Preferred Drug List

The SilverSummit Healthplan Formulary includes a list of drugs covered by your prescription benefit. The formulary is updated often and may change. To get the most up-to-date information, you may view the latest formulary on our website at silversummithealthplan.com or call us at 1-844-366-2880 (TTY/TDD: 1-844-804-6086).

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**

SilverSummit Healthplan: Preferred Drug List (PDL)

Pharmacy Program

SilverSummit Healthplan covers medicine for Medicaid members. The pharmacy team works with doctors and pharmacists to be sure medicines for a lot of illnesses are covered. SilverSummit 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 SilverSummit covers. The Member Service phone number is 1-844-366-2880 (TTY/TTD 1-844-804-6086). 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 through the member portal or by using this link SSHP Drug Lookup Tool

Preferred Drug List (PDL)

The SilverSummit 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 month by SilverSummit Healthplan.

Pharmacy Benefit Manager (PBM)

SilverSummit works with Express Scripts to pay for pharmacy claims. Express Scripts is our Pharmacy Benefit Manager (PBM)

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 PA request should be sent by your doctor using the secure electronic Prior Authorization portal by Cover My Meds at www.covermymeds.com. A request can also be sent by your doctor or pharmacy to Centene Pharmacy Services on the **Medication Prior Authorization Form.** This form is on the SilverSummit website at www.silversummithealthplan.com. The completed form and doctor notes to show your history should be **faxed to Pharmacy Services at 1-833-645-2736.**

SilverSummit 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.
3. The medication is not a benefit exclusion.

All requests are overseen by a licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. Pharmacists use the standards set by the Pharmacy & Therapeutics Committee. If the request is approved, Pharmacy Services sends your doctor a fax. If it is not approved, Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines that are covered. It will also tell you about the appeal process.

SilverSummit Healthplan: Preferred Drug List (PDL)

Transition Period

Members new to SilverSummit will be able to receive most of their prescription drugs with no new PA requirements for 2 fills not to exceed a 68 total day's supply in the first 90 days of eligibility. The transition period on controlled medications is 30 days. This will allow you and your doctor time to consider other drugs that do not require PA and to learn the steps for obtaining a PA.

96-Hour Emergency Supply Policy

State and Federal law says a pharmacy can give you up to a 96-hour (4 day) supply of medicine if you are waiting on PA review. Pharmacies will be paid for the 4 day supply even if the PA is not approved. The pharmacist can use professional judgment to decide if the medicine is urgent. The 96-hour supply is not allowed for Controlled substances that need a PA. The pharmacy must **call Centene Pharmacy Services at 1-866-399-0928** for an override to send the 96-hour supply for payment.

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 SilverSummit 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 providing the names of other medicine(s) you have tried. If Pharmacy Services does not approve the PA, Pharmacy Services will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Dispensing Limits

The pharmacy can give you up to 34 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.

Quantity Limits

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

Age Limit

Some medicine on the SilverSummit PDL may have age limits. These are based on the Food and Drug Administration (FDA) approved labeling and for your safety. If the doctor feels you need the drug anyway, a PA may be sent to Pharmacy Services. If Pharmacy Services does not approve the PA, Pharmacy Services 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, SilverSummit requires:

- Doctor's clinical 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 requests are overseen by a licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the Pharmacy & Therapeutics Committee. If the request is approved, Pharmacy Services sends your doctor a fax. If it is not approved, Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

Appropriate Use and Safety Edits

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

More information about the drugs that are part of these edits can be found in the **Appropriate Use and Safety Edits** document on the SilverSummit website at www.silversummithealthplan.com.

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, Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other medicines that are covered. It will also tell you about the appeal process.

Over-the-Counter (OTC) Medications

The SilverSummit PDL covers some OTC medicines. These OTCs are covered when your doctor writes a prescription for them.

Filling a Prescription

You can have medicine filled at a SilverSummit pharmacy. You can find a pharmacy by calling SilverSummit 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 pharmacy your prescription and SilverSummit ID card. Your pharmacy may ask for other forms of identification, like driver's license or state ID.

Maintenance Medications

Certain drugs are considered maintenance medications because they are used to treat long-term conditions or illnesses. If the drug you take is part of the Maintenance Drug Program, you may receive up to 100 day's supply at specific retail pharmacies.

More information about the drugs that are maintenance medications can be found in the **Maintenance Medications Up to 100 Days** document on the SilverSummit website at www.silversummithealthplan.com. Please contact a SilverSummit Member Service Representative if you have any questions.

Exclusions

Below you will find a list of things that are not part of the SilverSummit PDL. The 96-hour emergency supply policy does not cover these drugs either.

- Drugs that are considered experimental
- Drugs made by companies that do not participate in Federal rebates
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for anorexia, weight loss or weight gain
- Drugs prescribed for infertility
- Drugs prescribed for erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Bulk powders

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 SilverSummit.

Medical Benefits

The following drugs and medical services are a part of the SilverSummit medical benefit and are not covered at a retail pharmacy:

1. Injectable drugs given at a provider location such as a physician's office or outpatient clinic.
2. Home Health products and Home Infusion Therapy such as: durable medical equipment (DME), nebulizers, nebulizer tubing, blood pressure monitors, enteral and parenteral nutrition, injectable antibiotic therapy, chemotherapy and medical supplies.

Prescribers who request medical prior authorizations with Pharmacy Services will be redirected to contact SilverSummit as applicable.

SilverSummit Healthplan: Preferred Drug List (PDL)

Newly Approved Products

SilverSummit 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, Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines that are covered. It will also tell you about the appeal process.

Contact Information

SilverSummit Healthplan Member Services:	1-844-366-2880
SilverSummit Healthplan Member Services TTY/TDD:	1-844-804-6086
Pharmacy Services Prior Authorizations:	1-855-565-9520
Pharmacy Services ESI Pharmacy Help Desk:	1-833-750-4990
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 SilverSummit Healthplan's Member Service line at 1-844-366-2880. If you are hearing impaired, call our TDD/TTY at 1-844-804-6086. To get this information in large font or audiotape, call Member Services. Interpreter services are provided free of charge to you. SilverSummit Healthplan has a telephone language line available 24 hours a day, 7 days a week.

SilverSummit Healthplan: Preferred Drug List (PDL)

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	**Tier Definitions**
F	Formulary: These drugs are covered on the drug list
NF	Non-Formulary: These drugs are not covered on the drug list
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-Naive* Limits: • Daily Dose Max = 90 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids *Treatment-Naive 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	***GRAN***	Granules
CHEW	Tablet Chewable	***IJ***	Injection
CONC	Concentrate	***IMPL***	Implant
CP12	Capsule ER 12 HR	***INHA***	Inhaler
CP24	Capsule ER 24 HR	***INJ***	Injectable
CPCR	Capsule ER	***IUD***	Intrauterine Device
CPDR	Capsule Delayed Release	***IV***	Intravenous
Dose Form	**Dose Form Description**	**Dose Form**	**Dose Form Description**
CPEP	Capsule Enteric Coated Particles	***LIQD***	Liquid

CPSP	Capsule Sprinkle	***LOTN***	Lotion
CREA	Cream	***SOPN***	Solution Pen-injector
LOZG	Lozenge	***SOSY***	Solution Prefilled Syringe
MISC	Miscellaneous	***SRER***	Suspension Reconstituted ER
NEBU	Nebulization solution	***STRP***	Strip
OINT	Ointment	***SUBL***	Tablet Sublingual
OPHT	Ophthalmic	***SUER***	Suspension Extended Release
OR	Oral	***SUPN***	Suspension Pen-injector
PACK	Packet	***SUPP***	Suppository
PEN	Pen-injector	***SUSP***	Suspension
PNKT	Pen-injector Kit	***SUSR***	Suspension Reconstituted
POT	Potassium	***SUSY***	Suspension Prefilled Syringe
POWD	Powder	***SYRP***	Syrup
PRSY	Prefilled Syringe	***TABS***	Tablets
PSKT	Prefilled Syringe Kit	***TB12***	Tablet ER 12 Hour
PSTE	Paste	***TB24***	Tablet ER 24 Hour
PT24	Patch 24 Hour	***TBCR***	Tablet ER
PT72	Patch 72 Hour	***TBDP***	Tablet Dispersible
PTCH	Patch	***TBEC***	Tablet Enteric Coated
PTTW	Patch Biweekly	***TBEF***	Tablet Effervescent
PTWK	Patch Weekly	***TBPK***	Tablet Therapy Pack
S.O.P.	Sterile Ophthalmic Preparation	***TBSO***	Tablet Soluble
SHAM	Shampoo	***TEST***	Diagnostic Test
SOAJ	Solution Auto-injector	***TBSO***	Tablet Soluble
SOCT	Solution Cartridge	***TEST***	Diagnostic Test
SOLN	Solution	***WAFR***	Wafer
SOLR	Solution Reconstituted	***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 XR CP24 *(Use amphetamine-dextroamphetamine)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
ADDERALL TABS *(Use amphetamine-dextroamphetamine)*	NF	QL(2 EA daily); AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	F	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	F	QL(2 EA daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG *(Use dextroamphetamine sulfate)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	F	QL(1 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	F	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	F	QL(3 EA daily); AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	F	QL(1 EA daily); PA
lisdexamfetamine dimesylate CHEW	F	QL(1 EA daily); PA
Analeptics		
CAFCIT SOLN IV 60 MG/3ML *(Use caffeine citrate)*	NF	
caffeine citrate SOLN PO	F	QL(45 ML per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	F	AL(At least 6 yrs old); ST
clonidine hcl (adhd) TB12	F	
guanfacine hcl (adhd)	F	QL(1 EA daily)
INTUNIV *(Use guanfacine hcl (adhd))*	NF	QL(1 EA daily)
KAPVAY TB12 *(Use clonidine hcl (adhd))*	NF	
STRATTERA *(Use atomoxetine hcl)*	NF	AL(At least 6 yrs old); ST
Stimulants - Misc.		
armodafinil	F	PA
CONCERTA TBCR *(Use methylphenidate hcl)*	NF	
dexmethylphenidate hcl TABS	F	QL(2 EA daily)
FOCALIN TABS *(Use dexmethylphenidate hcl)*	NF	QL(2 EA daily)
METADATE CD CPCR *(Use methylphenidate hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CPCR	F	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TABS 5 MG	F	QL(6 EA daily); AL(At least 3 yrs old)
methylphenidate hcl TABS 10 MG, 20 MG	F	QL(3 EA daily); AL(At least 3 yrs old)
methylphenidate hcl TBCR 10 MG, 36 MG	F	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 54 MG	F	QL(1 EA daily); AL(At least 6 yrs old)
NUVIGIL *(Use armodafinil)*	NF	PA
RELEXXII TBCR *(Use methylphenidate hcl)*	NF	
RITALIN TABS 5 MG *(Use methylphenidate hcl)*	NF	QL(6 EA daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RITALIN TABS 10 MG, 20 MG *(Use methylphenidate hcl)*	NF	QL(3 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	F	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR SUBL	F	QL(1 EA daily); AL(At least 10 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	F	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
melatonin TABS 3 MG, 5 MG	F	QL(1 EA daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	F	SP; PA
BETHKIS NEBU *(Use tobramycin)*	NF	300mg/4ml; QL(1 ML daily); SP; PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(Use tobramycin)*	NF	300mg/5ml; QL(1 ML daily); SP; PA
neomycin sulfate TABS	F	
TOBI PODHALER CAPS	F	QL(2 EA daily); SP; PA
TOBI NEBU *(Use tobramycin)*	NF	300mg/5ml; QL(1 ML daily); SP; PA
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	F	
tobramycin sulfate SOLR	F	
tobramycin NEBU	F	300mg/4ml; QL(1 ML daily); SP; PA
tobramycin NEBU	F	300mg/5ml; QL(1 ML daily); SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
XELJANZ XR TB24	F	SP; PA
XELJANZ TABS	F	SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	F	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	F	SP
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-AATY (1 PEN) AJKT	F	SP; PA
ADALIMUMAB-AATY (2 PEN) AJKT	F	SP; PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	F	SP; PA
ADALIMUMAB-ADAZ SOAJ	F	SP; PA
ADALIMUMAB-ADAZ SOSY	F	SP; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	F	SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	F	SP; PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	F	SP; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	F	SP; PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	F	SP; PA
HADLIMA PUSHTOUCH SOAJ	F	SP; PA
HADLIMA SOSY	F	SP; PA
SIMLANDI (1 PEN) AJKT	F	SP; PA
SIMLANDI (2 PEN) AJKT	F	SP; PA
YUSIMRY	F	SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	F	SP; PA
ACTEMRA SOLN	F	SP; PA
ACTEMRA SOSY	F	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS *(Use ibuprofen)*	NF	
ALEVE TABS *(Use naproxen sodium)*	NF	QL(2 EA daily)
ANAPROX DS TABS *(Use naproxen sodium)*	NF	
CELEBREX 400 MG *(Use celecoxib)*	NF	QL(2 EA daily); PA
CELEBREX 50 MG, 100 MG, 200 MG *(Use celecoxib)*	NF	QL(1 EA daily); PA
celecoxib 400 MG	F	QL(2 EA daily); PA
celecoxib 50 MG, 100 MG, 200 MG	F	QL(1 EA daily); PA
CHILDRENS ADVIL SUSP 100 MG/5ML *(Use ibuprofen)*	NF	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(Use ibuprofen)*	NF	RX/OTC
DAYPRO TABS *(Use oxaprozin)*	NF	
diclofenac potassium TABS 50 MG	F	
diclofenac sodium TB24	F	
diclofenac sodium TBEC	F	
EC-NAPROSYN TBEC *(Use naproxen)*	NF	QL(2 EA daily)
etodolac CAPS	F	
etodolac TABS	F	
etodolac TB24	F	
FELDENE CAPS *(Use piroxicam)*	NF	
flurbiprofen TABS	F	
ibuprofen CHEW	F	
ibuprofen SUSP	F	RX/OTC
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	F	
indomethacin CAPS 25 MG, 50 MG	F	
indomethacin CPCR	F	
INFANTS ADVIL SUSP *(Use ibuprofen)*	NF	
ketoprofen CAPS 50 MG	F	
ketoprofen CP24	F	
ketorolac tromethamine TABS	F	QL(4 EA daily; 20 EA per 30 day(s) retail); AL(At least 17 yrs old)
LODINE TABS *(Use etodolac)*	NF	
meloxicam TABS	F	
MOTRIN CHILDRENS CHEW *(Use ibuprofen)*	NF	
MOTRIN INFANTS DROPS SUSP *(Use ibuprofen)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
nabumetone	F	
NAPROSYN SUSP *(Use naproxen)*	NF	
NAPROSYN TABS 500 MG *(Use naproxen)*	NF	
naproxen sodium TABS 275 MG, 550 MG	F	
naproxen sodium TABS 220 MG	F	QL(2 EA daily)
naproxen SUSP	F	
naproxen TABS	F	
naproxen TBEC	F	QL(2 EA daily)
oxaprozin TABS	F	
piroxicam CAPS	F	
sulindac TABS	F	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	F	SP; PA
OTEZLA TBPK	F	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	F	QL(4 EA daily)
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	F	QL(4 EA daily)
butalbital-acetaminophen TABS 50 MG-325 MG	F	
butalbital-aspirin-caffeine CAPS	F	QL(4 EA daily)
ESGIC TABS *(Use butalbital-acetaminophen-caffeine)*	NF	QL(4 EA daily)
Analgesics Other		
acetaminophen CAPS 500 MG	F	
acetaminophen CHEW	F	

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen LIQD 160 MG/5ML	F	
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	F	
acetaminophen SUPP 120 MG, 650 MG	F	QL(12 EA per fill retail)
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	F	
acetaminophen TABS 325 MG, 500 MG	F	
FEVERALL INFANTS SUPP	F	
FEVERALL JUNIOR STRENGTH SUPP	F	QL(12 EA per fill retail)
TYLENOL CHILDRENS CHEWABLES CHEW *(Use acetaminophen)*	NF	
TYLENOL CHILDRENS PAIN + FEVER SUSP *(Use acetaminophen)*	NF	
TYLENOL CHILDRENS SUSP *(Use acetaminophen)*	NF	
TYLENOL EXTRA STRENGTH TABS *(Use acetaminophen)*	NF	
TYLENOL FOR CHILDREN + ADULTS SUSP *(Use acetaminophen)*	NF	
TYLENOL INFANTS PAIN+FEVER SUSP *(Use acetaminophen)*	NF	
TYLENOL TABS *(Use acetaminophen)*	NF	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	F	
aspirin CHEW	F	

Drug Name	Drug Tier	Requirements/ Limits
ASPIRIN SUPP 300 MG	F	QL(12 EA per fill retail)
aspirin TABS 325 MG	F	
aspirin TBEC 81 MG, 325 MG	F	
BUFFERIN *(Use aspirin buffered (cal carb-mag carb-mag oxide))*	NF	
diflunisal TABS	F	
ECOTRIN ARTHRTIS PAIN TBEC *(Use aspirin)*	NF	
ECOTRIN TBEC *(Use aspirin)*	NF	
salsalate	F	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
codeine sulfate TABS 30 MG	F	QL(2 EA daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS	F	QL(2 EA daily); AL(At least 12 yrs old)
DILAUDID TABS *(Use hydromorphone hcl)*	NF	QL(8 EA daily)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	F	Limit 10 patches per month; QL(0.34 EA daily)
hydrocodone bitartrate T24A	F	
HYDROMORPHONE HCL SUPP	F	QL(12 EA per fill retail)
hydromorphone hcl TABS	F	QL(8 EA daily)
meperidine hcl SOLN PO 50 MG/5ML	F	QL(500 ML per fill retail)
meperidine hcl TABS 50 MG	F	QL(6 EA daily)
methadone hcl CONC	F	
methadone hcl TABS 10 MG	F	QL(10 EA daily)
methadone hcl TABS 5 MG	F	QL(4 EA daily)
methadone hcl TBSO	F	
METHADOSE SUGAR-FREE CONC *(Use methadone hcl)*	NF	
METHADOSE CONC *(Use methadone hcl)*	NF	
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	F	QL(16.67 ML daily)
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	F	QL(240 ML per fill retail)
morphine sulfate SUPP	F	QL(24 EA per fill retail)
morphine sulfate TABS 15 MG	F	QL(6 EA daily)
morphine sulfate TABS 30 MG	F	
morphine sulfate TBCR	F	QL(3 EA daily)
MS CONTIN TBCR *(Use morphine sulfate)*	NF	QL(3 EA daily)
OXAYDO TABS 5 MG	F	QL(6 EA daily)
oxycodone hcl CAPS	F	QL(6 EA daily)
oxycodone hcl CONC 100 MG/5ML	F	QL(6 ML daily)
oxycodone hcl SOLN	F	
oxycodone hcl TABS	F	QL(6 EA daily)
ROXICODONE TABS 15 MG, 30 MG *(Use oxycodone hcl)*	NF	QL(6 EA daily)
tramadol hcl TABS 50 MG	F	QL(8 EA daily); AL(At least 18 yrs old)
Opioid Combinations		
acetaminophen w/ codeine SOLN	F	QL(30 ML daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	F	QL(6 EA daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	F	QL(4 EA daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod	F	QL(4 EA daily); AL(At least 12 yrs old)
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	F	QL(180 ML daily)
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	F	QL(135 ML daily)
hydrocodone-acetaminophen TABS 325 MG-5 MG	F	QL(12 EA daily)
hydrocodone-acetaminophen TABS 325 MG-10 MG	F	QL(6 EA daily)
hydrocodone-acetaminophen TABS 325 MG-7.5 MG	F	QL(8 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	F	QL(6 EA daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG *(Use oxycodone w/ acetaminophen)*	NF	QL(6 EA daily)
tramadol-acetaminophen	F	QL(4 EA daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BRIXADI (WEEKLY) SOSY	F	SP
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	F	SP
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG	F	QL(3 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG	F	QL(2 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	F	QL(3 EA daily)
buprenorphine hcl SUBL	F	
SUBLOCADE SOSY	F	SP
SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(2 EA daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(3 EA daily)
ZUBSOLV SUBL	F	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
methyltestosterone TABS	F	
testosterone cypionate SOLN IM 200 MG/ML	F	Limit 4mls per month; QL(0.1429 ML daily)
testosterone cypionate SOLN IM 100 MG/ML	F	QL(0.2858 ML daily)
testosterone enanthate SOLN IM	F	QL(0.1429 ML daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		

Drug Name	Drug Tier	Requirements/ Limits
CORTENEMA *(Use hydrocortisone (intrarectal))*	NF	QL(420 ML per fill retail)
hydrocortisone (intrarectal)	F	QL(420 ML per fill retail)
Rectal Combinations		
phenylephrine-shark liver oil-cocoa butter	F	QL(12 EA per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum	F	QL(30 GM per fill retail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) FOAM EX	F	QL(15 GM per fill retail)
PROCTOFOAM FOAM EX *(Use pramoxine hcl (rectal))*	NF	QL(15 GM per fill retail)
Rectal Steroids		
ANUSOL-HC EX *(Use hydrocortisone (rectal))*	NF	QL(30 GM per fill retail)
hydrocortisone (rectal) EX 2.5 %	F	QL(30 GM per fill retail)
PREPARATION H EX 1 %	F	QL(60 GM per fill retail); RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	F	QL(60 GM per fill retail); RX/OTC
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG	F	
alum & mag hydrox-simethicone LIQD	F	QL(24 ML daily)
alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML	F	
alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	F	QL(24 ML daily)
alum & mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML-2400 MG/30ML, 400 MG/5ML-40 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-40 MG/5ML, 800 MG/10ML-80 MG/10ML-800 MG/10ML	F	
GELUSIL CHEW *(Use alum & mag hydrox-simethicone)*	NF	
HYVEE ADVANCED ANTACID SUSP *(Use alum & mag hydrox-simethicone)*	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	F	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	F	Limit 496 per month; QL(16.54 EA daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	F	
TUMS CHEWY BITES ULTRA STR CHEW *(Use calcium carbonate (antacid))*	NF	
TUMS CHEWY BITES CHEW *(Use calcium carbonate (antacid))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
TUMS E-X 750 CHEW *(Use calcium carbonate (antacid))*	NF	
TUMS EXTRA STRENGTH 750 CHEW *(Use calcium carbonate (antacid))*	NF	
TUMS EXTRA STRENGTH CHEW *(Use calcium carbonate (antacid))*	NF	
TUMS LASTING EFFECTS CHEW *(Use calcium carbonate (antacid))*	NF	
TUMS SMOOTHIES CHEW *(Use calcium carbonate (antacid))*	NF	
TUMS ULTRA 1000 CHEW *(Use calcium carbonate (antacid))*	NF	
TUMS ULTRA STRENGTH CHEW *(Use calcium carbonate (antacid))*	NF	
TUMS CHEW *(Use calcium carbonate (antacid))*	NF	
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	F	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG *(Use isosorbide dinitrate)*	NF	
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	F	
isosorbide mononitrate TABS	F	QL(2 EA daily)
ISOSORBIDE MONONITRATE TABS	F	QL(2 EA daily)
isosorbide mononitrate TB24	F	QL(1 EA daily)
NITRO-BID OINT	F	
NITRO-DUR PT24 *(Use nitroglycerin)*	NF	
nitroglycerin CPCR	F	
nitroglycerin PT24	F	
nitroglycerin SUBL	F	
NITROSTAT SUBL *(Use nitroglycerin)*	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 7.5 MG, 30 MG	F	QL(3 EA daily)
buspirone hcl 15 MG	F	QL(4 EA daily)
buspirone hcl 5 MG, 10 MG	F	QL(6 EA daily)
droperidol SOLN 2.5 MG/ML	F	
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	F	
hydroxyzine hcl SYRP	F	
hydroxyzine hcl TABS	F	
hydroxyzine pamoate CAPS	F	
meprobamate	F	
VISTARIL CAPS *(Use hydroxyzine pamoate)*	NF	
Benzodiazepines		
alprazolam TABS	F	QL(4 EA daily)
ATIVAN SOLN *(Use lorazepam)*	NF	
ATIVAN TABS 1 MG *(Use lorazepam)*	NF	QL(4 EA daily)
ATIVAN TABS 0.5 MG, 2 MG *(Use lorazepam)*	NF	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
chlordiazepoxide hcl CAPS	F	QL(4 EA daily)
clorazepate dipotassium TABS	F	QL(3 EA daily)
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	F	
diazepam SOLN PO 5 MG/5ML	F	QL(500 ML per fill retail)
DIAZEPAM SOLN IJ 5 MG/ML	F	
diazepam TABS	F	QL(4 EA daily)
lorazepam CONC	F	
lorazepam SOLN	F	
lorazepam TABS 0.5 MG, 2 MG	F	QL(3 EA daily)
lorazepam TABS 1 MG	F	QL(4 EA daily)
oxazepam CAPS	F	QL(4 EA daily)
VALIUM TABS *(Use diazepam)*	NF	QL(4 EA daily)
XANAX TABS *(Use alprazolam)*	NF	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	F	
NORPACE CR CP12 150 MG	F	
NORPACE CAPS *(Use disopyramide phosphate)*	NF	
quinidine gluconate TBCR	F	
quinidine sulfate TABS	F	
Antiarrhythmics Type I-B		
mexiletine hcl	F	
Antiarrhythmics Type I-C		
flecainide acetate	F	
propafenone hcl TABS	F	
Antiarrhythmics Type III		
amiodarone hcl TABS 200 MG	F	
dofetilide	F	
TIKOSYN *(Use dofetilide)*	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium NEBU	F	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	F	Limit 1 package per month; QL(0.87 GM daily)
INCRUSE ELLIPTA	F	QL(1 EA daily)
ipratropium bromide SOLN 0.02 %	F	Limit 1 package per month; QL(12.5 ML daily)
SPIRIVA HANDIHALER CAPS *(Use tiotropium bromide monohydrate)*	NF	
tiotropium bromide monohydrate CAPS	F	
TUDORZA PRESSAIR	F	Limit 1 package per month; QL(0.034 EA daily)
Leukotriene Modulators		
montelukast sodium CHEW	F	QL(1 EA daily)
montelukast sodium PACK	F	QL(1 EA daily)
montelukast sodium TABS	F	QL(1 EA daily)
SINGULAIR CHEW *(Use montelukast sodium)*	NF	QL(1 EA daily)
SINGULAIR PACK *(Use montelukast sodium)*	NF	QL(1 EA daily)
SINGULAIR TABS *(Use montelukast sodium)*	NF	QL(1 EA daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
DALIRESP 500 MCG *(Use roflumilast)*	NF	PA
roflumilast 500 MCG	F	PA
Steroid Inhalants		
ARNUITY ELLIPTA	F	QL(1 EA daily)
ASMANEX HFA AERO	F	QL(0.44 GM daily)
budesonide (inhalation) SUSP	F	QL(4 ML daily); AL(Up to 6 yrs old)
FLOVENT DISKUS AEPB *(Use fluticasone propionate (inhalation))*	NF	
FLOVENT HFA *(Use fluticasone propionate hfa)*	NF	
fluticasone propionate (inhalation) AEPB	F	
fluticasone propionate hfa 44 MCG/ACT	F	Limit 1 package per month; QL(0.367 GM daily); AL(Up to 12 yrs old)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	F	Limit 1 package per month; QL(0.4 GM daily); AL(Up to 12 yrs old)
PULMICORT SUSP *(Use budesonide (inhalation))*	NF	QL(4 ML daily); AL(Up to 6 yrs old)
QVAR REDIHALER 80 MCG/ACT	F	QL(0.72 GM daily)
QVAR REDIHALER 40 MCG/ACT	F	QL(0.36 GM daily)
Sympathomimetics		
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	NF	QL(2 EA daily)
albuterol sulfate AERS	F	1 package(s) per 30 day(s) retail
albuterol sulfate NEBU	F	QL(2 EA daily)
albuterol sulfate NEBU	F	QL(12.5 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
ALBUTEROL SULFATE NEBU	F	QL(2 ML daily)
albuterol sulfate SYRP	F	
albuterol sulfate TABS	F	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(Use umeclidinium-vilanterol)*	NF	PA
budesonide-formoterol fumarate dihydrate	F	Limit 1 package per month; QL(0.367 GM daily)
COMBIVENT RESPIMAT AERS	F	Limit 1 package per month; QL(0.134 GM daily)
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	F	QL(2 EA daily)
ipratropium-albuterol SOLN	F	QL(12 ML daily)
levalbuterol tartrate	F	QL(0.5 GM daily)
PROVENTIL HFA AERS *(Use albuterol sulfate)*	NF	
SEREVENT DISKUS	F	QL(2 EA daily)
STIOLTO RESPIMAT	F	PA
SYMBICORT *(Use budesonide-formoterol fumarate dihydrate)*	NF	Limit 1 package per month
terbutaline sulfate TABS	F	
umeclidinium-vilanterol	F	PA
VENTOLIN HFA AERS *(Use albuterol sulfate)*	NF	Limit 2 packages per month
XOPENEX HFA *(Use levalbuterol tartrate)*	NF	QL(0.5 GM daily)
Xanthines		
THEO-24 CP24	F	
theophylline ELIX	F	

Drug Name	Drug Tier	Requirements/ Limits
theophylline SOLN	F	QL(475 ML per fill retail)
theophylline TB12	F	
theophylline TB24	F	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	F	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	F	QL(2.47 EA daily)
ELIQUIS TABS	F	QL(2 EA daily)
rivaroxaban TABS 2.5 MG	F	
XARELTO TABS 20 MG	F	QL(1 EA daily)
XARELTO TABS 10 MG	F	QL(1 EA daily; 35 EA per 180 day(s) retail)
XARELTO TABS 15 MG	F	QL(2 EA daily)
XARELTO TABS 2.5 MG *(Use rivaroxaban)*	NF	
Heparins And Heparinoid-Like Agents		
enoxaparin sodium SOLN IJ 300 MG/3ML	F	QL(42 ML per 7 day(s) retail); SP
enoxaparin sodium SOSY 30 MG/0.3ML	F	QL(5 ML per 7 day(s) retail); SP
enoxaparin sodium SOSY 60 MG/0.6ML	F	QL(9 ML per 7 day(s) retail); SP
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	F	QL(12 ML per 7 day(s) retail); SP
enoxaparin sodium SOSY 40 MG/0.4ML	F	QL(6 ML per 7 day(s) retail); SP
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	F	QL(14 ML per 7 day(s) retail); SP
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	F	
LOVENOX SOLN IJ 300 MG/3ML *(Use enoxaparin sodium)*	NF	QL(42 ML per 7 day(s) retail); SP
LOVENOX SOSY 30 MG/0.3ML *(Use enoxaparin sodium)*	NF	QL(5 ML per 7 day(s) retail); SP
LOVENOX SOSY 60 MG/0.6ML *(Use enoxaparin sodium)*	NF	QL(9 ML per 7 day(s) retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(Use enoxaparin sodium)*	NF	QL(14 ML per 7 day(s) retail); SP
LOVENOX SOSY 40 MG/0.4ML *(Use enoxaparin sodium)*	NF	QL(6 ML per 7 day(s) retail); SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(Use enoxaparin sodium)*	NF	QL(12 ML per 7 day(s) retail); SP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	F	
PRADAXA CAPS *(Use dabigatran etexilate mesylate)*	NF	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	F	
FYCOMPA TABS	F	
Anticonvulsants - Benzodiazepines		
clonazepam TABS	F	QL(4 EA daily)
DIASTAT ACUDIAL GEL *(Use diazepam (anticonvulsant))*	NF	
DIASTAT PEDIATRIC GEL *(Use diazepam (anticonvulsant))*	NF	
diazepam (anticonvulsant) GEL	F	
KLONOPIN TABS *(Use clonazepam)*	NF	QL(4 EA daily)
NAYZILAM	F	QL(10 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Misc.		
APTIOM	F	
BANZEL SUSP *(Use rufinamide)*	NF	SP; PA
BANZEL TABS *(Use rufinamide)*	NF	SP; PA
BRIVIACT SOLN PO 10 MG/ML	F	SP
BRIVIACT TABS	F	SP
carbamazepine CHEW 100 MG	F	
carbamazepine CP12	F	
carbamazepine SUSP	F	
carbamazepine TABS	F	
carbamazepine TB12	F	
CARBATROL CP12 *(Use carbamazepine)*	NF	
FINTEPLA	F	SP
gabapentin CAPS	F	QL(9 EA daily)
gabapentin SOLN	F	
gabapentin TABS 600 MG	F	QL(6 EA daily)
gabapentin TABS 800 MG	F	QL(4 EA daily)
KEPPRA XR TB24 *(Use levetiracetam)*	NF	
KEPPRA SOLN IV 500 MG/5ML *(Use levetiracetam)*	NF	
KEPPRA SOLN PO 100 MG/ML *(Use levetiracetam)*	NF	QL(30 ML daily)
KEPPRA TABS 500 MG *(Use levetiracetam)*	NF	QL(6 EA daily)
KEPPRA TABS 250 MG, 750 MG *(Use levetiracetam)*	NF	QL(4 EA daily)
KEPPRA TABS 1000 MG *(Use levetiracetam)*	NF	
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	F	
lacosamide TABS	F	QL(2 EA daily)
LAMICTAL XR TB24 *(Use lamotrigine)*	NF	ST
LAMICTAL CHEW *(Use lamotrigine)*	NF	
LAMICTAL TABS *(Use lamotrigine)*	NF	
lamotrigine CHEW	F	
lamotrigine TABS	F	
lamotrigine TB24	F	ST
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	F	QL(30 ML daily)
levetiracetam SOLN IV 500 MG/5ML	F	
levetiracetam TABS 500 MG	F	QL(6 EA daily)
levetiracetam TABS 1000 MG	F	
levetiracetam TABS 250 MG, 750 MG	F	QL(4 EA daily)
levetiracetam TB24	F	
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG *(Use pregabalin)*	NF	QL(3 EA daily)
LYRICA CAPS 225 MG, 300 MG *(Use pregabalin)*	NF	QL(2 EA daily)
MYSOLINE *(Use primidone)*	NF	
NEURONTIN CAPS *(Use gabapentin)*	NF	QL(9 EA daily)
NEURONTIN SOLN *(Use gabapentin)*	NF	
NEURONTIN TABS 600 MG *(Use gabapentin)*	NF	QL(6 EA daily)
NEURONTIN TABS 800 MG *(Use gabapentin)*	NF	QL(4 EA daily)
oxcarbazepine SUSP	F	
oxcarbazepine TABS	F	
pregabalin CAPS 225 MG, 300 MG	F	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	F	QL(3 EA daily)
primidone	F	
rufinamide SUSP	F	SP; PA
rufinamide TABS	F	SP; PA
TEGRETOL SUSP *(Use carbamazepine)*	NF	
TEGRETOL TABS *(Use carbamazepine)*	NF	
TEGRETOL-XR TB12 *(Use carbamazepine)*	NF	
TOPAMAX SPRINKLE CPSP 15 MG *(Use topiramate)*	NF	QL(6 EA daily)
TOPAMAX SPRINKLE CPSP 25 MG *(Use topiramate)*	NF	QL(8 EA daily)
TOPAMAX TABS 100 MG *(Use topiramate)*	NF	QL(4 EA daily)
TOPAMAX TABS 25 MG, 50 MG *(Use topiramate)*	NF	QL(6 EA daily)
TOPAMAX TABS 200 MG *(Use topiramate)*	NF	QL(3 EA daily)
topiramate CPSP 15 MG	F	QL(6 EA daily)
topiramate CPSP 50 MG	F	QL(2 EA daily)
topiramate CPSP 25 MG	F	QL(8 EA daily)
topiramate TABS 200 MG	F	QL(3 EA daily)
topiramate TABS 100 MG	F	QL(4 EA daily)
topiramate TABS 25 MG, 50 MG	F	QL(6 EA daily)
TRILEPTAL SUSP *(Use oxcarbazepine)*	NF	
TRILEPTAL TABS *(Use oxcarbazepine)*	NF	
VIMPAT SOLN PO 10 MG/ML *(Use lacosamide)*	NF	
VIMPAT TABS *(Use lacosamide)*	NF	QL(2 EA daily)
ZONEGRAN CAPS 25 MG, 100 MG *(Use zonisamide)*	NF	
zonisamide CAPS	F	
Carbamates		
felbamate SUSP	F	
felbamate TABS	F	
FELBATOL SUSP *(Use felbamate)*	NF	
FELBATOL TABS *(Use felbamate)*	NF	
GABA Modulators		
GABITRIL *(Use tiagabine hcl)*	NF	
tiagabine hcl	F	
Hydantoins		
DILANTIN *(Use phenytoin sodium extended)*	NF	
DILANTIN 30 MG	F	
DILANTIN INFATABS CHEW *(Use phenytoin)*	NF	
DILANTIN-125 SUSP *(Use phenytoin)*	NF	
DILANTIN SUSP *(Use phenytoin)*	NF	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	F	
phenytoin CHEW	F	
phenytoin SUSP	F	
Succinimides		
CELONTIN *(Use methsuximide)*	NF	
ethosuximide CAPS	F	
ethosuximide SOLN	F	
methsuximide	F	
ZARONTIN CAPS *(Use ethosuximide)*	NF	
ZARONTIN SOLN *(Use ethosuximide)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
Valproic Acid		
DEPAKOTE ER TB24 *(Use divalproex sodium)*	NF	
DEPAKOTE SPRINKLES CSDR *(Use divalproex sodium)*	NF	
DEPAKOTE TBEC *(Use divalproex sodium)*	NF	
divalproex sodium CSDR	F	
divalproex sodium TB24	F	
divalproex sodium TBEC	F	
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	F	
valproic acid CAPS	F	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS 30 MG	F	QL(1.5 EA daily)
mirtazapine TABS 15 MG	F	QL(3 EA daily)
mirtazapine TABS 7.5 MG, 45 MG	F	QL(1 EA daily)
mirtazapine TBDP 30 MG	F	QL(1.5 EA daily)
mirtazapine TBDP 45 MG	F	QL(1 EA daily)
mirtazapine TBDP 15 MG	F	QL(3 EA daily)
REMERON SOLTAB TBDP 45 MG *(Use mirtazapine)*	NF	QL(1 EA daily)
REMERON SOLTAB TBDP 15 MG *(Use mirtazapine)*	NF	QL(3 EA daily)
REMERON SOLTAB TBDP 30 MG *(Use mirtazapine)*	NF	QL(1.5 EA daily)
REMERON TABS 15 MG *(Use mirtazapine)*	NF	QL(3 EA daily)
REMERON TABS 30 MG *(Use mirtazapine)*	NF	QL(1.5 EA daily)
Antidepressants - Misc.		
APLENZIN	F	
bupropion hcl TABS	F	QL(3 EA daily)
bupropion hcl TB12 200 MG	F	QL(2 EA daily)
bupropion hcl TB12 100 MG	F	QL(4 EA daily)
bupropion hcl TB12 150 MG	F	QL(3 EA daily)
bupropion hcl TB24 300 MG	F	QL(1 EA daily)
bupropion hcl TB24 150 MG	F	QL(3 EA daily)
bupropion hcl TB24 450 MG	F	
FORFIVO XL TB24 *(Use bupropion hcl)*	NF	
WELLBUTRIN SR TB12 200 MG *(Use bupropion hcl)*	NF	QL(2 EA daily)
WELLBUTRIN SR TB12 100 MG *(Use bupropion hcl)*	NF	QL(4 EA daily)
WELLBUTRIN SR TB12 150 MG *(Use bupropion hcl)*	NF	QL(3 EA daily)
WELLBUTRIN XL TB24 300 MG *(Use bupropion hcl)*	NF	QL(1 EA daily)
WELLBUTRIN XL TB24 150 MG *(Use bupropion hcl)*	NF	QL(3 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	F	
MARPLAN	F	
NARDIL *(Use phenelzine sulfate)*	NF	
PARNATE *(Use tranylcypromine sulfate)*	NF	
phenelzine sulfate	F	
tranylcypromine sulfate	F	
Selective Serotonin Reuptake Inhibitors (SSRIs)		

Drug Name	Drug Tier	Requirements/ Limits
CELEXA TABS 10 MG *(Use citalopram hydrobromide)*	NF	QL(4 EA daily)
CELEXA TABS 40 MG *(Use citalopram hydrobromide)*	NF	QL(1 EA daily)
CELEXA TABS 20 MG *(Use citalopram hydrobromide)*	NF	QL(2 EA daily)
citalopram hydrobromide SOLN	F	QL(8 ML daily)
citalopram hydrobromide TABS 40 MG	F	QL(1 EA daily)
citalopram hydrobromide TABS 10 MG	F	QL(4 EA daily)
citalopram hydrobromide TABS 20 MG	F	QL(2 EA daily)
escitalopram oxalate SOLN	F	
escitalopram oxalate TABS 5 MG	F	QL(4 EA daily)
escitalopram oxalate TABS 20 MG	F	QL(1 EA daily)
escitalopram oxalate TABS 10 MG	F	QL(2 EA daily)
fluoxetine hcl CAPS 10 MG, 20 MG	F	QL(4 EA daily)
fluoxetine hcl CAPS 40 MG	F	QL(2 EA daily)
fluoxetine hcl CPDR	F	
fluoxetine hcl SOLN	F	QL(20 ML daily; 30 Day(s) limit); AL(At least 7 yrs old)
fluoxetine hcl TABS 60 MG	F	
fluoxetine hcl TABS 10 MG	F	QL(1 EA daily); AL(At least 13 yrs old)
fluoxetine hcl TABS 20 MG	F	QL(4 EA daily)
FLUOXETINE HCL TABS *(Use fluoxetine hcl)*	NF	
fluvoxamine maleate CP24	F	
fluvoxamine maleate TABS 25 MG, 50 MG	F	QL(2 EA daily)
fluvoxamine maleate TABS 100 MG	F	QL(3 EA daily)
LEXAPRO TABS 20 MG *(Use escitalopram oxalate)*	NF	QL(1 EA daily)
LEXAPRO TABS 10 MG *(Use escitalopram oxalate)*	NF	QL(2 EA daily)
LEXAPRO TABS 5 MG *(Use escitalopram oxalate)*	NF	QL(4 EA daily)
paroxetine hcl SUSP	F	QL(40 ML daily)
paroxetine hcl TABS 30 MG, 40 MG	F	QL(2 EA daily)
paroxetine hcl TABS 20 MG	F	QL(3 EA daily)
paroxetine hcl TABS 10 MG	F	QL(6 EA daily)
paroxetine hcl TB24	F	
PAXIL CR TB24 *(Use paroxetine hcl)*	NF	
PAXIL SUSP *(Use paroxetine hcl)*	NF	QL(40 ML daily)
PAXIL TABS 30 MG, 40 MG *(Use paroxetine hcl)*	NF	QL(2 EA daily)
PAXIL TABS 20 MG *(Use paroxetine hcl)*	NF	QL(3 EA daily)
PAXIL TABS 10 MG *(Use paroxetine hcl)*	NF	QL(6 EA daily)
PEXEVA 10 MG, 20 MG, 30 MG	F	
PROZAC CAPS 10 MG, 20 MG *(Use fluoxetine hcl)*	NF	QL(4 EA daily)
PROZAC CAPS 40 MG *(Use fluoxetine hcl)*	NF	QL(2 EA daily)
sertraline hcl CONC	F	QL(10 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
sertraline hcl TABS 100 MG	F	QL(2 EA daily)
sertraline hcl TABS 25 MG, 50 MG	F	QL(4 EA daily)
ZOLOFT CONC *(Use sertraline hcl)*	NF	QL(10 ML daily)
ZOLOFT TABS 25 MG, 50 MG *(Use sertraline hcl)*	NF	QL(4 EA daily)
ZOLOFT TABS 100 MG *(Use sertraline hcl)*	NF	QL(2 EA daily)
Serotonin Modulators		
nefazodone hcl	F	
trazodone hcl TABS 50 MG, 100 MG, 150 MG	F	
trazodone hcl TABS 300 MG	F	QL(2 EA daily)
TRINTELLIX	F	QL(1 EA daily); PA
VIIBRYD STARTER PACK KIT	F	PA
VIIBRYD TABS *(Use vilazodone hcl)*	NF	QL(1 EA daily); PA
vilazodone hcl TABS	F	QL(1 EA daily); PA
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(Use duloxetine hcl)*	NF	QL(1 EA daily)
DESVENLAFAXINE ER	F	
desvenlafaxine succinate	F	
duloxetine hcl CPEP 40 MG	F	
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	F	QL(1 EA daily)
EFFEXOR XR CP24 37.5 MG *(Use venlafaxine hcl)*	NF	QL(4 EA daily)
EFFEXOR XR CP24 150 MG *(Use venlafaxine hcl)*	NF	QL(2 EA daily)
EFFEXOR XR CP24 75 MG *(Use venlafaxine hcl)*	NF	QL(5 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA TITRATION C4PK	F	1 max fill(s) per 180 day(s) retail
FETZIMA CP24	F	QL(1 EA daily)
PRISTIQ *(Use desvenlafaxine succinate)*	NF	
venlafaxine hcl CP24 75 MG	F	QL(5 EA daily)
venlafaxine hcl CP24 150 MG	F	QL(2 EA daily)
venlafaxine hcl CP24 37.5 MG	F	QL(4 EA daily)
venlafaxine hcl TABS	F	
venlafaxine hcl TB24	F	QL(1 EA daily)
Tricyclic Agents		
amitriptyline hcl TABS	F	
amoxapine	F	
ANAFRANIL *(Use clomipramine hcl)*	NF	
clomipramine hcl	F	
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	F	
desipramine hcl TABS 25 MG	F	QL(2 EA daily)
doxepin hcl CAPS	F	
doxepin hcl CONC	F	
imipramine hcl TABS	F	
imipramine pamoate	F	
NORPRAMIN TABS 25 MG *(Use desipramine hcl)*	NF	QL(2 EA daily)
NORPRAMIN TABS 10 MG *(Use desipramine hcl)*	NF	
nortriptyline hcl CAPS	F	
nortriptyline hcl SOLN	F	QL(20 ML daily)
PAMELOR CAPS *(Use nortriptyline hcl)*	NF	
protriptyline hcl	F	
trimipramine maleate CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	F	
miglitol	F	
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(Use pioglitazone hcl-metformin hcl)*	NF	QL(2 EA daily)
alogliptin-metformin hcl	F	QL(2 EA daily)
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	F	QL(1 EA daily)
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	F	QL(2 EA daily)
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	F	QL(1 EA daily)
DUETACT *(Use pioglitazone hcl-glimepiride)*	NF	QL(1 EA daily)
glipizide-metformin hcl	F	
glyburide-metformin	F	
KAZANO *(Use alogliptin-metformin hcl)*	NF	QL(2 EA daily)
KOMBIGLYZE XR *(Use saxagliptin-metformin hcl)*	NF	QL(1 EA daily)
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG *(Use alogliptin-pioglitazone)*	NF	QL(1 EA daily)
pioglitazone hcl-glimepiride	F	QL(1 EA daily)
pioglitazone hcl-metformin hcl TABS	F	QL(2 EA daily)
saxagliptin-metformin hcl	F	QL(1 EA daily)
SITAGLIPTIN BASE-METFORMIN HCL TABS	F	QL(2 EA daily)
SOLIQUA	F	QL(0.6 ML daily); PA
XIGDUO XR *(Use dapagliflozin propanediol-metformin hcl)*	NF	
Biguanides		
GLUMETZA TB24 *(Use metformin hcl)*	NF	
metformin hcl SOLN	F	
metformin hcl TABS 500 MG	F	QL(5 EA daily)
metformin hcl TABS 850 MG	F	QL(3 EA daily)
metformin hcl TABS 1000 MG	F	QL(2 EA daily)
metformin hcl TB24 500 MG	F	QL(4 EA daily)
metformin hcl TB24 750 MG	F	QL(2 EA daily)
RIOMET SOLN *(Use metformin hcl)*	NF	
Diabetic Other		
dextrose (diabetic use) GEL	F	
diazoxide	F	QL(100 Day(s) limit)
glucagon (rdna)	F	QL(1 EA per fill retail)
GLUCAGON EMERGENCY *(Use glucagon (rdna))*	NF	QL(1 EA per fill retail)
PROGLYCEM *(Use diazoxide)*	NF	QL(100 Day(s) limit)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	F	QL(1 EA daily)
NESINA *(Use alogliptin benzoate)*	NF	QL(1 EA daily)
ONGLYZA *(Use saxagliptin hcl)*	NF	QL(1 EA daily)
saxagliptin hcl	F	QL(1 EA daily)
SITAGLIPTIN	F	QL(1 EA daily)
Incretin Mimetic Agents		

Drug Name	Drug Tier	Requirements/ Limits
liraglutide	F	QL(0.3 ML daily); AL(At least 10 yrs old)
TRULICITY	F	QL(0.072 ML daily); AL(At least 10 yrs old); PA
VICTOZA *(Use liraglutide)*	NF	QL(0.3 ML daily); AL(At least 10 yrs old)
Insulin		
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	F	
HUMULIN 70/30 KWIKPEN SUPN	F	QL(1 ML daily)
HUMULIN 70/30 SUSP	F	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN N KWIKPEN SUPN	F	QL(1 ML daily)
HUMULIN N SUSP	F	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	F	QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	F	QL(1.34 ML daily)
HUMULIN R SOLN IJ	F	Limit 40mls per month; QL(1.34 ML daily)
INSULIN GLARGINE-YFGN SOLN	F	QL(1 ML daily)
INSULIN GLARGINE-YFGN SOPN	F	QL(1 ML daily)
INSULIN LISPRO (1 UNIT DIAL) SOPN	F	QL(1 ML daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	F	QL(1 ML daily)
INSULIN LISPRO PROT & LISPRO SUPN	F	QL(1 ML daily)
INSULIN LISPRO SOLN IJ	F	Limit 40mls per month; QL(1.34 ML daily)
MYXREDLIN	F	
NOVOLIN 70/30 FLEXPEN SUPN	F	QL(1 ML daily)
NOVOLIN 70/30 SUSP	F	Limit 40mls per month; QL(1.34 ML daily)
NOVOLIN N FLEXPEN SUPN	F	QL(1 ML daily)
NOVOLIN N SUSP	F	Limit 40mls per month; QL(1.34 ML daily)
NOVOLIN R SOLN IJ	F	Limit 40mls per month; QL(1.34 ML daily)
Insulin Sensitizing Agents		
ACTOS *(Use pioglitazone hcl)*	NF	QL(1 EA daily)
pioglitazone hcl	F	QL(1 EA daily)
Meglitinide Analogues		
nateglinide	F	QL(3 EA daily)
repaglinide	F	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	F	QL(1 EA daily)
FARXIGA *(Use dapagliflozin propanediol)*	NF	
FARXIGA *(Use dapagliflozin propanediol)*	NF	
Sulfonylureas		
AMARYL 1 MG, 2 MG *(Use glimepiride)*	NF	QL(4 EA daily)
AMARYL 4 MG *(Use glimepiride)*	NF	QL(2 EA daily)
glimepiride 1 MG, 2 MG	F	QL(4 EA daily)
glimepiride 4 MG	F	QL(2 EA daily)
glipizide TABS	F	
glipizide TB24	F	

Drug Name	Drug Tier	Requirements/ Limits
GLUCOTROL XL TB24 *(Use glipizide)*	NF	
glyburide micronized 1.5 MG, 3 MG, 6 MG	F	
glyburide TABS	F	
GLYNASE *(Use glyburide micronized)*	NF	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	F	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	F	
bismuth subsalicylate TABS	F	
PEPTO-BISMOL MAX STRENGTH SUSP *(Use bismuth subsalicylate)*	NF	
PEPTO-BISMOL TO-GO CHEW *(Use bismuth subsalicylate)*	NF	
PEPTO-BISMOL CHEW *(Use bismuth subsalicylate)*	NF	
PEPTO-BISMOL SUSP 262 MG/15ML *(Use bismuth subsalicylate)*	NF	
PEPTO-BISMOL TABS *(Use bismuth subsalicylate)*	NF	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	F	
diphenoxylate w/ atropine TABS	F	
IMODIUM A-D CAPS *(Use loperamide hcl)*	NF	QL(8 EA daily); RX/OTC
IMODIUM A-D TABS *(Use loperamide hcl)*	NF	QL(8 EA daily)
LOMOTIL TABS *(Use diphenoxylate w/ atropine)*	NF	
loperamide hcl CAPS	F	QL(8 EA daily); RX/OTC
loperamide hcl TABS	F	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	F	
deferasirox TABS	F	SP; PA
JADENU TABS *(Use deferasirox)*	NF	SP; PA
Antidotes and Specific Antagonists		
SM IPECAC SYRUP	F	
Opioid Antagonists		
naloxone hcl LIQD	F	RX/OTC
naloxone hcl SOLN 0.4 MG/ML	F	QL(2 ML per 90 day(s) retail)
naltrexone hcl	F	
NARCAN LIQD *(Use naloxone hcl)*	NF	RX/OTC
VIVITROL	F	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ondansetron hcl SOLN PO 4 MG/5ML	F	QL(50 ML per fill retail)
ondansetron hcl SOLN IJ	F	
ondansetron hcl SOSY	F	
ondansetron hcl TABS 24 MG	F	QL(1 EA per 14 day(s) retail)
ondansetron hcl TABS 4 MG, 8 MG	F	QL(2 EA daily)
ondansetron TBDP 4 MG, 8 MG	F	QL(2 EA daily)
Antiemetics - Anticholinergic		

Drug Name	Drug Tier	Requirements/ Limits
ANTIVERT CHEW *(Use meclizine hcl)*	NF	RX/OTC
dimenhydrinate TABS	F	
DRAMAMINE TABS *(Use dimenhydrinate)*	NF	
meclizine hcl CHEW	F	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	F	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
griseofulvin microsize SUSP	F	
griseofulvin microsize TABS	F	
griseofulvin ultramicrosize	F	
nystatin TABS	F	QL(6 EA daily)
terbinafine hcl TABS	F	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR *(Use fluconazole)*	NF	Limit 1 package per claim; QL(70 ML per fill retail)
DIFLUCAN TABS 200 MG *(Use fluconazole)*	NF	QL(2 EA daily)
DIFLUCAN TABS 100 MG *(Use fluconazole)*	NF	QL(1 EA daily)
DIFLUCAN TABS 150 MG *(Use fluconazole)*	NF	QL(2 EA per fill retail)
fluconazole SUSR	F	Limit 1 package per claim; QL(70 ML per fill retail)
fluconazole TABS 200 MG	F	QL(2 EA daily)
fluconazole TABS 100 MG	F	QL(1 EA daily)
fluconazole TABS 50 MG	F	QL(7 EA per fill retail)
fluconazole TABS 150 MG	F	QL(2 EA per fill retail)
itraconazole CAPS	F	QL(1 EA daily); PA
SPORANOX CAPS *(Use itraconazole)*	NF	QL(1 EA daily); PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate SYRP	F	QL(60 ML daily)
chlorpheniramine maleate TABS	F	QL(120 EA per fill retail)
CHLOR-TRIMETON SYRP *(Use chlorpheniramine maleate)*	NF	QL(60 ML daily)
CHLOR-TRIMETON TABS *(Use chlorpheniramine maleate)*	NF	QL(120 EA per fill retail)
dexchlorpheniramine maleate SOLN	F	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD *(Use diphenhydramine hcl)*	NF	QL(240 ML per fill retail)
BENADRYL ALLERGY ULTRATABS TABS *(Use diphenhydramine hcl)*	NF	QL(4 EA daily)
BENADRYL ALLERGY CAPS *(Use diphenhydramine hcl)*	NF	QL(4 EA daily)
BENADRYL ALLERGY TABS *(Use diphenhydramine hcl)*	NF	QL(4 EA daily)
clemastine fumarate TABS 1.34 MG	F	QL(2 EA daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	F	QL(2 EA daily)
diphenhydramine hcl CAPS	F	QL(4 EA daily)
diphenhydramine hcl ELIX 12.5 MG/5ML	F	QL(240 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	F	QL(240 ML per fill retail)
diphenhydramine hcl TABS 25 MG	F	QL(4 EA daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG *(Use fexofenadine hcl)*	NF	QL(1 EA daily)
ALLEGRA ALLERGY TABS 60 MG *(Use fexofenadine hcl)*	NF	QL(2 EA daily)
cetirizine hcl CHEW	F	QL(1 EA daily)
cetirizine hcl SOLN PO	F	QL(240 ML per fill retail); AL(Up to 12 yrs old); RX/OTC
cetirizine hcl SYRP PO	F	QL(240 ML per fill retail); AL(Up to 12 yrs old); RX/OTC
cetirizine hcl TABS	F	QL(1 EA daily)
CLARITIN ALLERGY CHILDRENS SOLN *(Use loratadine)*	NF	QL(240 ML per fill retail)
CLARITIN REDITABS JUNIORS TBDP *(Use loratadine)*	NF	
CLARITIN REDITABS TBDP *(Use loratadine)*	NF	
CLARITIN SOLN *(Use loratadine)*	NF	QL(240 ML per fill retail)
CLARITIN TABS *(Use loratadine)*	NF	
fexofenadine hcl TABS 60 MG	F	QL(2 EA daily)
fexofenadine hcl TABS 180 MG	F	QL(1 EA daily)
levocetirizine dihydrochloride TABS	F	RX/OTC
loratadine SOLN	F	QL(240 ML per fill retail)
loratadine TABS	F	
loratadine TBDP 10 MG	F	
XYZAL ALLERGY 24HR TABS *(Use levocetirizine dihydrochloride)*	NF	RX/OTC
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	NF	QL(1 EA daily)
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG *(Use cetirizine hcl)*	NF	QL(1 EA daily)
ZYRTEC CHILDRENS ALLERGY SOLN PO *(Use cetirizine hcl)*	NF	QL(240 ML per fill retail); AL(Up to 12 yrs old); RX/OTC
ZYRTEC CHEW 10 MG *(Use cetirizine hcl)*	NF	QL(1 EA daily)
Antihistamines - Phenothiazines		
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	F	QL(240 ML per fill retail); AL(At least 2 yrs old)
promethazine hcl SUPP	F	QL(12 EA per fill retail); AL(At least 2 yrs old)
promethazine hcl TABS	F	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	F	
cyproheptadine hcl TABS	F	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	F	ST
VYTORIN *(Use ezetimibe-simvastatin)*	NF	ST
Bile Acid Sequestrants		
cholestyramine light PACK	F	
cholestyramine light POWD	F	
cholestyramine PACK	F	
cholestyramine POWD	F	

Drug Name	Drug Tier	Requirements/ Limits
COLESTID FLAVORED GRAN *(Use colestipol hcl)*	NF	
COLESTID GRAN *(Use colestipol hcl)*	NF	
COLESTID TABS *(Use colestipol hcl)*	NF	
colestipol hcl GRAN	F	
colestipol hcl TABS	F	
QUESTRAN LIGHT POWD *(Use cholestyramine light)*	NF	
QUESTRAN PACK *(Use cholestyramine)*	NF	
QUESTRAN POWD *(Use cholestyramine)*	NF	
Fibric Acid Derivatives		
ANTARA 90 MG *(Use fenofibrate micronized)*	NF	
fenofibrate micronized 134 MG, 200 MG	F	QL(1 EA daily)
fenofibrate micronized 67 MG	F	QL(2 EA daily)
fenofibrate TABS 54 MG	F	QL(3 EA daily)
fenofibrate TABS 160 MG	F	QL(1 EA daily)
FENOGLIDE TABS *(Use fenofibrate)*	NF	
gemfibrozil TABS	F	QL(2 EA daily)
LOPID TABS *(Use gemfibrozil)*	NF	QL(2 EA daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	F	QL(1 EA daily)
CRESTOR TABS *(Use rosuvastatin calcium)*	NF	QL(1 EA daily)
LIPITOR TABS *(Use atorvastatin calcium)*	NF	QL(1 EA daily)
lovastatin TABS 10 MG, 20 MG	F	QL(1 EA daily)
lovastatin TABS 40 MG	F	QL(2 EA daily)
pravastatin sodium	F	QL(1 EA daily)
rosuvastatin calcium TABS	F	QL(1 EA daily)
simvastatin TABS	F	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG *(Use simvastatin)*	NF	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	F	ST
ZETIA *(Use ezetimibe)*	NF	ST
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	F	
niacin (antihyperlipidemic) TBCR	F	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(Use quinapril hcl)*	NF	QL(1 EA daily)
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(Use ramipril)*	NF	QL(2 EA daily)
benazepril hcl 5 MG, 10 MG, 20 MG	F	QL(1 EA daily)
benazepril hcl 40 MG	F	QL(2 EA daily)
captopril	F	QL(3 EA daily)
enalapril maleate TABS	F	QL(2 EA daily)
fosinopril sodium	F	QL(1 EA daily)
lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	F	QL(2 EA daily)
lisinopril TABS 2.5 MG	F	QL(1 EA daily)
LOTENSIN 40 MG *(Use benazepril hcl)*	NF	QL(2 EA daily)
LOTENSIN 10 MG, 20 MG *(Use benazepril hcl)*	NF	QL(1 EA daily)
quinapril hcl	F	QL(1 EA daily)
ramipril CAPS	F	QL(2 EA daily)
trandolapril 1 MG, 2 MG	F	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
trandolapril 4 MG	F	QL(2 EA daily)
VASOTEC TABS *(Use enalapril maleate)*	NF	QL(2 EA daily)
ZESTRIL TABS 2.5 MG *(Use lisinopril)*	NF	QL(1 EA daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG *(Use lisinopril)*	NF	QL(2 EA daily)
Angiotensin II Receptor Antagonists		
ATACAND *(Use candesartan cilexetil)*	NF	
AVAPRO 150 MG, 300 MG *(Use irbesartan)*	NF	QL(1 EA daily)
BENICAR *(Use olmesartan medoxomil)*	NF	ST
candesartan cilexetil	F	
COZAAR *(Use losartan potassium)*	NF	QL(1 EA daily)
DIOVAN TABS *(Use valsartan)*	NF	QL(1 EA daily)
irbesartan	F	QL(1 EA daily)
losartan potassium	F	QL(1 EA daily)
MICARDIS *(Use telmisartan)*	NF	QL(1 EA daily)
olmesartan medoxomil	F	ST
telmisartan	F	QL(1 EA daily)
valsartan TABS	F	QL(1 EA daily)
Antiadrenergic Antihypertensives		
CARDURA *(Use doxazosin mesylate)*	NF	
CATAPRES-TTS-1 PTWK *(Use clonidine)*	NF	
CATAPRES-TTS-2 PTWK *(Use clonidine)*	NF	
CATAPRES-TTS-3 PTWK *(Use clonidine)*	NF	
clonidine hcl TABS	F	
clonidine PTWK	F	
doxazosin mesylate	F	
guanfacine hcl	F	
methyldopa TABS	F	
MINIPRESS CAPS *(Use prazosin hcl)*	NF	
prazosin hcl CAPS	F	
terazosin hcl	F	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(3 EA daily)
ACCURETIC 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(4 EA daily)
amlodipine besylate-benazepril hcl 10 MG-2.5 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG	F	QL(1 EA daily)
amlodipine besylate-olmesartan medoxomil	F	ST
amlodipine besylate-valsartan	F	ST
amlodipine-valsartan-hydrochlorothiazide	F	ST
ATACAND HCT *(Use candesartan cilexetil-hydrochlorothiazide)*	NF	
atenolol & chlorthalidone	F	QL(1 EA daily)
AVALIDE *(Use irbesartan-hydrochlorothiazide)*	NF	QL(1 EA daily)
AZOR *(Use amlodipine besylate-olmesartan medoxomil)*	NF	ST
benazepril & hydrochlorothiazide	F	QL(1 EA daily)
BENICAR HCT *(Use olmesartan medoxomil-hydrochlorothiazide)*	NF	ST
bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	F	QL(1 EA daily)
candesartan cilexetil-hydrochlorothiazide	F	

Drug Name	Drug Tier	Requirements/ Limits
captopril & hydrochlorothiazide	F	
DIOVAN HCT *(Use valsartan-hydrochlorothiazide)*	NF	QL(1 EA daily)
enalapril maleate & hydrochlorothiazide	F	QL(2 EA daily)
EXFORGE *(Use amlodipine besylate-valsartan)*	NF	ST
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	NF	ST
fosinopril sodium & hydrochlorothiazide	F	QL(1 EA daily)
HYZAAR *(Use losartan potassium & hydrochlorothiazide)*	NF	QL(1 EA daily)
irbesartan-hydrochlorothiazide	F	QL(1 EA daily)
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	F	QL(2 EA daily)
lisinopril & hydrochlorothiazide 25 MG-20 MG	F	QL(1 EA daily)
losartan potassium & hydrochlorothiazide	F	QL(1 EA daily)
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NF	QL(1 EA daily)
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG *(Use amlodipine besylate-benazepril hcl)*	NF	QL(1 EA daily)
metoprolol & hydrochlorothiazide TABS	F	QL(2 EA daily)
MICARDIS HCT *(Use telmisartan-hydrochlorothiazide)*	NF	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
olmesartan medoxomil-amlodipine-hydrochlorothiazide	F	ST
olmesartan medoxomil-hydrochlorothiazide	F	ST
quinapril-hydrochlorothiazide 12.5 MG-20 MG	F	QL(4 EA daily)
quinapril-hydrochlorothiazide 25 MG-20 MG	F	QL(2 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG	F	QL(3 EA daily)
TEKTURNA HCT	F	
telmisartan-amlodipine	F	
telmisartan-hydrochlorothiazide	F	QL(1 EA daily)
TENORETIC 100 *(Use atenolol & chlorthalidone)*	NF	QL(1 EA daily)
TENORETIC 50 *(Use atenolol & chlorthalidone)*	NF	QL(1 EA daily)
trandolapril-verapamil hcl	F	
TRIBENZOR *(Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NF	ST
valsartan-hydrochlorothiazide	F	QL(1 EA daily)
VASERETIC 25 MG-10 MG *(Use enalapril maleate & hydrochlorothiazide)*	NF	QL(2 EA daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(Use lisinopril & hydrochlorothiazide)*	NF	QL(2 EA daily)
ZESTORETIC 25 MG-20 MG *(Use lisinopril & hydrochlorothiazide)*	NF	QL(1 EA daily)
ZIAC 6.25 MG-2.5 MG *(Use bisoprolol & hydrochlorothiazide)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG *(Use bisoprolol & hydrochlorothiazide)*	NF	QL(1 EA daily)
Direct Renin Inhibitors		
aliskiren fumarate	F	
TEKTURNA *(Use aliskiren fumarate)*	NF	
Vasodilators		
hydralazine hcl TABS	F	
minoxidil 2.5 MG, 10 MG	F	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS	F	
trimethoprim TABS	F	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(Use sulfamethoxazole-trimethoprim)*	NF	
BACTRIM TABS *(Use sulfamethoxazole-trimethoprim)*	NF	
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG	F	
sulfamethoxazole-trimethoprim SUSP	F	
sulfamethoxazole-trimethoprim TABS	F	
URETRON D/S TABS 81.6 MG	F	
Glycopeptides		
FIRVANQ SOLR PO *(Use vancomycin hcl)*	NF	QL(300 ML per fill retail)
VANCOCIN CAPS 250 MG *(Use vancomycin hcl)*	NF	QL(8 EA daily)
VANCOCIN CAPS 125 MG *(Use vancomycin hcl)*	NF	QL(4 EA daily)
vancomycin hcl CAPS 125 MG	F	QL(4 EA daily)
vancomycin hcl CAPS 250 MG	F	QL(8 EA daily)
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	F	QL(300 ML per fill retail)
vancomycin hcl SOLR IV 500 MG	F	Limit 14 per month; QL(0.467 EA daily)
vancomycin hcl SOLR IV 1 GM	F	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 1 GM	F	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	F	Limit 14 per month; QL(0.467 EA daily)
Leprostatics		
dapsone	F	
Lincosamides		
CLEOCIN *(Use clindamycin palmitate hydrochloride)*	NF	Limit 1 package per claim; QL(100 ML per fill retail)
clindamycin hcl 150 MG, 300 MG	F	
clindamycin palmitate hydrochloride	F	Limit 1 package per claim; QL(100 ML per fill retail)
Oxazolidinones		
SIVEXTRO TABS	F	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
MACROBID *(Use nitrofurantoin monohyd macro)*	NF	
methenamine mandelate	F	
nitrofurantoin	F	QL(40 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
nitrofurantoin macrocrystal 50 MG, 100 MG	F	
nitrofurantoin monohyd macro	F	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	F	QL(24 EA per fill retail)
Antimalarials		
chloroquine phosphate TABS 250 MG	F	QL(2 EA daily)
chloroquine phosphate TABS 500 MG	F	QL(8 EA per 56 day(s) retail)
hydroxychloroquine sulfate 200 MG	F	
KRINTAFEL	F	QL(2 EA per 30 day(s) retail)
mefloquine hcl	F	
PLAQUENIL *(Use hydroxychloroquine sulfate)*	NF	
primaquine phosphate TABS	F	PA
PRIMAQUINE PHOSPHATE TABS *(Use primaquine phosphate)*	NF	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS *(Use pyridostigmine bromide)*	NF	
MESTINON TBCR *(Use pyridostigmine bromide)*	NF	
pyridostigmine bromide TABS 60 MG	F	
pyridostigmine bromide TBCR	F	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	F	
isoniazid SYRP	F	
isoniazid TABS	F	
MYAMBUTOL TABS 400 MG *(Use ethambutol hcl)*	NF	
MYCOBUTIN *(Use rifabutin)*	NF	
pyrazinamide	F	
rifabutin	F	
rifampin CAPS	F	
TRECATOR	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN *(Use melphalan)*	NF	
cyclophosphamide CAPS	F	
LEUKERAN	F	
melphalan	F	
MYLERAN TABS	F	
TEMODAR SOLR	F	SP; PA
temozolomide CAPS	F	SP; PA
Antimetabolites		
capecitabine	F	SP; PA
mercaptopurine SUSP 2000 MG/100ML	F	AL(Up to 8 yrs old)
mercaptopurine TABS	F	
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	F	
methotrexate sodium TABS 2.5 MG	F	
PURIXAN SUSP 2000 MG/100ML *(Use mercaptopurine)*	NF	AL(Up to 8 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	F	
XELODA *(Use capecitabine)*	NF	SP; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	F	SP; PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	F	SP; PA
GILOTRIF	F	SP; PA
TARCEVA *(Use erlotinib hcl)*	NF	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE	F	SP; PA
ODOMZO	F	SP; PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	F	SP; PA
anastrozole	F	
ARIMIDEX *(Use anastrozole)*	NF	
AROMASIN *(Use exemestane)*	NF	Try anastrozole or letrozole first; ST
bicalutamide	F	QL(1 EA daily)
CASODEX *(Use bicalutamide)*	NF	QL(1 EA daily)
ELIGARD SC	F	SP; PA
EMCYT	F	SP
exemestane	F	Try anastrozole or letrozole first; ST
FARESTON *(Use toremifene citrate)*	NF	PA
FEMARA *(Use letrozole)*	NF	
letrozole	F	
leuprolide acetate KIT IJ 1 MG/0.2ML	F	SP; PA
LYSODREN	F	SP
megestrol acetate SUSP	F	
megestrol acetate TABS	F	
tamoxifen citrate TABS	F	
toremifene citrate	F	PA
ZOLADEX	F	SP; PA
ZYTIGA *(Use abiraterone acetate)*	NF	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	F	SP; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(Use everolimus)*	NF	SP; PA
AFINITOR TABS *(Use everolimus)*	NF	SP; PA
BOSULIF TABS 100 MG, 500 MG	F	SP; PA
BRAFTOVI 75 MG	F	SP; PA
COTELLIC	F	SP; PA
dasatinib	F	SP; PA
everolimus TABS	F	SP; PA
everolimus TBSO	F	SP; PA
GLEEVEC TABS *(Use imatinib mesylate)*	NF	SP; PA
IBRANCE CAPS	F	SP; PA
ICLUSIG	F	QL(1 EA daily); SP; PA
imatinib mesylate TABS	F	SP; PA
ISTODAX SOLR *(Use romidepsin)*	NF	SP; PA
JAKAFI	F	QL(2 EA daily); SP; PA
lapatinib ditosylate	F	SP; PA
MEKINIST TABS	F	SP; PA
MEKTOVI	F	SP; PA
NEXAVAR *(Use sorafenib tosylate)*	NF	SP; PA
NINLARO	F	SP; PA
pazopanib hcl	F	SP; PA
romidepsin SOLR	F	SP; PA
sorafenib tosylate	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
SPRYCEL *(Use dasatinib)*	NF	SP; PA
STIVARGA	F	SP; PA
sunitinib malate	F	SP; PA
SUTENT *(Use sunitinib malate)*	NF	SP; PA
TAFINLAR CAPS	F	SP; PA
TASIGNA 150 MG, 200 MG	F	SP; PA
TYKERB *(Use lapatinib ditosylate)*	NF	SP; PA
VOTRIENT *(Use pazopanib hcl)*	NF	SP; PA
XALKORI CAPS	F	SP; PA
ZELBORAF	F	SP; PA
ZOLINZA	F	SP; PA
Antineoplastics Misc.		
bexarotene	F	SP; PA
HYDREA *(Use hydroxyurea)*	NF	
hydroxyurea	F	
MATULANE	F	SP
TARGRETIN *(Use bexarotene)*	NF	SP; PA
tretinoin (chemotherapy)	F	SP
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium TABS	F	
mesna TABS	F	SP
MESNEX TABS	F	SP
Mitotic Inhibitors		
etoposide CAPS	F	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	F	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	F	
LODOSYN *(Use carbidopa)*	NF	
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	F	
benztropine mesylate TABS	F	
trihexyphenidyl hcl SOLN	F	QL(16.67 ML daily)
trihexyphenidyl hcl TABS	F	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	F	
amantadine hcl SOLN	F	
bromocriptine mesylate CAPS	F	
bromocriptine mesylate TABS 2.5 MG	F	
carbidopa-levodopa TABS	F	
carbidopa-levodopa TBCR	F	
DHIVY TABS	F	
PARLODEL CAPS *(Use bromocriptine mesylate)*	NF	
PARLODEL TABS *(Use bromocriptine mesylate)*	NF	
pramipexole dihydrochloride TABS	F	QL(3 EA daily)
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	F	QL(3 EA daily)
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	F	QL(6 EA daily)
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(Use carbidopa-levodopa)*	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
selegiline hcl CAPS	F	
selegiline hcl TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	F	
lithium carbonate CAPS	F	
lithium carbonate TABS	F	
lithium carbonate TBCR	F	
LITHOBID TBCR *(Use lithium carbonate)*	NF	
Antipsychotics - Misc.		
EQUETRO	F	
GEODON *(Use ziprasidone mesylate)*	NF	
GEODON *(Use ziprasidone hcl)*	NF	QL(2 EA daily); AL(At least 18 yrs old)
LATUDA 20 MG, 40 MG *(Use lurasidone hcl)*	NF	QL(1 EA daily)
LATUDA 60 MG, 80 MG *(Use lurasidone hcl)*	NF	QL(2 EA daily)
LATUDA 120 MG *(Use lurasidone hcl)*	NF	
lurasidone hcl 120 MG	F	
lurasidone hcl 60 MG, 80 MG	F	QL(2 EA daily)
lurasidone hcl 20 MG, 40 MG	F	QL(1 EA daily)
NUPLAZID CAPS	F	QL(1 EA daily)
NUPLAZID TABS 10 MG	F	QL(1 EA daily)
ziprasidone hcl	F	QL(2 EA daily); AL(At least 18 yrs old)
ziprasidone mesylate	F	
Benzisoxazoles		
ERZOFRI 234 MG/1.5ML	F	Limit 1 syringe per month; QL(0.054 ML daily); SP
ERZOFRI 78 MG/0.5ML	F	Limit 1 syringe per month; QL(0.018 ML daily); SP
ERZOFRI 39 MG/0.25ML	F	Limit 1 syringe per month; QL(0.009 ML daily); SP
ERZOFRI 117 MG/0.75ML	F	Limit 1 syringe per month; QL(0.027 ML daily); SP
ERZOFRI 156 MG/ML	F	Limit 1 syringe per month; QL(0.036 ML daily); SP
INVEGA *(Use paliperidone)*	NF	
INVEGA HAFYERA	F	Limit 1 syringe per 168 days; 1 package(s) per 168 day(s) retail; AL(At least 18 yrs old); SP
INVEGA SUSTENNA 156 MG/ML	F	Limit 1 syringe per month; QL(0.036 ML daily); SP
INVEGA SUSTENNA 234 MG/1.5ML	F	Limit 1 syringe per month; QL(0.054 ML daily); SP
INVEGA SUSTENNA 39 MG/0.25ML	F	Limit 1 syringe per month; QL(0.009 ML daily); SP
INVEGA SUSTENNA 78 MG/0.5ML	F	Limit 1 syringe per month; QL(0.018 ML daily); SP
INVEGA SUSTENNA 117 MG/0.75ML	F	Limit 1 syringe per month; QL(0.027 ML daily); SP

Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA 273 MG/0.88ML	F	Limit 1 syringe every 3 months; QL(0.88 ML per fill retail); 1 max fill(s) per 90 day(s) retail; SP
INVEGA TRINZA 410 MG/1.32ML	F	Limit 1 syringe every 3 months; QL(1.4 ML per fill retail); 1 max fill(s) per 90 day(s) retail; SP
INVEGA TRINZA 819 MG/2.63ML	F	Limit 1 syringe every 3 months; QL(2.7 ML per fill retail); 1 max fill(s) per 90 day(s) retail; SP
INVEGA TRINZA 546 MG/1.75ML	F	Limit 1 syringe every 3 months; QL(1.8 ML per fill retail); 1 max fill(s) per 90 day(s) retail; SP
paliperidone	F	
PERSERIS PRSY	F	Limit 1 syringe per 28 days; 1 package(s) per 28 day(s) retail; AL(Up to 18 yrs old); SP
RISPERDAL CONSTA *(Use risperidone microspheres)*	NF	Limit 2 vials per month; QL(0.072 EA daily); SP
RISPERDAL SOLN *(Use risperidone)*	NF	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)*	NF	QL(4 EA daily); AL(At least 5 yrs old)
risperidone microspheres	F	Limit 2 vials per month; QL(0.072 EA daily); SP
risperidone SOLN	F	QL(4 ML daily); AL(At least 5 yrs old)
risperidone TABS	F	QL(4 EA daily); AL(At least 5 yrs old)
risperidone TBDP 0.25 MG	F	QL(1 EA daily); AL(At least 5 yrs old)
risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	F	QL(2 EA daily); AL(At least 5 yrs old)
RYKINDO SRER	F	Limit 1 vial per 14 days; 1 package(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
UZEDY SUSY 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	F	Limit 1 syringe per 56 days; 1 package(s) per 56 day(s) retail; AL(At least 18 yrs old); SP
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 100 MG/0.28ML, 125 MG/0.35ML	F	Limit 1 syringe per 28 days; 1 package(s) per 28 day(s) retail; AL(At least 18 yrs old); SP
Butyrophenones		
HALDOL DECANOATE *(Use haloperidol decanoate)*	NF	
haloperidol decanoate	F	
haloperidol lactate CONC	F	
haloperidol lactate SOLN	F	
haloperidol TABS 0.5 MG, 1 MG, 10 MG	F	QL(3 EA daily)
haloperidol TABS 2 MG, 5 MG, 20 MG	F	
Dibenzapines		

Drug Name	Drug Tier	Requirements/ Limits
asenapine maleate	F	
clozapine TABS 100 MG	F	QL(9 EA daily); AL(At least 18 yrs old)
clozapine TABS 25 MG, 50 MG, 200 MG	F	QL(3 EA daily); AL(At least 18 yrs old)
clozapine TBDP 12.5 MG, 25 MG, 150 MG, 200 MG	F	QL(3 EA daily)
clozapine TBDP 100 MG	F	QL(9 EA daily)
CLOZARIL TABS 100 MG *(Use clozapine)*	NF	QL(9 EA daily); AL(At least 18 yrs old)
CLOZARIL TABS 25 MG, 50 MG, 200 MG *(Use clozapine)*	NF	QL(3 EA daily); AL(At least 18 yrs old)
loxapine succinate	F	QL(4 EA daily)
olanzapine SOLR	F	
olanzapine TABS 7.5 MG, 10 MG	F	QL(2 EA daily); AL(At least 13 yrs old)
olanzapine TABS 15 MG, 20 MG	F	QL(1 EA daily); AL(At least 13 yrs old)
olanzapine TABS 2.5 MG, 5 MG	F	QL(4 EA daily); AL(At least 13 yrs old)
olanzapine TBDP	F	QL(1 EA daily); AL(At least 13 yrs old)
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	F	QL(4 EA daily)
quetiapine fumarate TABS 300 MG, 400 MG	F	QL(2 EA daily)
quetiapine fumarate TB24	F	
SAPHRIS *(Use asenapine maleate)*	NF	
SECUADO	F	
SEROQUEL XR TB24 *(Use quetiapine fumarate)*	NF	
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG *(Use quetiapine fumarate)*	NF	QL(4 EA daily)
SEROQUEL TABS 300 MG, 400 MG *(Use quetiapine fumarate)*	NF	QL(2 EA daily)
VERSACLOZ SUSP	F	
ZYPREXA RELPREVV	F	Limit 2 vials per month; QL(0.072 EA daily); SP
ZYPREXA ZYDIS TBDP *(Use olanzapine)*	NF	QL(1 EA daily); AL(At least 13 yrs old)
ZYPREXA SOLR *(Use olanzapine)*	NF	
ZYPREXA TABS 2.5 MG, 5 MG *(Use olanzapine)*	NF	QL(4 EA daily); AL(At least 13 yrs old)
ZYPREXA TABS 15 MG, 20 MG *(Use olanzapine)*	NF	QL(1 EA daily); AL(At least 13 yrs old)
ZYPREXA TABS 7.5 MG, 10 MG *(Use olanzapine)*	NF	QL(2 EA daily); AL(At least 13 yrs old)
Dihydroindolones		
molindone hcl	F	
Phenothiazines		
chlorpromazine hcl SOLN 25 MG/ML	F	
chlorpromazine hcl TABS 10 MG	F	QL(10 EA daily)
chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	F	QL(3 EA daily)
fluphenazine decanoate	F	
fluphenazine hcl CONC	F	
fluphenazine hcl ELIX	F	
fluphenazine hcl SOLN	F	
fluphenazine hcl TABS	F	
perphenazine TABS	F	QL(4 EA daily)
prochlorperazine	F	
prochlorperazine edisylate 10 MG/2ML	F	

Drug Name	Drug Tier	Requirements/ Limits
prochlorperazine maleate TABS	F	
thioridazine hcl	F	QL(3 EA daily)
trifluoperazine hcl TABS	F	QL(3 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	F	Limit 1 syringe per 56 days; 1 package(s) per 56 day(s) retail; AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	F	QL(0.04 EA daily); SP
ABILIFY MAINTENA SRER	F	QL(0.04 EA daily); SP
ABILIFY TABS *(Use aripiprazole)*	NF	QL(1 EA daily)
aripiprazole SOLN PO	F	QL(25 ML daily); AL(At least 6 yrs old)
aripiprazole TABS	F	QL(1 EA daily)
aripiprazole TBDP	F	QL(1 EA daily)
ARISTADA 882 MG/3.2ML	F	Limit 1 syringe per month; QL(0.114 ML daily); SP
ARISTADA 1064 MG/3.9ML	F	Limit 1 syringe per month; QL(0.139 ML daily); SP
ARISTADA 441 MG/1.6ML	F	Limit 1 syringe per month; QL(0.057 ML daily); SP
ARISTADA 662 MG/2.4ML	F	Limit 1 syringe per month; QL(0.086 ML daily); SP
ARISTADA INITIO	F	Limit 1 syringe per month; QL(0.086 ML daily); SP
Thioxanthenes		
thiothixene	F	QL(3 EA daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde SOLN 10 %	F	QL(90 ML per fill retail)
Chlorine Antiseptics		
chlorhexidine gluconate SOLN EX 4 %	F	
DAKINS (1/2 STRENGTH) SOLN EX *(Use sodium hypochlorite)*	NF	
DAKINS (1/4 STRENGTH) SOLN EX *(Use sodium hypochlorite)*	NF	
DAKINS (FULL STRENGTH) SOLN EX *(Use sodium hypochlorite)*	NF	
HIBICLENS SOLN EX *(Use chlorhexidine gluconate)*	NF	
sodium hypochlorite SOLN EX	F	
Iodine Antiseptics		
BETADINE SOLN *(Use povidone-iodine)*	NF	
povidone-iodine SOLN 10 %	F	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	F	QL(1 EA daily)
abacavir sulfate SOLN	F	QL(30 ML daily)
abacavir sulfate TABS	F	QL(2 EA daily)
APRETUDE	F	
APTIVUS CAPS	F	QL(4 EA daily)
atazanavir sulfate CAPS	F	QL(2 EA daily)
BIKTARVY	F	QL(1 EA daily)
CABENUVA	F	
CIMDUO	F	QL(1 EA daily)
COMBIVIR *(Use lamivudine-zidovudine)*	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
COMPLERA	F	QL(1 EA daily)
darunavir TABS 600 MG	F	QL(2 EA daily)
darunavir TABS 800 MG	F	QL(1 EA daily)
DELSTRIGO	F	QL(1 EA daily)
DESCOVY	F	QL(1 EA daily)
DOVATO	F	
EDURANT	F	QL(1 EA daily)
efavirenz CAPS 200 MG	F	QL(1 EA daily)
efavirenz CAPS 50 MG	F	QL(2 EA daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	F	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	F	QL(1 EA daily)
efavirenz TABS	F	QL(1 EA daily)
emtricitabine CAPS	F	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate	F	QL(1 EA daily)
EMTRIVA CAPS *(Use emtricitabine)*	NF	QL(1 EA daily)
EMTRIVA SOLN	F	QL(24 ML daily)
EPIVIR SOLN *(Use lamivudine)*	NF	QL(30 ML daily)
EPIVIR TABS 150 MG *(Use lamivudine)*	NF	QL(2 EA daily)
EPIVIR TABS 300 MG *(Use lamivudine)*	NF	QL(1 EA daily)
EPZICOM *(Use abacavir sulfate-lamivudine)*	NF	QL(1 EA daily)
etravirine 100 MG	F	QL(4 EA daily)
etravirine 200 MG	F	QL(2 EA daily)
EVOTAZ	F	QL(1 EA daily)
fosamprenavir calcium TABS	F	QL(4 EA daily)
FUZEON SOLR	F	SP
GENVOYA	F	QL(1 EA daily)
INTELENCE 25 MG	F	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
INTELENCE 100 MG *(Use etravirine)*	NF	QL(4 EA daily)
INTELENCE 200 MG *(Use etravirine)*	NF	QL(2 EA daily)
ISENTRESS HD TABS	F	QL(2 EA daily)
ISENTRESS CHEW 100 MG	F	QL(6 EA daily)
ISENTRESS CHEW 25 MG	F	QL(12 EA daily)
ISENTRESS PACK	F	QL(2 EA daily)
ISENTRESS TABS	F	QL(2 EA daily)
JULUCA	F	
KALETRA SOLN	F	Limit 1 package per claim; QL(160 ML per fill retail)
KALETRA TABS 25 MG-100 MG *(Use lopinavir-ritonavir)*	NF	QL(4 EA daily)
KALETRA TABS 50 MG-200 MG *(Use lopinavir-ritonavir)*	NF	QL(6 EA daily)
lamivudine SOLN	F	QL(30 ML daily)
lamivudine TABS 300 MG	F	QL(1 EA daily)
lamivudine TABS 150 MG	F	QL(2 EA daily)
lamivudine-zidovudine	F	QL(2 EA daily)
LEXIVA SUSP	F	QL(56 ML daily)
LEXIVA TABS *(Use fosamprenavir calcium)*	NF	QL(4 EA daily)
lopinavir-ritonavir SOLN	F	Limit 1 package per claim; QL(160 ML per fill retail)
lopinavir-ritonavir TABS 25 MG-100 MG	F	QL(4 EA daily)
lopinavir-ritonavir TABS 50 MG-200 MG	F	QL(6 EA daily)
maraviroc TABS 150 MG	F	QL(2 EA daily)
maraviroc TABS 300 MG	F	QL(4 EA daily)
nevirapine SUSP	F	QL(40 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
nevirapine TABS	F	QL(2 EA daily)
nevirapine TB24 400 MG	F	QL(1 EA daily)
nevirapine TB24 100 MG	F	QL(3 EA daily)
NORVIR CAPS	F	QL(12 EA daily)
NORVIR PACK	F	QL(12 EA daily)
NORVIR TABS *(Use ritonavir)*	NF	QL(12 EA daily)
ODEFSEY	F	QL(1 EA daily)
PIFELTRO	F	QL(1 EA daily)
PREZCOBIX	F	
PREZISTA SUSP	F	QL(12 ML daily)
PREZISTA TABS 800 MG *(Use darunavir)*	NF	QL(1 EA daily)
PREZISTA TABS 150 MG	F	QL(3 EA daily)
PREZISTA TABS 75 MG	F	QL(2 EA daily)
PREZISTA TABS 600 MG *(Use darunavir)*	NF	QL(2 EA daily)
RETROVIR CAPS *(Use zidovudine)*	NF	QL(6 EA daily)
RETROVIR SOLN	F	
RETROVIR SYRP *(Use zidovudine)*	NF	QL(60 ML daily)
REYATAZ CAPS 200 MG, 300 MG *(Use atazanavir sulfate)*	NF	QL(2 EA daily)
REYATAZ PACK	F	QL(6 EA daily)
ritonavir TABS	F	QL(12 EA daily)
RUKOBIA	F	
SELZENTRY SOLN	F	
SELZENTRY TABS 150 MG *(Use maraviroc)*	NF	QL(2 EA daily)
SELZENTRY TABS 25 MG, 75 MG	F	QL 2 per day; QL(2 EA daily); SL
SELZENTRY TABS 300 MG *(Use maraviroc)*	NF	QL(4 EA daily)
stavudine CAPS	F	QL(2 EA daily)
STRIBILD	F	QL(1 EA daily)
SYMFI *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
SYMFI LO *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
SYMTUZA	F	QL(1 EA daily)
tenofovir disoproxil fumarate TABS	F	QL(1 EA daily)
TIVICAY PD TBSO	F	
TIVICAY TABS	F	
TRIUMEQ PD TBSO	F	
TRIUMEQ TABS	F	QL(1 EA daily)
TRUVADA *(Use emtricitabine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
TYBOST	F	QL(1 EA daily)
VIRACEPT TABS 250 MG	F	QL(9 EA daily)
VIRACEPT TABS 625 MG	F	QL(4 EA daily)
VIREAD POWD	F	QL(8 GM daily)
VIREAD TABS *(Use tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	F	QL(1 EA daily)
ZIAGEN SOLN *(Use abacavir sulfate)*	NF	QL(30 ML daily)
ZIAGEN TABS *(Use abacavir sulfate)*	NF	QL(2 EA daily)
zidovudine CAPS	F	QL(6 EA daily)
zidovudine SYRP	F	QL(60 ML daily)
zidovudine TABS	F	QL(2 EA daily)
Antiviral Combinations		

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID (150/100)	F	Limit 1 treatment course per 90 days; QL(4 EA daily); 1 max fill(s) per 90 day(s) retail; AL(At least 12 yrs old)
PAXLOVID (300/100)	F	Limit 1 treatment course per 90 days; QL(6 EA daily); 1 max fill(s) per 90 day(s) retail; AL(At least 12 yrs old)
CMV Agents		
VALCYTE TABS *(Use valganciclovir hcl)*	NF	QL(2 EA daily)
valganciclovir hcl TABS	F	QL(2 EA daily)
Hepatitis Agents		
adefovir dipivoxil	F	
BARACLUDE TABS *(Use entecavir)*	NF	
entecavir TABS	F	
EPCLUSA TABS *(Use sofosbuvir-velpatasvir)*	NF	SP
MAVYRET PACK	F	QL(6 EA daily); SP; PA
MAVYRET TABS	F	QL(3 EA daily); SP; PA
SOFOSBUVIR-VELPATASVIR TABS	F	QL(1 EA daily); SP; PA
Herpes Agents		
acyclovir CAPS	F	Limit 50 per month; QL(1.67 EA daily)
acyclovir SUSP	F	Limit 400ml per month; QL(13.34 ML daily)
acyclovir TABS PO 400 MG	F	QL(3 EA daily)
acyclovir TABS PO 800 MG	F	Limit 50 per month; QL(1.67 EA daily)
famciclovir	F	
valacyclovir hcl 500 MG	F	QL(2 EA daily)
valacyclovir hcl 1 GM	F	QL(42 EA per 21 day(s) retail)
VALTREX 1 GM *(Use valacyclovir hcl)*	NF	QL(42 EA per 21 day(s) retail)
VALTREX 500 MG *(Use valacyclovir hcl)*	NF	QL(2 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS 30 MG	F	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
oseltamivir phosphate CAPS 45 MG, 75 MG	F	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
oseltamivir phosphate SUSR	F	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
RELENZA DISKHALER	F	Limit 1 package per month; QL(0.67 EA daily); AL(At least 6 yrs old)
TAMIFLU CAPS 45 MG, 75 MG *(Use oseltamivir phosphate)*	NF	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
TAMIFLU CAPS 30 MG *(Use oseltamivir phosphate)*	NF	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
TAMIFLU SUSR *(Use oseltamivir phosphate)*	NF	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail

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

Drug Name	Drug Tier	Requirements/ Limits
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG *(Use diltiazem hcl coated beads)*	NF	QL(1 EA daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(Use diltiazem hcl)*	NF	QL(3 EA daily)
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	F	QL(1 EA daily)
diltiazem hcl coated beads CP24 240 MG	F	QL(2 EA daily)
diltiazem hcl extended release beads	F	QL(1 EA daily)
diltiazem hcl CP12	F	QL(2 EA daily)
diltiazem hcl CP24	F	
diltiazem hcl TABS	F	QL(3 EA daily)
felodipine	F	QL(1 EA daily)
nicardipine hcl CAPS	F	
nifedipine CAPS	F	QL(4 EA daily)
nifedipine TB24 60 MG	F	QL(2 EA daily)
nifedipine TB24 30 MG, 90 MG	F	QL(1 EA daily)
NORVASC TABS *(Use amlodipine besylate)*	NF	QL(1 EA daily)
PROCARDIA XL TB24 30 MG, 90 MG *(Use nifedipine)*	NF	QL(1 EA daily)
PROCARDIA XL TB24 60 MG *(Use nifedipine)*	NF	QL(2 EA daily)
TIAZAC *(Use diltiazem hcl extended release beads)*	NF	QL(1 EA daily)
VERAPAMIL HCL ER CP24 *(Use verapamil hcl)*	NF	
verapamil hcl CP24 360 MG	F	QL(1 EA daily)
verapamil hcl CP24 120 MG, 180 MG, 240 MG	F	QL(2 EA daily)
verapamil hcl TABS	F	QL(3 EA daily)
verapamil hcl TBCR	F	QL(2 EA daily)
VERELAN PM CP24 *(Use verapamil hcl)*	NF	
VERELAN CP24 360 MG *(Use verapamil hcl)*	NF	QL(1 EA daily)
VERELAN CP24 120 MG, 180 MG, 240 MG *(Use verapamil hcl)*	NF	QL(2 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	F	
digoxin TABS 125 MCG, 250 MCG	F	
LANOXIN TABS 125 MCG, 250 MCG *(Use digoxin)*	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Prostaglandin Vasodilators		
TYVASO REFILL KIT SOLN IN	F	SP; PA
TYVASO STARTER KIT SOLN IN	F	SP; PA
TYVASO SOLN IN	F	SP; PA
VENTAVIS IN	F	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	F	QL(1 EA daily); SP; PA
bosentan TABS	F	SP; PA
LETAIRIS *(Use ambrisentan)*	NF	QL(1 EA daily); SP; PA
TRACLEER TABS *(Use bosentan)*	NF	SP; PA
TRACLEER TBSO	F	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
REVATIO SOLN *(Use sildenafil citrate (pulmonary hypertension))*	NF	SP; PA
REVATIO SUSR *(Use sildenafil citrate (pulmonary hypertension))*	NF	SP; PA
REVATIO TABS *(Use sildenafil citrate (pulmonary hypertension))*	NF	SP; PA
sildenafil citrate (pulmonary hypertension) SOLN	F	SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	F	SP; PA
sildenafil citrate (pulmonary hypertension) TABS	F	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	F	QL(1 EA daily); SP; PA
VYNDAQEL	F	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	F	
cefadroxil SUSR	F	
cefadroxil TABS	F	
cephalexin CAPS 250 MG, 500 MG	F	
cephalexin SUSR	F	
Cephalosporins - 2nd Generation		
cefaclor CAPS	F	
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	F	
cefprozil SUSR	F	Limit 1 package per claim; QL(100 ML per fill retail); AL(Up to 12 yrs old)
cefprozil TABS	F	QL(20 EA per fill retail)
cefuroxime axetil TABS	F	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
cefdinir CAPS	F	QL(20 EA per fill retail)
cefdinir SUSR	F	Limit 1 package per claim; QL(100 ML per fill retail)
cefixime CAPS	F	
ceftriaxone sodium IJ 250 MG	F	QL(3 EA per fill retail)
ceftriaxone sodium IJ 1 GM, 500 MG	F	
SUPRAX CAPS *(Use cefixime)*	NF	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA *(Use levonorgestrel-ethinyl estradiol-iron)*	NF	QL(1 EA daily)
BEYAZ *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NF	QL(1 EA daily)
desogestrel & ethinyl estradiol	F	QL(1 EA daily)
desogestrel-ethinyl estradiol (biphasic)	F	QL(1 EA daily)
desogestrel-ethinyl estradiol (triphasic)	F	QL(1 EA daily)
drospirenone-ethinyl estradiol	F	QL(1 EA daily)
drospirenone-ethinyl estradiol-levomefolate calcium	F	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ethynodiol diacet & eth estrad	F	QL(1 EA daily)
GENERESS FE *(Use norethindrone & ethinyl estradiol-fe)*	NF	
levonorgestrel & eth estradiol TABS	F	QL(1 EA daily)
levonorgestrel-eth estradiol (triphasic)	F	QL(1 EA daily)
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	F	QL(1 EA daily)
levonorgestrel-ethinyl estradiol (continuous)	F	QL(1 EA daily)
levonorgestrel-ethinyl estradiol-iron	F	QL(1 EA daily)
LO LOESTRIN FE TABS	F	QL(1 EA daily)
LOSEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NF	QL(1 EA daily)
MINASTRIN 24 FE CHEW *(Use norethin acet & estrad-fe)*	NF	QL(1 EA daily)
MIRCETTE *(Use desogestrel-ethinyl estradiol (biphasic))*	NF	QL(1 EA daily)
NATAZIA	F	QL(1 EA daily)
NEXTSTELLIS	F	QL(1 EA daily)
norethin acet & estrad-fe CAPS	F	QL(1 EA daily)
norethin acet & estrad-fe CHEW	F	QL(1 EA daily)
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	F	QL(1 EA daily)
norethindrone & eth estradiol	F	QL(1 EA daily)
norethindrone & ethinyl estradiol-fe	F	
norethindrone acet & eth estra TABS	F	QL(1 EA daily)
norethindrone acetate-ethinyl estradiol-fe	F	
norethindrone-eth estradiol (triphasic)	F	QL(1 EA daily)
norgestimate-ethinyl estradiol	F	QL(1 EA daily)
norgestimate-ethinyl estradiol (triphasic)	F	QL(1 EA daily)
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	F	QL(1 EA daily)
QUARTETTE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NF	QL(1 EA daily)
SAFYRAL *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NF	QL(1 EA daily)
SEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NF	QL(1 EA daily)
TAYTULLA CAPS *(Use norethin acet & estrad-fe)*	NF	QL(1 EA daily)
TYBLUME CHEW	F	QL(1 EA daily)
YASMIN 28 *(Use drospirenone-ethinyl estradiol)*	NF	QL(1 EA daily)
YAZ *(Use drospirenone-ethinyl estradiol)*	NF	QL(1 EA daily)
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	F	QL(0.11 EA daily)
TWIRLA	F	QL(1 EA daily)
Combination Contraceptives - Vaginal		
ANNOVERA	F	QL(1 EA daily)
etonogestrel-ethinyl estradiol	F	13 max fill(s) per 365 day(s) retail
NUVARING *(Use etonogestrel-ethinyl estradiol)*	NF	13 max fill(s) per 365 day(s) retail
Copper Contraceptives - IUD		

Drug Name	Drug Tier	Requirements/ Limits
PARAGARD INTRAUTERINE COPPER	F	SP
Emergency Contraceptives		
ELLA	F	QL(6 EA per 365 day(s) retail)
levonorgestrel (emergency oc) 1.5 MG	F	QL(6 EA per 365 day(s) retail)
PLAN B ONE-STEP *(Use levonorgestrel (emergency oc))*	NF	QL(6 EA per 365 day(s) retail)
Progestin Contraceptives - Implants		
NEXPLANON	F	QL(1 EA per 365 day(s) retail); SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM *(Use medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ML per fill retail)
DEPO-PROVERA SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ML per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	F	QL(1 ML per fill retail)
medroxyprogesterone acetate (contraceptive) SUSP IM	F	QL(1 ML per fill retail)
medroxyprogesterone acetate (contraceptive) SUSY IM	F	QL(1 ML per fill retail)
Progestin Contraceptives - IUD		
KYLEENA	F	QL(1 EA per 365 day(s) retail); SP
LILETTA (52 MG)	F	QL(1 EA per 365 day(s) retail); SP
MIRENA (52 MG)	F	QL(1 EA per 365 day(s) retail); SP
SKYLA	F	QL(1 EA per 365 day(s) retail); SP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	F	QL(1 EA daily)
SLYND	F	QL(1 EA daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS *(Use hydrocortisone)*	NF	
CORTISONE ACETATE TABS	F	
DEXAMETHASONE INTENSOL CONC	F	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	F	QL(5 ML daily)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	F	QL(5 ML daily)
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	F	QL(5 ML daily)
dexamethasone ELIX	F	
dexamethasone SOLN	F	
dexamethasone TABS	F	
hydrocortisone TABS	F	
MEDROL TBPK *(Use methylprednisolone)*	NF	
methylprednisolone TABS 4 MG, 8 MG	F	
methylprednisolone TBPK	F	
MILLIPRED TABS	F	
PEDIAPRED SOLN *(Use prednisolone sodium phosphate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
prednisolone sodium phosphate SOLN 20 MG/5ML	F	QL(150 ML per fill retail)
prednisolone sodium phosphate SOLN 15 MG/5ML	F	QL(240 ML per fill retail)
prednisolone sodium phosphate SOLN 5 MG/5ML	F	
prednisolone SOLN	F	
prednisolone TABS	F	
PREDNISONE INTENSOL CONC	F	
prednisone SOLN	F	
prednisone TABS	F	
prednisone TBPK	F	
Mineralocorticoids		
fludrocortisone acetate TABS	F	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 200 MG	F	QL(1 EA daily); AL(At least 10 yrs old)
benzonatate 100 MG	F	AL(At least 10 yrs old)
DELSYM COUGH CHILDRENS SUER *(Use dextromethorphan polistirex)*	NF	
DELSYM SUER *(Use dextromethorphan polistirex)*	NF	
dextromethorphan polistirex SUER	F	
HYCODAN SOLN *(Use hydrocodone bitartrate-homatropine methylbromide)*	NF	AL(At least 18 yrs old)
hydrocodone bitartrate-homatropine methylbromide SOLN	F	AL(At least 18 yrs old)
Cough/Cold/Allergy Combinations		
ADVIL COLD/SINUS TABS *(Use pseudoephedrine-ibuprofen)*	NF	
brompheniramine & phenyleph ELIX	F	QL(120 ML per fill retail)
brompheniramine & pseudoeph ELIX	F	QL(120 ML per fill retail)
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	F	QL(120 ML per fill retail)
cetirizine-pseudoephedrine	F	QL(2 EA daily)
CLARITIN-D 12 HOUR TB12 *(Use loratadine & pseudoephedrine)*	NF	QL(2 EA daily)
CLARITIN-D 24 HOUR TB24 *(Use loratadine & pseudoephedrine)*	NF	QL(1 EA daily)
dextromethorphan-doxylamine-acetaminophen LIQD	F	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	F	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	F	
dextromethorphan-guaifenesin TABS 400 MG-20 MG	F	
dextromethorphan-guaifenesin TB12 600 MG-30 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan-phenylephrine-acetaminophen CAPS	F	
ED BRON GP LIQD	F	
guaifenesin-codeine SOLN	F	QL(240 ML per fill retail)
guaifenesin-codeine SYRP	F	QL(240 ML per fill retail)
LOHIST-D LIQD	F	
loratadine & pseudoephedrine TB12	F	QL(2 EA daily)
loratadine & pseudoephedrine TB24	F	QL(1 EA daily)
MAXI-TUSS PE MAX LIQD	F	
MUCINEX D MAX STRENGTH TB12 *(Use pseudoephedrine-guaifenesin)*	NF	
MUCINEX DM TB12 *(Use dextromethorphan-guaifenesin)*	NF	
MUCINEX D TB12 *(Use pseudoephedrine-guaifenesin)*	NF	
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	F	
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	F	QL(240 ML per fill retail)
phenylephrine-dm SOLN	F	QL(240 ML per fill retail)
promethazine & phenylephrine SYRP	F	
promethazine w/codeine SOLN	F	QL(240 ML per fill retail); AL(At least 18 yrs old)
promethazine w/codeine SYRP	F	QL(240 ML per fill retail); AL(At least 18 yrs old)
promethazine-dm SYRP	F	
promethazine-phenylephrine-codeine	F	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	F	
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG	F	
pseudoephedrine-ibuprofen TABS	F	
QC TRIACTING DAYTIME CHILDRENS SYRP	F	
TRIAMINIC COLD/COUGH DAY TIME SYRP	F	
ZYRTEC-D ALLERGY & CONGESTION *(Use cetirizine-pseudoephedrine)*	NF	QL(2 EA daily)
ZYRTEC-D ALLERGY & SINUS *(Use cetirizine-pseudoephedrine)*	NF	QL(2 EA daily)
Expectorants		
GERI-TUSSIN SYRP	F	
guaifenesin LIQD	F	
guaifenesin TB12	F	
MUCINEX MAXIMUM STRENGTH TB12 *(Use guaifenesin)*	NF	
MUCINEX TB12 *(Use guaifenesin)*	NF	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	F	
Mucolytics		
acetylcysteine SOLN	F	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		

Drug Name	Drug Tier	Requirements/ Limits
ABSORICA 10 MG, 20 MG, 40 MG *(Use isotretinoin)*	NF	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA
BENZAC AC WASH LIQD 5 % *(Use benzoyl peroxide)*	NF	RX/OTC
benzoyl peroxide BAR	F	
benzoyl peroxide CREA 10 %	F	
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	F	
benzoyl peroxide LIQD 4 %, 5 %, 10 %	F	
benzoyl peroxide LOTN 5 %, 10 %	F	
CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))*	NF	QL(60 ML per fill retail)
CLINDAGEL GEL *(Use clindamycin phosphate (topical))*	NF	
clindamycin phosphate (topical) GEL	F	
clindamycin phosphate (topical) LOTN	F	QL(60 ML per fill retail)
clindamycin phosphate (topical) SOLN	F	
DIFFERIN CLEANSER LIQD *(Use benzoyl peroxide)*	NF	RX/OTC
ERYGEL GEL *(Use erythromycin (acne aid))*	NF	QL(60 GM per fill retail)
erythromycin (acne aid) GEL	F	QL(60 GM per fill retail)
erythromycin (acne aid) SOLN	F	
isotretinoin 10 MG, 20 MG, 40 MG	F	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA
KLARON *(Use sulfacetamide sodium (acne))*	NF	QL(120 ML per fill retail)
RETIN-A CREA *(Use tretinoin)*	NF	QL(20 GM per fill retail); AL(Up to 21 yrs old)
RETIN-A GEL 0.025 % *(Use tretinoin)*	NF	QL(20 GM per fill retail); AL(Up to 21 yrs old)
RETIN-A GEL 0.01 % *(Use tretinoin)*	NF	QL(15 GM per fill retail); AL(Up to 21 yrs old)
sulfacetamide sodium (acne)	F	QL(120 ML per fill retail)
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	F	QL(60 GM per fill retail)
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	F	QL(30 GM per fill retail)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	F	QL(20 GM per fill retail); AL(Up to 21 yrs old)
tretinoin GEL 0.01 %	F	QL(15 GM per fill retail); AL(Up to 21 yrs old)
tretinoin GEL 0.025 %	F	QL(20 GM per fill retail); AL(Up to 21 yrs old)
Antibiotics - Topical		
bacitracin (topical) OINT	F	QL(30 GM per fill retail)
bacitracin zinc OINT	F	QL(30 GM per fill retail)
bacitracin-polymyxin b OINT	F	
gentamicin sulfate (topical) CREA	F	QL(30 GM per fill retail)
gentamicin sulfate (topical) OINT	F	QL(30 GM per fill retail)
mupirocin OINT	F	QL(30 GM per fill retail)
neomycin-bacitracin-polymyxin OINT	F	QL(30 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
neomycin-polymyxin w/ pramoxine	F	QL(30 GM per fill retail)
NEOSPORIN ORIGINAL OINT *(Use neomycin-bacitracin-polymyxin)*	NF	QL(30 EA per fill retail)
NEOSPORIN PLUS PAIN RELIEF MS *(Use neomycin-polymyxin w/ pramoxine)*	NF	QL(30 GM per fill retail)
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM *(Use bacitracin-polymyxin b)*	NF	
Antifungals - Topical		
clotrimazole (topical) CREA	F	QL(30 GM per fill retail); RX/OTC
clotrimazole (topical) SOLN	F	QL(30 ML per fill retail); RX/OTC
clotrimazole w/ betamethasone CREA	F	QL(45 GM per fill retail)
clotrimazole w/ betamethasone LOTN	F	QL(30 ML per fill retail)
econazole nitrate CREA	F	QL(30 GM per fill retail)
ketoconazole (topical) CREA	F	Limit 1 package per claim; QL(60 GM per fill retail)
ketoconazole (topical) SHAM 2 %	F	QL(120 ML per fill retail)
LAMISIL AT ATHLETES FOOT CREA *(Use terbinafine hcl (topical))*	NF	QL(30 GM per fill retail)
LAMISIL AT JOCK ITCH CREA *(Use terbinafine hcl (topical))*	NF	QL(30 GM per fill retail)
LAMISIL AT CREA *(Use terbinafine hcl (topical))*	NF	QL(30 GM per fill retail)
LOTRIMIN AF JOCK ITCH CREA *(Use clotrimazole (topical))*	NF	QL(30 GM per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF CREA *(Use clotrimazole (topical))*	NF	QL(30 GM per fill retail); RX/OTC
MICATIN CREA *(Use miconazole nitrate (topical))*	NF	QL(45 GM per fill retail)
miconazole nitrate (topical) CREA	F	QL(45 GM per fill retail)
nystatin (topical) CREA	F	QL(30 GM per fill retail)
nystatin (topical) OINT	F	QL(30 GM per fill retail)
nystatin (topical) POWD EX	F	QL(60 GM per fill retail)
nystatin-triamcinolone CREA	F	QL(30 GM per fill retail)
nystatin-triamcinolone OINT	F	QL(30 GM per fill retail)
terbinafine hcl (topical) CREA	F	QL(30 GM per fill retail)
TINACTIN CREA *(Use tolnaftate)*	NF	QL(30 GM per fill retail)
tolnaftate CREA	F	QL(30 GM per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	F	
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) GEL EX	F	QL(6.68 GM daily); RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX *(Use diclofenac sodium (topical))*	NF	QL(6.68 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
CARAC CREA	F	
EFUDEX CREA *(Use fluorouracil (topical))*	NF	QL(40 GM per fill retail)
fluorouracil (topical) CREA 5 %	F	QL(40 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
fluorouracil (topical) CREA 0.5 %	F	
fluorouracil (topical) SOLN	F	QL(10 ML per fill retail)
VALCHLOR	F	SP; PA
Antipruritics - Topical		
camphor & menthol LOTN	F	QL(222 ML per fill retail)
SARNA LOTN *(Use camphor & menthol)*	NF	QL(222 ML per fill retail)
Antipsoriatics		
calcipotriene CREA	F	QL(60 GM per fill retail)
calcipotriene SOLN	F	QL(60 ML per fill retail)
DOVONEX CREA *(Use calcipotriene)*	NF	QL(60 GM per fill retail)
SILIQ	F	SP; PA
TALTZ SOAJ	F	SP; PA
TALTZ SOSY	F	SP; PA
tazarotene CREA	F	QL(60 GM per fill retail); AL(Up to 21 yrs old); PA
tazarotene GEL	F	QL(60 GM per fill retail); AL(Up to 21 yrs old); PA
TAZORAC CREA *(Use tazarotene)*	NF	QL(60 GM per fill retail); AL(Up to 21 yrs old); PA
TAZORAC GEL *(Use tazarotene)*	NF	QL(60 GM per fill retail); AL(Up to 21 yrs old); PA
Antiseborrheic Products		
OVACE PLUS WASH LIQD *(Use sulfacetamide sodium)*	NF	QL(360 ML per fill retail)
OVACE WASH LIQD *(Use sulfacetamide sodium)*	NF	QL(360 ML per fill retail)
selenium sulfide LOTN 2.5 %	F	QL(120 ML per fill retail)
selenium sulfide LOTN 1 %	F	QL(240 ML per fill retail)
selenium sulfide SHAM 1 %	F	QL(240 ML per fill retail)
SELSUN BLUE CARE MENS MAX STR LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail)
SELSUN BLUE DAILY LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail)
SELSUN BLUE MEDICATED LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail)
SELSUN BLUE MOISTURIZING LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail)
SELSUN BLUE LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail)
sulfacetamide sodium LIQD	F	QL(360 ML per fill retail)
Antivirals - Topical		
acyclovir topical CREA	F	QL(5 GM per fill retail)
acyclovir topical OINT	F	Limit 1 package per month; QL(1 GM daily)
ZOVIRAX CREA *(Use acyclovir topical)*	NF	QL(5 GM per fill retail)
ZOVIRAX OINT *(Use acyclovir topical)*	NF	Limit 1 package per month; QL(1 GM daily)
Burn Products		
SILVADENE *(Use silver sulfadiazine)*	NF	QL(50 GM per fill retail)
silver sulfadiazine	F	QL(50 GM per fill retail)
Corticosteroids - Topical		
APEXICON E CREA	F	QL(60 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate (topical) CREA	F	1 package(s) per fill retail
betamethasone dipropionate augmented CREA	F	QL(50 GM per fill retail)
betamethasone valerate CREA	F	QL(45 GM per fill retail)
betamethasone valerate LOTN	F	QL(60 ML per fill retail)
betamethasone valerate OINT	F	QL(45 GM per fill retail)
clobetasol propionate emollient base 0.05 %	F	QL(60 GM per fill retail)
clobetasol propionate CREA 0.05 %	F	QL(45 GM per fill retail)
clobetasol propionate GEL 0.05 %	F	QL(60 GM per fill retail)
clobetasol propionate OINT 0.05 %	F	QL(60 GM per fill retail)
clobetasol propionate SOLN 0.05 %	F	QL(25 ML per fill retail)
desonide CREA	F	QL(2 GM daily); 1 package(s) per fill retail
desonide OINT	F	QL(2 GM daily); 1 package(s) per fill retail
DESOWEN CREA *(Use desonide)*	NF	QL(2 GM daily); 1 package(s) per fill retail
desoximetasone CREA 0.05 %	F	QL(60 GM per fill retail)
desoximetasone CREA 0.25 %	F	QL(2 GM daily)
desoximetasone GEL	F	QL(2 GM daily)
desoximetasone OINT 0.25 %	F	QL(2 GM daily)
diflorasone diacetate CREA	F	QL(60 GM per fill retail)
diflorasone diacetate OINT	F	QL(60 GM per fill retail)
EPIFOAM FOAM	F	
fluocinonide emulsified base	F	QL(60 GM per fill retail)
fluocinonide CREA 0.05 %	F	QL(60 GM per fill retail)
fluocinonide GEL	F	QL(60 GM per fill retail)
fluocinonide OINT	F	QL(60 GM per fill retail)
fluocinonide SOLN	F	QL(60 ML per fill retail)
fluticasone propionate CREA 0.05 %	F	Limit 1 package per month; QL(2 GM daily)
fluticasone propionate OINT	F	QL(60 GM per fill retail)
hydrocortisone (topical) CREA 1 %	F	QL(60 GM per fill retail); RX/OTC
hydrocortisone (topical) CREA 0.5 %, 2.5 %	F	QL(30 GM per fill retail)
hydrocortisone (topical) LOTN 1 %, 2.5 %	F	QL(60 GM per fill retail)
hydrocortisone (topical) OINT 2.5 %	F	Limit 1 package per month; QL(1 GM daily)
hydrocortisone (topical) OINT 1 %	F	Limit 1 package per month; QL(2 GM daily); RX/OTC
hydrocortisone (topical) OINT 0.5 %	F	
hydrocortisone butyrate SOLN	F	QL(60 ML per fill retail)
mometasone furoate CREA	F	QL(45 GM per fill retail)
mometasone furoate OINT	F	QL(45 GM per fill retail)
mometasone furoate SOLN	F	QL(60 ML per fill retail)
TOPICORT CREA 0.05 % *(Use desoximetasone)*	NF	QL(60 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TOPICORT CREA 0.25 % *(Use desoximetasone)*	NF	QL(2 GM daily)
TOPICORT GEL *(Use desoximetasone)*	NF	QL(2 GM daily)
TOPICORT OINT 0.25 % *(Use desoximetasone)*	NF	QL(2 GM daily)
triamcinolone acetonide (topical) CREA 0.025 %	F	QL(454 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.5 %	F	QL(15 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.1 %	F	QL(30 GM per fill retail)
triamcinolone acetonide (topical) LOTN	F	QL(60 ML per fill retail)
triamcinolone acetonide (topical) OINT 0.5 %	F	QL(15 GM per fill retail)
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	F	QL(80 GM per fill retail)
TRIDESILON CREA 0.05 % *(Use desonide)*	NF	QL(2 GM daily); 1 package(s) per fill retail
Diaper Rash Products		
diaper rash products OINT	F	
Emollient/Keratolytic Agents		
urea CREA 40 %	F	QL(210 GM per fill retail); RX/OTC
urea LOTN 40 %	F	QL(240 GM per fill retail)
Emollients		
emollient OINT	F	
lactic acid (ammonium lactate) CREA	F	QL(140 GM per fill retail); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	F	Limit 1 package per month; QL(13.34 GM daily); RX/OTC
Immunomodulating Agents - Topical		
imiquimod 5 %	F	QL(48 EA per 180 day(s) retail)
ZYCLARA *(Use imiquimod)*	NF	
ZYCLARA PUMP *(Use imiquimod)*	NF	
Immunosuppressive Agents - Topical		
ELIDEL *(Use pimecrolimus)*	NF	Limit 1 package per month; QL(1 GM daily); PA
pimecrolimus	F	Limit 1 package per month; QL(1 GM daily); PA
PROTOPIC OINT *(Use tacrolimus (topical))*	NF	Limit 1 package per month; QL(1 GM daily); PA
tacrolimus (topical) OINT	F	Limit 1 package per month; QL(1 GM daily); PA
Keratolytic/Antimitotic/Vesicant Agents		
KERALYT GEL *(Use salicylic acid)*	NF	QL(40 GM per fill retail)
podofilox SOLN	F	QL(4 ML per fill retail)
salicylic acid GEL 6 %	F	QL(40 GM per fill retail)
Local Anesthetics - Topical		
capsaicin CREA 0.1 %	F	QL(42.5 GM per fill retail)
capsaicin CREA 0.025 %	F	
capsaicin CREA 0.075 %	F	QL(60 GM per fill retail)
CAPZASIN-HP CREA *(Use capsaicin)*	NF	QL(42.5 GM per fill retail)
dibucaine	F	QL(30 GM per fill retail)
lidocaine hcl CREA 4 %	F	QL(65 GM per fill retail)
lidocaine hcl CREA 3 %	F	QL(30 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
lidocaine hcl GEL 2 %	F	QL(30 ML per fill retail)
lidocaine hcl PRSY	F	QL(30 ML per fill retail)
lidocaine CREA 4 %	F	QL(30 GM per fill retail)
lidocaine-prilocaine CREA	F	QL(30 GM per fill retail)
LMX 4 CREA *(Use lidocaine)*	NF	QL(30 GM per fill retail)
Misc. Topical		
dimethicone (topical) CREA 1 %	F	
zinc oxide (topical) OINT 20 %	F	QL(60 GM per fill retail)
Protectives Against UV Radiation		
SHADE SUNBLOCK SPF45 LOTN *(Use sunscreens)*	NF	
SHADE UVAGUARD SPF15 LOTN *(Use sunscreens)*	NF	
sunscreens LOTN	F	
WATER BABIES SPF30 LOTN *(Use sunscreens)*	NF	
WATER BABIES SPF50 LOTN *(Use sunscreens)*	NF	
Rosacea Agents		
METROCREAM CREA *(Use metronidazole (topical))*	NF	QL(45 GM per fill retail)
METROLOTION LOTN *(Use metronidazole (topical))*	NF	
metronidazole (topical) CREA	F	QL(45 GM per fill retail)
metronidazole (topical) GEL 0.75 %	F	QL(45 GM per fill retail)
metronidazole (topical) LOTN	F	
Scabicides & Pediculicides		
crotamiton LOTN	F	QL(60 GM per fill retail)
ELIMITE CREA *(Use permethrin)*	NF	QL(60 GM per fill retail)
malathion	F	QL(59 ML per fill retail)
NATROBA *(Use spinosad)*	NF	QL(120 ML per fill retail); AL(At least 1 yrs old)
NIX CREME RINSE LIQD EX *(Use permethrin)*	NF	
OVIDE *(Use malathion)*	NF	QL(59 ML per fill retail)
permethrin CREA	F	QL(60 GM per fill retail)
permethrin LIQD EX	F	
pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %	F	QL(60 ML per fill retail)
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	F	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	F	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	F	QL(60 ML per fill retail)
spinosad	F	QL(120 ML per fill retail); AL(At least 1 yrs old)
Tar Products		
coal tar extract SHAM 0.5 %	F	
DHS TAR GEL SHAM *(Use coal tar extract)*	NF	
DHS TAR SHAM *(Use coal tar extract)*	NF	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
BINAXNOW COVID-19 AG HOME TEST KIT	F	QL(2 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
CHEMSTRIP K STRP	F	
CLINITEST RAPID COVID-19 TEST KIT	F	QL(2 EA per 30 day(s) retail)
COVID-19 AT-HOME TEST KIT	F	QL(2 EA per 30 day(s) retail)
COVID-19 OTC ANTIGEN 1-PACK KIT	F	QL(2 EA per 30 day(s) retail)
COVID-19 OTC ANTIGEN 2-PACK KIT	F	QL(2 EA per 30 day(s) retail)
ELLUME COVID-19 HOME TEST KIT	F	QL(2 EA per 30 day(s) retail)
FLOWFLEX COVID-19 AG HOME TEST KIT	F	QL(2 EA per 30 day(s) retail)
FORA GTEL BLOOD KETONE TEST	F	QL(1 EA daily)
FORA TEST N'GO ADV-VOICE-6 CON	F	QL(1 EA daily)
GOJJI BLOOD KETONE TEST	F	QL(1 EA daily)
IHEALTH COVID-19 RAPID TEST KIT	F	QL(2 EA per 30 day(s) retail)
INTELISWAB COVID-19 RAPID TEST KIT	F	QL(2 EA per 30 day(s) retail)
KETONE TEST STRP	F	
KETOSTIX STRP	F	
NOVA MAX PLUS KETONE TEST	F	QL(1 EA daily)
ON/GO COVID-19 ANTIGEN TEST KIT	F	QL(2 EA per 30 day(s) retail)
ONETOUCH ULTRA BLUE TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ONETOUCH ULTRA TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ONETOUCH ULTRA STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ONETOUCH VERIO STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
PRECISION XTRA KETONE	F	QL(1 EA daily)
QUICKVUE AT-HOME COVID-19 TEST KIT	F	QL(2 EA per 30 day(s) retail)
RELION KETONE TEST STRP	F	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
ELFOLATE TABS	F	
l-methylfolate TABS 7.5 MG, 15 MG	F	
L-METHYLFOLATE TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	F	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	F	
acetazolamide TABS	F	
methazolamide TABS	F	
Diuretic Combinations		
ALDACTAZIDE *(Use spironolactone & hydrochlorothiazide)*	NF	
amiloride & hydrochlorothiazide	F	QL(1 EA daily)
MAXZIDE-25 TABS *(Use triamterene & hydrochlorothiazide)*	NF	QL(1 EA daily)
MAXZIDE TABS *(Use triamterene & hydrochlorothiazide)*	NF	QL(1 EA daily)
spironolactone & hydrochlorothiazide	F	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	F	QL(1 EA daily)
triamterene & hydrochlorothiazide TABS	F	QL(1 EA daily)
Loop Diuretics		
bumetanide TABS	F	
BUMEX TABS 0.5 MG *(Use bumetanide)*	NF	
furosemide SOLN PO 8 MG/ML, 10 MG/ML	F	
furosemide TABS	F	
LASIX TABS *(Use furosemide)*	NF	
torsemide TABS	F	QL(1 EA daily)
Potassium Sparing Diuretics		
ALDACTONE TABS *(Use spironolactone)*	NF	
amiloride hcl TABS	F	QL(4 EA daily)
spironolactone TABS	F	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	F	
hydrochlorothiazide CAPS	F	
hydrochlorothiazide TABS	F	
indapamide TABS 1.25 MG, 2.5 MG	F	
metolazone	F	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG *(Use risedronate sodium)*	NF	Limit 4 per month; QL(0.134 EA daily); PA
alendronate sodium SOLN	F	
alendronate sodium TABS 5 MG, 10 MG	F	QL(1 EA daily)
alendronate sodium TABS 35 MG, 70 MG	F	Limit 4 per month; QL(0.15 EA daily)
ATELVIA TBEC *(Use risedronate sodium)*	NF	QL(0.15 EA daily); PA
calcitonin (salmon) NA	F	QL(0.143 ML daily)
calcitonin (salmon) IJ	F	Limit 1 package per month; QL(0.067 ML daily; 2 ML per fill retail)
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	NF	Limit 4 per month; QL(0.15 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
MIACALCIN IJ *(Use calcitonin (salmon))*	NF	Limit 1 package per month; QL(0.067 ML daily; 2 ML per fill retail)
risedronate sodium TABS 5 MG, 30 MG	F	QL(1 EA daily); PA
risedronate sodium TABS 35 MG	F	Limit 4 per month; QL(0.134 EA daily); PA
risedronate sodium TBEC	F	QL(0.15 EA daily); PA
TYMLOS	F	SP; PA
Growth Hormones		
OMNITROPE SOLR SC	F	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	F	SP; PA
ZOMACTON SOLR SC	F	SP; PA
ZORBTIVE SC	F	SP; PA
Hormone Receptor Modulators		
EVISTA *(Use raloxifene hcl)*	NF	QL(1 EA daily)
raloxifene hcl	F	QL(1 EA daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	F	SP; PA
SYNAREL	F	SP; PA
Metabolic Modifiers		
calcitriol CAPS	F	
CARNITOR SF SOLN PO *(Use levocarnitine (metabolic modifiers))*	NF	QL(30 ML daily)
CARNITOR SOLN PO 1 GM/10ML *(Use levocarnitine (metabolic modifiers))*	NF	QL(30 ML daily)
CARNITOR TABS *(Use levocarnitine (metabolic modifiers))*	NF	QL(3 EA daily)
GALAFOLD	F	QL(0.5 EA daily); SP; PA
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	F	QL(30 ML daily)
levocarnitine (metabolic modifiers) TABS	F	QL(3 EA daily)
ROCALTROL CAPS *(Use calcitriol)*	NF	
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ *(Use desmopressin acetate)*	NF	SP; PA
DDAVP SOLN IJ 4 MCG/ML *(Use desmopressin acetate)*	NF	SP; PA
DDAVP TABS *(Use desmopressin acetate)*	NF	QL(3 EA daily)
desmopressin acetate spray	F	QL(5 ML per fill retail); PA
desmopressin acetate spray refrigerated 0.01 %	F	QL(5 ML per fill retail)
desmopressin acetate SOLN IJ	F	SP; PA
desmopressin acetate TABS	F	QL(3 EA daily)
Somatostatic Agents		
octreotide acetate KIT	F	SP; PA
SANDOSTATIN LAR DEPOT KIT *(Use octreotide acetate)*	NF	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	F	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(Use estradiol & norethindrone acetate)*	NF	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
COMBIPATCH PTTW	F	Limit 8 patches per month; QL(0.29 EA daily)
estradiol & norethindrone acetate TABS	F	QL(1 EA daily)
norethindrone acetate-ethinyl estradiol	F	
PREMPHASE	F	QL(1 EA daily)
PREMPRO	F	QL(1 EA daily)
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	F	Limit 8 patches per month; QL(0.29 EA daily)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(Use estradiol)*	NF	Limit 4 patches per month; QL(0.143 EA daily)
ESTRACE TABS *(Use estradiol)*	NF	
estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	F	Limit 8 patches per month; QL(0.29 EA daily)
estradiol PTTW 0.0375 MG/24HR	F	QL(0.29 EA daily)
estradiol PTWK	F	Limit 4 patches per month; QL(0.143 EA daily)
estradiol TABS	F	
MINIVELLE PTTW 0.0375 MG/24HR *(Use estradiol)*	NF	QL(0.29 EA daily)
MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(Use estradiol)*	NF	Limit 8 patches per month; QL(0.29 EA daily)
PREMARIN TABS	F	QL(1 EA daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR *(Use estradiol)*	NF	QL(0.29 EA daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(Use estradiol)*	NF	Limit 8 patches per month; QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	F	
ciprofloxacin hcl TABS 100 MG	F	QL(6 EA per fill retail)
CIPRO TABS 250 MG, 500 MG *(Use ciprofloxacin hcl)*	NF	
levofloxacin TABS	F	QL(1 EA daily; 14 EA per fill retail)
ofloxacin 300 MG, 400 MG	F	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP *(Use simethicone)*	NF	QL(30 ML per fill retail)
simethicone CHEW 80 MG	F	
simethicone SUSP	F	QL(30 ML per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	F	SP; PA
Gallstone Solubilizing Agents		
URSO 250 TABS *(Use ursodiol)*	NF	QL(7 EA daily)
ursodiol CAPS	F	QL(3 EA daily)
ursodiol TABS 250 MG	F	QL(7 EA daily)
Gastrointestinal Stimulants		

Drug Name	Drug Tier	Requirements/ Limits
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	F	
metoclopramide hcl TABS	F	
REGLAN TABS *(Use metoclopramide hcl)*	NF	
Inflammatory Bowel Agents		
APRISO CP24 *(Use mesalamine)*	NF	
ASACOL HD TBEC *(Use mesalamine)*	NF	QL(3 EA daily)
AVSOLA	F	SP; PA
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	NF	
AZULFIDINE TABS *(Use sulfasalazine)*	NF	
balsalazide disodium CAPS	F	QL(9 EA daily)
COLAZAL CAPS *(Use balsalazide disodium)*	NF	QL(9 EA daily)
DELZICOL CPDR *(Use mesalamine)*	NF	
LIALDA TBEC *(Use mesalamine)*	NF	
mesalamine CP24	F	
mesalamine CPDR	F	
mesalamine ENEM	F	QL(60 ML daily)
mesalamine TBEC 1.2 GM	F	
mesalamine TBEC 800 MG	F	QL(3 EA daily)
sulfasalazine TABS	F	
sulfasalazine TBEC	F	
Intestinal Acidifiers		
lactulose (encephalopathy)	F	
Phosphate Binder Agents		
calcium acetate (phosphate binder) CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) TBCR	F	
potassium citrate-citric acid PACK	F	
sodium citrate & citric acid	F	QL(16.67 ML daily); RX/OTC
UROCIT-K 10 TBCR *(Use potassium citrate (alkalinizer))*	NF	
UROCIT-K 5 TBCR *(Use potassium citrate (alkalinizer))*	NF	
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	F	
Prostatic Hypertrophy Agents		
finasteride	F	QL(1 EA daily)
PROSCAR *(Use finasteride)*	NF	QL(1 EA daily)
tamsulosin hcl	F	QL(2 EA daily)
Urinary Analgesics		
AZO URINARY PAIN RELIEF TABS *(Use phenazopyridine hcl)*	NF	
phenazopyridine hcl TABS 95 MG, 100 MG, 200 MG	F	
PYRIDIUM TABS *(Use phenazopyridine hcl)*	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	F	
Gout Agents		

Drug Name	Drug Tier	Requirements/ Limits
allopurinol 100 MG, 300 MG	F	
colchicine TABS	F	Limit 6 per claim; QL(6 EA per fill retail)
COLCRYS TABS *(Use colchicine)*	NF	Limit 6 per claim; QL(6 EA per fill retail)
ZYLOPRIM *(Use allopurinol)*	NF	
Uricosurics		
probenecid	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	F	SP
ADYNOVATE	F	SP
AFSTYLA 1500 UNIT, 2500 UNIT	F	SP
ALPHANATE SOLR	F	SP
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	F	SP
ALPROLIX	F	SP
BENEFIX KIT	F	SP
CORIFACT	F	SP
ELOCTATE	F	SP
FEIBA	F	SP
FIBRYGA	F	SP
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	F	SP
HUMATE-P SOLR	F	SP
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	F	SP
IXINITY SOLR	F	SP
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	F	SP
KOATE SOLR	F	SP
KOGENATE FS KIT	F	SP
KOVALTRY	F	SP
NOVOEIGHT	F	SP
NOVOSEVEN RT	F	SP
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	F	SP
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	F	SP
OBIZUR	F	SP
PROFILNINE	F	SP
RECOMBINATE SOLR	F	SP
RIASTAP	F	SP
RIXUBIS SOLR	F	SP
TRETTEN	F	SP
WILATE KIT	F	SP
XYNTHA	F	SP
XYNTHA SOLOFUSE	F	SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(Use icatibant acetate)*	NF	SP; PA
icatibant acetate SOSY	F	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	F	SP; PA
Hematorheologic Agents		
pentoxifylline	F	
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(Use anagrelide hcl)*	NF	
anagrelide hcl	F	
BRILINTA	F	QL(2 EA daily)
cilostazol	F	QL(2 EA daily)
clopidogrel bisulfate 75 MG	F	QL(1 EA daily)
dipyridamole	F	

Drug Name	Drug Tier	Requirements/ Limits
EFFIENT *(Use prasugrel hcl)*	NF	QL(1 EA daily)
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	NF	QL(1 EA daily)
prasugrel hcl	F	QL(1 EA daily)
ticagrelor 90 MG	F	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	F	SP; PA
CEREZYME 400 UNIT	F	SP; PA
miglustat	F	SP; PA
VPRIV	F	SP; PA
ZAVESCA *(Use miglustat)*	NF	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	F	
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	F	
Folic Acid/Folates		
folic acid TABS 1 MG	F	RX/OTC
folic acid TABS 400 MCG, 800 MCG	F	QL(1 EA daily)
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN	F	SP; PA
ARANESP (ALBUMIN FREE) SOSY	F	SP; PA
MIRCERA	F	SP; PA
RETACRIT	F	SP; PA
ZARXIO	F	SP; PA
Hematopoietic Mixtures		
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	F	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
HEMATINIC PLUS VIT/MINERALS TABS	F	QL(1 EA daily)
Iron		
FER-IN-SOL SOLN *(Use ferrous sulfate)*	NF	100 / 30 days ; QL(3.4 ML daily)
FERRETTS TABS	F	QL(2 EA daily)
ferrous fumarate TABS	F	
ferrous gluconate TABS	F	
FERROUS GLUCONATE TABS 324 MG	F	AL(Up to 50 yrs old)
ferrous sulfate dried TBCR	F	
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	F	QL(16 ML daily)
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	F	100 / 30 days ; QL(3.4 ML daily)
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	F	
ferrous sulfate TBEC	F	
FERROUS SULFATE TBEC *(Use ferrous sulfate)*	NF	
IRON CHEWS PEDIATRIC CHEW	F	
polysaccharide iron complex CAPS	F	QL(1 EA daily)
Stem Cell Mobilizers		
MOZOBIL *(Use plerixafor)*	NF	SP; PA
plerixafor	F	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG *(Use aminocaproic acid)*	NF	SP
AMICAR TABS 500 MG *(Use aminocaproic acid)*	NF	QL(24 EA per fill retail); SP

Drug Name	Drug Tier	Requirements/ Limits
aminocaproic acid TABS 500 MG	F	QL(24 EA per fill retail); SP
tranexamic acid TABS	F	QL(30 EA per 5 day(s) retail); AL(At least 12 yrs old - Up to 49 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) CAPS	F	
diphenhydramine hcl (sleep) LIQD	F	
diphenhydramine hcl (sleep) TABS 25 MG	F	QL(1 EA daily)
diphenhydramine hcl (sleep) TABS 50 MG	F	
doxylamine succinate (sleep)	F	
UNISOM SLEEPGELS CAPS *(Use diphenhydramine hcl (sleep))*	NF	
UNISOM SLEEPTABS *(Use doxylamine succinate (sleep))*	NF	
ZZZQUIL CAPS *(Use diphenhydramine hcl (sleep))*	NF	
ZZZQUIL LIQD *(Use diphenhydramine hcl (sleep))*	NF	
Barbiturate Hypnotics		
AMYTAL SODIUM	F	
phenobarbital sodium SOLN	F	
phenobarbital ELIX	F	
phenobarbital TABS	F	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	F	Try 2 preferred hypnotics first; ST
SILENOR *(Use doxepin hcl (sleep))*	NF	Try 2 preferred hypnotics first; ST
Non-Barbiturate Hypnotics		
AMBIEN TABS *(Use zolpidem tartrate)*	NF	QL(1 EA daily)
estazolam	F	
eszopiclone	F	Try 2 preferred hypnotics first; ST
flurazepam hcl	F	QL(1 EA daily)
HALCION 0.25 MG *(Use triazolam)*	NF	QL(1 EA daily)
LUNESTA *(Use eszopiclone)*	NF	Try 2 preferred hypnotics first; ST
midazolam hcl SOLN IJ	F	
midazolam hcl SYRP	F	
RESTORIL 15 MG *(Use temazepam)*	NF	QL(1 EA daily); AL(At least 18 yrs old)
RESTORIL 7.5 MG, 22.5 MG *(Use temazepam)*	NF	Try 2 preferred hypnotics first; ST
RESTORIL 30 MG *(Use temazepam)*	NF	QL(2 EA daily); AL(At least 18 yrs old)
temazepam 7.5 MG, 22.5 MG	F	Try 2 preferred hypnotics first; ST
temazepam 30 MG	F	QL(2 EA daily); AL(At least 18 yrs old)
temazepam 15 MG	F	QL(1 EA daily); AL(At least 18 yrs old)
triazolam	F	QL(1 EA daily)
zaleplon	F	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TABS	F	QL(1 EA daily)
LAXATIVES - Bowel Treatment Drugs		

Drug Name	Drug Tier	Requirements/ Limits
Bulk Laxatives		
calcium polycarbophil TABS	F	QL(10 EA daily)
EVAC POWD *(Use psyllium)*	NF	
KONSYL DAILY FIBER PACK 100 %	F	
KONSYL ORIGINAL DAILY FIBER PACK	F	
METAMUCIL FREE & NATURAL POWD *(Use psyllium)*	NF	
METAMUCIL POWD *(Use psyllium)*	NF	
NATURAL FIBER LAXATIVE POWD	F	
psyllium CAPS 0.52 GM	F	
psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %	F	
Laxative Combinations		
GOLYTELY SOLR *(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NF	QL(4000 ML per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	F	QL(4000 ML per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride	F	QL(4000 ML per fill retail)
sennosides-docusate sodium TABS	F	QL(4 EA daily)
SENOKOT S TABS *(Use sennosides-docusate sodium)*	NF	QL(4 EA daily)
sodium sulfate-potassium sulfate-magnesium sulfate	F	
SUPREP BOWEL PREP KIT *(Use sodium sulfate-potassium sulfate-magnesium sulfate)*	NF	
Laxatives - Miscellaneous		
GLYCERIN (ADULT) SUPP *(Use glycerin (laxative))*	NF	
glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM	F	
lactulose SOLN	F	
MIRALAX MIX-IN PAX PACK *(Use polyethylene glycol 3350)*	NF	
MIRALAX PACK *(Use polyethylene glycol 3350)*	NF	
MIRALAX POWD *(Use polyethylene glycol 3350)*	NF	QL(34 GM daily)
PEDIA-LAX SUPP	F	
polyethylene glycol 3350 PACK	F	
polyethylene glycol 3350 POWD	F	QL(34 GM daily)
SORBITOL PO 70 %	F	
Saline Laxatives		
FLEET ENEMA ENEM *(Use sodium phosphates)*	NF	
FLEET PEDIATRIC ENEM *(Use sodium phosphates)*	NF	
FLEET SALINE ENEMA ENEM *(Use sodium phosphates)*	NF	
magnesium citrate 1.745 GM/30ML	F	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	F	QL(33 ML daily)
MILK OF MAGNESIA CONCENTRATE SUSP	F	
sodium phosphates ENEM	F	
Stimulant Laxatives		
bisacodyl SUPP	F	QL(12 EA per fill retail)
bisacodyl TBEC	F	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
DULCOLAX PINK LAXATIVE TBEC *(Use bisacodyl)*	NF	QL(1 EA daily)
DULCOLAX SUPP *(Use bisacodyl)*	NF	QL(12 EA per fill retail)
DULCOLAX TBEC *(Use bisacodyl)*	NF	QL(1 EA daily)
SENNA SYRP	F	
sennosides LIQD	F	
sennosides SYRP 8.8 MG/5ML	F	
sennosides TABS 8.6 MG, 15 MG, 17.2 MG	F	
SENOKOT TABS *(Use sennosides)*	NF	
Surfactant Laxatives		
COLACE CAPS 100 MG *(Use docusate sodium)*	NF	QL(3 EA daily)
docusate calcium	F	
docusate sodium CAPS 100 MG, 250 MG	F	QL(3 EA daily)
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	F	
DOCUSATE SODIUM SYRP	F	
docusate sodium TABS	F	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	F	
azithromycin SUSR 200 MG/5ML	F	Limit 1 package per claim; QL(30 ML per fill retail)
azithromycin SUSR 100 MG/5ML	F	Limit 1 package per claim; QL(15 ML per fill retail)
azithromycin TABS 250 MG	F	QL(6 EA per fill retail)
azithromycin TABS 500 MG	F	QL(4 EA daily)
azithromycin TABS 600 MG	F	Limit 8 per 28 days; QL(0.286 EA daily)
ZITHROMAX TRI-PAK TABS *(Use azithromycin)*	NF	QL(4 EA daily)
ZITHROMAX Z-PAK TABS *(Use azithromycin)*	NF	QL(6 EA per fill retail)
ZITHROMAX PACK	F	
ZITHROMAX SUSR 100 MG/5ML *(Use azithromycin)*	NF	Limit 1 package per claim; QL(15 ML per fill retail)
ZITHROMAX SUSR 200 MG/5ML *(Use azithromycin)*	NF	Limit 1 package per claim; QL(30 ML per fill retail)
ZITHROMAX TABS 500 MG *(Use azithromycin)*	NF	QL(4 EA daily)
ZITHROMAX TABS 250 MG *(Use azithromycin)*	NF	QL(6 EA per fill retail)
Clarithromycin		
clarithromycin SUSR 125 MG/5ML	F	Limit 1 package per claim; QL(100 ML per fill retail)
clarithromycin SUSR 250 MG/5ML	F	
clarithromycin TABS	F	QL(28 EA per fill retail)
clarithromycin TB24	F	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	NF	
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	NF	
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	NF	
erythromycin base CPEP	F	
erythromycin base TABS	F	
erythromycin base TBEC	F	

Drug Name	Drug Tier	Requirements/ Limits
erythromycin ethylsuccinate SUSR	F	
erythromycin ethylsuccinate TABS	F	
erythromycin stearate TABS 250 MG	F	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ADHESIVE/LARGE/3"X4" PADS	F	
ADHESIVE/MEDIUM/2"X3" PADS	F	
AMD FOAM DRESSING TOPSHEET PADS	F	RX/OTC
AMD FOAM DRESSING PADS	F	RX/OTC
BAND-AID ALL-IN-ONE GAUZE LG PADS	F	
BAND-AID GAUZE LARGE PADS	F	RX/OTC
BAND-AID GAUZE MEDIUM PADS	F	
BAND-AID GAUZE SMALL PADS	F	RX/OTC
BAND-AID HURT-FREE NON-STICK PADS	F	
BAND-AID TRU-ABSORB GAUZE PADS	F	RX/OTC
BIOGUARD GAUZE SPONGES PADS	F	RX/OTC
COPA ISLAND BORDERED FOAM PADS	F	RX/OTC
COPA PLUS HYDROPHILIC FOAM PADS	F	RX/OTC
COVRSITE COVER DRESSING PADS	F	RX/OTC
COVRSITE PLUS COMPOSITE DRESS PADS	F	RX/OTC
CURITY ALL PURPOSE SPONGES PADS	F	RX/OTC
CURITY AMD ANTIMICROBIAL SPNGE PADS	F	RX/OTC
CURITY COVER SPONGE PADS	F	
CURITY DRESSING SPONGES PADS	F	RX/OTC
CURITY GAUZE SPONGE PADS	F	RX/OTC
CURITY GAUZE PADS	F	
CURITY NON-ADHERENT STRIPS PADS	F	
CURITY SPONGES PADS	F	RX/OTC
CVS ADHESIVE PAD 4"X4" PADS	F	
CVS ADHESIVE PAD 6"X6" PADS	F	
CVS ADHESIVE PADS 2.25"X3" PADS	F	
CVS ANTIBACTERIAL GAUZE PADS	F	RX/OTC
CVS GAUZE PAD STERILE PADS	F	RX/OTC
CVS GAUZE STERILE PADS	F	RX/OTC
CVS GAUZE PADS	F	RX/OTC
DERMACEA DRAIN SPONGES PADS	F	RX/OTC
DERMACEA GAUZE SPONGE PADS	F	RX/OTC
DERMACEA IV DRAIN SPONGES PADS	F	RX/OTC
DERMACEA IV SPONGES PADS	F	RX/OTC
DERMACEA NON-WOVEN SPONGES PADS	F	RX/OTC
DERMACEA TYPE VII GAUZE PADS	F	RX/OTC
DERMACEA X-RAY SPONGES PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DRYMAX EXTRA PADS	F	RX/OTC
EQ GAUZE PADS	F	RX/OTC
EQL GAUZE STERILE PADS	F	
EQL GAUZE PADS	F	RX/OTC
EXCILON AMD DRAIN SPONGES PADS	F	RX/OTC
EXCILON AMD NON-WOVEN SPONGES PADS	F	RX/OTC
EXCILON DRAIN SPONGES PADS	F	RX/OTC
EXCILON IV SPONGES PADS	F	RX/OTC
FT ADHESIVE PADS/SHEER PADS	F	
GAUZE DRESSING PADS	F	RX/OTC
GAUZE PADS PADS	F	RX/OTC
GAUZE TYPE VII MEDI-PAK PADS	F	RX/OTC
GNP SHEER ADHESIVE PADS	F	
GNP STERILE GAUZE PADS	F	RX/OTC
HM ADHESIVE ANTIBACTERIAL PADS	F	
HM STERILE PADS PADS	F	RX/OTC
HYDROCELL ADHESIVE DRESSING PADS	F	RX/OTC
HYDROCELL DRESSING PADS	F	RX/OTC
J & J ADHESIVE LARGE PADS	F	
J & J GAUZE SPONGES 12-PLY MISC	F	RX/OTC
J & J GAUZE SPONGES 16-PLY MISC	F	RX/OTC
J & J GAUZE SPONGES 8-PLY MISC	F	RX/OTC
J & J GAUZE PADS	F	RX/OTC
J & J NON-STICK LARGE PADS	F	
KENDALL HYDROPHILIC FOAM DRESS PADS	F	RX/OTC
KENDALL HYDROPHILIC FOAM PLUS PADS	F	RX/OTC
KERLIX SPONGES PADS	F	RX/OTC
MIRASORB SPONGES MISC	F	RX/OTC
MOLESKIN FOAM PADS	F	
NEXCARE ABSOLUTE WATERPROOF PADS	F	
NU GAUZE 4PLY PADS	F	RX/OTC
NU GAUZE GENERAL-USE SPONGES MISC	F	RX/OTC
OIL EMULSIONS DRESSING/NON-ADH PADS	F	
POLYMEM FILM DOT PADS	F	
POLYMEM NON-ADHESIVE PADS	F	RX/OTC
QC ALL PURPOSE DRESSINGS PADS	F	RX/OTC
QC BORDER ISLAND GAUZE PADS	F	RX/OTC
QC STERILE PADS PADS	F	RX/OTC
RA FIRST AID NON-STICK PADS	F	
RA SHEER ADHESIVE LARGE PADS	F	
RA STERILE PADS	F	RX/OTC
RAY-TEC X-RAY DETECTABLE SPNGE MISC	F	RX/OTC
RESTORE CONTACT LAYER PADS	F	RX/OTC
RESTORE FOAM DRESSING PADS	F	RX/OTC
RESTORE ODOR ABSORBING DRESS PADS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RESTORE TRIO ABSORBENT DRESS PADS	F	
SILIGENTLE FOAM DRESSING PADS	F	RX/OTC
SM ADHESIVE PADS 2"X3" PADS	F	
SM STERILE PADS	F	RX/OTC
SOF-WICK PADS	F	RX/OTC
STERILE GAUZE PADS	F	RX/OTC
STERILE PADS	F	
SURGICAL GAUZE SPONGE PADS	F	RX/OTC
TEGADERM FOAM PADS	F	RX/OTC
THERAGAUZE PADS	F	RX/OTC
TOPPER DRESSING SPONGES MISC	F	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	F	
CAYA DPRH	F	
DUREX EXTRA SENSITIVE THIN DEVI	F	
DUREX EXTRA SENSITIVE THIN MISC	F	
DUREX TROPICAL MISC	F	
FANTASY LUBRICATED/SPERMICIDE MISC	F	
FANTASY LUBRICATED MISC	F	
FEMCAP DEVI	F	
KAMELEON LUBRICATED MISC	F	
KIMONO COLORS DEVI	F	
KIMONO MAXX-LARGE FLARE MISC	F	
KIMONO MICRO THIN PLUS MISC	F	
KIMONO PLUS MISC	F	

Drug Name	Drug Tier	Requirements/ Limits
KIMONO PS PLUS MISC	F	
KIMONO PS MISC	F	
KIMONO SENSATION PLUS MISC	F	
KIMONO SENSATION MISC	F	
KIMONO SPECIAL DEVI	F	
KIMONO MISC	F	
K-Y ME & YOU EXTRA LUBRICATED DEVI	F	
K-Y ME & YOU INTENSE DEVI	F	
MAXX PLUS MISC	F	
MAXX MISC	F	
OMNIFLEX DIAPHRAGM	F	
REALITY LATEX CONDOMS MISC	F	
REALITY LATEX/ULTRA TEXTURED DEVI	F	
REALITY LATEX/ULTRA THIN DEVI	F	
TROJAN MAGNUM MISC	F	
TROJAN ULTRA THIN/SPERMICIDAL MISC	F	
TROJAN ULTRA THIN MISC	F	
TROJAN-ENZ LUBRICATED MISC	F	
TROJAN-ENZ/SPERMICIDAL MISC	F	
TRUE COVER DEVI	F	
TRUSTEX COLOR CONDOMS + LUBE MISC	F	
TRUSTEX LUB/RIBBED/STUDDED MISC	F	
TRUSTEX LUB/SPERMICIDE EX ST MISC	F	

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUB/SPERMICIDE XL MISC	F	
TRUSTEX LUBRICATED EX LARGE MISC	F	
TRUSTEX LUBRICATED EXTRA ST MISC	F	
TRUSTEX LUBRICATED/SPERMICIDE MISC	F	
TRUSTEX LUBRICATED MISC	F	
TRUSTEX NATURAL CONDOMS + LUBE MISC	F	
TRUSTEX RIA LUB/SPERMICIDE MISC	F	
TRUSTEX RIA LUBRICATED MISC	F	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	F	
WIDE-SEAL DIAPHRAGM 60	F	
WIDE-SEAL DIAPHRAGM 65	F	
WIDE-SEAL DIAPHRAGM 70	F	
WIDE-SEAL DIAPHRAGM 75	F	
WIDE-SEAL DIAPHRAGM 80	F	
WIDE-SEAL DIAPHRAGM 85	F	
WIDE-SEAL DIAPHRAGM 90	F	
WIDE-SEAL DIAPHRAGM 95	F	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH	F	QL(5 EA daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SAFE-T PRO LANCETS	F	QL(5 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	F	QL(5 EA daily); RX/OTC
ACTI-LANCE 28G	F	QL(5 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	F	QL(5 EA daily); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	F	QL(5 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	F	QL(5 EA daily); RX/OTC
ADJUSTABLE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
ADVANCED MOBILE LANCET	F	QL(5 EA daily); RX/OTC
ADVOCATE LANCETS	F	QL(5 EA daily); RX/OTC
ADVOCATE LANCETS 30G	F	QL(5 EA daily); RX/OTC
ADVOCATE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
ADVOCATE RAPID-SAFE LANCING MISC	F	QL(1 EA per 180 day(s) retail)
ADVOCATE SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 26G	F	QL(5 EA daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	F	QL(5 EA daily); RX/OTC
AIMSCO TWIST LANCETS 32G	F	QL(5 EA daily); RX/OTC
AIMSCO TWIST LANCETS 33G	F	QL(5 EA daily); RX/OTC
AQUALANCE LANCETS 30G	F	QL(5 EA daily); RX/OTC
ASSURE COMFORT LANCETS 28G	F	QL(5 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS LOW	F	QL(5 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	F	QL(5 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	F	QL(5 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS PED	F	QL(5 EA daily); RX/OTC
ASSURE LANCE LANCETS	F	QL(5 EA daily); RX/OTC
ASSURE LANCE LANCETS 21G	F	QL(5 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	F	QL(5 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 30G	F	QL(5 EA daily); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	F	QL(5 EA daily); RX/OTC
AURORA LANCET SUPER THIN 30G	F	QL(5 EA daily); RX/OTC
AURORA LANCET THIN 23G	F	QL(5 EA daily); RX/OTC
AUTO-LANCET MINI MISC	F	QL(1 EA per 180 day(s) retail)
AUTO-LANCET MISC	F	QL(1 EA per 180 day(s) retail)
AUTOLET LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
AUTOLET LITE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
AUTOLET MINI MISC	F	QL(1 EA per 180 day(s) retail)
AUTOLET PLUS MISC	F	QL(1 EA per 180 day(s) retail)
BD LANCET ULTRAFINE 30G	F	QL(5 EA daily); RX/OTC
BD LANCET ULTRAFINE 33G	F	QL(5 EA daily); RX/OTC
BD MICROTAINER LANCETS	F	QL(5 EA daily); RX/OTC
CARDIOCOM LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
CAREONE ADVANCED LANCING DEV MISC	F	QL(1 EA per 180 day(s) retail)
CAREONE LANCET SUPER THIN 30G	F	QL(5 EA daily); RX/OTC
CAREONE LANCET THIN 23G	F	QL(5 EA daily); RX/OTC
CARESENS LANCETS	F	QL(5 EA daily); RX/OTC
CARESENS LANCETS 30G	F	QL(5 EA daily); RX/OTC
CARETOUCH LANCING/EJECTOR MISC	F	QL(1 EA per 180 day(s) retail)
CARETOUCH SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS 26G	F	QL(5 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	F	QL(5 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	F	QL(5 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 33G	F	QL(5 EA daily); RX/OTC
CARETOUCH TWIST MC LANCETS 30G	F	QL(5 EA daily); RX/OTC
CHOSEN LANCETS 30G	F	QL(5 EA daily); RX/OTC
CHOSEN LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
CHOSEN SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC
CLEANLET LANCETS 28G	F	QL(5 EA daily); RX/OTC
CLEVER CHEK LANCETS	F	QL(5 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE LANCETS 21G	F	QL(5 EA daily); RX/OTC
CLEVER CHOICE LANCETS 23G	F	QL(5 EA daily); RX/OTC
CLEVER CHOICE LANCETS 28G	F	QL(5 EA daily); RX/OTC
COAGUCHEK LANCETS	F	QL(5 EA daily); RX/OTC
COMFORT ASSURED LANCETS 28G	F	QL(5 EA daily); RX/OTC
COMFORT ASSURED LANCETS 33G	F	QL(5 EA daily); RX/OTC
COMFORT LANCETS	F	QL(5 EA daily); RX/OTC
COMFORT TOUCH LANCETS 31G	F	QL(5 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	F	QL(5 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	F	QL(5 EA daily); RX/OTC
COMFORT TOUCH TWIST LANCET 30G	F	QL(5 EA daily); RX/OTC
CVS LANCETS 21G	F	QL(5 EA daily); RX/OTC
CVS LANCETS MICRO THIN 33G	F	QL(5 EA daily); RX/OTC
CVS LANCETS ORIGINAL	F	QL(5 EA daily); RX/OTC
CVS LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
CVS LANCETS ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC
CVS LANCETS ULTRA-THIN 30G	F	QL(5 EA daily); RX/OTC
CVS LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
CVS ULTRA THIN LANCETS	F	QL(5 EA daily); RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	F	QL(5 EA daily); RX/OTC
DIATHRIVE LANCETS	F	QL(5 EA daily); RX/OTC
DIATHRIVE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
DROPLET GENTEEL LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
DROPLET LANCETS ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC
DROPLET LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
DROPLET PERSONAL LANCETS 30G	F	QL(5 EA daily); RX/OTC
DROPSAFE ACTI-LANCE 23G	F	QL(5 EA daily); RX/OTC
DRUG MART LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
DRUG MART LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
DRUG MART ON-THE-GO LANCET 30G	F	QL(5 EA daily); RX/OTC
DRUG MART UNILET LANCETS 28G	F	QL(5 EA daily); RX/OTC
DRUG MART UNILET LANCETS 30G	F	QL(5 EA daily); RX/OTC
DRUG MART UNILET LANCETS 33G	F	QL(5 EA daily); RX/OTC
EASY COMFORT LANCETS	F	QL(5 EA daily); RX/OTC
EASY COMFORT LANCETS TWIST TOP	F	QL(5 EA daily); RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
EASY MINI LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
EASY TOUCH LANCETS 21G	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 23G	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 26G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 30G	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 32G	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	F	QL(5 EA daily); RX/OTC
EASY TOUCH LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
EASY TOUCH SAFETY LANCETS 21G	F	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 23G	F	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 26G	F	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	F	QL(1 EA per 180 day(s) retail)
EMBRACE PRESSURE ACTIVATED 21G	F	QL(5 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	F	QL(5 EA daily); RX/OTC
EQL COLOR LANCETS 21G	F	QL(5 EA daily); RX/OTC
EQL COLOR LANCETS MICRO 33G	F	QL(5 EA daily); RX/OTC
EQL SUPER THIN LANCETS 30G	F	QL(5 EA daily); RX/OTC
EQL THIN LANCETS 26G	F	QL(5 EA daily); RX/OTC
E-Z JECT LANCET MICRO-THIN 33G	F	QL(5 EA daily); RX/OTC
E-Z JECT LANCET SUPER THIN 30G	F	QL(5 EA daily); RX/OTC
E-Z JECT LANCETS	F	QL(5 EA daily); RX/OTC
E-Z JECT LANCETS 21G	F	QL(5 EA daily); RX/OTC
E-Z JECT LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
EZ-LETS LANCETS 21G	F	QL(5 EA daily); RX/OTC
EZ-LETS LANCETS 26G	F	QL(5 EA daily); RX/OTC
EZ-LETS LANCETS 28G	F	QL(5 EA daily); RX/OTC
EZ-LETS LANCETS 30G	F	QL(5 EA daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	F	QL(5 EA daily); RX/OTC
FIFTY50 UNILET LANCETS 33G	F	QL(5 EA daily); RX/OTC
FINE 30	F	QL(5 EA daily); RX/OTC
FINGERSTIX LANCETS	F	QL(5 EA daily); RX/OTC
FORA LANCETS	F	QL(5 EA daily); RX/OTC
FORA LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
FREDS PHARMACY AUTOLET LANCING MISC	F	QL(1 EA per 180 day(s) retail)
FREDS PHARMACY UNILET LANC 28G	F	QL(5 EA daily); RX/OTC
FREDS PHARMACY UNILET LANC 30G	F	QL(5 EA daily); RX/OTC
FREESTYLE LANCETS	F	QL(5 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY READER	F	QL(1 EA per 365 day(s) retail); AL(At least 18 yrs old); PA
FREESTYLE LIBRE 14 DAY SENSOR	F	QL(2 EA per 28 day(s) retail); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 2 PLUS SENSOR	F	QL(2 EA per 28 day(s) retail); AL(At least 2 yrs old); PA
FREESTYLE LIBRE 2 READER	F	QL(1 EA per 365 day(s) retail); AL(At least 4 yrs old); PA
FREESTYLE LIBRE 2 SENSOR	F	QL(2 EA per 28 day(s) retail); AL(At least 4 yrs old); PA
FREESTYLE LIBRE 3 PLUS SENSOR	F	QL(2 EA per 28 day(s) retail); AL(At least 2 yrs old); PA
FREESTYLE LIBRE 3 READER	F	QL(1 EA per 365 day(s) retail); AL(At least 4 yrs old); PA
FREESTYLE LIBRE 3 SENSOR	F	QL(2 EA per 28 day(s) retail); AL(At least 18 yrs old); PA
FREESTYLE LIBRE READER	F	QL(1 EA per 365 day(s) retail); AL(At least 18 yrs old); PA
FREESTYLE UNISTICK II LANCETS	F	QL(5 EA daily); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	F	QL(5 EA daily); RX/OTC
GENTEEL PLUS LANCING (BLACK) MISC	F	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING (PURPLE) MISC	F	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING (WHITE) MISC	F	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING DEV(BLUE) MISC	F	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING DEV(PINK) MISC	F	QL(1 EA per 180 day(s) retail)
GENTLE-LET GP LANCETS	F	QL(5 EA daily); RX/OTC
GENTLE-LET LANCETS	F	QL(5 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	F	QL(5 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	F	QL(5 EA daily); RX/OTC
GLOBAL LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
GLUCOCOM LANCETS 28G	F	QL(5 EA daily); RX/OTC
GLUCOCOM LANCETS 30G	F	QL(5 EA daily); RX/OTC
GLUCOCOM LANCETS 33G	F	QL(5 EA daily); RX/OTC
GNP LANCETS 21G	F	QL(5 EA daily); RX/OTC
GNP LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
GNP LANCING SYSTEM DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
GNP STERILE LANCETS 28G	F	QL(5 EA daily); RX/OTC
GNP STERILE LANCETS 30G	F	QL(5 EA daily); RX/OTC
GNP STERILE LANCETS 33G	F	QL(5 EA daily); RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	F	QL(1 EA per 180 day(s) retail)
GOJJI STERILE LANCETS	F	QL(5 EA daily); RX/OTC
GOODSENSE COLOR LANCETS 33G	F	QL(5 EA daily); RX/OTC
GOODSENSE LANCETS 26G UNIV	F	QL(5 EA daily); RX/OTC
GOODSENSE LANCETS 30G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS 30G UNIV	F	QL(5 EA daily); RX/OTC
GOODSENSE LANCETS 33G	F	QL(5 EA daily); RX/OTC
GOODSENSE LANCETS 33G UNIV	F	QL(5 EA daily); RX/OTC
GOODSENSE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
HAEMOLANCE	F	QL(5 EA daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	F	QL(5 EA daily); RX/OTC
HAEMOLANCE PLUS	F	QL(5 EA daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	F	QL(5 EA daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	F	QL(5 EA daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	F	QL(5 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	F	QL(5 EA daily); RX/OTC
HEALTH CARE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
HEALTHY ACCENTS LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
HEALTHY ACCENTS UNILET LANCETS	F	QL(5 EA daily); RX/OTC
H-E-B INCONTROL ADV LANCING MISC	F	QL(1 EA per 180 day(s) retail)
H-E-B INCONTROL LANCETS 28G	F	QL(5 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 30G	F	QL(5 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	F	QL(5 EA daily); RX/OTC
HY-VEE LANCETS	F	QL(5 EA daily); RX/OTC
HY-VEE THIN LANCETS	F	QL(5 EA daily); RX/OTC
IHEALTH LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
IN TOUCH LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
IN TOUCH STERILE LANCETS 30G	F	QL(5 EA daily); RX/OTC
KINNEY LANCETS	F	QL(5 EA daily); RX/OTC
KINNEY THIN LANCETS	F	QL(5 EA daily); RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
KROGER HEALTHPRO LANCET 26G	F	QL(5 EA daily); RX/OTC
KROGER LANCETS	F	QL(5 EA daily); RX/OTC
KROGER LANCETS 21G	F	QL(5 EA daily); RX/OTC
KROGER LANCETS MICRO THIN 33G	F	QL(5 EA daily); RX/OTC
KROGER LANCETS SUPER THIN	F	QL(5 EA daily); RX/OTC
KROGER LANCETS THIN	F	QL(5 EA daily); RX/OTC
KROGER LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
KROGER LANCETS ULTRATHIN 30G	F	QL(5 EA daily); RX/OTC
KROGER LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
LANCET DEVICE WITH EJECTOR MISC	F	QL(1 EA per 180 day(s) retail)
LANCET DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
LANCETS	F	QL (5 ea daily)
LANCETS	F	QL(5 EA daily); RX/OTC
LANCETS 28G THIN	F	QL(5 EA daily); RX/OTC
LANCETS 30G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 33G	F	QL(5 EA daily); RX/OTC
LANCETS MICRO THIN 33G	F	QL(5 EA daily); RX/OTC
LANCETS SUPER THIN	F	QL(5 EA daily); RX/OTC
LANCETS SUPER THIN 28G	F	QL(5 EA daily); RX/OTC
LANCETS THIN	F	QL(5 EA daily); RX/OTC
LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC
LANCETS ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC
LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
LANZO MISC	F	QL(1 EA per 180 day(s) retail)
LEADER ADVANCED LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
LIBERTY MEDICAL LANCETS	F	QL(5 EA daily); RX/OTC
LIBERTY MINI LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
LIFESCAN UNISTIK 2	F	QL(5 EA daily); RX/OTC
LIFESCAN UNISTIK II LANCETS	F	QL(5 EA daily); RX/OTC
LITE TOUCH LANCETS	F	QL(5 EA daily); RX/OTC
LITE TOUCH LANCING PEN MISC	F	QL(1 EA per 180 day(s) retail)
LITETOUCH LANCETS	F	QL(5 EA daily); RX/OTC
LIVE BETTER ADV LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
LIVE BETTER LANCET SUPER THIN	F	QL(5 EA daily); RX/OTC
LIVE BETTER LANCET ULTRA THIN	F	QL(5 EA daily); RX/OTC
LONGS LANCETS STANDARD	F	QL(5 EA daily); RX/OTC
LONGS LANCETS THIN	F	QL(5 EA daily); RX/OTC
LONGS LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET	F	QL(5 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	F	QL(5 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET NORM	F	QL(5 EA daily); RX/OTC
MEDLANCE EXTRA 21G	F	QL(5 EA daily); RX/OTC
MEDLANCE LITE 25G	F	QL(5 EA daily); RX/OTC
MEDLANCE PLUS EXTRA 21G	F	QL(5 EA daily); RX/OTC
MEDLANCE PLUS LANCETS	F	QL(5 EA daily); RX/OTC
MEDLANCE PLUS LITE 25G	F	QL(5 EA daily); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	F	QL(5 EA daily); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	F	QL(5 EA daily); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	F	QL(5 EA daily); RX/OTC
MEDLANCE UNIVERSAL 21G	F	QL(5 EA daily); RX/OTC
MEIJER LANCETS	F	QL(5 EA daily); RX/OTC
MEIJER LANCETS THIN	F	QL(5 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 21G	F	QL(5 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	F	QL(5 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	F	QL(5 EA daily); RX/OTC
MEIJER SUPER THIN LANCETS	F	QL(5 EA daily); RX/OTC
MICROLET LANCETS	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MICROLET NEXT LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
MINI LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
MM LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
MM TWIST LANCETS	F	QL(5 EA daily); RX/OTC
MOBILE LANCETS 30G	F	QL(5 EA daily); RX/OTC
MONOLET LANCETS	F	QL(5 EA daily); RX/OTC
MONOLET OPD LANCETS	F	QL(5 EA daily); RX/OTC
MONOLETTOR SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
MPD SAFETY LANCET 21G	F	QL(5 EA daily); RX/OTC
MPD SAFETY LANCET 23G	F	QL(5 EA daily); RX/OTC
MPD SAFETY LANCET 28G	F	QL(5 EA daily); RX/OTC
MPD SAFETY LANCET 30G	F	QL(5 EA daily); RX/OTC
MULTI-LANCET DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
MYGLUCOHEALTH LANCETS 30G	F	QL(5 EA daily); RX/OTC
NOVA SAFETY LANCETS 23G	F	QL(5 EA daily); RX/OTC
NOVA SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC
NOVA SUREFLEX LANCETS	F	QL(5 EA daily); RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
ONETOUCH CLUB LANCETS FINE PT	F	QL(5 EA daily); RX/OTC
ONETOUCH DELICA LANCETS 33G	F	QL(5 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	F	QL(5 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	F	QL(5 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	F	QL(1 EA per 180 day(s) retail)
ONETOUCH DELICA SAFETY LANCING	F	QL(5 EA daily); RX/OTC
ONETOUCH FINEPOINT LANCETS	F	QL(5 EA daily); RX/OTC
ONETOUCH ULTRA CONTROL LIQD	F	
ONETOUCH ULTRASOFT 2 LANCETS	F	QL(5 EA daily); RX/OTC
ONETOUCH ULTRASOFT LANCETS	F	QL(5 EA daily); RX/OTC
ONETOUCH VERIO LIQD	F	
PC LANCETS SUPER THIN 30G	F	QL(5 EA daily); RX/OTC
PERFECT LANCETS 28G	F	QL(5 EA daily); RX/OTC
PERFECT LANCETS 30G	F	QL(5 EA daily); RX/OTC
PERFECT POINT SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
PHARMACIST CHOICE LANCETS	F	QL(5 EA daily); RX/OTC
PHARMACY COUNTER LANCETS	F	QL(5 EA daily); RX/OTC
PIP LANCETS 28G	F	QL(5 EA daily); RX/OTC
PIP LANCETS 30G	F	QL(5 EA daily); RX/OTC
PRECISION THINS GP LANCETS	F	QL(5 EA daily); RX/OTC
PREFERRED PLUS LANCETS COLORED	F	QL(5 EA daily); RX/OTC
PREFERRED PLUS LANCETS THIN	F	QL(5 EA daily); RX/OTC
PRO COMFORT LANCETS 30G	F	QL(5 EA daily); RX/OTC
PRO COMFORT LANCETS 31G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT SAFETY LANCETS 30G	F	QL(5 EA daily); RX/OTC
PRODIGY LANCETS 28G	F	QL(5 EA daily); RX/OTC
PRODIGY LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
PRODIGY SAFETY LANCETS 26G	F	QL(5 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	F	QL(5 EA daily); RX/OTC
PSS SELECT GP LANCETS	F	QL(5 EA daily); RX/OTC
PSS SELECT SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
PURE COMFORT LANCETS 30G	F	QL(5 EA daily); RX/OTC
PX ADVANCED LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
PX LANCET AUTO INJECTOR MISC	F	QL(1 EA per 180 day(s) retail)
PX LANCETS MICROTHIN 33G	F	QL(5 EA daily); RX/OTC
PX LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC
PX LANCETS ULTRA THIN 28G	F	QL(5 EA daily); RX/OTC
QC ADVANCED LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
QC LANCETS SUPER THIN 30G	F	QL(5 EA daily); RX/OTC
QC LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC
QC UNILET LANCETS 28G	F	QL(5 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	F	QL(5 EA daily); RX/OTC
RA E-ZJECT LANCETS 28G	F	QL(5 EA daily); RX/OTC
RA E-ZJECT LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
RA E-ZJECT LANCETS THIN 28G	F	QL(5 EA daily); RX/OTC
RA E-ZJECT LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC
READYLANCE SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
REALITY LANCETS	F	QL(5 EA daily); RX/OTC
REALITY TRIGGER LANCETS	F	QL(5 EA daily); RX/OTC
RELION LANCET DEVICES 30G	F	QL(5 EA daily); RX/OTC
RELION LANCETS	F	QL(5 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	F	QL(5 EA daily); RX/OTC
RELION LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
RELION LANCETS ULTRA-THIN 30G	F	QL(5 EA daily); RX/OTC
RELION LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
RELION ULTRA THIN LANCETS 30G	F	QL(5 EA daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS	F	QL(5 EA daily); RX/OTC
REXALL LANCETS ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
RIGHTEST GL300 LANCETS	F	QL(5 EA daily); RX/OTC
SAFE-T-LANCE	F	QL(5 EA daily); RX/OTC
SAFE-T-LANCE PLUS	F	QL(5 EA daily); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	F	QL(5 EA daily); RX/OTC
SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
SAFETY LANCETS 21G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS 23G	F	QL(5 EA daily); RX/OTC
SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC
SAPS HEALTH PLUS LANCETS	F	QL(5 EA daily); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	F	QL(5 EA daily); RX/OTC
SAPS TWIST TOP LANCETS	F	QL(5 EA daily); RX/OTC
SAPSCARE TWIST TOP LANCETS	F	QL(5 EA daily); RX/OTC
SB LANCETS THIN	F	QL(5 EA daily); RX/OTC
SB LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC
SELECT-LITE LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
SHOPKO AUTOLET LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
SHOPKO ON-THE-GO LANCETS 30G	F	QL(5 EA daily); RX/OTC
SHOPKO UNILET LANCETS 28G	F	QL(5 EA daily); RX/OTC
SHOPKO UNILET LANCETS 30G	F	QL(5 EA daily); RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	F	QL(1 EA per 180 day(s) retail)
SINGLE-LET	F	QL(5 EA daily); RX/OTC
SM LANCETS 33G	F	QL(5 EA daily); RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
SMART DIABETES VANTAGE LANCING MISC	F	QL(1 EA per 180 day(s) retail)
SMART SENSE COLOR LANCETS 33G	F	QL(5 EA daily); RX/OTC
SMART SENSE STANDARD LANCETS	F	QL(5 EA daily); RX/OTC
SMART SENSE SUPER THIN LANCETS	F	QL(5 EA daily); RX/OTC
SMART SENSE THIN LANCETS 26G	F	QL(5 EA daily); RX/OTC
SMARTEST LANCETS 28G	F	QL(5 EA daily); RX/OTC
SOLUS V2 LANCETS 28G	F	QL(5 EA daily); RX/OTC
SOLUS V2 LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
SOLUS V2 TWIST LANCETS 30G	F	QL(5 EA daily); RX/OTC
STERILANCE TL	F	QL(5 EA daily); RX/OTC
SUPER THIN LANCETS	F	QL(5 EA daily); RX/OTC
SURE COMFORT LANCETS 18G	F	QL(5 EA daily); RX/OTC
SURE COMFORT LANCETS 21G	F	QL(5 EA daily); RX/OTC
SURE COMFORT LANCETS 23G	F	QL(5 EA daily); RX/OTC
SURE COMFORT LANCETS 28G	F	QL(5 EA daily); RX/OTC
SURE COMFORT LANCETS 30G	F	QL(5 EA daily); RX/OTC
SURE COMFORT LANCING PEN MISC	F	QL(1 EA per 180 day(s) retail)
SURELITE LANCETS	F	QL(5 EA daily); RX/OTC
TECHLITE AST LANCETS	F	QL(5 EA daily); RX/OTC
TECHLITE LANCETS	F	QL(5 EA daily); RX/OTC
TECHLITE LANCETS 26G	F	QL(5 EA daily); RX/OTC
TECHLITE LANCETS 30G	F	QL(5 EA daily); RX/OTC
TGT LANCET MICRO THIN 33G	F	QL(5 EA daily); RX/OTC
TGT LANCET THIN 26G	F	QL(5 EA daily); RX/OTC
TGT LANCET ULTRA THIN 30G	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TGT LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
THINLETS GP LANCETS	F	QL(5 EA daily); RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
TODAYS HEALTH THIN LANCETS 28G	F	QL(5 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	F	QL(5 EA daily); RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	F	QL(5 EA daily); RX/OTC
TRAVEL LANCETS	F	QL(5 EA daily); RX/OTC
TRAVEL LANCETS ADVANCED 28G	F	QL(5 EA daily); RX/OTC
TRUE COMFORT SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	F	QL(5 EA daily); RX/OTC
TRUE METRIX LEVEL 1 SOLN	F	
TRUE METRIX LEVEL 2 SOLN	F	
TRUE METRIX LEVEL 3 SOLN	F	
TRUEDRAW LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
TRUEPLUS LANCETS 26G	F	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	F	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	F	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	F	QL(5 EA daily); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC
TWIST TOP LANCETS 30G	F	QL(5 EA daily); RX/OTC
ULTI-LANCE AUTOMATIC MISC	F	QL(1 EA per 180 day(s) retail)
ULTILET CLASSIC LANCETS	F	QL(5 EA daily); RX/OTC
ULTILET LANCETS	F	QL(5 EA daily); RX/OTC
ULTILET SAFETY LANCETS	F	QL(5 EA daily); RX/OTC
ULTILET SAFETY LANCETS 23G	F	QL(5 EA daily); RX/OTC
ULTRA THIN LANCETS 31G	F	QL(5 EA daily); RX/OTC
ULTRA-CARE LANCETS 30G	F	QL(5 EA daily); RX/OTC
ULTRA-THIN II AUTO LANCET	F	QL(5 EA daily); RX/OTC
ULTRA-THIN II LANCETS	F	QL(5 EA daily); RX/OTC
UNILET COMFORTOUCH LANCET	F	QL(5 EA daily); RX/OTC
UNILET EXCELITE	F	QL(5 EA daily); RX/OTC
UNILET EXCELITE II	F	QL(5 EA daily); RX/OTC
UNILET G.P. LANCET	F	QL(5 EA daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	F	QL(5 EA daily); RX/OTC
UNILET GP 28 ULTRA THIN	F	QL(5 EA daily); RX/OTC
UNILET LANCET	F	QL(5 EA daily); RX/OTC
UNILET MICRO-THIN 33G	F	QL(5 EA daily); RX/OTC
UNILET SUPERLITE LANCET	F	QL(5 EA daily); RX/OTC
UNILET SUPER-THIN 30G	F	QL(5 EA daily); RX/OTC
UNILET ULTRA-THIN 28G	F	QL(5 EA daily); RX/OTC
UNISTIK 1	F	QL(5 EA daily); RX/OTC
UNISTIK 2	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 2 COMFORT	F	QL(5 EA daily); RX/OTC
UNISTIK 2 EXTRA	F	QL(5 EA daily); RX/OTC
UNISTIK 2 NEONATAL	F	QL(5 EA daily); RX/OTC
UNISTIK 2 NORMAL	F	QL(5 EA daily); RX/OTC
UNISTIK 2 SUPER	F	QL(5 EA daily); RX/OTC
UNISTIK 3	F	QL(5 EA daily); RX/OTC
UNISTIK 3 COMFORT	F	QL(5 EA daily); RX/OTC
UNISTIK 3 EXTRA	F	QL(5 EA daily); RX/OTC
UNISTIK 3 GENTLE	F	QL(5 EA daily); RX/OTC
UNISTIK 3 NEONATAL	F	QL(5 EA daily); RX/OTC
UNISTIK 3 NORMAL	F	QL(5 EA daily); RX/OTC
UNISTIK CZT COMFORT	F	QL(5 EA daily); RX/OTC
UNISTIK CZT NORMAL	F	QL(5 EA daily); RX/OTC
UNISTIK NORMAL	F	QL(5 EA daily); RX/OTC
UNISTIK PRO SAFETY LANCET	F	QL(5 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	F	QL(5 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	F	QL(5 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	F	QL(5 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	F	QL(5 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	F	QL(5 EA daily); RX/OTC
UNIVERSAL 1 LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
UNIVERSAL 1 LANCETS THIN 33G	F	QL(5 EA daily); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN	F	QL(5 EA daily); RX/OTC
VALUE PLUS LANCET STANDARD 21G	F	QL(5 EA daily); RX/OTC
VALUE PLUS LANCETS SUPER THIN	F	QL(5 EA daily); RX/OTC
VALUE PLUS LANCETS THIN 26G	F	QL(5 EA daily); RX/OTC
VALUE PLUS LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)
VALUMARK LANCET SUPER THIN 30G	F	QL(5 EA daily); RX/OTC
VALUMARK LANCET ULTRA THIN 28G	F	QL(5 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 21G	F	QL(5 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 23G	F	QL(5 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 28G	F	QL(5 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 30G	F	QL(5 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	F	QL(5 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	F	QL(5 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	F	QL(5 EA daily); RX/OTC
VIDA MIA AUTOLET LANCING DEV MISC	F	QL(1 EA per 180 day(s) retail)
VIDA MIA UNILET LANCETS 28G	F	QL(5 EA daily); RX/OTC
VIDA MIA UNILET LANCETS 30G	F	QL(5 EA daily); RX/OTC
VIVAGUARD LANCETS	F	QL(5 EA daily); RX/OTC
VIVAGUARD LANCETS 30G	F	QL(5 EA daily); RX/OTC
VIVAGUARD LANCING DEVICE MISC	F	QL(1 EA per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD SAFETY LANCETS 28G	F	QL(5 EA daily); RX/OTC
WALGREENS ADV TRAVEL LANCETS	F	QL(5 EA daily); RX/OTC
WALGREENS LANCETS	F	QL(5 EA daily); RX/OTC
WALGREENS LANCETS MICRO THIN	F	QL(5 EA daily); RX/OTC
WALGREENS LANCETS SUPER THIN	F	QL(5 EA daily); RX/OTC
WALGREENS THIN LANCETS	F	QL(5 EA daily); RX/OTC
WALGREENS ULTRA THIN LANCETS	F	QL(5 EA daily); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	F	QL(5 EA daily); RX/OTC
Misc. Devices		
ALCOHOL SWABS	F	QL (400 ea per fill retail); RX/OTC
Parenteral Therapy Supplies		
ADVOCATE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
AQ INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
ASSURE ID INSULIN SAFETY SYR	F	QL(5 EA daily); RX/OTC
AUTOPEN DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
BD INSULIN SYR ULTRAFINE II	F	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE HALF-UNIT	F	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE MICROFINE	F	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	F	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F 1/2UNIT	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE	F	QL(5 EA daily)
BD PEN MINI MISC	F	QL(1 EA per 180 day(s) retail); RX/OTC
BD PEN NEEDLE MICRO U/F	F	QL(5 EA daily)
BD PEN NEEDLE MINI U/F	F	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	F	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO U/F	F	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIGINAL U/F	F	QL(5 EA daily)
BD PEN NEEDLE SHORT U/F	F	QL(5 EA daily); RX/OTC
BD PEN MISC	F	QL(1 EA per 180 day(s) retail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
BD VEO INSULIN SYRINGE U/F	F	QL(5 EA daily); RX/OTC
CAREONE INSULIN SYRINGE	F	QL(5 EA daily)
CARETOUCH INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
CEQUR SIMPLICITY 2U DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
COMFORT ASSIST INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	F	QL(5 EA daily); RX/OTC
EASY COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH FLIPLOCK INSULIN SY	F	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SAFETY SYR	F	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SYRINGE	F	QL(5 EA daily)
EASY TOUCH SHEATHLOCK SYRINGE	F	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	F	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE U/F	F	QL(5 EA daily)
EMBECTA INSULIN SYRINGE U-100	F	QL(5 EA daily)
EQL INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	F	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	F	QL(5 EA daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYR	F	QL(5 EA daily); RX/OTC
GLOBAL INSULIN SYRINGES	F	QL(5 EA daily); RX/OTC
GLUCOPRO INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 29GX1/2"	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	F	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	F	QL(5 EA daily); RX/OTC
GNP ULTRA COM INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	F	QL(5 EA daily); RX/OTC
HM ULTICARE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
INPEN 100-BLUE-LILLY-HUMALOG DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
INPEN 100-BLUE-NOVOLOG-FIASP DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
INPEN 100-GREY-LILLY-HUMALOG DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
INPEN 100-GREY-NOVOLOG-FIASP DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
INPEN 100-PINK-LILLY-HUMALOG DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
INPEN 100-PINK-NOVOLOG-FIASP DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
INSULIN SYRINGE-NEEDLE U-100	F	QL(5 EA daily); RX/OTC
KINRAY INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
KROGER INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
LEADER INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
LITETOUCH INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
LONGS INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
MAGELLAN INSULIN SAFETY SYR	F	QL(5 EA daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
MAXICOMFORT SYR 27G X 1/2"	F	QL(5 EA daily); RX/OTC
MEDIC INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MM INSULIN SYRINGE/NEEDLE	F	QL(5 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	F	QL(5 EA daily); RX/OTC
MS INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
NOVOPEN ECHO DEVI	F	QL(1 EA per 180 day(s) retail); RX/OTC
PRECISION SURE-DOSE SYRINGE	F	QL(5 EA daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
PRO COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
PRODIGY INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
PX INSULIN SYRINGE	F	QL(5 EA daily)
RA INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
REALITY INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
RELION INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
SB INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
SECURESAFE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
SURE COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
TOPCARE ULTRA COMFORT INS SYR	F	QL(5 EA daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
TRUE COMFORT PRO INSULIN SYR	F	QL(5 EA daily); RX/OTC
TRUEPLUS INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
ULTICARE INSULIN SAFETY SYR	F	QL(5 EA daily); RX/OTC
ULTICARE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	F	QL(5 EA daily)
ULTRA COMFORT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	F	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
ULTRACARE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
ULTRA-THIN II INS SYR SHORT	F	QL(5 EA daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
VANISHPOINT INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
VERIFINE INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
VP INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
ZEVRX INSULIN SYRINGE	F	QL(5 EA daily); RX/OTC
Respiratory Therapy Supplies		
ADULT MASK DEVI	F	RX/OTC
AEROBIKA DEVI	F	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU INTERM DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROVENT PLUS DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	F	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	F	RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE SMALL DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
CO MONITOR DEVI	F	RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMPACT SPACE CHAMBER/SM MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	F	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	F	RX/OTC
EASY FLOW BLACK/RED DEVI	F	RX/OTC
EASY FLOW BLACK/WHITE DEVI	F	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	F	RX/OTC
EASY FLOW WHITE/BLUE DEVI	F	RX/OTC
EASY FLOW WHITE/GREEN DEVI	F	RX/OTC
EASY FLOW WHITE/PINK DEVI	F	RX/OTC
EASY FLOW WHITE/WHITE DEVI	F	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	F	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
IN-CHECK DIAL FLOW TRAINER DEVI	F	RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	F	RX/OTC
INSPIRACHAMBER/LARGE DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/MEDIUM DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/MOUTHPIECE DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/SMALL DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	F	QL(3 EA per 180 day(s) retail)
INSPIREASE MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
MICROSPACER MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	F	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	F	RX/OTC
ONE FLOW SPIROMETER DEVI	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	F	RX/OTC
PARI TREK S COMBO PACK DEVI	F	RX/OTC
POCKET CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	F	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
PROCHAMBER VHC DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
PURE COMFORT 3-BALL BREATHE EX DEVI	F	RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
QUAKE DEVI	F	RX/OTC
RITEFLO DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
SPIRO PD DEVI	F	RX/OTC
THRESHOLD PEP DEVI	F	RX/OTC
VERSAPAP W/UNIVERSAL TUBING DEVI	F	RX/OTC
VERSAPAP DEVI	F	RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	F	QL(2 EA per 360 day(s) retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Products		
dihydroergotamine mesylate SOLN IJ 1 MG/ML	F	AL(At least 18 yrs old)
dihydroergotamine mesylate SOLN NA 4 MG/ML	F	
MIGRANAL SOLN NA *(Use dihydroergotamine mesylate)*	NF	
Serotonin Agonists		
eletriptan hydrobromide	F	Limit 6 per month; QL(0.2 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX 5 MG/ACT, 20 MG/ACT *(Use sumatriptan)*	NF	Limit 6 per month; QL(0.2 EA daily); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML *(Use sumatriptan succinate)*	NF	Limit 2 per month; QL(0.067 ML daily); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(Use sumatriptan succinate)*	NF	Limit 2 syringes per month; QL(0.067 ML daily); AL(At least 12 yrs old)
IMITREX TABS *(Use sumatriptan succinate)*	NF	Limit 9 per month; QL(0.3 EA daily); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG *(Use rizatriptan benzoate)*	NF	QL(0.4 EA daily)
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	NF	Limit 12 per month; QL(0.4 EA daily); AL(At least 6 yrs old)
naratriptan hcl	F	Limit 9 per month; QL(0.3 EA daily); AL(At least 18 yrs old)
RELPAX *(Use eletriptan hydrobromide)*	NF	Limit 6 per month; QL(0.2 EA daily); AL(At least 18 yrs old)
rizatriptan benzoate TABS	F	Limit 12 per month; QL(0.4 EA daily); AL(At least 6 yrs old)
rizatriptan benzoate TBDP	F	QL(0.4 EA daily)
sumatriptan	F	Limit 6 per month; QL(0.2 EA daily); AL(At least 12 yrs old)
sumatriptan succinate SOAJ 6 MG/0.5ML	F	Limit 2 syringes per month; QL(0.067 ML daily); AL(At least 12 yrs old)
sumatriptan succinate SOCT 6 MG/0.5ML	F	Limit 2 per month; QL(0.067 ML daily); AL(At least 12 yrs old)
sumatriptan succinate SOLN 6 MG/0.5ML	F	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate TABS	F	Limit 9 per month; QL(0.3 EA daily); AL(At least 12 yrs old)
zolmitriptan SOLN 5 MG	F	Limit 6 per month; QL(0.2 EA daily); AL(At least 12 yrs old)
zolmitriptan TABS	F	Limit 6 per month; QL(0.2 EA daily); AL(At least 18 yrs old)
zolmitriptan TBDP	F	Limit 6 per month; QL(0.2 EA daily); AL(At least 18 yrs old)
ZOMIG SOLN 5 MG *(Use zolmitriptan)*	NF	Limit 6 per month; QL(0.2 EA daily); AL(At least 12 yrs old)
MINERALS & ELECTROLYTES		
Calcium		

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM 600 +D HIGH POTENCY TABS	F	QL(2 EA daily)
CALCIUM CARB-CHOLECALCIFEROL CHEW	F	
CALCIUM CARBONATE CHEW	F	
calcium carbonate-cholecalciferol TABS	F	
calcium carbonate TABS 1250 MG, 500 MG	F	
calcium carbonate-vitamin d TABS 600 MG-200 UNIT	F	QL(2 EA daily)
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	F	
calcium citrate TABS	F	
CALCIUM CHEW	F	
CALTRATE 600+D3 TABS *(Use calcium carbonate-cholecalciferol)*	NF	
CALTRATE BONE HEALTH TABS *(Use calcium carbonate-cholecalciferol)*	NF	
CHEWABLE CALCIUM/D3 WAFR	F	
oyster shell	F	
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	F	
PARVA-CAL 200 UNIT-500 MG	F	
Electrolyte Mixtures		
EQUALYTE SOLN (USE ORAL ELECTROLYTES)	NF	
EQUALYTE SOLN *(Use oral electrolytes)*	NF	
ORAL ELECTROLYTES SOLN - ASSORTED BRANDS	F	
ORAL ELECTROLYTES SOLN - ASSORTED GENERICS	F	
oral electrolytes SOLN	F	
PEDIALYTE ADVANCED CARE SOLN (USE ORAL ELECTROLYTES)	NF	
PEDIALYTE ADVANCED CARE SOLN *(Use oral electrolytes)*	NF	
PEDIALYTE FREEZER POPS SOLN (USE ORAL ELECTROLYTES)	NF	
PEDIALYTE FREEZER POPS SOLN *(Use oral electrolytes)*	NF	
PEDIALYTE SINGLES SOLN (USE ORAL ELECTROLYTES)	NF	
PEDIALYTE SINGLES SOLN *(Use oral electrolytes)*	NF	
PEDIALYTE SOLN (USE ORAL ELECTROLYTES)	NF	
PEDIALYTE SOLN *(Use oral electrolytes)*	NF	
Fluoride		
sodium fluoride CHEW	F	AL(Up to 15 yrs old)
sodium fluoride SOLN	F	AL(Up to 15 yrs old); RX/OTC
SOLUVITA SOLN	F	AL(Up to 15 yrs old); RX/OTC
Magnesium		
magnesium oxide (mg supplement) TABS	F	
MAGOX 400 TABS *(Use magnesium oxide (mg supplement))*	NF	
Phosphate		

Drug Name	Drug Tier	Requirements/ Limits
K-PHOS-NEUTRAL *(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	NF	QL(8 EA daily)
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	F	QL(8 EA daily)
Potassium		
K-TAB TBCR 10 MEQ, 20 MEQ *(Use potassium chloride)*	NF	
potassium bicarbonate TBEF	F	
potassium chloride microencapsulated crystals er	F	
potassium chloride CPCR 8 MEQ	F	QL(1 EA daily)
potassium chloride CPCR 10 MEQ	F	
potassium chloride PACK PO 20 MEQ	F	
potassium chloride SOLN PO 10 %, 20 %, 10 %	F	
POTASSIUM CHLORIDE SOLN IV *(Use potassium chloride)*	NF	
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	F	
Sodium		
sodium chloride SOLN IV 0.9 %	F	
SODIUM CHLORIDE SOLN IV 0.9 %	F	
Zinc		
zinc sulfate CAPS	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS *(Use penicillamine)*	NF	
penicillamine TABS	F	
Immunosuppressive Agents		
azathioprine TABS 75 MG, 100 MG	F	QL(3 EA daily)
azathioprine TABS 50 MG	F	
CELLCEPT INTRAVENOUS *(Use mycophenolate mofetil hcl)*	NF	
CELLCEPT CAPS *(Use mycophenolate mofetil)*	NF	QL(2 EA daily)
CELLCEPT SUSR *(Use mycophenolate mofetil)*	NF	QL(15 ML daily)
CELLCEPT TABS *(Use mycophenolate mofetil)*	NF	QL(4 EA daily)
cyclosporine modified (for microemulsion) CAPS	F	QL(4 EA daily)
cyclosporine modified (for microemulsion) SOLN	F	QL(8 ML daily)
cyclosporine CAPS	F	QL(4 EA daily)
cyclosporine SOLN IV 50 MG/ML	F	
ENSPRYNG	F	SP; PA
everolimus (immunosuppressant)	F	
IMURAN TABS *(Use azathioprine)*	NF	
mycophenolate mofetil hcl	F	
mycophenolate mofetil CAPS	F	QL(2 EA daily)
mycophenolate mofetil SUSR	F	QL(15 ML daily)
mycophenolate mofetil TABS	F	QL(4 EA daily)
mycophenolate sodium 180 MG	F	QL(2 EA daily)
mycophenolate sodium 360 MG	F	QL(4 EA daily)
MYFORTIC 180 MG *(Use mycophenolate sodium)*	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
MYFORTIC 360 MG *(Use mycophenolate sodium)*	NF	QL(4 EA daily)
NEORAL CAPS *(Use cyclosporine modified (for microemulsion))*	NF	QL(4 EA daily)
NEORAL SOLN *(Use cyclosporine modified (for microemulsion))*	NF	QL(8 ML daily)
PROGRAF CAPS *(Use tacrolimus)*	NF	QL(3 EA daily)
PROGRAF PACK	F	
PROGRAF SOLN	F	
RAPAMUNE SOLN *(Use sirolimus)*	NF	
RAPAMUNE TABS *(Use sirolimus)*	NF	
SANDIMMUNE CAPS *(Use cyclosporine)*	NF	QL(4 EA daily)
SANDIMMUNE SOLN IV 50 MG/ML	F	
SANDIMMUNE SOLN PO 100 MG/ML	F	QL(8 ML daily)
sirolimus SOLN	F	
sirolimus TABS	F	
tacrolimus CAPS	F	QL(3 EA daily)
ZORTRESS *(Use everolimus (immunosuppressant))*	NF	
Potassium Removing Agents		
sodium polystyrene sulfonate POWD	F	QL(454 GM per fill retail)
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	F	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	F	QL(100 ML per fill retail)
Anti-infectives - Throat		

Drug Name	Drug Tier	Requirements/ Limits
NYSTATIN *(Use nystatin (mouth-throat))*	NF	QL(120 ML per fill retail)
nystatin (mouth-throat)	F	QL(120 ML per fill retail)
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	F	
PERIDEX *(Use chlorhexidine gluconate (mouth-throat))*	NF	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL *(Use sodium fluoride (dental))*	NF	QL(60 ML per fill retail)
PREVIDENT 5000 PLUS CREA *(Use sodium fluoride (dental))*	NF	QL(60 GM per fill retail)
PREVIDENT GEL *(Use sodium fluoride (dental))*	NF	QL(60 GM per fill retail)
PREVIDENT SOLN *(Use sodium fluoride (dental))*	NF	
sodium fluoride (dental) CREA	F	QL(60 GM per fill retail)
sodium fluoride (dental) GEL	F	QL(60 GM per fill retail)
sodium fluoride (dental) SOLN 0.2 %	F	
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	F	QL(5 GM per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	F	QL(900 ML per fill retail); RX/OTC
BIOTENE DRY MOUTH MOIST SPRAY SOLN	F	QL(900 ML per fill retail); RX/OTC
CAPHOSOL SOLN	F	QL(900 ML per fill retail); RX/OTC
CVS DRY MOUTH SOLN	F	QL(900 ML per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL DRY MOUTH ORAL RINSE SOLN	F	QL(900 ML per fill retail); RX/OTC
MOI-STIR SOLN	F	QL(900 ML per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	F	QL(900 ML per fill retail); RX/OTC
MOUTH KOTE SOLN	F	QL(900 ML per fill retail); RX/OTC
NUMOISYN LIQD	F	QL(900 ML per fill retail); RX/OTC
ORAL RELIEF SPRAY SOLN	F	QL(900 ML per fill retail); RX/OTC
pilocarpine hcl (oral) 5 MG	F	QL(6 EA daily)
RA DRY MOUTH SOLN	F	QL(900 ML per fill retail); RX/OTC
SALAGEN 5 MG *(Use pilocarpine hcl (oral))*	NF	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins CAPS	F	QL(1 EA daily)
b-complex vitamins TABS	F	QL(1 EA daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	F	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron TABS	F	QL(1 EA daily)
Multiple Vitamins w/ Minerals		
CENTRUM ADULT LIQD *(Use multiple vitamins w/ minerals)*	NF	RX/OTC
CENTRUM ADULTS TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
CENTRUM MEN TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
CENTRUM SILVER 50+MEN TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
CENTRUM SILVER 50+WOMEN TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
CENTRUM SILVER ADULT 50+ TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
CENTRUM SILVER WOMEN 50+ TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
CENTRUM SILVER TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
CENTRUM WOMEN TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
CENTRUM LIQD *(Use multiple vitamins w/ minerals)*	NF	RX/OTC
FOSFREE TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
multiple vitamins w/ minerals CAPS	F	RX/OTC
multiple vitamins w/ minerals LIQD	F	RX/OTC
multiple vitamins w/ minerals TABS	F	QL(1 EA daily); RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCE TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS HEALTHY SKIN TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS MIND & BODY TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS PETITES TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
OPTIVITE P.M.T. TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
VITAROCA PLUS TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
Multivitamins		
multiple vitamin TABS	F	QL(1 EA daily); RX/OTC
ONE-A-DAY ESSENTIAL TABS *(Use multiple vitamin)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS TABS *(Use multiple vitamin)*	NF	QL(1 EA daily); RX/OTC
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron SOLN	F	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
PEDIATRIC MULTIPLE VITAMIN W/MINERALS & C CHEW	F	
PEDIATRIC MULTIPLE VITAMIN W/MINERALS & C SOLN	F	AL(Up to 18 yrs old); RX/OTC
Ped MV w/ Fluoride		
PEDIATRIC MULTIVITAMINS W/FL CHEW	F	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
PEDIATRIC MULTIVITAMINS W/FL SOLN	F	QL(50 ml perfill retail); AL(Up to 13 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride SOLN	F	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
SOLUVITA ACD WITH FLUORIDE SOLN	F	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
VITAMINS ACD-FLUORIDE SOLN	F	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/FE SOLN	F	QL(50 ML per fill retail)
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	F	QL(50 ML per fill retail)
MULTIVITAMIN DROPS/IRON SOLN	F	QL(50 ML per fill retail)
PC PEDIATRIC POLY-VITA/FE DROP SOLN	F	QL(50 ML per fill retail)
pediatric multiple vitamins w/ iron CHEW	F	
PEDIATRIC MULTIPLE VITAMINSW/ IRON CHEW	F	
POLY-VITA/IRON SOLN	F	QL(50 ML per fill retail)
POLY-VITE/IRON SOLN	F	QL(50 ML per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN PO	F	QL(50 ML per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN PO	F	QL(50 ML per fill retail)
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	F	QL(50 ML per fill retail)
POLY-VI-SOL SOLN PO	F	QL(50 ML per fill retail)
POLY-VITA SOLN PO	F	QL(50 ML per fill retail)
POLY-VITE PEDIATRIC SOLN PO	F	QL(50 ML per fill retail)
Prenatal Vitamins		
CLASSIC PRENATAL TABS	F	QL(1 EA daily)
CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-113.5 MG-5 MG-35 MG	F	
EQL PRENATAL FORMULA TABS	F	QL(1 EA daily)
FT PRENATAL TABS	F	QL(1 EA daily)
GNP PRENATAL TABS	F	QL(1 EA daily)
JENLIVA PRENATAL/POSTNATAL CAPS	F	QL(1 EA daily)
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 EA daily)
KPN PRENATAL TABS	F	QL(1 EA daily)
MASONATAL TABS	F	QL(1 EA daily)
PRENATAL (W/IRON & FA) TABS	F	QL(1 EA daily); RX/OTC
PRENATAL FORTE TABS	F	QL(1 EA daily); RX/OTC
PRENATAL VITAMIN AND MINERAL TABS	F	QL(1 EA daily)
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	F	QL(1 EA daily)
PRENATAL/IRON TABS	F	QL(1 EA daily)
PRENATAL TABS	F	QL(1 EA daily)
PRENATVITE RX TABS	F	QL(1 EA daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	F	QL(1 EA daily)
QC PRENATAL TABS	F	QL(1 EA daily)
RA PRENATAL FORMULA TABS	F	QL(1 EA daily)
RA PRENATAL TABS	F	QL(1 EA daily)
SM PRENATAL VITAMINS TABS	F	QL(1 EA daily)
Vitamins w/ Lipotropics		
vitamins w/ lipotropics CAPS	F	QL(1 EA daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen TABS	F	
chlorzoxazone TABS 500 MG	F	
cyclobenzaprine hcl TABS 5 MG, 10 MG	F	QL(3 EA daily)
methocarbamol TABS 500 MG, 750 MG	F	
tizanidine hcl TABS	F	
ZANAFLEX TABS 4 MG *(Use tizanidine hcl)*	NF	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	F	QL(90 ML per fill retail)
LITTLE REMEDIES SALINE SOLN	F	QL(90 ML per fill retail)
OCEAN NASAL SPRAY SOLN *(Use saline)*	NF	QL(90 ML per fill retail)
saline SOLN 0.65 %	F	QL(90 ML per fill retail)
Nasal Antiallergy		

Drug Name	Drug Tier	Requirements/ Limits
azelastine hcl	F	Limit 1 package per month; QL(1 ML daily); RX/OTC
cromolyn sodium (nasal) 5.2 MG/ACT	F	QL(26 ML per fill retail)
NASALCROM *(Use cromolyn sodium (nasal))*	NF	QL(26 ML per fill retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.06 %	F	Limit 1 package per month; QL(0.5 ML daily)
ipratropium bromide (nasal) 0.03 %	F	Limit 1 package per month; QL(1.2 ML daily)
Nasal Steroids		
FLONASE ALLERGY REL CHILDRENS SUSP *(Use fluticasone propionate (nasal))*	NF	QL(16 ML per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP *(Use fluticasone propionate (nasal))*	NF	QL(16 ML per fill retail); RX/OTC
flunisolide (nasal)	F	QL(25 ML per fill retail)
fluticasone propionate (nasal) SUSP	F	QL(16 ML per fill retail); RX/OTC
mometasone furoate (nasal) SUSP	F	QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR AERO *(Use triamcinolone acetonide (nasal))*	NF	QL(17 ML per fill retail); AL(At least 2 yrs old)
NASONEX 24HR SUSP *(Use mometasone furoate (nasal))*	NF	QL(17 ML per fill retail); AL(At least 2 yrs old); RX/OTC
triamcinolone acetonide (nasal) AERO	F	QL(17 ML per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Sympathomimetic Decongestants		
epinephrine hcl (nasal)	F	
phenylephrine hcl (oral) TABS	F	QL(24 EA per fill retail)
pseudoephedrine hcl TABS	F	
pseudoephedrine hcl TB12	F	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	F	
SUDAFED PE SINUS CONGESTION TABS *(Use phenylephrine hcl (oral))*	NF	QL(24 EA per fill retail)
SUDAFED SINUS CONGESTION TABS *(Use pseudoephedrine hcl)*	NF	
SUDAFED TABS *(Use pseudoephedrine hcl)*	NF	
NUTRIENTS		
Misc. Nutritional Substances		
omega-3 fatty acids CAPS 1000 MG, 1200 MG	F	QL(6 EA daily)
Proteins		
ARGININE TABS	F	
L-TRYPTOPHAN TABS	F	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear solution	F	
polyvinyl alcohol 1.4 %	F	QL(15 ML per fill retail)
white petrolatum-mineral oil	F	QL(4 GM per fill retail)
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	F	QL(10 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
carteolol hcl (ophth)	F	Limit 1 package per month; QL(0.5 ML daily)
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NF	QL(10 ML per fill retail)
DORZOLAMIDE HCL-TIMOLOL MAL	F	QL(10 ML per fill retail)
dorzolamide hcl-timolol maleate	F	QL(10 ML per fill retail)
levobunolol hcl 0.5 %	F	QL(10 ML per fill retail)
timolol maleate (ophth) SOLG 0.5 %	F	
timolol maleate (ophth) SOLN	F	QL(60 EA per fill retail)
timolol maleate (ophth) SOLN 0.5 %	F	QL(15 ML per fill retail)
timolol maleate (ophth) SOLN 0.25 %	F	QL(10 ML per fill retail)
TIMOPTIC OCUDOSE SOLN *(Use timolol maleate (ophth))*	NF	QL(60 EA per fill retail)
TIMOPTIC SOLN 0.5 % *(Use timolol maleate (ophth))*	NF	QL(15 ML per fill retail)
TIMOPTIC SOLN 0.25 % *(Use timolol maleate (ophth))*	NF	QL(10 ML per fill retail)
TIMOPTIC-XE SOLG *(Use timolol maleate (ophth))*	NF	
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	F	QL(4 GM per fill retail)
atropine sulfate (ophthalmic) SOLN	F	QL(15 ML per fill retail)
ATROPINE SULFATE SOLN 1 %	F	QL(15 EA per fill retail)
ATROPINE SULFATE SOLN 1 % *(Use atropine sulfate (ophthalmic))*	NF	QL(15 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL *(Use cyclopentolate hcl)*	NF	QL(15 ML per fill retail)
cyclopentolate hcl 1 %	F	QL(15 ML per fill retail)
ISOPTO ATROPINE SOLN	F	QL(15 ML per fill retail)
MYDRIACYL SOLN *(Use tropicamide)*	NF	QL(15 ML per fill retail)
phenylephrine hcl (mydriatic) SOLN 2.5 %	F	QL(15 ML per fill retail)
PHENYLEPHRINE HCL SOLN *(Use phenylephrine hcl (mydriatic))*	NF	QL(15 ML per fill retail)
tropicamide SOLN	F	QL(15 ML per fill retail)
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	F	
Ophthalmic Adrenergic Agents		
apraclonidine hcl	F	
brimonidine tartrate 0.2 %	F	QL(15 ML per fill retail)
IOPIDINE	F	
Ophthalmic Anti-infectives		
bacitracin-polymyxin b (ophth)	F	QL(4 GM per fill retail)
ERYTHROMYCIN	F	QL(4 GM per fill retail)
erythromycin (ophth)	F	QL(4 GM per fill retail)
gentamicin sulfate (ophth) SOLN	F	QL(15 ML per fill retail)
moxifloxacin hcl (ophth) SOLN OP	F	QL(3 ML per fill retail)
neomycin-bacitracin zn-polymyxin	F	QL(4 GM per fill retail)
neomycin-polymyxin-gramicidin	F	QL(10 ML per fill retail)
OCUFLOX *(Use ofloxacin (ophth))*	NF	QL(10 ML per fill retail)
ofloxacin (ophth)	F	QL(10 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
polymyxin b-trimethoprim	F	QL(10 ML per fill retail)
POLYTRIM *(Use polymyxin b-trimethoprim)*	NF	QL(10 ML per fill retail)
sulfacetamide sodium (ophth) OINT	F	
sulfacetamide sodium (ophth) SOLN	F	QL(15 ML per fill retail)
tobramycin (ophth) SOLN	F	QL(5 ML per fill retail)
TOBREX OINT	F	QL(4 GM per fill retail)
trifluridine	F	QL(8 ML per fill retail)
VIGAMOX SOLN OP *(Use moxifloxacin hcl (ophth))*	NF	QL(3 ML per fill retail)
Ophthalmic Decongestants		
tetrahydrozoline hcl (ophth) 0.05 %	F	Limit 1 package per month; QL(0.5 ML daily)
VISINE RED EYE COMFORT *(Use tetrahydrozoline hcl (ophth))*	NF	Limit 1 package per month; QL(0.5 ML daily)
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth)	F	
Ophthalmic Steroids		
dexamethasone sodium phosphate (ophth)	F	QL(5 ML per fill retail)
fluorometholone (ophth) SUSP	F	QL(15 ML per fill retail)
FML LIQUIFILM SUSP *(Use fluorometholone (ophth))*	NF	QL(15 ML per fill retail)
MAXITROL OINT *(Use neomycin-polymy-dexameth)*	NF	QL(4 GM per fill retail)
MAXITROL SUSP *(Use neomycin-polymy-dexameth)*	NF	QL(5 ML per fill retail)
neomycin-polymy-dexameth OINT	F	QL(4 GM per fill retail)
neomycin-polymy-dexameth SUSP	F	QL(5 ML per fill retail)
neomycin-polymyxin-hc (ophth)	F	QL(8 ML per fill retail)
PRED FORTE *(Use prednisolone acetate (ophth))*	NF	
PRED MILD	F	QL(10 ML per fill retail)
prednisolone acetate (ophth)	F	
PREDNISOLONE ACETATE P-F	F	
PREDNISOLONE SODIUM PHOSPHATE	F	Limit 1 package per month; QL(0.34 ML daily)
sulfacetamide sod-prednisolone SOLN	F	QL(10 ML per fill retail)
TOBRADEX OINT	F	QL(4 GM per fill retail)
TOBRADEX SUSP *(Use tobramycin-dexamethasone)*	NF	QL(10 ML per fill retail)
tobramycin-dexamethasone SUSP	F	QL(10 ML per fill retail)
Ophthalmics - Misc.		
ACULAR *(Use ketorolac tromethamine (ophth))*	NF	QL(10 ML per fill retail)
ACULAR LS *(Use ketorolac tromethamine (ophth))*	NF	
ALOCRIL	F	Try ketotifen ophth. first; QL(5 ML per fill retail); ST
ALOMIDE	F	Try ketotifen ophth. first; QL(10 ML per fill retail); ST

Drug Name	Drug Tier	Requirements/ Limits
azelastine hcl (ophth)	F	Try ketotifen ophth. first; QL(6 ML per fill retail); ST
AZOPT *(Use brinzolamide)*	NF	QL(15 ML per fill retail)
brinzolamide	F	QL(15 ML per fill retail)
cromolyn sodium (ophth)	F	QL(10 ML per fill retail)
diclofenac sodium (ophth)	F	QL(5 ML per fill retail)
dorzolamide hcl	F	QL(10 ML per fill retail)
DORZOLAMIDE HCL	F	QL(10 ML per fill retail)
flurbiprofen sodium	F	QL(3 ML per fill retail)
ketorolac tromethamine (ophth) 0.4 %	F	
ketorolac tromethamine (ophth) 0.5 %	F	QL(10 ML per fill retail)
ketotifen fumarate (ophth) 0.035 %	F	QL(10 ML per fill retail)
NEVANAC	F	QL(3 ML per fill retail)
ZADITOR 0.035 % *(Use ketotifen fumarate (ophth))*	NF	QL(10 ML per fill retail)
Prostaglandins - Ophthalmic		
latanoprost SOLN	F	QL(3 ML per fill retail)
LATANOPROST SOLN	F	QL(3 ML per fill retail)
XALATAN SOLN *(Use latanoprost)*	NF	QL(3 ML per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	F	QL(15 ML per fill retail)
carbamide peroxide (otic) 6.5 %	F	Limit 1 package per month; QL(0.5 ML daily)
DEBROX 6.5 % *(Use carbamide peroxide (otic))*	NF	Limit 1 package per month; QL(0.5 ML daily)
Otic Anti-infectives		
ofloxacin (otic)	F	QL(10 ML per fill retail)
Otic Combinations		
CIPRODEX *(Use ciprofloxacin-dexamethasone)*	NF	QL(7.5 ML per 30 day(s) retail)
ciprofloxacin-dexamethasone	F	QL(7.5 ML per 30 day(s) retail)
neomycin-polymyxin-hc (otic) SOLN	F	QL(10 ML per fill retail)
neomycin-polymyxin-hc (otic) SUSP	F	QL(10 ML per fill retail)
PRAMOTIC	F	
pramoxine-hc-chloroxylenol	F	Limit 1 package per month; QL(0.34 ML daily)
Otic Steroids		
DERMOTIC *(Use fluocinolone acetonide (otic))*	NF	Limit 1 package per month; QL(0.67 ML daily)
fluocinolone acetonide (otic)	F	Limit 1 package per month; QL(0.67 ML daily)
hydrocortisone w/acetic acid	F	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		

Drug Name	Drug Tier	Requirements/ Limits
Monoclonal Antibodies		
SYNAGIS SOLN	F	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	F	
amoxicillin CHEW 125 MG, 250 MG	F	
amoxicillin SUSR	F	
AMOXICILLIN SUSR *(Use amoxicillin)*	NF	
amoxicillin TABS 875 MG	F	
ampicillin CAPS 500 MG	F	
Natural Penicillins		
penicillin v potassium SOLR	F	
penicillin v potassium TABS	F	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	F	QL(20 EA per fill retail)
amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML	F	Limit 1 package per claim; QL(150 ML per fill retail)
amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML	F	
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML	F	Limit 2 packages per claim; QL(400 ML per fill retail)
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	F	Limit 1 package per claim; QL(100 ML per fill retail)
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG	F	QL(20 EA per fill retail)
amoxicillin & pot clavulanate TABS 125 MG-250 MG	F	QL(30 EA per fill retail)
amoxicillin & pot clavulanate TB12	F	Limit 40 per 30 days; QL(1.34 EA daily)
AUGMENTIN ES-600 SUSR *(Use amoxicillin & pot clavulanate)*	NF	Limit 2 packages per claim; QL(400 ML per fill retail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	F	
AUGMENTIN TABS 125 MG-500 MG *(Use amoxicillin & pot clavulanate)*	NF	QL(20 EA per fill retail)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	F	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS *(Use norethindrone acetate)*	NF	
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	F	
megestrol acetate (appetite)	F	
norethindrone acetate TABS	F	
progesterone CAPS	F	QL(1 EA daily)
PROMETRIUM CAPS *(Use progesterone)*	NF	QL(1 EA daily)
PROVERA 5 MG, 10 MG *(Use medroxyprogesterone acetate)*	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Agents for Chemical Dependency		
disulfiram 250 MG	F	
lofexidine hcl	F	QL(224 EA per 14 day(s) retail)
LUCEMYRA *(Use lofexidine hcl)*	NF	QL(224 EA per 14 day(s) retail)
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG *(Use donepezil hydrochloride)*	NF	QL(1 EA daily)
donepezil hydrochloride TABS 5 MG, 10 MG	F	QL(1 EA daily)
EXELON *(Use rivastigmine)*	NF	QL(1 EA daily); PA
galantamine hydrobromide CP24	F	QL(1 EA daily)
galantamine hydrobromide SOLN	F	QL(6 ML daily)
galantamine hydrobromide TABS	F	QL(2 EA daily)
memantine hcl SOLN	F	QL(10 ML daily)
memantine hcl TABS	F	Titration Pak: Limit 1 package per 28 days; QL(1.75 EA daily)
memantine hcl TABS 5 MG	F	5mg; QL(2 EA daily)
memantine hcl TABS 10 MG	F	10mg; QL(2 EA daily)
NAMENDA TITRATION PAK TABS *(Use memantine hcl)*	NF	Titration Pak: Limit 1 package per 28 days; QL(1.75 EA daily)
NAMENDA TABS 10 MG *(Use memantine hcl)*	NF	10mg; QL(2 EA daily)
NAMENDA TABS 5 MG *(Use memantine hcl)*	NF	5mg; QL(2 EA daily)
RAZADYNE ER CP24 *(Use galantamine hydrobromide)*	NF	QL(1 EA daily)
rivastigmine	F	QL(1 EA daily); PA
rivastigmine tartrate CAPS	F	QL(2 EA daily); PA
Combination Psychotherapeutics		
perphenazine-amitriptyline	F	QL(4 EA daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	F	QL(55 EA per 365 day(s) retail); PA
SAVELLA TABS	F	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
tetrabenazine	F	SP; PA
XENAZINE *(Use tetrabenazine)*	NF	SP; PA
Multiple Sclerosis Agents		
AMPYRA *(Use dalfampridine)*	NF	SP; PA
AUBAGIO *(Use teriflunomide)*	NF	QL(1 EA daily); SP
AVONEX PEN AJKT	F	SP; PA
AVONEX PREFILLED PSKT	F	SP; PA
COPAXONE SOSY *(Use glatiramer acetate)*	NF	SP
dalfampridine	F	SP; PA
dimethyl fumarate CDPK	F	SP
dimethyl fumarate CPDR	F	SP
EXTAVIA KIT	F	SP; PA
fingolimod hcl	F	QL(1 EA daily); SP
GILENYA *(Use fingolimod hcl)*	NF	QL(1 EA daily); SP
glatiramer acetate SOSY	F	SP
PLEGRIDY STARTER PACK SOAJ	F	SP; PA
PLEGRIDY STARTER PACK SOSY SC	F	SP; PA
PLEGRIDY SOAJ	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY SOSY IM	F	SP; PA
REBIF REBIDOSE TITRATION PACK SOAJ	F	SP; PA
REBIF REBIDOSE SOAJ	F	SP; PA
REBIF TITRATION PACK SOSY	F	SP; PA
REBIF SOSY	F	SP; PA
TECFIDERA CDPK *(Use dimethyl fumarate)*	NF	SP
TECFIDERA CPDR *(Use dimethyl fumarate)*	NF	SP
teriflunomide	F	QL(1 EA daily); SP
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	F	
Smoking Deterrents		
APO-VARENICLINE TABS	F	QL(2 EA daily)
bupropion hcl (smoking deterrent)	F	QL(2 EA daily)
CHANTIX STARTING MONTH PAK TBPK *(Use varenicline tartrate)*	NF	
NICODERM CQ PT24 TD *(Use nicotine)*	NF	
NICORETTE MINI LOZG *(Use nicotine polacrilex)*	NF	
NICORETTE STARTER KIT GUM *(Use nicotine polacrilex)*	NF	
NICORETTE GUM *(Use nicotine polacrilex)*	NF	
NICORETTE LOZG *(Use nicotine polacrilex)*	NF	
nicotine polacrilex GUM	F	
nicotine polacrilex LOZG	F	
NICOTINE KIT	F	
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	F	
NICOTROL NS SOLN	F	
NICOTROL INHA	F	
varenicline tartrate TABS	F	QL(2 EA daily)
varenicline tartrate TBPK	F	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	F	SP; PA
KALYDECO TABS	F	SP; PA
ORKAMBI PACK	F	SP; PA
ORKAMBI TABS	F	SP; PA
PULMOZYME	F	SP; PA
SYMDEKO	F	SP; PA
TRIKAFTA TBPK	F	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(Use pirfenidone)*	NF	SP; PA
ESBRIET TABS *(Use pirfenidone)*	NF	SP; PA
pirfenidone CAPS	F	SP; PA
pirfenidone TABS	F	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
doxycycline (monohydrate) CAPS 50 MG, 100 MG	F	
doxycycline (monohydrate) TABS 50 MG, 100 MG	F	
doxycycline hyclate CAPS	F	
doxycycline hyclate TABS 100 MG	F	
minocycline hcl CAPS	F	
TARGADOX TABS *(Use doxycycline hyclate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
tetracycline hcl CAPS 500 MG	F	
VIBRAMYCIN CAPS *(Use doxycycline hyclate)*	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	F	
propylthiouracil	F	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	F	
ARMOUR THYROID TABS	F	
CYTOMEL TABS *(Use liothyronine sodium)*	NF	
levothyroxine sodium TABS	F	
liothyronine sodium TABS	F	
NIVA THYROID TABS	F	
NP THYROID TABS	F	
SYNTHROID TABS *(Use levothyroxine sodium)*	NF	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	F	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	F	
BOOSTRIX SUSP	F	
BOOSTRIX SUSY	F	
DAPTACEL	F	
INFANRIX	F	
KINRIX SUSY	F	
PEDIARIX SUSY	F	
PENTACEL	F	
QUADRACEL SUSP	F	
QUADRACEL SUSY	F	
TDVAX SUSP	F	
TENIVAC INJ	F	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	F	
VAXELIS SUSP	F	
VAXELIS SUSY	F	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP *(Use hyoscyamine sulfate)*	NF	
dicyclomine hcl CAPS	F	
dicyclomine hcl SOLN PO	F	QL(40 ML daily)
dicyclomine hcl TABS	F	
glycopyrrolate TABS 1 MG, 2 MG	F	QL(4 EA daily)
hyoscyamine sulfate ELIX	F	
hyoscyamine sulfate SOLN PO 0.125 MG/ML	F	
hyoscyamine sulfate TB12 0.375 MG	F	QL(4 EA daily)
hyoscyamine sulfate TBDP 0.125 MG	F	
LEVBID TB12 *(Use hyoscyamine sulfate)*	NF	QL(4 EA daily)
ROBINUL-FORTE TABS *(Use glycopyrrolate)*	NF	QL(4 EA daily)
ROBINUL TABS *(Use glycopyrrolate)*	NF	QL(4 EA daily)
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	F	QL(27 ML daily)
cimetidine TABS	F	RX/OTC
famotidine SUSR	F	
famotidine TABS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEPCID AC MAXIMUM STRENGTH TABS *(Use famotidine)*	NF	RX/OTC
PEPCID AC TABS *(Use famotidine)*	NF	
PEPCID TABS *(Use famotidine)*	NF	RX/OTC
TAGAMET HB 200 TABS *(Use cimetidine)*	NF	RX/OTC
TAGAMET HB TABS *(Use cimetidine)*	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP *(Use sucralfate)*	NF	QL(420 ML per fill retail); AL(Up to 6 yrs old)
CARAFATE TABS *(Use sucralfate)*	NF	QL(4 EA daily)
sucralfate SUSP	F	QL(420 ML per fill retail); AL(Up to 6 yrs old)
sucralfate TABS	F	QL(4 EA daily)
Proton Pump Inhibitors		
esomeprazole magnesium CPDR 40 MG	F	
lansoprazole CPDR 15 MG	F	QL(4 EA daily); RX/OTC
lansoprazole CPDR 30 MG	F	
lansoprazole TBDD	F	
omeprazole CPDR 20 MG, 40 MG	F	QL(2 EA daily)
omeprazole CPDR 10 MG	F	
omeprazole TBEC	F	QL(1 EA daily)
pantoprazole sodium TBEC 40 MG	F	QL(2 EA daily)
pantoprazole sodium TBEC 20 MG	F	QL(1 EA daily)
PREVACID 24HR CPDR *(Use lansoprazole)*	NF	QL(4 EA daily); RX/OTC
PREVACID SOLUTAB TBDD *(Use lansoprazole)*	NF	
PREVACID CPDR 30 MG *(Use lansoprazole)*	NF	
PROTONIX TBEC 20 MG *(Use pantoprazole sodium)*	NF	QL(1 EA daily)
PROTONIX TBEC 40 MG *(Use pantoprazole sodium)*	NF	QL(2 EA daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC *(Use misoprostol)*	NF	
misoprostol	F	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	F	14 day(s) max supply per 365 day(s) retail
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL LA CP24 *(Use tolterodine tartrate)*	NF	QL(1 EA daily)
DETROL TABS *(Use tolterodine tartrate)*	NF	QL(2 EA daily)
DITROPAN XL TB24 5 MG *(Use oxybutynin chloride)*	NF	QL(2 EA daily)
oxybutynin chloride TABS	F	QL(3 EA daily)
oxybutynin chloride TB24	F	QL(2 EA daily)
tolterodine tartrate CP24	F	QL(1 EA daily)
tolterodine tartrate TABS	F	QL(2 EA daily)
trospium chloride TABS	F	QL(2 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	F	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	F	

Drug Name	Drug Tier	Requirements/ Limits
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	F	
BCG VACCINE	F	
BEXSERO	F	
BIOTHRAX	F	AL(At least 18 yrs old - Up to 65 yrs old)
CAPVAXIVE	F	
HIBERIX SOLR IJ	F	
MENACTRA	F	
MENQUADFI	F	
MENVEO SOLN	F	
MENVEO SOLR	F	
PEDVAX HIB SUSP	F	
PENBRAYA	F	
PNEUMOVAX 23 SOLN	F	
PNEUMOVAX 23 SOSY	F	
PREVNAR 13	F	
PREVNAR 20	F	
TRUMENBA	F	
TYPHIM VI SOLN	F	
TYPHIM VI SOSY	F	
VAXCHORA	F	
VAXNEUVANCE	F	
VIVOTIF	F	
Viral Vaccines		
ABRYSVO	F	AL(At least 60 yrs old)
ACAM2000	F	
AFLURIA PRESERVATIVE FREE SUSY	F	
AFLURIA SUSP	F	
AREXVY	F	AL(At least 60 yrs old)
COMIRNATY SUSP	F	
COMIRNATY SUSY	F	

Drug Name	Drug Tier	Requirements/ Limits
DENGVAXIA	F	
ENGERIX-B SUSP 20 MCG/ML	F	3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	F	3 max fill(s) per 999 day(s) retail
ERVEBO	F	
FLUAD	F	
FLUARIX SUSY	F	
FLUBLOK SOSY	F	
FLUCELVAX SUSP	F	
FLUCELVAX SUSY	F	
FLULAVAL SUSY	F	
FLUMIST	F	
FLUZONE HIGH-DOSE SUSY	F	
FLUZONE SUSP	F	
FLUZONE SUSY	F	
GARDASIL 9 SUSP	F	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
GARDASIL 9 SUSY	F	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
HAVRIX IM 720 EL U/0.5ML	F	
HAVRIX 1440 EL U/ML	F	
HEPLISAV-B SOSY	F	3 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	F	
IPOL	F	
IXCHIQ	F	
IXIARO	F	
JYNNEOS	F	
M-M-R II SOLR	F	
MODERNA COVID-19 VAC 6M-11Y SUSY	F	

Drug Name	Drug Tier	Requirements/ Limits
MRESVIA	F	AL(At least 60 yrs old)
NOVAVAX COVID-19 VACCINE SUSP	F	
NOVAVAX COVID-19 VACCINE SUSY	F	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	F	
PREHEVBRIO	F	3 max fill(s) per 999 day(s) retail
PRIORIX SUSR	F	
PROQUAD SUSR	F	
RABAVERT	F	
RECOMBIVAX HB SUSP	F	3 max fill(s) per 999 day(s) retail
RECOMBIVAX HB SUSY	F	3 max fill(s) per 999 day(s) retail
ROTARIX SUSP	F	
ROTARIX SUSR	F	
ROTATEQ SOLN	F	
SHINGRIX	F	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX SUSP	F	
SPIKEVAX SUSY	F	
STAMARIL SUSR	F	
TICOVAC	F	
TWINRIX SUSY	F	
VAQTA	F	
VARIVAX SUSR	F	2 max fill(s) per 999 day(s) retail
YF-VAX INJ	F	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA *(Use clindamycin phosphate vaginal)*	NF	QL(40 GM per fill retail)
clindamycin phosphate vaginal CREA	F	QL(40 GM per fill retail)
clotrimazole vaginal CREA 2 %	F	QL(21 GM per fill retail)
clotrimazole vaginal CREA 1 %	F	QL(45 GM per fill retail)
GYNAZOLE-1	F	
GYNE-LOTRIMIN 3 CREA *(Use clotrimazole vaginal)*	NF	QL(21 GM per fill retail)
GYNE-LOTRIMIN CREA *(Use clotrimazole vaginal)*	NF	QL(45 GM per fill retail)
metronidazole vaginal	F	QL(70 GM per fill retail)
miconazole nitrate vaginal CREA 2 %	F	QL(45 GM per fill retail)
miconazole nitrate vaginal KIT	F	QL(1 EA per fill retail)
miconazole nitrate vaginal SUPP 200 MG	F	QL(3 EA per fill retail)
miconazole nitrate vaginal SUPP 100 MG	F	QL(7 EA per fill retail)
MONISTAT 1 COMBO PACK KIT *(Use miconazole nitrate vaginal)*	NF	
MONISTAT 1 DAY OR NIGHT KIT *(Use miconazole nitrate vaginal)*	NF	
MONISTAT 3 COMBINATION PACK KIT *(Use miconazole nitrate vaginal)*	NF	QL(1 EA per fill retail)
MONISTAT 3 CREA	F	Limit 1 package per month; QL(1.5 GM daily)
MONISTAT 7 SIMPLY CURE CREA *(Use miconazole nitrate vaginal)*	NF	QL(45 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
terconazole vaginal CREA 0.4 %	F	QL(45 GM per fill retail)
terconazole vaginal CREA 0.8 %	F	QL(20 GM per fill retail)
terconazole vaginal SUPP	F	QL(3 EA per fill retail)
tioconazole vaginal 6.5 %	F	QL(5 GM per fill retail)
VANDAZOLE	F	QL(70 GM per fill retail)
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	F	QL(60 GM per fill retail)
MONISTAT CARE INSTANT ITCH RLF *(Use hydrocortisone vaginal)*	NF	QL(60 GM per fill retail)
Vaginal Contraceptive - pH Modulators		
PHEXXI	F	
Vaginal Estrogens		
ESTRACE CREA *(Use estradiol vaginal)*	NF	Limit 1 package per month; QL(1.5 GM daily)
estradiol vaginal CREA	F	Limit 1 package per month; QL(1.5 GM daily)
estradiol vaginal TABS	F	
PREMARIN	F	Limit 1 package per month; QL(1.5 GM daily)
VAGIFEM TABS *(Use estradiol vaginal)*	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	F	QL(4 EA per 365 day(s) retail)
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NF	
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NF	QL(4 EA per 365 day(s) retail)
EPIPEN JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NF	
Vasopressors		
midodrine hcl	F	
VITAMINS		
Multiple Vitamins w/ Minerals		
CENTRUM ADULTS TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
CENTRUM LIQD (USE MULTIPLE VITAMINS W/ MINERALS)	NF	RX/OTC
CENTRUM MEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER 50+MEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER ADULT 50+ TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
CENTRUM TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
CENTRUM WOMEN TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
FOSFREE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
MULTIPLE VITAMIN TABS - ASSORTED BRANDS	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VITAMIN TABS - ASSORTED GENERICS	F	QL(1 ea daily)
MULTIPLE VITAMINS W/ MINERALS CAPS - ASSORTED BRANDS	F	RX/OTC
MULTIPLE VITAMINS W/ MINERALS CAPS - ASSORTED GENERICS	F	RX/OTC
MULTIPLE VITAMINS W/ MINERALS CHEW	F	
MULTIPLE VITAMINS W/ MINERALS LIQD - ASSORTED BRANDS	F	RX/OTC
MULTIPLE VITAMINS W/ MINERALS LIQD - ASSORTED GENERICS	F	RX/OTC
MULTIPLE VITAMINS W/ MINERALS LOZG	F	
MULTIPLE VITAMINS W/ MINERALS MISC	F	
MULTIPLE VITAMINS W/ MINERALS PACK	F	
MULTIPLE VITAMINS W/ MINERALS POWD	F	
MULTIPLE VITAMINS W/ MINERALS SYRP	F	
MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED BRANDS	F	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS - ASSORTED GENERICS	F	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS TBCR	F	
ONE-A-DAY ESSENTIAL TABS (USE MULTIPLE VITAMIN)	F	QL(1 ea daily)
ONE-A-DAY MENS TABS (USE MULTIPLE VITAMIN)	NF	QL(1 ea daily)
ONE-A-DAY WEIGHT SMART ADVANCED TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS PETITES TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
OPTIVITE P.M.T. TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
STROVITE FORTE TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
THERAMILL FORTE CAPS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	RX/OTC
VITAROCA PLUS TABS (USE MULTIPLE VITAMINS W/ MINERALS)	NF	QL(1 ea daily); RX/OTC
Oil Soluble Vitamins		
BABY DDROPS LIQD PO *(Use cholecalciferol)*	NF	
cholecalciferol CAPS 1.25 MG, 50000 UNIT	F	Limit 8 per month; QL(0.267 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
cholecalciferol CAPS	F	
cholecalciferol CHEW 400 UNIT	F	
cholecalciferol LIQD PO	F	
cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG	F	
DRISDOL CAPS *(Use ergocalciferol)*	NF	
D-VI-SOL LIQD PO *(Use cholecalciferol)*	NF	
ergocalciferol CAPS	F	
ergocalciferol SOLN PO 200 MCG/ML	F	
phytonadione TABS 5 MG	F	
vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT	F	
vitamin a TABS 10000 UNIT	F	
VITAMIN D3 LIQD PO 125 MCG/ML	F	
vitamin e CAPS	F	QL(2 EA daily)
VITAMIN E CAPS	F	QL(2 EA daily)
vitamin e SOLN	F	
VITAMIN E SOLN 15 MG/0.67ML	F	
Water Soluble Vitamins		
ascorbic acid CHEW 500 MG	F	
ASCORBIC ACID POWD PO	F	
ascorbic acid TABS	F	100 / 30 days; QL(100 EA per 34 day(s) retail)
biotin CAPS 5 MG, 5000 MCG	F	
CYTO C POWD PO	F	
NIACIN ER CPCR	F	
NIACIN ER TBCR	F	

Drug Name	Drug Tier	Requirements/ Limits
niacin CPCR 250 MG, 500 MG	F	
niacin TABS 50 MG, 100 MG, 500 MG	F	
niacin TBCR	F	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	F	
riboflavin TABS 50 MG, 100 MG	F	100 / 30 days; QL(100 EA per 34 day(s) retail)
SLO-NIACIN TBCR *(Use niacin)*	NF	
thiamine hcl TABS	F	100 / 30 days; QL(100 EA per 34 day(s) retail)
thiamine mononitrate TABS 100 MG	F	100 / 30 days; QL(100 EA per 34 day(s) retail)
VITAMIN C POWD PO	F	

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