUNBRIG TABS	P	PA; SP
ALUNBRIG TBPK	P	PA; SP
BALVERSA TABS	P	PA; SP
BELEODAQ SOLR	P	PA; SP
BORTEZOMIB SOLR	P	PA; SP
BOSULIF TABS	P	PA; SP
BRAFTOVI CAPS	P	PA; SP
CABOMETYX TABS 20 MG, 60 MG	P	PA; QL(1 ea daily); SP
CABOMETYX TABS 40 MG	P	PA; QL(2 ea daily); SP
CALQUENCE CAPS	P	PA; SP
CAPRELSA TABS	P	PA; SP
COMETRIQ KIT	P	PA; SP
COPIKTRA CAPS	P	PA; SP
COTELLIC TABS	P	PA; SP
everolimus tabs	P	PA; SP
everolimus tbso	P	PA; SP
FARYDAK CAPS	P	PA; SP
FOTIVDA CAPS	P	PA; SP
FYARRO SUSR	P	PA; SP
GAVRETO CAPS	P	PA; SP
GLEEVEC TABS (*Use imatinib mesylate*)	NP	PA; SP
IBRANCE CAPS	P	PA; SP
IBRANCE TABS	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ICLUSIG TABS 10 MG, 15 MG, 30 MG, 45 MG	P	PA; QL(1 ea daily); SP
IDHIFA TABS	P	PA; SP
imatinib mesylate tabs	P	PA; SP
IMBRUVICA CAPS 140 MG, 70 MG	P	PA; SP
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	P	PA; QL(1 ea daily); SP
INREBIC CAPS	P	PA; SP
ISTODAX (*OVERFILL*) SOLR	P	PA; SP
JAKAFI TABS	P	PA; QL(2 ea daily); SP
KISQALI TBPK	P	PA; SP
KOSELUGO CAPS	P	PA; SP
KYPROLIS SOLR	P	PA; SP
lapatinib ditosylate tabs	P	PA; SP
LORBRENA TABS	P	PA; SP
LYNPARZA TABS	P	PA; QL(4 ea daily); SP
MEKINIST TABS	P	PA; SP
MEKTOVI TABS	P	PA; SP
NERLYNX TABS	P	PA; SP
NEXAVAR TABS	P	PA; SP
NINLARO CAPS	P	PA; SP
PEMAZYRE TABS	P	PA; SP
PIQRAY 200MG DAILY DOSE TBPK	P	PA; SP
PIQRAY 250MG DAILY DOSE TBPK	P	PA; SP
PIQRAY 300MG DAILY DOSE TBPK	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
QINLOCK TABS	P	PA; SP
RETEVMO CAPS	P	PA; SP
ROMIDEPSIN SOLN 27.5 MG/5.5ML	P	PA; SP
ROMIDEPSIN SOLR 10 MG	P	PA; SP
romidepsin solr 10 mg	P	PA; SP
ROZLYTREK CAPS	P	PA; SP
RUBRACA TABS	P	PA; SP
RYDAPT CAPS	P	PA; SP
SCEMBLIX TABS	P	PA; SP
SPRYCEL TABS	P	PA; SP
STIVARGA TABS	P	PA; SP
sunitinib malate caps	P	PA; SP
SUTENT CAPS (*Use sunitinib malate*)	NP	PA; SP
TABRECTA TABS	P	PA; SP
TAFINLAR CAPS	P	PA; SP
TALZENNA CAPS	P	PA; SP
TASIGNA CAPS	P	PA; SP
TAZVERIK TABS	P	PA; SP
temsirolimus soln	P	PA; SP
TIBSOVO TABS	P	PA; SP
TORISEL SOLN (*Use temsirolimus*)	NP	PA; SP
TURALIO CAPS	P	PA; SP
TYKERB TABS (*Use lapatinib ditosylate*)	NP	PA; SP
VELCADE SOLR	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
VERZENIO TABS	P	PA; QL(2 ea daily); SP
VITRAKVI CAPS	P	PA; SP
VITRAKVI SOLN	P	PA; SP
VOTRIENT TABS	P	PA; SP
XALKORI CAPS	P	PA; SP
XOSPATA TABS	P	PA; SP
ZEJULA CAPS	P	PA; SP
ZELBORAF TABS	P	PA; SP
ZOLINZA CAPS	P	PA; SP
ZYDELIG TABS	P	PA; SP
ZYKADIA TABS	P	PA; SP
Antineoplastic Enzymes		
ASPARLAS SOLN	P	PA; SP
ERWINASE SOLR	P	PA; SP
ERWINAZE SOLR	P	PA; SP
ONCASPAR SOLN	P	PA; SP
RYLAZE SOLN	P	PA; SP
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC SOLN	P	PA; SP
AZEDRA THERAPEUTIC SOLN	P	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	P	PA; SP
ALFERON N SOLN	P	PA; SP
arsenic trioxide soln iv 10 mg/10ml, 12 mg/6ml	P	PA; SP
BESREMI SOSY	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
bexarotene caps	P	PA; SP
HYDREA CAPS (*Use hydroxyurea*)	NP	
hydroxyurea caps or	P	
INTRON A SOLN	P	PA; SP
INTRON A SOLR	P	PA; SP
MATULANE CAPS	P	PA; SP
PHOTOFRIN SOLR	P	PA; SP
PROLEUKIN SOLR	P	PA; SP
SYNRIBO SOLR	P	PA; SP
TARGRETIN CAPS OR 75 MG (*Use bexarotene*)	NP	PA; SP
tretinoin (chemotherapy) caps	P	PA; SP
TRISENOX SOLN (*Use arsenic trioxide*)	NP	PA; SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	P	PA; SP
Chemotherapy Rescue/Antidote/Protective Agents		
dexrazoxane hcl solr	P	PA; SP
KHAPZORY SOLR	P	PA; SP
leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg	P	
levoleucovorin calcium soln	P	PA; SP
levoleucovorin calcium solr	P	PA; SP
mesna soln	P	PA; SP
MESNEX SOLN IV 100 MG/ML (*Use mesna*)	NP	PA; SP
MESNEX TABS OR 400 MG	P	PA; SP
TOTECT SOLR	P	PA; SP
VORAXAZE SOLR	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ZINECARD SOLR (*Use dexrazoxane hcl*)	NP	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	P	PA; SP
docetaxel conc 160 mg/8ml, 20 mg/ml, 80 mg/4ml	P	PA; SP
DOCETAXEL CONC 160 MG/8ML, 20 MG/ML, 80 MG/4ML (*Use docetaxel*)	NP	PA; SP
DOCETAXEL CONC 200 MG/10ML, 160 MG/8ML, 20 MG/ML, 80 MG/4ML	P	PA; SP
DOCETAXEL SOLN 160 MG/16ML, 80 MG/8ML, 20 MG/2ML	P	PA; SP
docetaxel soln 160 mg/16ml, 80 mg/8ml, 20 mg/2ml	P	PA; SP
DOCETAXEL SOLN 160 MG/16ML, 80 MG/8ML, 20 MG/2ML (*Use docetaxel*)	NP	PA; SP
etoposide caps or 50 mg	P	PA; SP
etoposide soln iv 1 gm/50ml, 500 mg/25ml, 100 mg/5ml	P	PA; SP
HALAVEN SOLN	P	PA; SP
IXEMPRA KIT SOLR	P	PA; SP
JEVTANA SOLN	P	PA; SP
MARQIBO SUSP	P	PA; SP
TAXOTERE CONC (*Use docetaxel*)	NP	PA; SP
vincristine sulfate soln	P	PA; SP
Oncolytic Viral Agents		
IMLYGIC SUSP	P	PA; SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN (*Use irinotecan hcl*)	NP	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
HYCAMTIN CAPS OR 0.25 MG, 1 MG	P	PA; SP
HYCAMTIN SOLR IV 4 MG (*Use topotecan hcl*)	NP	PA; SP
irinotecan hcl soln	P	PA; SP
TOPOTECAN HCL SOLN 4 MG/4ML	P	PA; SP
topotecan hcl soln 4 mg/4ml	P	PA; SP
TOPOTECAN HCL SOLN 4 MG/4ML (*Use topotecan hcl*)	NP	PA; SP
topotecan hcl solr 4 mg	P	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa tabs or	P	
LODOSYN TABS (*Use carbidopa*)	NP	
Antiparkinson Anticholinergics		
benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg	P	
trihexyphenidyl hcl tabs	P	
Antiparkinson Dopaminergics		
amantadine hcl caps or 100 mg	P	
amantadine hcl soln or 50 mg/5ml	P	
APOKYN SOCT	P	PA; SP
apomorphine hydrochloride soct sc	P	PA; SP
bromocriptine mesylate caps or 5 mg	P	
bromocriptine mesylate tabs or 2.5 mg	P	
carbidopa-levodopa tabs 10 mg-100 mg, 25 mg-250 mg, 100 mg-25 mg, 25 mg-100 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
carbidopa-levodopa tbcr 50 mg-200 mg, 100 mg-25 mg, 25 mg-100 mg	P	
DHIVY TABS	P	
GOCOVRI CP24	P	PA; SP
MIRAPEX TABS (*Use pramipexole dihydrochloride*)	NP	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL CAPS (*Use bromocriptine mesylate*)	NP	
PARLODEL TABS (*Use bromocriptine mesylate*)	NP	
pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	P	QL(3 ea daily); AL(At least 18 yrs old)
ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg	P	QL(6 ea daily)
ropinirole hydrochloride tabs 1 mg, 2 mg, 5 mg, 0.5 mg	P	QL(3 ea daily)
SINEMET TABS (*Use carbidopa-levodopa*)	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
selegiline hcl caps or	P	
selegiline hcl tabs or	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps or 150 mg, 300 mg, 600 mg	P	
lithium carbonate tabs or 300 mg	P	
lithium carbonate tbcr or 300 mg, 450 mg	P	
LITHIUM SOLN	P	
LITHOBID TBCR (*Use lithium carbonate*)	P	
Antipsychotics - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (*Use ziprasidone hcl*)	NP	QL(2 ea daily); AL(At least 18 yrs old)
NUPLAZID CAPS	P	PA; QL(1 ea daily)
NUPLAZID TABS	P	PA; QL(1 ea daily)
ziprasidone hcl caps	P	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
INVEGA HAFYERA SUSY	P	PA; SP
INVEGA SUSTENNA SUSY	P	PA; SP
INVEGA TRINZA SUSY	P	PA; SP
PERSERIS PRSY	P	PA; SP
RISPERDAL CONSTA SRER	P	PA; SP
RISPERDAL SOLN 1 MG/ML (*Use risperidone*)	NP	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*Use risperidone*)	NP	QL(4 ea daily); AL(At least 5 yrs old)
risperidone soln 1 mg/ml	P	QL(4 ml daily); AL(At least 5 yrs old)
risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	QL(4 ea daily); AL(At least 5 yrs old)
risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	QL(2 ea daily); AL(At least 5 yrs old)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (*Use haloperidol decanoate*)	NP	
HALDOL DECANOATE 50 SOLN (*Use haloperidol decanoate*)	NP	
haloperidol decanoate soln im 100 mg/ml, 50 mg/ml	P	
haloperidol lactate conc or 2 mg/ml	P	

Drug Name	Drug Tier	Requirements/ Limits
haloperidol tabs or 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg	P	QL(3 ea daily)
haloperidol tabs or 20 mg	P	
Dibenzapines		
clozapine tabs 200 mg, 100 mg, 25 mg, 50 mg	P	QL(3 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS (*Use clozapine*)	NP	QL(3 ea daily); AL(At least 18 yrs old)
loxapine succinate caps	P	QL(4 ea daily)
olanzapine tabs or 10 mg, 7.5 mg	P	QL(2 ea daily); AL(At least 10 yrs old)
olanzapine tabs or 15 mg, 20 mg	P	QL(1 ea daily); AL(At least 10 yrs old)
olanzapine tabs or 2.5 mg, 5 mg	P	QL(4 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tabs 100 mg, 200 mg	P	QL(4 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tabs 25 mg, 50 mg	P	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
quetiapine fumarate tabs 300 mg, 400 mg	P	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 100 MG, 200 MG (*Use quetiapine fumarate*)	NP	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 25 MG, 50 MG (*Use quetiapine fumarate*)	NP	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
SEROQUEL TABS 300 MG, 400 MG (*Use quetiapine fumarate*)	NP	QL(2 ea daily); AL(At least 10 yrs old)
ZYPREXA RELPREVV SUSR	P	PA; SP
ZYPREXA TABS OR 10 MG, 7.5 MG (*Use olanzapine*)	NP	QL(2 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA TABS OR 15 MG, 20 MG (*Use olanzapine*)	NP	QL(1 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS OR 2.5 MG, 5 MG (*Use olanzapine*)	NP	QL(4 ea daily); AL(At least 10 yrs old)
Dihydroindolones		
molindone hcl tabs	P	QL(4 ea daily)
Phenothiazines		
chlorpromazine hcl tabs or 10 mg	P	QL(10 ea daily)
chlorpromazine hcl tabs or 100 mg, 200 mg, 25 mg, 50 mg	P	QL(3 ea daily)
fluphenazine decanoate soln ij	P	
fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg	P	
perphenazine tabs or 16 mg, 2 mg, 4 mg, 8 mg	P	QL(4 ea daily)
prochlorperazine maleate tabs or 5 mg, 10 mg	P	
prochlorperazine supp	P	
thioridazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg	P	QL(3 ea daily)
trifluoperazine hcl tabs	P	QL(2 ea daily)
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	P	PA; SP
ABILIFY MAINTENA SRER	P	PA; SP
ABILIFY MYCITE TABS	P	PA; SP
ABILIFY TABS (*Use aripiprazole*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
aripiprazole soln 1 mg/ml	P	QL(750 ml per fill retail); AL(At least 6 yrs old)
aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	P	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
aripiprazole tbdp 10 mg, 15 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
ARISTADA INITIO PRSY	P	PA; SP
ARISTADA PRSY	P	PA; SP
Thioxanthenes		
thiothixene caps	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde soln 10 %	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
chlorhexidine gluconate liqd ex 4 %	P	OTC;QL(946 ml per fill retail)
HIBICLENS LIQD (*Use chlorhexidine gluconate*)	NP	OTC;QL(946 ml per fill retail)
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate soln 20 mg/ml	P	QL(30 ml daily)
abacavir sulfate tabs 300 mg	P	QL(2 ea daily)
abacavir sulfate-lamivudine tabs	P	QL(1 ea daily)
abacavir sulfate-lamivudine-zidovudine tabs	P	QL(2 ea daily)
APTIVUS CAPS 250 MG	P	ST; QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	P	ST; QL(10 ml daily)
atazanavir sulfate caps 150 mg, 200 mg	P	QL(2 ea daily)
atazanavir sulfate caps 300 mg	P	
ATRIPLA TABS (*Use efavirenz-emtricitabine-tenofovir disoproxil fumarate*)	NP	QL(1 ea daily)
BIKTARVY TABS	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CIMDUO TABS	P	ST; QL(1 ea daily)
COMBIVIR TABS (*Use lamivudine-zidovudine*)	NP	QL(2 ea daily)
COMPLERA TABS	P	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	P	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	P	QL(6 ea daily)
DELSTRIGO TABS	P	QL(1 ea daily)
DESCOVY TABS	P	PA; QL(1 ea daily)
didanosine cpdr	P	QL(1 ea daily)
DOVATO TABS	P	
EDURANT TABS	P	QL(1 ea daily)
efavirenz caps 200 mg	P	QL(1 ea daily)
efavirenz caps 50 mg	P	QL(2 ea daily)
efavirenz tabs 600 mg	P	QL(1 ea daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs	P	QL(1 ea daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate tabs	P	QL(1 ea daily)
emtricitabine caps	P	QL(1 ea daily)
emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg, 300 mg-200 mg	P	QL(1 ea daily)
EMTRIVA CAPS 200 MG (*Use emtricitabine*)	NP	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	P	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (*Use lamivudine*)	NP	QL(30 ml daily)
EPIVIR TABS 150 MG (*Use lamivudine*)	NP	QL(2 ea daily)
EPIVIR TABS 300 MG (*Use lamivudine*)	NP	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
lamivudine-zidovudine tabs	P	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	P	QL(56 ml daily)
LEXIVA TABS 700 MG (*Use fosamprenavir calcium*)	NP	QL(4 ea daily)
lopinavir-ritonavir soln 100 mg/5ml-400 mg/5ml	P	QL(480 ml per 30 days retail)
lopinavir-ritonavir tabs 100 mg-25 mg	P	QL(4 ea daily)
lopinavir-ritonavir tabs 50 mg-200 mg	P	QL(6 ea daily)
maraviroc tabs 150 mg	P	QL(2 ea daily)
maraviroc tabs 300 mg	P	QL(4 ea daily)
nevirapine susp 50 mg/5ml	P	QL(40 ml daily)
nevirapine tabs 200 mg	P	QL(2 ea daily)
nevirapine tb24 100 mg	P	QL(3 ea daily)
nevirapine tb24 400 mg	P	QL(1 ea daily)
NORVIR SOLN 80 MG/ML	P	QL(15 ml daily)
NORVIR TABS 100 MG (*Use ritonavir*)	NP	QL(12 ea daily)
ODEFSEY TABS	P	
PIFELTRO TABS	P	QL(1 ea daily)
PREZCOBIX TABS	P	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	P	ST; QL(12 ml daily)
PREZISTA TABS 150 MG	P	ST; QL(3 ea daily)
PREZISTA TABS 600 MG, 75 MG	P	ST; QL(2 ea daily)
PREZISTA TABS 800 MG	P	ST; QL(1 ea daily)
RETROVIR CAPS 100 MG (*Use zidovudine*)	NP	QL(6 ea daily)
RETROVIR SYRP 50 MG/5ML (*Use zidovudine*)	NP	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
REYATAZ CAPS 150 MG, 200 MG (*Use atazanavir sulfate*)	NP	QL(2 ea daily)
REYATAZ CAPS 300 MG (*Use atazanavir sulfate*)	NP	
REYATAZ PACK 50 MG	P	QL(6 ea daily)
ritonavir tabs	P	QL(12 ea daily)
RUKOBIA TB12	P	PA
SELZENTRY SOLN 20 MG/ML	P	QL(35 ml daily)
SELZENTRY TABS 150 MG (*Use maraviroc*)	NP	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	P	QL(2 ea daily)
SELZENTRY TABS 300 MG (*Use maraviroc*)	NP	QL(4 ea daily)
STAVUDINE CAPS 15 MG, 20 MG, 30 MG, 40 MG	P	QL(2 ea daily)
stavudine caps 15 mg, 20 mg, 30 mg, 40 mg	P	QL(2 ea daily)
STRIBILD TABS	P	QL(1 ea daily)
SUSTIVA CAPS 200 MG (*Use efavirenz*)	NP	QL(1 ea daily)
SUSTIVA CAPS 50 MG (*Use efavirenz*)	NP	QL(2 ea daily)
SUSTIVA TABS 600 MG (*Use efavirenz*)	NP	QL(1 ea daily)
SYMFI LO TABS (*Use efavirenz-lamivudine-tenofovir disoproxil fumarate*)	NP	QL(1 ea daily)
SYMFI TABS (*Use efavirenz-lamivudine-tenofovir disoproxil fumarate*)	NP	QL(1 ea daily)
TEMIXYS TABS	P	ST; QL(1 ea daily)
tenofovir disoproxil fumarate tabs	P	QL(1 ea daily)
TIVICAY TABS 50 MG	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRIUMEQ TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
TRIZIVIR TABS (*Use abacavir sulfate-lamivudine-zidovudine*)	NP	QL(2 ea daily)
TROGARZO SOLN	P	PA; SP
TRUVADA TABS 200 MG-300 MG (*Use emtricitabine-tenofovir disoproxil fumarate*)	P	QL(1 ea daily)
TYBOST TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
VIDEX EC CPDR 125 MG	P	QL(1 ea daily)
VIDEX EC CPDR 250 MG (*Use didanosine*)	NP	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	P	QL(20 ml daily)
VIRACEPT TABS 250 MG	P	QL(9 ea daily)
VIRACEPT TABS 625 MG	P	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (*Use nevirapine*)	NP	QL(40 ml daily)
VIRAMUNE TABS 200 MG (*Use nevirapine*)	NP	QL(2 ea daily)
VIRAMUNE XR TB24 (*Use nevirapine*)	NP	QL(1 ea daily)
VIREAD POWD 40 MG/GM	P	QL(240 gm per 30 days retail)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)
VIREAD TABS 300 MG (*Use tenofovir disoproxil fumarate*)	NP	QL(1 ea daily)
ZIAGEN SOLN 20 MG/ML (*Use abacavir sulfate*)	NP	QL(30 ml daily)
ZIAGEN TABS 300 MG (*Use abacavir sulfate*)	NP	QL(2 ea daily)
zidovudine caps 100 mg	P	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	P	QL(60 ml daily)
zidovudine tabs 300 mg	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CMV Agents		
LIVTENCITY TABS	P	PA; SP
PREVYMIS SOLN IV 240 MG/12ML, 480 MG/24ML	P	PA; SP
PREVYMIS TABS OR 240 MG, 480 MG	P	PA; QL(1 ea daily); SP
VALCYTE TABS 450 MG (*Use valganciclovir hcl*)	NP	QL(2 ea daily)
valganciclovir hcl tabs 450 mg	P	QL(2 ea daily)
Hepatitis Agents		
MAVYRET PACK 50 MG-20 MG	P	PA; SP
MAVYRET TABS 100 MG-40 MG	P	PA; QL(3 ea daily); SP
PEGASYS SOLN	P	PA; SP
PEGINTRON KIT	P	PA; SP
ribavirin (hepatitis c) caps	P	PA; SP
ribavirin (hepatitis c) tabs	P	PA; SP
SOFOSBUVIR/VELPATASVIR TABS	P	PA; SP
SOVALDI TABS	P	PA; SP
VEMLIDY TABS	P	PA; SP
Herpes Agents		
acyclovir caps or 200 mg	P	QL(50 ea per 30 days retail)
acyclovir susp or 200 mg/5ml	P	QL(400 ml per 30 days retail)
acyclovir tabs or 400 mg	P	QL(3 ea daily)
acyclovir tabs or 800 mg	P	QL(50 ea per 30 days retail)
famciclovir tabs or 125 mg, 250 mg, 500 mg	P	
valacyclovir hcl tabs or 1 gm, 1000 mg	P	QL(42 ea per 21 days retail)
valacyclovir hcl tabs or 500 mg	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VALTREX TABS 1 GM (*Use valacyclovir hcl*)	NP	QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (*Use valacyclovir hcl*)	NP	QL(2 ea daily)
ZOVIRAX SUSP OR 200 MG/5ML (*Use acyclovir*)	NP	QL(400 ml per 30 days retail)
ZOVIRAX TABS OR 400 MG (*Use acyclovir*)	NP	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (*Use acyclovir*)	NP	QL(50 ea per 30 days retail)
Influenza Agents		
oseltamivir phosphate caps or 30 mg	P	QL(20 ea per 30 days retail)
oseltamivir phosphate caps or 45 mg, 75 mg	P	QL(10 ea per 30 days retail)
oseltamivir phosphate susr or 6 mg/ml	P	QL(120 ml per 30 days retail)
RELENZA DISKHALER AEPB	P	QL(20 ea per fill retail); AL(At least 5 yrs old)
TAMIFLU CAPS 30 MG (*Use oseltamivir phosphate*)	NP	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (*Use oseltamivir phosphate*)	NP	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML (*Use oseltamivir phosphate*)	NP	QL(120 ml per 30 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol phosphate cp24	P	QL(1 ea daily)
carvedilol tabs 12.5 mg, 3.125 mg, 6.25 mg	P	QL(3 ea daily)
carvedilol tabs 25 mg	P	QL(4 ea daily)
COREG CR CP24 (*Use carvedilol phosphate*)	NP	QL(1 ea daily)
COREG TABS 12.5 MG, 3.125 MG, 6.25 MG (*Use carvedilol*)	NP	QL(3 ea daily)
COREG TABS 25 MG (*Use carvedilol*)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
labetalol hcl tabs or 100 mg	P	QL(3 ea daily)
labetalol hcl tabs or 200 mg	P	QL(6 ea daily)
labetalol hcl tabs or 300 mg	P	QL(8 ea daily)
Beta Blockers Cardio-Selective		
acebutolol hcl caps or 200 mg, 400 mg	P	
atenolol tabs or 25 mg, 100 mg, 50 mg	P	QL(2 ea daily)
bisoprolol fumarate tabs or 10 mg, 5 mg	P	QL(1 ea daily)
LOPRESSOR TABS 100 MG (*Use metoprolol tartrate*)	NP	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (*Use metoprolol tartrate*)	NP	QL(4 ea daily)
metoprolol succinate tb24 200 mg	P	QL(2 ea daily)
metoprolol succinate tb24 25 mg, 100 mg, 50 mg	P	QL(4 ea daily)
metoprolol tartrate tabs or 100 mg	P	QL(4.5 ea daily)
metoprolol tartrate tabs or 25 mg, 50 mg	P	QL(4 ea daily)
TENORMIN TABS (*Use atenolol*)	NP	QL(2 ea daily)
TOPROL XL TB24 200 MG (*Use metoprolol succinate*)	NP	QL(2 ea daily)
TOPROL XL TB24 25 MG, 100 MG, 50 MG (*Use metoprolol succinate*)	NP	QL(4 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (*Use sotalol hcl (afib/afl)*)	NP	QL(2 ea daily)
BETAPACE TABS (*Use sotalol hcl*)	NP	QL(2 ea daily)
CORGARD TABS (*Use nadolol*)	NP	QL(2 ea daily)
HEMANGEOL SOLN	P	PA; SP
INDERAL LA CP24 (*Use propranolol hcl*)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
nadolol tabs or 20 mg, 40 mg, 80 mg	P	QL(2 ea daily)
pindolol tabs	P	
propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg	P	QL(2 ea daily)
propranolol hcl soln or 40 mg/5ml, 20 mg/5ml	P	
propranolol hcl tabs or 10 mg, 20 mg, 80 mg, 40 mg, 60 mg	P	
sotalol hcl (afib/afl) tabs	P	QL(2 ea daily)
sotalol hcl tabs 120 mg, 160 mg, 80 mg	P	QL(2 ea daily)
sotalol hcl tabs 240 mg	P	
timolol maleate tabs or 5 mg, 10 mg, 20 mg	P	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 90 MG (*Use nifedipine*)	NP	QL(1 ea daily)
ADALAT CC TB24 60 MG (*Use nifedipine*)	NP	QL(2 ea daily)
amlodipine besylate tabs or 10 mg, 2.5 mg, 5 mg	P	QL(1 ea daily)
CALAN SR TBCR (*Use verapamil hcl*)	NP	QL(2 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (*Use diltiazem hcl coated beads*)	NP	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (*Use diltiazem hcl coated beads*)	NP	QL(2 ea daily)
CARDIZEM TABS (*Use diltiazem hcl*)	NP	QL(3 ea daily)
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg	P	QL(1 ea daily)
diltiazem hcl coated beads cp24 240 mg	P	QL(2 ea daily)
diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl cp24 or 120 mg, 180 mg	P	QL(1 ea daily)
diltiazem hcl cp24 or 240 mg	P	QL(2 ea daily)
diltiazem hcl extended release beads cp24 240 mg	P	QL(2 ea daily)
diltiazem hcl extended release beads cp24 420 mg, 120 mg, 180 mg, 300 mg, 360 mg	P	QL(1 ea daily)
diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg	P	QL(3 ea daily)
felodipine tb24	P	QL(1 ea daily)
nicardipine hcl caps or 20 mg, 30 mg	P	
nifedipine caps or 20 mg, 10 mg	P	QL(4 ea daily)
nifedipine tb24 or 60 mg	P	QL(2 ea daily)
nifedipine tb24 or 90 mg, 30 mg	P	QL(1 ea daily)
NORVASC TABS (*Use amlodipine besylate*)	NP	QL(1 ea daily)
PROCARDIA CAPS (*Use nifedipine*)	NP	QL(4 ea daily)
PROCARDIA XL TB24 60 MG (*Use nifedipine*)	NP	QL(2 ea daily)
PROCARDIA XL TB24 90 MG, 30 MG (*Use nifedipine*)	NP	QL(1 ea daily)
TIAZAC CP24 240 MG (*Use diltiazem hcl extended release beads*)	NP	QL(2 ea daily)
TIAZAC CP24 420 MG, 120 MG, 180 MG, 300 MG, 360 MG (*Use diltiazem hcl extended release beads*)	NP	QL(1 ea daily)
verapamil hcl cp24 or 100 mg, 200 mg	P	QL(2 ea daily)
verapamil hcl cp24 or 300 mg, 360 mg, 120 mg, 180 mg, 240 mg	P	QL(1 ea daily)
verapamil hcl tabs or 40 mg, 120 mg, 80 mg	P	QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
TYVASO SOLN	P	PA; SP
TYVASO STARTER SOLN	P	PA; SP
VELETRI SOLR (*Use epoprostenol sodium*)	NP	PA; SP
VENTAVIS SOLN	P	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
ambrisentan tabs	P	PA; QL(1 ea daily); SP
bosentan tabs	P	PA; SP
LETAIRIS TABS (*Use ambrisentan*)	NP	PA; QL(1 ea daily); SP
OPSUMIT TABS	P	PA; SP
TRACLEER TABS 125 MG, 62.5 MG (*Use bosentan*)	NP	PA; SP
TRACLEER TBSO 32 MG	P	PA; SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (*Use tadalafil (pulmonary hypertension)*)	NP	PA; SP
REVATIO SOLN (*Use sildenafil citrate (pulmonary hypertension)*)	NP	PA; SP
REVATIO SUSR (*Use sildenafil citrate (pulmonary hypertension)*)	NP	PA; SP
REVATIO TABS (*Use sildenafil citrate (pulmonary hypertension)*)	NP	PA; SP
sildenafil citrate (pulmonary hypertension) soln	P	PA; SP
sildenafil citrate (pulmonary hypertension) susr	P	PA; SP
sildenafil citrate (pulmonary hypertension) tabs	P	PA; SP
tadalafil (pulmonary hypertension) tabs	P	PA; SP
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI SOLR	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TABS	P	PA; SP
UPTRAVI TBPK	P	PA; SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	P	PA; SP
Transthyretin Stabilizers		
VYNDAMAX CAPS	P	PA; QL(1 ea daily); SP
VYNDAQEL CAPS	P	PA; QL(4 ea daily); SP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	P	
cefadroxil susr	P	
cefadroxil tabs	P	
cephalexin caps 250 mg, 500 mg	P	
cephalexin susr 125 mg/5ml, 250 mg/5ml	P	
KEFLEX CAPS 250 MG, 500 MG (*Use cephalexin*)	NP	
Cephalosporins - 2nd Generation		
cefaclor caps	P	
cefaclor susr	P	
cefprozil susr 125 mg/5ml, 250 mg/5ml	P	QL(200 ml per fill retail); AL(Up to 12 yrs old)
cefprozil tabs 250 mg, 500 mg	P	QL(20 ea per fill retail)
cefuroxime axetil tabs	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
cefdinir caps 300 mg	P	QL(20 ea per fill retail)
cefdinir susr 125 mg/5ml, 250 mg/5ml	P	QL(100 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg	P	QL(3 ea per fill retail)
CHEMICALS		
Bulk Chemicals - O's		
OMEPRAZOLE POWD XX	P	PA
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD XX	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
desogestrel & ethinyl estradiol tabs	P	
desogestrel-ethinyl estradiol (biphasic) tabs	P	
desogestrel-ethinyl estradiol (triphasic) tabs	P	
drospirenone-ethinyl estradiol tabs	P	QL(1 ea daily)
ESTROSTEP FE TABS (*Use norethindrone acetate-ethinyl estradiol-fe*)	NP	
ethynodiol diacet & eth estrad tabs	P	QL(1 ea daily)
GENERESS FE CHEW (*Use norethindrone & ethinyl estradiol-fe*)	NP	
levonorgestrel & eth estradiol tabs	P	
levonorgestrel-eth estradiol (triphasic) tabs	P	
levonorgestrel-ethinyl estradiol (91-day) tabs 0.03 mg-0.15 mg, 0.15 mg-0.03 mg	P	QL(91 ea per fill retail)
MIRCETTE TABS (*Use desogestrel-ethinyl estradiol (biphasic)*)	NP	
norethin acet & estrad-fe tabs 1.5 mg-30 mcg-75 mg, 75 mg-1.5 mg-30 mcg, 1 mg-20 mcg-75 mg, 75 mg-1 mg-20 mcg	P	

Drug Name	Drug Tier	Requirements/ Limits
norethindrone & eth estradiol tabs	P	
norethindrone & ethinyl estradiol-fe chew	P	
norethindrone acet & eth estra tabs	P	
norethindrone acetate-ethinyl estradiol-fe tabs	P	
norethindrone-eth estradiol (triphasic) tabs	P	
norgestimate-ethinyl estradiol (triphasic) tabs	P	
norgestimate-ethinyl estradiol tabs	P	
norgestrel & ethinyl estradiol tabs 0.3 mg-30 mcg, 30 mcg-0.3 mg	P	QL(2 ea daily)
norgestrel & ethinyl estradiol tabs 0.5 mg-50 mcg	P	
ORTHO TRI-CYCLEN LO TABS (*Use norgestimate-ethinyl estradiol (triphasic)*)	NP	
ORTHO-NOVUM 1/35 TABS (*Use norethindrone & eth estradiol*)	NP	
ORTHO-NOVUM 7/7/7 TABS (*Use norethindrone-eth estradiol (triphasic)*)	NP	
SEASONIQUE TABS (*Use levonorgestrel-ethinyl estradiol (91-day)*)	NP	QL(91 ea per fill retail)
TYBLUME CHEW	P	
YASMIN 28 TABS (*Use drospirenone-ethinyl estradiol*)	NP	QL(1 ea daily)
YAZ TABS (*Use drospirenone-ethinyl estradiol*)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol ptwk	P	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol ring	P	QL(1 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
NUVARING RING (*Use etonogestrel-ethinyl estradiol*)	NP	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA TABS	P	QL(4 ea per 365 days retail)
levonorgestrel (emergency oc) tabs	P	QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (*Use levonorgestrel (emergency oc)*)	NP	QL(1 ea per 21 days retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (*Use medroxyprogesterone acetate (contraceptive)*)	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (*Use medroxyprogesterone acetate (contraceptive)*)	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susp	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs	P	
ORTHO MICRONOR TABS (*Use norethindrone (contraceptive)*)	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (*Use hydrocortisone*)	NP	
cortisone acetate tabs or	P	
dexamethasone elix or 0.5 mg/5ml	P	

Drug Name	Drug Tier	Requirements/ Limits
dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml	P	QL(150 ml per 30 days retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(150 ml per 30 days retail)
dexamethasone soln or 0.5 mg/5ml	P	
dexamethasone tabs or 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg	P	
EMFLAZA SUSP	P	PA; SP
EMFLAZA TABS	P	PA; SP
hydrocortisone tabs or 10 mg, 20 mg, 5 mg	P	
MEDROL DOSEPAK TBPK (*Use methylprednisolone*)	NP	
MEDROL TABS 8 MG, 4 MG (*Use methylprednisolone*)	NP	
methylprednisolone tabs or 8 mg, 4 mg	P	
methylprednisolone tbpk or 4 mg	P	
MILLIPRED TABS	P	
PEDIAPRED SOLN (*Use prednisolone sodium phosphate*)	NP	
prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml	P	
prednisolone sodium phosphate soln or 20 mg/5ml	P	QL(150 ml per fill retail)
prednisolone soln or	P	
PREDNISONE INTENSOL CONC	P	
prednisone soln or 5 mg/5ml	P	
prednisone tabs or 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg, 20 mg	P	

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

Drug Name	Drug Tier	Requirements/ Limits
TRIAMINIC LONG ACTING COUGH LIQD 7.5 MG/5ML (*Use dextromethorphan hbr*)	NP	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations		
ADVIL COLD & SINUS TABS (*Use pseudoephedrine-ibuprofen*)	NP	OTC;AL(Up to 21 yrs old)
brompheniramine & phenyleph elix 1 mg/5ml-1 mg/5ml-2.5 mg/5ml-2.5 mg/5ml, 2.5 mg/5ml-1 mg/5ml, 2.5 mg/5ml-1 mg/5ml-2.5 mg/5ml-1 mg/5ml	P	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
brompheniramine & pseudoeph elix	P	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
brompheniramine & pseudoeph liqd	P	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
cetirizine-pseudoephedrine tb12	P	AL(Up to 21 yrs old)
CHERACOL PLUS LIQD (*Use dextromethorphan-guaifenesin*)	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
CHERACOL-D COUGH LIQD (*Use dextromethorphan-guaifenesin*)	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
CLARITIN-D 12 HOUR TB12 (*Use loratadine & pseudoephedrine*)	NP	OTC;QL(2 ea daily); AL(Up to 21 yrs old)
CLARITIN-D 24 HOUR TB24 (*Use loratadine & pseudoephedrine*)	NP	OTC;QL(1 ea daily); AL(Up to 21 yrs old)
CLEAR COUGH PM MULTI-SYMPTOM LIQD (*Use dextromethorphan-doxylamine-acetaminophen*)	NP	OTC;AL(Up to 21 yrs old)
COLD & FLU RELIEF NIGHTTIME D LIQD	P	OTC;AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan-doxylamine-acetaminophen liqd 12.5 mg/30ml-30 mg/30ml-1000 mg/30ml, 500 mg/15ml-6.25 mg/15ml-15 mg/15ml, 6.25 mg/15ml-15 mg/15ml-500 mg/15ml, 6.25 mg/15ml-6.25 mg/15ml-10 %-15 mg/15ml-15 mg/15ml-500 mg/15ml-500 mg/15ml, 6.25 mg/15ml-6.25 mg/15ml-15 mg/15ml-15 mg/15ml-500 mg/15ml-500 mg/15ml-10 %	P	OTC;AL(Up to 21 yrs old)
dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml, 150 mg/7.5ml-15 mg/7.5ml, 20 mg/10ml-200 mg/10ml	P	QL(240 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
dextromethorphan-guaifenesin liqd 10 mg/5ml-200 mg/5ml, 200 mg/5ml-10 mg/5ml, 400 mg/10ml-20 mg/10ml	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
dextromethorphan-guaifenesin liqd 30 mg/5ml-200 mg/5ml, 30 mg/5ml-200 mg/5ml-200 mg/5ml-30 mg/5ml, 30 mg/5ml-30 mg/5ml-200 mg/5ml-200 mg/5ml, 20 mg/20ml-400 mg/20ml, 400 mg/20ml-20 mg/20ml, 5 mg/5ml-100 mg/5ml	P	OTC;AL(Up to 21 yrs old)
dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
dextromethorphan-guaifenesin tb12 30 mg-600 mg	P	QL(2 ea daily); AL(Up to 21 yrs old)
dextromethorphan-phenylephrine-acetaminophen caps 325 mg-5 mg-10 mg, 5 mg-10 mg-325 mg, 5 mg-5 mg-10 mg-10 mg-325 mg-325 mg	P	OTC;AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
DIABETIC TUSSIN COLD/FLU CAPS	P	OTC;AL(Up to 21 yrs old)
DIMETAPP COLD & ALLERGY ELIX (*Use brompheniramine & phenyleph*)	NP	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
DIMETAPP LONG ACTING COUGH PLUS COLD SYRP	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
ED BRON GP LIQD	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml	P	AL(At least 18 yrs old - Up to 21 yrs old)
guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml	P	AL(At least 18 yrs old - Up to 21 yrs old)
guaifenesin-codeine syrp 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml	P	AL(At least 18 yrs old - Up to 21 yrs old)
LITTLE REMEDIES FOR COLDSMULTI SYMPTOM LIQD	P	OTC;AL(Up to 21 yrs old)
LOHIST-D LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
loratadine & pseudoephedrine tb12 120 mg-5 mg, 5 mg-120 mg	P	OTC;QL(2 ea daily); AL(Up to 21 yrs old)
loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 240 mg-10 mg	P	OTC;QL(1 ea daily); AL(Up to 21 yrs old)
MAXI-TUSS PE LIQD	P	AL(Up to 21 yrs old)
MAXI-TUSS PE MAX LIQD	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
MUCINEX D TB12 (*Use pseudoephedrine-guaifenesin*)	NP	QL(210 ea per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX DM TB12 (*Use dextromethorphan-guaifenesin*)	NP	QL(2 ea daily); AL(Up to 21 yrs old)
phenylephrine-chlorphen-dm liqd 4 mg/5ml-10 mg/5ml-15 mg/5ml	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
phenylephrine-dm liqd	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
phenylephrine-dm soln	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
promethazine & phenylephrine syrp	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
promethazine w/codeine soln	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
promethazine w/codeine syrp	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
promethazine-dm syrp	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
promethazine-phenylephrine-codeine syrp	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
pseudoephed-bromphen-dm syrp	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
pseudoephedrine w/ dm-gg liqd 10 mg/5ml-30 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml-30 mg/5ml	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
pseudoephedrine-dm liqd	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
pseudoephedrine-guaifenesin syrp 30 mg/5ml-100 mg/5ml	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
pseudoephedrine-guaifenesin tb12 60 mg-600 mg, 600 mg-60 mg	P	QL(210 ea per fill retail); AL(Up to 21 yrs old)
pseudoephedrine-ibuprofen tabs 200 mg-30 mg, 30 mg-200 mg	P	OTC;AL(Up to 21 yrs old)
PX DAYTIME MULTI-SYMPTOM CAPS	P	OTC;AL(Up to 21 yrs old)
PX NITETIME MULTI-SYMPTOM CAPS	P	OTC;QL(240 ea per fill retail); AL(Up to 21 yrs old)
QC TRIACTING DAYTIME CHILDRENS SYRP	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
ROBITUSSIN PEAK COLD DM SYRP (*Use dextromethorphan-guaifenesin*)	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old)
SCOT-TUSSIN DM LIQD	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
SCOT-TUSSIN SENIOR LIQD	P	OTC;AL(Up to 21 yrs old)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
VIRTUSSIN DAC SOLN	NP	
VIRTUSSIN DAC SOLN	P	QL(240 ml per 7 days retail); AL(At least 18 yrs old - Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC-D ALLERGY/CONGESTION TB12 (*Use cetirizine-pseudoephedrine*)	NP	AL(Up to 21 yrs old)
Expectorants		
guaifenesin liqd or 100 mg/5ml, 200 mg/10ml, 400 mg/20ml	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
guaifenesin soln or 100 mg/5ml, 200 mg/10ml, 300 mg/15ml	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
guaifenesin syrp or 100 mg/5ml	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
guaifenesin tb12 or 1200 mg	P	OTC;QL(2 ea daily); AL(Up to 21 yrs old)
guaifenesin tb12 or 600 mg	P	QL(40 ea per 30 days retail); AL(Up to 21 yrs old)
MUCINEX MAXIMUM STRENGTH TB12 (*Use guaifenesin*)	NP	OTC;QL(2 ea daily); AL(Up to 21 yrs old)
MUCINEX TB12 (*Use guaifenesin*)	NP	QL(40 ea per 30 days retail); AL(Up to 21 yrs old)
Misc. Respiratory Inhalants		
sodium chloride (inhalant) aers 0.9 %	P	OTC;QL(240 ml per fill retail)
sodium chloride (inhalant) nebu 0.9 %, 10 %, 3 %	P	
Mucolytics		
acetylcysteine soln in 10 %, 20 %	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG (*Use isotretinoin*)	NP	PA; QL(2 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ACNE MEDICATION 10 LOTN	P	OTC
ACNE MEDICATION 5 LOTN	P	OTC
BENZAC AC WASH LIQD (*Use benzoyl peroxide*)	NP	RX/OTC
benzoyl peroxide bar ex 10 %	P	
BENZOYL PEROXIDE CLEANSER LIQD	P	
benzoyl peroxide gel ex 2.5 %, 5 %, 10 %	P	
benzoyl peroxide liqd ex 4 %, 10 %	P	
benzoyl peroxide liqd ex 5 %	P	RX/OTC
CLEOCIN-T GEL (*Use clindamycin phosphate (topical)*)	NP	QL(60 ml per fill retail)
CLEOCIN-T LOTN (*Use clindamycin phosphate (topical)*)	NP	
CLINDAGEL GEL (*Use clindamycin phosphate (topical)*)	NP	QL(60 ml per fill retail)
clindamycin phosphate (topical) gel	P	QL(60 ml per fill retail)
clindamycin phosphate (topical) lotn	P	
clindamycin phosphate (topical) soln	P	
ERYGEL GEL (*Use erythromycin (acne aid)*)	NP	QL(60 gm per fill retail)
erythromycin (acne aid) gel	P	QL(60 gm per fill retail)
erythromycin (acne aid) soln	P	
isotretinoin caps or 30 mg, 10 mg, 20 mg, 40 mg	P	PA; QL(2 ea daily); AL(At least 12 yrs old)
KLARON LOTN (*Use sulfacetamide sodium (acne)*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A CREA 0.05 %, 0.1 %, 0.025 % (*Use tretinoin*)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.01 % (*Use tretinoin*)	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.025 % (*Use tretinoin*)	NP	AL(Up to 35 yrs old)
SODIUM SULFACETAMIDE/SULFUR SUSP 5 %-10 %	P	
sulfacetamide sodium (acne) lotn	P	
sulfacetamide sodium w/ sulfur lotn 5 %-10 %	P	QL(60 gm per fill retail)
tretinoin crea ex 0.05 %, 0.1 %, 0.025 %	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)
tretinoin gel ex 0.01 %	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)
tretinoin gel ex 0.025 %	P	AL(Up to 35 yrs old)
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) gel 1 %	P	QL(6.68 gm daily)2 rtl MAX fill,30 rtl day(s) supply,; RX/OTC
VOLTAREN GEL (*Use diclofenac sodium (topical)*)	NP	QL(6.68 gm daily)2 rtl MAX fill,30 rtl day(s) supply,; RX/OTC
Antibiotics - Topical		
BACIGUENT OINT EX (*Use bacitracin (topical)*)	NP	OTC;QL(30 gm per fill retail)
bacitracin (topical) oint	P	OTC;QL(30 gm per fill retail)
bacitracin zinc oint ex	P	OTC;QL(30 gm per fill retail)
CENTANY OINT	P	

Drug Name	Drug Tier	Requirements/ Limits
gentamicin sulfate (topical) crea	P	QL(60 gm per fill retail)
gentamicin sulfate (topical) oint	P	QL(60 gm per fill retail)
mupirocin calcium (topical) crea	P	QL(30 gm per fill retail)
mupirocin oint ex	P	
neomycin-bacitracin-polymyxin oint	P	OTC;QL(454 gm per fill retail)
neomycin-polymyxin w/ pramoxine crea	P	OTC;QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT (*Use neomycin-bacitracin-polymyxin*)	NP	OTC;QL(454 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (*Use neomycin-polymyxin w/ pramoxine*)	NP	OTC;QL(30 gm per fill retail)
Antifungals - Topical		
clotrimazole (topical) crea	P	QL(90 gm per fill retail); RX/OTC
clotrimazole (topical) soln	P	QL(60 ml per fill retail); RX/OTC
clotrimazole w/ betamethasone crea	P	QL(45 gm per 30 days retail)
clotrimazole w/ betamethasone lotn	P	QL(31 ml per 30 days retail)
econazole nitrate crea ex	P	QL(30 gm per fill retail)
ketoconazole (topical) crea 2 %	P	QL(60 gm per fill retail)
ketoconazole (topical) sham 1 %	P	OTC
ketoconazole (topical) sham 2 %	P	
LAMISIL AT CREA (*Use terbinafine hcl (topical)*)	NP	OTC;QL(30 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (*Use terbinafine hcl (topical)*)	NP	OTC;QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF CREA (*Use clotrimazole (topical)*)	NP	QL(90 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (*Use clotrimazole (topical)*)	NP	QL(90 gm per fill retail); RX/OTC
LOTRISONE CREA (*Use clotrimazole w/ betamethasone*)	NP	QL(45 gm per 30 days retail)
MICATIN CREA (*Use miconazole nitrate (topical)*)	NP	QL(60 ml per fill retail)
miconazole nitrate (topical) crea	P	QL(60 ml per fill retail)
NIZORAL A-D SHAM	P	OTC
NIZORAL SHAM (*Use ketoconazole (topical)*)	NP	
nystatin (topical) crea	P	QL(30 gm per fill retail)
nystatin (topical) oint	P	QL(30 gm per fill retail)
nystatin (topical) powd	P	QL(60 gm per fill retail)
nystatin-triamcinolone crea	P	QL(60 gm per fill retail)
nystatin-triamcinolone oint	P	QL(60 gm per fill retail)
terbinafine hcl (topical) crea	P	OTC;QL(30 gm per fill retail)
TINACTIN CREA (*Use tolnaftate*)	NP	OTC;QL(30 gm per fill retail)
tolnaftate crea ex	P	OTC;QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	OTC
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (*Use fluorouracil (topical)*)	NP	
EFUDEX CREA (*Use fluorouracil (topical)*)	NP	QL(40 gm per 30 days retail)
fluorouracil (topical) crea 0.5 %	P	
fluorouracil (topical) crea 5 %	P	QL(40 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
fluorouracil (topical) soln 2 %, 5 %	P	QL(10 ml per 30 days retail)
LEVULAN KERASTICK SOLR	P	PA; SP
TARGRETIN GEL EX 1 %	P	PA; SP
VALCHLOR GEL	P	PA; SP
Antipruritics - Topical		
camphor & menthol lotn 0.5 %-0.5 %	P	OTC;QL(222 ml per fill retail)
SARNA LOTN (*Use camphor & menthol*)	NP	OTC;QL(222 ml per fill retail)
Antipsoriatics		
calcipotriene crea ex	P	
calcipotriene soln ex	P	QL(60 ml per fill retail)
DOVONEX CREA (*Use calcipotriene*)	NP	
SILIQ SOSY	P	PA; SP
TALTZ SOAJ	P	PA; SP
TALTZ SOSY	P	PA; SP
tazarotene crea ex	P	QL(2 gm daily); AL(Up to 20 yrs old)
TAZORAC CREA 0.05 %	P	QL(2 gm daily); AL(Up to 20 yrs old)
TAZORAC CREA 0.1 % (*Use tazarotene*)	NP	QL(2 gm daily); AL(Up to 20 yrs old)
TAZORAC GEL 0.05 %, 0.1 %	P	QL(6.67 gm daily); AL(Up to 20 yrs old)
Antiseborrheic Products		
OVACE PLUS WASH LIQD (*Use sulfacetamide sodium*)	NP	QL(120 ml per fill retail)
OVACE WASH LIQD (*Use sulfacetamide sodium*)	NP	QL(120 ml per fill retail)
selenium sulfide lotn ex 1 %	P	OTC;QL(420 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
selenium sulfide lotn ex 2.5 %	P	
selenium sulfide sham ex 1 %	P	OTC;QL(420 ml per fill retail)
SELSUN BLUE DAILY LOTN (*Use selenium sulfide*)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE LOTN (*Use selenium sulfide*)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (*Use selenium sulfide*)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (*Use selenium sulfide*)	NP	OTC;QL(420 ml per fill retail)
sulfacetamide sodium liqd ex 10 %	P	QL(120 ml per fill retail)
Antivirals - Topical		
acyclovir topical crea	P	QL(5 gm per fill retail)
acyclovir topical oint	P	QL(30 gm per 30 days retail)
ZOVIRAX CREA EX 5 % (*Use acyclovir topical*)	NP	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % (*Use acyclovir topical*)	NP	QL(30 gm per 30 days retail)
Burn Products		
SILVADENE CREA (*Use silver sulfadiazine*)	NP	
silver sulfadiazine crea ex	P	
Corticosteroids - Topical		
betamethasone dipropionate (topical) crea	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
betamethasone dipropionate augmented crea	P	QL(50 gm per fill retail)
betamethasone valerate crea ex 0.1 %	P	
betamethasone valerate lotn ex 0.1 %	P	
betamethasone valerate oint ex 0.1 %	P	
clobetasol propionate crea ex	P	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate emollient base crea	P	QL(60 gm per fill retail)
clobetasol propionate gel ex	P	QL(60 gm per fill retail)
clobetasol propionate oint ex	P	QL(60 gm per fill retail)
clobetasol propionate soln ex	P	QL(50 ml per fill retail)
DERMA-SMOOTHE/FS SCALP OIL (*Use fluocinolone acetonide*)	NP	QL(118.28 ml per fill retail)
desonide crea ex	P	
desonide oint ex	P	QL(2 gm daily)
DESOWEN CREA (*Use desonide*)	NP	
desoximetasone crea ex 0.05 %	P	
desoximetasone crea ex 0.25 %	P	QL(2 gm daily)
desoximetasone gel ex 0.05 %	P	QL(2 gm daily)
desoximetasone oint ex 0.25 %	P	QL(2 gm daily)
DIPROLENE AF CREA (*Use betamethasone dipropionate augmented*)	NP	QL(50 gm per fill retail)
EPIFOAM FOAM	P	QL(15 gm per fill retail)
fluocinolone acetonide oil ex 0.01 %	P	QL(118.28 ml per fill retail)
fluocinonide crea ex 0.05 %	P	QL(150 gm per 30 days retail)1 rtl pack lmt per fill,
fluocinonide emulsified base crea	P	QL(60 gm per fill retail)
fluocinonide gel ex 0.05 %	P	QL(60 gm per fill retail)
fluocinonide oint ex 0.05 %	P	QL(60 gm per fill retail)
fluocinonide soln ex 0.05 %	P	QL(60 ml per fill retail)
fluticasone propionate crea ex 0.05 %	P	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate oint ex 0.005 %	P	QL(60 gm per fill retail)
hydrocortisone (topical) crea 0.5 %	P	OTC
hydrocortisone (topical) crea 1 %	P	QL(454 gm per fill retail); RX/OTC
hydrocortisone (topical) crea 2.5 %	P	
hydrocortisone (topical) lotn 1 %	P	QL(453.6 ml per fill retail)
hydrocortisone (topical) lotn 2.5 %	P	QL(120 ml per fill retail)
hydrocortisone (topical) oint 1 %	P	RX/OTC
hydrocortisone (topical) oint 2.5 %	P	
hydrocortisone butyrate soln	P	
hydrocortisone-aloe vera crea 0.5 %	P	
hydrocortisone-aloe vera crea 1 %	P	OTC;QL(224 gm per fill retail)
HYDROCORTISONE/ALOE CREA	P	
LOCOID SOLN (*Use hydrocortisone butyrate*)	NP	
mometasone furoate crea ex	P	QL(50 gm per fill retail)
mometasone furoate oint ex	P	QL(45 gm per fill retail)
mometasone furoate soln ex	P	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (*Use hydrocortisone (topical)*)	NP	QL(454 gm per fill retail); RX/OTC
TEMOVATE CREA (*Use clobetasol propionate*)	NP	QL(60 gm per fill retail)
TEMOVATE OINT (*Use clobetasol propionate*)	NP	QL(60 gm per fill retail)
TOPICORT CREA 0.05 % (*Use desoximetasone*)	NP	
TOPICORT CREA 0.25 % (*Use desoximetasone*)	NP	QL(2 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
TOPICORT GEL 0.05 % (*Use desoximetasone*)	NP	QL(2 gm daily)
TOPICORT OINT 0.25 % (*Use desoximetasone*)	NP	QL(2 gm daily)
triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %	P	
triamcinolone acetonide (topical) lotn 0.1 %, 0.025 %	P	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint 0.025 %	P	QL(454 gm per fill retail)
triamcinolone acetonide (topical) oint 0.1 %, 0.5 %	P	
TRIDESILON CREA (*Use desonide*)	NP	
Eczema Agents		
ADBRY SOSY	P	PA; SP
CIBINQO TABS	P	PA; SP
DUPIXENT SOPN	P	PA; SP
DUPIXENT SOSY	P	PA; SP
Emollient/Keratolytic Agents		
urea crea ex 40 %	P	RX/OTC
urea lotn ex 40 %	P	
Emollients		
A + D PERSONAL CARE LOTION LOTN	P	
ALOE AFTERSUN LOTION LOTN	P	
AQUA GLYCOLIC HAND & BODYLOTION LOTN	P	
AQUA LACTEN LOTN	P	
AQUAMED LOTN	P	
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits
AVEENO DAILY MOISTURIZING SHEER HYDRATION LOTN	P	
AVEENO DAILY MOISTURIZINGSPF 15 LOTN	P	
AVEENO POSITIVELY AGELESSFIRMING BODY LOTN	P	
AVEENO STRESS RELIEF MOISTURIZING LOTN	P	
BETA CARE LOTN	P	
CAM LOTN	P	
CERAVE AM FACIAL MOISTURIZING LOTION/SPF30 LOTN	P	
CERAVE AM SPF 30 LOTN	P	
CERAVE DAILY MOISTURIZING LOTN	P	
CERAVE LOTN	P	
CERAVE PM FACIAL MOISTURIZING LOTION ULTRA LIGHTWEIGHT LOTN	P	
CERAVE PM LOTN	P	
CERAVE SA RENEWING LOTN	P	
CERAVE SA/ROUGH AND BUMPYSKIN LOTN	P	
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	P	
CETAPHIL DERMACONTROL MOISTURIZER/SPF 30 LOTN	P	
CETAPHIL MOISTURIZING LOTN	P	
CETAPHIL RESTORADERM LOTN	P	
CLN FACIAL MOISTURIZER NOURISHING LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits
COCOA BUTTER HAND & BODYLOTION LOTN	P	
COCOA BUTTER LOTN EX	P	
CVS BEAUTY 360 DRY SKIN LOTN	P	
CVS DAILY ULTRA MOISTURELOTION LOTN	P	
DAILY MOISTURIZING LOTION LOTN	P	
DAILY MOISTURIZING LOTN	P	
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN	P	
DERMAL THERAPY FACE CAREMOISTURIZING LOTION LOTN	P	
DERMAL THERAPY FOOT MASSAGE LOTN	P	
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN	P	
DERMAL THERAPY HEEL CARE LOTN	P	
DERMEND ALPHA + BETA HYDROXY THERAPY LOTN	P	
DIABETIDERM LOTN	P	
EMOLLIA-LOTION LOTN	P	
EMOLLIENT LOTION-MISC	P	RX/OTC
emollient lotn	P	
EPILYT LOTN	P	
EQL ADVANCED RECOVERY SKIN CARE LOTN	P	
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	P	
EUCERIN BABY LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits
EUCERIN DAILY HYDRATION LOTN	P	
EUCERIN DAILY PROTECTION/SPF 30 LOTN	P	
EUCERIN INTENSIVE REPAIR LOTN	P	
EUCERIN LOTN	P	
EUCERIN ORIGINAL HEALINGSOOTHING REPAIR LOTN	P	
EUCERIN PLUS LOTN 5 %-5 %	P	
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	P	
EUCERIN ROUGHNESS RELIEF LOTN	P	
EUCERIN SMOOTHING REPAIRADVANCED FORMULA LOTN	P	
GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH LOTN	P	
GOLD BOND MEDICATED BODYLOTION LOTN	P	
GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN	P	
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	P	
GOLD BOND ULTIMATE HEALING LOTN	P	
GOLD BOND ULTIMATE LOTN	P	
GOLD BOND ULTIMATE OVERNIGHT LOTN	P	
GOLD BOND ULTIMATE PROTECTION LOTN	P	
GOLD BOND ULTIMATE RESTORING LOTN	P	
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN	P	

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	
GRX VITAMIN E LOTN	P	
HYDRAZONE LOTION LOTN	P	
JOHNSONS SKIN NOURISH MOISTURIZING LOTN	P	
JOHNSONS SKIN NOURISH VANILLA OAT LOTION LOTN	P	
KERI ADVANCED MOISTURE THERAPY LOTN	P	
KERI BASIC ESSENTIALS LOTN	P	
KERI NOURISHING SHEA BUTTER LOTN	P	
KERI ORIGINAL DAILY MOISTURE LOTN	P	
KERI ORIGINAL LOTN	P	
KERI OVERNIGHT LOTN	P	
KERI RENEWAL MILK BODY LOTN	P	
KERI RENEWAL SKIN FIRMING LOTN	P	
KERI RENEWAL STRETCH MARK MINIMIZER LOTN	P	
KERI SENSITIVE SKIN LOTN	P	
LAC-HYDRIN TWELVE LOTN (*Use lactic acid (ammonium lactate)*)	NP	QL(1368 ml per fill retail); RX/OTC
lactic acid (ammonium lactate) crea 12 %	P	QL(385 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
lactic acid (ammonium lactate) lotn 12 %	P	QL(1368 ml per fill retail); RX/OTC
LUBRIDERM ADVANCED THERAPY LOTN	P	
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	P	
LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	P	
LUBRIDERM INTENSE SKIN REPAIR LOTN	P	
LUBRIDERM LOTN	P	
LUBRIDERM MENS 3-IN-1 LOTN	P	
LUBRIDERM SERIOUSLY SENSITIVE LOTN	P	
LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS LOTN	P	
LUBRISOFT LOTN	P	
MAXAM LOTN	P	
MEDERMA AG HAND & BODY LOTION LOTN	P	
MOTHERS FRIEND LOTN	P	
MSM SKIN LOTION LOTN	P	
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	P	
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	P	
NIVEA EXTRA ENRICHED LOTION LOTN	P	
NIVEA EXTRA ENRICHED LOTN	P	
NIVEA GENTLE BODY EXFOLIATOR LOTN	P	
NIVEA LIGHT LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits
NIVEA LOTN	P	
NIVEA ORIGINAL LOTN	P	
NIVEA ORIGINAL MOISTURE LOTN	P	
NIVEA VISAGE LOTN	P	
NUTRADERM ADVANCED FORMULA LOTN	P	
NUTRADERM LOTN 2.5 %-2.5 %-2.5 %-2.5 %-2.5 %	P	
PALMERS COCOA BUTTER FORMULA LOTION FRAGRANCE FREE LOTN	P	
PALMERS COCOA BUTTER FORMULA LOTION LOTN	P	
PALMERS COCOA BUTTER FORMULA MASSAGE LOTION/STRETCH MARKS LOTN	P	
PALMERS COCONUT OIL FORMULA BODY LOTION LOTN	P	
RA DAYLOGIC HEALING DRY SKIN THERAPY LOTN	P	
RA RENEWAL DRY SKIN THERAPY LOTN	P	
RADIAGUARD ADVANCED LOTN	P	
RESTA LITE LOTN	P	
ROSE MILK LOTN	P	
SKIN REPAIR LOTN	P	
SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN	P	
ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	P	
THERABETIC SKIN CARE LOTN	P	
THERAPLEX HYDROLOTION LOTN	P	
VANICREAM LOTN	P	
WIBI LOTN	P	
Glabellar Lines (Frown Lines) Agents		
BOTOX COSMETIC SOLR	P	PA; SP
Immunomodulating Agents - Topical		
ALDARA CREA (*Use imiquimod*)	NP	QL(48 ea per 180 days retail)
imiquimod crea ex 5 %	P	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA (*Use pimecrolimus*)	NP	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
pimecrolimus crea	P	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
PROTOPIC OINT 0.03 % (*Use tacrolimus (topical)*)	NP	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % (*Use tacrolimus (topical)*)	NP	PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old)
tacrolimus (topical) oint 0.03 %	P	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
tacrolimus (topical) oint 0.1 %	P	PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old)
Keratolytic/Antimitotic Agents		

Drug Name	Drug Tier	Requirements/ Limits
DERMAREST PSORIASIS GEL	P	OTC
KERALYT GEL 3 %	P	OTC
KERALYT GEL 6 % (*Use salicylic acid*)	NP	
podofilox soln ex	P	
salicylic acid gel ex 6 %	P	
Local Anesthetics - Topical		
capsaicin crea ex 0.025 %	P	OTC;QL(60 ml per fill retail)
capsaicin crea ex 0.075 %	P	OTC;QL(60 gm per fill retail)
capsaicin crea ex 0.1 %	P	OTC;QL(43 gm per fill retail)
CAPZASIN-HP CREA (*Use capsaicin*)	NP	OTC;QL(43 gm per fill retail)
CAPZASIN-P CREA	P	OTC;QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	P	OTC;QL(30 gm per fill retail)
dibucaine oint ex	P	OTC;QL(56.7 gm per fill retail)
lidocaine crea ex 4 %	P	OTC;QL(2 gm daily)
lidocaine hcl crea ex 3 %	P	QL(453.6 gm per fill retail); RX/OTC
lidocaine hcl crea ex 4 %	P	OTC;QL(2 ml daily)
lidocaine hcl gel ex 2 %	P	AL(At least 21 yrs old)
lidocaine hcl gel ex 2 %	P	AL(At least 21 yrs old); RX/OTC
lidocaine oint ex 5 %	P	QL(100 gm per 30 days retail)1 rtl pack lmt per fill,
lidocaine-prilocaine crea	P	QL(30 gm per fill retail)
LMX 4 CREA (*Use lidocaine*)	NP	OTC;QL(2 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
PREDATOR CREA (*Use lidocaine hcl*)	NP	OTC;QL(2 ml daily)
Misc. Topical		
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	NP	
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	NP	
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	NP	
CUTTER AERO	NP	
CUTTER ALL FAMILY AERO	NP	
CUTTER BACKWOODS AERO	NP	
CUTTER BACKWOODS DRY AERO	NP	
CUTTER DRY AERO	NP	
CUTTER SKINSATIONS AERO	NP	
CUTTER SPORT AERO	NP	
CVS INSECT REPELLENT AERO	NP	
CVS TOTAL HOME INSECT REPELLENT AERO 30 %	NP	
DRYSOL SOLN	P	
HYDRO-LAN CREA	P	OTC
lanolin (topical) crea	P	OTC
LANOLOR CREA	P	OTC
OFF ACTIVE AERO	NP	
OFF DEEP WOODS AERO	NP	

Drug Name	Drug Tier	Requirements/ Limits
OFF DEEP WOODS AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
OFF DEEP WOODS DRY AERO	NP	
OFF DEEP WOODS DRY AERO	P	OTC;QL(113 gm per fill retail,226 gm per 30 days retail)
OFF DEEP WOODS SPORTSMEN AERO 30 %	NP	
OFF FAMILYCARE SMOOTH & DRY AERO	NP	
OFF SMOOTH & DRY AERO	NP	
REPEL FAMILY AERO	NP	
REPEL FAMILY DRY AERO	NP	
REPEL HUNTERS FORMULA AERO	NP	
REPEL SPORTSMEN AERO	NP	
REPEL SPORTSMEN DRY AERO	NP	
REPEL SPORTSMEN MAX AERO	NP	
REPEL SPORTSMEN MAX LOTN	NP	
SAWYER INSECT REPELLENT AERO	NP	
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP	
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
ULTRATHON INSECT REPELLENT LOTN	P	OTC;QL(57 gm per fill retail,114 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
zinc oxide (topical) oint 20 %	P	OTC;QL(500 gm per fill retail)
Rosacea Agents		
METROCREAM CREA (*Use metronidazole (topical)*)	NP	
METROLOTION LOTN (*Use metronidazole (topical)*)	NP	
metronidazole (topical) crea 0.75 %	P	
metronidazole (topical) gel 0.75 %	P	QL(45 gm per fill retail)
metronidazole (topical) lotn 0.75 %	P	
Scabicides & Pediculicides		
crotamiton lotn ex	P	QL(454 gm per fill retail)
CVS LICE SOLUTION KIT 3-STEP KIT	P	OTC
ELIMITE CREA (*Use permethrin*)	NP	QL(360 gm per fill retail)
LICEMD GEL	P	OTC
malathion lotn	P	QL(59 ml per fill retail)
NATROBA SUSP (*Use spinosad*)	NP	Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail)
NIX CREME RINSE LIQD (*Use permethrin*)	NP	OTC
OVIDE LOTN (*Use malathion*)	NP	QL(59 ml per fill retail)
permethrin crea ex 5 %	P	QL(360 gm per fill retail)
permethrin liqd ex 1 %	P	OTC
permethrin lotn ex 1 %	P	OTC
pyrethrins-piperonyl butoxide liqd	P	OTC

Drug Name	Drug Tier	Requirements/ Limits
pyrethrins-piperonyl butoxide sham	P	OTC
pyrethrins-piperonyl butoxide-permethrin-nit remover kit	P	OTC
RID COMPLETE LICE ELIMINATION KIT (*Use pyrethrins-piperonyl butoxide-permethrin-nit remover*)	NP	OTC
RID ESSENTIAL LICE ELIMINATION KIT KIT	P	OTC
RID LIQD EX 0.33 %-4 % (*Use pyrethrins-piperonyl butoxide*)	NP	OTC
SCHOOLTIME SHAMPOO SHAM	P	OTC;QL(1 ml per 14 days retail)
spinosad susp	P	Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail)
Tar Products		
coal tar extract sham 0.5 %	P	OTC
DHS TAR GEL SHAM (*Use coal tar extract*)	NP	OTC
DHS TAR SHAM (*Use coal tar extract*)	NP	OTC
NEUTROGENA T/GEL SHAM (*Use coal tar extract*)	NP	OTC
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (*Use coal tar extract*)	NP	OTC
Wound Care Products		
APLIGRAF DISK	P	PA; SP
DERMAGRAFT SHEE	P	PA; SP
PURAPLY 2CM X 4CM SHEE	P	PA; SP
PURAPLY 6CM X 9CM SHEE	P	PA; SP
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
CORTROSYN SOLR (*Use cosyntropin*)	NP	PA; SP
cosyntropin solr	P	PA; SP
THYROGEN SOLR	P	PA; SP
Diagnostic Tests		
BD VERITOR AT-HOME COVID-19 TEST KIT	NP	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	NP	
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	NP	
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	NP	
CHEMSTRIP-K STRP	P	OTC;QL(6.67 ea daily)
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	NP	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	NP	
COVID-19 AT-HOME TEST KIT KIT	NP	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	NP	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	NP	
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TOUCH HEALTHPRO 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 GLUCOSETEST STRIPS STRP	NP	RX/OTC
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	NP	
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
FORA GTEL BLOOD KETONE TEST STRIPS STRP	P	OTC;QL(1 ea daily)
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GOJJI BLOOD KETONE TEST STRIPS STRP	P	OTC;QL(1 ea daily)
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	NP	
INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 ea per fill retail)
KETONE STRP	P	OTC;QL(6.67 ea daily)
KETONE TEST STRIPS STRP	P	OTC;QL(6.67 ea daily)
KETOSTIX STRP	P	OTC;QL(6.67 ea daily)
NOVA MAX PLUS KETONE TESTSTRIPS STRP	P	OTC;QL(1 ea daily)
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH ULTRA STRP	P	Clinical Edit: Test Strips;RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	Clinical Edit: Test Strips;RX/OTC
PRECISION XTRA STRP	P	OTC;QL(1 ea daily)
PTS PANELS KETONE TEST STRP	P	OTC;QL(1 ea daily)
QUICKVUE AT-HOME COVID-19 TEST KIT	NP	
QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
RELION KETONE TEST STRIPS STRP	P	OTC;QL(6.67 ea daily)
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
PANCREAZE CPEP	P	Smart PA
SUCRAID SOLN	P	PA; SP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12 or 500 mg	P	
acetazolamide tabs or 125 mg, 250 mg	P	
methazolamide tabs or 25 mg, 50 mg	P	
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (*Use spironolactone & hydrochlorothiazide*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
amiloride & hydrochlorothiazide tabs	P	QL(1 ea daily)
DYAZIDE CAPS (*Use triamterene & hydrochlorothiazide*)	NP	
MAXZIDE TABS (*Use triamterene & hydrochlorothiazide*)	NP	
MAXZIDE-25 TABS (*Use triamterene & hydrochlorothiazide*)	NP	
spironolactone & hydrochlorothiazide tabs	P	
triamterene & hydrochlorothiazide caps	P	
triamterene & hydrochlorothiazide tabs	P	
Loop Diuretics		
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	P	
BUMEX TABS (*Use bumetanide*)	NP	
furosemide soln or 10 mg/ml, 8 mg/ml	P	
furosemide tabs or 20 mg, 40 mg, 80 mg	P	
LASIX TABS (*Use furosemide*)	NP	
SOAANZ TABS 20 MG	P	QL(1 ea daily)
torsemide tabs	P	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (*Use spironolactone*)	NP	
amiloride hcl tabs or	P	QL(4 ea daily)
spironolactone tabs or 100 mg, 25 mg, 50 mg	P	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone tabs	P	
hydrochlorothiazide caps or 12.5 mg	P	
hydrochlorothiazide tabs or 25 mg, 50 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
indapamide tabs	P	
metolazone tabs	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA TABS	P	PA; SP
RECORLEV TABS	P	PA; SP
Bone Density Regulators		
ACTONEL TABS 35 MG (*Use risedronate sodium*)	NP	PA; QL(4 ea per fill retail)
alendronate sodium soln 70 mg/75ml	P	QL(10.8 ml daily)
alendronate sodium tabs 10 mg, 5 mg	P	QL(1 ea daily)
alendronate sodium tabs 35 mg, 70 mg	P	QL(0.15 ea daily)
ATELVIA TBEC (*Use risedronate sodium*)	NP	PA; QL(4 ea per 28 days retail)
BONIVA SOLN IV 3 MG/3ML (*Use ibandronate sodium*)	NP	PA; SP
calcitonin (salmon) soln ij 200 unit/ml	P	QL(2 ml per fill retail)
calcitonin (salmon) soln na 200 unit/act	P	1 rtl pack lmt per fill,
EVENITY SOSY	P	PA; SP
FORTEO SOPN	P	PA; SP
FOSAMAX TABS (*Use alendronate sodium*)	NP	QL(0.15 ea daily)
ibandronate sodium soln iv 3 mg/3ml	P	PA; SP
MIACALCIN SOLN (*Use calcitonin (salmon)*)	NP	QL(2 ml per fill retail)
NATPARA CART	P	PA; SP
pamidronate disodium soln 30 mg/10ml, 90 mg/10ml	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
PAMIDRONATE DISODIUM SOLN 6 MG/ML	P	PA; SP
pamidronate disodium solr 30 mg, 90 mg	P	PA; SP
PROLIA SOSY	P	PA; SP
RECLAST SOLN (*Use zoledronic acid*)	NP	PA; SP
risedronate sodium tabs 30 mg, 5 mg	P	PA; QL(1 ea daily)
risedronate sodium tabs 35 mg	P	PA; QL(4 ea per fill retail)
risedronate sodium tbec 35 mg	P	PA; QL(4 ea per 28 days retail)
TERIPARATIDE SOPN	P	PA; SP
TYMLOS SOPN	P	PA; SP
XGEVA SOLN	P	PA; SP
zoledronic acid conc 4 mg/5ml	P	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	P	PA; SP
zoledronic acid soln 4 mg/100ml, 5 mg/100ml	P	PA; SP
Corticotropin		
ACTHAR GEL	P	PA; SP
CORTROPHIN GEL	P	PA; SP
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR IM	P	PA; SP
FOLLISTIM AQ SOLN	P	PA; SP
GONAL-F RFF REDIJECT SOLN	P	PA; SP
GONAL-F RFF SOLR	P	PA; SP
GONAL-F SOLR	P	PA; SP
MENOPUR SOLR	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
NOVAREL SOLR	P	PA; SP
OVIDREL INJ	P	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	P	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	P	PA; SP
ganirelix acetate sosy	P	PA; SP
GANIRELIX ACETATE SOSY (*Use ganirelix acetate*)	NP	PA; SP
ORILISSA TABS	P	PA; SP
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	P	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	P	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SOLR	P	PA; SP
GENOTROPIN SOLR	P	PA; SP
HUMATROPE COMBO PACK SOLR	P	PA; SP
HUMATROPE SOLR	P	PA; SP
NORDITROPIN FLEXPRO SOPN	P	PA; SP
NUTROPIN AQ NUSPIN 10 SOPN	P	PA; SP
NUTROPIN AQ NUSPIN 20 SOPN	P	PA; SP
NUTROPIN AQ NUSPIN 5 SOPN	P	PA; SP
OMNITROPE SOCT	P	PA; SP
OMNITROPE SOLR	P	PA; SP
SAIZEN SOLR	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
SAIZENPREP RECONSTITUTIONKIT SOLR	P	PA; SP
SEROSTIM SOLR	P	PA; SP
SKYTROFA CART	P	PA; SP
ZOMACTON SOLR	P	PA; SP
ZORBTIVE SOLR	P	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (*Use raloxifene hcl*)	NP	QL(1 ea daily)
raloxifene hcl tabs	P	QL(1 ea daily)
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA SOLR	P	PA; SP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	P	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT	P	PA; SP
LUPANETA PACK KIT	P	PA; SP
LUPRON DEPOT-PED (*1-MONTH*) KIT	P	PA; SP
LUPRON DEPOT-PED (*3-MONTH*) KIT	P	PA; SP
SUPPRELIN LA KIT	P	PA; SP
SYNAREL SOLN	P	PA; SP
TRIPTODUR SRER	P	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	P	PA; SP
betaine powd	P	PA; SP
BUPHENYL POWD (*Use sodium phenylbutyrate*)	NP	PA; SP
BUPHENYL TABS (*Use sodium phenylbutyrate*)	NP	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
calcitriol caps or 0.25 mcg, 0.5 mcg	P	
CARBAGLU TABS (*Use carglumic acid*)	NP	PA; SP
carglumic acid tabs	P	PA; SP
CARNITOR SF SOLN (*Use levocarnitine (metabolic modifiers)*)	NP	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML (*Use levocarnitine (metabolic modifiers)*)	NP	QL(30 ml daily)
CARNITOR TABS OR 330 MG (*Use levocarnitine (metabolic modifiers)*)	NP	QL(3 ea daily)
cinacalcet hcl tabs	P	PA; SP
CRYSVITA SOLN	P	PA; SP
CYSTADANE POWD	P	PA; SP
CYSTADANE POWD (*Use betaine*)	NP	PA; SP
ELAPRASE SOLN	P	PA; SP
FABRAZYME SOLR	P	PA; SP
GALAFOLD CAPS	P	PA; QL(0.5 ea daily); SP
KANUMA SOLN	P	PA; SP
KUVAN PACK (*Use sapropterin dihydrochloride*)	NP	PA; SP
KUVAN TABS (*Use sapropterin dihydrochloride*)	NP	PA; SP
levocarnitine (metabolic modifiers) soln 1 gm/10ml	P	QL(30 ml daily)
levocarnitine (metabolic modifiers) tabs 330 mg	P	QL(3 ea daily)
LUMIZYME SOLR	P	PA; SP
MEPSEVII SOLN	P	PA; SP
MYALEPT SOLR	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
NAGLAZYME SOLN	P	PA; SP
NEXVIAZYME SOLR	P	PA; SP
nitisinone caps	P	PA; SP
NITYR TABS	P	PA; SP
NULIBRY SOLR	P	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (*Use nitisinone*)	NP	PA; SP
ORFADIN CAPS 20 MG	P	PA; SP
ORFADIN SUSP 4 MG/ML	P	PA; SP
PALYNZIQ SOSY	P	PA; SP
paricalcitol soln iv 2 mcg/ml, 5 mcg/ml	P	PA; SP
PARSABIV SOLN	P	PA; SP
RAVICTI LIQD	P	PA; SP
REVCOVI SOLN	P	PA; SP
ROCALTROL CAPS 0.25 MCG, 0.5 MCG (*Use calcitriol*)	NP	
sapropterin dihydrochloride pack	P	PA; SP
sapropterin dihydrochloride tabs	P	PA; SP
SENSIPAR TABS (*Use cinacalcet hcl*)	NP	PA; SP
sodium phenylbutyrate powd or 3 gm/tsp	P	PA; SP
sodium phenylbutyrate tabs or 500 mg	P	PA; SP
STRENSIQ SOLN	P	PA; SP
VIMIZIM SOLN	P	PA; SP
XURIDEN PACK	P	PA; SP
ZEMPLAR SOLN IV 2 MCG/ML, 5 MCG/ML (*Use paricalcitol*)	NP	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Natriuretic Peptides		
VOXZOGO SOLR	P	PA; SP
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (*Use desmopressin acetate*)	NP	PA; SP
DDAVP SOLN NA 0.01 %	P	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (*Use desmopressin acetate spray*)	NP	QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (*Use desmopressin acetate*)	NP	QL(6 ea daily)
desmopressin acetate soln ij 4 mcg/ml	P	PA; SP
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML	P	PA; SP
desmopressin acetate spray refrigerated soln	P	QL(5 ml per fill retail)
desmopressin acetate spray soln	P	QL(5 ml per fill retail)
desmopressin acetate tabs or 0.1 mg, 0.2 mg	P	QL(6 ea daily)
STIMATE SOLN	P	PA; SP
Somatostatic Agents		
LANREOTIDE ACETATE SOLN	P	PA; SP
octreotide acetate soln	P	PA; SP
SANDOSTATIN LAR DEPOT KIT	P	PA; SP
SANDOSTATIN SOLN (*Use octreotide acetate*)	NP	PA; SP
SIGNIFOR LAR SRER	P	PA; SP
SIGNIFOR SOLN	P	PA; SP
SOMATULINE DEPOT SOLN	P	PA; SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
JYNARQUE TBPK	P	PA; SP
SAMSCA TABS 15 MG	P	PA; SP
SAMSCA TABS 30 MG (*Use tolvaptan*)	NP	PA; SP
tolvaptan tabs	P	PA; SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (*Use estradiol & norethindrone acetate*)	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 days retail)
estradiol & norethindrone acetate tabs	P	QL(1 ea daily)
FEMHRT TABS (*Use norethindrone acetate-ethinyl estradiol*)	NP	
norethindrone acetate-ethinyl estradiol tabs	P	
PREMPHASE TABS	P	
PREMPRO TABS	P	
Estrogens		
ALORA PTTW	P	QL(8 ea per fill retail)
CLIMARA PTWK (*Use estradiol*)	NP	QL(4 ea per fill retail)
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (*Use estradiol*)	NP	
estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	P	QL(8 ea per fill retail)
estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr	P	QL(4 ea per fill retail)
estradiol tabs or 0.5 mg, 1 mg, 2 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
MINIVELLE PTTW (*Use estradiol*)	NP	QL(8 ea per fill retail)
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	QL(1 ea daily)
VIVELLE-DOT PTTW (*Use estradiol*)	NP	QL(8 ea per fill retail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (*Use ciprofloxacin hcl*)	NP	
ciprofloxacin hcl tabs or 100 mg	P	QL(6 ea per fill retail)
ciprofloxacin hcl tabs or 250 mg, 500 mg, 750 mg	P	
LEVAQUIN TABS (*Use levofloxacin*)	NP	QL(1 ea daily,14 ea per fill retail)
levofloxacin tabs or 250 mg, 500 mg, 750 mg	P	QL(1 ea daily,14 ea per fill retail)
ofloxacin tabs 400 mg	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X CHEW (*Use simethicone*)	NP	OTC
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (*Use simethicone*)	NP	OTC;QL(31 ml per 30 days retail)
MYLICON INFANTS GAS RELIEF SUSP (*Use simethicone*)	NP	OTC;QL(31 ml per 30 days retail)
simethicone chew or 80 mg	P	OTC
simethicone liqd or 20 mg/0.3ml, 40 mg/0.6ml	P	OTC;QL(31 ml per 30 days retail)
simethicone susp or 20 mg/0.3ml, 40 mg/0.6ml	P	OTC;QL(31 ml per 30 days retail)
Bile Acid Synthesis Disorder Agents		

Drug Name	Drug Tier	Requirements/ Limits
CHOLBAM CAPS	P	PA; SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	P	PA; QL(1 ea daily); SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (*Use ursodiol*)	NP	
CHENODAL TABS	P	PA; SP
URSO 250 TABS (*Use ursodiol*)	NP	QL(7 ea daily)
ursodiol caps or 300 mg	P	
ursodiol tabs or 250 mg	P	QL(7 ea daily)
Gastrointestinal Stimulants		
metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml	P	
metoclopramide hcl tabs or 10 mg, 5 mg	P	
REGLAN TABS (*Use metoclopramide hcl*)	NP	
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (*PELLETS*) CPSP	P	PA; SP
BYLVAY CAPS	P	PA; SP
LIVMARLI SOLN	P	PA; SP
Inflammatory Bowel Agents		
APRISO CP24 (*Use mesalamine*)	NP	
ASACOL HD TBEC (*Use mesalamine*)	NP	
AVSOLA SOLR	P	PA; SP
AZULFIDINE EN-TABS TBEC (*Use sulfasalazine*)	NP	
AZULFIDINE TABS (*Use sulfasalazine*)	NP	
balsalazide disodium caps	P	QL(9 ea daily)
CIMZIA KIT	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
CIMZIA STARTER KIT KIT	P	PA; SP
COLAZAL CAPS (*Use balsalazide disodium*)	NP	QL(9 ea daily)
DELZICOL CPDR (*Use mesalamine*)	NP	
ENTYVIO SOLR	P	PA; SP
INFLECTRA SOLR	P	PA; SP
INFLIXIMAB SOLR	P	PA; SP
LIALDA TBEC (*Use mesalamine*)	NP	
mesalamine cp24 or 0.375 gm	P	
mesalamine cpdr or 400 mg	P	
mesalamine enem re 4 gm	P	QL(60 ml daily)
mesalamine tbec or 800 mg, 1.2 gm	P	
REMICADE SOLR	P	PA; SP
RENFLEXIS SOLR	P	PA; SP
SFROWASA ENEM	P	
sulfasalazine tabs or	P	
sulfasalazine tbec or	P	
Intestinal Acidifiers		
lactulose (encephalopathy) soln	P	
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	P	
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	P	PA; SP
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbcr 540 mg, 10 meq, 1080 mg	P	
sodium citrate & citric acid soln 334 mg/5ml-334 mg/5ml-500 mg/5ml-500 mg/5ml	P	QL(500 ml per 30 days retail); RX/OTC
sodium citrate & citric acid soln 334 mg/5ml-500 mg/5ml	NP	RX/OTC
UROCIT-K 10 TBCR (*Use potassium citrate (alkalinizer)*)	NP	
UROCIT-K 5 TBCR (*Use potassium citrate (alkalinizer)*)	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	PA; SP
PROCYSBI CPDR	P	PA; SP
PROCYSBI PACK	P	PA; SP
Genitourinary Irrigants		
sodium chloride (gu irrigant) soln	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	P	QL(3 ea daily)
Prostatic Hypertrophy Agents		
finasteride tabs or	P	QL(1 ea daily)
FLOMAX CAPS (*Use tamsulosin hcl*)	NP	QL(2 ea daily)
PROSCAR TABS (*Use finasteride*)	NP	QL(1 ea daily)
tamsulosin hcl caps	P	QL(2 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs or 100 mg, 200 mg	P	
PYRIDIUM TABS (*Use phenazopyridine hcl*)	NP	
Urinary Stone Agents		
THIOLA EC TBEC	P	PA; SP
THIOLA TABS (*Use tiopronin*)	NP	PA; SP
tiopronin tabs or	P	PA; SP
Vesicoureteral Reflux (VUR) Agents		
DEFLUX PRSY	P	PA; SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	P	
Gout Agents		
allopurinol tabs or 300 mg, 100 mg	P	
colchicine tabs or	P	QL(6 ea per fill retail)
COLCRYS TABS (*Use colchicine*)	NP	QL(6 ea per fill retail)
KRYSTEXXA SOLN	P	PA; SP
ZYLOPRIM TABS (*Use allopurinol*)	NP	
Uricosurics		
probenecid tabs	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR	P	PA; SP
ADYNOVATE SOLR	P	PA; SP
AFSTYLA KIT	P	PA; SP
ALPHANATE SOLR	P	PA; SP
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ALPHANINE SD SOLR	P	PA; SP
ALPROLIX SOLR	P	PA; SP
BENEFIX KIT	P	PA; SP
COAGADEX SOLR	P	PA; SP
CORIFACT KIT	P	PA; SP
ELOCTATE SOLR	P	PA; SP
ESPEROCT SOLR	P	PA; SP
FEIBA SOLR	P	PA; SP
FIBRYGA SOLR	P	PA; SP
HEMLIBRA SOLN	P	PA; SP
HEMOFIL M SOLR 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	P	PA; SP
HEMOFIL M SOLR 1501 - 2000 UNIT	P	PA
HUMATE-P SOLR	P	PA; SP
IDELVION SOLR	P	PA; SP
IXINITY SOLR	P	PA; SP
JIVI SOLR	P	PA; SP
KCENTRA KIT	P	PA; SP
KOATE SOLR	P	PA; SP
KOATE-DVI SOLR	P	PA; SP
KOGENATE FS KIT	P	PA; SP
KOVALTRY SOLR	P	PA; SP
MONONINE SOLR	P	PA; SP
NOVOSEVEN RT SOLR	P	PA; SP
NUWIQ KIT	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
NUWIQ SOLR	P	PA; SP
OBIZUR SOLR	P	PA; SP
PROFILNINE SOLR	P	PA; SP
REBINYN SOLR	P	PA; SP
RECOMBINATE SOLR	P	PA; SP
RIASTAP SOLR	P	PA; SP
RIXUBIS SOLR	P	PA; SP
TRETTEN SOLR	P	PA; SP
VONVENDI SOLR	P	PA; SP
WILATE KIT	P	PA; SP
XYNTHA KIT	P	PA; SP
XYNTHA SOLOFUSE KIT	P	PA; SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (*Use icatibant acetate*)	NP	PA; SP
icatibant acetate soln	P	PA; SP
Complement Inhibitors		
EMPAVELI SOLN	P	PA; SP
ENJAYMO SOLN	P	PA; SP
HAEGARDA SOLR	P	PA; SP
SOLIRIS SOLN	P	PA; SP
TAVNEOS CAPS	P	PA; SP
ULTOMIRIS SOLN 300 MG/30ML	P	PA; SP
Hematorheologic Agents		
pentoxifylline tbcr or	P	
Hemin		
PANHEMATIN SOLR	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Human Protein C		
CEPROTIN SOLR	P	PA; SP
Plasma Kallikrein Inhibitors		
TAKHZYRO SOSY	P	PA; SP
Plasma Proteins		
RYPLAZIM SOLR	P	PA; SP
THROMBATE III SOLR	P	PA; SP
THROMBATE III W/10 ML STERILE WATER SOLR	P	PA; SP
THROMBATE III W/20 ML STERILE WATER SOLR	P	PA; SP
Platelet Aggregation Inhibitors		
BRILINTA TABS	P	QL(2 ea daily)
CABLIVI KIT	P	PA; SP
cilostazol tabs	P	QL(2 ea daily)
clopidogrel bisulfate tabs or 75 mg	P	
dipyridamole tabs or 25 mg, 50 mg, 75 mg	P	
EFFIENT TABS (*Use prasugrel hcl*)	NP	QL(1 ea daily)
PLAVIX TABS (*Use clopidogrel bisulfate*)	NP	
prasugrel hcl tabs	P	QL(1 ea daily)
Thrombolytic Agent - Misc		
DEFITELIO SOLN	P	PA; SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	P	PA; SP
CEREZYME SOLR	P	PA; SP
ELELYSO SOLR	P	PA; SP
miglustat caps	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
VPRIV SOLR	P	PA; SP
ZAVESCA CAPS (*Use miglustat*)	NP	PA; SP
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
ENDARI PACK	P	PA; SP
OXBRYTA TABS	P	PA; SP
OXBRYTA TBSO	P	PA; SP
SIKLOS TABS	P	PA
Cobalamins		
cyanocobalamin soln 1000 mcg/ml	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		
folic acid tabs 1 mg	P	RX/OTC
folic acid tabs 800 mcg, 400 mcg	P	OTC;QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	P	PA; SP
ARANESP ALBUMIN FREE SOSY	P	PA; SP
EPOGEN SOLN	P	PA; SP
FULPHILA SOSY	P	PA; SP
GRANIX SOLN	P	PA; SP
GRANIX SOSY	P	PA; SP
LEUKINE SOLR	P	PA; SP
MIRCERA SOSY	P	PA; SP
NEULASTA ONPRO KIT PSKT	P	PA; SP
NEULASTA SOSY	P	PA; SP
NEUPOGEN SOLN	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
NEUPOGEN SOSY	P	PA; SP
NIVESTYM SOLN	P	PA; SP
NIVESTYM SOSY	P	PA; SP
NYVEPRIA SOSY	P	PA; SP
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P	PA; SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P	PA; SP
UDENYCA SOSY	P	PA; SP
ZARXIO SOSY	P	PA; SP
Hematopoietic Mixtures		
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (*Use ferrous sulfate*)	NP	OTC;QL(3.4 ml daily)
FERRETTS TABS	P	OTC;QL(2 ea daily)
ferrous fumarate tabs or	P	OTC;QL(2 ea daily)
FERROUS GLUCONATE TABS OR	P	OTC;QL(100 ea per 30 days retail); AL(Up to 50 yrs old)
ferrous sulfate elix 220 mg/5ml	P	OTC;AL(Up to 50 yrs old)
ferrous sulfate soln 15 mg/ml	P	OTC;QL(3.4 ml daily)
ferrous sulfate tabs 28 mg	P	OTC
ferrous sulfate tabs 325 mg, 65 mg	P	OTC;AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FERROUS SULFATE TBEC 324 MG	P	OTC;AL(Up to 50 yrs old)
ferrous sulfate tbec 325 mg	P	OTC;AL(Up to 50 yrs old)
HEMOCYTE TABS (*Use ferrous fumarate*)	NP	OTC;QL(2 ea daily)
IRON CHEWS PEDIATRIC CHEW	P	OTC
polysaccharide iron complex caps	P	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL SOLN	P	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML (*Use aminocaproic acid*)	NP	QL(60 ml per fill retail)
AMICAR TABS 1000 MG (*Use aminocaproic acid*)	NP	PA; SP
AMICAR TABS 500 MG (*Use aminocaproic acid*)	NP	QL(24 ea per fill retail)
aminocaproic acid soln iv 250 mg/ml	P	PA; SP
aminocaproic acid soln or 0.25 gm/ml	P	QL(60 ml per fill retail)
aminocaproic acid tabs or 1000 mg	P	PA; SP
aminocaproic acid tabs or 500 mg	P	QL(24 ea per fill retail)
LYSTEDA TABS (*Use tranexamic acid*)	NP	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
tranexamic acid tabs or 650 mg	P	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) caps 50 mg	P	OTC

Drug Name	Drug Tier	Requirements/ Limits
diphenhydramine hcl (sleep) tabs 25 mg	P	OTC;QL(1 ea daily)
diphenhydramine hcl (sleep) tabs 50 mg	P	OTC
doxylamine succinate (sleep) tabs	P	OTC
NYTOL MAXIMUM STRENGTH TABS (*Use diphenhydramine hcl (sleep)*)	NP	OTC
UNISOM SLEEPGELS CAPS (*Use diphenhydramine hcl (sleep)*)	NP	OTC
UNISOM SLEEPTABS TABS (*Use doxylamine succinate (sleep)*)	NP	OTC
Barbiturate Hypnotics		
phenobarbital elix or 20 mg/5ml	P	
phenobarbital soln or 20 mg/5ml	P	
phenobarbital tabs or 100 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 15 mg	P	
Non-Barbiturate Hypnotics		
AMBIEN TABS (*Use zolpidem tartrate*)	NP	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
flurazepam hcl caps	P	AL(At least 18 yrs old - Up to 65 yrs old)
HALCION TABS (*Use triazolam*)	NP	QL(1 ea daily); AL(At least 18 yrs old)
midazolam hcl soln ij 5 mg/5ml, 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 5 mg/ml, 50 mg/10ml, 25 mg/5ml	P	
RESTORIL CAPS 15 MG, 30 MG (*Use temazepam*)	NP	AL(At least 18 yrs old)
temazepam caps 15 mg, 30 mg	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
triazolam tabs	P	QL(1 ea daily); AL(At least 18 yrs old)
zaleplon caps 10 mg	P	QL(2 ea daily); AL(At least 18 yrs old)
zaleplon caps 5 mg	P	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate tabs or 10 mg, 5 mg	P	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	P	PA; SP
HETLIOZ LQ SUSP	P	PA; SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs	P	OTC;QL(10 ea daily)
EVAC POWD (*Use psyllium*)	NP	OTC
FIBERCON TABS (*Use calcium polycarbophil*)	NP	OTC;QL(10 ea daily)
KONSYL DAILY FIBER POWD 100 % (*Use psyllium*)	NP	OTC
METAMUCIL CAPS 0.52 GM (*Use psyllium*)	NP	OTC
METAMUCIL ORIGINAL TEXTURE POWD (*Use psyllium*)	NP	OTC
METAMUCIL POWD 48.57 % (*Use psyllium*)	NP	OTC
NATURAL FIBER LAXATIVE POWD	P	OTC
psyllium caps 0.52 gm, 520 mg	P	OTC
psyllium powd 33 %, 68 %, 30 %, 30.9 %, 100 %, 48.57 %, 58.6 %, 28.3 %	P	OTC
Laxative Combinations		

Drug Name	Drug Tier	Requirements/ Limits
GOLYTELY SOLR (*Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*)	NP	QL(4000 ml per fill retail)
NULYTELY SOLR (*Use peg 3350-potassium chloride-sod bicarbonate-sod chloride*)	NP	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS SOLR (*Use peg 3350-potassium chloride-sod bicarbonate-sod chloride*)	NP	QL(4000 ml per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	P	QL(4000 ml per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	P	QL(4000 ml per fill retail)
PEG-PREP KIT	P	
sennosides-docusate sodium tabs	P	OTC;QL(4 ea daily)
SENOKOT S TABS (*Use sennosides-docusate sodium*)	NP	OTC;QL(4 ea daily)
Laxatives - Miscellaneous		
glycerin (laxative) supp 2 gm	P	OTC
GLYCERIN ADULT SUPP (*Use glycerin (laxative)*)	NP	OTC
lactulose soln 10 gm/15ml, 20 gm/30ml	P	
MIRALAX POWD 17 GM/SCOOP (*Use polyethylene glycol 3350*)	NP	QL(34 gm daily)
polyethylene glycol 3350 powd or 17 gm/scoop	P	QL(34 gm daily)
SORBITOL SOLN OR 70 %	P	OTC
Saline Laxatives		
FLEET ENEMA ENEM (*Use sodium phosphates*)	NP	OTC
FLEET ENEMA SIX PACK ENEM (*Use sodium phosphates*)	NP	OTC
FLEET PEDIATRIC ENEM (*Use sodium phosphates*)	NP	OTC

Drug Name	Drug Tier	Requirements/ Limits
magnesium citrate soln or 1.745 gm/30ml,	P	OTC
magnesium hydroxide susp or 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %	P	OTC;QL(992 ml per 30 days retail)
sodium phosphates enem	P	OTC
Stimulant Laxatives		
bisacodyl supp re 10 mg	P	OTC;QL(12 ea per fill retail)
bisacodyl tbec or 5 mg	P	OTC;QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (*Use bisacodyl*)	NP	OTC;QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (*Use bisacodyl*)	NP	OTC;QL(1 ea daily)
sennosides tabs 8.6 mg	P	OTC;QL(12 ea per fill retail)
SENOKOT TABS (*Use sennosides*)	NP	OTC;QL(12 ea per fill retail)
Surfactant Laxatives		
COLACE CAPS (*Use docusate sodium*)	NP	OTC;QL(3 ea daily)
COLACE CLEAR CAPS (*Use docusate sodium*)	NP	OTC
docusate sodium caps or 250 mg, 100 mg	P	OTC;QL(3 ea daily)
docusate sodium caps or 50 mg	P	OTC
docusate sodium liqd or 100 mg/10ml, 150 mg/15ml, 50 mg/5ml	P	OTC
docusate sodium syrp or 60 mg/15ml	P	OTC
docusate sodium tabs or 100 mg	P	OTC
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin pack or 1 gm	P	QL(2 ea per fill retail)
azithromycin susr or 100 mg/5ml	P	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
azithromycin susr or 200 mg/5ml	P	QL(30 ml per fill retail)
azithromycin tabs or 250 mg	P	QL(6 ea per fill retail)
azithromycin tabs or 500 mg	P	QL(4 ea daily)
azithromycin tabs or 600 mg	P	QL(8 ea per 28 days retail)
ZITHROMAX PACK OR 1 GM (*Use azithromycin*)	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR OR 100 MG/5ML (*Use azithromycin*)	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (*Use azithromycin*)	NP	QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (*Use azithromycin*)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (*Use azithromycin*)	NP	QL(4 ea daily)
ZITHROMAX TABS OR 600 MG (*Use azithromycin*)	NP	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (*Use azithromycin*)	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (*Use azithromycin*)	NP	QL(6 ea per fill retail)
Clarithromycin		
clarithromycin susr or 125 mg/5ml	P	QL(100 ml per fill retail)
clarithromycin susr or 250 mg/5ml	P	QL(200 ml per fill retail)
clarithromycin tabs or 250 mg, 500 mg	P	QL(28 ea per fill retail)
clarithromycin tb24 or 500 mg	P	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (*Use erythromycin ethylsuccinate*)	NP	
ERYPED 200 SUSR (*Use erythromycin ethylsuccinate*)	NP	
ERYPED 400 SUSR (*Use erythromycin ethylsuccinate*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
erythromycin base cpep	P	
erythromycin base tabs	P	
erythromycin base tbec	P	
erythromycin ethylsuccinate susr or 200 mg/5ml, 400 mg/5ml	P	
erythromycin ethylsuccinate tabs or 400 mg	P	
erythromycin stearate tabs	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
AMD FOAM DRESSING 4"X4" PADS	P	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	P	RX/OTC
BAND-AID GAUZE PADS LARGE4" X 4" PADS	P	RX/OTC
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	P	
BAND-AID GAUZE PADS SMALL2" X 2" PADS	P	RX/OTC
BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4" PADS	P	RX/OTC
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
BORDERED GAUZE PADS	P	RX/OTC
CARRASMART FOAM PADS	P	RX/OTC
CARRASMART PADS XX	P	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS	P	RX/OTC
CRUAD GAUZE PADS 4" X 4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS	P	
CURITY ALL PURPOSE SPONGES 4 PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS	P	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
CURITY GAUZE PADS 2"X2" PADS	P	RX/OTC
CURITY GAUZE PADS 3"X3" PADS	P	
CURITY GAUZE PADS 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 2"X2"12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 3"X3" 12 PLY PADS	P	
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	P	RX/OTC
CURITY NON-ADHERENT STRIPS 3"X3" PADS	P	
CURITY SPONGES/CELLULOSEFILLED/2"X2" PADS	P	RX/OTC
CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	P	RX/OTC
CVS GAUZE PAD 3"X3" PADS	P	
CVS GAUZE PADS 2"X2" 12-PLY PADS	P	RX/OTC
CVS GAUZE PADS 4"X4" 12-PLY PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DERMACEA DRAIN SPONGES 4"X4" PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 3"X3" 12 PLY PADS	P	
DERMACEA GAUZE SPONGE 3"X3" 8 PLY PADS	P	
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 2"X2" PADS	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	P	RX/OTC
DERMACEA I.V. SPONGES 2"X2" PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY PADS	P	
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS	P	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
GAUZE PADS 3"X3" PADS	P	
GAUZE PADS 4"X4" PADS	P	RX/OTC
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	P	RX/OTC
GAUZE SPONGES	P	RX/OTC
GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
GNP STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
GNP STERILE GAUZE PADS 3"X3" PADS	P	
HM STERILE PADS 2"X2" PADS	P	RX/OTC
HM STERILE PADS PADS	P	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	P	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	P	RX/OTC
J & J GAUZE 2"X2" 8 PLY PADS	P	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY4" X 4" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS	P	
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS	P	
KERLIX SPONGES 4" X 4" 12 PLY PADS	P	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS	P	RX/OTC
MIRASORB SPONGES 2" X 2" MISC	P	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	P	RX/OTC
NU GAUZE 4PLY 4"X4" PADS	P	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	P	RX/OTC
OPTIFOAM PADS	P	RX/OTC
POLYMEM NON-ADHESIVE PAD PADS	P	RX/OTC
QC ALL PURPOSE DRESSINGS4"X4" PADS	P	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	P	RX/OTC
QC STERILE PADS PADS	P	RX/OTC
QC STERILE PADS PADS	P	
RA STERILE PADS 2"X2" PADS	P	RX/OTC
RA STERILE PADS 3"X3" PADS	P	
RA STERILE PADS 4"X4" PADS	P	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	P	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	P	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	P	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	P	RX/OTC
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS	P	
SM GAUZE PADS 2"X2" PADS	P	RX/OTC
SM GAUZE PADS 3"X3" PADS	P	
SM GAUZE PADS 4"X4" PADS	P	RX/OTC
SM STERILE PADS 2"X2" PADS	P	RX/OTC
SM STERILE PADS PADS	P	RX/OTC
SOF-WICK 4"X4" PADS	P	RX/OTC
STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
STERILE GAUZE PADS 3"X3" PADS	P	
STERILE PADS 2"X2" PADS	P	RX/OTC
STERILE PADS 3"X3" PADS	P	
STERILE PADS 4"X4" PADS	P	RX/OTC
SURGICAL GAUZE SPONGE PADS	P	RX/OTC
TEGADERM FOAM DRESSING 2"X2" PADS	P	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	P	RX/OTC
THERAGAUZE PADS	P	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	P	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	P	QL(36 ea per 30 days retail)
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
DUREX EXTRA SENSITIVE DEVI	P	QL(36 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED MISC	P	QL(36 ea per 30 days retail)
FANTASY LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per 30 days retail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	P	QL(36 ea per 30 days retail)
K-Y ME & YOU INTENSE DEVI	P	QL(36 ea per 30 days retail)
KAMELEON LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO COLORS DEVI	P	QL(36 ea per 30 days retail)
KIMONO LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO PS LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO SENSATION LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 30 days retail)
KIMONO SPECIAL DEVI	P	QL(36 ea per 30 days retail)
MAXX LUBRICATED MISC	P	QL(36 ea per 30 days retail)
MAXX PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per 30 days retail)
PREMIUM CONDOMS LUBRICATED MISC	P	QL(36 ea per 30 days retail)
REALITY LATEX CONDOMS/LUBRICATED MISC	P	QL(36 ea per 30 days retail)
REALITY LATEX/ULTRA TEXTURED DEVI	P	QL(36 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ 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 EXTRALARGE MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P	QL(36 ea per 30 days retail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per 30 days retail)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX/RIA LUBRICATED MISC	P	QL(36 ea per 30 days retail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P	QL(36 ea per 30 days retail)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per 30 days retail)
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	P	QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ADVANCED MOBILE LANCET 30G MISC	NP	
ADVOCATE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AGAMATRIX CONTROL SOLUTION LEVEL 2 SOLN	NP	
AGAMATRIX CONTROL SOLUTION LEVEL 4 SOLN	NP	
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 32G MISC	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G MISC	P	QL(6.67 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	P	QL(1 ea per 180 days retail)
ASSURE LANCE SAFETY LANCET 28G MISC	NP	
AURORA LANCET SUPER THIN30G MISC	P	QL(6.67 ea daily)
AURORA LANCET THIN 23G MISC	P	QL(6.67 ea daily)
AUTO-LANCET MINI MISC	P	QL(1 ea per 180 days retail)
AUTO-LANCET MISC	P	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AUTOLET MINI MISC	P	QL(1 ea per 180 days retail)
AUTOLET PLUS MISC	P	QL(1 ea per 180 days retail)
BD LANCET ULTRAFINE 30G MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	RX/OTC
BLULINK CONTROL SOLUTION/HIGH & LOW LIQD	NP	
CARDIOCOM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCINGDEVICE MISC	P	QL(1 ea per 180 days retail)
CAREONE LANCET SUPER THIN/30G MISC	P	QL(6.67 ea daily)
CAREONE LANCET THIN MISC	P	QL(6.67 ea daily)
CARESENS LANCETS MISC	P	QL(6.67 ea daily)
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	NP	
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
CARETOUCH SAFETY LANCETS/26G MISC	NP	
CARETOUCH SAFETY LANCETS/28G MISC	NP	
CARETOUCH SAFETY LANCETS/30G MISC	NP	
CARETOUCH TWIST LANCETS 33G MISC	NP	
CLEANLET LANCETS 28G MISC	P	QL(6.67 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	P	QL(6.67 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	P	QL(6.67 ea daily)
COMFORT LANCETS MISC	P	QL(6.67 ea daily)
COMFORT TOUCH LANCETS ULTRA THIN 31G MISC	NP	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G MISC	NP	

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CVS LANCETS 21G MISC	P	QL(6.67 ea daily)
CVS LANCETS MICRO THIN 33G MISC	P	QL(6.67 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	P	QL(6.67 ea daily)
CVS LANCETS ORIGINAL MISC	P	QL(6.67 ea daily)
CVS LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	P	QL(6.67 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	P	QL(6.67 ea daily)
CVS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS MISC	P	QL(6.67 ea daily)
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT DEVI	NP	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE DEVI	NP	
DEXCOM G4 PLATINUM RECEIVER KIT DEVI	NP	
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE DEVI	NP	
DEXCOM G5 MOBILE RECEIVERKIT DEVI	NP	
DEXCOM G5 RECEIVER KIT DEVI	NP	
DEXCOM G6 RECEIVER DEVI	NP	
DIATHRIVE LANCETS MISC	P	QL(6.67 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	P	QL(6.67 ea daily)
DIATHRIVE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DROPLET LANCETS ULTRA THIN 30G MISC	P	QL(6.67 ea daily)
DROPLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DROPLET PERSONAL LANCETS30G MISC	NP	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DRUG MART LANCETS THIN MISC	P	QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	P	QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	P	QL(6.67 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	NP	
E-Z JECT LANCETS 21G MISC	P	QL(6.67 ea daily)
E-Z JECT LANCETS COLOR MISC	P	QL(6.67 ea daily)
E-Z JECT LANCETS MISC	P	QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	P	QL(6.67 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
EASY MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
EASY TALK PLUS II CONTROLHIGH SOLN	NP	
EASY TALK PLUS II CONTROLLOW SOLN	NP	
EASY TOUCH LANCETS 26G/PULL-TOP MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G/TWIST MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	P	QL(6.67 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	QL(1 ea per 180 days retail)
EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 LIQD	NP	
EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH LIQD	NP	
EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G MISC	NP	
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G MISC	NP	
EQL COLOR LANCETS 21G MISC	P	QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	P	QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G MISC	P	QL(6.67 ea daily)
EQL THIN LANCETS 26G MISC	P	QL(6.67 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	P	QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	P	QL(6.67 ea daily)
EZ-LETS LANCETS 30G MISC	P	QL(6.67 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FORA LANCETS MISC	P	QL(6.67 ea daily)
FORA LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
FORA LANCING DEVICE/CLEARCAP MISC	P	QL(1 ea per 180 days retail)
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	P	QL(6.67 ea daily)
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM DEVI	P	PA; QL(1 ea per 365 days retail)
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM MISC	P	PA; QL(2 ea per 28 days retail)
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM DEVI	P	PA; QL(1 ea per 365 days retail)
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM MISC	P	PA; QL(2 ea per 28 days retail)
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM DEVI	P	PA; QL(1 ea per 365 days retail)
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM MISC	P	PA; QL(3 ea per 30 days retail)
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	P	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL LANCING DEVICE/STATELY SILVER MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	P	QL(1 ea per 180 days retail)
GENTLE-LET GP LANCETS MISC	P	QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	P	QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	P	QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	P	QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	P	QL(6.67 ea daily)
GLOBAL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GLUCOCOM LANCETS 28G MISC	P	QL(6.67 ea daily)
GLUCOCOM LANCETS 30G MISC	P	QL(6.67 ea daily)
GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW LIQD	NP	
GNP LANCETS 21G MISC	P	QL(6.67 ea daily)
GNP LANCETS MICRO THIN 33G MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GNP LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
GNP LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
GNP LANCETS THIN MISC	P	QL(6.67 ea daily)
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 ea per 180 days retail)
GNP STERILE LANCETS 28G MISC	P	QL(6.67 ea daily)
GNP STERILE LANCETS 30G MISC	P	QL(6.67 ea daily)
GNP STERILE LANCETS 33G MISC	P	QL(6.67 ea daily)
GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	NP	RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NP	RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 ea per 180 days retail)
GOJJI STERILE LANCETS 30G MISC	P	QL(6.67 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	P	QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	NP	
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	P	QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	NP	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	P	QL(6.67 ea daily)
GOODSENSE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GUARDIAN REAL-TIME REPLACEMENT MONITOR DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC DEVI	NP	
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	P	QL(6.67 ea daily)
HEALTH CARE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
HY-VEE LANCETS MISC	P	QL(6.67 ea daily)
HY-VEE THIN LANCETS MISC	P	QL(6.67 ea daily)
IN TOUCH LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
KINNEY LANCETS MISC	P	QL(6.67 ea daily)
KINNEY THIN LANCETS MISC	P	QL(6.67 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
KROGER HEALTHPRO TWIST LANCETS/26G MISC	P	QL(6.67 ea daily)
KROGER LANCETS 21G MISC	P	QL(6.67 ea daily)
KROGER LANCETS MICRO THIN33G MISC	P	QL(6.67 ea daily)
KROGER LANCETS MISC	P	QL(6.67 ea daily)
KROGER LANCETS SUPER THIN MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
KROGER LANCETS THIN MISC	P	QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	P	QL(6.67 ea daily)
KROGER LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LANCET DEVICE ADJUSTABLE MISC	P	QL(1 ea per 180 days retail)
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
LANCETS 26G TWIST TOP MISC	P	QL(6.67 ea daily)
LANCETS 28G MISC	P	QL(6.67 ea daily)
LANCETS 30G MISC	P	QL(6.67 ea daily)
LANCETS 30G TWIST TOP MISC	NP	
LANCETS 33G EXTRA FINE MISC	NP	
LANCETS MISC	NP	
LANCETS MISC	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 21G MISC	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G MISC	P	QL(6.67 ea daily)
LANCETS SAFETY SEAL 28G MISC	P	QL(6.67 ea daily)
LANCETS SUPER THIN 28G MISC	P	QL(6.67 ea daily)
LANCETS THIN MISC	P	QL(6.67 ea daily)
LANCETS ULTRA THIN MISC	P	QL(6.67 ea daily)
LANCETS-MISC	P	QL (6.67 ea daily); OTC
LANCING DEVICE ADJUSTABLE MISC	P	QL(1 ea per 180 days retail)
LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LANCING DEVICE-MISC	P	OTC

Drug Name	Drug Tier	Requirements/ Limits
LANZO MISC	P	QL(1 ea per 180 days retail)
LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIBERTY MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LITE TOUCH LANCING PEN MISC	P	QL(1 ea per 180 days retail)
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIVE BETTER LANCET SUPERTHIN 30G MISC	P	QL(6.67 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	P	QL(6.67 ea daily)
LONGS LANCETS STANDARD MISC	P	QL(6.67 ea daily)
LONGS LANCETS THIN MISC	P	QL(6.67 ea daily)
MEDISENSE THIN LANCETS MISC	P	QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	P	QL(6.67 ea daily)
MEIJER LANCETS MISC	P	QL(6.67 ea daily)
MEIJER LANCETS THIN MISC	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	P	QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS MISC	P	QL(6.67 ea daily)
MICROLET NEXT MISC	P	QL(1 ea per 180 days retail)
MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
MM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
MONOLET LANCETS MISC	P	QL(6.67 ea daily)
MONOLET OPD LANCETS MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MULTI-LANCET DEVICE MISC	P	QL(1 ea per 180 days retail)
NOVA SUREFLEX LANCETS MISC	P	QL(6.67 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ON CALL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ON CALL PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH CLUB LANCETS FINE POINT MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH FINEPOINT LANCETS MISC	P	QL(6.67 ea daily)
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	RX/OTC
ONETOUCH ULTRA 2 KIT	P	RX/OTC
ONETOUCH ULTRA MINI KIT	P	RX/OTC
ONETOUCH ULTRASOFT LANCETS MISC	P	QL(6.67 ea daily)
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
ONETOUCH VERIO KIT	P	RX/OTC
ONETOUCH VERIO REFLECT KIT	P	RX/OTC
PC LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
PERFECT LANCETS 30G MISC	P	QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	NP	
PHARMACY COUNTER LANCETS MISC	P	QL(6.67 ea daily)
PIP LANCETS/28G MISC	NP	
PIP LANCETS/30G MISC	NP	
PRECISION THINS GP LANCET MISC	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
PRODIGY LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
PRODIGY TWIST TOP LANCETS MISC	P	QL(6.67 ea daily)
PSS SELECT GP LANCETS MISC	P	QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS MISC	P	QL(6.67 ea daily)
PURE COMFORT LANCETS 30G MISC	NP	
PUSH BUTTON SAFETY LANCETS 28G MISC	NP	
PX ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
PX LANCET AUTO INJECTOR MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS MICROTHIN 33G MISC	P	QL(6.67 ea daily)
PX LANCETS ULTRA THIN MISC	P	QL(6.67 ea daily)
QC ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
QC LANCETS SUPER THIN MISC	P	QL(6.67 ea daily)
QC LANCETS ULTRA THIN MISC	P	QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G MISC	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	P	QL(6.67 ea daily)
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	NP	
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	NP	
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	NP	
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	NP	
REALITY LANCETS MISC	P	QL(6.67 ea daily)
RELION 2-IN-1 LANCET DEVICES 30G MISC	P	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 25G MISC	P	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 30G MISC	P	QL(1 ea per 180 days retail)
RELION LANCETS MICRO-THIN33G MISC	P	QL(6.67 ea daily)
RELION LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RELION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
RELION ULTRA THIN LANCETS/30G MISC	P	QL(6.67 ea daily)
RELION ULTRA THIN LANCETS30G MISC	P	QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	P	QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	P	QL(6.67 ea daily)
REXALL LANCETS ULTRA THIN MISC	P	QL(6.67 ea daily)
RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
RIGHTEST GL300 LANCETS MISC	P	QL(6.67 ea daily)
SAFETY LANCET 30G/PRESSURE ACTIVATED MISC	NP	
SAFETY SEAL LANCETS 28G MISC	P	QL(6.67 ea daily)
SAFETY SEAL LANCETS 30G MISC	P	QL(6.67 ea daily)
SB LANCETS THIN MISC	P	QL(6.67 ea daily)
SB LANCETS ULTRA THIN MISC	P	QL(6.67 ea daily)
SELECT-LITE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SHOPKO AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	P	QL(6.67 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	P	QL(6.67 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SM MICRO THIN LANCETS 33G MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SM TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SMART DIABETES VANTAGE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	P	QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	P	QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	P	QL(6.67 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	P	QL(6.67 ea daily)
SOLUS V2 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
STERILANCE TL MISC	P	QL(6.67 ea daily)
SUPER THIN LANCETS MISC	P	QL(6.67 ea daily)
SURE COMFORT LANCING PEN MISC	P	QL(1 ea per 180 days retail)
SURE-PEN MISC	P	QL(1 ea per 180 days retail)
SURELITE LANCETS MISC	P	QL(6.67 ea daily)
TECHLITE AST LANCETS MISC	P	QL(6.67 ea daily)
TECHLITE LANCETS 30G MISC	P	QL(6.67 ea daily)
TECHLITE LANCETS MISC	P	QL(6.67 ea daily)
TGT LANCET MICRO THIN 33G MISC	P	QL(6.67 ea daily)
TGT LANCET THIN 26G MISC	P	QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G MISC	P	QL(6.67 ea daily)
TGT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
THINLETS GP LANCETS MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	P	QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	P	QL(6.67 ea daily)
TRUE COMFORT TWIST TOP LANCETS 30G MISC	NP	
TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	NP	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	NP	
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	NP	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	NP	
TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G MISC	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 28G MISC	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 30G MISC	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MISC	P	QL(6.67 ea daily)
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	QL(1 ea per 180 days retail)
ULTILET CLASSIC LANCETS MISC	P	QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET MISC	P	QL(6.67 ea daily)
UNILET EXCELITE II MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNILET EXCELITE MISC	P	QL(6.67 ea daily)
UNILET G.P. LANCET MISC	P	QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	P	QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN MISC	P	QL(6.67 ea daily)
UNILET LANCET MISC	P	QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	P	QL(6.67 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	P	QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	P	QL(6.67 ea daily)
UNILET SUPERLITE LANCET MISC	P	QL(6.67 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	NP	
UNISTIK PRO SAFETY LANCET 25G MISC	NP	
UNISTIK PRO SAFETY LANCET 28G MISC	NP	
UNISTIK TOUCH SAFETY LANCETS 21G MISC	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	P	QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	P	QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	P	QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	P	QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	P	QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
VALUE PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
VALUMARK LANCET SUPER THIN 30G MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VALUMARK LANCET ULTRA THIN 28G MISC	P	QL(6.67 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	P	QL(1 ea per 180 days retail)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	P	QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	P	QL(6.67 ea daily)
VIVAGUARD INO CONTROL SOLUTION LIQD	NP	
VIVAGUARD LANCETS MISC	NP	
VIVAGUARD LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G MISC	P	QL(6.67 ea daily)
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G MISC	P	QL(6.67 ea daily)
WALGREENS THIN LANCETS MISC	P	QL(6.67 ea daily)
ZEVRX TWIST TOP LANCETS 30G MISC	NP	
Misc. Devices		
ALCOHOL PREP PADS PADS	NP	RX/OTC
ALCOHOL PREP PADS PADS	P	QL(400 ea per 30 days retail); RX/OTC
ALCOHOL PREP PADS-MISC	P	OTC
ALCOHOL SWABS PADS	P	QL(400 ea per 30 days retail); RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS	P	QL(400 ea per 30 days retail); RX/OTC
BD SWABS SINGLE USE PADS	P	QL(400 ea per 30 days retail); RX/OTC
CARETOUCH ALCOHOL PREP PADS PADS	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMFORT TOUCH ALCOHOL PREP PADS PADS	NP	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS	P	QL(400 ea per 30 days retail); RX/OTC
CURITY ALCOHOL SWABS PADS	P	QL(400 ea per 30 days retail); RX/OTC
CVS PREP PADS PADS	P	QL(400 ea per 30 days retail); RX/OTC
DROPSAFE ALCOHOL PREP PADS PADS	P	RX/OTC
EASY COMFORT ALCOHOL PADS PADS	NP	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS	P	QL(400 ea per 30 days retail); RX/OTC
EQL ALCOHOL SWABS PADS	P	QL(400 ea per 30 days retail); RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS	P	QL(400 ea per 30 days retail); RX/OTC
GNP ALCOHOL SWABS PADS	P	QL(400 ea per 30 days retail); RX/OTC
H-E-B INCONTROL ALCOHOL PADS PADS	P	QL(400 ea per 30 days retail); RX/OTC
HM STERILE ALCOHOL PREP PADS PADS	NP	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS	P	QL(400 ea per 30 days retail); RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS PADS	NP	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS PADS	NP	RX/OTC
PURE COMFORT ALCOHOL PREPPADS PADS	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QC ALCOHOL SWABS PADS	P	QL(400 ea per 30 days retail); RX/OTC
RA ALCOHOL SWABS PADS	P	QL(400 ea per 30 days retail); RX/OTC
REALITY SWABS PADS	P	QL(400 ea per 30 days retail); RX/OTC
RELION ALCOHOL SWABS PADS	P	QL(400 ea per 30 days retail); RX/OTC
SAPS HEALTH ALCOHOL PREPPADS PADS	NP	RX/OTC
SB ALCOHOL PREP PADS PADS	P	QL(400 ea per 30 days retail); RX/OTC
SHOPKO ALCOHOL SWABS PADS	P	QL(400 ea per 30 days retail); RX/OTC
SM ALCOHOL PREP PADS PADS	P	QL(400 ea per 30 days retail); RX/OTC
TGT ALCOHOL SWABS PADS	P	QL(400 ea per 30 days retail); RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS PADS	NP	RX/OTC
ULTICARE ALCOHOL SWABS PADS	P	QL(400 ea per 30 days retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	P	QL(400 ea per 30 days retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	P	QL(400 ea per 30 days retail); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	P	QL(400 ea per 30 days retail); RX/OTC
ZEVRX STERILE ALCOHOL PREP PADS PADS	NP	RX/OTC
Optical and Ophthalmic Supplies		
SUSVIMO OCULAR IMPLANT IMPL	P	PA; SP

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

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

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	P	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	P	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8" MISC	P	QL(5 ea daily)
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC	P	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC	P	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	P	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC	P	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	P	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC	P	QL(5 ea daily); RX/OTC
BD PEN NEEDLES	P	QL (5 ea daily); OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	P	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	P	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	P	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" MISC	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" MISC	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" MISC	P	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" MISC	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16" MISC	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16" MISC	P	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" MISC	P	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	P	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	P	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	P	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	P	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	P	QL(5 ea daily)
DROPSAFE SAFETY PEN NEEDLE/31GX5MM MISC	NP	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	P	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	P	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	P	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	P	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	P	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	P	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	P	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	P	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	P	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	P	QL(5 ea daily)
EASY TOUCH PEN NEEDLE/30G X 3/16" MISC	NP	
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM MISC	NP	
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	P	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	P	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	P	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC	P	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC	P	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" MISC	P	QL(5 ea daily)
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	P	QL(5 ea daily)
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	P	QL(5 ea daily)
INSULIN SYRINGES	P	QL (5 ea daily); OTC
INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/27GX1/2" MISC	P	QL(5 ea daily)

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML MISC	P	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	P	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	P	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	P	QL(5 ea daily)
PEN NEEDLES 30GX5MM MISC	NP	
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	P	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	P	QL(5 ea daily)
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	P	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	P	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	P	QL(5 ea daily)

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC	P	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC	P	QL(5 ea daily)
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16" MISC	NP	
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C MISC	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C MISC	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON MISC	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO MISC	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C MISC	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS MISC	P	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C MISC	P	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN MISC	NP	RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN MISC	NP	RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN MISC	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	P	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	P	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	P	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	P	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	P	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16" MISC	P	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	P	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2" MISC	P	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
ZEVRX PEN NEEDLES 31G X 5MM MISC	NP	RX/OTC
ZEVRX PEN NEEDLES 31G X 8MM MISC	NP	RX/OTC
ZEVRX PEN NEEDLES 32G X 4MM MISC	NP	RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACTIVITY POUCH MISC	P	QL(1 ml 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 ml per 360 days retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ml per 360 days retail); RX/OTC
ADULT MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MV MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
AEROCHAMBER/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail); RX/OTC
AEROTRACH PLUS MISC	P	QL(1 ml per 360 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
AIRZONE PEAK FLOW METER DEVI	P	RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ml per 360 days retail); RX/OTC
ARIAL CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
ASSESS FULL RANGE PEAK FLOW METER DEVI	P	RX/OTC
ASSESS LOW RANGE PEAK FLOW METER DEVI	P	RX/OTC
ASSESS PEAK FLOW METER FULL RANGE DEVI	P	RX/OTC
ASSESS PEAK FLOW METER LOW RANGE DEVI	P	RX/OTC
ASTHMA CHECK METER-ZONE SYSTEM DEVI	P	RX/OTC
ASTHMAMENTOR DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ml per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ml per 360 days retail); RX/OTC
BREATHE EASE PEAK FLOW METER DEVI	P	RX/OTC
BREATHE EASE/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 ml per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ml per 360 days retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ml per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER DEVI	P	RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ml per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
EASIVENT MISC	P	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-LARGE MISC	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASIVENT/MASK-MEDIUM MISC	P	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 ml per 360 days retail); RX/OTC
EBASE CONTROLLER KIT MISC	P	QL(1 ml per 360 days retail); RX/OTC
EFLOW SCF AEROSOL HEAD MISC	P	QL(1 ml per 360 days retail); RX/OTC
ELITE DC AUTO ADAPTER MISC	P	QL(1 ml per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
FILTER AIR PP MISC	P	QL(1 ml per 360 days retail); RX/OTC
FLEXICHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ml per 360 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 ml per 360 days retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ml per 360 days retail); RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI	P	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	P	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE RESERVOIR BAGS MISC	P	QL(3 ea per 180 days retail)
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITEAIRE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ml per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ml per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ml per 360 days retail); RX/OTC
LUNG PERFORMANCE PEAK FLOW METER DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 ml per 360 days retail); RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC	P	QL(1 ml per 360 days retail); RX/OTC
MICROLIFE DIGITAL PEAK FLOW METER DEVI	P	RX/OTC
MICROSPACER MISC	P	QL(2 ea per 360 days retail); RX/OTC
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE DEVI	P	RX/OTC
MINI WRIGHT PEAK FLOW METER DEVI	P	RX/OTC
MINI WRIGHT PEAK FLOW METER STANDARD RANGE DEVI	P	RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ml per 360 days retail); RX/OTC
MINIELITE RECHARGEABLE BATTERY MISC	P	QL(1 ml per 360 days retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ml per 360 days retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 ml per 360 days retail); RX/OTC
NEBULIZER PEDIATRIC MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
NOSE CLIP MISC	P	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	P	QL(2 ea per 360 days retail); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
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 ml per 360 days retail); RX/OTC
PURE COMFORT PEAK FLOW METER ADULT DEVI	P	RX/OTC
PURE COMFORT PEAK FLOW METER CHILD DEVI	P	RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 ml per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ml per 360 days retail); RX/OTC
RITEFLO DEVI	P	QL(2 ea per 360 days retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC
THRESHOLD IMT MISC	P	QL(1 ml per 360 days retail); RX/OTC
TRUZONE PEAK FLOW METER DEVI	P	RX/OTC
TUBING/WING TIP MISC	P	QL(1 ml per 360 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
WATCHHALER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
WINDMILL TRAINER MISC	P	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AJOVY SOAJ	P	PA; SP
AJOVY SOSY	P	PA; SP
EMGALITY SOAJ	P	PA; SP
EMGALITY SOSY	P	PA; SP
VYEPTI SOLN	P	PA; SP
Migraine Combinations		
CAFERGOT TABS (*Use ergotamine w/ caffeine*)	NP	AL(At least 18 yrs old)
ergotamine w/ caffeine tabs or 1 mg-100 mg	P	AL(At least 18 yrs old)
Migraine Products		
D.H.E. 45 SOLN (*Use dihydroergotamine mesylate*)	NP	AL(At least 18 yrs old)
dihydroergotamine mesylate soln ij 1 mg/ml	P	AL(At least 18 yrs old)
dihydroergotamine mesylate soln na 4 mg/ml	P	AL(At least 18 yrs old)
MIGRANAL SOLN (*Use dihydroergotamine mesylate*)	NP	AL(At least 18 yrs old)
Serotonin Agonists		
AMERGE TABS (*Use naratriptan hcl*)	NP	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
eletriptan hydrobromide tabs	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (*Use sumatriptan*)	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (*Use sumatriptan succinate*)	NP	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (*Use sumatriptan succinate*)	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (*Use sumatriptan succinate*)	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX TABS OR 100 MG, 25 MG, 50 MG (*Use sumatriptan succinate*)	NP	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
MAXALT TABS (*Use rizatriptan benzoate*)	NP	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT-MLT TBDP (*Use rizatriptan benzoate*)	NP	QL(0.4 ea daily)
naratriptan hcl tabs	P	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
RELPAX TABS (*Use eletriptan hydrobromide*)	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
rizatriptan benzoate tabs 10 mg, 5 mg	P	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
rizatriptan benzoate tbdp 10 mg, 5 mg	P	QL(0.4 ea daily)
sumatriptan soln na 20 mg/act, 5 mg/act	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
sumatriptan succinate soaj sc 6 mg/0.5ml	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
sumatriptan succinate soct sc 6 mg/0.5ml	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
sumatriptan succinate soln sc 6 mg/0.5ml	P	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan succinate sosy sc 6 mg/0.5ml	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg	P	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
zolmitriptan soln na 5 mg	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
zolmitriptan tabs or 2.5 mg, 5 mg	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
zolmitriptan tbdp or 2.5 mg, 5 mg	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG SOLN NA 5 MG (*Use zolmitriptan*)	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG (*Use zolmitriptan*)	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG ZMT TBDP (*Use zolmitriptan*)	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
calcium carbonate-cholecalciferol tabs 20 mcg-600 mg, 400 unit-600 mg-600 mg-800 unit, 800 unit-600 mg, 10 mcg-600 mg, 600 mg-400 unit	P	QL(2 ea daily)
calcium carbonate-cholecalciferol tabs 200 unit-500 mg, 5 mcg-500 mg, 500 mg-200 unit, 500 mg-200 unit-500 mg-200 unit	P	OTC

Drug Name	Drug Tier	Requirements/ Limits
calcium carbonate-vitamin d tabs 125 unit-500 mg, 200 unit-500 mg, 500 mg-200 unit, 125 unit-250 mg, 250 mg-125 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 (*Use calcium carbonate-cholecalciferol*)	NP	QL(2 ea daily)
OYSTER SHELL CALCIUM 500+ D TABS	P	OTC
OYSTER SHELL CALCIUM/D TABS	P	OTC
oyster shell tabs	P	OTC
PARVA-CAL TABS	P	OTC
QC CALCIUM 500MG/D3 TABS	P	OTC
RA OYSTER SHELL CALCIUM/VITAMIN D TABS	P	OTC
Electrolyte Mixtures		
BIOLYTE SOLN	P	QL(1000 ml per fill retail)
CERALYTE 70 SOLN 20 MEQ/L-30 MEQ/L-60 MEQ/L-70 MEQ/L	P	QL(1000 ml per fill retail)
CERASPORT EX1 SOLN	P	QL(1000 ml per fill retail)
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-18 MEQ/L-20 MEQ/L	P	QL(1000 ml per fill retail)
ENFAMIL ENFALYTE SOLN	P	QL(1000 ml per fill retail)
EQUALYTE SOLN (*Use oral electrolytes*)	NP	QL(1000 ml per fill retail)
HYDRALYTE FREEZER POPS SOLN	P	QL(1000 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
HYDRALYTE SOLN 107.5 MG/250ML-132.5 MG/250ML-140 MG/250ML, 16 GM/L-20 MEQ/L-45 MEQ/L-45 MEQ/L-90 MEQ/L, 210 MG/250ML-270 MG/250ML	P	QL(1000 ml per fill retail)
KINDERLYTE PREMAX SOLN 3.1 MG/360ML-320 MG/360ML-620 MG/360ML-630 MG/360ML, 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML	P	QL(1000 ml per fill retail)
KINDERLYTE SOLN 3.1 MG/360ML-300 MG/360ML-445 MG/360ML-560 MG/360ML, 3.1 MG/360ML-300 MG/360ML-460 MG/360ML-570 MG/360ML	P	QL(1000 ml per fill retail)
oral electrolytes soln	P	QL(1000 ml per fill retail)
PEDIALYTE ADVANCED CARE SOLN (*Use oral electrolytes*)	NP	QL(1000 ml per fill retail)
PEDIALYTE FREEZER POPS SOLN (*Use oral electrolytes*)	NP	QL(1000 ml per fill retail)
PEDIALYTE SINGLES SOLN (*Use oral electrolytes*)	NP	QL(1000 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
PEDIALYTE SOLN 0.5 MG/59ML-1.2 MEQ/59ML-1.5 GM/59ML-2.1 MEQ/59ML-2.7 MEQ/59ML, 20 MEQ/L-25 GM/L-30 MEQ/L-35 MEQ/L-45 MEQ/L, 35 MEQ/L-20 MEQ/L-25 GM/L-30 MEQ/L-45 MEQ/L, 35 MEQ/L-7.8 MG/L-20 MEQ/L-25 GM/L-45 MEQ/L, 4.7 MEQ/237ML-8.3 MEQ/237ML-10.6 MEQ/237ML, 5 GM/L-20 GM/L-20 MEQ/L-35 MEQ/L-45 MEQ/L (*Use oral electrolytes*)	NP	QL(1000 ml per fill retail)
Fluoride		
sodium fluoride chew or 0.25 mg, 0.5 mg, 1 mg, 2.2 mg	P	AL(Up to 15 yrs old)
sodium fluoride soln or 0.125 mg/drop	P	AL(Up to 15 yrs old)
sodium fluoride soln or 0.5 mg/ml	P	AL(Up to 15 yrs old); RX/OTC
Magnesium		
MAGNESIUM CAPS 400 MG	P	OTC
MAGNESIUM EXTRA STRENGTH CAPS	P	OTC
magnesium oxide (mg supplement) tabs 400 mg	P	OTC
magnesium oxide (mg supplement) tabs 400 mg	P	
MAGNESIUM OXIDE CAPS 400 MG	P	OTC
MAGOX 400 TABS (*Use magnesium oxide (mg supplement)*)	NP	
Phosphate		
K-PHOS NEUTRAL TABS (*Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic*)	NP	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs	P	QL(8 ea daily)
Potassium		
K-TAB TBCR 10 MEQ, 8 MEQ (*Use potassium chloride*)	NP	
potassium bicarbonate tbef or	P	
potassium chloride cpcr or 10 meq	P	
potassium chloride cpcr or 8 meq	P	QL(1 ea daily)
potassium chloride microencapsulated crystals er tbcr	P	
potassium chloride pack or 20 meq	P	
potassium chloride soln or 20 %, 10 %	P	
potassium chloride tbcr or 10 meq, 8 meq	P	
Zinc		
zinc sulfate caps or 220 mg	P	QL(100 ea per fill retail)
MISCELLANEOUS THERAPEUTIC CLASSES		
Allogeneic Tissue		
RETHYMIC IMPL	P	PA; SP
Chelating Agents		
DEPEN TITRATABS TABS (*Use penicillamine*)	NP	
penicillamine tabs or	P	
SYPRINE CAPS (*Use trientine hcl*)	NP	PA; SP
trientine hcl caps	P	PA; SP
Enzymes		
XIAFLEX SOLR	P	PA; SP
Fecal Incontinence Bulking Agents		
SOLESTA GEL	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Immunomodulators		
lenalidomide caps	P	PA; SP
REVLIMID CAPS	P	PA; SP
THALOMID CAPS	P	PA; SP
VYVGART SOLN	P	PA; SP
Immunosuppressive Agents		
ATGAM INJ	P	PA; SP
azathioprine tabs or 100 mg, 75 mg	P	PA
azathioprine tabs or 50 mg	P	
CELLCEPT CAPS (*Use mycophenolate mofetil*)	NP	
CELLCEPT SUSR (*Use mycophenolate mofetil*)	NP	
CELLCEPT TABS (*Use mycophenolate mofetil*)	NP	
cyclosporine caps or 100 mg, 25 mg	P	
cyclosporine modified (for microemulsion) caps	P	
cyclosporine modified (for microemulsion) soln	P	
cyclosporine soln iv 50 mg/ml	P	
GAMIFANT SOLN	P	PA; SP
IMURAN TABS (*Use azathioprine*)	NP	
mycophenolate mofetil caps or 250 mg	P	
mycophenolate mofetil susr or 200 mg/ml	P	
mycophenolate mofetil tabs or 500 mg	P	
mycophenolate sodium tbec	P	
MYFORTIC TBEC (*Use mycophenolate sodium*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
NEORAL CAPS (*Use cyclosporine modified (for microemulsion)*)	NP	
NEORAL SOLN (*Use cyclosporine modified (for microemulsion)*)	NP	
NULOJIX SOLR	P	PA; SP
PROGRAF CAPS OR 1 MG, 0.5 MG, 5 MG (*Use tacrolimus*)	NP	
PROGRAF PACK OR 0.2 MG, 1 MG	P	PA
RAPAMUNE SOLN (*Use sirolimus*)	NP	
RAPAMUNE TABS (*Use sirolimus*)	NP	
REZUROCK TABS	P	PA; SP
SANDIMMUNE CAPS OR 100 MG, 25 MG (*Use cyclosporine*)	NP	
SANDIMMUNE SOLN IV 50 MG/ML (*Use cyclosporine*)	NP	
SANDIMMUNE SOLN OR 100 MG/ML	P	
sirolimus soln or 1 mg/ml	P	
sirolimus tabs or 0.5 mg, 1 mg, 2 mg	P	
tacrolimus caps or 1 mg, 0.5 mg, 5 mg	P	
THYMOGLOBULIN SOLR	P	PA; SP
UPLIZNA SOLN	P	PA; SP
Lymphatic Agents		
SYLVANT SOLR	P	PA; SP
Potassium Removing Agents		
sodium polystyrene sulfonate powd	P	
sodium polystyrene sulfonate susp	P	
Progeria Treatment Agents		

Drug Name	Drug Tier	Requirements/ Limits
ZOKINVY CAPS	P	PA; SP
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	P	PA; SP
BENLYSTA SOLR	P	PA; SP
BENLYSTA SOSY	P	PA; SP
SAPHNELO SOLN	P	PA; SP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln 2 %	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
nystatin (mouth-throat) susp	P	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat) soln	P	
PERIDEX SOLN (*Use chlorhexidine gluconate (mouth-throat)*)	NP	
Dental Products		
PREVIDENT 5000 BOOSTER PLUS PSTE (*Use sodium fluoride (dental)*)	NP	
PREVIDENT 5000 DRY MOUTH GEL (*Use sodium fluoride (dental)*)	NP	
PREVIDENT 5000 ORTHO DEFENSE PSTE (*Use sodium fluoride (dental)*)	NP	
PREVIDENT 5000 PLUS CREA (*Use sodium fluoride (dental)*)	NP	PA
PREVIDENT FLUORIDE GEL (*Use sodium fluoride (dental)*)	NP	
sodium fluoride (dental) crea dt 1.1 %	P	PA
sodium fluoride (dental) gel dt 1.1 %	P	

Drug Name	Drug Tier	Requirements/ Limits
sodium fluoride (dental) pste dt 1.1 %	P	
Periodontal Products		
ARESTIN MISC	P	PA; SP
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth) pste	P	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN 0.009 %-0.032 %-0.052 %-0.569 %, 0.052 %-0.569 %-0.032 %-0.009 %	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 REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE SOLN	P	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC
pilocarpine hcl (oral) tabs 5 mg	P	QL(6 ea daily)
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SALAGEN TABS 5 MG (*Use pilocarpine hcl (oral)*)	NP	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins caps 0.5 mg-1 mcg-3 mg-3 mg-5 mg-20 mg-60 mg-60 mg, 1 mg-1.5 mg-2 mg-10 mg-70 mg-100 mcg-100 mg	P	OTC;QL(1 ea daily)
b-complex vitamins tabs 0.1 mg-5 mcg-20 mg-3 mg-1 mg-2 mg, 0.2 mg-1.5 mg-2 mg-10 mg-10 mg, 1 mcg-1 mg-4.6 mg-5 mg-5 mg-10 mg-20 mg-40 mg-50 mg-100 mg, 1 mg-2 mg-3 mg-5 mcg-20 mg-83 mg, 2 mcg-2 mg-2 mg-2 mg-5 mg-15 mg, 2 mg-2 mg-3 mg-3 mg-3 mg-3 mg-6 mcg-6 mcg-10 mg-10 mg-20 mg-20 mg, 2 mg-3 mg-3 mg-6 mcg-10 mg-20 mg, 4 mg-5 mg-7 mg-10 mg-25 mcg, 4.5 mg-7 mg-10 mg-14 mg-25 mcg, 6 mcg-2 mg-3 mg-3 mg-10 mg-20 mg	P	QL(1 ea daily)
B-Complex w/ C		
b complex w/ c caps 5 mg-10 mg-10 mg-15 mg-50 mg-300 mg, 5 mg-10 mg-10.2 mg-15 mg-50 mg-300 mg	P	OTC;QL(1 ea daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid caps 1 mg-1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg, 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg, 5 mg-1 mg-1.5 mg-1.7 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
b-complex w/ c & folic acid tabs 0.01 mcg-1 mg-1.5 mg-1.7 mg-10 mg-10 mg-20 mg-60 mg-300 mcg, 1 mg-1 mg-1.5 mg-1.5 mg-1.7 mg-1.7 mg-6 mcg-6 mcg-10 mg-10 mg-10 mg-10 mg-20 mg-20 mg-100 mg-100 mg-300 mcg-300 mcg, 1 mg-1 mg-1.5 mg-1.7 mg-8 mg-20 mg-30 mcg-200 mg-300 mcg, 1 mg-1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-100 mg-300 mcg, 1 mg-1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-60 mg-300 mcg, 1.5 mg-0.006 mg-0.3 mg-1 mg-1.7 mg-10 mg-10 mg-20 mg-100 mg, 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg, 1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-100 mg-300 mcg-1000 mcg	P	QL(1 ea daily); RX/OTC
NEPHRO-VITE RX TABS (*Use b-complex w/ c & folic acid*)	NP	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron tabs	P	OTC;QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	OTC;QL(1 ea daily)
Multiple Vitamins w/ Minerals		
multiple vitamins w/ minerals tabs	P	RX/OTC
multiple vitamins w/ minerals-various	P	RX/OTC
Multivitamins		
AMLADEX TABS	P	OTC;QL(1 ea daily)
DAILY MULTIPLE VITAMINS TABS	P	OTC;QL(1 ea daily)
ESTROFACTORS TABS	P	OTC;QL(1 ea daily)
HIGH POTENCY MULTIVITAMIN TABS	P	OTC;QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN + FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 1.05 MG-0.3 MG-1 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT	P	RX/OTC
MULTIVITAMIN + FLUORIDE CHEW 0.3 MG-0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.3 MG-1 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT	P	RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW 0.3 MG-1.05 MG-4.5 MCG-13.5 MG-15 UNIT-0.5 MG-1.05 MG-1.2 MG-60 MG-400 UNIT-2500 UNIT	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	P	RX/OTC
pediatric multivitamins w/fl chew 0.25 mg-0.3 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 0.25 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit, 0.3 mg-1 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 1 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit	P	RX/OTC
pediatric multivitamins w/fl chew 0.3 mg-0.5 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 0.5 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
pediatric multivitamins w/fl soln 0.4 mg/ml-0.5 mg/ml-0.5 mg/ml-0.6 mg/ml-2 mcg/ml-5 unit/ml-8 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml, 0.25 mg/ml-0.4 mg/ml-0.5 mg/ml-0.6 mg/ml-2 mcg/ml-5 unit/ml-8 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml, 0.6 mg/ml-0.25 mg/ml-0.4 mg/ml-0.5 mg/ml-2 mcg/ml-5 unit/ml-8 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml	P	QL(50 ml per fill retail); AL(Up to 21 yrs old)
QUFLORA PEDIATRIC CHEW 0.25 MG-1 MG-1.2 MG-1.3 MG-1.5 MG-4 MCG-5 MG-15 MG-15 UNIT-60 MG-100 MCG-108 MCG-400 UNIT-1200 UNIT, 1 MG-1 MG-1.2 MG-1.3 MG-1.5 MG-4 MCG-5 MG-15 MG-15 UNIT-60 MG-100 MCG-108 MCG-400 UNIT-1200 UNIT	P	RX/OTC
QUFLORA PEDIATRIC CHEW 1 MG-1.5 MG-0.5 MG-1.2 MG-1.3 MG-4 MCG-5 MG-15 MG-15 UNIT-60 MG-100 MCG-108 MCG-400 UNIT-1200 UNIT	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QUFLORA PEDIATRIC SOLN 0.5 MG/ML-1 MG/ML-1 MG/ML-1 MG/ML-1 MG/ML-2 MG/ML-3 MCG/ML-12 MG/ML-12 UNIT/ML-45 MG/ML-81 MCG/ML-150 MCG/ML-400 UNIT/ML-1100 UNIT/ML, 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-0.8 MG/ML-1 MG/ML-2 MCG/ML-5 UNIT/ML-10 MG/ML-35 MCG/ML-35 MG/ML-65 MCG/ML-400 UNIT/ML-1000 UNIT/ML	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	OTC;QL(60 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	OTC;QL(60 ml per fill retail)
POLY-VI-SOL/IRON SOLN	P	OTC;QL(60 ml per fill retail)
POLY-VITA/IRON SOLN	P	OTC;QL(60 ml per fill retail)
POLY-VITE/IRON SOLN	P	OTC;QL(60 ml per fill retail)
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron soln	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
pediatric multiple vitamins w/ minerals-various	P	RX/OTC
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN	P	OTC;QL(50 ml per fill retail)
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (*Use pediatric multiple vitamin w/ c & fa*)	NP	OTC;QL(1 ea daily)
PC PEDIATRIC POLY-VITAMIN DROPS SOLN	P	OTC;QL(50 ml per fill retail)
pediatric multiple vitamin w/ c & fa chew	P	OTC;QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
POLY-VI-SOL SOLN	P	OTC;QL(50 ml per fill retail)
POLY-VITA SOLN	P	OTC;QL(50 ml per fill retail)
POLY-VITE PEDIATRIC SOLN	P	OTC;QL(50 ml per fill retail)
Prenatal Vitamins		
CALNA TABS	P	OTC;
CLASSIC PRENATAL TABS	P	OTC;
CO-NATAL FA TABS	P	RX/OTC
COMPLETENATE CHEW	P	
CVS PRENATAL TABS	P	OTC;
EQL PRENATAL FORMULA TABS	P	OTC;
GNP PRENATAL TABS	P	OTC;
GOODSENSE PRENATAL VITAMINS TABS	P	OTC;
HM PRENATAL TABS	P	OTC;
JENLIVA PRENATAL/POSTNATAL CAPS	P	
KP PRENATAL MULTIVITAMINS TABS	P	OTC;
KPN PRENATAL TABS	P	OTC;
M-NATAL PLUS TABS	P	RX/OTC
MASONATAL TABS	P	OTC;
MULTI PRENATAL TABS	P	OTC;
MYNATAL ADVANCE TABS	P	QL(1 ea daily)
MYNATAL ULTRACAPLET TABS	P	QL(1 ea daily)
MYNATE 90 PLUS TBCR	P	
NATALVIT TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
NEONATAL COMPLETE TABS	P	RX/OTC
NEONATAL PLUS TABS	P	RX/OTC
NEONATAL VITAMIN TABS	P	OTC;
NIVA-PLUS TABS	P	RX/OTC
O-CAL PRENATAL TABS	P	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	P	RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	P	OTC;
PERRY PRENATAL CAPS	P	OTC;
PNV TABS 29-1 TABS	P	
PRE-NATAL FORMULA TABS	P	OTC;RX/OTC
PRENATABS FA TABS	P	RX/OTC
PRENATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	P	
PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT, 3 MG-12 MCG-1 MG-3 MG-7 MG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT, 7 MG-1 MG-3 MG-3 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	P	RX/OTC
PRENATAL AND IRON TABS	P	OTC;RX/OTC
PRENATAL FORTE TABS	P	OTC;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL LOW IRON TABS	P	OTC;
PRENATAL MULTIVITAMIN TABS	P	OTC;
PRENATAL ONE DAILY TABS	P	OTC;
PRENATAL PLUS IRON TABS	P	
PRENATAL TABS 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT, 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-18 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT-25 MG-11 UNIT, 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-4000 UNIT, 1.5 MG-1.7 MG-2.6 MG-4 MCG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-200 MG-800 MCG-1200 MCG, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-160 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 8 MCG-1.7 MG-1.8 MG-2.6 MG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 8 MCG-1.7 MG-1.8 MG-2.6 MG-20 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT-25 MG	P	OTC;
PRENATAL TABS 0.8 MG-1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-200 MG-400 UNIT-4000 UNIT	P	OTC;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 1 MG-1.84 MG-2 MG-3 MG-10 MCG-10 MG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	P	RX/OTC
prenatal vit w/ docusate-iron carbonyl-folic acid tabs	P	QL(1 ea daily)
prenatal vit w/ ferrous fumarate-folic acid chew 6 mg-1 mg-3 mg-3 mg-7 mg-12 mcg-20 mg-20 mg-25 mg-29 mg-30 unit-100 mg-200 mg-400 unit-1000 unit	P	
prenatal vit w/ ferrous fumarate-folic acid tabs 1 mg-1.84 mg-2 mg-3 mg-10 mg-12 mcg-20 mg-22 mg-25 mg-27 mg-120 mg-200 mg-400 unit-4000 unit	P	RX/OTC
prenatal vit w/ iron carbonyl-folic acid tabs	P	
PRENATAL VITAMIN & MINERAL TABS	P	OTC;
PRENATAL VITAMIN TABS	P	OTC;
PRENATAL VITAMIN/IRON TABS	P	OTC;
PRENATAL VITAMINS PLUS LOW IRON TABS	P	RX/OTC
PRENATAL VITAMINS TABS	P	OTC;
prenatal vitamins-misc	P	RX/OTC
PRENATAL-U CAPS	P	
PRENATRIX TABS	P	RX/OTC
PRENATRYL TABS	P	RX/OTC
PRENATVITE RX TABS	P	OTC;RX/OTC
PREPLUS TABS	P	RX/OTC
PRETAB TABS	P	RX/OTC
PX PRENATAL MULTIVITAMINS TABS	P	OTC;

Drug Name	Drug Tier	Requirements/ Limits
QC PRENATAL TABS	P	OTC;
RA PRENATAL FORMULA/FOLICACID TABS	P	OTC;
RA PRENATAL TABS	P	OTC;
RIGHT STEP PRENATAL TABS	P	OTC;
SE-NATAL 19 CHEW 7 MG-1 MG-3 MG-3 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	P	
SE-NATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	P	RX/OTC
SM PRENATAL VITAMINS TABS	P	OTC;
THERANATAL CORE NUTRITION TABS	P	RX/OTC
THRIVITE RX TABS	P	
TRICARE TABS	P	RX/OTC
TRINATAL RX 1 TABS	P	QL(1 ea daily)
VINATE ONE TABS	P	QL(1 ea daily)
VITAFOL-OB TABS	P	
VITATHELY/GINGER TABS	P	RX/OTC
VOL-PLUS TABS	P	RX/OTC
VOL-TAB RX TABS	P	
WESTAB PLUS TABS	P	RX/OTC
Vitamins w/ Lipotropics		
vitamins w/ lipotropics caps	P	OTC;QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		

Drug Name	Drug Tier	Requirements/ Limits
Articular Cartilage Repair Therapy		
MACI SHEE	P	PA; SP
Central Muscle Relaxants		
baclofen soln it 20000 mcg/20ml, 40 mg/20ml, 500 mcg/ml	P	PA; SP
baclofen tabs or 10 mg, 20 mg	P	
chlorzoxazone tabs 500 mg	P	
cyclobenzaprine hcl tabs or 10 mg, 5 mg	P	QL(3 ea daily)
cyclobenzaprine hcl tabs or 7.5 mg	P	QL(4 ea daily)
GABLOFEN SOLN 10000 MCG/20ML, 40000 MCG/20ML	P	PA; SP
GABLOFEN SOLN 20000 MCG/20ML (*Use baclofen*)	NP	PA; SP
LIORESAL INTRATHECAL SOLN 0.05 MG/ML, 10 MG/5ML	P	PA; SP
LIORESAL INTRATHECAL SOLN 10 MG/20ML, 40 MG/20ML (*Use baclofen*)	NP	PA; SP
methocarbamol tabs or 500 mg, 750 mg	P	
orphenadrine citrate tb12 or 100 mg	P	
ROBAXIN-750 TABS (*Use methocarbamol*)	NP	
tizanidine hcl tabs or 4 mg, 2 mg	P	
ZANAFLEX TABS 4 MG (*Use tizanidine hcl*)	NP	
Viscosupplements		
DUROLANE PRSY	P	PA; SP
EUFLEXXA SOSY	P	PA; SP
GEL-ONE PRSY	P	PA; SP
GELSYN-3 SOSY	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
GENVISC 850 SOSY	P	PA; SP
HYALGAN SOLN	P	PA; SP
HYALGAN SOSY	P	PA; SP
HYMOVIS SOSY	P	PA; SP
MONOVISC SOSY	P	PA; SP
ORTHOVISC SOSY	P	PA; SP
SODIUM HYALURONATE SOSY IX	P	PA; SP
SUPARTZ FX SOSY	P	PA; SP
SYNVISC ONE SOSY	P	PA; SP
SYNVISC SOSY	P	PA; SP
TRILURON SOSY	P	PA; SP
TRIVISC SOSY	P	PA; SP
VISCO-3 SOSY	P	PA; SP
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
NOZIN NASAL SANITIZER SWAB	NP	
OCEAN NASAL SPRAY SOLN (*Use saline*)	NP	OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old)
saline soln na 0.002 %-0.65 %	P	OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old)
Nasal Antiallergy		
azelastine hcl soln na 0.1 %, 137 mcg/spray	P	
azelastine hcl soln na 0.15 %	P	QL(30 ml per fill retail)
cromolyn sodium (nasal) aers	P	OTC;QL(26 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
NASALCROM AERS (*Use cromolyn sodium (nasal)*)	NP	OTC;QL(26 ml per 30 days retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) soln 0.03 %	P	QL(31 ml per 30 days retail)
ipratropium bromide (nasal) soln 0.06 %	P	QL(15 ml per 30 days retail)
Nasal Steroids		
FLONASE ALLERGY RELIEF CHILDRENS SUSP (*Use fluticasone propionate (nasal)*)	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (*Use fluticasone propionate (nasal)*)	NP	QL(16 ml per fill retail); RX/OTC
flunisolide (nasal) soln	P	QL(25 ml per 30 days retail)
fluticasone propionate (nasal) susp	P	QL(16 ml per fill retail); RX/OTC
NASACORT ALLERGY 24HR AERO	P	AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO (*Use triamcinolone acetonide (nasal)*)	NP	AL(At least 2 yrs old)
NASACORT ALLERGY 24HR CHILDRENS AERO (*Use triamcinolone acetonide (nasal)*)	NP	AL(At least 2 yrs old)
triamcinolone acetonide (nasal) aero	P	AL(At least 2 yrs old)
Sympathomimetic Decongestants		
ADRENALIN SOLN NA 0.1 %	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)
epinephrine hcl (nasal) soln	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)
phenylephrine hcl (oral) tabs	P	OTC;QL(24 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
pseudoephedrine hcl liqd or 15 mg/5ml	P	OTC;AL(Up to 21 yrs old)
pseudoephedrine hcl tabs or 60 mg, 30 mg	P	OTC;AL(Up to 21 yrs old)
pseudoephedrine hcl tb12 or 120 mg	P	OTC;QL(62 ea per 30 days retail); AL(Up to 21 yrs old)
SUDAFED CHILDRENS LIQD	P	OTC;AL(Up to 21 yrs old)
SUDAFED CONGESTION TABS (*Use pseudoephedrine hcl*)	NP	OTC;AL(Up to 21 yrs old)
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC;QL(120 ml per fill retail)
SUDAFED PE SINUS CONGESTION TABS (*Use phenylephrine hcl (oral)*)	NP	OTC;QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS (*Use pseudoephedrine hcl*)	NP	OTC;AL(Up to 21 yrs old)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	P	PA; SP
RADICAVA SOLN	P	PA; SP
RILUTEK TABS (*Use riluzole*)	NP	PA
riluzole tabs	P	PA
TIGLUTIK SUSP	P	PA; SP
Muscular Dystrophy Agents		
AMONDYS 45 SOLN	P	PA; SP
EXONDYS 51 SOLN	P	PA; SP
VYONDYS 53 SOLN	P	PA; SP
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	P	PA; SP
DYSPORT SOLR	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
MYOBLOC SOLN	P	PA; SP
XEOMIN SOLR	P	PA; SP
Spinal Muscular Atrophy Agents (SMA)		
SPINRAZA SOLN	P	PA; SP
ZOLGENSMA 10.1-10.5 KG KIT	P	PA; SP
ZOLGENSMA 10.6-11.0 KG KIT	P	PA; SP
ZOLGENSMA 11.1-11.5 KG KIT	P	PA; SP
ZOLGENSMA 11.6-12.0 KG KIT	P	PA; SP
ZOLGENSMA 12.1-12.5 KG KIT	P	PA; SP
ZOLGENSMA 12.6-13.0 KG KIT	P	PA; SP
ZOLGENSMA 13.1-13.5 KG KIT	P	PA; SP
ZOLGENSMA 2.6-3.0 KG KIT	P	PA; SP
ZOLGENSMA 3.1-3.5 KG KIT	P	PA; SP
ZOLGENSMA 3.6-4.0 KG KIT	P	PA; SP
ZOLGENSMA 4.1-4.5 KG KIT	P	PA; SP
ZOLGENSMA 4.6-5.0 KG KIT	P	PA; SP
ZOLGENSMA 5.1-5.5 KG KIT	P	PA; SP
ZOLGENSMA 5.6-6.0 KG KIT	P	PA; SP
ZOLGENSMA 6.1-6.5 KG KIT	P	PA; SP
ZOLGENSMA 6.6-7.0 KG KIT	P	PA; SP
ZOLGENSMA 7.1-7.5 KG KIT	P	PA; SP
ZOLGENSMA 7.6-8.0 KG KIT	P	PA; SP
ZOLGENSMA 8.1-8.5 KG KIT	P	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 8.6-9.0 KG KIT	P	PA; SP
ZOLGENSMA 9.1-9.5 KG KIT	P	PA; SP
ZOLGENSMA 9.6-10.0 KG KIT	P	PA; SP
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	P	OTC;QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC;QL(350 gm per fill retail)
Lipids		
DOJOLVI LIQD	P	PA; SP
Misc. Nutritional Substances		

Drug Name	Drug Tier	Requirements/ Limits
omega-3 fatty acids caps 108 mg-180 mg-360 mg-1200 mg, 12 mg-360 mg-360 mg-1200 mg, 1200 mg-360 mg, 144 mg-180 mg-1200 mg, 144 mg-216 mg-1200 mg, 144 mg-216 mg-360 mg-1200 mg, 15 unit-144 mg-216 mg-1200 mg, 2 unit-1200 mg, 216 mg-324 mg-600 mg-1200 mg, 276 mg-336 mg-1200 mg, 60 mg-120 mg-180 mg-1200 mg, 60 mg-300 mg-360 mg-1200 mg, 1 gm-120 mg-180 mg-300 mg, 1 unit-120 mg-180 mg-1000 mg, 1 unit-120 mg-180 mg-340 mg-1000 mg, 1 unit-200 mg-300 mg-1000 mg, 1 unit-300 mg-1000 mg, 1 unit-300 mg-1000 mg-1000 mg, 1.8 unit-120 mg-180 mg, 10 unit-100 mg-500 mg-1000 mg, 100 mg-150 mg-300 mg-1000 mg, 100 mg-160 mg-1000 mg, 1000 mg-1 mg-120 mg-180 mg, 1000 mg-1 unit-120 mg-180 mg, 1000 mg-120 mg-180 mg, 1000 mg-200 mg-300 mg, 1000 mg-300 mg, 120 mg-180 mg-300 mg-1000 mg, 180 mg-270 mg-1000 mg, 250 mg-350 mg-1000 mg, 250 mg-500 mg-1000 mg, 3 mg-108 mg-162 mg-1000 mg, 300 mg-400 mg-1000 mg, 360 mg-455 mg-900 mg-1000 mg, 5 unit-120 mg-180 mg, 600 mg-1000 mg, 75 mg-90 mg-210 mg-1000 mg	P	OTC;QL(6 ea daily)
omega-3 fatty acids cpdr 1200 mg-360 mg, 144 mg-216 mg-360 mg-1200 mg, 684 mg-1200 mg	P	QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
polyvinyl alcohol soln op	P	OTC;QL(31 ml per 30 days retail)
white petrolatum-mineral oil oint	P	OTC;QL(30 gm per fill retail)
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) soln	P	
carteolol hcl (ophth) soln	P	
COSOPT SOLN (*Use dorzolamide hcl-timolol maleate*)	NP	QL(10 ml per 30 days retail)
dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 22.3 mg/ml-6.8 mg/ml, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml	P	QL(10 ml per 30 days retail)
levobunolol hcl soln	P	QL(15 ml per 30 days retail)
timolol maleate (ophth) soln 0.25 %, 0.5 %	P	QL(15 ml per 30 days retail)
timolol maleate (ophth) soln 0.5 %	P	QL(15 ea per 30 days retail)
TIMOPTIC OCUDOSE SOLN 0.25 %	P	QL(15 ea per 30 days retail)
TIMOPTIC OCUDOSE SOLN 0.5 % (*Use timolol maleate (ophth)*)	NP	QL(15 ea per 30 days retail)
TIMOPTIC SOLN (*Use timolol maleate (ophth)*)	NP	QL(15 ml per 30 days retail)
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) oint	P	
atropine sulfate (ophthalmic) soln	P	
ATROPINE SULFATE SOLN OP 1 % (*Use atropine sulfate (ophthalmic)*)	NP	
CYCLOGYL SOLN 0.5 % (*Use cyclopentolate hcl*)	NP	QL(15 ml per 30 days retail)
CYCLOGYL SOLN 2 %, 1 % (*Use cyclopentolate hcl*)	NP	
cyclopentolate hcl soln op 0.5 %	P	QL(15 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
cyclopentolate hcl soln op 2 %, 1 %	P	
homatropine hbr soln	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (*Use tropicamide*)	NP	
phenylephrine hcl (mydriatic) soln	P	QL(5 ml per 30 days retail)
tropicamide soln op 0.5 %, 1 %	P	
Miotics		
ISOPTO CARPINE SOLN (*Use pilocarpine hcl*)	NP	
pilocarpine hcl soln op 1 %, 2 %, 4 %	P	
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOLN	P	PA; SP
BEVACIZUMAB SOSY	P	PA; SP
EYLEA SOLN	P	PA; SP
EYLEA SOSY	P	PA; SP
LUCENTIS SOLN	P	PA; SP
LUCENTIS SOSY	P	PA; SP
MACUGEN SOLN	P	PA; SP
SUSVIMO SOLN	P	PA; SP
VABYSMO SOLN	P	PA; SP
Ophthalmic Adrenergic Agents		
apraclonidine hcl soln	P	
brimonidine tartrate soln op 0.2 %	P	
IOPIDINE SOLN	P	
Ophthalmic Anti-infectives		
BACIGUENT OINT OP	P	QL(4 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
bacitracin (ophthalmic) oint	P	QL(4 gm per 30 days retail)
bacitracin-polymyxin b (ophth) oint	P	QL(4 gm per 30 days retail)
BLEPH-10 SOLN (*Use sulfacetamide sodium (ophth)*)	NP	QL(15 ml per 30 days retail)
CILOXAN OINT	P	
CILOXAN SOLN (*Use ciprofloxacin hcl (ophth)*)	NP	
ciprofloxacin hcl (ophth) soln	P	
erythromycin (ophth) oint	P	
gentamicin sulfate (ophth) oint	P	QL(4 gm per 30 days retail)
gentamicin sulfate (ophth) soln	P	
moxifloxacin hcl (ophth) soln	P	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin oint	P	QL(4 gm per 30 days retail)
neomycin-polymyxin-gramicidin soln	P	QL(10 ml per 30 days retail)
OCUFLOX SOLN (*Use ofloxacin (ophth)*)	NP	QL(10 ml per 30 days retail)
ofloxacin (ophth) soln	P	QL(10 ml per 30 days retail)
polymyxin b-trimethoprim soln	P	QL(10 ml per fill retail)
POLYTRIM SOLN (*Use polymyxin b-trimethoprim*)	NP	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) oint	P	QL(4 gm per 30 days retail)
sulfacetamide sodium (ophth) soln	P	QL(15 ml per 30 days retail)
tobramycin (ophth) soln	P	QL(5 ml per 30 days retail)
TOBREX OINT	P	
TOBREX SOLN (*Use tobramycin (ophth)*)	NP	QL(5 ml per 30 days retail)
trifluridine soln	P	QL(8 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
VIGAMOX SOLN (*Use moxifloxacin hcl (ophth)*)	NP	QL(3 ml per fill retail)
Ophthalmic Decongestants		
naphazoline w/ pheniramine soln 0.027 %-0.315 %	P	OTC;QL(15 ml per 30 days retail)
OPCON-A SOLN (*Use naphazoline w/ pheniramine*)	NP	OTC;QL(15 ml per 30 days retail)
tetrahydrozoline hcl (ophth) soln	P	OTC
VISINE RED EYE COMFORT SOLN (*Use tetrahydrozoline hcl (ophth)*)	NP	OTC
Ophthalmic Gene Therapy		
LUXTURNA SUSP	P	PA; SP
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth) soln	P	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	P	PA; SP
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE SOLR	P	PA; SP
Ophthalmic Photoenhancers		
PHOTREXA VISCOUS SOSY	P	PA; SP
PHOTREXA/PHOTREXA VISCOUS KIT SOSY	P	PA; SP
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	P	
BLEPHAMIDE SUSP	P	QL(10 ml per fill retail)
dexamethasone sodium phosphate (ophth) soln	P	
DEXTENZA INST	P	PA; SP
fluorometholone (ophth) susp	P	

Drug Name	Drug Tier	Requirements/ Limits
FML LIQUIFILM SUSP (*Use fluorometholone (ophth)*)	NP	
FML OINT	P	QL(4 gm per 30 days retail)
ILUVIEN IMPL	P	PA; SP
MAXITROL OINT 0.1 %-3.5 MG/GM-10000 UNIT/GM (*Use neomycin-polymy-dexameth*)	NP	QL(4 gm per 30 days retail)
MAXITROL SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML (*Use neomycin-polymy-dexameth*)	NP	QL(10 ml per 30 days retail)
neomycin-polymy-dexameth oint 0.1 %-3.5 mg/gm-10000 unit/gm	P	QL(4 gm per 30 days retail)
neomycin-polymy-dexameth susp 0.1 %-3.5 mg/ml-10000 unit/ml	P	QL(10 ml per 30 days retail)
neomycin-polymyxin-hc (ophth) susp	P	QL(15 ml per 30 days retail)
OZURDEX IMPL	P	PA; SP
PRED FORTE SUSP (*Use prednisolone acetate (ophth)*)	NP	
PRED MILD SUSP	P	QL(10 ml per 30 days retail)
PRED-G SUSP	P	QL(5 ml per fill retail)
prednisolone acetate (ophth) susp	P	
PREDNISOLONE ACETATE P-F SUSP	P	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	P	QL(15 ml per 30 days retail)
RETISERT IMPL	P	PA; SP
sulfacetamide sod-prednisolone soln	P	QL(10 ml per 30 days retail)
TOBRADEX OINT	P	QL(4 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX SUSP (*Use tobramycin-dexamethasone*)	NP	QL(10 ml per fill retail)
tobramycin-dexamethasone susp	P	QL(10 ml per fill retail)
TRIESENCE SUSP	P	PA; SP
XIPERE SUSP	P	PA; SP
YUTIQ IMPL	P	PA; SP
Ophthalmics - Misc.		
ACULAR LS SOLN (*Use ketorolac tromethamine (ophth)*)	NP	QL(5 ml per 30 days retail)
ACULAR SOLN (*Use ketorolac tromethamine (ophth)*)	NP	QL(10 ml per fill retail)
ALOCRIL SOLN	P	PA; QL(5 ml per 30 days retail)
ALOMIDE SOLN	P	PA; QL(10 ml per 30 days retail)
azelastine hcl (ophth) soln	P	QL(6 ml per 30 days retail)
AZOPT SUSP (*Use brinzolamide*)	NP	
brinzolamide susp	P	
cromolyn sodium (ophth) soln	P	QL(10 ml per fill retail)
CYSTARAN SOLN	P	PA; SP
diclofenac sodium (ophth) soln	P	QL(3 ml per 30 days retail)
DORZOLAMIDE HCL SOLN	P	QL(10 ml per 30 days retail)
dorzolamide hcl soln	P	QL(10 ml per 30 days retail)
flurbiprofen sodium soln	P	QL(5 ml per 30 days retail)
JETREA SOLN	P	PA; SP
ketorolac tromethamine (ophth) soln 0.4 %	P	QL(5 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
ketorolac tromethamine (ophth) soln 0.5 %	P	QL(10 ml per fill retail)
ketotifen fumarate (ophth) soln	P	
TRUSOPT SOLN (*Use dorzolamide hcl*)	NP	QL(10 ml per 30 days retail)
ZADITOR SOLN (*Use ketotifen fumarate (ophth)*)	NP	
Prostaglandins - Ophthalmic		
latanoprost soln op	P	QL(5 ml per 30 days retail)
XALATAN SOLN (*Use latanoprost*)	NP	QL(5 ml per 30 days retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic) soln	P	QL(15 ml per 30 days retail)
carbamide peroxide (otic) soln	P	OTC;QL(15 ml per 30 days retail)
DEBROX SOLN (*Use carbamide peroxide (otic)*)	NP	OTC;QL(15 ml per 30 days retail)
Otic Anti-infectives		
ofloxacin (otic) soln	P	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX SUSP (*Use ciprofloxacin-dexamethasone*)	NP	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
ciprofloxacin-dexamethasone susp	P	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
neomycin-polymyxin-hc (otic) soln	P	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) susp	P	QL(20 ml per 30 days retail)
OTICIN HC NR SOLN (*Use pramoxine-hc-chloroxylenol*)	NP	QL(15 ml per fill retail)
pramoxine-hc-chloroxylenol soln	P	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Otic Steroids		
DERMOTIC OIL (*Use fluocinolone acetonide (otic)*)	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)
fluocinolone acetonide (otic) oil	P	QL(20 ml per fill retail); AL(At least 5 yrs old)
hydrocortisone w/acetic acid soln	P	QL(20 ml per 30 days retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate tabs or 0.2 mg	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	P	PA; SP
CARIMUNE NANOFILTERED SOLR	P	PA; SP
CUTAQUIG SOLN	P	PA; SP
CUVITRU SOLN	P	PA; SP
CYTOGAM INJ	P	PA; SP
FLEBOGAMMA DIF SOLN	P	PA; SP
GAMASTAN INJ	P	PA; SP
GAMMAGARD LIQUID SOLN	P	PA; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	PA; SP
GAMMAKED SOLN	P	PA; SP
GAMMAPLEX SOLN	P	PA; SP
GAMUNEX-C SOLN	P	PA; SP
HEPAGAM B SOLN	P	PA; SP
HIZENTRA SOLN	P	PA; SP
HIZENTRA SOSY	P	PA; SP
HYPERRHO S/D MINI-DOSE SOSY	P	PA; SP
HYPERRHO S/D SOSY	P	
MICRHOGAM ULTRA-FILTEREDPLUS SOSY	P	PA; SP
OCTAGAM SOLN	P	PA; SP
PANZYGA SOLN	P	PA; SP
PRIVIGEN SOLN	P	PA; SP
RHOGAM ULTRA-FILTERED PLUS SOSY	P	
RHOPHYLAC SOSY	P	PA; SP
WINRHO SDF SOLN	P	PA; SP
XEMBIFY SOLN	P	PA; SP
Monoclonal Antibodies		
SYNAGIS SOLN	P	PA; SP
ZINPLAVA SOLN	P	PA; SP
Passive Immunizing Agents - Combinations		
HYQVIA KIT	P	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps 250 mg, 500 mg	P	
amoxicillin chew 125 mg, 250 mg	P	
amoxicillin susr 125 mg/5ml, 250 mg/5ml, 200 mg/5ml, 400 mg/5ml	P	
amoxicillin tabs 875 mg	P	
ampicillin caps	P	
Natural Penicillins		
penicillin v potassium solr	P	

Drug Name	Drug Tier	Requirements/ Limits
penicillin v potassium tabs	P	
Penicillin Combinations		
amoxicillin & pot clavulanate chew 28.5 mg-200 mg, 57 mg-400 mg	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate susr 200 mg/5ml-28.5 mg/5ml, 28.5 mg/5ml-200 mg/5ml	P	QL(100 ml per fill retail)
amoxicillin & pot clavulanate susr 250 mg/5ml-62.5 mg/5ml, 62.5 mg/5ml-250 mg/5ml	P	QL(150 ml per fill retail)
amoxicillin & pot clavulanate susr 57 mg/5ml-400 mg/5ml, 42.9 mg/5ml-600 mg/5ml, 600 mg/5ml-42.9 mg/5ml	P	QL(200 ml per fill retail)
amoxicillin & pot clavulanate tabs 125 mg-875 mg, 875 mg-125 mg	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate tabs 250 mg-125 mg, 125 mg-500 mg, 500 mg-125 mg	P	QL(30 ea per fill retail)
amoxicillin & pot clavulanate tb12 1000 mg-62.5 mg	P	QL(40 ea per 30 days retail)
AUGMENTIN ES-600 SUSR (*Use amoxicillin & pot clavulanate*)	NP	QL(200 ml per fill retail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	QL(150 ml per fill retail)
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (*Use amoxicillin & pot clavulanate*)	NP	QL(150 ml per fill retail)
AUGMENTIN TABS 125 MG-500 MG (*Use amoxicillin & pot clavulanate*)	NP	QL(30 ea per fill retail)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	P	
PHARMACEUTICAL ADJUVANTS		

Drug Name	Drug Tier	Requirements/ Limits
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX GEL	P	PA; OTC;QL(1816 ml per fill retail); AL(At least 1 yrs old)
SIMPLYTHICK EASYMIX GEL	P	PA; OTC;QL(1816 ml per fill retail); AL(At least 1 yrs old)
SIMPLYTHICK GEL	P	PA; OTC;QL(1816 ml per fill retail); AL(At least 1 yrs old)
Liquid Vehicles		
FLAVOR BLEND SUSP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC
FLAVOR SWEET-SF SYRP	P	RX/OTC
glycine diluent soln	P	PA; SP
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL BLEND SF SUSP	P	RX/OTC
MX-SOL BLEND SUSP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC
MX-SOL SUSPEND SUSP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
ORA-BLEND SF SUSP	P	RX/OTC
ORA-BLEND SUSP	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC
ORA-SWEET SF SYRP	P	RX/OTC
ORA-SWEET SYRP	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	P	RX/OTC
ORAL MIX SF SUSP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SUSPENDING COMPOUNDPLUS SUSP	P	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC
PCCA SWEET-SF SYRP	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC
PCCA-PLUS SUSP	P	RX/OTC
PH 12 STERILE DILUENT FORFLOLAN SOLN (*Use glycine diluent*)	NP	PA; SP
SOSWEET SYRP	P	RX/OTC
STERILE DILUENT FOR TREPROSTINIL INJECTION SOLN	P	PA; SP
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC
SUSPENSION VEHICLE SUSP	P	RX/OTC
SWEETENING SUSPENDING COMPOUND SYRP	P	RX/OTC
SYRPALTA SYRP 83 %	P	RX/OTC
SYRSPEND SF LIQD	P	RX/OTC
SYRUP VEHICLE SF SYRP	P	RX/OTC
SYRUP VEHICLE SYRP	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC
UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC
VERSAFREE SYRP	P	RX/OTC
VERSAPLUS SYRP	P	RX/OTC
Semi Solid Vehicles		
lanolin oint ex	P	RX/OTC
lanolin oint xx	P	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (*Use norethindrone acetate*)	NP	
hydroxyprogesterone caproate oil im	P	PA; QL(2 ml per fill retail,2 ml per 11 days retail); SP
MAKENA OIL IM 250 MG/ML (*Use hydroxyprogesterone caproate*)	NP	PA; QL(2 ml per fill retail,2 ml per 11 days retail); SP
MAKENA SOAJ SC 275 MG/1.1ML	P	PA; SP
medroxyprogesterone acetate tabs or 5 mg, 10 mg, 2.5 mg	P	
norethindrone acetate tabs or	P	
progesterone caps or 100 mg	P	QL(30 ea per 30 days retail)
progesterone caps or 200 mg	P	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG (*Use progesterone*)	NP	QL(30 ea per 30 days retail)
PROMETRIUM CAPS 200 MG (*Use progesterone*)	NP	QL(20 ea per 30 days retail)
PROVERA TABS (*Use medroxyprogesterone acetate*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
ANTABUSE TABS 250 MG (*Use disulfiram*)	NP	
disulfiram tabs or 250 mg	P	
Anti-Cataplectic Agents		
XYREM SOLN	P	PA; SP
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (*Use donepezil hydrochloride*)	NP	QL(1 ea daily)
donepezil hydrochloride tabs 5 mg, 10 mg	P	QL(1 ea daily)
EXELON PT24 4.6 MG/24HR, 9.5 MG/24HR (*Use rivastigmine*)	NP	PA; QL(1 ea daily)
galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg	P	QL(1 ea daily)
galantamine hydrobromide soln 4 mg/ml	P	QL(6 ml daily)
galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg	P	QL(2 ea daily)
memantine hcl soln 10 mg/5ml, 2 mg/ml	P	PA; QL(2 ml daily)
memantine hcl tabs	P	PA; 1 rtl pack lmt amt,28 rtl pack lmt day(s),
memantine hcl tabs 5 mg, 10 mg	P	PA; QL(2 ea daily)
NAMENDA TABS (*Use memantine hcl*)	NP	PA; QL(2 ea daily)
NAMENDA TITRATION PAK TABS (*Use memantine hcl*)	NP	PA; 1 rtl pack lmt amt,28 rtl pack lmt day(s),
RAZADYNE ER CP24 (*Use galantamine hydrobromide*)	NP	QL(1 ea daily)
RAZADYNE TABS (*Use galantamine hydrobromide*)	NP	QL(2 ea daily)
rivastigmine pt24 4.6 mg/24hr, 9.5 mg/24hr	P	PA; QL(1 ea daily)
rivastigmine tartrate caps	P	PA; QL(2 ea daily)
Combination Psychotherapeutics		
perphenazine-amitriptyline tabs	P	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	P	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	P	PA; QL(55 ea per 365 days retail)
Movement Disorder Drug Therapy		
AUSTEDO TABS	P	PA; SP
INGREZZA CAPS 40 MG, 60 MG, 80 MG	P	PA; QL(1 ea daily); SP
INGREZZA CPPK	P	PA; SP
tetrabenazine tabs	P	PA; SP
XENAZINE TABS (*Use tetrabenazine*)	NP	PA; SP
Multiple Sclerosis Agents		
AMPYRA TB12 (*Use dalfampridine*)	NP	PA; SP
AUBAGIO TABS	P	PA; QL(1 ea daily); SP
AVONEX PEN AJKT	P	PA; SP
AVONEX PSKT	P	PA; SP
COPAXONE SOSY (*Use glatiramer acetate*)	NP	PA; SP
dalfampridine tb12 or	P	PA; SP
dimethyl fumarate cpdr or 120 mg, 240 mg	P	PA; SP
dimethyl fumarate misc or	P	PA; SP
EXTAVIA KIT	P	PA; SP
GILENYA CAPS 0.25 MG	P	PA; SP
GILENYA CAPS 0.5 MG	P	PA; QL(1 ea daily); SP

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

Drug Name	Drug Tier	Requirements/ Limits
TECFIDERA CPDR (*Use dimethyl fumarate*)	NP	PA; SP
TECFIDERA STARTER PACK MISC (*Use dimethyl fumarate*)	NP	PA; SP
TYSABRI CONC	P	PA; SP
ZEPOSIA 7-DAY STARTER PACK CPPK	P	PA; QL(7 ea per 7 days retail); SP
ZEPOSIA CAPS	P	PA; QL(1 ea daily); SP
ZEPOSIA STARTER KIT CPPK	P	PA; QL(37 ea per 30 days retail); SP
Smoking Deterrents		
APO-VARENICLINE TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
bupropion hcl (smoking deterrent) tb12	P	QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX CONTINUING MONTHPAK TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX STARTING MONTH PAK TABS	P	QL(53 ea per fill retail); AL(At least 18 yrs old)
CHANTIX TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
NICODERM CQ PT24 (*Use nicotine*)	NP	QL(1 ea daily)
NICORETTE GUM 4 MG, 2 MG (*Use nicotine polacrilex*)	NP	QL(24 ea daily)
NICORETTE LOZG 2 MG, 4 MG (*Use nicotine polacrilex*)	NP	QL(20 ea daily)
NICORETTE MINI LOZG (*Use nicotine polacrilex*)	NP	QL(20 ea daily)
NICORETTE STARTER KIT GUM (*Use nicotine polacrilex*)	NP	QL(24 ea daily)
nicotine polacrilex gum mt 4 mg, 2 mg	P	QL(24 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
nicotine polacrilex lozg mt 2 mg, 4 mg	P	QL(20 ea daily)
nicotine pt24	P	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	
NICOTROL INHALER INHA	P	QL(16.8 ea daily)
NICOTROL NS SOLN	P	QL(4 ml daily)
varenicline tartrate tabs	P	QL(2 ea daily); AL(At least 18 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO SOLN	P	PA; SP
TEGSEDI SOSY	P	PA; SP
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR	P	PA; SP
GLASSIA SOLN	P	PA; SP
PROLASTIN-C SOLN	P	PA; SP
PROLASTIN-C SOLR	P	PA; SP
ZEMAIRA SOLR	P	PA; SP
Cystic Fibrosis Agents		
KALYDECO PACK	P	PA; SP
KALYDECO TABS	P	PA; SP
ORKAMBI PACK	P	PA; SP
ORKAMBI TABS	P	PA; SP
PULMOZYME SOLN	P	PA; SP
SYMDEKO TBPK	P	PA; SP
TRIKAFTA TBPK	P	PA; QL(3 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Fibrosis Agents		
ESBRIET CAPS	P	PA; SP
ESBRIET TABS	P	PA; SP
OFEV CAPS	P	PA; SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
doxycycline (monohydrate) caps 50 mg, 100 mg	P	
doxycycline (monohydrate) tabs 50 mg, 100 mg	P	
doxycycline hyclate caps or 50 mg, 100 mg	P	
doxycycline hyclate tabs or 100 mg	P	
MINOCIN CAPS OR 50 MG (*Use minocycline hcl*)	NP	
minocycline hcl caps or 100 mg, 50 mg, 75 mg	P	
VIBRAMYCIN CAPS 100 MG (*Use doxycycline hyclate*)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs or 10 mg, 5 mg	P	
propylthiouracil tabs or	P	
TAPAZOLE TABS (*Use methimazole*)	NP	
Thyroid Hormones		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*Use thyroid*)	P	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	P	
CYTOMEL TABS (*Use liothyronine sodium*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	P	
liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg	P	
SYNTHROID TABS (*Use levothyroxine sodium*)	P	
thyroid tabs or 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	P	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
BOOSTRIX SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
BOOSTRIX SUSY	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
INFANRIX SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TDVAX SUSP	P	Limit 1 per 10 years;QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TENIVAC INJ	P	Limit 1 per 10 years;QL(0.5 ml per fill retail); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	P	Limit 1 per 10 years;QL(0.5 ml per fill retail); AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Proton Pump Inhibitors		
omeprazole 20mg tablet	P	QL (1 ea daily); OTC
Antispasmodics		
dicyclomine hcl caps or 10 mg	P	
dicyclomine hcl soln or 10 mg/5ml	P	QL(496 ml per 30 days retail)
dicyclomine hcl tabs or 20 mg	P	
glycopyrrolate tabs or 1 mg, 2 mg	P	QL(4 ea daily)
hyoscyamine sulfate elix or 0.125 mg/5ml	P	
HYOSCYAMINE SULFATE POWD XX	P	
hyoscyamine sulfate soln ij 0.5 mg/ml	P	
hyoscyamine sulfate soln or 0.125 mg/ml	P	
hyoscyamine sulfate subl sl 0.125 mg	NP	
hyoscyamine sulfate subl sl 0.125 mg	P	
hyoscyamine sulfate tabs or 0.125 mg	NP	
hyoscyamine sulfate tabs or 0.125 mg	P	
hyoscyamine sulfate tb12 or 0.375 mg	P	QL(4 ea daily)
hyoscyamine sulfate tbdp or 0.125 mg	NP	
hyoscyamine sulfate tbdp or 0.125 mg	P	
LEVBID TB12 (*Use hyoscyamine sulfate*)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LEVSIN SOLN (*Use hyoscyamine sulfate*)	NP	
ROBINUL FORTE TABS (*Use glycopyrrolate*)	NP	QL(4 ea daily)
ROBINUL TABS (*Use glycopyrrolate*)	NP	QL(4 ea daily)
SYMAX DUOTAB TBCR	P	
H-2 Antagonists		
cimetidine hcl soln	P	
cimetidine tabs or 200 mg	P	RX/OTC
cimetidine tabs or 300 mg, 400 mg, 800 mg	P	
famotidine susr or 40 mg/5ml	P	
famotidine tabs or 10 mg	P	OTC
famotidine tabs or 20 mg	P	RX/OTC
famotidine tabs or 40 mg	P	
PEPCID AC MAXIMUM STRENGTH TABS (*Use famotidine*)	NP	RX/OTC
PEPCID AC TABS 10 MG (*Use famotidine*)	NP	OTC
PEPCID AC TABS 20 MG (*Use famotidine*)	NP	RX/OTC
PEPCID TABS 20 MG (*Use famotidine*)	NP	RX/OTC
PEPCID TABS 40 MG (*Use famotidine*)	NP	
TAGAMET HB TABS (*Use cimetidine*)	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (*Use sucralfate*)	NP	QL(420 ml per fill retail)
CARAFATE TABS 1 GM (*Use sucralfate*)	NP	
sucralfate susp or 1 gm/10ml	P	QL(420 ml per fill retail)
sucralfate tabs or 1 gm	P	
Proton Pump Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
DEXILANT CPDR (*Use dexlansoprazole*)	NP	ST
dexlansoprazole cpdr	P	ST
esomeprazole magnesium cpdr 20 mg	P	QL(2 ea daily); RX/OTC
lansoprazole cpdr or 15 mg	P	QL(4 ea daily); RX/OTC
lansoprazole cpdr or 30 mg	P	
NEXIUM 24HR CLEAR MINIS CPDR (*Use esomeprazole magnesium*)	NP	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (*Use esomeprazole magnesium*)	NP	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (*Use esomeprazole magnesium*)	NP	QL(2 ea daily); RX/OTC
omeprazole cpdr or 10 mg, 40 mg	P	QL(2 ea daily)
omeprazole cpdr or 20 mg	P	QL(2 ea daily); RX/OTC
omeprazole magnesium tbec 20 mg	P	OTC;QL(1 ea daily)
omeprazole tbec or 20 mg	P	QL(1 ea daily)
pantoprazole sodium tbec or 20 mg	P	QL(1 ea daily)
pantoprazole sodium tbec or 40 mg	P	QL(2 ea daily)
PREVACID 24HR CPDR (*Use lansoprazole*)	NP	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG (*Use lansoprazole*)	NP	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (*Use lansoprazole*)	NP	
PRILOSEC OTC TBEC (*Use omeprazole magnesium*)	NP	OTC;QL(1 ea daily)
PROTONIX TBEC OR 20 MG (*Use pantoprazole sodium*)	NP	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (*Use pantoprazole sodium*)	NP	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		

Drug Name	Drug Tier	Requirements/ Limits
CYTOTEC TABS (*Use misoprostol*)	NP	
misoprostol tabs or 100 mcg, 200 mcg	P	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
DETROL LA CP24 (*Use tolterodine tartrate*)	NP	QL(1 ea daily)
DETROL TABS (*Use tolterodine tartrate*)	NP	QL(2 ea daily)
DITROPAN XL TB24 (*Use oxybutynin chloride*)	NP	QL(2 ea daily)
oxybutynin chloride syrp or 5 mg/5ml	P	QL(496 ml per 30 days retail)
oxybutynin chloride tabs or 5 mg	P	QL(3 ea daily)
oxybutynin chloride tb24 or 10 mg, 15 mg, 5 mg	P	QL(2 ea daily)
tolterodine tartrate cp24 2 mg, 4 mg	P	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	P	QL(2 ea daily)
trospium chloride tabs 20 mg	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs or 10 mg, 25 mg, 5 mg, 50 mg	P	
URECHOLINE TABS (*Use bethanechol chloride*)	NP	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	P	
VACCINES		
Bacterial Vaccines		
BEXSERO SUSY	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
MENVEO SOLR	P	QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
PNEUMOVAX 23 INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
PREVNAR 13 SUSP	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
TRUMENBA SUSY	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
Viral Vaccines		
AFLURIA QUADRIVALENT 2019-2020 SUSP	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
AFLURIA QUADRIVALENT 2019-2020 SUSY	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSP	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
FLULAVAL QUADRIVALENT 2019-2020 SUSP	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
FLULAVAL QUADRIVALENT 2019-2020 SUSY	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
FLULAVAL QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
FLUMIST QUADRIVALENT SUSP	P	QL(1 ea per fill retail); AL(At least 13 yrs old - Up to 49 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	P	QL(0.7 ml per fill retail); AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022 SUSY	P	QL(0.7 ml per fill retail); AL(At least 65 yrs old)
FLUZONE QUADRIVALENT 2019-2020 SUSP	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
FLUZONE QUADRIVALENT 2019-2020 SUSY	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSP	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2021-2022 SUSP	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail); AL(At least 13 yrs old)
GARDASIL 9 SUSP	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
GARDASIL 9 SUSY	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
HAVRIX SUSP 1440 ELU/ML	P	QL(1 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
HAVRIX SUSP 720 ELU/0.5ML	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
INFLUENZA VACCINE	P	AL; At least 13 years old; QL (1 ea per 180 days retail)
M-M-R II SOLR	P	QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML	P	QL(1 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSP 5 MCG/0.5ML	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
SHINGRIX SUSR	P	QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 50 yrs old)
VAQTA SUSP 25 UNIT/0.5ML	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
VAQTA SUSP 50 UNIT/ML	P	QL(1 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
VARIVAX INJ	P	QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
ZOSTAVAX SUSR	P	QL(1 ea per fill retail)1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (*Use clindamycin phosphate vaginal*)	NP	
clindamycin phosphate vaginal crea	P	
clotrimazole vaginal crea 1 %	P	OTC;QL(45 gm per 30 days retail)

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

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

Drug Name	Drug Tier	Requirements/ Limits
riboflavin tabs or 25 mg, 50 mg, 100 mg	P	OTC;QL(100 ea per 30 days retail)
SLO-NIACIN TBCR (*Use niacin*)	NP	OTC
thiamine hcl tabs	P	OTC;QL(100 ea per 30 days retail)
thiamine mononitrate tabs	P	OTC;QL(100 ea per 30 days retail)

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