Preferred Drug List

The Preferred Dug List (PDL) includes a list of drugs covered by your prescription benefit. The PDL is updated regularly 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 pays for prescription drugs and some Over-The-Counter (OTC) medicines. Your doctor must write a prescription. Not all drugs are covered. Some drugs need Prior Authorization (PA). Some drugs have limits on age, dose, or quantity.

You can get help by:

- Calling Member Services at 1-844-366-2880
- Using the Drug Lookup Tool at SSHP Drug Lookup Tool

Pharmacy Benefit Manager (PBM)

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

Prior Authorizations (PA)

Some drugs on the PDL need PA. Your doctor can send the PA request through Cover My Meds (www.covermymeds.com) or by fax to 1-833-645-2736.

SilverSummit will cover the medicine if:

- You need the drug for medical reasons
- Other drugs on the PDL didn't work
- The drug is not a benefit exclusion

PA requests are reviewed by a licensed pharmacist within 24 hours. If approved, your doctor is sent a fax. If the PA is denied, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Transition Period

New members can get most prescription drugs without PA for 2 fills (up to 68 days) in the first 90 days. Controlled drugs have a 30-day limit. This will give you and your doctor time to switch to drugs on the PDL or request a PA.

96-Hour Emergency Supply Policy

State and Federal Law allows a pharmacy to give up to 4 days of medicine if you are waiting for a PA. Pharmacies will be paid for the 4 day supply even if PA is not approved. Controlled drugs are not included. The pharmacy must call 1-866-399-0928 for approval.

Step Therapy

In Step Therapy, for some drugs to be covered, you may need to try another drug first. If you have already tried it, the drug will be covered. If not, your doctor must send a PA. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

SilverSummit Healthplan: Preferred Drug List (PDL)

Dispensing Limits

The pharmacy can give you:

- Up to 34 days per new prescription or refill
- Up to 100 days per maintenance medicine
- 80% of the medicine supply or 25 days must pass before the medicine can be refilled
- 90% for controlled drugs. And you may need a new prescription for some controlled medicines.

Quantity Limits

Some drugs have limits on how much medicine you can get at one time. Your doctor can request PA if needed. If not, your doctor must send a PA. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Age Limit

Some medicines on the PDL have age limits. These limits are based on Food and Drug Administration (FDA) rules to keep you safe. If your doctor decides you still need the medicine, they can send a PA request to Pharmacy Services. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Medical Necessity Requests

If a drug is not on the PDL, your doctor can make a medical necessity (MN) PA with notes showing:

- You tried 2 PDL drugs in the same class and used for the same diagnosis
- You can't take PDL drugs due to allergy or other reasons
- You can't take any of the PDL agents for your diagnosis

All requests are checked by a licensed clinical pharmacist. Most reviews are finished within 24 hours unless more information is needed. The pharmacist follows rules from the Pharmacy & Therapeutics Committee. If your request is approved, a fax will be sent to your doctor. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Appropriate Use and Safety Edits

Your safety is very important to us. One way we help keep you safe is by using point-of-sale (POS) edits when the pharmacy sends your medicine claim. These edits follow Food and Drug Administration (FDA) rules. For example, you can only get one drug from the same therapy group each month.

Generic Drugs

Generic drugs have the same active ingredient and work the same as brand-name drugs. If you or your doctor decide you need a brand-name drug that is not preferred, your doctor can request a PA. We will cover the brand-name drug if there is a medical reason you need it. If the PA is not approved, a fax will be sent to your doctor. And you will get a letter with a list of generic medicines that are covered. The letter will tell you about the appeal process.

SilverSummit Healthplan: Preferred Drug List (PDL)

Over-the-Counter (OTC) Medicines

Some OTC drugs are covered if your doctor writes a prescription. These drugs are listed in the PDL.

Filling a Prescription

You can get your medicine at an in-network pharmacy. To find one, call SilverSummit Member Services or use the Provider Lookup tool on our website. Bring your prescription and your SilverSummit ID card to the pharmacy. The pharmacy may also ask for another ID, like a driver's license or state ID.

Maintenance Medications

Some drugs are called maintenance medications because they treat long-term health problems. If your medicine is part of the Maintenance Drug List, you can get up to a 100-day supply at certain retail pharmacies.

Exclusions

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

- Drugs that are experimental Drugs without 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

Some drugs and medical services are part of SilverSummit's medical benefit and are not covered at retail pharmacies:

- Injectable drugs given at a doctor's office or outpatient clinic.
- Home health products and home infusion therapy, like:
    - Durable medical equipment (DME)
    - Nebulizers and tubing
    - Blood pressure monitors
    - Enteral and parenteral nutrition
    - Injectable antibiotic therapy
    - Chemotherapy
    - Other medical supplies

If a prescriber asks Pharmacy Services for a medical prior authorization, they will be told to contact SilverSummit directly.

SilverSummit Healthplan: Preferred Drug List (PDL)

Newly Approved Products

New drugs are reviewed before they are added 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:	1-855-535-1815

Language Assistance

Do you need this document translated? Do you need help understanding this document? 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.

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	**Tier Definitions**
P	Preferred: This drug is covered on the drug list.
NP	Non-Preferred: This drug needs prior authorization.
PA	Preferred with Prior Authorization: This drug needs prior authorization.
NF	Non-Formulary: This drug needs prior authorization. Use preferred drug.
REQUIREMENT or LIMITS	
Requirement/Lim	**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	Opioid medicines can only be filled for 7 days at a time without Prior Authorization. This limit is extended to 30-day fills when a member has a medical history of cancer or palliative care in their records. Opioid fills are limited to 13 fills within 12 month rolling period without Prior Authorization. Additional restrictions may apply for members under the age of 18 years. Limits: • Daily Dose Max = 60 MME** • Day Supply Max = 7 days
Test Strips	Insulin users are limited to 200 strips per month.

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)*	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
ADDERALL TABS *(Use amphetamine-dextroamphetamine)*	NP	AL(At least 3 yrs old)
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG *(Use amphetamine)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine sulfate TABS	NP	AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	PA	AL(At least 3 yrs old); PA
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
DESOXYN *(Use methamphetamine hcl)*	NF	
DEXEDRINE CP24 10 MG *(Use dextroamphetamine sulfate)*	NP	QL(2 EA daily); AL(At least 6 yrs old)
DEXEDRINE CP24 15 MG *(Use dextroamphetamine sulfate)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
dextroamphetamine sulfate SOLN	NP	AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG, 15 MG, 20 MG, 30 MG	PA	AL(At least 3 yrs old); PA
dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	AL(At least 3 yrs old)
DYANAVEL XR SUER	NP	QL(8 ML daily); AL(At least 6 yrs old)
DYANAVEL XR TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
EVEKEO ODT TBDP	NP	AL(At least 3 yrs old)
EVEKEO TABS *(Use amphetamine sulfate)*	NP	AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	NP	QL(1 EA daily); AL(At least 6 yrs old)
lisdexamfetamine dimesylate CHEW	NP	QL(1 EA daily); AL(At least 6 yrs old)
methamphetamine hcl	NP	AL(At least 3 yrs old)
MYDAYIS CP24 *(Use amphetamine-dextroamphetamine)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
VYVANSE CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
VYVANSE CHEW	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
XELSTRYM	NP	AL(At least 6 yrs old)
Analeptics		
caffeine citrate SOLN PO	P	QL(45 ML per fill retail; 45 per fill mail)
Anti-Obesity Agents		
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	PA	QL(0.108 ML daily); AL(At least 18 yrs old); PA
ZEPBOUND SOAJ 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA
ZEPBOUND SOAJ 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML	PA	AL(At least 18 yrs old); PA
ZEPBOUND SOLN	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
clonidine hcl (adhd) TB12	PA	QL(4 EA daily); AL(At least 6 yrs old); PA
guanfacine hcl (adhd)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
INTUNIV *(Use guanfacine hcl (adhd))*	NP	QL(1 EA daily); AL(At least 6 yrs old)
ONYDA XR SUER	NP	QL(4 ML daily); AL(At least 6 yrs old)
QELBREE	PA	AL(At least 6 yrs old); PA
STRATTERA *(Use atomoxetine hcl)*	NP	QL(2 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	PA	PA
Stimulants - Misc.		
APTENSIO XR CP24 *(Use methylphenidate hcl)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
armodafinil	PA	QL(1 EA daily); PA
AZSTARYS	NP	AL(At least 6 yrs old)
CONCERTA TBCR *(Use methylphenidate hcl)*	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
COTEMPLA XR-ODT TBED	NP	AL(At least 6 yrs old)
DAYTRANA PTCH *(Use methylphenidate)*	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
dexmethylphenidate hcl CP24	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
dexmethylphenidate hcl TABS	PA	AL(At least 3 yrs old); PA
FOCALIN XR CP24 *(Use dexmethylphenidate hcl)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
FOCALIN TABS *(Use dexmethylphenidate hcl)*	NP	AL(At least 3 yrs old)
FOCALIN TABS 2.5 MG *(Use dexmethylphenidate hcl)*	NF	
JORNAY PM CP24	PA	AL(At least 6 yrs old); PA
METADATE CD CPCR *(Use methylphenidate hcl)*	NF	
METHYLIN SOLN *(Use methylphenidate hcl)*	PA	AL(At least 3 yrs old); PA
methylphenidate hcl CHEW	NP	AL(At least 3 yrs old)
methylphenidate hcl CP24	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methylphenidate hcl CPCR	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methylphenidate hcl SOLN	PA	AL(At least 3 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl TABS	PA	AL(At least 3 yrs old); PA
methylphenidate hcl TB24	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methylphenidate hcl TBCR 10 MG, 20 MG	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methylphenidate PTCH	NP	QL(1 EA daily); AL(At least 6 yrs old)
modafinil	NP	QL(1 EA daily)
NUVIGIL *(Use armodafinil)*	NP	QL(1 EA daily)
PROVIGIL *(Use modafinil)*	PA	QL(1 EA daily); PA
QUILLICHEW ER CHER	NP	QL(1 EA daily); AL(At least 6 yrs old)
QUILLIVANT XR SRER	NP	QL(12 ML daily); AL(At least 6 yrs old)
RELEXXII TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR *(Use methylphenidate hcl)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 *(Use methylphenidate hcl)*	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
RITALIN TABS *(Use methylphenidate hcl)*	NP	AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	P	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR SUBL	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	P	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	P	QL(1 EA daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU *(Use tobramycin)*	P	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(Use tobramycin)*	P	
neomycin sulfate TABS	P	
TOBI PODHALER CAPS	NP	
TOBI NEBU *(Use tobramycin)*	NP	
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	P	
tobramycin sulfate SOLR	P	
tobramycin NEBU	NP	
tobramycin NEBU	P	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	PA	QL(1 EA daily); PA
RINVOQ LQ SOLN	PA	QL(1 ML daily); PA
RINVOQ TB24	PA	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
XELJANZ XR TB24	NP	QL(1 EA daily)
XELJANZ SOLN	PA	PA
XELJANZ TABS	PA	QL(2 EA daily); 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	P	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	P	SP
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	NP	
ABRILADA (2 PEN) AJKT	NP	
ABRILADA (2 SYRINGE) PSKT	NP	
ADALIMUMAB-AACF (2 PEN) AJKT	NP	
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	
ADALIMUMAB-AATY (1 PEN) AJKT	NP	
ADALIMUMAB-AATY (2 PEN) AJKT	NP	
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	
ADALIMUMAB-ADAZ SOAJ	PA	PA
ADALIMUMAB-ADAZ SOSY	PA	PA
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	
ADALIMUMAB-ADBM (2 PEN) AJKT	PA	PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	NP	
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	PA	PA
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	
AMJEVITA-PED 10KG TO <15KG SOSY	NP	QL(0.058 ML daily)
AMJEVITA-PED 15KG TO <30KG SOSY	NP	QL(0.015 ML daily)
AMJEVITA SOAJ	NP	QL(0.058 ML daily)
AMJEVITA SOAJ 40 MG/0.4ML	NP	QL(0.029 ML daily)
AMJEVITA SOSY	NP	QL(0.058 ML daily)
AMJEVITA SOSY	NP	QL(0.029 ML daily)
CYLTEZO (2 PEN) AJKT	NP	
CYLTEZO (2 SYRINGE) PSKT	NP	
CYLTEZO-CD/UC/HS STARTER AJKT	NP	

Drug Name	Drug Tier	Requirements/ Limits
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	
HADLIMA PUSHTOUCH SOAJ	NP	
HADLIMA SOSY	NP	
HULIO (2 PEN) AJKT	NP	
HULIO (2 SYRINGE) PSKT	NP	
HUMIRA (2 PEN) AJKT	PA	QL(0.072 EA daily); PA
HUMIRA (2 SYRINGE) PSKT	PA	QL(0.072 EA daily); PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	PA	QL(0.108 EA daily); PA
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	PA	QL(0.108 EA daily); PA
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	
HYRIMOZ-PED>/=40KG CROHN START SOSY	NP	
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	NP	
HYRIMOZ SOAJ	NP	
HYRIMOZ SOSY	NP	
IDACIO-CROHNS/UC STARTER AJKT	NP	
IDACIO-PSORIASIS STARTER AJKT	NP	
SIMLANDI (1 PEN) AJKT	NP	
SIMLANDI (1 SYRINGE) PSKT	NP	
SIMLANDI (2 PEN) AJKT	NP	
SIMLANDI (2 SYRINGE) PSKT	NP	
SIMPONI ARIA SOLN	PA	PA
SIMPONI SOAJ	PA	PA
SIMPONI SOSY	PA	PA
YUFLYMA (1 PEN) AJKT	NP	
YUFLYMA (2 PEN) AJKT	NP	
YUFLYMA (2 SYRINGE) PSKT	NP	
YUFLYMA-CD/UC/HS STARTER AJKT	NP	
YUSIMRY	NP	
Interleukin-1 Blockers		
ARCALYST	NP	
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	PA	PA
Interleukin-1beta Blockers		
ILARIS SOLN	NP	
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	PA	PA
ACTEMRA SOLN	PA	PA
ACTEMRA SOSY	PA	PA
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	
KEVZARA SOAJ	PA	PA
KEVZARA SOSY	PA	PA
TOFIDENCE	NP	
TYENNE SOAJ	NP	
TYENNE SOLN	NP	
TYENNE SOSY	NP	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL DUAL ACTION TABS *(Use ibuprofen-acetaminophen)*	NF	
ADVIL MIGRAINE CAPS *(Use ibuprofen)*	NF	
ADVIL CAPS *(Use ibuprofen)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
ADVIL TABS *(Use ibuprofen)*	NF	
ALEVE ALL DAY STRONG TABS 220 MG *(Use naproxen sodium)*	NF	
ALEVE CAPS *(Use naproxen sodium)*	NF	
ALEVE TABS *(Use naproxen sodium)*	NF	
ANAPROX DS TABS *(Use naproxen sodium)*	NF	
ARTHROTEC TBEC *(Use diclofenac w/ misoprostol)*	NP	
CELEBREX *(Use celecoxib)*	NF	
CELEBREX 50 MG *(Use celecoxib)*	NP	QL(8 EA daily)
CELEBREX 100 MG *(Use celecoxib)*	NP	QL(4 EA daily)
CELEBREX 200 MG *(Use celecoxib)*	NP	QL(2 EA daily)
CELEBREX 100 MG *(Use celecoxib)*	NF	QL(4 EA daily)
CELEBREX 400 MG *(Use celecoxib)*	NP	QL(1 EA daily)
CELEBREX 200 MG *(Use celecoxib)*	NF	QL(2 EA daily)
celecoxib 50 MG	P	QL(8 EA daily)
celecoxib 200 MG	P	QL(2 EA daily)
celecoxib 100 MG	P	QL(4 EA daily)
celecoxib 400 MG	P	QL(1 EA daily)
CHILDRENS ADVIL SUSP 100 MG/5ML *(Use ibuprofen)*	NF	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(Use ibuprofen)*	NF	RX/OTC
COXANTO CAPS *(Use oxaprozin)*	NP	
COXANTO CAPS *(Use oxaprozin)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
DAYPRO TABS *(Use oxaprozin)*	NP	
diclofenac potassium CAPS	NP	
diclofenac potassium TABS	NP	
diclofenac sodium TB24	P	
diclofenac sodium TB24	NP	
diclofenac sodium TBEC	P	
diclofenac w/ misoprostol TBEC	NP	
DUEXIS *(Use ibuprofen-famotidine)*	NF	
EC-NAPROSYN TBEC *(Use naproxen)*	NF	
etodolac CAPS	NP	
etodolac TABS	NP	
etodolac TB24	NP	
FELDENE CAPS 20 MG *(Use piroxicam)*	NF	
FELDENE CAPS 10 MG *(Use piroxicam)*	NP	
flurbiprofen TABS 100 MG	NP	
flurbiprofen TABS 50 MG	P	
ibuprofen-acetaminophen TABS	P	
ibuprofen CAPS	P	
ibuprofen CHEW	P	
ibuprofen-famotidine	NP	QL(3 EA daily)
ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	P	
ibuprofen TABS 800 MG	P	QL(4 EA daily)
ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG	P	
ibuprofen TABS 400 MG	P	QL(8 EA daily)
ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG	P	
ibuprofen TABS 600 MG	P	QL(5 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
INDOCIN SUSP *(Use indomethacin)*	NF	
indomethacin CAPS 25 MG, 50 MG	P	
indomethacin CPCR	NP	
indomethacin SUPP	NP	
indomethacin SUSP	NP	
INFANTS ADVIL SUSP *(Use ibuprofen)*	NF	
ketoprofen CP24	P	
ketorolac tromethamine TABS	PA	QL(4 EA daily; 20 EA per 180 day(s) retail; 20 EA per 180 days mail); PA
LODINE TABS *(Use etodolac)*	NF	
LURBIPR TABS 100 MG *(Use flurbiprofen)*	NF	
LURBIRO TABS 100 MG *(Use flurbiprofen)*	NP	
meclofenamate sodium CAPS	NP	
mefenamic acid CAPS	NP	MP
meloxicam TABS	P	
MOTRIN CHILDRENS CHEW *(Use ibuprofen)*	NF	
MOTRIN INFANTS DROPS SUSP *(Use ibuprofen)*	NF	
nabumetone	P	
NAPRELAN TB24 *(Use naproxen sodium)*	NP	
NAPRELAN TB24 500 MG *(Use naproxen sodium)*	NF	
NAPROSYN SUSP *(Use naproxen)*	NP	QL(200 ML per fill retail; 200 per fill mail)
NAPROSYN TABS 500 MG *(Use naproxen)*	NF	
naproxen sodium CAPS	P	
naproxen sodium TABS	NP	
naproxen sodium TABS 220 MG	P	
naproxen sodium TB24	NP	
naproxen-esomeprazole magnesium	NP	
naproxen SUSP	NP	QL(200 ML per fill retail; 200 per fill mail)
naproxen TABS	P	
naproxen TBEC	P	
oxaprozin CAPS	NP	
oxaprozin TABS	NP	
piroxicam CAPS	P	
sulindac TABS	P	
tolmetin sodium CAPS	NP	
tolmetin sodium TABS 600 MG	NP	
VIMOVO *(Use naproxen-esomeprazole magnesium)*	NF	
VYSCOXA PO 10 MG/ML	NP	QL(8 ML daily)
ZIPSOR CAPS *(Use diclofenac potassium)*	NF	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	NP	QL(2 EA daily)
OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	QL(2 EA daily)
OTEZLA TABS	PA	QL(2 EA daily); PA
OTEZLA TBPK	PA	QL(2 EA daily); PA
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	PA	QL(0.143 ML daily); PA
ORENCIA SOLR	PA	PA
ORENCIA SOSY 50 MG/0.4ML	PA	QL(0.058 ML daily); PA
ORENCIA SOSY 125 MG/ML	PA	QL(0.143 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
ORENCIA SOSY 87.5 MG/0.7ML	PA	QL(0.1 ML daily); PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	PA	QL(0.143 ML daily); PA
ENBREL SURECLICK SOAJ	PA	QL(0.143 ML daily); PA
ENBREL SOLN	PA	QL(0.143 ML daily); PA
ENBREL SOSY	PA	QL(0.143 ML daily); PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	P	QL(4 EA daily)
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	P	QL(4 EA daily)
butalbital-acetaminophen TABS 50 MG-325 MG	P	
butalbital-aspirin-caffeine CAPS	P	QL(4 EA daily)
ESGIC TABS *(Use butalbital-acetaminophen-caffeine)*	NF	QL(4 EA daily)
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	P	QL(3 EA daily; 29 EA per fill retail; 29 per fill mail ; 29 EA per 60 day(s) retail; 29 EA per 60 days mail); AL(At least 18 yrs old)
Analgesics Other		
acetaminophen CAPS 500 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen CHEW	P	
acetaminophen LIQD 160 MG/5ML	P	
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	
acetaminophen SUPP 120 MG, 650 MG	P	QL(12 EA per fill retail; 12 per fill mail)
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	P	
acetaminophen TABS 325 MG, 500 MG	P	
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 EA per fill retail; 12 per fill mail)
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)	P	

Drug Name	Drug Tier	Requirements/ Limits
aspirin CHEW	P	
ASPIRIN SUPP 300 MG	P	
aspirin TABS 325 MG	P	
aspirin TBEC 81 MG, 325 MG	P	
BUFFERIN *(Use aspirin buffered (cal carb-mag carb-mag oxide))*	NF	
diflunisal TABS	P	
DOLOBID TABS	P	
ECOTRIN ARTHRTIS PAIN TBEC *(Use aspirin)*	NF	
ECOTRIN TBEC *(Use aspirin)*	NF	
salsalate	NP	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP 400 MCG *(Use fentanyl citrate)*	NF	
codeine sulfate TABS 30 MG	P	QL(2 EA daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS	P	QL(2 EA daily); AL(At least 12 yrs old)
CONZIP CP24 *(Use tramadol hcl)*	NP	AL(At least 18 yrs old)
DEMEROL SOLN IJ *(Use meperidine hcl)*	NF	
DILAUDID TABS *(Use hydromorphone hcl)*	NF	QL(8 EA daily)
fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1600 MCG	PA	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old); PA
fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG	PA	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	PA	QL(0.34 EA daily); PA
FENTORA TABS *(Use fentanyl citrate)*	NF	
hydrocodone bitartrate CP12	NP	QL(2 EA daily)
hydrocodone bitartrate T24A	NP	QL(1 EA daily)
HYDROMORPHONE HCL SUPP	P	QL(12 EA per fill retail; 12 per fill mail)
hydromorphone hcl TABS	P	QL(8 EA daily)
hydromorphone hcl TB24	NP	QL(1 EA daily)
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	QL(1 EA daily)
meperidine hcl SOLN PO 50 MG/5ML	P	QL(500 ML per fill retail; 500 per fill mail)
meperidine hcl TABS 50 MG	P	QL(6 EA daily)
methadone hcl CONC	NP	
methadone hcl SOLN PO	NP	
methadone hcl TABS	NP	
methadone hcl TBSO	NP	
METHADOSE SUGAR-FREE CONC *(Use methadone hcl)*	NP	
METHADOSE CONC *(Use methadone hcl)*	NP	
morphine sulfate beads	P	QL(1 EA daily)
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	P	QL(2 EA daily)
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	P	QL(16.67 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	P	QL(240 ML per fill retail; 240 per fill mail)
morphine sulfate SUPP	P	QL(24 EA per fill retail; 24 per fill mail)
morphine sulfate TABS 15 MG	P	QL(6 EA daily)
morphine sulfate TABS 30 MG	P	
morphine sulfate TBCR	P	QL(3 EA daily)
MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG *(Use morphine sulfate)*	NP	QL(3 EA daily)
MS CONTIN TBCR 100 MG *(Use morphine sulfate)*	NF	QL(3 EA daily)
OXAYDO TABS 5 MG	P	QL(6 EA daily)
oxycodone hcl CAPS	P	QL(6 EA daily)
oxycodone hcl CONC 100 MG/5ML	P	QL(6 ML daily)
oxycodone hcl SOLN	P	
oxycodone hcl T12A 20 MG, 40 MG	NP	QL(3 EA daily)
oxycodone hcl TABS	P	QL(6 EA daily)
OXYCONTIN T12A	P	QL(3 EA daily)
oxymorphone hcl TB12	NP	QL(2 EA daily)
QDOLO SOLN *(Use tramadol hcl)*	NF	
ROXICODONE TABS 15 MG, 30 MG *(Use oxycodone hcl)*	NF	QL(6 EA daily)
tramadol hcl CP24 100 MG, 200 MG, 300 MG	NP	AL(At least 18 yrs old)
tramadol hcl SOLN	NP	AL(At least 18 yrs old)
TRAMADOL HCL SOLN *(Use tramadol hcl)*	NP	AL(At least 18 yrs old)
tramadol hcl TABS 25 MG, 75 MG, 100 MG	NP	AL(At least 18 yrs old)
tramadol hcl TABS 50 MG	P	AL(At least 18 yrs old)
tramadol hcl TB24	NP	AL(At least 18 yrs old)
Opioid Combinations		
acetaminophen w/ codeine SOLN	P	QL(30 ML daily); AL(At least 12 yrs old)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	P	QL(6 EA daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	P	QL(4 EA daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod	P	QL(4 EA daily); AL(At least 12 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(Use butalbital-acetaminophen-caffeine w/ codeine)*	NF	
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	P	QL(180 ML daily)
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	P	QL(135 ML daily)
hydrocodone-acetaminophen TABS 325 MG-7.5 MG	P	QL(8 EA daily)
hydrocodone-acetaminophen TABS 325 MG-5 MG	P	QL(12 EA daily)
hydrocodone-acetaminophen TABS 325 MG-10 MG	P	QL(6 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
PERCOCET TABS 325 MG-2.5 MG *(Use oxycodone w/ acetaminophen)*	NF	
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG *(Use oxycodone w/ acetaminophen)*	NF	QL(6 EA daily)
PROLATE SOLN	PA	QL(20 ML daily); PA
PROLATE TABS	PA	QL(13 EA daily); PA
tramadol-acetaminophen	P	QL(12 EA daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	
BRIXADI (WEEKLY) SOSY	P	
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG	NP	QL(3 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG	NP	QL(2 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	P	QL(3 EA daily)
buprenorphine hcl SUBL	P	QL(3 EA daily)
buprenorphine PTWK	NP	
BUTRANS PTWK *(Use buprenorphine)*	P	
SUBLOCADE SOSY	P	
SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	P	QL(2 EA daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	P	QL(3 EA daily)
ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(1 EA daily)
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	NP	QL(3 EA daily)
ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD *(Use testosterone)*	NF	
ANDROGEL PUMP GEL TD *(Use testosterone)*	PA	PA
FORTESTA GEL TD *(Use testosterone)*	NF	
JATENZO CAPS	PA	PA
methyltestosterone TABS	P	
NATESTO GEL NA	NP	
TESTIM GEL TD *(Use testosterone)*	NP	
testosterone cypionate SOLN IM 200 MG/ML	P	QL(0.1429 ML daily)
testosterone cypionate SOLN IM 100 MG/ML	P	QL(0.2858 ML daily)
testosterone enanthate SOLN IM	P	QL(0.1429 ML daily)
testosterone GEL TD 1.62 %, 1.62 %	PA	PA
testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	NP	
testosterone SOLN	NP	
TLANDO CAPS	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
UNDECATREX CAPS	PA	PA
VOGELXO PUMP GEL TD *(Use testosterone)*	NP	
VOGELXO GEL TD *(Use testosterone)*	NF	
VOGELXO GEL TD *(Use testosterone)*	NP	
XYOSTED SOAJ	PA	PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	NP	
CORTENEMA *(Use hydrocortisone (intrarectal))*	NF	QL(420 ML per fill retail; 420 per fill mail)
hydrocortisone (intrarectal)	P	QL(420 ML per fill retail; 420 per fill mail)
UCERIS *(Use budesonide (intrarectal))*	NF	
Rectal Combinations		
HEMORRHOIDAL 0.25 %-85.5 %-3 %	P	QL(12 EA per fill retail; 12 per fill mail)
lidocaine-hydrocortisone acetate (rectal) CREA EX	NP	
lidocaine-hydrocortisone acetate (rectal) KIT 0.5 %-3 %, 2.5 %-3 %	NP	
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	P	QL(30 GM per fill retail; 30 per fill mail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) FOAM EX	P	QL(15 GM per fill retail; 15 per fill mail)
PROCTOFOAM FOAM EX 1 %	P	QL(15 GM per fill retail; 15 per fill mail)
Rectal Steroids		
ANUSOL-HC EX *(Use hydrocortisone (rectal))*	NF	
hydrocortisone (rectal) EX	P	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG	P	
alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML	P	
alum & mag hydrox-simethicone LIQD	P	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	P	
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	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	P	QL(16.54 EA daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
TUMS CHEWY BITES ULTRA STR CHEW *(Use calcium carbonate (antacid))*	NF	
TUMS CHEWY BITES CHEW *(Use calcium carbonate (antacid))*	NF	
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	P	
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	P	
isosorbide mononitrate TABS	P	QL(2 EA daily)
ISOSORBIDE MONONITRATE TABS	P	QL(2 EA daily)
isosorbide mononitrate TB24	P	QL(1 EA daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 *(Use nitroglycerin)*	NF	
nitroglycerin CPCR	P	
nitroglycerin PT24	P	
nitroglycerin SUBL	P	
NITROSTAT SUBL *(Use nitroglycerin)*	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 5 MG, 10 MG	P	QL(6 EA daily)
buspirone hcl 7.5 MG, 30 MG	P	QL(3 EA daily)
buspirone hcl 15 MG	P	QL(4 EA daily)
droperidol SOLN 2.5 MG/ML	P	
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	P	
hydroxyzine hcl SYRP	P	
hydroxyzine hcl TABS	P	
hydroxyzine pamoate CAPS	P	
meprobamate	P	
VISTARIL CAPS 25 MG *(Use hydroxyzine pamoate)*	NF	
Benzodiazepines		

Drug Name	Drug Tier	Requirements/ Limits
alprazolam TABS	P	QL(4 EA daily)
ATIVAN SOLN *(Use lorazepam)*	NF	
ATIVAN TABS 0.5 MG, 2 MG *(Use lorazepam)*	NF	QL(3 EA daily)
ATIVAN TABS 1 MG *(Use lorazepam)*	NF	QL(4 EA daily)
chlordiazepoxide hcl CAPS	P	QL(4 EA daily)
clorazepate dipotassium TABS	P	
diazepam CONC	P	
diazepam SOLN PO 5 MG/5ML	P	
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	P	
DIAZEPAM SOLN IJ 5 MG/ML	P	
diazepam TABS	P	AL(At least 18 yrs old)
lorazepam CONC	P	
lorazepam SOLN	P	
LORAZEPAM SOLN 2 MG/ML	P	
lorazepam TABS 0.5 MG, 2 MG	P	QL(3 EA daily)
lorazepam TABS 1 MG	P	QL(4 EA daily)
oxazepam CAPS 10 MG, 30 MG	P	QL(4 EA daily)
VALIUM TABS *(Use diazepam)*	NF	
XANAX TABS *(Use alprazolam)*	NF	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	P	
NORPACE CR CP12 150 MG	P	
NORPACE CAPS *(Use disopyramide phosphate)*	NF	
quinidine gluconate TBCR	P	
quinidine sulfate TABS	P	
Antiarrhythmics Type I-B		
mexiletine hcl	P	
Antiarrhythmics Type I-C		
flecainide acetate	P	
propafenone hcl TABS	P	
Antiarrhythmics Type III		
amiodarone hcl TABS 200 MG	P	
dofetilide	P	
TIKOSYN *(Use dofetilide)*	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	AL(At least 18 yrs old)
FASENRA PEN SOAJ	PA	PA
FASENRA SOSY	PA	PA
NUCALA SOAJ	PA	AL(At least 6 yrs old); PA
NUCALA SOLR	PA	AL(At least 6 yrs old); PA
NUCALA SOSY	PA	AL(At least 6 yrs old); PA
TEZSPIRE SOAJ	NP	QL(0.07 ML daily); AL(At least 12 yrs old)
TEZSPIRE SOSY	NP	QL(0.07 ML daily); AL(At least 12 yrs old)
XOLAIR SOAJ 150 MG/ML	NP	QL(0.215 ML daily); AL(At least 6 yrs old)
XOLAIR SOAJ 75 MG/0.5ML, 300 MG/2ML	NP	QL(0.215 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOLR	NP	QL(0.215 EA daily); AL(At least 6 yrs old)
XOLAIR SOSY	PA	QL(0.215 ML daily); AL(At least 6 yrs old); PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	P	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	
INCRUSE ELLIPTA	P	MP
ipratropium bromide SOLN 0.02 %	P	
SPIRIVA HANDIHALER CAPS IN *(Use tiotropium bromide)*	P	MP
SPIRIVA RESPIMAT AERS IN	P	MP
tiotropium bromide CAPS IN 18 MCG	NP	MP
TUDORZA PRESSAIR	P	MP
YUPELRI	NP	MP
Leukotriene Modulators		
ACCOLATE 10 MG *(Use zafirlukast)*	NF	
ACCOLATE *(Use zafirlukast)*	NP	
montelukast sodium CHEW	P	
montelukast sodium PACK	P	
montelukast sodium TABS	P	
SINGULAIR CHEW *(Use montelukast sodium)*	NP	
SINGULAIR PACK *(Use montelukast sodium)*	NF	
SINGULAIR TABS *(Use montelukast sodium)*	NP	
zafirlukast	P	
zileuton TB12	NP	
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	QL(5 ML daily); AL(At least 18 yrs old)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(Use roflumilast)*	NP	QL(1 EA daily)
roflumilast	PA	QL(1 EA daily); PA
Steroid Inhalants		
ALVESCO	NP	MP
ARMONAIR DIGIHALER 113 MCG/ACT	NP	MP
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT *(Use fluticasone furoate (inhalation))*	P	MP
ASMANEX (120 METERED DOSES) AEPB	NP	MP
ASMANEX (14 METERED DOSES) AEPB	NP	MP
ASMANEX (30 METERED DOSES) AEPB	NP	MP
ASMANEX (60 METERED DOSES) AEPB	NP	MP
ASMANEX HFA AERO	NP	MP
budesonide (inhalation) SUSP	P	AL(At least 1 yrs old - Up to 8 yrs old); MP
FLOVENT HFA *(Use fluticasone propionate hfa)*	NF	
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	NP	MP
fluticasone propionate (inhalation) AEPB	P	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate hfa 44 MCG/ACT	P	QL(0.36 GM daily); MP
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(0.4 GM daily); MP
PULMICORT FLEXHALER AEPB	P	MP
PULMICORT SUSP *(Use budesonide (inhalation))*	NP	AL(At least 1 yrs old - Up to 8 yrs old); MP
QVAR REDIHALER	NP	MP
Sympathomimetics		
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	P	MP
ADVAIR HFA AERO *(Use fluticasone-salmeterol)*	P	MP
AIRDUO RESPICLICK 113/14 AEPB *(Use fluticasone-salmeterol)*	NP	MP
AIRDUO RESPICLICK 232/14 AEPB *(Use fluticasone-salmeterol)*	NP	MP
AIRDUO RESPICLICK 55/14 AEPB *(Use fluticasone-salmeterol)*	NP	MP
AIRSUPRA	NP	QL(1.07 GM daily)
albuterol sulfate AERS	NP	QL(0.567 GM daily)
albuterol sulfate AERS	NP	QL(0.447 GM daily)
albuterol sulfate AERS	NP	QL(1.2 GM daily)
albuterol sulfate NEBU	P	QL(12 ML daily)
albuterol sulfate NEBU	P	QL(2 EA daily)
albuterol sulfate SYRP	P	
albuterol sulfate TABS	P	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(Use umeclidinium-vilanterol)*	P	MP
arformoterol tartrate	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
BEVESPI AEROSPHERE	NP	MP
BREO ELLIPTA *(Use fluticasone furoate-vilanterol)*	P	MP
BREO ELLIPTA	P	MP
BREZTRI AEROSPHERE	NP	MP
BROVANA *(Use arformoterol tartrate)*	NP	MP
BROVANA *(Use arformoterol tartrate)*	NF	
budesonide-formoterol fumarate dihydrate	NP	MP
COMBIVENT RESPIMAT AERS	P	
DUAKLIR PRESSAIR	NP	MP
DULERA	P	MP
fluticasone furoate-vilanterol	NP	MP
fluticasone-salmeterol AEPB	NP	MP
fluticasone-salmeterol AERO	NP	MP
formoterol fumarate NEBU	NP	MP
ipratropium-albuterol SOLN	P	QL(12 ML daily)
levalbuterol hcl	PA	QL(9.6 ML daily); PA
levalbuterol hcl 1.25 MG/0.5ML	NP	QL(3 EA daily)
levalbuterol tartrate	PA	QL(1 GM daily); PA
PERFOROMIST NEBU *(Use formoterol fumarate)*	NP	MP
PROAIR DIGIHALER	NP	QL(0.067 EA daily)
PROAIR RESPICLICK AEPB	NP	QL(0.067 EA daily)
PROVENTIL HFA AERS *(Use albuterol sulfate)*	NF	
SEREVENT DISKUS	P	QL(2 EA daily); MP
STIOLTO RESPIMAT	P	MP

Drug Name	Drug Tier	Requirements/ Limits
STRIVERDI RESPIMAT	P	MP
SYMBICORT *(Use budesonide-formoterol fumarate dihydrate)*	P	MP
terbutaline sulfate TABS	P	
TRELEGY ELLIPTA	NP	MP
umeclidinium-vilanterol	NP	MP
VENTOLIN HFA AERS *(Use albuterol sulfate)*	P	QL(0.534 GM daily)
VENTOLIN HFA AERS *(Use albuterol sulfate)*	P	QL(1.2 GM daily)
XOPENEX HFA *(Use levalbuterol tartrate)*	NP	QL(1 GM daily)
XOPENEX HFA *(Use levalbuterol tartrate)*	NF	
Xanthines		
THEO-24 CP24	P	
theophylline ELIX	P	
theophylline SOLN	P	QL(475 ML per fill retail; 475 per fill mail)
theophylline TB12	P	
theophylline TB24	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	P	
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) TBSO PO	P	
ELIQUIS (2 MG PACK) TBSO PO	P	
ELIQUIS DVT/PE STARTER PACK TBPK	P	
ELIQUIS CPSP PO 0.15 MG	P	
ELIQUIS TABS	P	
ELIQUIS TBSO PO 0.5 MG	P	
rivaroxaban SUSR 1 MG/ML	NP	
rivaroxaban TABS 2.5 MG	NP	
SAVAYSA	NP	AL(At least 18 yrs old)
XARELTO STARTER PACK TBPK	P	
XARELTO SUSR 1 MG/ML *(Use rivaroxaban)*	P	
XARELTO TABS	P	
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG *(Use rivaroxaban)*	P	
Heparins And Heparinoid-Like Agents		
ARIXTRA *(Use fondaparinux sodium)*	NP	
enoxaparin sodium SOLN IJ 300 MG/3ML	P	
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	P	QL(48 ML per fill retail; 48 per fill mail)
enoxaparin sodium SOSY 30 MG/0.3ML	P	QL(18 ML per fill retail; 18 per fill mail)
enoxaparin sodium SOSY 40 MG/0.4ML	P	QL(24 ML per fill retail; 24 per fill mail)
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	P	QL(60 ML per fill retail; 60 per fill mail)
enoxaparin sodium SOSY 60 MG/0.6ML	P	QL(36 ML per fill retail; 36 per fill mail)
fondaparinux sodium	P	
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	
FRAGMIN SOSY	P	
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOLN IJ 300 MG/3ML *(Use enoxaparin sodium)*	NP	
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(Use enoxaparin sodium)*	NP	QL(60 ML per fill retail; 60 per fill mail)
LOVENOX SOSY 30 MG/0.3ML *(Use enoxaparin sodium)*	NP	QL(18 ML per fill retail; 18 per fill mail)
LOVENOX SOSY 40 MG/0.4ML *(Use enoxaparin sodium)*	NP	QL(24 ML per fill retail; 24 per fill mail)
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(Use enoxaparin sodium)*	NP	QL(48 ML per fill retail; 48 per fill mail)
LOVENOX SOSY 60 MG/0.6ML *(Use enoxaparin sodium)*	NP	QL(36 ML per fill retail; 36 per fill mail)
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	NP	QL(2 EA daily)
PRADAXA CAPS *(Use dabigatran etexilate mesylate)*	P	QL(2 EA daily)
PRADAXA CAPS 75 MG *(Use dabigatran etexilate mesylate)*	NF	
PRADAXA PACK	NP	QL(2 EA daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	NP	
FYCOMPA SUSP 0.5 MG/ML *(Use perampanel)*	NP	
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG *(Use perampanel)*	NP	
FYCOMPA TABS	NP	
perampanel SUSP 0.5 MG/ML	NP	
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Benzodiazepines		
clobazam SUSP	P	
clobazam TABS	P	
clonazepam TABS	P	AL(At least 18 yrs old)
clonazepam TABS	P	
clonazepam TBDP	P	
DIASTAT ACUDIAL GEL 10 MG *(Use diazepam (anticonvulsant))*	NF	
DIASTAT PEDIATRIC GEL *(Use diazepam (anticonvulsant))*	NF	
diazepam (anticonvulsant) GEL 10 MG, 20 MG	P	
KLONOPIN TABS 1 MG *(Use clonazepam)*	NF	
KLONOPIN TABS *(Use clonazepam)*	NP	
LIBERVANT FILM	NP	AL(At least 2 yrs old - Up to 5 yrs old)
NAYZILAM	PA	PA
ONFI SUSP *(Use clobazam)*	NP	
ONFI TABS *(Use clobazam)*	NP	
SYMPAZAN FILM	NP	
VALTOCO 10 MG DOSE LIQD	PA	PA
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	PA	PA
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	PA	PA
VALTOCO 5 MG DOSE LIQD	PA	PA
Anticonvulsants - Misc.		
APTIOM 200 MG, 400 MG, 600 MG, 800 MG *(Use eslicarbazepine acetate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
BANZEL SUSP *(Use rufinamide)*	NP	
BANZEL TABS *(Use rufinamide)*	NP	
BRIVIACT SOLN PO 10 MG/ML	NP	
BRIVIACT TABS	NP	
carbamazepine CHEW	P	
carbamazepine CP12	P	
carbamazepine SUSP	P	
carbamazepine TABS	P	
carbamazepine TB12	P	
CARBATROL CP12 *(Use carbamazepine)*	NP	
DIACOMIT CAPS	NP	
DIACOMIT PACK	NP	
ELEPSIA XR TB24	NP	
EPIDIOLEX	PA	PA
EPRONTIA SOLN 25 MG/ML *(Use topiramate)*	NP	
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	NP	
FINTEPLA	NP	
gabapentin CAPS	P	
gabapentin SOLN	P	
gabapentin TABS 600 MG, 800 MG	P	
KEPPRA XR TB24 *(Use levetiracetam)*	NP	
KEPPRA SOLN IV 500 MG/5ML *(Use levetiracetam)*	NF	
KEPPRA SOLN PO 100 MG/ML *(Use levetiracetam)*	NP	
KEPPRA TABS *(Use levetiracetam)*	NP	
lacosamide SOLN IV 200 MG/20ML	P	
lacosamide TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ODT KIT *(Use lamotrigine)*	NP	
LAMICTAL ODT TBDP *(Use lamotrigine)*	NP	
LAMICTAL STARTER KIT 25 MG *(Use lamotrigine)*	NP	
LAMICTAL XR KIT	NP	
LAMICTAL XR TB24 *(Use lamotrigine)*	NP	
LAMICTAL CHEW *(Use lamotrigine)*	NP	
LAMICTAL TABS *(Use lamotrigine)*	NP	
lamotrigine CHEW	P	
lamotrigine KIT 25 MG	P	
lamotrigine TABS	P	
lamotrigine TB24	P	
lamotrigine TBDP	P	
levetiracetam SOLN IV 500 MG/5ML	P	
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	P	
levetiracetam TABS	P	
levetiracetam TB24	P	
LEVETIRACETAM TB3D	NP	
LYRICA CAPS 25 MG, 50 MG, 150 MG *(Use pregabalin)*	NF	
LYRICA CAPS *(Use pregabalin)*	P	
LYRICA SOLN *(Use pregabalin)*	P	
MOTPOLY XR CP24	NP	
MYSOLINE *(Use primidone)*	NF	
NEURONTIN CAPS *(Use gabapentin)*	P	
NEURONTIN SOLN *(Use gabapentin)*	NF	
NEURONTIN SOLN *(Use gabapentin)*	P	

Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN TABS *(Use gabapentin)*	P	
oxcarbazepine SUSP	P	
oxcarbazepine TABS	P	
oxcarbazepine TB24	NP	
OXTELLAR XR TB24 *(Use oxcarbazepine)*	NP	
pregabalin CAPS	NP	
pregabalin SOLN	NP	
primidone	P	
QUDEXY XR CS24 25 MG, 50 MG, 100 MG *(Use topiramate)*	NF	
QUDEXY XR CS24 150 MG, 200 MG *(Use topiramate)*	NP	
rufinamide SUSP	P	
rufinamide TABS	P	
SPRITAM TB3D	NP	
SPRITAM TB3D	NP	
SUBVENITE SUSP PO 10 MG/ML	NP	
TEGRETOL SUSP *(Use carbamazepine)*	NP	
TEGRETOL TABS *(Use carbamazepine)*	NP	
TEGRETOL-XR TB12 *(Use carbamazepine)*	NP	
TOPAMAX SPRINKLE CPSP *(Use topiramate)*	NP	
TOPAMAX TABS 100 MG *(Use topiramate)*	NP	QL(300 EA per fill retail; 300 per fill mail)
TOPAMAX TABS 25 MG, 50 MG, 200 MG *(Use topiramate)*	NP	
topiramate CP24	NP	
topiramate CPSP 50 MG	NP	
topiramate CPSP 15 MG, 25 MG	P	
topiramate CS24	NP	
topiramate SOLN 25 MG/ML	NP	
topiramate TABS 100 MG	P	QL(300 EA per fill retail; 300 per fill mail)
topiramate TABS 25 MG, 50 MG, 200 MG	P	
TRILEPTAL SUSP *(Use oxcarbazepine)*	NP	
TRILEPTAL TABS *(Use oxcarbazepine)*	NP	
TRILEPTAL TABS *(Use oxcarbazepine)*	NF	
TROKENDI XR CP24 *(Use topiramate)*	NP	
TROKENDI XR CP24 25 MG, 100 MG, 200 MG *(Use topiramate)*	NF	
VIMPAT SOLN PO 10 MG/ML *(Use lacosamide)*	NP	
VIMPAT TABS *(Use lacosamide)*	NP	
ZONEGRAN CAPS 25 MG, 100 MG *(Use zonisamide)*	NF	
ZONISADE SUSP	NP	
zonisamide CAPS	P	
ZTALMY	PA	QL(36 ML daily); AL(At least 2 yrs old); PA
Carbamates		
felbamate SUSP	NP	
felbamate TABS	NP	
FELBATOL SUSP *(Use felbamate)*	NF	
FELBATOL TABS *(Use felbamate)*	P	
XCOPRI (250 MG DAILY DOSE) TBPK	NP	
XCOPRI (350 MG DAILY DOSE) TBPK	NP	

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI TABS	NP	
XCOPRI TBPK	NP	
GABA Modulators		
SABRIL PACK *(Use vigabatrin)*	NP	
SABRIL TABS *(Use vigabatrin)*	NP	
tiagabine hcl	NP	
vigabatrin PACK	NP	
vigabatrin TABS	NP	
VIGAFYDE SOLN	NP	
Hydantoins		
CEREBYX 100 MG PE/2ML *(Use fosphenytoin sodium)*	P	
CEREBYX 500 MG PE/10ML *(Use fosphenytoin sodium)*	P	QL(100 ML per fill retail; 100 per fill mail)
DILANTIN	P	
DILANTIN *(Use phenytoin sodium extended)*	NF	
DILANTIN *(Use phenytoin sodium extended)*	P	
DILANTIN INFATABS CHEW *(Use phenytoin)*	P	
DILANTIN-125 SUSP *(Use phenytoin)*	P	
DILANTIN SUSP *(Use phenytoin)*	NF	
fosphenytoin sodium 500 MG PE/10ML	P	QL(100 ML per fill retail; 100 per fill mail)
fosphenytoin sodium 100 MG PE/2ML	P	
phenytoin sodium extended 200 MG, 300 MG	NP	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P	
phenytoin sodium SOLN	P	
phenytoin CHEW	P	
phenytoin SUSP	P	
Succinimides		
CELONTIN *(Use methsuximide)*	P	
ethosuximide CAPS	P	
ethosuximide SOLN	P	
methsuximide	NP	
ZARONTIN CAPS *(Use ethosuximide)*	NP	
ZARONTIN SOLN *(Use ethosuximide)*	NP	
Valproic Acid		
DEPAKOTE ER TB24 *(Use divalproex sodium)*	NP	
DEPAKOTE ER TB24 250 MG *(Use divalproex sodium)*	NF	
DEPAKOTE SPRINKLES CSDR *(Use divalproex sodium)*	NP	
DEPAKOTE TBEC *(Use divalproex sodium)*	NP	
divalproex sodium CSDR	P	
divalproex sodium TB24	P	
divalproex sodium TBEC	P	
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	P	
valproic acid CAPS	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	P	AL(At least 18 yrs old)
mirtazapine TBDP	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
REMERON SOLTAB TBDP *(Use mirtazapine)*	NP	AL(At least 18 yrs old)
REMERON TABS 15 MG, 30 MG *(Use mirtazapine)*	NP	AL(At least 18 yrs old)
Antidepressant Combinations		
AUVELITY	NP	AL(At least 18 yrs old)
Antidepressants - Misc.		
bupropion hcl TABS	P	AL(At least 18 yrs old)
bupropion hcl TB12	P	AL(At least 18 yrs old)
bupropion hcl TB24 150 MG, 300 MG	P	AL(At least 18 yrs old)
bupropion hcl TB24 300 MG, 450 MG	NP	AL(At least 18 yrs old)
FORFIVO XL TB24 *(Use bupropion hcl)*	NF	
FORFIVO XL TB24 *(Use bupropion hcl)*	NP	AL(At least 18 yrs old)
WELLBUTRIN SR TB12 *(Use bupropion hcl)*	NP	AL(At least 18 yrs old)
WELLBUTRIN XL TB24 *(Use bupropion hcl)*	NF	
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE	P	AL(At least 18 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	P	
MARPLAN	P	
NARDIL *(Use phenelzine sulfate)*	NF	
PARNATE *(Use tranylcypromine sulfate)*	NF	
phenelzine sulfate	P	
tranylcypromine sulfate	P	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	PA	AL(At least 18 yrs old); PA
SPRAVATO (84 MG DOSE)	PA	AL(At least 18 yrs old); PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS *(Use citalopram hydrobromide)*	NP	AL(At least 18 yrs old)
CITALOPRAM HYDROBROMIDE CAPS	P	AL(At least 18 yrs old)
citalopram hydrobromide SOLN	P	AL(At least 18 yrs old)
citalopram hydrobromide TABS	P	AL(At least 18 yrs old)
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	AL(At least 18 yrs old)
escitalopram oxalate SOLN	P	AL(At least 18 yrs old)
escitalopram oxalate TABS	P	AL(At least 18 yrs old)
fluoxetine hcl CAPS	P	AL(At least 18 yrs old)
fluoxetine hcl CPDR	P	AL(At least 18 yrs old)
fluoxetine hcl SOLN	P	AL(At least 18 yrs old)
fluoxetine hcl TABS	P	AL(At least 18 yrs old)
FLUOXETINE HCL TABS *(Use fluoxetine hcl)*	P	AL(At least 18 yrs old)
fluvoxamine maleate CP24	NP	AL(At least 18 yrs old)
fluvoxamine maleate TABS	P	AL(At least 18 yrs old)
LEXAPRO TABS *(Use escitalopram oxalate)*	NP	AL(At least 18 yrs old)
paroxetine hcl SUSP	P	AL(At least 18 yrs old)
paroxetine hcl TABS	P	AL(At least 18 yrs old)
paroxetine hcl TB24	NP	AL(At least 18 yrs old)
PAXIL CR TB24 *(Use paroxetine hcl)*	NP	AL(At least 18 yrs old)
PAXIL SUSP *(Use paroxetine hcl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
PAXIL TABS *(Use paroxetine hcl)*	NP	AL(At least 18 yrs old)
PROZAC CAPS *(Use fluoxetine hcl)*	NP	AL(At least 18 yrs old)
sertraline hcl CAPS 150 MG, 200 MG	P	AL(At least 18 yrs old)
SERTRALINE HCL CAPS 150 MG, 200 MG *(Use sertraline hcl)*	P	AL(At least 18 yrs old)
sertraline hcl CONC	P	AL(At least 18 yrs old)
sertraline hcl TABS	P	AL(At least 18 yrs old)
ZOLOFT CONC *(Use sertraline hcl)*	NP	AL(At least 18 yrs old)
ZOLOFT TABS 25 MG *(Use sertraline hcl)*	NF	
ZOLOFT TABS *(Use sertraline hcl)*	NP	AL(At least 18 yrs old)
Serotonin Modulators		
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	AL(At least 18 yrs old)
nefazodone hcl	NP	AL(At least 18 yrs old)
RALDESY SOLN PO 10 MG/ML	NP	AL(At least 18 yrs old)
trazodone hcl TABS	P	AL(At least 18 yrs old)
TRINTELLIX	NP	AL(At least 18 yrs old)
VIIBRYD TABS *(Use vilazodone hcl)*	NP	AL(At least 18 yrs old)
vilazodone hcl TABS	P	AL(At least 18 yrs old)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(Use duloxetine hcl)*	NP	AL(At least 18 yrs old)
DESVENLAFAXINE ER	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
desvenlafaxine succinate	P	AL(At least 18 yrs old)
DRIZALMA SPRINKLE CSDR	NP	AL(At least 18 yrs old)
duloxetine hcl CPEP	P	AL(At least 18 yrs old)
EFFEXOR XR CP24 75 MG *(Use venlafaxine hcl)*	NF	AL(At least 18 yrs old)
EFFEXOR XR CP24 37.5 MG, 150 MG *(Use venlafaxine hcl)*	NF	
EFFEXOR XR CP24 *(Use venlafaxine hcl)*	NP	AL(At least 18 yrs old)
FETZIMA TITRATION C4PK	NP	AL(At least 18 yrs old)
FETZIMA CP24	NP	AL(At least 18 yrs old)
PRISTIQ *(Use desvenlafaxine succinate)*	NP	AL(At least 18 yrs old)
PRISTIQ 50 MG *(Use desvenlafaxine succinate)*	NF	
VENLAFAXINE BESYLATE ER	NP	AL(At least 18 yrs old)
venlafaxine hcl CP24	P	AL(At least 18 yrs old)
venlafaxine hcl TABS	P	AL(At least 18 yrs old)
venlafaxine hcl TB24	P	AL(At least 18 yrs old)
Tricyclic Agents		
amitriptyline hcl TABS	P	
amoxapine	P	
ANAFRANIL *(Use clomipramine hcl)*	NF	
clomipramine hcl	P	
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	
desipramine hcl TABS 25 MG	P	QL(2 EA daily)
doxepin hcl CAPS	P	
doxepin hcl CONC	P	
imipramine hcl TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
imipramine pamoate	P	
NORPRAMIN TABS 10 MG *(Use desipramine hcl)*	NF	
NORPRAMIN TABS 25 MG *(Use desipramine hcl)*	NF	QL(2 EA daily)
nortriptyline hcl CAPS	P	
nortriptyline hcl SOLN	P	QL(20 ML daily)
PAMELOR CAPS *(Use nortriptyline hcl)*	NF	
protriptyline hcl	P	
trimipramine maleate CAPS	P	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	MP
miglitol	P	MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	PA	MP; PA
SYMLINPEN 60 SOPN	PA	MP; PA
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(Use pioglitazone hcl-metformin hcl)*	NP	MP
alogliptin-metformin hcl	NP	MP
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	MP
dapagliflozin propanediol-metformin hcl	NP	MP
DUETACT *(Use pioglitazone hcl-glimepiride)*	NP	MP
glipizide-metformin hcl	NP	MP
glyburide-metformin	NP	MP
GLYXAMBI	P	MP
INVOKAMET XR TB24	NP	MP
INVOKAMET TABS	P	MP
JANUMET XR TB24	P	MP
JANUMET TABS	P	MP
JENTADUETO XR TB24	P	MP
JENTADUETO TABS	P	MP
KOMBIGLYZE XR *(Use saxagliptin-metformin hcl)*	NF	
pioglitazone hcl-glimepiride	NP	MP
pioglitazone hcl-metformin hcl TABS	NP	MP
QTERN	NP	MP
saxagliptin-metformin hcl	NP	MP
SEGLUROMET	NP	MP
SITAGLIPT BASE-METFORM HCL ER TB24	NP	MP
SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	MP
SOLIQUA	NP	QL(0.6 ML daily); AL(At least 18 yrs old); MP
STEGLUJAN	NP	MP
SYNJARDY XR TB24	P	MP
SYNJARDY TABS	P	MP
TRIJARDY XR	NP	MP
XIGDUO XR	P	MP
XIGDUO XR *(Use dapagliflozin propanediol-metformin hcl)*	P	MP
XULTOPHY	NP	QL(0.5 ML daily); AL(At least 18 yrs old); MP
ZITUVIMET XR TB24	NP	MP
ZITUVIMET TABS	NP	MP
Antidiabetic-Antibodies		

Drug Name	Drug Tier	Requirements/ Limits
TZIELD	PA	QL(48 ML per 14 day(s) retail; 48 ML per 14 days mail); AL(At least 8 yrs old); PA
Biguanides		
GLUMETZA TB24 *(Use metformin hcl)*	NF	
metformin hcl SOLN	PA	MP; PA
metformin hcl TABS 500 MG, 850 MG, 1000 MG	P	MP
metformin hcl TB24 500 MG, 1000 MG	NP	MP
metformin hcl TB24	P	MP
RIOMET SOLN *(Use metformin hcl)*	NP	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
CVS GLUCOSE CHEW	P	QL(1.67 EA daily)
CVS SOFT GLUCOSE CHEW	P	QL(1.67 EA daily)
dextrose (diabetic use) GEL	P	
diazoxide	P	
FT GLUCOSE CHEW 4 GM	P	QL(1.67 EA daily)
GLUCAGON EMERGENCY	NP	
GLUCAGON EMERGENCY SOLR IJ 1 MG *(Use glucagon)*	NF	
glucagon SOLR IJ 1 MG	NP	
GLUCO TO GO CHEW	P	QL(1.67 EA daily)
GLUCOSE CHEW	P	QL(1.67 EA daily)
GNP GLUCOSE CHEW	P	QL(1.67 EA daily)
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	NP	
GVOKE PFS SOSY 1 MG/0.2ML	NP	
PROGLYCEM *(Use diazoxide)*	NF	
TRUEPLUS GLUCOSE ON THE GO CHEW	P	QL(1.67 EA daily)
TRUEPLUS GLUCOSE CHEW	P	QL(1.67 EA daily)
WALGREENS GLUCOSE CHEW	P	QL(1.67 EA daily)
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	NP	MP
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA	P	MP
ONGLYZA *(Use saxagliptin hcl)*	NF	
saxagliptin hcl	NP	MP
SITAGLIPTIN	NP	MP
TRADJENTA	P	MP
ZITUVIO	NP	MP
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	NP	QL(0.13 ML daily); AL(At least 10 yrs old); MP
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML *(Use exenatide)*	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/ Limits
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML *(Use exenatide)*	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA
exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	NP	QL(0.08 ML daily); MP
liraglutide	NP	QL(0.3 ML daily); AL(At least 10 yrs old); MP
MOUNJARO	NP	QL(0.072 ML daily); AL(At least 18 yrs old); MP
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA
OZEMPIC (2 MG/DOSE) SOPN	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA
RYBELSUS TABS	PA	QL(1 EA daily); AL(At least 18 yrs old); MP; PA
TRULICITY	PA	QL(0.072 ML daily); AL(At least 10 yrs old); MP; PA
VICTOZA *(Use liraglutide)*	PA	QL(0.3 ML daily); AL(At least 10 yrs old); MP; PA
Insulin		
ADMELOG SOLOSTAR SOPN	NP	MP
ADMELOG SOLN IJ	NP	MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	
APIDRA SOLOSTAR SOPN	NP	MP
APIDRA SOLN	NP	MP
BASAGLAR KWIKPEN SOPN	NP	MP
FIASP FLEXTOUCH SOPN	NP	MP
FIASP PENFILL SOCT	NP	MP
FIASP PUMPCART SOCT	NP	
FIASP SOLN	NP	MP
HUMALOG JUNIOR KWIKPEN SOPN	NP	MP
HUMALOG KWIKPEN SOPN	NP	MP
HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
HUMALOG MIX 75/25 KWIKPEN SUPN	NP	MP
HUMALOG MIX 75/25 SUSP	P	MP
HUMALOG TEMPO PEN SOPN	NP	MP
HUMALOG SOCT	NP	MP
HUMALOG SOLN IJ	NP	MP
HUMULIN 70/30 KWIKPEN SUPN	P	MP
HUMULIN 70/30 SUSP	P	MP
HUMULIN N KWIKPEN SUPN	P	MP
HUMULIN N SUSP	P	MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	MP
HUMULIN R SOLN IJ	P	MP
INSULIN ASP PROT & ASP FLEXPEN SUPN	P	MP
INSULIN ASPART FLEXPEN SOPN	P	MP
INSULIN ASPART PENFILL SOCT	P	MP

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART PROT & ASPART SUSP	P	MP
INSULIN ASPART SOLN IJ	P	MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	MP
INSULIN DEGLUDEC SOLN	NP	MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	MP
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	MP
INSULIN GLARGINE-YFGN SOLN	NP	MP
INSULIN GLARGINE-YFGN SOPN	NP	MP
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP
INSULIN LISPRO PROT & LISPRO SUPN	P	MP
INSULIN LISPRO SOLN IJ	P	MP
KIRSTY SOLN IJ 100 UNIT/ML	NP	MP
KIRSTY SOPN SC 100 UNIT/ML	NP	MP
LANTUS SOLOSTAR SOPN	P	MP
LANTUS SOLN	P	MP
LEVEMIR FLEXPEN SOPN	NP	MP
LEVEMIR SOLN	NP	MP
LYUMJEV KWIKPEN SOPN	NP	MP
LYUMJEV TEMPO PEN SOPN	NP	MP
LYUMJEV SOLN	NP	MP
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	MP
MERILOG SOLN SC 100 UNIT/ML	NP	MP
MYXREDLIN	P	
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	MP
NOVOLIN 70/30 FLEXPEN SUPN	P	MP
NOVOLIN 70/30 RELION SUSP	P	MP
NOVOLIN 70/30 SUSP	P	MP
NOVOLIN N FLEXPEN RELION SUPN	P	MP
NOVOLIN N FLEXPEN SUPN	P	MP
NOVOLIN N RELION SUSP	P	MP
NOVOLIN N SUSP	P	MP
NOVOLIN R FLEXPEN RELION SOPN IJ	P	MP
NOVOLIN R FLEXPEN SOPN IJ	P	MP
NOVOLIN R RELION SOLN IJ	P	MP
NOVOLIN R SOLN IJ	P	MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	P	MP
NOVOLOG FLEXPEN RELION SOPN	P	MP
NOVOLOG FLEXPEN SOPN	P	MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	P	MP
NOVOLOG MIX 70/30 RELION SUSP	P	MP
NOVOLOG MIX 70/30 SUSP	P	MP
NOVOLOG PENFILL SOCT	P	MP
NOVOLOG RELION SOLN IJ	P	MP
NOVOLOG SOLN IJ	P	MP

Drug Name	Drug Tier	Requirements/ Limits
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	MP
SEMGLEE (YFGN) SOPN	NP	MP
TOUJEO MAX SOLOSTAR SOPN	P	MP
TOUJEO SOLOSTAR SOPN	P	MP
TRESIBA FLEXTOUCH SOPN	P	MP
TRESIBA SOLN	P	MP
Insulin Sensitizing Agents		
ACTOS *(Use pioglitazone hcl)*	NP	MP
pioglitazone hcl	P	MP
Meglitinide Analogues		
nateglinide	NP	MP
repaglinide	P	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	NP	MP
FARXIGA *(Use dapagliflozin propanediol)*	P	MP
INVOKANA	P	MP
JARDIANCE	P	MP
STEGLATRO	NP	MP
Sulfonylureas		
glimepiride 1 MG, 2 MG, 4 MG	P	MP
glipizide TABS	P	MP
glipizide TB24	P	MP
GLUCOTROL XL TB24 *(Use glipizide)*	NP	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	MP
glyburide TABS	P	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		

Drug Name	Drug Tier	Requirements/ Limits
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	P	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	P	
bismuth subsalicylate TABS	P	
PEPTO BISMOL SUSP 525 MG/30ML *(Use bismuth subsalicylate)*	NF	
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	P	
diphenoxylate w/ atropine TABS	P	
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	P	QL(8 EA daily); RX/OTC
loperamide hcl TABS	P	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		

Drug Name	Drug Tier	Requirements/ Limits
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox TABS	P	SP; PA
JADENU TABS *(Use deferasirox)*	NF	SP; PA
Antidotes and Specific Antagonists		
SM IPECAC SYRUP	P	
Opioid Antagonists		
KLOXXADO LIQD	P	
naloxone hcl LIQD	P	RX/OTC
naloxone hcl SOCT	P	QL(5 ML per fill retail; 5 per fill mail)
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	P	QL(5 ML per fill retail; 5 per fill mail)
naloxone hcl SOSY 0.4 MG/ML	P	QL(5 ML per fill retail; 5 per fill mail)
naloxone hcl SOSY 2 MG/2ML	P	
naltrexone hcl	P	
NARCAN LIQD *(Use naloxone hcl)*	P	RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	PA	PA
ZURNAI IJ 1.5 MG/0.5ML	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	QL(4 EA per fill retail; 4 per fill mail)
granisetron hcl TABS	P	QL(2 EA per fill retail; 2 per fill mail)
ondansetron hcl SOLN PO 4 MG/5ML	P	QL(50 ML per fill retail; 50 per fill mail)
ondansetron hcl SOLN IJ 4 MG/2ML	P	QL(8 ML per fill retail; 8 per fill mail)
ondansetron hcl SOLN IJ 40 MG/20ML	P	QL(20 ML per fill retail; 20 per fill mail)
ondansetron hcl SOSY	P	QL(8 ML per fill retail; 8 per fill mail)
ondansetron hcl TABS 4 MG	P	QL(12 EA per fill retail; 12 per fill mail)
ondansetron hcl TABS 8 MG	P	QL(6 EA per fill retail; 6 per fill mail)
ondansetron hcl TABS 24 MG	P	QL(1 EA per 14 day(s) retail; 1 EA per 14 days mail)
ondansetron TBDP 4 MG	P	QL(12 EA per fill retail; 12 per fill mail)
ondansetron TBDP 8 MG	P	QL(6 EA per fill retail; 6 per fill mail)
ondansetron TBDP 16 MG	P	QL(3 EA per fill retail; 3 per fill mail)
SANCUSO PTCH	NP	QL(1 EA per fill retail; 1 per fill mail)
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(Use meclizine hcl)*	NF	RX/OTC
ANTIVERT TABS 50 MG *(Use meclizine hcl)*	NF	
dimenhydrinate TABS	P	
DRAMAMINE TABS *(Use dimenhydrinate)*	NF	
meclizine hcl CHEW	P	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	P	RX/OTC
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	P	

Drug Name	Drug Tier	Requirements/ Limits
DICLEGIS TBEC *(Use doxylamine-pyridoxine)*	NP	
doxylamine-pyridoxine TBEC	NP	
dronabinol CAPS	PA	PA
MARINOL CAPS 2.5 MG *(Use dronabinol)*	PA	PA
MARINOL CAPS 5 MG, 10 MG *(Use dronabinol)*	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
aprepitant CAPS 80 MG	NP	QL(2 EA per fill retail; 2 per fill mail)
aprepitant CAPS	NP	QL(3 EA per fill retail; 3 per fill mail)
aprepitant CAPS 125 MG	P	QL(1 EA per fill retail; 1 per fill mail)
aprepitant CAPS 40 MG	P	QL(2 EA per fill retail; 2 per fill mail)
CINVANTI EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
EMEND BIPACK CAPS 80 MG *(Use aprepitant)*	P	QL(2 EA per fill retail; 2 per fill mail)
EMEND TRIPACK CAPS *(Use aprepitant)*	P	QL(3 EA per fill retail; 3 per fill mail)
EMEND SUSR	P	QL(1 EA per fill retail; 1 per fill mail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
griseofulvin microsize SUSP	P	
griseofulvin microsize TABS	P	
griseofulvin ultramicrosize	P	
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P	
nystatin TABS	P	QL(6 EA daily)
Imidazole-Related Antifungals		
DIFLUCAN SUSR *(Use fluconazole)*	NF	QL(70 ML per fill retail; 70 per fill mail)
DIFLUCAN TABS 150 MG *(Use fluconazole)*	NF	QL(2 EA per fill retail; 2 per fill mail)
DIFLUCAN TABS 100 MG *(Use fluconazole)*	NF	QL(1 EA daily)
DIFLUCAN TABS 200 MG *(Use fluconazole)*	NF	QL(2 EA daily)
fluconazole SUSR	P	QL(70 ML per fill retail; 70 per fill mail)
fluconazole TABS 150 MG	P	QL(2 EA per fill retail; 2 per fill mail)
fluconazole TABS 50 MG	P	QL(7 EA per fill retail; 7 per fill mail)
fluconazole TABS 200 MG	P	QL(2 EA daily)
fluconazole TABS 100 MG	P	QL(1 EA daily)
VIVJOA	PA	QL(18 EA per fill retail; 18 per fill mail); PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate SYRP	P	QL(60 ML daily)
chlorpheniramine maleate TABS	P	QL(120 EA per fill retail; 120 per fill mail)
dexchlorpheniramine maleate SOLN	P	
Antihistamines - Ethanolamines		

Drug Name	Drug Tier	Requirements/ Limits
BENADRYL ALLERGY CHILDRENS LIQD *(Use diphenhydramine hcl)*	NF	QL(240 ML per fill retail; 240 per fill mail)
BENADRYL ALLERGY ULTRATABS TABS *(Use diphenhydramine hcl)*	NF	
BENADRYL ALLERGY CAPS *(Use diphenhydramine hcl)*	NF	QL(4 EA daily)
BENADRYL ALLERGY TABS *(Use diphenhydramine hcl)*	NF	
CLEMASZ TABS 2.68 MG *(Use clemastine fumarate)*	NF	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)
diphenhydramine hcl CAPS	P	QL(4 EA daily)
diphenhydramine hcl ELIX 12.5 MG/5ML	P	QL(240 ML per fill retail; 240 per fill mail)
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	P	QL(240 ML per fill retail; 240 per fill mail)
diphenhydramine hcl TABS 25 MG	NP	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP *(Use fexofenadine hcl)*	NF	
ALLEGRA ALLERGY TABS *(Use fexofenadine hcl)*	NF	
cetirizine hcl CAPS	NP	
cetirizine hcl CHEW	P	
cetirizine hcl SOLN PO	P	RX/OTC
cetirizine hcl SOLN PO 5 MG/5ML	NP	RX/OTC
cetirizine hcl TABS 10 MG	NP	
cetirizine hcl TABS	P	
CLARINEX TABS *(Use desloratadine)*	NP	
CLARINEX TABS *(Use desloratadine)*	NF	
CLARITIN ALLERGY CHILDRENS SOLN *(Use loratadine)*	NF	
CLARITIN CHILDRENS CHEW *(Use loratadine)*	NF	
CLARITIN REDITABS JUNIORS TBDP *(Use loratadine)*	NF	
CLARITIN REDITABS TBDP *(Use loratadine)*	NF	
CLARITIN REDITABS TBDP *(Use loratadine)*	NF	
CLARITIN CHEW *(Use loratadine)*	NF	
CLARITIN SOLN *(Use loratadine)*	NF	
CLARITIN TABS *(Use loratadine)*	NF	
DESLORATADINE SOLN PO 0.5 MG/ML	NP	
desloratadine TABS	NP	
desloratadine TBDP	NP	
fexofenadine hcl SUSP	NP	
fexofenadine hcl TABS 60 MG, 180 MG	NP	
levocetirizine dihydrochloride SOLN	P	RX/OTC
levocetirizine dihydrochloride TABS	P	RX/OTC
loratadine CHEW	P	
loratadine CHEW	NP	
loratadine SOLN	P	
loratadine TABS	NP	
loratadine TABS	P	
loratadine TBDP 10 MG	P	
XYZAL ALLERGY 24HR TABS *(Use levocetirizine dihydrochloride)*	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC ALLERGY CAPS *(Use cetirizine hcl)*	NF	
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	NF	
ZYRTEC CHILDRENS ALLERGY CHEW *(Use cetirizine hcl)*	NF	
ZYRTEC CHILDRENS ALLERGY SOLN PO *(Use cetirizine hcl)*	NF	RX/OTC
ZYRTEC CHEW 10 MG *(Use cetirizine hcl)*	NF	
Antihistamines - Phenothiazines		
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 2 yrs old)
promethazine hcl SUPP	P	QL(12 EA per fill retail; 12 per fill mail); AL(At least 2 yrs old)
promethazine hcl TABS	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	P	
cyproheptadine hcl TABS	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	NP	
Angiopoietin-like Protein Inhibitors		
EVKEEZA 1200 MG/8ML	PA	QL(8 ML per fill retail; 8 per fill mail); AL(At least 5 yrs old); PA
EVKEEZA 345 MG/2.3ML	PA	QL(4.6 ML per fill retail; 4.6 per fill mail); AL(At least 5 yrs old); PA
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	P	MP
NEXLIZET	NP	
VYTORIN *(Use ezetimibe-simvastatin)*	NP	MP
Antihyperlipidemics - Misc.		
icosapent ethyl	NP	
LOVAZA *(Use omega-3-acid ethyl esters)*	NF	
omega-3-acid ethyl esters	P	
VASCEPA *(Use icosapent ethyl)*	NF	
Bile Acid Sequestrants		
cholestyramine light PACK	NP	
cholestyramine light PACK	P	
cholestyramine light POWD	P	
cholestyramine light POWD	NP	
cholestyramine PACK	P	
cholestyramine POWD	P	
colesevelam hcl PACK	P	
colesevelam hcl TABS	P	
COLESTID FLAVORED GRAN *(Use colestipol hcl)*	NF	
COLESTID FLAVORED PACK *(Use colestipol hcl)*	NF	
COLESTID GRAN *(Use colestipol hcl)*	NP	
COLESTID PACK *(Use colestipol hcl)*	NF	
COLESTID TABS *(Use colestipol hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
colestipol hcl GRAN	P	
colestipol hcl PACK	P	
colestipol hcl TABS	P	
QUESTRAN LIGHT POWD *(Use cholestyramine light)*	NP	
QUESTRAN PACK *(Use cholestyramine)*	NP	
QUESTRAN POWD *(Use cholestyramine)*	NP	
WELCHOL PACK *(Use colesevelam hcl)*	NP	
WELCHOL TABS *(Use colesevelam hcl)*	NP	
Fibric Acid Derivatives		
choline fenofibrate	P	
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	P	
fenofibrate CAPS	NP	
fenofibrate TABS 40 MG, 120 MG	NP	
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	P	
fenofibric acid	NP	
FENOGLIDE TABS *(Use fenofibrate)*	NF	
FIBRICOR 35 MG *(Use fenofibric acid)*	NF	
FIBRICOR 105 MG *(Use fenofibric acid)*	NP	
gemfibrozil TABS	P	
LIPOFEN CAPS *(Use fenofibrate)*	P	
LOPID TABS *(Use gemfibrozil)*	NP	
TRICOR TABS *(Use fenofibrate)*	NP	
TRILIPIX *(Use choline fenofibrate)*	NF	
HMG CoA Reductase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	MP
ATORVALIQ SUSP	NP	MP
atorvastatin calcium TABS	P	MP
CRESTOR TABS 20 MG, 40 MG *(Use rosuvastatin calcium)*	NP	QL(1 EA daily); MP
CRESTOR TABS 5 MG *(Use rosuvastatin calcium)*	NP	MP
CRESTOR TABS 10 MG *(Use rosuvastatin calcium)*	NP	QL(2 EA daily); MP
fluvastatin sodium CAPS	NP	MP
fluvastatin sodium TB24	NP	MP
LESCOL XL TB24 *(Use fluvastatin sodium)*	NF	
LESCOL XL TB24 *(Use fluvastatin sodium)*	NP	MP
LIPITOR TABS *(Use atorvastatin calcium)*	NF	
LIPITOR TABS *(Use atorvastatin calcium)*	NP	MP
LIVALO *(Use pitavastatin calcium)*	NP	MP
lovastatin TABS	P	MP
pitavastatin calcium	NP	MP
pravastatin sodium	P	MP
rosuvastatin calcium TABS 20 MG, 40 MG	P	QL(1 EA daily); MP
rosuvastatin calcium TABS 10 MG	P	QL(2 EA daily); MP
rosuvastatin calcium TABS 5 MG	P	MP
simvastatin TABS	P	MP
ZOCOR TABS 10 MG, 20 MG, 40 MG *(Use simvastatin)*	NP	MP
ZYPITAMAG 2 MG, 4 MG	NP	MP
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	

Drug Name	Drug Tier	Requirements/ Limits
ZETIA *(Use ezetimibe)*	NP	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	P	
niacin (antihyperlipidemic) TBCR	P	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	
PRALUENT SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
REPATHA PUSHTRONEX SYSTEM SOCT	PA	QL(3.5 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
REPATHA SURECLICK SOAJ	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
REPATHA SOSY	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(Use quinapril hcl)*	NP	MP
ALTACE CAPS 1.25 MG, 5 MG *(Use ramipril)*	NP	MP
ALTACE CAPS 10 MG *(Use ramipril)*	NF	
benazepril hcl	P	MP
captopril	P	MP
enalapril maleate SOLN	P	AL(Up to 10 yrs old); MP
enalapril maleate TABS	P	MP
EPANED SOLN *(Use enalapril maleate)*	NP	AL(Up to 10 yrs old); MP
fosinopril sodium	NP	MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
LOTENSIN 10 MG, 20 MG, 40 MG *(Use benazepril hcl)*	NP	MP
moexipril hcl	NP	MP
perindopril erbumine	NP	MP
QBRELIS SOLN	NP	MP
quinapril hcl	NP	MP
ramipril CAPS	P	MP
trandolapril	NP	MP
VASOTEC TABS *(Use enalapril maleate)*	NF	
ZESTRIL TABS *(Use lisinopril)*	NF	
ZESTRIL TABS *(Use lisinopril)*	NP	MP
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	NP	MP
ATACAND *(Use candesartan cilexetil)*	NP	MP
AVAPRO 150 MG, 300 MG *(Use irbesartan)*	NP	MP
BENICAR *(Use olmesartan medoxomil)*	NP	MP
candesartan cilexetil	NP	MP
COZAAR *(Use losartan potassium)*	NP	MP
DIOVAN TABS *(Use valsartan)*	NP	MP
EDARBI	NP	MP
irbesartan	NP	MP
losartan potassium	P	MP

Drug Name	Drug Tier	Requirements/ Limits
MICARDIS 20 MG *(Use telmisartan)*	NF	
MICARDIS 40 MG, 80 MG *(Use telmisartan)*	NP	MP
olmesartan medoxomil	P	MP
telmisartan	NP	MP
valsartan SOLN	P	MP
valsartan TABS	P	MP
Antiadrenergic Antihypertensives		
CARDURA 8 MG *(Use doxazosin mesylate)*	NF	
CARDURA *(Use doxazosin mesylate)*	NP	MP
CATAPRES-TTS-1 PTWK *(Use clonidine)*	NF	
CATAPRES-TTS-2 PTWK *(Use clonidine)*	NF	
CATAPRES-TTS-3 PTWK *(Use clonidine)*	NF	
clonidine hcl TABS	P	
clonidine PTWK	P	
doxazosin mesylate	P	MP
guanfacine hcl	P	
methyldopa TABS	P	
MINIPRESS CAPS *(Use prazosin hcl)*	NF	MP
prazosin hcl CAPS	NP	MP
terazosin hcl	P	MP
TEZRULY PO 1 MG/ML	NP	MP
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NP	MP
amlodipine besylate-benazepril hcl	P	MP
amlodipine besylate-olmesartan medoxomil	P	MP
amlodipine besylate-valsartan	P	MP

Drug Name	Drug Tier	Requirements/ Limits
amlodipine-valsartan-hydrochlorothiazide	NP	MP
ATACAND HCT *(Use candesartan cilexetil-hydrochlorothiazide)*	NP	MP
atenolol & chlorthalidone	P	MP
AVALIDE *(Use irbesartan-hydrochlorothiazide)*	NP	MP
AZOR *(Use amlodipine besylate-olmesartan medoxomil)*	NP	MP
benazepril & hydrochlorothiazide	P	MP
BENICAR HCT *(Use olmesartan medoxomil-hydrochlorothiazide)*	NP	MP
bisoprolol & hydrochlorothiazide	P	MP
candesartan cilexetil-hydrochlorothiazide	NP	MP
captopril & hydrochlorothiazide	P	MP
DIOVAN HCT *(Use valsartan-hydrochlorothiazide)*	NP	MP
EDARBYCLOR	NP	MP
enalapril maleate & hydrochlorothiazide	P	MP
EXFORGE *(Use amlodipine besylate-valsartan)*	NP	MP
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	NP	MP
fosinopril sodium & hydrochlorothiazide	NP	MP
HYZAAR *(Use losartan potassium & hydrochlorothiazide)*	NP	MP
irbesartan-hydrochlorothiazide	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
lisinopril & hydrochlorothiazide	P	MP
losartan potassium & hydrochlorothiazide	P	MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NP	MP
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(Use amlodipine besylate-benazepril hcl)*	NP	MP
metoprolol & hydrochlorothiazide TABS	NP	MP
MICARDIS HCT *(Use telmisartan-hydrochlorothiazide)*	NP	MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	MP
olmesartan medoxomil-hydrochlorothiazide	P	MP
quinapril-hydrochlorothiazide	NP	MP
TEKTURNA HCT	P	
telmisartan-amlodipine	NP	MP
telmisartan-hydrochlorothiazide	NP	MP
TENORETIC 100 *(Use atenolol & chlorthalidone)*	NF	
TENORETIC 100 *(Use atenolol & chlorthalidone)*	NP	MP
TENORETIC 50 *(Use atenolol & chlorthalidone)*	NF	
TENORETIC 50 *(Use atenolol & chlorthalidone)*	NP	MP
trandolapril-verapamil hcl	NP	MP
TRIBENZOR *(Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NP	MP
valsartan-hydrochlorothiazide	P	MP
VASERETIC 25 MG-10 MG *(Use enalapril maleate & hydrochlorothiazide)*	NF	
ZESTORETIC *(Use lisinopril & hydrochlorothiazide)*	NP	MP
Direct Renin Inhibitors		
aliskiren fumarate	P	
TEKTURNA *(Use aliskiren fumarate)*	NF	
Vasodilators		
hydralazine hcl TABS	P	
minoxidil 2.5 MG, 10 MG	P	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS	P	
trimethoprim TABS	P	
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	P	
sulfamethoxazole-trimethoprim SUSP	P	
sulfamethoxazole-trimethoprim TABS	P	
URETRON D/S TABS 81.6 MG	P	
Glycopeptides		

Drug Name	Drug Tier	Requirements/ Limits
FIRVANQ SOLR PO *(Use vancomycin hcl)*	NF	QL(300 ML per fill retail; 300 per fill mail)
VANCOCIN CAPS 125 MG *(Use vancomycin hcl)*	NF	QL(4 EA daily)
VANCOCIN CAPS 250 MG *(Use vancomycin hcl)*	NF	QL(8 EA daily)
vancomycin hcl CAPS 250 MG	P	QL(8 EA daily)
vancomycin hcl CAPS 125 MG	P	QL(4 EA daily)
vancomycin hcl SOLR IV 1 GM	P	QL(14 EA per fill retail; 14 per fill mail)
vancomycin hcl SOLR IV 500 MG	P	QL(0.467 EA daily)
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ML per fill retail; 300 per fill mail)
VANCOMYCIN HCL SOLR IV 500 MG	P	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	P	QL(14 EA per fill retail; 14 per fill mail)
Leprostatics		
dapsone	P	
Lincosamides		
CLEOCIN *(Use clindamycin palmitate hydrochloride)*	NF	QL(100 ML per fill retail; 100 per fill mail)
clindamycin hcl 150 MG, 300 MG	P	
clindamycin palmitate hydrochloride	P	QL(100 ML per fill retail; 100 per fill mail)
Monobactams		
CAYSTON	PA	AL(At least 7 yrs old); PA
Oxazolidinones		
linezolid SOLN	PA	PA
linezolid SUSR	PA	PA
linezolid TABS	PA	PA
SIVEXTRO SOLR	PA	PA
SIVEXTRO TABS	PA	PA
ZYVOX SOLN *(Use linezolid)*	NF	
ZYVOX SUSR *(Use linezolid)*	PA	PA
ZYVOX TABS *(Use linezolid)*	PA	PA
Urinary Anti-infectives		
MACROBID *(Use nitrofurantoin monohyd macro)*	NF	
MACRODANTIN *(Use nitrofurantoin macrocrystal)*	NF	
methenamine mandelate	P	
nitrofurantoin	PA	PA
nitrofurantoin macrocrystal 50 MG, 100 MG	P	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	P	QL(24 EA per fill retail; 24 per fill mail)
Antimalarials		
chloroquine phosphate TABS 250 MG	P	QL(2 EA daily)
chloroquine phosphate TABS 500 MG	P	QL(8 EA per 56 day(s) retail; 8 EA per 56 days mail)
hydroxychloroquine sulfate 200 MG	P	
KRINTAFEL	P	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
mefloquine hcl	P	
PLAQUENIL *(Use hydroxychloroquine sulfate)*	NF	
primaquine phosphate TABS	P	
PRIMAQUINE PHOSPHATE TABS *(Use primaquine phosphate)*	NF	
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS *(Use pyridostigmine bromide)*	NF	
MESTINON TBCR *(Use pyridostigmine bromide)*	NF	
pyridostigmine bromide TABS 60 MG	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	P	
isoniazid SYRP	P	
isoniazid TABS	P	
MYAMBUTOL TABS 400 MG *(Use ethambutol hcl)*	NF	
MYCOBUTIN *(Use rifabutin)*	NF	
pyrazinamide	P	
rifabutin	P	
rifampin CAPS	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	PA	PA
CYCLOPHOSPHAMIDE TABS 50 MG	PA	PA
GLEOSTINE *(Use lomustine)*	NF	
LEUKERAN	P	
lomustine	PA	PA
MYLERAN TABS	P	
TEMODAR SOLR	P	SP; PA
temozolomide CAPS	PA	PA
Antimetabolites		
capecitabine	PA	PA
JYLAMVO SOLN PO	PA	PA
mercaptopurine SUSP 2000 MG/100ML	PA	PA
mercaptopurine TABS	PA	PA
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	P	
methotrexate sodium TABS 2.5 MG	PA	PA
ONUREG TABS	PA	PA
PURIXAN SUSP 2000 MG/100ML *(Use mercaptopurine)*	NF	
PURIXAN SUSP 2000 MG/100ML *(Use mercaptopurine)*	PA	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	PA	PA
XATMEP SOLN PO	PA	PA
XELODA *(Use capecitabine)*	NF	
XELODA *(Use capecitabine)*	PA	PA
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	PA	PA
INLYTA	PA	PA
LENVIMA (10 MG DAILY DOSE)	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (12 MG DAILY DOSE)	PA	PA
LENVIMA (14 MG DAILY DOSE)	PA	PA
LENVIMA (18 MG DAILY DOSE)	PA	PA
LENVIMA (20 MG DAILY DOSE)	PA	PA
LENVIMA (24 MG DAILY DOSE)	PA	PA
LENVIMA (4 MG DAILY DOSE)	PA	PA
LENVIMA (8 MG DAILY DOSE)	PA	PA
Antineoplastic - Antibodies		
LOQTORZI	P	SP; PA
Antineoplastic - Anti-HER2 Agents		
HERNEXEOS TABS PO 60 MG	PA	PA
TUKYSA	PA	PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	PA	PA
VENCLEXTA TABS	PA	PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	PA	PA
gefitinib	PA	PA
GILOTRIF	PA	PA
IRESSA *(Use gefitinib)*	PA	PA
LAZCLUZE	PA	PA
TAGRISSO	PA	PA
TARCEVA *(Use erlotinib hcl)*	NF	
VIZIMPRO	PA	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	PA	PA
ERIVEDGE	PA	PA
ODOMZO	PA	PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	PA	PA
AKEEGA	PA	PA
anastrozole	PA	PA
ARIMIDEX *(Use anastrozole)*	PA	PA
AROMASIN *(Use exemestane)*	PA	PA
bicalutamide	PA	PA
CAMCEVI	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
CASODEX *(Use bicalutamide)*	PA	PA
ELIGARD SC 30 MG	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 120 day(s) retail; 1 EA per 120 days mail); PA
ELIGARD SC 45 MG	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
ELIGARD KIT SC 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD KIT SC 7.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
EMCYT	P	SP
ERLEADA	PA	PA
EULEXIN	P	
exemestane	PA	PA
FARESTON *(Use toremifene citrate)*	PA	MP; PA
FEMARA *(Use letrozole)*	PA	PA
INLURIYO TABS PO 200 MG	PA	PA
letrozole	PA	PA
leuprolide acetate (3 month) INJ 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
leuprolide acetate KIT IJ 1 MG/0.2ML	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 2 EA per 30 day(s) retail; 2 EA per 30 days mail); PA
LUPRON DEPOT (1-MONTH) KIT IM	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
LUPRON DEPOT (3-MONTH) KIT IM	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
LUPRON DEPOT (4-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 120 day(s) retail; 1 EA per 120 days mail); PA
LUPRON DEPOT (6-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
LUTRATE DEPOT INJ 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
LYSODREN	PA	PA
megestrol acetate SUSP	P	
megestrol acetate TABS	PA	PA
NILANDRON *(Use nilutamide)*	NF	
nilutamide	PA	PA
NUBEQA	PA	PA
ORGOVYX	PA	PA
ORSERDU	PA	PA
SOLTAMOX SOLN	PA	MP; PA
tamoxifen citrate TABS	PA	MP; PA

Drug Name	Drug Tier	Requirements/ Limits
toremifene citrate	PA	MP; PA
TRELSTAR MIXJECT 3.75 MG	PA	PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	PA	PA
XTANDI CAPS	PA	PA
XTANDI TABS	PA	PA
YONSA	PA	PA
ZOLADEX	P	SP; PA
ZYTIGA *(Use abiraterone acetate)*	PA	PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	PA	PA
Antineoplastic - Immunomodulators		
POMALYST	PA	PA
Antineoplastic - Menin Inhibitors		
REVUFORJ	PA	PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	PA	PA
Antineoplastic - Protease Activators		
MODEYSO CAPS PO 125 MG	PA	PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	PA	PA
XPOVIO (40 MG ONCE WEEKLY)	PA	PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	PA	PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	PA	PA
XPOVIO (60 MG TWICE WEEKLY)	PA	PA
XPOVIO (80 MG ONCE WEEKLY)	PA	PA
XPOVIO (80 MG TWICE WEEKLY)	PA	PA
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK THPK PO	PA	PA
INQOVI	PA	PA
KISQALI FEMARA (200 MG DOSE)	PA	PA
KISQALI FEMARA (400 MG DOSE)	PA	PA
KISQALI FEMARA (600 MG DOSE)	PA	PA
LONSURF	PA	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(Use everolimus)*	PA	PA
AFINITOR TABS *(Use everolimus)*	PA	PA
ALECENSA	PA	PA
ALUNBRIG TABS	PA	PA
ALUNBRIG TBPK	PA	PA
AUGTYRO	PA	PA
BALVERSA	PA	PA
BOSULIF CAPS	PA	PA
BOSULIF TABS	PA	PA
BRAFTOVI 75 MG	PA	PA
BRUKINSA PO 160 MG	PA	PA
BRUKINSA	PA	PA
CABOMETYX TABS	PA	PA
CALQUENCE	PA	PA
CAPRELSA	PA	PA
COMETRIQ (100 MG DAILY DOSE) KIT	PA	PA
COMETRIQ (140 MG DAILY DOSE) KIT	PA	PA
COMETRIQ (60 MG DAILY DOSE) KIT	PA	PA
COPIKTRA	PA	PA
COTELLIC	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
DANZITEN	PA	PA
dasatinib	PA	PA
ENSACOVE CAPS PO 25 MG, 100 MG	PA	SP; PA
everolimus TABS	PA	PA
everolimus TBSO	PA	PA
FOTIVDA	PA	PA
GAVRETO	PA	PA
GAVRETO	PA	PA
GLEEVEC TABS *(Use imatinib mesylate)*	PA	PA
GOMEKLI CAPS PO 1 MG, 2 MG	PA	PA
GOMEKLI TBSO PO 1 MG	PA	PA
HYRNUO TABS PO 10 MG	PA	PA
IBRANCE CAPS	PA	PA
IBRANCE TABS	PA	PA
IBTROZI CAPS PO 200 MG	PA	PA
ICLUSIG	PA	PA
IDHIFA	PA	PA
imatinib mesylate TABS	PA	PA
IMBRUVICA CAPS	PA	PA
IMBRUVICA SUSP	PA	PA
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	PA	PA
IMKELDI SOLN	PA	PA
INREBIC	PA	PA
ISTODAX SOLR *(Use romidepsin)*	NF	SP; PA
ITOVEBI	PA	PA
JAKAFI	PA	PA
JAYPIRCA	PA	PA
KISQALI (200 MG DOSE)	PA	PA
KISQALI (400 MG DOSE)	PA	PA
KISQALI (600 MG DOSE)	PA	PA
KOSELUGO	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
KOSELUGO PO 5 MG, 7.5 MG	PA	PA
KRAZATI	PA	PA
lapatinib ditosylate	PA	PA
LORBRENA	PA	PA
LUMAKRAS	PA	PA
LYNPARZA TABS	PA	PA
LYTGOBI (12 MG DAILY DOSE)	PA	PA
LYTGOBI (16 MG DAILY DOSE)	PA	PA
LYTGOBI (20 MG DAILY DOSE)	PA	PA
MEKINIST SOLR	PA	PA
MEKINIST TABS	PA	PA
MEKTOVI	PA	PA
NERLYNX	PA	PA
NEXAVAR *(Use sorafenib tosylate)*	PA	PA
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	PA	PA
nilotinib hcl 50 MG, 150 MG, 200 MG	PA	PA
NINLARO	PA	PA
OGSIVEO	PA	PA
OJEMDA SUSR	PA	PA
OJEMDA TABS	PA	PA
OJJAARA	PA	PA
pazopanib hcl	PA	PA
PEMAZYRE	PA	PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	PA	PA
PIQRAY (200 MG DAILY DOSE)	PA	PA
PIQRAY (250 MG DAILY DOSE)	PA	PA
PIQRAY (300 MG DAILY DOSE)	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
QINLOCK	PA	PA
RETEVMO CAPS	PA	PA
RETEVMO TABS	PA	PA
REZLIDHIA	PA	PA
romidepsin SOLR	P	SP; PA
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	PA	PA
ROZLYTREK CAPS	PA	PA
ROZLYTREK PACK	PA	PA
RUBRACA	PA	PA
RYDAPT	PA	PA
SCEMBLIX	PA	PA
sorafenib tosylate	PA	PA
SPRYCEL *(Use dasatinib)*	PA	PA
STIVARGA	PA	PA
sunitinib malate	PA	PA
SUTENT *(Use sunitinib malate)*	PA	PA
TABRECTA	PA	PA
TAFINLAR CAPS	PA	PA
TAFINLAR TBSO	PA	PA
TALZENNA	PA	PA
TASIGNA 50 MG, 150 MG, 200 MG *(Use nilotinib hcl)*	PA	PA
TAZVERIK	PA	PA
TEPMETKO	PA	PA
TIBSOVO	PA	PA
TRUQAP TABS	PA	PA
TRUQAP TBPK	PA	PA
TURALIO 125 MG	PA	PA
TYKERB *(Use lapatinib ditosylate)*	PA	PA
VANFLYTA	PA	PA
VERZENIO	PA	PA
VITRAKVI CAPS	PA	PA
VITRAKVI SOLN	PA	PA
VONJO	PA	PA
VORANIGO	PA	PA
VOTRIENT *(Use pazopanib hcl)*	PA	PA
XALKORI CAPS	PA	PA
XALKORI CPSP	PA	PA
XOSPATA	PA	PA
ZEJULA TABS	PA	PA
ZELBORAF	PA	PA
ZOLINZA	PA	PA
ZYDELIG	PA	PA
ZYKADIA TABS	PA	PA
Antineoplastics Misc.		
bexarotene	PA	PA
HYDREA *(Use hydroxyurea)*	NF	
HYDREA *(Use hydroxyurea)*	PA	PA
hydroxyurea	PA	PA
MATULANE	PA	PA
TARGRETIN *(Use bexarotene)*	NF	
tretinoin (chemotherapy)	PA	PA
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	PA	PA
leucovorin calcium TABS	P	
mesna TABS	P	SP
MESNEX TABS	P	SP
Mitotic Inhibitors		
etoposide CAPS	PA	PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	PA	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	NP	

Drug Name	Drug Tier	Requirements/ Limits
LODOSYN *(Use carbidopa)*	NF	
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	P	
benztropine mesylate TABS	P	
Antiparkinson COMT Inhibitors		
TASMAR *(Use tolcapone)*	NF	
tolcapone	NP	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	P	
amantadine hcl SOLN	P	
amantadine hcl TABS	P	
APOKYN SOCT	NP	
apomorphine hydrochloride SOCT	NP	
carbidopa-levodopa CPCR	P	
carbidopa-levodopa-entacapone	P	
carbidopa-levodopa TABS	P	
carbidopa-levodopa TBCR	P	
carbidopa-levodopa TBDP	P	
CREXONT CPCR	NP	
DHIVY TABS	NP	
DUOPA SUSP	NP	
INBRIJA CAPS	NP	
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG *(Use pramipexole dihydrochloride)*	NF	
NEUPRO	NP	
ONAPGO SOCT 98 MG/20ML	NP	AL(At least 18 yrs old)
pramipexole dihydrochloride TABS	P	
pramipexole dihydrochloride TB24	NP	
ropinirole hydrochloride TABS	P	
ropinirole hydrochloride TB24	P	
RYTARY CPCR	NP	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(Use carbidopa-levodopa)*	NP	
STALEVO 100 *(Use carbidopa-levodopa-entacapone)*	NF	
STALEVO 125 *(Use carbidopa-levodopa-entacapone)*	NF	
STALEVO 150 *(Use carbidopa-levodopa-entacapone)*	NF	
STALEVO 200 *(Use carbidopa-levodopa-entacapone)*	NF	
STALEVO 50 *(Use carbidopa-levodopa-entacapone)*	NF	
STALEVO 75 *(Use carbidopa-levodopa-entacapone)*	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(Use rasagiline mesylate)*	NP	
rasagiline mesylate	NP	
XADAGO	PA	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	P	
lithium carbonate CAPS	P	
lithium carbonate TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
lithium carbonate TBCR	P	
LITHOBID TBCR *(Use lithium carbonate)*	NF	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old)
EQUETRO	NP	
GEODON *(Use ziprasidone hcl)*	NP	AL(At least 18 yrs old)
GEODON 40 MG, 60 MG *(Use ziprasidone hcl)*	NF	
LATUDA *(Use lurasidone hcl)*	NP	AL(At least 18 yrs old)
lurasidone hcl	P	AL(At least 18 yrs old)
NUPLAZID CAPS	PA	AL(At least 18 yrs old); PA
NUPLAZID TABS 10 MG	PA	AL(At least 18 yrs old); PA
VRAYLAR CAPS	P	AL(At least 18 yrs old)
ziprasidone hcl	P	AL(At least 18 yrs old)
Benzisoxazoles		
ERZOFRI	NP	AL(At least 18 yrs old)
FANAPT	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)
INVEGA 3 MG, 6 MG, 9 MG *(Use paliperidone)*	NP	AL(At least 18 yrs old)
INVEGA HAFYERA 1092 MG/3.5ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); PA
INVEGA HAFYERA 1560 MG/5ML	PA	QL(0.03 ML daily); AL(At least 18 yrs old); PA
INVEGA SUSTENNA	PA	AL(At least 18 yrs old); PA
INVEGA TRINZA 546 MG/1.75ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); PA
INVEGA TRINZA 410 MG/1.32ML	PA	QL(0.016 ML daily); AL(At least 18 yrs old); PA
INVEGA TRINZA 273 MG/0.88ML	PA	QL(0.011 ML daily); AL(At least 18 yrs old); PA
INVEGA TRINZA 819 MG/2.63ML	PA	QL(0.032 ML daily); AL(At least 18 yrs old); PA
paliperidone	P	AL(At least 18 yrs old)
PERSERIS PRSY	PA	AL(At least 18 yrs old); PA
RISPERDAL CONSTA *(Use risperidone microspheres)*	PA	AL(At least 18 yrs old); PA
RISPERDAL SOLN *(Use risperidone)*	NP	AL(At least 18 yrs old)
RISPERDAL TABS 3 MG *(Use risperidone)*	NF	AL(At least 18 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(Use risperidone)*	NP	AL(At least 18 yrs old)
risperidone SOLN	P	AL(At least 18 yrs old)
risperidone TABS	P	AL(At least 18 yrs old)
risperidone TBDP	P	AL(At least 18 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old)
UZEDY SUSY	PA	AL(At least 18 yrs old); PA
Butyrophenones		
HALDOL DECANOATE *(Use haloperidol decanoate)*	NF	
haloperidol decanoate	P	

Drug Name	Drug Tier	Requirements/ Limits
haloperidol lactate CONC	P	
haloperidol lactate SOLN	P	
haloperidol TABS 0.5 MG, 1 MG, 10 MG	P	QL(3 EA daily)
haloperidol TABS 2 MG, 5 MG, 20 MG	P	
Dibenzapines		
asenapine maleate	P	AL(At least 18 yrs old)
clozapine TABS	P	AL(At least 18 yrs old)
clozapine TBDP	P	AL(At least 18 yrs old)
CLOZARIL TABS 25 MG, 100 MG *(Use clozapine)*	NP	AL(At least 18 yrs old)
CLOZARIL TABS 50 MG, 200 MG *(Use clozapine)*	NF	
loxapine succinate	P	QL(4 EA daily)
olanzapine TABS	P	AL(At least 18 yrs old)
olanzapine TBDP	P	AL(At least 18 yrs old)
quetiapine fumarate TABS	P	AL(At least 18 yrs old)
quetiapine fumarate TB24	P	AL(At least 18 yrs old)
SAPHRIS 5 MG, 10 MG *(Use asenapine maleate)*	NF	
SAPHRIS *(Use asenapine maleate)*	NP	AL(At least 18 yrs old)
SECUADO	NP	AL(At least 18 yrs old)
SEROQUEL XR TB24 *(Use quetiapine fumarate)*	NP	AL(At least 18 yrs old)
SEROQUEL TABS *(Use quetiapine fumarate)*	NP	AL(At least 18 yrs old)
VERSACLOZ SUSP	NP	AL(At least 18 yrs old)
ZYPREXA RELPREVV	PA	AL(At least 18 yrs old); PA
ZYPREXA ZYDIS TBDP *(Use olanzapine)*	NF	AL(At least 18 yrs old)
ZYPREXA TABS *(Use olanzapine)*	NF	AL(At least 18 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG, 20 MG *(Use olanzapine)*	NP	AL(At least 18 yrs old)
Dihydroindolones		
molindone hcl	P	
Muscarinic Agents		
COBENFY STARTER PACK CPPK	P	AL(At least 18 yrs old)
COBENFY CAPS	P	AL(At least 18 yrs old)
Phenothiazines		
chlorpromazine hcl SOLN 25 MG/ML	P	
chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	P	QL(3 EA daily)
chlorpromazine hcl TABS 10 MG	P	QL(10 EA daily)
fluphenazine decanoate	P	
fluphenazine hcl CONC	P	
fluphenazine hcl ELIX	P	
fluphenazine hcl SOLN	P	
fluphenazine hcl TABS	P	
perphenazine TABS	P	QL(4 EA daily)
prochlorperazine	P	
prochlorperazine edisylate 10 MG/2ML	P	
prochlorperazine maleate TABS	P	
thioridazine hcl	P	QL(3 EA daily)
trifluoperazine hcl TABS	P	QL(3 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	PA	AL(At least 18 yrs old); PA
ABILIFY MAINTENA PRSY	PA	AL(At least 18 yrs old); PA
ABILIFY MAINTENA SRER	PA	AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 18 yrs old)
ABILIFY MYCITE STARTER KIT 2 MG, 10 MG, 15 MG, 20 MG, 30 MG	NP	AL(At least 18 yrs old)
ABILIFY TABS *(Use aripiprazole)*	NP	AL(At least 18 yrs old)
aripiprazole SOLN PO	P	AL(At least 18 yrs old)
aripiprazole TABS	P	AL(At least 18 yrs old)
aripiprazole TBDP	P	AL(At least 18 yrs old)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML	PA	AL(At least 18 yrs old); PA
ARISTADA 882 MG/3.2ML, 1064 MG/3.9ML	PA	AL(At least 18 yrs old); PA
ARISTADA INITIO	PA	AL(At least 18 yrs old); PA
OPIPZA FILM	NP	AL(At least 18 yrs old)
REXULTI	P	AL(At least 18 yrs old)
Thioxanthenes		
thiothixene	P	QL(3 EA daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde SOLN 10 %	P	QL(90 ML per fill retail; 90 per fill mail)
Chlorine Antiseptics		
chlorhexidine gluconate SOLN EX 4 %	P	
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	P	
Iodine Antiseptics		
BETADINE SOLN *(Use povidone-iodine)*	NF	
povidone-iodine SOLN 10 %	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	P	QL(1 EA daily)
abacavir sulfate SOLN	P	QL(30 ML daily)
abacavir sulfate TABS	P	QL(2 EA daily)
APRETUDE	P	
APTIVUS CAPS	P	QL(4 EA daily)
atazanavir sulfate CAPS	P	QL(2 EA daily)
BIKTARVY	P	QL(1 EA daily)
CABENUVA 600 MG/2ML-400 MG/2ML	PA	PA
CABENUVA 900 MG/3ML-600 MG/3ML	PA	PA
CIMDUO	P	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG *(Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
darunavir TABS 800 MG	P	QL(1 EA daily)
darunavir TABS 600 MG	P	QL(2 EA daily)
DELSTRIGO	P	QL(1 EA daily)
DESCOVY	P	QL(1 EA daily)
DOVATO	P	
EDURANT	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
EDURANT PED PO 2.5 MG	P	
efavirenz CAPS 200 MG	P	QL(1 EA daily)
efavirenz CAPS 50 MG	P	QL(2 EA daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
efavirenz TABS	P	QL(1 EA daily)
emtricitabine CAPS	P	QL(1 EA daily)
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
EMTRIVA CAPS *(Use emtricitabine)*	NF	QL(1 EA daily)
EMTRIVA SOLN	P	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)
etravirine 200 MG	P	QL(2 EA daily)
etravirine 100 MG	P	QL(4 EA daily)
EVOTAZ	P	QL(1 EA daily)
fosamprenavir calcium TABS	P	QL(4 EA daily)
FUZEON SOLR	P	SP
GENVOYA	P	QL(1 EA daily)
INTELENCE 100 MG *(Use etravirine)*	NF	QL(4 EA daily)
INTELENCE 25 MG	P	QL(4 EA daily)
INTELENCE 200 MG *(Use etravirine)*	NF	QL(2 EA daily)
ISENTRESS HD TABS	P	QL(2 EA daily)
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)
ISENTRESS PACK	P	QL(2 EA daily)
ISENTRESS TABS	P	QL(2 EA daily)
JULUCA	P	
KALETRA SOLN	P	QL(160 ML per fill retail; 160 per fill mail)
KALETRA TABS 50 MG-200 MG *(Use lopinavir-ritonavir)*	NF	QL(6 EA daily)
KALETRA TABS 25 MG-100 MG *(Use lopinavir-ritonavir)*	NF	QL(4 EA daily)
lamivudine SOLN	P	QL(30 ML daily)
lamivudine TABS 150 MG	P	QL(2 EA daily)
lamivudine TABS 300 MG	P	QL(1 EA daily)
lamivudine-zidovudine	P	QL(2 EA daily)
lopinavir-ritonavir SOLN	P	QL(160 ML per fill retail; 160 per fill mail)
lopinavir-ritonavir TABS 50 MG-200 MG	P	QL(6 EA daily)
lopinavir-ritonavir TABS 25 MG-100 MG	P	QL(4 EA daily)
maraviroc TABS 300 MG	P	QL(4 EA daily)
maraviroc TABS 150 MG	P	QL(2 EA daily)
nevirapine SUSP	P	QL(40 ML daily)
nevirapine TABS	P	QL(2 EA daily)
nevirapine TB24 400 MG	P	QL(1 EA daily)
NORVIR CAPS	P	QL(12 EA daily)
NORVIR PACK	P	QL(12 EA daily)
NORVIR TABS *(Use ritonavir)*	NF	QL(12 EA daily)
ODEFSEY	P	QL(1 EA daily)
PIFELTRO	P	QL(1 EA daily)
PREZCOBIX	P	

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA SUSP	P	QL(12 ML daily)
PREZISTA TABS 150 MG	P	QL(3 EA daily)
PREZISTA TABS 600 MG *(Use darunavir)*	NF	QL(2 EA daily)
PREZISTA TABS 800 MG *(Use darunavir)*	NF	QL(1 EA daily)
PREZISTA TABS 75 MG	P	QL(2 EA daily)
RETROVIR CAPS *(Use zidovudine)*	NF	QL(6 EA daily)
RETROVIR SOLN	P	
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	P	QL(6 EA daily)
ritonavir TABS	P	QL(12 EA daily)
RUKOBIA	P	
SELZENTRY SOLN	P	
SELZENTRY TABS 300 MG *(Use maraviroc)*	NF	QL(4 EA daily)
SELZENTRY TABS 150 MG *(Use maraviroc)*	NF	QL(2 EA daily)
STRIBILD	P	QL(1 EA daily)
SUNLENCA SOLN	P	SP
SUNLENCA TABS PO 300 MG	P	SP
SUNLENCA TBPK 300 MG	P	SP
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	P	QL(1 EA daily)
tenofovir disoproxil fumarate TABS	P	QL(1 EA daily)
TIVICAY PD TBSO	P	
TIVICAY TABS 50 MG	P	
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	QL(1 EA daily)
TROGARZO	P	SP
TRUVADA *(Use emtricitabine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
TYBOST	P	QL(1 EA daily)
VIRACEPT TABS 250 MG	P	QL(9 EA daily)
VIRACEPT TABS 625 MG	P	QL(4 EA daily)
VIREAD POWD	P	QL(8 GM daily)
VIREAD TABS *(Use tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 EA daily)
YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
YEZTUGO TABS PO 300 MG	P	SP
ZIAGEN SOLN *(Use abacavir sulfate)*	NF	QL(30 ML daily)
zidovudine CAPS	P	QL(6 EA daily)
zidovudine SYRP	P	QL(60 ML daily)
zidovudine TABS	P	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	P	QL(20 EA per fill retail; 20 per fill mail); AL(At least 12 yrs old)
PAXLOVID (300/100 & 150/100)	P	QL(11 EA per fill retail; 11 per fill mail); AL(At least 12 yrs old)
PAXLOVID (300/100)	P	QL(30 EA per fill retail; 30 per fill mail); AL(At least 12 yrs old)
CMV Agents		

Drug Name	Drug Tier	Requirements/ Limits
LIVTENCITY	PA	AL(At least 12 yrs old); PA
VALCYTE TABS *(Use valganciclovir hcl)*	NF	QL(2 EA daily)
valganciclovir hcl TABS	P	QL(2 EA daily)
Hepatitis Agents		
adefovir dipivoxil	P	
BARACLUDE TABS *(Use entecavir)*	NF	
entecavir TABS	P	
EPCLUSA PACK	NP	
EPCLUSA TABS	NP	
EPCLUSA TABS	NP	
HARVONI PACK	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail)
HARVONI TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail)
HARVONI TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail)
LEDIPASVIR-SOFOSBUVIR TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail)
MAVYRET PACK	PA	PA
MAVYRET TABS	PA	PA
PEGASYS SOLN	P	
PEGASYS SOSY	P	
ribavirin (hepatitis c) CAPS	P	
ribavirin (hepatitis c) TABS 200 MG	P	
SOFOSBUVIR-VELPATASVIR TABS	PA	PA
SOVALDI PACK	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail)
SOVALDI TABS	NP	QL(28 EA per fill retail; 28 per fill mail ; 28 EA per 25 day(s) retail; 28 EA per 25 days mail)
VOSEVI	NP	
ZEPATIER	NP	
Herpes Agents		
acyclovir CAPS	P	
acyclovir SUSP	P	
acyclovir TABS PO	P	
famciclovir	P	
valacyclovir hcl	P	
VALTREX *(Use valacyclovir hcl)*	NP	
Influenza Agents		
oseltamivir phosphate CAPS	P	
oseltamivir phosphate SUSR	P	
RAPIVAB	NP	
RELENZA DISKHALER	P	
rimantadine hydrochloride TABS	P	
TAMIFLU CAPS *(Use oseltamivir phosphate)*	NP	
TAMIFLU SUSR *(Use oseltamivir phosphate)*	NP	
XOFLUZA (40 MG DOSE) 40 MG	NP	
XOFLUZA (80 MG DOSE) 80 MG	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol	P	MP
carvedilol phosphate	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
COREG *(Use carvedilol)*	NF	
COREG CR *(Use carvedilol phosphate)*	NF	
labetalol hcl TABS	P	MP
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	P	MP
atenolol TABS	P	MP
betaxolol hcl	NP	MP
bisoprolol fumarate	P	MP
BYSTOLIC 2.5 MG, 5 MG, 10 MG *(Use nebivolol hcl)*	NF	
BYSTOLIC *(Use nebivolol hcl)*	NP	MP
KAPSPARGO SPRINKLE CS24	NP	MP
LOPRESSOR SOLN PO 10 MG/ML	NP	MP
LOPRESSOR TABS *(Use metoprolol tartrate)*	NP	MP
metoprolol succinate TB24	P	MP
metoprolol tartrate SOLN IV 5 MG/5ML	P	MP
metoprolol tartrate TABS	P	MP
nebivolol hcl	P	MP
TENORMIN TABS 25 MG, 50 MG *(Use atenolol)*	NF	
TENORMIN TABS *(Use atenolol)*	NP	MP
TOPROL XL TB24 100 MG, 200 MG *(Use metoprolol succinate)*	NF	
TOPROL XL TB24 *(Use metoprolol succinate)*	NP	MP
Beta Blockers Non-Selective		
BETAPACE AF *(Use sotalol hcl (afib/afl))*	NP	MP
BETAPACE TABS 80 MG, 120 MG, 160 MG *(Use sotalol hcl)*	NP	MP
CORGARD TABS 20 MG, 40 MG *(Use nadolol)*	NF	
HEMANGEOL SOLN PO	PA	MP; PA
INDERAL LA CP24 *(Use propranolol hcl)*	NP	MP
INDERAL XL	NP	MP
INNOPRAN XL	NP	MP
nadolol TABS 20 MG, 40 MG, 80 MG	P	MP
pindolol TABS	NP	MP
propranolol hcl CP24	P	MP
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	P	MP
propranolol hcl TABS	P	MP
sotalol hcl (afib/afl)	P	MP
sotalol hcl TABS	P	MP
SOTYLIZE SOLN PO	NP	MP
timolol maleate TABS	NP	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	P	MP
CARDIZEM CD CP24 *(Use diltiazem hcl coated beads)*	NF	
CARDIZEM LA TB24 *(Use diltiazem hcl)*	NF	
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(Use diltiazem hcl)*	NF	
CONJUPRI *(Use levamlodipine maleate)*	NF	
diltiazem hcl coated beads CP24	P	MP
diltiazem hcl extended release beads	P	MP
diltiazem hcl CP12	P	MP
diltiazem hcl CP24	P	MP
diltiazem hcl TABS	P	MP

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NP	MP
diltiazem hcl TB24	P	MP
felodipine	P	MP
isradipine CAPS	NP	MP
KATERZIA	NP	MP
levamlodipine maleate	NP	MP
nicardipine hcl CAPS	P	MP
nifedipine CAPS	P	MP
nifedipine TB24	P	MP
nisoldipine	NP	MP
NORLIQVA SOLN	NP	MP
NORVASC TABS 5 MG, 10 MG *(Use amlodipine besylate)*	NF	
NORVASC TABS *(Use amlodipine besylate)*	NP	MP
NYMALIZE SOLN 6 MG/ML	NP	MP
PROCARDIA XL TB24 *(Use nifedipine)*	NP	MP
SULAR 8.5 MG, 17 MG, 34 MG *(Use nisoldipine)*	NP	MP
TIAZAC *(Use diltiazem hcl extended release beads)*	NF	
VERAPAMIL HCL ER CP24 *(Use verapamil hcl)*	P	MP
verapamil hcl CP24	P	MP
verapamil hcl SOLN 2.5 MG/ML	P	MP
verapamil hcl TABS	P	MP
verapamil hcl TBCR	P	MP
VERELAN PM CP24 *(Use verapamil hcl)*	NP	MP
VERELAN CP24 *(Use verapamil hcl)*	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	P	
digoxin TABS 125 MCG, 250 MCG	P	
LANOXIN TABS 125 MCG, 250 MCG *(Use digoxin)*	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	NP	MP
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(Use amlodipine besylate-atorvastatin calcium)*	NP	MP
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(Use amlodipine besylate-atorvastatin calcium)*	NF	
ENTRESTO CPSP	NP	QL(2 EA daily); AL(At least 1 yrs old); MP
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG *(Use sacubitril-valsartan)*	PA	QL(2 EA daily); AL(At least 1 yrs old); MP; PA
OPSYNVI	NP	
sacubitril-valsartan TABS	NP	QL(2 EA daily); AL(At least 1 yrs old)
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	MP
Impotence Agents		

Drug Name	Drug Tier	Requirements/ Limits
CIALIS 5 MG *(Use tadalafil)*	PA	PA
tadalafil 5 MG	PA	PA
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	PA	PA
ORENITRAM MONTH 2 TEPK	PA	PA
ORENITRAM MONTH 3 TEPK	PA	PA
ORENITRAM TBCR	PA	PA
TYVASO DPI INSTITUTIONAL KIT POWD	NP	
TYVASO DPI MAINTENANCE KIT POWD	NP	
TYVASO DPI TITRATION KIT POWD	NP	
TYVASO REFILL KIT SOLN IN	PA	PA
TYVASO STARTER KIT SOLN IN	PA	PA
TYVASO SOLN IN	PA	PA
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	NP	AL(At least 18 yrs old)
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	PA	AL(At least 18 yrs old); PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	NP	
bosentan TABS	NP	
bosentan TBSO 32 MG	NP	
LETAIRIS *(Use ambrisentan)*	NP	
OPSUMIT	NP	
TRACLEER TABS *(Use bosentan)*	PA	PA
TRACLEER TBSO 32 MG *(Use bosentan)*	NP	
TRACLEER TBSO 32 MG *(Use bosentan)*	NF	
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(Use tadalafil (pulmonary hypertension))*	NP	
REVATIO SOLN *(Use sildenafil citrate (pulmonary hypertension))*	NF	SP; PA
REVATIO SUSR *(Use sildenafil citrate (pulmonary hypertension))*	NP	
REVATIO TABS *(Use sildenafil citrate (pulmonary hypertension))*	NP	
sildenafil citrate (pulmonary hypertension) SOLN	P	SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	PA	PA
sildenafil citrate (pulmonary hypertension) TABS	PA	PA
tadalafil (pulmonary hypertension) TABS	NP	
tadalafil (pulmonary hypertension) TABS	PA	PA
TADLIQ SUSP	NP	
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	
UPTRAVI SOLR	NP	
UPTRAVI TABS	NP	
Pulmonary Hypertension - Sol Guanylate Cyclase		

Drug Name	Drug Tier	Requirements/ Limits
Stimulator		
ADEMPAS	NP	
Sinus Node Inhibitors		
CORLANOR SOLN	NP	QL(15 ML daily); AL(At least 1 yrs old); MP
CORLANOR TABS *(Use ivabradine hcl)*	NP	QL(2 EA daily); AL(At least 18 yrs old); MP
ivabradine hcl TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); MP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 EA daily); SP; PA
VYNDAQEL	P	QL(4 EA daily); SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	NP	MP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	P	
cefadroxil SUSR	P	
cefadroxil TABS	P	
cephalexin CAPS 250 MG, 500 MG	P	
cephalexin SUSR	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
cefaclor CAPS	P	
cefprozil SUSR	P	
cefprozil TABS	P	
cefuroxime axetil TABS	P	
Cephalosporins - 3rd Generation		
cefdinir CAPS	PA	PA
cefdinir SUSR	PA	PA
cefixime CAPS	NP	
cefixime SUSR	NP	
cefpodoxime proxetil SUSR	PA	PA
cefpodoxime proxetil TABS	PA	PA
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	PA	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	P	
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	P	QL(1 EA daily)
desogestrel-ethinyl estradiol (biphasic)	P	QL(1 EA daily)
desogestrel-ethinyl estradiol (triphasic)	P	QL(1 EA daily)
drospirenone-ethinyl estradiol	P	QL(1 EA daily)
drospirenone-ethinyl estradiol-levomefolate calcium	P	QL(1 EA daily)
ethynodiol diacet & eth estrad	P	QL(1 EA daily)
FEMLYV TBDP	P	
levonorgestrel & eth estradiol TABS	P	QL(1 EA daily)
levonorgestrel-eth estradiol (triphasic)	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	P	QL(1 EA daily)
levonorgestrel-ethinyl estradiol (continuous)	P	QL(1 EA daily)
levonorgestrel-ethinyl estradiol-iron	P	QL(1 EA daily)
LO LOESTRIN FE TABS	P	QL(1 EA daily)
MINASTRIN 24 FE CHEW *(Use norethin acet & estrad-fe)*	NF	QL(1 EA daily)
NATAZIA	P	QL(1 EA daily)
NEXTSTELLIS	P	QL(1 EA daily)
norethin acet & estrad-fe CAPS	P	QL(1 EA daily)
norethin acet & estrad-fe CHEW	P	QL(1 EA daily)
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	QL(1 EA daily)
norethindrone & eth estradiol	P	QL(1 EA daily)
norethindrone & ethinyl estradiol-fe	P	
norethindrone acet & eth estra TABS	P	QL(1 EA daily)
norethindrone acetate-ethinyl estradiol-fe	P	
norethindrone-eth estradiol (triphasic)	P	QL(1 EA daily)
norgestimate-ethinyl estradiol	P	QL(1 EA daily)
norgestimate-ethinyl estradiol (triphasic)	P	QL(1 EA daily)
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	P	QL(1 EA daily)
SAFYRAL *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NF	QL(1 EA daily)
TAYTULLA CAPS *(Use norethin acet & estrad-fe)*	NF	QL(1 EA daily)
TYBLUME CHEW	P	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	P	QL(0.11 EA daily)
TWIRLA	P	QL(1 EA daily)
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 EA daily)
etonogestrel-ethinyl estradiol	P	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		
MIUDELLA INTRAUTERINE COPPER	P	SP
PARAGARD INTRAUTERINE COPPER	P	SP
Emergency Contraceptives		
ELLA	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
levonorgestrel (emergency oc) 1.5 MG	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
PLAN B ONE-STEP *(Use levonorgestrel (emergency oc))*	NF	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
Progestin Contraceptives - Implants		
NEXPLANON	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM *(Use medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ML per fill retail; 1 per fill mail)
DEPO-PROVERA SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ML per fill retail; 1 per fill mail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail; 1 per fill mail)
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(1 ML per fill retail; 1 per fill mail)
medroxyprogesterone acetate (contraceptive) SUSY IM	P	QL(1 ML per fill retail; 1 per fill mail)
Progestin Contraceptives - IUD		
KYLEENA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
LILETTA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
MIRENA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
SKYLA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	QL(1 EA daily)
OPILL	P	
SLYND	P	QL(1 EA daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	PA	AL(At least 2 yrs old); PA
budesonide TB24	NP	
CORTEF TABS *(Use hydrocortisone)*	NF	
CORTISONE ACETATE TABS	P	
deflazacort SUSP	PA	PA
deflazacort TABS	PA	PA
DEXAMETHASONE INTENSOL CONC	P	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	P	QL(5 ML daily)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ML daily)
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	P	QL(5 ML daily)
dexamethasone ELIX	P	
dexamethasone SOLN	P	
dexamethasone TABS	P	
EMFLAZA SUSP *(Use deflazacort)*	PA	PA
EMFLAZA TABS *(Use deflazacort)*	PA	PA
EOHILIA SUSP	PA	QL(20 ML daily); AL(At least 11 yrs old); PA
hydrocortisone TABS	P	
MEDROL TABS *(Use methylprednisolone)*	NF	
MEDROL TBPK *(Use methylprednisolone)*	NF	
methylprednisolone TABS 4 MG, 8 MG	P	
methylprednisolone TBPK	P	

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

Drug Name	Drug Tier	Requirements/ Limits
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	P	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	P	
dextromethorphan-guaifenesin TABS 400 MG-20 MG	P	
dextromethorphan-guaifenesin TB12 600 MG-30 MG	P	
dextromethorphan-phenylephrine-acetaminophen CAPS	P	
ED BRON GP LIQD	P	
fexofenadine-pseudoephedrine TB12	NP	
fexofenadine-pseudoephedrine TB24	NP	
guaifenesin-codeine SOLN	P	QL(240 ML per fill retail; 240 per fill mail)
guaifenesin-codeine SYRP	P	QL(240 ML per fill retail; 240 per fill mail)
LOHIST-D LIQD	P	
loratadine & pseudoephedrine TB12	P	
loratadine & pseudoephedrine TB12	NP	
loratadine & pseudoephedrine TB24	NP	
loratadine & pseudoephedrine TB24	P	
MAXI-TUSS PE MAX LIQD	P	
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	P	
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	P	QL(240 ML per fill retail; 240 per fill mail)
phenylephrine-dm SOLN	P	QL(240 ML per fill retail; 240 per fill mail)
promethazine & phenylephrine SYRP	P	
promethazine w/codeine SOLN	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)
promethazine w/codeine SYRP	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)
promethazine-dm SYRP	P	
promethazine-phenylephrine-codeine	P	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	P	
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG	P	
pseudoephedrine-ibuprofen TABS	P	
QC TRIACTING DAYTIME CHILDRENS SYRP	P	

Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC-D ALLERGY & CONGESTION *(Use cetirizine-pseudoephedrine)*	NF	
ZYRTEC-D ALLERGY & SINUS *(Use cetirizine-pseudoephedrine)*	NF	
Expectorants		
GERI-TUSSIN SYRP	P	
guaifenesin LIQD	P	
guaifenesin TB12	P	
MUCINEX MAXIMUM STRENGTH TB12 *(Use guaifenesin)*	NF	
MUCINEX TB12 *(Use guaifenesin)*	NF	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	P	
Mucolytics		
acetylcysteine SOLN	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
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
ACANYA GEL *(Use clindamycin phosphate-benzoyl peroxide)*	NF	AL(Up to 20 yrs old)
ACZONE *(Use dapsone (topical))*	NF	
adapalene-benzoyl peroxide GEL	NP	AL(Up to 20 yrs old)
adapalene CREA	NP	AL(Up to 20 yrs old)
adapalene GEL 0.3 %	NP	AL(Up to 20 yrs old)
adapalene GEL	P	AL(Up to 20 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AKLIEF	NP	AL(Up to 20 yrs old)
ATRALIN GEL *(Use tretinoin)*	NF	AL(Up to 20 yrs old)
AVAR LS CLEANSER LIQD *(Use sulfacetamide sodium w/ sulfur)*	NF	
AVAR-E LS CREA *(Use sulfacetamide sodium w/ sulfur)*	NF	
BENZAMYCIN GEL *(Use benzoyl peroxide-erythromycin)*	NF	AL(Up to 20 yrs old)
benzoyl peroxide BAR	P	
benzoyl peroxide CREA 10 %	P	
benzoyl peroxide-erythromycin GEL	P	AL(Up to 20 yrs old)
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	P	AL(Up to 20 yrs old)
BENZOYL PEROXIDE GEL	P	AL(Up to 20 yrs old)
benzoyl peroxide LIQD 5 %, 10 %	P	AL(Up to 20 yrs old)
benzoyl peroxide LIQD 4 %	P	
benzoyl peroxide LOTN 5 %, 10 %	P	AL(Up to 20 yrs old)
BENZOYL PEROXIDE LOTN 5 %, 10 %	P	AL(Up to 20 yrs old)
BPO FOAMING CLOTHS MISC 6 %	NP	RX/OTC
CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))*	NP	AL(Up to 20 yrs old)
CLINDAGEL GEL *(Use clindamycin phosphate (topical))*	NF	AL(Up to 20 yrs old)
clindamycin phosphate (topical) FOAM	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) GEL	P	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate (topical) LOTN	P	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SOLN	P	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SWAB	P	AL(Up to 20 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate)	P	AL(Up to 20 yrs old)
clindamycin phosphate-benzoyl peroxide GEL	NP	AL(Up to 20 yrs old)
clindamycin phosphate-tretinoin	NP	AL(Up to 20 yrs old)
dapsone (topical)	NP	AL(Up to 20 yrs old)
DIFFERIN CLEANSER LIQD *(Use benzoyl peroxide)*	NF	RX/OTC
DIFFERIN CREA *(Use adapalene)*	NP	AL(Up to 20 yrs old)
DIFFERIN GEL *(Use adapalene)*	NP	AL(Up to 20 yrs old); RX/OTC
DIFFERIN GEL 0.1 % *(Use adapalene)*	NF	RX/OTC
DIFFERIN LOTN	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL *(Use adapalene-benzoyl peroxide)*	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL *(Use adapalene-benzoyl peroxide)*	NF	AL(Up to 20 yrs old)
EPIDUO GEL *(Use adapalene-benzoyl peroxide)*	NF	AL(Up to 20 yrs old)
EPSOLAY CREA	NP	AL(Up to 20 yrs old)
erythromycin (acne aid) GEL	NP	AL(Up to 20 yrs old)
erythromycin (acne aid) PADS	NP	AL(Up to 20 yrs old)
erythromycin (acne aid) SOLN	NP	AL(Up to 20 yrs old)
FABIOR FOAM	NP	AL(Up to 20 yrs old)
isotretinoin 10 MG, 20 MG, 40 MG	P	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA
KLARON *(Use sulfacetamide sodium (acne))*	NF	AL(Up to 20 yrs old)
ONEXTON GEL *(Use clindamycin phosphate-benzoyl peroxide)*	NF	AL(Up to 20 yrs old)
PLEXION CLEANSER LIQD *(Use sulfacetamide sodium w/ sulfur)*	NF	
PLEXION LOTN *(Use sulfacetamide sodium w/ sulfur)*	NF	
RETIN-A MICRO PUMP 0.08 % *(Use tretinoin microsphere)*	NF	AL(Up to 20 yrs old)
RETIN-A CREA *(Use tretinoin)*	NF	AL(Up to 20 yrs old)
RETIN-A GEL *(Use tretinoin)*	NF	AL(Up to 20 yrs old)
sulfacetamide sodium (acne)	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur FOAM	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur LIQD	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	P	QL(60 GM per fill retail; 60 per fill mail)
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	NP	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	P	QL(30 GM per fill retail; 30 per fill mail)
SULFACETAMIDE SODIUM-SULFUR SUSP	NP	AL(Up to 20 yrs old)
SUMADAN	NP	AL(Up to 20 yrs old)
SUMADAN WASH LIQD *(Use sulfacetamide sodium w/ sulfur)*	NP	AL(Up to 20 yrs old)
SUMAXIN CP	NP	
SUMAXIN PADS	NP	AL(Up to 20 yrs old)
TAZAROTENE FOAM	NP	
tretinoin microsphere 0.08 %	NP	AL(Up to 20 yrs old)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	P	AL(Up to 20 yrs old)
tretinoin GEL 0.01 %, 0.025 %	P	AL(Up to 20 yrs old)
tretinoin GEL 0.05 %	NP	AL(Up to 20 yrs old)
TWYNEO	NP	AL(Up to 20 yrs old)
VELTIN *(Use clindamycin phosphate-tretinoin)*	NF	
WINLEVI	NP	AL(Up to 20 yrs old)
ZIANA *(Use clindamycin phosphate-tretinoin)*	NF	AL(Up to 20 yrs old)
Antibiotics - Topical		
bacitracin (topical) OINT	P	QL(30 GM per fill retail; 30 per fill mail)
bacitracin zinc OINT	P	QL(30 GM per fill retail; 30 per fill mail)
bacitracin-polymyxin b OINT	P	
CENTANY AT KIT	NP	
gentamicin sulfate (topical) CREA	P	QL(30 GM per fill retail; 30 per fill mail)
gentamicin sulfate (topical) OINT	P	QL(30 GM per fill retail; 30 per fill mail)
mupirocin calcium (topical)	NP	
mupirocin OINT	P	
neomycin-bacitracin-polymyxin OINT	P	QL(30 GM per fill retail; 30 per fill mail)
neomycin-polymyxin w/ pramoxine	P	QL(30 GM per fill retail; 30 per fill mail)
NEOSPORIN ORIGINAL OINT *(Use neomycin-bacitracin-polymyxin)*	NF	QL(30 EA per fill retail; 30 per fill mail)
NEOSPORIN PLUS PAIN RELIEF MS *(Use neomycin-polymyxin w/ pramoxine)*	NF	QL(30 GM per fill retail; 30 per fill mail)
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM *(Use bacitracin-polymyxin b)*	NF	
XEPI	NP	
Antifungals - Topical		
clotrimazole (topical) CREA	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
clotrimazole (topical) SOLN	P	QL(30 ML per fill retail; 30 per fill mail); RX/OTC
clotrimazole w/ betamethasone CREA	P	QL(45 GM per fill retail; 45 per fill mail)
clotrimazole w/ betamethasone LOTN	P	QL(30 ML per fill retail; 30 per fill mail)
econazole nitrate CREA	P	QL(30 GM per fill retail; 30 per fill mail)
ketoconazole (topical) CREA	P	QL(60 GM per fill retail; 60 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
ketoconazole (topical) SHAM 2 %	P	QL(120 ML per fill retail; 120 per fill mail)
LAMISIL AT ATHLETES FOOT CREA *(Use terbinafine hcl (topical))*	NF	QL(30 GM per fill retail; 30 per fill mail)
LAMISIL AT JOCK ITCH CREA *(Use terbinafine hcl (topical))*	NF	QL(30 GM per fill retail; 30 per fill mail)
LAMISIL AT CREA *(Use terbinafine hcl (topical))*	NF	QL(30 GM per fill retail; 30 per fill mail)
LOTRIMIN AF JOCK ITCH CREA *(Use clotrimazole (topical))*	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
LOTRIMIN AF CREA *(Use clotrimazole (topical))*	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
MICATIN CREA *(Use miconazole nitrate (topical))*	NF	QL(45 GM per fill retail; 45 per fill mail)
miconazole nitrate (topical) CREA	P	QL(45 GM per fill retail; 45 per fill mail)
nystatin (topical) CREA	P	QL(30 GM per fill retail; 30 per fill mail)
nystatin (topical) OINT	P	QL(30 GM per fill retail; 30 per fill mail)
nystatin (topical) POWD EX	P	QL(60 GM per fill retail; 60 per fill mail)
nystatin-triamcinolone CREA	P	QL(30 GM per fill retail; 30 per fill mail)
nystatin-triamcinolone OINT	P	QL(30 GM per fill retail; 30 per fill mail)
terbinafine hcl (topical) CREA	P	QL(30 GM per fill retail; 30 per fill mail)
TINACTIN CREA *(Use tolnaftate)*	NF	QL(30 GM per fill retail; 30 per fill mail)
tolnaftate CREA	P	QL(30 GM per fill retail; 30 per fill mail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	
Anti-inflammatory Agents - Topical		
diclofenac epolamine PTCH EX	NP	
diclofenac sodium (topical) GEL EX	NP	RX/OTC
diclofenac sodium (topical) GEL EX	P	RX/OTC
diclofenac sodium (topical) SOLN EX	NP	
FLECTOR PTCH EX *(Use diclofenac epolamine)*	NF	
PENNSAID SOLN EX 2 % *(Use diclofenac sodium (topical))*	NF	
VOLTAREN ARTHRITIS PAIN GEL EX *(Use diclofenac sodium (topical))*	NF	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
CARAC CREA *(Use fluorouracil (topical))*	NF	
diclofenac sodium (actinic keratoses) EX	P	
EFUDEX CREA *(Use fluorouracil (topical))*	NF	QL(40 GM per fill retail; 40 per fill mail)
fluorouracil (topical) CREA 5 %	P	QL(40 GM per fill retail; 40 per fill mail)
fluorouracil (topical) CREA 0.5 %	P	
fluorouracil (topical) SOLN	P	QL(10 ML per fill retail; 10 per fill mail)
VALCHLOR	P	SP; PA
Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/ Limits
camphor & menthol LOTN	P	QL(222 ML per fill retail; 222 per fill mail)
doxepin hcl (antipruritic)	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
PRUDOXIN *(Use doxepin hcl (antipruritic))*	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
SARNA LOTN *(Use camphor & menthol)*	NF	QL(222 ML per fill retail; 222 per fill mail)
ZONALON *(Use doxepin hcl (antipruritic))*	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
Antipsoriatics		
BIMZELX SOAJ	NP	
BIMZELX SOSY	NP	
calcipotriene CREA	P	QL(60 GM per fill retail; 60 per fill mail)
calcipotriene CREA	P	QL(120 GM per fill retail; 120 per fill mail)
CALCIPOTRIENE FOAM	P	
calcipotriene OINT	P	
calcipotriene SOLN	P	
calcitriol (topical)	NP	
COSENTYX (300 MG DOSE) SOSY	PA	QL(0.072 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	PA	QL(0.072 ML daily); PA
COSENTYX SENSOREADY PEN SOAJ	PA	QL(0.072 ML daily); PA
COSENTYX UNOREADY SOAJ	PA	QL(0.072 ML daily); PA
COSENTYX SOLN	PA	PA
COSENTYX SOSY 150 MG/ML	PA	QL(0.072 ML daily); PA
COSENTYX SOSY 75 MG/0.5ML	PA	QL(0.036 ML daily); PA
ILUMYA	NP	
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
OTULFI SOLN SC 45 MG/0.5ML	NP	
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
PYZCHIVA SC 45 MG/0.5ML	PA	PA
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	PA	PA
SELARSDI SOLN SC 45 MG/0.5ML	NP	
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
SKYRIZI PEN SOAJ	NP	
SKYRIZI SOSY	NP	
SORILUX FOAM	NP	
SOTYKTU	NP	
SPEVIGO SOLN	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old)
SPEVIGO SOSY	NP	QL(4 ML per fill retail; 4 per fill mail); AL(At least 18 yrs old)
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
STELARA SOSY	NP	QL(0.018 ML daily)
STEQEYMA	NP	
TALTZ SOAJ	NP	
TALTZ SOSY	NP	
tazarotene CREA	NP	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
tazarotene GEL	NP	AL(Up to 20 yrs old)
TAZORAC CREA *(Use tazarotene)*	NF	
TAZORAC GEL *(Use tazarotene)*	NF	
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	
TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	
USTEKINUMAB-TTWE	NP	
VECTICAL *(Use calcitriol (topical))*	NP	
VTAMA	NP	
YESINTEK SOLN 45 MG/0.5ML	PA	PA
YESINTEK SOSY	PA	PA
Antiseborrheic Products		
OVACE PLUS WASH GEL *(Use sulfacetamide sodium)*	NF	
OVACE PLUS WASH LIQD *(Use sulfacetamide sodium)*	NF	
OVACE WASH LIQD *(Use sulfacetamide sodium)*	NF	
selenium sulfide LOTN 1 %	P	QL(240 ML per fill retail; 240 per fill mail)
selenium sulfide LOTN 2.5 %	P	QL(120 ML per fill retail; 120 per fill mail)
selenium sulfide SHAM 1 %	P	QL(240 ML per fill retail; 240 per fill mail)
SELSUN BLUE CARE MENS MAX STR LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail; 240 per fill mail)
SELSUN BLUE DAILY LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail; 240 per fill mail)
SELSUN BLUE MEDICATED LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail; 240 per fill mail)
SELSUN BLUE MOISTURIZING LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail; 240 per fill mail)
SELSUN BLUE LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail; 240 per fill mail)
sulfacetamide sodium GEL	NP	
sulfacetamide sodium LIQD	NP	AL(Up to 20 yrs old)
Antivirals - Topical		
ABREVA *(Use docosanol)*	NF	
acyclovir topical CREA	NP	
acyclovir topical OINT	P	
DENAVIR *(Use penciclovir)*	P	
docosanol	P	
penciclovir	NP	
ZOVIRAX CREA *(Use acyclovir topical)*	NF	
ZOVIRAX OINT *(Use acyclovir topical)*	NF	
Burn Products		
SILVADENE *(Use silver sulfadiazine)*	NF	QL(50 GM per fill retail; 50 per fill mail)
silver sulfadiazine	P	QL(50 GM per fill retail; 50 per fill mail)
Corticosteroids - Topical		
alclometasone dipropionate CREA	NP	

Drug Name	Drug Tier	Requirements/ Limits
alclometasone dipropionate OINT	NP	
APEXICON E CREA	NP	
betamethasone dipropionate (topical) CREA	P	
betamethasone dipropionate (topical) LOTN	P	
betamethasone dipropionate (topical) OINT	P	
betamethasone dipropionate augmented CREA	P	
betamethasone dipropionate augmented GEL 0.05 %	NP	
betamethasone dipropionate augmented LOTN	NP	
betamethasone dipropionate augmented OINT	NP	
betamethasone valerate CREA	NP	
betamethasone valerate FOAM	NP	
betamethasone valerate LOTN	NP	
betamethasone valerate OINT	NP	
calcipotriene-betamethasone dipropionate OINT	NP	
calcipotriene-betamethasone dipropionate SUSP	NP	
CAPEX SHAM	NP	
clobetasol propionate emollient base 0.05 %	NP	
clobetasol propionate emulsion	NP	
clobetasol propionate CREA 0.05 %	P	
clobetasol propionate FOAM	NP	
clobetasol propionate GEL 0.05 %	P	
clobetasol propionate LIQD	NP	
clobetasol propionate LOTN	NP	
clobetasol propionate OINT 0.05 %	P	
clobetasol propionate SHAM	NP	
clobetasol propionate SOLN 0.05 %	P	
CLOBEX SPRAY LIQD *(Use clobetasol propionate)*	NP	
CLOBEX LOTN 0.05 % *(Use clobetasol propionate)*	NF	
CLOBEX SHAM *(Use clobetasol propionate)*	NP	
clocortolone pivalate	NP	
CLODERM *(Use clocortolone pivalate)*	NF	
CORDRAN LOTN *(Use flurandrenolide)*	NF	
DERMA-SMOOTHE/FS BODY OIL *(Use fluocinolone acetonide)*	NP	
DERMA-SMOOTHE/FS SCALP OIL *(Use fluocinolone acetonide)*	NP	
desonide CREA	NP	
desonide LOTN	NP	
desonide OINT	NP	
desoximetasone CREA	NP	
desoximetasone GEL	NP	
desoximetasone LIQD	NP	
desoximetasone OINT	NP	

Drug Name	Drug Tier	Requirements/ Limits
diflorasone diacetate CREA	NP	QL(60 GM per fill retail; 60 per fill mail)
diflorasone diacetate CREA	NP	QL(30 GM per fill retail; 30 per fill mail)
diflorasone diacetate OINT	NP	
DIPROLENE OINT *(Use betamethasone dipropionate augmented)*	NP	
ENSTILAR FOAM	NP	
EPIFOAM FOAM	P	
fluocinolone acetonide CREA	NP	
fluocinolone acetonide OIL	NP	
fluocinolone acetonide OINT	NP	
fluocinolone acetonide SOLN	P	
fluocinonide emulsified base	NP	
fluocinonide CREA	P	
fluocinonide GEL	NP	
fluocinonide OINT	P	
fluocinonide SOLN	P	
flurandrenolide LOTN	NP	
fluticasone propionate CREA 0.05 %	P	
fluticasone propionate LOTN	NP	
fluticasone propionate OINT	P	
halcinonide CREA	NP	
halcinonide SOLN 0.1 %	NP	
halobetasol propionate CREA	P	
halobetasol propionate FOAM	NP	
halobetasol propionate OINT	P	

Drug Name	Drug Tier	Requirements/ Limits
HALOG CREA *(Use halcinonide)*	NF	
HALOG CREA *(Use halcinonide)*	NP	
HALOG SOLN 0.1 % *(Use halcinonide)*	NP	
hydrocortisone (topical) CREA	P	RX/OTC
hydrocortisone (topical) LOTN 1 %	P	QL(60 GM per fill retail; 60 per fill mail)
hydrocortisone (topical) LOTN 2.5 %	NP	
hydrocortisone (topical) OINT	P	
hydrocortisone (topical) OINT	P	RX/OTC
hydrocortisone acetate (topical) OINT	P	
HYDROCORTISONE ACETATE CREA	P	
hydrocortisone butyrate hydrophilic lipo base	NP	
hydrocortisone butyrate CREA	NP	
hydrocortisone butyrate OINT	NP	
hydrocortisone butyrate SOLN	NP	
HYDROCORTISONE COMPLETE KIT THPK	NP	
hydrocortisone valerate CREA	P	
hydrocortisone valerate OINT	NP	
LEXETTE FOAM *(Use halobetasol propionate)*	NF	
mometasone furoate CREA	P	
mometasone furoate OINT	P	
mometasone furoate SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
PANDEL	NP	
SYNALAR CREA *(Use fluocinolone acetonide)*	NP	
SYNALAR OINT *(Use fluocinolone acetonide)*	NP	
TACLONEX SUSP *(Use calcipotriene-betamethasone dipropionate)*	P	
TOPICORT SPRAY LIQD *(Use desoximetasone)*	NP	
TOPICORT CREA *(Use desoximetasone)*	NP	
TOPICORT GEL *(Use desoximetasone)*	NP	
TOPICORT OINT *(Use desoximetasone)*	NP	
TOPICORT OINT 0.05 % *(Use desoximetasone)*	NF	
triamcinolone acetonide (topical) CREA	P	
triamcinolone acetonide (topical) LOTN	P	
triamcinolone acetonide (topical) OINT	P	
ULTRAVATE LOTN	NP	
VANOS CREA *(Use fluocinonide)*	NF	
Diaper Rash Products		
diaper rash products OINT	P	
Eczema Agents		
ADBRY SOAJ	PA	AL(At least 18 yrs old); PA
ADBRY SOSY	PA	AL(At least 12 yrs old); PA
ANZUPGO CREA EX 20 MG/GM	PA	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
CIBINQO	NP	
DUPIXENT SOAJ	PA	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	PA
EBGLYSS SOAJ	NP	AL(At least 12 yrs old); PA
EBGLYSS SOAJ	NP	AL(At least 12 yrs old)
EBGLYSS SOSY	NP	AL(At least 12 yrs old)
OPZELURA	NP	
Emollient/Keratolytic Agents		
urea CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
urea LOTN 40 %	P	QL(240 GM per fill retail; 240 per fill mail)
Emollients		
AQUAPHILIC OINT	P	
AQUAPHOR ADV HEALING BABY OINT	P	
AQUAPHOR ADV PROTECT HEALING OINT	P	
AQUAPHOR ADV THERAPY CHILDRENS OINT	P	
AQUAPHOR ADV THERAPY HEALING OINT	P	
AQUAPHOR ADVANCED THERAPY BABY OINT	P	
AQUAPHOR ADVANCED THERAPY OINT	P	
AQUAPHOR OINT	P	
BAG BALM OINT	P	
BIOGAIA ALDERMIS BABY OINT	P	
BOUDREAUXS BABY BUTT SMOOTH OINT	P	
CERAVE HEALING OINT	P	

Drug Name	Drug Tier	Requirements/ Limits
emollient OINT	P	
EUCERIN INTENSIVE REPAIR OINT	P	
GOLD BOND ADVANCED HEALING OINT	P	
GOLD BOND ULTIMATE HEALING OINT	P	
lactic acid (ammonium lactate) CREA	P	QL(140 GM per fill retail; 140 per fill mail); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	P	QL(13.34 GM daily); RX/OTC
LANAPHILIC OINT	P	
OINTMENT BASE OINT	P	
VANICREAM OINT	P	
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	AL(At least 18 yrs old)
Immunomodulating Agents - Topical		
imiquimod 5 %	P	QL(48 EA per 180 day(s) retail; 48 EA per 180 days mail)
Immunosuppressive Agents - Topical		
ELIDEL *(Use pimecrolimus)*	NF	
pimecrolimus	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT 0.03 %	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT 0.1 %	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
podofilox SOLN	P	QL(4 ML per fill retail; 4 per fill mail)
RAYASAL CREA	NP	
Liniments		
BENGAY ULTRA STRENGTH CREA *(Use camphor-menthol-methyl salicylate)*	NF	
camphor-menthol-methyl salicylate CREA	P	QL(1020.6 GM per fill retail; 1020.6 per fill mail)
camphor-menthol-methyl salicylate CREA	P	QL(1017 GM per fill retail; 1017 per fill mail)
camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %	NP	QL(4 EA daily)
NEURACIN GEL *(Use camphor-menthol-methyl salicylate)*	NP	QL(56.7 GM per fill retail; 56.7 per fill mail)
SALONPAS PTCH EX *(Use camphor-menthol-methyl salicylate)*	NF	
Local Anesthetics - Topical		
BURN RELIEF GEL	P	QL(226 GM per fill retail; 226 per fill mail)
capsaicin CREA 0.075 %	P	QL(57 GM per fill retail; 57 per fill mail)
capsaicin CREA 0.025 %	P	QL(60 GM per fill retail; 60 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
capsaicin CREA 0.1 %	P	QL(127.5 GM per fill retail; 127.5 per fill mail)
capsaicin PTCH	NP	QL(30 EA per fill retail; 30 per fill mail)
capsaicin PTCH	P	QL(30 EA per fill retail; 30 per fill mail)
CAPZASIN-HP CREA *(Use capsaicin)*	NF	
CAPZASIN-P CREA 0.035 % *(Use capsaicin)*	NF	
dibucaine	P	QL(30 GM per fill retail; 30 per fill mail)
GEN7T PTCH *(Use lidocaine)*	NF	RX/OTC
LIDAFLEX PTCH	NP	QL(30 EA per fill retail; 30 per fill mail)
lidocaine hcl CREA 3 %	P	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC
lidocaine hcl CREA 3 %	P	QL(85 GM per fill retail; 85 per fill mail); RX/OTC
lidocaine hcl CREA 4 %	NP	QL(60 GM per fill retail; 60 per fill mail)
lidocaine hcl CREA 4 %	P	QL(76.5 GM per fill retail; 76.5 per fill mail)
lidocaine hcl GEL 2 %	P	QL(30 ML per fill retail; 30 per fill mail)
lidocaine hcl LIQD	NP	
lidocaine hcl PRSY	P	QL(30 ML per fill retail; 30 per fill mail)
lidocaine hcl SOLN	P	QL(50 ML per fill retail; 50 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
lidocaine CREA 4 %	P	QL(5 GM per fill retail; 5 per fill mail)
lidocaine CREA 4 %	P	QL(28 GM per fill retail; 28 per fill mail)
lidocaine CREA 4 %	P	QL(119 GM per fill retail; 119 per fill mail)
lidocaine CREA 4 %	P	QL(30 GM per fill retail; 30 per fill mail)
lidocaine CREA 4 %	P	QL(60 GM per fill retail; 60 per fill mail)
lidocaine CREA 4 %	P	QL(58.5 GM per fill retail; 58.5 per fill mail)
lidocaine CREA 4 %	P	QL(15 GM per fill retail; 15 per fill mail)
lidocaine-menthol PTCH 4 %-4 %	NP	QL(60 EA per fill retail; 60 per fill mail ; 60 EA per 30 day(s) retail; 60 EA per 30 days mail)
lidocaine OINT 5 %	P	QL(30 GM per fill retail; 30 per fill mail)
lidocaine OINT 5 %	P	QL(50 GM per fill retail; 50 per fill mail)
lidocaine OINT 5 %	P	QL(35.44 GM per fill retail; 35.44 per fill mail)
lidocaine-prilocaine CREA	P	
lidocaine-prilocaine KIT	P	
lidocaine PTCH 4 %	NP	QL(60 EA per fill retail; 60 per fill mail ; 90 EA per 30 day(s) retail; 90 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
lidocaine PTCH 5 %	PA	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
LIDOCARE ARM/NECK/LEG PTCH *(Use lidocaine)*	NF	
LIDOCARE BACK/SHOULDER PTCH *(Use lidocaine)*	NF	
LIDODERM PTCH *(Use lidocaine)*	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
LIDODERM PTCH *(Use lidocaine)*	NF	
LMX 4 CREA *(Use lidocaine)*	NF	
PLIAGLIS CREA	NP	
QUTENZA	NP	Maximum 91 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail)
QUTENZA (2 PATCH)	NP	Maximum 91 day supply allowed; QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)
QUTENZA (4 PATCH)	NP	Maximum 91 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
SALONPAS-HOT PTCH *(Use capsaicin)*	NF	
SYNOFLEX PTCH	NP	QL(60 EA per fill retail; 60 per fill mail)
TEROCIN PTCH *(Use lidocaine-menthol)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
ZTLIDO PTCH	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
Misc. Topical		
dimethicone (topical) CREA 1 %	P	
zinc oxide (topical) OINT 20 %	P	QL(60 GM per fill retail; 60 per fill mail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	PA	PA
ZORYVE CREA EX 0.05 %	NP	AL(At least 2 yrs old - Up to 5 yrs old)
ZORYVE CREA EX 0.15 %	NP	AL(At least 6 yrs old)
ZORYVE CREA EX 0.3 %	NP	
ZORYVE FOAM EX	NP	
Protectives Against UV Radiation		
ANTHELIOS MELT-IN MILK SPF100 LOTN	P	
AVEENO BABY CONTINUOUS PROTECT LOTN	P	
AVEENO BABY SUNSCREEN LOTN	P	
AVEENO KIDS CONTINUOUS PROTECT LOTN	P	
AVEENO PROTECT+HYDRATE SPF30 LOTN	P	
AVEENO PROTECT+HYDRATE SPF60 LOTN	P	
CETAPHIL DAILY FACIAL SPF 50 LOTN	P	
CHANTAL SUN SCREEN SPF 30 LOTN	P	
COPPERTONE BABY PURE & SIMPLE LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits
COPPERTONE COMPLETE FACE SPF45 LOTN	P	
COPPERTONE COMPLETE SPF30 LOTN	P	
COPPERTONE COMPLETE SPF50 LOTN	P	
COPPERTONE EVERY TONE SPF50 LOTN	P	
COPPERTONE GLOW PROTECT & TAN LOTN	P	
COPPERTONE GLOW SHIMMER SPF15 LOTN	P	
COPPERTONE GLOW SHIMMER SPF30 LOTN	P	
COPPERTONE GLOW SHIMMER SPF50 LOTN	P	
COPPERTONE KIDS PURE & SIMPLE LOTN	P	
COPPERTONE KIDS SPF70 LOTN	P	
COPPERTONE LIMITED EDITION LOTN	P	
COPPERTONE OIL FREE FACE SPF30 LOTN	P	
COPPERTONE OIL FREE FACE SPF50 LOTN	P	
COPPERTONE PURE & SIMPLE FACE LOTN	P	
COPPERTONE SPORT 4-IN-1 SPF15 LOTN	P	
COPPERTONE SPORT 4-IN-1 SPF30 LOTN	P	
COPPERTONE SPORT 4-IN-1 SPF50 LOTN	P	
COPPERTONE SPORT 4-IN-1 SPF70 LOTN	P	
COPPERTONE SPORT CLEAR LOTN	P	
COPPERTONE SPORT MINERAL FACE LOTN	P	
COPPERTONE SPORT MINERAL SPF50 LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits
COPPERTONE TANNING SPF 8 LOTN	P	
COPPERTONE TANNING SPF15 LOTN	P	
COPPERTONE ULTRAGUARD SPF70+ LOTN	P	
COPPERTONE WATERBABIES SPF50 LOTN	P	
COTZ LOTN	P	
DIABETIDERM SUNSCREEN SPF15 LOTN	P	
EUCERIN ADV HYDRATION SPF 50 LOTN	P	
EUCERIN AGE DEFENSE SPF 50 LOTN	P	
EUCERIN BABY SENS MIN SPF 50 LOTN	P	
EUCERIN OIL CONTROL SPF 50 LOTN	P	
EUCERIN REDNESS RELIEF DAY LOTN	P	
EUCERIN SENSITIVE MIN SPF 35 LOTN	P	
EUCERIN SENSITIVE MIN SPF 50 LOTN	P	
FACE COTZ LOTN	P	
HUGGIES LITTLE SWIMMERS SPF50 LOTN	P	
KERI AGE DEFY & PROTECT LOTN	P	
NEUTROGENA BEACH DEFENSE SPF70 LOTN	P	
NEUTROGENA HEALTHY DEFENSE LOTN	P	
NEUTROGENA PURE & FREE BABY LOTN	P	
NEUTROGENA SPORT FACE SPF70 LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA ULTRA SHEER SPF 45 LOTN	P	
NEUTROGENA ULTRA SHEER SPF 55 LOTN	P	
NEUTROGENA ULTRA SHEER SPF 70 LOTN	P	
PANOXYL AM SPF30 LOTN	P	
QC ULTIMATE SUNSCREEN LOTN	P	
SOLBAR AVO LOTN	P	
SOLBAR PF SPF15 LOTN	P	
SPORT SUNSCREEN SPF50 LOTN	P	
SUNSCREEN ULTRA SHEER LOTN	P	
sunscreens LOTN	P	
TOTAL BLOCK SPF 60 COVER UP LOTN	P	
TOTAL BLOCK SPF 65 CLEAR LOTN	P	
WATER BABIES SPF50 LOTN *(Use sunscreens)*	NF	
Rosacea Agents		
METROCREAM CREA *(Use metronidazole (topical))*	NF	QL(45 GM per fill retail; 45 per fill mail)
metronidazole (topical) CREA	P	QL(45 GM per fill retail; 45 per fill mail)
metronidazole (topical) GEL 0.75 %	P	QL(45 GM per fill retail; 45 per fill mail)
metronidazole (topical) LOTN	P	
Scabicides & Pediculicides		
ELIMITE CREA *(Use permethrin)*	NP	
ivermectin (pediculicide)	NP	
malathion	NP	
NATROBA *(Use spinosad)*	P	
NIX CREME RINSE LIQD EX *(Use permethrin)*	NF	
OVIDE *(Use malathion)*	NP	
permethrin CREA	P	
permethrin LIQD EX	P	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	NP	
SKLICE *(Use ivermectin (pediculicide))*	NP	
spinosad	NP	
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)
VANALICE GEL	NP	
Tar Products		
coal tar extract SHAM 0.5 %	P	
DHS TAR GEL SHAM *(Use coal tar extract)*	NF	
DHS TAR SHAM *(Use coal tar extract)*	NF	
Wound Care Products		
FILSUVEZ	PA	QL(23.4 GM daily); PA
VYJUVEK	PA	QL(2.5 ML per 7 day(s) retail; 2 ML per 7 days mail); PA
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK AVIVA PLUS STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE TEST STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK SMARTVIEW STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCUTREND GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE REDI-CODE+ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE REDI-CODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX AMP TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX JAZZ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX PRESTO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE 4 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE PLATINUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE PRISM MULTI TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE TITANIUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BIOTEL CARE TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BLULINK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS S GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHEK AUTO-CODE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHEK AUTO-CODE VOICE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHEK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE AUTO-CODE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE MICRO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE NO CODING STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE TALK SYSTEM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR NEXT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR PLUS TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CVS ADVANCED GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CVS KETONE CARE	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
CVS TRUE METRIX GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIATRUE PLUS TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY PLUS II GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY STEP TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK PLUS II TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TRAK BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TRAK II GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASYGLUCO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASYMAX 15 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASYMAX TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT COMPACT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EMBRACE BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EMBRACE EVO BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EMBRACE PRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EMBRACE TALK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EQ BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EVOLUTION AUTOCODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FONDCIRCLE BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA 6 CONNECT/GTEL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA 6 CONNECT STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FORA BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA D40/G31 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA G30/PREM V10 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA GD20 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA GD50 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA GTEL BLOOD KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
FORA TEST N'GO ADV-VOICE-6 CON	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
FORA TN'G ADVANCE PRO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA TN'G/TN'G VOICE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FORA V12 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORACARE GD40 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORACARE PREMIUM V10 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORACARE TEST N GO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORTISCARE G1 TEST STRIP STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORTISCARE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE INSULINX TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE LITE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE PRECISION NEO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GE100 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GHT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD EXPRESSION TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD SHINE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD VITAL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCOM TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCONAVII BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOSE METER TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GNP TRUE METRIX GLUCOSE STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GNP TRUETRACK TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GOJJI BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GOJJI BLOOD KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
GOJJI BLOOD TEST STRIP/LANCETS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
HW EMBRACE PRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HW EMBRACE TALK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
IGLUCOSE TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
INFINITY BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
KETOSTIX STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
KROGER HEALTHPRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MICRODOT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MM BLULINK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MM EASY TOUCH GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MYGLUCOHEALTH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
NEUTEK 2TEK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
NOVA MAX GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
NOVA MAX PLUS KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH ULTRA BLUE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH ULTRA TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH ULTRA STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH VERIO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
OPTIUMEZ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PHARMACIST CHOICE AUTOCODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PHARMACIST CHOICE NO CODING STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
POGO AUTOMATIC TEST CARTRIDGES TEST	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP
PRECISION XTRA BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRECISION XTRA KETONE	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
PRO VOICE V8/V9 GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRODIGY NO CODING BLOOD GLUC STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QUINTET AC BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QUINTET BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
REFUAH PLUS BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION CONFIRM/MICRO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
RELION PREMIER TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION PRIME TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION TRUE METRIX TEST STRIPS STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION ULTIMA TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GT333 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTEST BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SOLUS V2 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUETEST TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUETRACK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTRIP1 GENERIC STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VIVAGUARD INO TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
ELFOLATE TABS	P	
l-methylfolate TABS 7.5 MG, 15 MG	P	
L-METHYLFOLATE TABS	P	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		

Drug Name	Drug Tier	Requirements/ Limits
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	P	
acetazolamide TABS	P	
methazolamide TABS	P	
Diuretic Combinations		
amiloride & hydrochlorothiazide	P	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	P	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	P	QL(1 EA daily)
triamterene & hydrochlorothiazide TABS	P	QL(1 EA daily)
Loop Diuretics		
bumetanide TABS	P	
BUMEX TABS 0.5 MG *(Use bumetanide)*	NF	
furosemide SOLN IJ 10 MG/ML	P	
FUROSEMIDE SOLN IJ	P	
furosemide TABS	P	
LASIX TABS *(Use furosemide)*	NF	
SOAANZ TABS 20 MG	P	QL(1 EA daily)
torsemide TABS	P	QL(1 EA daily)
Potassium Sparing Diuretics		
ALDACTONE TABS *(Use spironolactone)*	NF	
amiloride hcl TABS	P	QL(4 EA daily)
spironolactone TABS	P	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	P	
hydrochlorothiazide CAPS	P	
hydrochlorothiazide TABS	P	
indapamide TABS 1.25 MG, 2.5 MG	P	
metolazone	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG, 150 MG *(Use risedronate sodium)*	NP	
alendronate sodium SOLN	NP	
alendronate sodium TABS 10 MG, 35 MG, 70 MG	P	
ATELVIA TBEC *(Use risedronate sodium)*	NP	
BILDYOS SOSY SC 60 MG/ML	PA	PA
BILPREVDA SOLN SC 120 MG/1.7ML	PA	PA
BINOSTO TBEF	NP	
BOMYNTRA SOLN SC 120 MG/1.7ML	PA	PA
BOMYNTRA SOSY SC 120 MG/1.7ML	PA	PA
BONSITY SOPN 560 MCG/2.24ML	PA	PA
calcitonin (salmon) IJ	NP	
calcitonin (salmon) NA	P	
CONEXXENCE SOSY SC 60 MG/ML	PA	PA
EVENITY	PA	PA
FORTEO SOPN *(Use teriparatide)*	PA	PA
FOSAMAX PLUS D	NP	

Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	NP	
ibandronate sodium SOLN	NP	
ibandronate sodium TABS	P	
JUBBONTI SOSY SC 60 MG/ML	PA	PA
MIACALCIN IJ *(Use calcitonin (salmon))*	NP	
OSENVELT SOLN SC 120 MG/1.7ML	PA	PA
PROLIA SOSY	PA	PA
risedronate sodium TABS	P	
risedronate sodium TBEC	NP	
STOBOCLO SOSY SC 60 MG/ML	PA	PA
teriparatide SOPN	PA	PA
TERIPARATIDE SOPN	PA	PA
TYMLOS	PA	PA
WYOST SOLN SC 120 MG/1.7ML	PA	PA
XGEVA SOLN	PA	PA
GnRH/LHRH Antagonists		
ORILISSA	PA	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	NP	AL(At least 18 yrs old)
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	PA	PA
GENOTROPIN CART SC	PA	PA
HUMATROPE CART IJ	NP	
NGENLA	NP	AL(At least 3 yrs old)
NORDITROPIN FLEXPRO SOPN	PA	PA
NUTROPIN AQ NUSPIN 10 SOPN	PA	PA
NUTROPIN AQ NUSPIN 20 SOPN	PA	PA
NUTROPIN AQ NUSPIN 5 SOPN	PA	PA
OMNITROPE SOCT	NP	
OMNITROPE SOLR SC	NP	
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	
SKYTROFA	NP	
SOGROYA	NP	
ZOMACTON SOLR SC	NP	
ZORBTIVE SC	P	SP; PA
Hormone Receptor Modulators		
EVISTA *(Use raloxifene hcl)*	NF	QL(1 EA daily)
raloxifene hcl	P	QL(1 EA daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
LUPRON DEPOT-PED (1-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT-PED (3-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
LUPRON DEPOT-PED (6-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per fill retail; 1 per fill mail ; 1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
SUPPRELIN LA	PA	PA
SYNAREL	PA	PA
TRIPTODUR	PA	PA
Metabolic Modifiers		
BRINEURA	PA	AL(At least 3 yrs old); PA
calcitriol CAPS	P	
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)
ELFABRIO	PA	AL(At least 18 yrs old); PA
GALAFOLD	P	QL(0.5 EA daily); SP; PA
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	P	QL(30 ML daily)
levocarnitine (metabolic modifiers) TABS	P	QL(3 EA daily)
RAYALDEE	PA	AL(At least 18 yrs old); PA
ROCALTROL CAPS *(Use calcitriol)*	NF	
STRENSIQ	PA	PA
TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); PA
XPHOZAH	NP	
YORVIPATH 168 MCG/0.56ML	PA	QL(0.04 ML daily); AL(At least 18 yrs old); PA
YORVIPATH 294 MCG/0.98ML	PA	QL(0.07 ML daily); AL(At least 18 yrs old); PA
YORVIPATH 420 MCG/1.4ML	PA	QL(0.1 ML daily); AL(At least 18 yrs old); PA
Natriuretic Peptides		
VOXZOGO	PA	AL(Up to 17 yrs old); PA
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	P	QL(5 ML per fill retail; 5 per fill mail); PA
desmopressin acetate spray refrigerated 0.01 %	P	QL(5 ML per fill retail; 5 per fill mail)
desmopressin acetate SOLN IJ	P	SP; PA
desmopressin acetate TABS	P	QL(3 EA daily)
Somatostatic Agents		
octreotide acetate KIT	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
SANDOSTATIN LAR DEPOT KIT *(Use octreotide acetate)*	NF	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK 15 MG *(Use tolvaptan)*	NF	SP; PA
tolvaptan TBPK 15 MG	P	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)
COMBIPATCH PTTW	P	QL(0.29 EA daily)
estradiol & norethindrone acetate TABS	P	QL(1 EA daily)
MYFEMBREE	PA	PA
norethindrone acetate-ethinyl estradiol	P	
ORIAHNN	PA	MP; PA
PREMPHASE	P	QL(1 EA daily)
PREMPRO	P	QL(1 EA daily)
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	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	QL(0.143 EA daily)
ESTRACE TABS *(Use estradiol)*	NF	
estradiol PTTW	P	QL(0.29 EA daily)
estradiol PTWK	P	QL(0.143 EA daily)
estradiol TABS	P	
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	QL(1 EA daily)
MINIVELLE PTTW *(Use estradiol)*	NF	QL(0.29 EA daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG *(Use estrogens, conjugated)*	NF	QL(1 EA daily)
VIVELLE-DOT PTTW *(Use estradiol)*	NF	QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	PA	PA
BAXDELA TABS	PA	PA
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	PA	PA
CIPRO SUSR	PA	PA
CIPRO TABS 250 MG, 500 MG *(Use ciprofloxacin hcl)*	NP	
levofloxacin SOLN PO	PA	PA
levofloxacin TABS	PA	PA
moxifloxacin hcl TABS	PA	PA
moxifloxacin hcl TABS	NP	
ofloxacin 300 MG, 400 MG	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(Use prucalopride succinate)*	NP	
prucalopride succinate	NP	
Antiflatulents		

Drug Name	Drug Tier	Requirements/ Limits
MYLICON INFANTS GAS RELIEF SUSP *(Use simethicone)*	NF	QL(30 ML per fill retail; 30 per fill mail)
simethicone CHEW 80 MG	P	
simethicone SUSP	P	QL(30 ML per fill retail; 30 per fill mail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	PA	SP; PA
CTEXLI TABS PO 250 MG	PA	QL(3 EA daily); AL(At least 18 yrs old); PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
Gallstone Solubilizing Agents		
chenodiol	PA	AL(At least 18 yrs old); SP; PA
URSO 250 TABS *(Use ursodiol)*	NF	QL(7 EA daily)
ursodiol CAPS	P	QL(3 EA daily)
ursodiol TABS 250 MG	P	QL(7 EA daily)
Gastrointestinal Chloride Channel Activators		
AMITIZA *(Use lubiprostone)*	NP	QL(2 EA daily)
lubiprostone	PA	QL(2 EA daily); PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	PA	AL(At least 18 yrs old); PA
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	P	
metoclopramide hcl TABS	P	
REGLAN TABS *(Use metoclopramide hcl)*	NF	
Hepatotropics		
REZDIFFRA	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	PA	PA
BYLVAY CAPS	PA	PA
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	PA	PA
LIVMARLI	PA	PA
Inflammatory Bowel Agents		
APRISO CP24 *(Use mesalamine)*	NF	
AVSOLA	PA	PA
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	NF	
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	NP	
AZULFIDINE TABS *(Use sulfasalazine)*	NP	
balsalazide disodium CAPS	NP	
CANASA SUPP *(Use mesalamine)*	NP	
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	PA	PA
CIMZIA (2 SYRINGE) PSKT	PA	PA
CIMZIA KIT	PA	PA
CIMZIA-STARTER PSKT	PA	PA
COLAZAL CAPS *(Use balsalazide disodium)*	NF	
DELZICOL CPDR *(Use mesalamine)*	NF	
DIPENTUM	NP	
ENTYVIO PEN SOAJ	NP	
ENTYVIO SOLR	NP	
IMULDOSA SOLN IV 130 MG/26ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
INFLECTRA SOLR	PA	PA
INFLIXIMAB	PA	PA
LIALDA TBEC *(Use mesalamine)*	NP	
mesalamine w/ cleanser	NP	
mesalamine CP24	P	
mesalamine CPCR	NP	
mesalamine CPDR	NP	
mesalamine ENEM	NP	
mesalamine SUPP	P	
mesalamine TBEC 800 MG	NP	
mesalamine TBEC 1.2 GM	P	
OMVOH (300 MG DOSE) SOAJ	NP	
OMVOH (300 MG DOSE) SOSY	NP	
OMVOH SOAJ	NP	
OMVOH SOLN	NP	
OMVOH SOSY	NP	
PENTASA CPCR *(Use mesalamine)*	NP	
PENTASA CPCR	NP	
REMICADE	NP	
RENFLEXIS	PA	PA
ROWASA *(Use mesalamine w/ cleanser)*	NP	
SFROWASA ENEM	NP	
SKYRIZI SOCT	NP	
SKYRIZI SOLN	NP	
STARJEMZA SOLN IV 130 MG/26ML	NP	
STELARA 130 MG/26ML	NP	
STEQEYMA	NP	
sulfasalazine TABS	P	
sulfasalazine TBEC	P	

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	
TREMFYA SOLN IV	NP	
TREMFYA SOSY SC	NP	
USTEKINUMAB 130 MG/26ML	NP	
USTEKINUMAB-TTWE	NP	
VELSIPITY	NP	
ZYMFENTRA (1 PEN) AJKT	NP	AL(At least 18 yrs old)
ZYMFENTRA (2 PEN) AJKT	NP	AL(At least 18 yrs old)
ZYMFENTRA (2 SYRINGE) PSKT	NP	AL(At least 18 yrs old)
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	NP	QL(2 EA daily)
alosetron hcl	PA	QL(2 EA daily); PA
IBSRELA	NP	
LINZESS	PA	QL(1 EA daily); PA
LOTRONEX *(Use alosetron hcl)*	PA	QL(2 EA daily); PA
VIBERZI	PA	QL(2 EA daily); PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	PA	QL(1 EA daily); PA
SYMPROIC	NP	
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
LIVDELZI	PA	QL(1 EA daily); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
Phosphate Binder Agents		
AURYXIA 210 MG *(Use ferric citrate)*	NP	
calcium acetate (phosphate binder) CAPS	P	
calcium acetate (phosphate binder) TABS	P	RX/OTC
calcium acetate (phosphate binder) TABS	NP	RX/OTC
ferric citrate	NP	
FOSRENOL CHEW *(Use lanthanum carbonate)*	NP	
FOSRENOL PACK	NP	
lanthanum carbonate CHEW	NP	
RENVELA PACK *(Use sevelamer carbonate)*	NP	
RENVELA TABS *(Use sevelamer carbonate)*	NF	
RENVELA TABS *(Use sevelamer carbonate)*	NP	
sevelamer carbonate PACK	P	
sevelamer carbonate TABS	P	
sevelamer hcl	NP	
VELPHORO	NP	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) TBCR	P	
potassium citrate-citric acid PACK	P	
sodium citrate & citric acid	P	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 %	P	
Hyperoxaluria Agents		
OXLUMO	PA	PA
RIVFLOZA SOLN	PA	AL(At least 9 yrs old); PA
RIVFLOZA SOSY	PA	AL(At least 9 yrs old); PA
IgA Nephropathy (IgAN) Agents		
FILSPARI	NP	MP
Prostatic Hypertrophy Agents		
alfuzosin hcl	P	
AVODART *(Use dutasteride)*	NF	
CARDURA XL	NP	MP
dutasteride	P	
dutasteride-tamsulosin hcl	NP	
finasteride	P	
JALYN *(Use dutasteride-tamsulosin hcl)*	NF	
PROSCAR *(Use finasteride)*	NP	
RAPAFLO *(Use silodosin)*	NP	
silodosin	NP	
tamsulosin hcl	P	
UROXATRAL *(Use alfuzosin hcl)*	NF	
Urinary Analgesics		
phenazopyridine hcl TABS 95 MG, 100 MG, 200 MG	P	
PYRIDIUM TABS *(Use phenazopyridine hcl)*	NF	
GOUT AGENTS - Drugs to Treat Gout		

Drug Name	Drug Tier	Requirements/ Limits
Gout Agent Combinations		
colchicine w/ probenecid	P	
Gout Agents		
allopurinol 200 MG	NP	
allopurinol 100 MG, 300 MG	P	
colchicine CAPS	NP	QL(2 EA daily); AL(At least 18 yrs old)
colchicine TABS	PA	PA
febuxostat	P	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS *(Use colchicine)*	NP	QL(2 EA daily); AL(At least 18 yrs old)
ULORIC *(Use febuxostat)*	NP	
Uricosurics		
probenecid	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	PA	PA
ADYNOVATE	PA	PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	PA	PA
ALHEMO	PA	AL(At least 12 yrs old); PA
ALPHANATE SOLR	PA	PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	PA	PA
ALPROLIX	PA	PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	PA	PA
BENEFIX KIT	PA	PA
BEQVEZ	PA	AL(At least 18 yrs old); PA
COAGADEX	PA	PA
CORIFACT	PA	PA
ELOCTATE	PA	PA
ESPEROCT	PA	PA
FEIBA	PA	PA
FIBRYGA	P	SP
HEMGENIX	PA	AL(At least 18 yrs old); PA
HEMLIBRA	PA	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	PA	PA
HUMATE-P SOLR	PA	PA
HYMPAVZI	PA	PA
IDELVION	PA	PA
IXINITY SOLR	PA	PA
JIVI	PA	PA
KCENTRA	PA	PA
KOATE-DVI SOLR 1000 UNIT	PA	PA
KOATE SOLR	PA	PA
KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT	PA	PA
KOVALTRY	PA	PA
NOVOEIGHT	PA	PA
NOVOSEVEN RT 5 MG	PA	QL(120000 EA daily); PA
NOVOSEVEN RT 1 MG, 2 MG, 8 MG	PA	PA
NUWIQ KIT	PA	PA
NUWIQ SOLR	PA	PA
OBIZUR	PA	PA
PROFILNINE	PA	PA
QFITLIA SOAJ SC 50 MG/0.5ML	PA	AL(At least 12 yrs old); PA
QFITLIA SOLN SC 20 MG/0.2ML	PA	AL(At least 12 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
REBINYN	PA	PA
RECOMBINATE SOLR	PA	PA
RIASTAP	P	SP
RIXUBIS SOLR	PA	PA
ROCTAVIAN	PA	AL(At least 18 yrs old); PA
SEVENFACT	PA	PA
TRETTEN	PA	PA
VONVENDI	PA	PA
WILATE KIT	PA	PA
XYNTHA	PA	PA
XYNTHA SOLOFUSE	PA	PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(Use icatibant acetate)*	PA	PA
icatibant acetate SOSY	PA	PA
Complement Inhibitors		
BERINERT KIT	PA	PA
CINRYZE SOLR IV	PA	PA
HAEGARDA SOLR SC	PA	PA
RUCONEST	PA	PA
TAVNEOS	PA	QL(6 EA daily); AL(At least 18 yrs old); PA
VOYDEYA TABS	PA	QL(6 EA daily); AL(At least 18 yrs old); PA
VOYDEYA TBPK	PA	QL(6 EA daily); AL(At least 18 yrs old); PA
Hematorheologic Agents		
pentoxifylline	P	
Plasma Kallikrein Inhibitors		
KALBITOR	PA	PA
ORLADEYO	PA	PA
TAKHZYRO SOLN	PA	PA
TAKHZYRO SOSY	PA	PA
Plasma Proteins		
RYPLAZIM	PA	PA
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(Use anagrelide hcl)*	NF	
anagrelide hcl	P	
aspirin-dipyridamole	P	
BRILINTA 60 MG, 90 MG *(Use ticagrelor)*	PA	QL(2 EA daily); PA
cilostazol	P	
clopidogrel bisulfate	P	
dipyridamole	P	
EFFIENT *(Use prasugrel hcl)*	NP	QL(1 EA daily)
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	NP	
prasugrel hcl	PA	QL(1 EA daily); PA
ticagrelor 60 MG, 90 MG	NP	QL(2 EA daily)
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	PA	QL(2 EA daily); AL(At least 18 yrs old); PA
PYRUKYND TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
miglustat	P	SP; PA
VPRIV	P	SP; PA
ZAVESCA *(Use miglustat)*	NF	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	PA	AL(At least 12 yrs old); PA
DROXIA CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
LYFGENIA	PA	AL(At least 12 yrs old); PA
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	P	
Folic Acid/Folates		
folic acid TABS 400 MCG, 800 MCG	P	QL(1 EA daily)
folic acid TABS 1 MG	P	RX/OTC
Hematopoietic Gene Therapy		
ZYNTEGLO	PA	AL(At least 4 yrs old); PA
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML	PA	QL(37.5 ML per 30 day(s) retail; 38 ML per 30 days mail); PA
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	PA	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); PA
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	PA	QL(25.2 ML per 30 day(s) retail; 25 ML per 30 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	PA	QL(3 ML per 30 day(s) retail; 3 ML per 30 days mail); PA
EPOGEN 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail)
EPOGEN 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail)
EPOGEN 10000 UNIT/ML	NP	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
EPOGEN 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail)
EPOGEN 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail)
EPOGEN 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail)
FULPHILA	NP	
FYLNETRA	NP	
GRANIX SOLN 300 MCG/ML	NP	QL(0.8 ML daily)
GRANIX SOSY	NP	QL(0.8 ML daily)
LEUKINE SOLR IJ	NP	
MIRCERA	NP	
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail)

Drug Name	Drug Tier	Requirements/ Limits
NEULASTA SOSY	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail)
NEUPOGEN SOLN	PA	QL(8.5 ML daily); PA
NEUPOGEN SOSY	PA	QL(8.5 ML daily); PA
NIVESTYM SOLN	NP	
NIVESTYM SOSY	NP	
NYPOZI	NP	
NYVEPRIA	PA	PA
PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail)
PROCRIT 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail)
PROCRIT 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail)
PROCRIT 10000 UNIT/ML	NP	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
PROCRIT 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail)
PROCRIT 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail)
PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail)
PROCRIT 40000 UNIT/ML	NP	QL(12.5 ML per 30 day(s) retail; 12 ML per 30 days mail)
REBLOZYL	NP	AL(At least 18 yrs old)
RELEUKO SOSY	NP	
RETACRIT	PA	PA
ROLVEDON	NP	
RYZNEUTA SOSY SC 20 MG/ML	NP	
STIMUFEND	NP	
UDENYCA ONBODY SOSY	NP	
UDENYCA SOAJ	NP	
UDENYCA SOSY	NP	
VAFSEO 150 MG	NP	QL(4 EA daily)
VAFSEO 300 MG	NP	QL(2 EA daily)
ZARXIO	NP	QL(8.5 ML daily)
ZIEXTENZO	NP	
Hematopoietic Mixtures		
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	P	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)
Iron		
FER-IN-SOL SOLN *(Use ferrous sulfate)*	NF	QL(3.4 ML daily)
FERRETTS TABS	P	QL(2 EA daily)
ferrous fumarate TABS	P	
ferrous gluconate TABS	P	
FERROUS GLUCONATE TABS 324 MG	P	AL(Up to 50 yrs old)
ferrous sulfate dried TBCR	P	
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	P	QL(16 ML daily)
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	P	QL(3.4 ML daily)
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	P	
ferrous sulfate TBEC	P	
FERROUS SULFATE TBEC *(Use ferrous sulfate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
IRON CHEWS PEDIATRIC CHEW	P	
iron sucrose 20 MG/ML	P	
polysaccharide iron complex CAPS	P	QL(1 EA daily)
VENOFER 20 MG/ML *(Use iron sucrose)*	NF	
Stem Cell Mobilizers		
APHEXDA	NP	
MOZOBIL *(Use plerixafor)*	NF	SP; PA
plerixafor	P	SP; PA
XOLREMDI	PA	QL(4 EA daily); AL(At least 12 yrs old); PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid TABS 500 MG	P	QL(24 EA per fill retail; 24 per fill mail); SP
tranexamic acid TABS	P	QL(30 EA per 5 day(s) retail; 30 EA per 5 days mail); AL(At least 12 yrs old - Up to 49 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) CAPS	P	
diphenhydramine hcl (sleep) LIQD	P	
diphenhydramine hcl (sleep) TABS 50 MG	P	
diphenhydramine hcl (sleep) TABS 25 MG	P	QL(1 EA daily)
doxylamine succinate (sleep)	P	

Drug Name	Drug Tier	Requirements/ Limits
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	P	
phenobarbital sodium SOLN	P	
phenobarbital ELIX	P	
phenobarbital TABS 15 MG, 30 MG, 60 MG, 64.8 MG, 97.2 MG, 100 MG	P	AL(At least 18 yrs old)
phenobarbital TABS	P	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	NP	QL(1 EA daily); AL(At least 18 yrs old)
SILENOR *(Use doxepin hcl (sleep))*	NF	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(Use zolpidem tartrate)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
AMBIEN TABS *(Use zolpidem tartrate)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
DORAL *(Use quazepam)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
EDLUAR SUBL	NP	QL(1 EA daily); AL(At least 18 yrs old)
estazolam	PA	QL(1 EA daily); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
eszopiclone	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
flurazepam hcl	NP	QL(1 EA daily); AL(At least 18 yrs old)
HALCION 0.25 MG *(Use triazolam)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
LUNESTA *(Use eszopiclone)*	NF	
midazolam hcl SOLN IJ	P	
MIDAZOLAM HCL SOLN IJ	P	
midazolam hcl SYRP	P	
quazepam	NP	QL(1 EA daily); AL(At least 18 yrs old)
RESTORIL *(Use temazepam)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
temazepam 22.5 MG	NP	QL(1 EA daily); AL(At least 18 yrs old)
temazepam 7.5 MG, 15 MG, 30 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
triazolam	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
zaleplon	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate SUBL	NP	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TABS	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
zolpidem tartrate TBCR	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
Orexin Receptor Antagonists		
BELSOMRA	NP	QL(1 EA daily); AL(At least 18 yrs old)
DAYVIGO	NP	AL(At least 18 yrs old)
QUVIVIQ	NP	AL(At least 18 yrs old)
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	QL(1 ML daily); AL(At least 18 yrs old)
HETLIOZ CAPS *(Use tasimelteon)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
ramelteon	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
ROZEREM *(Use ramelteon)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
tasimelteon CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	P	QL(10 EA daily)
EVAC POWD *(Use psyllium)*	NF	
KONSYL DAILY FIBER PACK 100 %	P	
METAMUCIL FREE & NATURAL POWD *(Use psyllium)*	NF	
NATURAL FIBER LAXATIVE POWD	P	
psyllium CAPS 0.52 GM	P	
psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 58.6 %, 100 %	P	
Laxative Combinations		

Drug Name	Drug Tier	Requirements/ Limits
GOLYTELY SOLR *(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NF	QL(4000 ML per fill retail; 4000 per fill mail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	P	QL(4000 ML per fill retail; 4000 per fill mail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	QL(4000 ML per fill retail; 4000 per fill mail)
sennosides-docusate sodium TABS	P	QL(4 EA daily)
SENOKOT S TABS *(Use sennosides-docusate sodium)*	NF	QL(4 EA daily)
sodium sulfate-potassium sulfate-magnesium sulfate	P	
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	P	
lactulose SOLN	P	
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	P	
polyethylene glycol 3350 PACK	P	
polyethylene glycol 3350 POWD	P	QL(34 GM daily)
SORBITOL PO 70 %	P	
Saline Laxatives		
FLEET ENEMA ENEM *(Use sodium phosphates)*	NF	
FLEET PEDIATRIC ENEM *(Use sodium phosphates)*	NF	
magnesium citrate 1.745 GM/30ML	P	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	QL(33 ML daily)
MILK OF MAGNESIA CONCENTRATE SUSP	P	
sodium phosphates ENEM	P	
Stimulant Laxatives		
bisacodyl SUPP	P	QL(12 EA per fill retail; 12 per fill mail)
bisacodyl TBEC	P	QL(1 EA daily)
DULCOLAX PINK LAXATIVE TBEC *(Use bisacodyl)*	NF	QL(1 EA daily)
DULCOLAX SUPP *(Use bisacodyl)*	NF	QL(12 EA per fill retail; 12 per fill mail)
DULCOLAX TBEC *(Use bisacodyl)*	NF	QL(1 EA daily)
SENNA SYRP	P	
sennosides LIQD	P	
sennosides SYRP 8.8 MG/5ML	P	
sennosides TABS 8.6 MG, 15 MG, 17.2 MG	P	
SENOKOT TABS *(Use sennosides)*	NF	
Surfactant Laxatives		
COLACE CAPS 100 MG *(Use docusate sodium)*	NF	QL(3 EA daily)
docusate calcium	P	
docusate sodium CAPS 100 MG, 250 MG	P	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	P	
DOCUSATE SODIUM SYRP	P	
docusate sodium TABS	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	P	
azithromycin SUSR	P	
azithromycin TABS	P	
ZITHROMAX TRI-PAK TABS *(Use azithromycin)*	NP	
ZITHROMAX Z-PAK TABS *(Use azithromycin)*	NP	
ZITHROMAX SUSR *(Use azithromycin)*	NP	
ZITHROMAX TABS 250 MG, 500 MG *(Use azithromycin)*	NP	
Clarithromycin		
clarithromycin SUSR	P	
clarithromycin TABS	P	
clarithromycin TB24	P	
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	NP	
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	NP	
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	NP	
erythromycin base CPEP	P	
erythromycin base TABS	P	
erythromycin base TBEC	P	
erythromycin base TBEC	NP	
erythromycin ethylsuccinate SUSR	P	
erythromycin ethylsuccinate TABS	P	
erythromycin ethylsuccinate TABS	NP	
erythromycin stearate TABS 250 MG	P	
Fidaxomicin		
DIFICID SUSR	NP	
DIFICID TABS 200 MG *(Use fidaxomicin)*	NP	
fidaxomicin TABS 200 MG	NP	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ADHESIVE/LARGE/3"X4" PADS	P	
ADHESIVE/MEDIUM/2"X3" PADS	P	
AMD FOAM DRESSING TOPSHEET PADS	P	RX/OTC
AMD FOAM DRESSING PADS	P	RX/OTC
BAND-AID ALL-IN-ONE GAUZE LG PADS	P	
BAND-AID GAUZE LARGE PADS	P	RX/OTC
BAND-AID GAUZE MEDIUM PADS	P	
BAND-AID GAUZE SMALL PADS	P	
BAND-AID HURT-FREE NON-STICK PADS	P	
BAND-AID TRU-ABSORB GAUZE PADS	P	RX/OTC
COPA ISLAND BORDERED FOAM PADS	P	RX/OTC
COPA PLUS HYDROPHILIC FOAM PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COVRSITE PLUS COMPOSITE DRESS PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES PADS	P	
CURITY AMD ANTIMICROBIAL SPNGE PADS	P	
CURITY COVER SPONGE PADS	P	
CURITY DRESSING SPONGES PADS	P	RX/OTC
CURITY GAUZE SPONGE PADS	P	RX/OTC
CURITY GAUZE PADS	P	
CURITY NON-ADHERENT STRIPS PADS	P	
CURITY SPONGES PADS	P	
CVS ADHESIVE PAD 4"X4" PADS	P	
CVS ADHESIVE PAD 6"X6" PADS	P	
CVS ADHESIVE PADS 2.25"X3" PADS	P	
CVS ANTIBACTERIAL GAUZE PADS	P	
CVS GAUZE PAD STERILE PADS	P	RX/OTC
CVS GAUZE STERILE PADS	P	RX/OTC
CVS GAUZE PADS	P	
DERMACEA DRAIN SPONGES PADS	P	RX/OTC
DERMACEA GAUZE SPONGE PADS	P	
DERMACEA IV DRAIN SPONGES PADS	P	
DERMACEA IV SPONGES PADS	P	
DERMACEA NON-WOVEN SPONGES PADS	P	
DERMACEA TYPE VII GAUZE PADS	P	
DERMACEA X-RAY SPONGES PADS	P	RX/OTC
DRYMAX EXTRA PADS	P	RX/OTC
EQ GAUZE PADS	P	RX/OTC
EQL GAUZE STERILE PADS	P	
EQL GAUZE PADS	P	
EXCILON AMD DRAIN SPONGES PADS	P	RX/OTC
EXCILON AMD NON-WOVEN SPONGES PADS	P	RX/OTC
EXCILON DRAIN SPONGES PADS	P	RX/OTC
EXCILON IV SPONGES PADS	P	
FT ADHESIVE PADS/SHEER PADS	P	
GAUZE DRESSING PADS	P	RX/OTC
GAUZE PADS PADS	P	
GAUZE TYPE VII MEDI-PAK PADS	P	
GNP SHEER ADHESIVE PADS	P	
GNP STERILE GAUZE PADS	P	
GNP WATERPROOF ADHESIVE 4"X4" PADS	P	
HM ADHESIVE ANTIBACTERIAL PADS	P	
HM STERILE PADS PADS	P	
J & J ADHESIVE LARGE PADS	P	
J & J GAUZE SPONGES 12-PLY MISC	P	RX/OTC
J & J GAUZE SPONGES 16-PLY MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
J & J GAUZE PADS	P	
J & J NON-STICK LARGE PADS	P	
KENDALL HYDROPHILIC FOAM DRESS PADS	P	
KENDALL HYDROPHILIC FOAM PLUS PADS	P	
KERLIX SPONGES PADS	P	RX/OTC
MIRASORB SPONGES MISC	P	
MOLESKIN FOAM PADS	P	
NEXCARE ABSOLUTE WATERPROOF PADS	P	
NU GAUZE 4PLY PADS	P	RX/OTC
NU GAUZE GENERAL-USE SPONGES MISC	P	RX/OTC
OIL EMULSIONS DRESSING/NON-ADH PADS	P	
POLYMEM FILM DOT PADS	P	
POLYMEM NON-ADHESIVE PADS	P	RX/OTC
QC ALL PURPOSE DRESSINGS PADS	P	RX/OTC
QC BORDER ISLAND GAUZE PADS	P	
QC STERILE PADS PADS	P	
RAY-TEC X-RAY DETECTABLE SPNGE MISC	P	RX/OTC
RESTORE CONTACT LAYER PADS	P	
RESTORE FOAM DRESSING PADS	P	RX/OTC
RESTORE ODOR ABSORBING DRESS PADS	P	RX/OTC
RESTORE TRIO ABSORBENT DRESS PADS	P	
SILIGENTLE FOAM DRESSING PADS	P	
SM ADHESIVE PADS 2"X3" PADS	P	
SM STERILE PADS	P	RX/OTC
SOF-WICK PADS	P	RX/OTC
STERILE GAUZE PADS	P	
STERILE PADS	P	
SURGICAL GAUZE SPONGE PADS	P	
THERAGAUZE PADS	P	
TOPPER DRESSING SPONGES MISC	P	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	P	
CAYA DPRH	P	
DUREX EXTRA SENSITIVE THIN DEVI	P	
DUREX EXTRA SENSITIVE THIN MISC	P	
DUREX TROPICAL MISC	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P	
FANTASY LUBRICATED MISC	P	
FC2 FEMALE CONDOM	P	
FEMCAP DEVI	P	
KAMELEON LUBRICATED MISC	P	
KIMONO COLORS DEVI	P	
KIMONO MAXX-LARGE FLARE MISC	P	
KIMONO MICRO THIN PLUS MISC	P	
KIMONO PLUS MISC	P	
KIMONO PS PLUS MISC	P	
KIMONO PS MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
KIMONO SENSATION PLUS MISC	P	
KIMONO SENSATION MISC	P	
KIMONO SPECIAL DEVI	P	
KIMONO MISC	P	
MAXX PLUS MISC	P	
MAXX MISC	P	
OMNIFLEX DIAPHRAGM	P	
REALITY LATEX CONDOMS MISC	P	
REALITY LATEX/ULTRA TEXTURED DEVI	P	
REALITY LATEX/ULTRA THIN DEVI	P	
TROJAN BARESKIN DEVI	P	
TROJAN MAGNUM MISC	P	
TROJAN ULTRA THIN/SPERMICIDAL MISC	P	
TROJAN ULTRA THIN MISC	P	
TROJAN-ENZ LUBRICATED MISC	P	
TROJAN-ENZ/SPERMICIDAL MISC	P	
TRUE COVER DEVI	P	
TRUSTEX COLOR CONDOMS + LUBE MISC	P	
TRUSTEX LUB/RIBBED/STUDDED MISC	P	
TRUSTEX LUB/SPERMICIDE EX ST MISC	P	
TRUSTEX LUB/SPERMICIDE XL MISC	P	
TRUSTEX LUBRICATED EX LARGE MISC	P	
TRUSTEX LUBRICATED EXTRA ST MISC	P	
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	
TRUSTEX LUBRICATED MISC	P	
TRUSTEX NATURAL CONDOMS + LUBE MISC	P	
TRUSTEX RIA LUB/SPERMICIDE MISC	P	
TRUSTEX RIA LUBRICATED MISC	P	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P	
WIDE-SEAL DIAPHRAGM 60	P	
WIDE-SEAL DIAPHRAGM 65	P	
WIDE-SEAL DIAPHRAGM 70	P	
WIDE-SEAL DIAPHRAGM 75	P	
WIDE-SEAL DIAPHRAGM 80	P	
WIDE-SEAL DIAPHRAGM 85	P	
WIDE-SEAL DIAPHRAGM 90	P	
WIDE-SEAL DIAPHRAGM 95	P	
Diabetic Supplies		
ACCU-CHEK AVIVA SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK FASTCLIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK SMARTVIEW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACCU-CHEK SOFTCLIX LANCET DEV KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ACCU-CHEK SOFTCLIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACTI-LANCE 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACTI-LANCE LITE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACTI-LANCE UNIVERSAL 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVANCED MOBILE LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE REDI-CODE+ CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ADVOCATE REDI-CODE+ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX CONTROL NORMAL/HIGH SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
AGAMATRIX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
AGAMATRIX PRESTO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AQUALANCE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE DOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE DOSE NORM/HIGH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE LANCE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE LANCE PLUS SAFETY 25G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE LANCE PLUS SAFETY 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE PLATINUM METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE PRISM CONTROL LEVEL 1&2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE PRISM MULTI METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE TITANIUM BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
AUTO-LANCET MINI MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
AUTOLET LITE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
BD MICROTAINER LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BIOTEL CARE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLOOD GLUCOSE MONITOR SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLOOD GLUCOSE MONITORING 333 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLULINK CONTROL HIGH & LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
BLULINK GLUCOSE MONITORING SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREONE ADVANCED LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CAREONE LANCET SUPER THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS CONTROL SOLUTION A/B SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CARESENS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS N FELIZ BT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARESENS N FELIZ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARESENS S CONTROL SOLN A/B LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CARESENS S FIT BLOOD GLUC MON DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARESENS S FIT BT BLOOD GLUC DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CARETOUCH LANCING/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CARETOUCH MONITOR SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARETOUCH SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST MC LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CHOSEN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CHOSEN LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CHOSEN SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHEK AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHEK AUTO-CODE VOICE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHEK AUTO-CODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CLEVER CHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHEK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHOICE COMFORT EZ	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CLEVER CHOICE LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE MICRO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHOICE TALK SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COAGUCHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
COMFORT ASSURED LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
COMFORT ASSURED LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
COMFORT TOUCH LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CONTOUR MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR NEXT CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CONTOUR NEXT EZ KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR NEXT GEN MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR NEXT LINK KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR NEXT MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR NEXT ONE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR PLUS BLUE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CVS BLOOD GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CVS BLOOD GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DEXCOM G6 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
DEXCOM G6 SENSOR	PA	MP; PA
DEXCOM G6 TRANSMITTER	PA	MP; PA
DEXCOM G7 15 DAY SENSOR	PA	MP; PA
DEXCOM G7 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
DEXCOM G7 SENSOR	PA	MP; PA
DIATRUE CONTROL LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DIATRUE CONTROL LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DIATRUE CONTROL LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DIATRUE PLUS BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
DROPLET LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
DROPLET PERSONAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPSAFE ACTI-LANCE 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPSAFE MEDLANCE LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DRUG MART ON-THE-GO LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNILET LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY COMFORT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY COMFORT LANCETS TWIST TOP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EASY PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY PLUS II GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY STEP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY STEP GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TALK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TALK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TALK PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH CONTROL HIGH & LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 28G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 33G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EASY TOUCH SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TRAK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
EASY TRAK II BLOOD GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TRAK II CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYGLUCO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYMAX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYMAX NG BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASYMAX NG BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASYMAX V BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ELEMENT COMPACT CONTROL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ELEMENT COMPACT CONTROL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ELEMENT COMPACT GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ELEMENT COMPACT V GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ELEMENT CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ELEMENT PLUS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE EVO CONTROL LEVEL 1 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE EVO GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE EVO GLUCOSE MONITORING KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE LANCING DEVICE/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EMBRACE PRESSURE ACTIVATED 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EMBRACE PRO GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE TALK GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE TALK MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE WAVE GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVERSENSE 365 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EVERSENSE 365 SMART TRANSMIT	NP	MP
EVERSENSE E3 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EVERSENSE E3 SMART TRANSMITTER	NP	MP
EVOLUTION AUTOCODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVOLUTION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FINGERSTIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FONDCIRCLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FONDCIRCLE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits
FONDCIRCLE SINGLE USE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORA D20 2-IN-1 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FORA G20 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FORA PREMIUM V10 BLE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA TEST N' GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA TN'G VOICE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V10 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V10/V12/D10/D20 TEST KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP
FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V30A BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FORACARE GD40 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORACARE GDH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORACARE PREMIUM V10 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORACARE TEST N GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORTISCARE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORTISCARE T1 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE FREEDOM LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE LIBRE 14 DAY READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE LIBRE 14 DAY SENSOR	PA	MP; PA
FREESTYLE LIBRE 2 PLUS SENSOR	PA	MP; PA
FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE LIBRE 2 SENSOR	PA	MP; PA
FREESTYLE LIBRE 3 PLUS SENSOR	PA	MP; PA
FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE LIBRE 3 SENSOR	PA	MP; PA
FREESTYLE LITE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE UNISTICK II LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GE100 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GE100 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GE100 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GENTEEL BUTTERFLY TOUCH LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GENTEEL LANCING KIT (BLUE) KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GENTEEL PLUS LANCING (PURPLE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GENTEEL PLUS LANCING (WHITE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GENTEEL PLUS LANCING DEV(BLUE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GENTEEL PLUS LANCING DEV(PINK) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GHT BLOOD GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLOBAL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GLUCOCARD 01 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD 01 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOCARD 01 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOCARD EXPRESSION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOCARD EXPRESSION MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD SHINE CONNEX KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD SHINE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD SHINE EXPRESS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD SHINE XL DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD SHINE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD SHINE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD VITAL MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOCOM LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCOM LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCOM LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCOM MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GNP EASY TOUCH CONT HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GNP EASY TOUCH GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GNP STERILE LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GNP TRUE METRIX AIR METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GNP TRUE METRIX GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GOJJI CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GOJJI STERILE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	NP	MP
GUARDIAN 4 TRANSMITTER	NP	MP
GUARDIAN CONNECT TRANSMITTER	NP	MP
GUARDIAN LINK 3 TRANSMITTER	NP	MP
GUARDIAN SENSOR (3)	NP	MP
GUARDIAN SENSOR 3	NP	MP
HEALTHPRO BLOOD GLUCOSE MONITO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
H-E-B INCONTROL ADV LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
H-E-B INCONTROL LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
H-E-B INCONTROL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
H-E-B INCONTROL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
HM EMBRACE TALK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
HW EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
HYPOLANCE AST LANCING KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
IGLUCOSE MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
IHEALTH CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
IHEALTH GLUCO+ KIT 10 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ILET CONTACT DETACH 23" 6MM MISC	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ILET INFUSION-INSET 23" 6MM MISC	NP	RX/OTC
ILET INFUSION-INSET 32" 6MM MISC	NP	MP; RX/OTC
ILET INSULIN PUMP DEVI	NP	MP
ILET STARTER - CONTACT DETACH MISC	NP	MP; RX/OTC
ILET STARTER KIT - INSET 23" MISC	NP	MP; RX/OTC
ILET STARTER KIT - INSET 32" MISC	NP	MP; RX/OTC
INFINITY BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
INFINITY CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
KROGER HEALTHPRO CONTROL HI/LO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
KROGER HEALTHPRO LANCET 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCETS 28G THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCETS MICRO THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCETS SUPER THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCETS ULTRA THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANZO MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LIBERTY GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
LITE TOUCH LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LITE TOUCH LANCING PEN MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LITETOUCH LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MEDISENSE GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
MEDISENSE HI/MID/LOW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
MEDLANCE PLUS EXTRA 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MEDLANCE PLUS LITE 25G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MEDLANCE PLUS SUPERLITE 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MEDTRONIC MINIMED 780G KIT	NP	MP
MICRODOT BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MICRODOT CONTROL HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
MICROLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MINI LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MINIMED 630G INSULIN PUMP KIT	NP	MP
MINIMED 780G INSULIN PUMP KIT	NP	MP
MINIMED INSTINCT GLUC SENSOR	NP	MP
MM BLOOD GLUCOSE SYSTEM REFILL KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP
MM BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
MM BLULINK GLUCOSE MONIT SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MM EASY TOUCH GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MM LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MM TWIST LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MOBI 2ML CARTRIDGE MISC	NP	MP
MODD1 PATIENT WELCOME KIT KIT	NP	MP
MODD1 SUPPLY KIT KIT	NP	
MONOLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
MYGLUCOHEALTH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
NOVA SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
NOVA SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
NOVA SUREFLEX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	MP; PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	NP	MP
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	MP; PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	NP	MP
OMNIPOD 5 G7 PODS (GEN 5) MISC	NP	MP
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	PA	MP; PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	PA	MP; PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	NP	MP
OMNIPOD DASH INTRO (GEN 4) KIT	PA	MP; PA
OMNIPOD DASH PDM (GEN 4) KIT	NP	MP
OMNIPOD DASH PODS (GEN 4) MISC	PA	MP; PA
OMNIPOD GO KIT	NP	MP
ON CALL EXPRESS MONITORING SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCET30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCET33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ONETOUCH DELICA SAFETY LANCING	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH ULTRA 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH ULTRA CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH ULTRASOFT 2 LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH VERIO FLEX SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH VERIO REFLECT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH VERIO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
PERFECT POINT SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PHARMACIST CHOICE AUTOCODE SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PHARMACIST CHOICE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PHARMACIST CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PIP BLOOD GLUCOSE MONITORING DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)
PIP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
POGO AUTOMATIC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRECISION GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
PRECISION XTRA-GLUCOSE/KETONE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
PRO COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRO COMFORT LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRO VOICE V8 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRO VOICE V9 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRODIGY CONTROL SOLUTION SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
PRODIGY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRODIGY LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
PRODIGY POCKET BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRODIGY SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRODIGY TWIST TOP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRODIGY VOICE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PURE COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PX ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
PX LANCETS MICROTHIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PX LANCETS ULTRA THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QC ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits
QC LANCETS SUPER THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QC UNILET LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QC UNILET LANCETS MICRO THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QUINTET AC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
QUINTET BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
QUINTET CONTROL HIGH/NORMAL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
READYLANCE SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
REFUAH PLUS GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
REFUAH PLUS MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION ALL-IN-ONE	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
RELION CONFIRM GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION LANCET DEVICES 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION LANCETS MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION MICRO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER BLU MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION PREMIER CLASSIC DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER COMPACT SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER VOICE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PRIME MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION ULTIMA GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION ULTRA THIN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GC300 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
RIGHTEST GL300 LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAPS HEALTH PLUS LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAPS HEALTH TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAPS TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SIMPLERA SENSOR	NP	MP
SIMPLERA SYNC SENSOR	NP	MP
SIMPLERA SYSTEM	NP	MP
SMART DIABETES VANTAGE LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SMARTEST CONTROL MEDIUM SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
SMARTEST EJECT STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST EJECT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTEST PERSONA STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST PRONTO STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST PROTEGE STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST PROTEGE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
SOLUS V2 LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SOLUS V2 TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
STERILANCE PA MISC	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP
STERILANCE TL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SURE COMFORT LANCETS 18G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SURE COMFORT LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SURE COMFORT LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SURE COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SURE COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
T: SLIM X2 INS PMP/CONTROL 7.4 DEVI	NP	MP
T:FLEX T:LOCK CARTRIDGE 4.8ML MISC	NP	MP
T:SLIM X2 3ML CARTRIDGE MISC	NP	MP
T:SLIM X2 BASAL-IQ PUMP DEVI	NP	MP
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI	NP	MP
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI	NP	MP
T:SLIM X2 CONTROL-IQ PUMP DEVI	NP	MP
T:SLIM X2 INSULIN PMP BASAL6.4 DEVI	NP	MP
T:SLIM X2 INSULIN PUMP DEVI	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
TAI DOC CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TANDEM MOBI AUTOSOFT 30 KIT MISC	NP	
TANDEM MOBI AUTOSOFT XC KIT MISC	NP	
TANDEM MOBI AUTOSOFT30 14PK23" MISC	NP	MP
TANDEM MOBI AUTOSOFTXC 14PK23" MISC	NP	MP
TANDEM MOBI AUTOSOFTXC 14PK5" MISC	NP	MP
TANDEM MOBI SYSTEM STARTER KIT	NP	MP
TANDEM MOBI TRUSTEEL SUPP KIT MISC	NP	
TANDEM T:SLIM ASFT 30 PK10 23" MISC	NP	MP
TANDEM T:SLIM ASFT 30 PK14 23" MISC	NP	MP
TANDEM T:SLIM ASFT XC PK10 23" MISC	NP	MP
TANDEM T:SLIM ASFT XC PK14 23" MISC	NP	MP
TANDEM T:SLIM TRUSTL PK10 23" MISC	NP	MP
TECHLITE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TECHLITE LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TECHLITE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TEMPO SMART BUTTON MISC	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
TEMPO WELCOME KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
TRAVEL LANCETS ADVANCED 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUE COMFORT SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUE COMFORT TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX GO GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE METRIX LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TRUE METRIX LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TRUE METRIX LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TRUE METRIX METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE METRIX METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
TRUEPLUS LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUEPLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUEPLUS LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUEPLUS SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUERESULT BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUETRACK BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUETRACK SMART SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TWIIST REFILL KIT/INFUSION SET KIT	NP	MP
TWIIST REFILL KIT KIT	NP	MP
TWIIST STARTER KIT KIT	NP	MP
TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTI-LANCE AUTOMATIC MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits
ULTILET CLASSIC LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTILET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTILET SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTRA THIN LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTRA-CARE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTRA-THIN II LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET COMFORTOUCH LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET G.P. SUPERLITE LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET GP 28 ULTRA THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET SUPER-THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET ULTRA-THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 2	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 2 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 2 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 2 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 2 SUPER	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
UNISTIK 3 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 GENTLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK CZT COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK CZT NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK PRO SAFETY LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK TOUCH SAFETY LANC 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTRIP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
VERIFINE SAFE LANCET MINI 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
V-GO 20 KIT	NP	MP
V-GO 30 KIT	NP	MP
V-GO 40 KIT	NP	MP
VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)
VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD INO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
VIVAGUARD INO GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
VIVAGUARD INO SMART GLUC METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
VIVAGUARD LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VIVAGUARD LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VIVAGUARD LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
VIVAGUARD SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ZEVRX TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
Parenteral Therapy Supplies		

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
AQ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ASSURE ID INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
BD INS SYR ULTRAFINE 1/2UNIT	P	QL(5 EA daily); RX/OTC
BD INSULIN SYR ULTRAFINE II	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE HALF-UNIT	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE MICROFINE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE	P	QL(5 EA daily)
BD SAFETYGLIDE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	P	QL(5 EA daily); RX/OTC
CAREONE INSULIN SYRINGE	P	QL(5 EA daily)
CARETOUCH HYPODERMIC NEEDLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
CEQUR SIMPLICITY 2U DEVI	PA	MP; PA; RX/OTC
CEQUR SIMPLICITY INSERTER MISC	P	MP
COMFORT EZ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPSAFE SAFETY SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC
EASY COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EASY TOUCH FLIPLOCK INSULIN SY	P	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SYRINGE	P	QL(5 EA daily)
EASY TOUCH SHEATHLOCK SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	P	QL(5 EA daily)
EMBECTA INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE U-100	P	QL(5 EA daily)
FIFTY50 SUPERIOR COMFORT SYR	P	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	P	QL(5 EA daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYR	P	QL(5 EA daily); RX/OTC
GLOBAL INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC
GLUCOPRO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 29GX1/2"	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	P	QL(5 EA daily); RX/OTC
GNP ULTRA COM INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	P	QL(5 EA daily); RX/OTC
HM ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
INSULIN SYRINGE-NEEDLE U-100	P	QL(5 EA daily); RX/OTC
KINRAY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
LITETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MAGELLAN INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MAXICOMFORT SYR 27G X 1/2"	P	QL(5 EA daily); RX/OTC
MEDIC INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MM INSULIN SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	P	QL(5 EA daily); RX/OTC
PRECISION SURE-DOSE SYRINGE	P	QL(5 EA daily); RX/OTC
PRO COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PRODIGY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PX INSULIN SYRINGE	P	QL(5 EA daily)
REALITY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
RELION INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
SB INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
SECURESAFE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
TRUE COMFORT PRO INSULIN SYR	P	QL(5 EA daily); RX/OTC
TRUEPLUS INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ULTICARE INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	P	QL(5 EA daily)
ULTRA COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	P	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ULTRACARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ULTRA-THIN II INS SYR SHORT	P	QL(5 EA daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
VANISHPOINT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
VERIFINE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ZEVRX INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
Respiratory Therapy Supplies		
ADULT MASK DEVI	P	RX/OTC
AEROBIKA DEVI	P	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER MV MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROVENT PLUS DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE EASE LARGE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE EASE MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE EASE SMALL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CO MONITOR DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMPACT SPACE CHAMBER/LG MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
COMPACT SPACE CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASIVENT MASK LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASIVENT MASK MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASIVENT MASK SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASIVENT MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	RX/OTC
EASY FLOW WHITE/PINK DEVI	P	RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
FLEXICHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
IN-CHECK DIAL FLOW TRAINER DEVI	P	RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	P	RX/OTC
INSPIREASE RESERVOIR BAGS	P	QL(3 EA per 180 day(s) retail; 3 EA per 180 days mail)

Drug Name	Drug Tier	Requirements/ Limits
INSPIREASE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROCHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROCHAMBER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROSPACER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NAVAGE NASAL ASPIRATOR BABY DEVI	P	RX/OTC
NEBULIZER CUP/TUBING DEVI	P	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC
ONE FLOW SPIROMETER DEVI	P	RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	RX/OTC
PARI TREK S COMBO PACK DEVI	P	RX/OTC
POCKET CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
POCKET SPACER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PRO COMFORT SPACER ADULT MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PRO COMFORT SPACER CHILD MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PROCHAMBER VHC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PURE COMFORT 3-BALL BREATHE EX DEVI	P	RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
QUAKE DEVI	P	RX/OTC
RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SPIRO PD DEVI	P	RX/OTC
THRESHOLD PEP DEVI	P	RX/OTC
VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC
VERSAPAP DEVI	P	RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	PA	PA
AJOVY SOAJ	PA	PA
AJOVY SOSY	PA	PA
EMGALITY (300 MG DOSE) SOSY	NP	
EMGALITY SOAJ	PA	PA
EMGALITY SOSY	PA	PA
NURTEC	PA	QL(0.54 EA daily); PA
QULIPTA	PA	QL(1 EA daily); PA
UBRELVY	PA	QL(0.534 EA daily); PA
VYEPTI	NP	
ZAVZPRET	NP	
Migraine Combinations		
sumatriptan-naproxen sodium	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
SYMBRAVO TABS PO	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
TREXIMET *(Use sumatriptan-naproxen sodium)*	NF	
Migraine Products		
BREKIYA SOAJ SC 1 MG/ML	PA	PA
dihydroergotamine mesylate SOLN NA 4 MG/ML	PA	PA
dihydroergotamine mesylate SOLN IJ 1 MG/ML	PA	AL(At least 18 yrs old); PA
MIGRANAL SOLN NA *(Use dihydroergotamine mesylate)*	NF	
Migraine Products - NSAIDs		
CAMBIA *(Use diclofenac potassium (migraine))*	NF	
diclofenac potassium (migraine)	NP	

Drug Name	Drug Tier	Requirements/ Limits
ELYXYB	NP	
Serotonin Agonists		
almotriptan malate	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
eletriptan hydrobromide	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
FROVA *(Use frovatriptan succinate)*	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
frovatriptan succinate	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
IMITREX 5 MG/ACT, 20 MG/ACT *(Use sumatriptan)*	NF	
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(Use sumatriptan succinate)*	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
IMITREX TABS 50 MG, 100 MG *(Use sumatriptan succinate)*	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
IMITREX TABS 25 MG *(Use sumatriptan succinate)*	NP	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
MAXALT-MLT TBDP 10 MG *(Use rizatriptan benzoate)*	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
naratriptan hcl	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
RELPAX 40 MG *(Use eletriptan hydrobromide)*	NF	
RELPAX *(Use eletriptan hydrobromide)*	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
REYVOW	NP	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)
rizatriptan benzoate TABS	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
rizatriptan benzoate TBDP	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
sumatriptan 5 MG/ACT	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
sumatriptan 20 MG/ACT	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
sumatriptan succinate SOAJ 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
sumatriptan succinate SOAJ 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
sumatriptan succinate SOLN 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan succinate TABS 50 MG, 100 MG	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
sumatriptan succinate TABS 25 MG	P	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
TOSYMRA	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
ZEMBRACE SYMTOUCH SOAJ	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
zolmitriptan SOLN	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
zolmitriptan TABS 5 MG	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
zolmitriptan TABS 2.5 MG	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
zolmitriptan TBDP	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
ZOMIG SOLN *(Use zolmitriptan)*	NF	
ZOMIG SOLN *(Use zolmitriptan)*	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600 +D HIGH POTENCY TABS	P	QL(2 EA daily)
CALCIUM CARB-CHOLECALCIFEROL CHEW	P	
CALCIUM CARBONATE CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits
calcium carbonate-cholecalciferol TABS	P	
calcium carbonate TABS 1250 MG, 500 MG	P	
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	P	
calcium carbonate-vitamin d TABS 600 MG-200 UNIT	P	QL(2 EA daily)
calcium citrate TABS	P	
CALCIUM CHEW	P	
CALTRATE 600+D3 TABS *(Use calcium carbonate-cholecalciferol)*	NF	
CALTRATE BONE HEALTH TABS *(Use calcium carbonate-cholecalciferol)*	NF	
oyster shell	P	
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
PARVA-CAL 200 UNIT-500 MG	P	
Electrolyte Mixtures		
BIOLYTE SOLN	P	
CERASPORT EX1 SOLN	P	
CERASPORT SOLN	P	
ENFAMIL ENFALYTE SOLN	P	
EQUALYTE SOLN *(Use oral electrolytes)*	NF	
FT ELECTROLYTE SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML	P	
GOODSENSE ELECTROLYTE ADV CARE SOLN	P	
HYDRALYTE FREEZER POPS SOLN	P	
HYDRALYTE SOLN	P	
KINDERLYTE PREMAX SOLN	P	
KINDERLYTE SOLN	P	
oral electrolytes SOLN	P	
PEDIALYTE ADVANCED CARE SOLN *(Use oral electrolytes)*	NF	
PEDIALYTE FREEZER POPS SOLN *(Use oral electrolytes)*	NF	
PEDIALYTE IMMUNE SUPPORT SOLN	P	
PEDIALYTE SINGLES SOLN *(Use oral electrolytes)*	NF	
PEDIALYTE SOLN *(Use oral electrolytes)*	NF	
TRUELYTE SOLN	P	
Fluoride		
sodium fluoride CHEW	P	AL(Up to 15 yrs old)
sodium fluoride SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC
SODIUM FLUORIDE SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC
Magnesium		
magnesium oxide (mg supplement) TABS	P	
MAGOX 400 TABS *(Use magnesium oxide (mg supplement))*	NF	
Phosphate		
K-PHOS-NEUTRAL *(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	NF	QL(8 EA daily); RX/OTC
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	P	QL(8 EA daily); RX/OTC
Potassium		
KLOR-CON 10 TBCR 10 MEQ *(Use potassium chloride)*	NF	
KLOR-CON TBCR 8 MEQ *(Use potassium chloride)*	NF	
K-TAB TBCR 20 MEQ *(Use potassium chloride)*	NF	
potassium bicarbonate TBEF	P	
potassium chloride microencapsulated crystals er	P	
potassium chloride CPCR 10 MEQ	P	
potassium chloride CPCR 8 MEQ	P	QL(1 EA daily)
potassium chloride PACK PO 20 MEQ	P	
potassium chloride SOLN PO 10 %, 20 %, 10 %	P	
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	P	
Sodium		
sodium chloride SOLN IV 0.9 %	P	
SODIUM CHLORIDE SOLN IJ 0.9 %	P	

Drug Name	Drug Tier	Requirements/ Limits
Zinc		
zinc sulfate CAPS	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS *(Use penicillamine)*	NF	
CUVRIOR	PA	PA
DEPEN TITRATABS TABS *(Use penicillamine)*	PA	PA
penicillamine CAPS	PA	PA
penicillamine TABS	PA	PA
Enzymes		
XIAFLEX	PA	QL(2 EA per fill retail; 2 per fill mail); AL(At least 18 yrs old); PA
Immunomodulators		
JOENJA	PA	QL(2 EA daily); AL(At least 12 yrs old); PA
lenalidomide	PA	PA
REVLIMID	PA	PA
RYSTIGGO	NP	
THALOMID 50 MG, 100 MG, 200 MG	PA	PA
VYVGART	NP	
VYVGART HYTRULO	NP	
VYVGART HYTRULO SC	NP	
Immunosuppressive Agents		
azathioprine TABS 50 MG	P	
azathioprine TABS 75 MG, 100 MG	P	QL(3 EA daily)
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	P	QL(4 EA daily)
cyclosporine modified (for microemulsion) SOLN	P	QL(8 ML daily)
cyclosporine CAPS	P	QL(4 EA daily)
cyclosporine SOLN IV 50 MG/ML	P	
ENSPRYNG	NP	
everolimus (immunosuppressant)	P	
IMURAN TABS *(Use azathioprine)*	NF	
mycophenolate mofetil hcl	P	
mycophenolate mofetil CAPS	P	QL(2 EA daily)
mycophenolate mofetil SUSR	P	QL(15 ML daily)
mycophenolate mofetil TABS	P	QL(4 EA daily)
mycophenolate sodium 360 MG	P	QL(4 EA daily)
mycophenolate sodium 180 MG	P	QL(2 EA daily)
MYFORTIC 180 MG *(Use mycophenolate sodium)*	NF	QL(2 EA daily)
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	P	
PROGRAF SOLN 5 MG/ML *(Use tacrolimus)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
RAPAMUNE SOLN *(Use sirolimus)*	NF	
RAPAMUNE TABS *(Use sirolimus)*	NF	
SANDIMMUNE CAPS *(Use cyclosporine)*	NF	QL(4 EA daily)
SANDIMMUNE SOLN PO 100 MG/ML	P	QL(8 ML daily)
SANDIMMUNE SOLN IV 50 MG/ML	P	
sirolimus SOLN	P	
sirolimus TABS	P	
tacrolimus CAPS	P	QL(3 EA daily)
tacrolimus SOLN 5 MG/ML	P	
UPLIZNA	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old)
ZORTRESS *(Use everolimus (immunosuppressant))*	NF	
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPK	PA	PA
Potassium Removing Agents		
LOKELMA	P	
sodium polystyrene sulfonate POWD	P	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	NP	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	P	
VELTASSA	NP	
Sclerosing Agents		
sodium tetradecyl sulfate	PA	PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	PA	AL(At least 5 yrs old); PA
BENLYSTA SOLR	PA	AL(At least 5 yrs old); PA
BENLYSTA SOSY	PA	AL(At least 18 yrs old); PA
SAPHNELO	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	P	QL(100 ML per fill retail; 100 per fill mail)
lidocaine hcl (mouth-throat) 2 %	P	QL(15 ML per fill retail; 15 per fill mail)
lidocaine hcl (mouth-throat) 4 %	P	QL(4 ML per fill retail; 4 per fill mail)
Anti-infectives - Throat		
NYSTATIN *(Use nystatin (mouth-throat))*	NF	QL(120 ML per fill retail; 120 per fill mail)
nystatin (mouth-throat)	P	QL(120 ML per fill retail; 120 per fill mail)
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	P	
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; 60 per fill mail)
PREVIDENT 5000 PLUS CREA *(Use sodium fluoride (dental))*	NF	QL(60 GM per fill retail; 60 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT GEL *(Use sodium fluoride (dental))*	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT SOLN *(Use sodium fluoride (dental))*	NF	
sodium fluoride (dental) CREA	P	QL(60 GM per fill retail; 60 per fill mail)
sodium fluoride (dental) GEL	P	QL(60 GM per fill retail; 60 per fill mail)
sodium fluoride (dental) SOLN 0.2 %	P	
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	P	
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
BIOTENE DRY MOUTH MOIST SPRAY SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
CAPHOSOL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
CVS DRY MOUTH SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
MOI-STIR SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
MOUTH KOTE REMINT SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
MOUTH KOTE SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
NUMOISYN LIQD	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
ORAL RELIEF SPRAY SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
pilocarpine hcl (oral) 5 MG	P	QL(6 EA daily)
SALAGEN 5 MG *(Use pilocarpine hcl (oral))*	NF	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins CAPS	P	QL(1 EA daily)
b-complex vitamins TABS	P	QL(1 EA daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	P	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Iron		
DESTRESS-IRON TABS	P	QL(1 EA daily)
multiple vitamins w/ iron TABS	P	QL(1 EA daily)
STRESS FORMULA/IRON/ENERGY TABS	P	QL(1 EA daily)
TAB-A-VITE/IRON/BETA CAROTENE TABS	P	QL(1 EA daily)
Multiple Vitamins w/ Minerals		
ABC COMPLETE ADULT TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE MENS TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR 50+ TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE WOMENS TABS	P	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	P	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	RX/OTC
ACTIVNUTRIENTS CAPS	P	RX/OTC
AFLORA TABS	P	QL(1 EA daily); RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
ALIVE DAILY ENERGY TABS	P	QL(1 EA daily); RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
ALIVE ENERGY 50+ TABS	P	QL(1 EA daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	RX/OTC
ALIVE GARDEN GOODNESS TABS	P	QL(1 EA daily); RX/OTC
ALIVE HAIR, SKIN & NAILS CAPS	P	RX/OTC
ALIVE MAX 6 POTENCY CAPS	P	RX/OTC
ALIVE MENS 50+ ULTRA TABS	P	QL(1 EA daily); RX/OTC
ALIVE MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ALIVE MENS COMPLETE MULTI TABS	P	QL(1 EA daily); RX/OTC
ALIVE MENS ULTRA TABS	P	QL(1 EA daily); RX/OTC
ALIVE MULTI-VITAMIN LIQD	P	RX/OTC
ALIVE ONCE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	P	QL(1 EA daily); RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	P	QL(1 EA daily); RX/OTC
ALIVE WOMENS ENERGY TABS	P	QL(1 EA daily); RX/OTC
ALPHA BETIC TABS	P	QL(1 EA daily); RX/OTC
ANTIOXIDANT FORMULA TABS	P	QL(1 EA daily); RX/OTC
APETIBEX CAPS	P	RX/OTC
APPE-CURB CAPS	P	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	P	QL(1 EA daily); RX/OTC
AZO HORMONAL HEALTH HAPPY CYCL TABS	P	QL(1 EA daily); RX/OTC
BACMIN TABS	P	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC
BARIATRIC MULTIVITAMINS CAPS	P	RX/OTC
BARIATRIC MULTIVITAMINS TABS	P	QL(1 EA daily); RX/OTC
BASIC AM TABS	P	QL(1 EA daily); RX/OTC
BASIC PM TABS	P	QL(1 EA daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	RX/OTC
BIO-35 IRON FREE CAPS	P	RX/OTC
BIOCAL CAPS	P	RX/OTC
BIOTECT PLUS CAPS	P	RX/OTC
BLOOD SUGAR MANAGER TABS	P	QL(1 EA daily); RX/OTC
BONEUP 3 PER DAY CAPS	P	RX/OTC
BONEUP VEGETARIAN TABS	P	QL(1 EA daily); RX/OTC
BONEUP CAPS	P	RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BURIED TREASURE ACTIVE 55 PLUS LIQD	P	RX/OTC
CELEBRATE MULTI-COMPLETE 18 CAPS	P	RX/OTC
CELEBRATE MULTI-COMPLETE 36 CAPS	P	RX/OTC
CELEBRATE MULTI-COMPLETE 45 CAPS	P	RX/OTC
CELEBRATE MULTI-COMPLETE 60 CAPS	P	RX/OTC
CENTRAVITES 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
CENTRAVITES ADULTS TABS	P	QL(1 EA daily); RX/OTC
CENTRUM ADULT LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-13.5 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	P	RX/OTC
CENTRUM ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-25 MCG-6 MCG-10 MG-1.7 MG-25 MCG-20 MG-1050 MCG-18 MG-1.5 MG-11 MG-50 MG-80 MG-200 MG-150 MCG-45 MCG-13.5 MG-20 MG-0.5 MG-2.3 MG-55 MCG-35 MCG-72 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM CARDIO TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE HOT FLASH TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MEN TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MINIS ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MINIS MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MINIS WOMEN IMMUNE SUP TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER 50+MEN TABS 120 MG-6 MG-30 MCG-300 MCG-1000 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-30 MCG-3500 UNIT-10 MG-210 MG-600 MCG-1.5 MG-15 MG-75 MG-80 MG-72 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG, 120 MG-6 MG-30 MCG-300 MCG-1000 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-1050 MCG-10 MG-600 MCG-1.5 MG-15 MG-75 MG-80 MG-210 MG-50 MCG-150 MCG-27 MG-20 MG-0.5 MG-4 MG-21 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER 50+WOMEN TABS 100 MG-5 MG-30 MCG-400 MCG-1000 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-100 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM SILVER ADULT 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-50 UNIT-50 MG-150 MCG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG-25 MCG-22.5 MG-50 MG-2.3 MG-45 MCG-80 MG-50 MCG-0.5 MG-11 MG-220 MG-150 MCG-20 MG-19 MCG-750 MCG-30 MCG-25 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER TABS 400 UNIT-60 MG-3 MG-30 MCG-400 MCG-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-15 MG-2 MG-45 UNIT-100 MG-80 MG-150 MCG-200 MG-75 MCG-150 MCG-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-2500 UNIT-10 MG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST HEART TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST IMMUNE TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST VISION TABS	P	QL(1 EA daily); RX/OTC
CENTRUM ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM WOMEN TABS 75 MG-2 MG-40 MCG-400 MCG-1000 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-200 MG-1.1 MG-8 MG-100 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-1.8 MG-18 MCG-10 MCG-32 MCG-72 MG-2 MG, 75 MG-40 MCG-400 MCG-1.1 MG-14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG-1050 MCG-50 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-400 UNIT/15ML-30 UNIT/15ML-9 MG/15ML-2.5 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-2500 UNIT/15ML, 60 MG/15ML-2 MG/15ML-300 MCG/15ML-30 UNIT/15ML-1.1 MG/15ML-400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML	P	RX/OTC
CENVITE LIQD	P	RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT TABS	P	QL(1 EA daily); RX/OTC
CERTAVITE SENIOR TABS	P	QL(1 EA daily); RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	P	QL(1 EA daily); RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	P	RX/OTC
CITRACAL +D3 TABS	P	QL(1 EA daily); RX/OTC
COMPLETIA DIABETIC MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
COREVIA TABS	P	QL(1 EA daily); RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	P	RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	P	RX/OTC
CVS DAILY MULTIV/MINERAL MENS TABS	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	P	QL(1 EA daily); RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	P	RX/OTC
CVS IMMUNE SUPPORT CAPS	P	RX/OTC
CVS ONE DAILY MENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ADULTS TABS	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS TABS	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS VISION HEALTH CAPS	P	RX/OTC
DAYAVITE TABS	P	QL(1 EA daily); RX/OTC
DECUBI-VITE CAPS	P	RX/OTC
DEKAS PLUS OCEAN CAPS	P	RX/OTC
DEKAS PLUS CAPS	P	RX/OTC
DEPLIN MA CAPS	P	RX/OTC
DEPLINPRO MOOD HEALTH CAPS	P	RX/OTC
DERMACINRX MULTITAM TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX RIBOTIN-E TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX ZINTREXYL-C TABS	P	QL(1 EA daily); RX/OTC
DERMAVITE TABS	P	QL(1 EA daily); RX/OTC
DEXATRAN CAPS	P	RX/OTC
DIALYVITE SUPREME D TABS	P	QL(1 EA daily); RX/OTC
DIATROL TABS	P	QL(1 EA daily); RX/OTC
EQ COMPLETE MULTIVITAMIN-ADULT TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
EQL CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
EQL CENTURY MENS TABS	P	QL(1 EA daily); RX/OTC
EQL CENTURY WOMENS TABS	P	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	QL(1 EA daily); RX/OTC
EYE HEALTH + LUTEIN TABS	P	QL(1 EA daily); RX/OTC
EYE HEALTH AREDS 2 CAPS	P	RX/OTC
EYE HEALTH CAPS	P	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	P	QL(1 EA daily); RX/OTC
FINAZOL TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR MEN AM/PM TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC
FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	P	RX/OTC
FOLAMAX TABS	P	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	P	RX/OTC
FOLAPRIME TABS	P	QL(1 EA daily); RX/OTC
FOLASYNC DHA CAPS	P	RX/OTC
FOLATEN TABS	P	QL(1 EA daily); RX/OTC
FOLIFLEX TABS	P	QL(1 EA daily); RX/OTC
FOLITIN-Z TABS	P	QL(1 EA daily); RX/OTC
FOLIXIA TABS	P	QL(1 EA daily); RX/OTC
FREEDAVITE TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY 50+ TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY ADULTS TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY MEN 50+ TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FT CENTURY MEN TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY WOMEN TABS	P	QL(1 EA daily); RX/OTC
FT EYE HEALTH CAPS	P	RX/OTC
FT EYE HEALTH TABS	P	QL(1 EA daily); RX/OTC
FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULTS WOMEN TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULT TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
GNP HAIR SKIN & NAILS EXTRA ST TABS	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG	P	QL(1 EA daily); RX/OTC
GNP THERAPEUTIC-M TABS	P	QL(1 EA daily); RX/OTC
HAIR SKIN & NAILS ADVANCED TABS	P	QL(1 EA daily); RX/OTC
HAIR SKIN & NAILS TABS	P	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAILS CAPS	P	RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	P	QL(1 EA daily); RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	P	RX/OTC
HIGH POT MULTIVITAMIN/BETA-CAR TABS	P	QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVIT/FA TABS	P	QL(1 EA daily); RX/OTC
HM COMPLETE MEN TABS	P	QL(1 EA daily); RX/OTC
HM HAIR/SKIN/NAILS TABS	P	QL(1 EA daily); RX/OTC
HYLAZINC TABS	P	QL(1 EA daily); RX/OTC
ICAPS AREDS FORMULA TABS	P	QL(1 EA daily); RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	P	RX/OTC
JOINT HEALTH & BONE STRENGTH TABS	P	QL(1 EA daily); RX/OTC
KEYFOLIC TABS	P	QL(1 EA daily); RX/OTC
KEYLOSA TABS	P	QL(1 EA daily); RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LIVER DETOX TABS	P	QL(1 EA daily); RX/OTC
LIVITA ADULTS LIQD	P	RX/OTC
LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	P	QL(1 EA daily); RX/OTC
LYSIPLEX PLUS LIQD	P	RX/OTC
MEDI TAB TABS	P	QL(1 EA daily); RX/OTC
MEGA MULTI FOR WOMEN TABS	P	QL(1 EA daily); RX/OTC
MEGA MULTI MEN TABS	P	QL(1 EA daily); RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 EA daily); RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	P	QL(1 EA daily); RX/OTC
MENATROL CAPS	P	RX/OTC
MENS 50+ ADVANCED CAPS	P	RX/OTC
MENS 50+ MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MENS MULTI HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
MENS MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MOOD FOOD ES CAPS	P	RX/OTC
MOOD FOOD CAPS	P	RX/OTC
MULTIA CAPS	P	RX/OTC
multiple vitamins w/ minerals CAPS	P	RX/OTC
multiple vitamins w/ minerals LIQD	P	RX/OTC
multiple vitamins w/ minerals TABS	P	QL(1 EA daily); RX/OTC
MULTITOL-M TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT (MINERALS) TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN HEALTH FORM/CA/FE TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN MEN TABS	P	QL(1 EA daily); RX/OTC
MULTI-VITAMIN MONOCAPS TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC
MULTI-VITE LIQD	P	RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	P	RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	P	RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	P	RX/OTC
MVW COMPLETE FORMULATION CAPS	P	RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	P	RX/OTC
MVW MODULATOR FORMULATION CAPS	P	RX/OTC
NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC
NATRUL-VITES TABS	P	QL(1 EA daily); RX/OTC
NEOVITE TABS	P	QL(1 EA daily); RX/OTC
NICADAN TABS	P	QL(1 EA daily); RX/OTC
NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC
NICAZEL TABS	P	QL(1 EA daily); RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC
NUTRALYN TABS	P	QL(1 EA daily); RX/OTC
NUTRICAP TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC
OCUVITE ADULT 50+ CAPS	P	RX/OTC
OCUVITE ADULT FORMULA CAPS	P	RX/OTC
OCUVITE EYE PERFORMANCE CAPS	P	RX/OTC
OCUVITE-LUTEIN CAPS	P	RX/OTC
ONCOVITE TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY WOMEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY MEN FORMULA W/O IRON TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	P	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
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-500 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	P	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+ TABS	P	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

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS PETITES TABS 30 MG-1 MG-15 MCG-200 MCG-500 UNIT-3 MCG-0.85 MG-12.5 MCG-5 MG-1250 UNIT-2.5 MG-9 MG-250 MG-0.75 MG-25 MG-7.5 MG-1 MG-11.25 UNIT-1 MG-60 MCG-10 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC
ONEVITE TABS	P	QL(1 EA daily); RX/OTC
OPTIVITE P.M.T. TABS 250 MG-50 MG-10 MCG-33.33 MCG-52.17 MG-16.67 UNIT-2083.33 UNIT-4.17 MG-4.17 MG-4 MG-4.17 MG-4.17 MG-4.17 MG-4.17 MG-16.67 MG-16.67 UNIT-2.5 MG-41.67 MG-1.67 MG-8 MG-16.67 MCG-4.17 MG-20.83 MG-12.5 MCG-16.67 MCG-41.67 MG-15.5 MG-10 MCG	P	QL(1 EA daily); RX/OTC
OPURITY TABS	P	QL(1 EA daily); RX/OTC
OSTEOPRIME PLUS TABS	P	QL(1 EA daily); RX/OTC
PARVLEX TABS	P	QL(1 EA daily); RX/OTC
PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	P	RX/OTC
PRESERVISION AREDS 2 CAPS	P	RX/OTC
PRESERVISION AREDS CAPS	P	RX/OTC
PRESERVISION AREDS TABS	P	QL(1 EA daily); RX/OTC
PRESERVISION/LUTEIN CAPS	P	RX/OTC
PREV-RX TABS	P	QL(1 EA daily); RX/OTC
PROBIOTICS + BARIATRIC MULTI CAPS	P	RX/OTC
PRO-CAL TABS	P	QL(1 EA daily); RX/OTC
PROCERV HP TABS	P	QL(1 EA daily); RX/OTC
PROFOLA TABS	P	QL(1 EA daily); RX/OTC
PRORENAL + D W/ OMEGA-3 CAPS	P	RX/OTC
PRORENAL + D TABS	P	QL(1 EA daily); RX/OTC
PROTECT CARDIO AF CAPS	P	RX/OTC
PROTECT PLUS SO CAPS	P	RX/OTC
PROTEGRA CAPS	P	RX/OTC
PROVIT TABS	P	QL(1 EA daily); RX/OTC
QC MULTI-VITE TABS	P	QL(1 EA daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	P	RX/OTC
QUIN B STRONG TABS	P	QL(1 EA daily); RX/OTC
QUINTABS-M TABS	P	QL(1 EA daily); RX/OTC
RAYAVIT TABS	P	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	P	RX/OTC
RENAL MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
RENAPLEX-D TABS	P	QL(1 EA daily); RX/OTC
SENTRY SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SENTRY SENIOR/LUTEIN TABS	P	QL(1 EA daily); RX/OTC
SENTRY TABS	P	QL(1 EA daily); RX/OTC
SIDEROL TABS	P	QL(1 EA daily); RX/OTC
SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC
SOLO TABS	P	QL(1 EA daily); RX/OTC
SPECTRAVITE TABS	P	QL(1 EA daily); RX/OTC
STROVITE ONE TABS	P	QL(1 EA daily); RX/OTC
SUPER ANTIOXIDANT CAPS	P	RX/OTC
SUPER D-ZINC-SELENIUM-COPPER TABS	P	QL(1 EA daily); RX/OTC
SUPERIOR MENS MULTI TABS	P	QL(1 EA daily); RX/OTC
SUPERIOR WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC
SUPPORT-500 CAPS	P	RX/OTC
SUPPORT LIQD	P	RX/OTC
SYSTANE ICAPS AREDS2 TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M PREMIER TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M TABS	P	QL(1 EA daily); RX/OTC
THERA-M PLUS MV W/BETA-CAROT TABS	P	QL(1 EA daily); RX/OTC
THERAMILL FORTE CAPS	P	RX/OTC
THERA-M TABS	P	QL(1 EA daily); RX/OTC
THERANATAL LACTATION ONE CAPS	P	RX/OTC
THERA-TABS M TABS	P	QL(1 EA daily); RX/OTC
THERA-VITE MAX-M TABS	P	QL(1 EA daily); RX/OTC
THEREMS-M TABS	P	QL(1 EA daily); RX/OTC
T-VITES TABS	P	QL(1 EA daily); RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	P	QL(1 EA daily); RX/OTC
ULTRA BONEUP TABS	P	QL(1 EA daily); RX/OTC
VENEXA FE TABS	P	QL(1 EA daily); RX/OTC
VENEXA TABS	P	QL(1 EA daily); RX/OTC
VENTRIXYL FE TABS	P	QL(1 EA daily); RX/OTC
VENTRIXYL TABS	P	QL(1 EA daily); RX/OTC
VISION HEALTH CAPS	P	RX/OTC
VISION OPTIMIZER CAPS	P	RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC
VITABASIC COMPLETE TABS	P	QL(1 EA daily); RX/OTC
VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC
VITABEX PLUS CAPS	P	RX/OTC
VITABEX CAPS	P	RX/OTC
VITACORE TABS	P	QL(1 EA daily); RX/OTC
VITAMIN D3 COMPLETE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VITAROCA PLUS TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
VITASANA TABS	P	QL(1 EA daily); RX/OTC
VITATRUM TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	P	RX/OTC
VITEYES AREDS 2 FORMULA CAPS	P	RX/OTC
VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC
VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
VITRAMYN TABS	P	QL(1 EA daily); RX/OTC
VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC
VITRANOL TABS	P	QL(1 EA daily); RX/OTC
VITREXATE FE TABS	P	QL(1 EA daily); RX/OTC
VITREXATE TABS	P	QL(1 EA daily); RX/OTC
VITREXYL + IRON TABS	P	QL(1 EA daily); RX/OTC
VITREXYL TABS	P	QL(1 EA daily); RX/OTC
VITRUM 50+ ADULT-MULTI TABS	P	QL(1 EA daily); RX/OTC
VITRUM 50+ SENIOR MULTI TABS	P	QL(1 EA daily); RX/OTC
WELLFOLA TABS	P	QL(1 EA daily); RX/OTC
WOMENS 50+ MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC
YELETS TEENAGE FORMULA TABS	P	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid		
QUFLORA FE	P	AL(Up to 20 yrs old)
Multivitamins		
ALTRIXA TABS	P	QL(1 EA daily); RX/OTC
AMLADEX TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE MIND/MOOD TABS	P	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	P	QL(1 EA daily); RX/OTC
FOLAWISE TABS	P	QL(1 EA daily); RX/OTC
FOLCYTEINE TABS	P	QL(1 EA daily); RX/OTC
GENICIN VITA-Q TABS	P	QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MINCORA TABS	P	QL(1 EA daily); RX/OTC
MULTI VITAMIN W/D-3 TABS	P	QL(1 EA daily); RX/OTC
MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC
multiple vitamin TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
NEOMULTIVITE TABS	P	QL(1 EA daily); RX/OTC
NEWVITE TABS	P	QL(1 EA daily); RX/OTC
OMNICAP TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIALS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY ESSENTIAL TABS	P	QL(1 EA daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	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
QUINTABS TABS	P	QL(1 EA daily); RX/OTC
RELCARE TABS	P	QL(1 EA daily); RX/OTC
STRESS FORMULA/ZINC/ENERGY TABS	P	QL(1 EA daily); RX/OTC
THERA TABS	P	QL(1 EA daily); RX/OTC
THEREMS TABS	P	QL(1 EA daily); RX/OTC
TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC
TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VIREXA TABS	P	QL(1 EA daily); RX/OTC
VITRAX TABS	P	QL(1 EA daily); RX/OTC
Ped Multi Vitamins w/Fl & FE		
FLORAFOL FE PEDIATRIC SOLN	P	AL(Up to 20 yrs old)
ped multivitamins w/fl & iron SOLN	P	AL(Up to 20 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	P	AL(Up to 20 yrs old)
POLY-VI-FLOR/IRON SUSP	P	AL(Up to 20 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	P	AL(Up to 20 yrs old)
Ped Multiple Vitamins w/ Minerals		
LIVITA CHILDREN LIQD	P	AL(Up to 20 yrs old); RX/OTC
Ped MV w/ Fluoride		
DAVIMET-FLUORIDE CHEW	P	
FLORAFOL PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC
FLORAFOL PEDIATRIC SOLN	P	AL(Up to 20 yrs old); RX/OTC
FLOTREX CHEW 0.5 MG	P	AL(Up to 20 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	P	AL(Up to 20 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	P	AL(Up to 20 yrs old); RX/OTC
MULTI-VIT-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC
pediatric multivitamins w/fl CHEW	P	AL(Up to 20 yrs old); RX/OTC
pediatric multivitamins w/fl SOLN	P	AL(Up to 20 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride SOLN	P	AL(Up to 20 yrs old); RX/OTC
POLY-VI-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC
POLY-VI-FLOR SUSP	P	AL(Up to 20 yrs old)
QUFLORA PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC
QUFLORA PEDIATRIC SOLN	P	AL(Up to 20 yrs old); RX/OTC
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old)
VITAMINS ACD-FLUORIDE SOLN	P	AL(Up to 20 yrs old); RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/FE SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P	QL(50 ML per fill retail; 50 per fill mail)
MULTIVITAMIN DROPS/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
pediatric multiple vitamins w/ iron CHEW	P	
POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
POLY-VITE/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
MULTIVITAMIN INFANT & TODDLER SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P	
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
POLY-VI-SOL SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
POLY-VITA SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
POLY-VITE PEDIATRIC SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
Prenatal Vitamins		
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	P	
CLASSIC PRENATAL TABS	P	QL(1 EA daily)
COMPLETE NATAL DHA	P	
COMPLETENATE CHEW	P	
CONCEPT DHA	P	
CONCEPT OB	P	
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	P	
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	P	QL(1 EA daily)
ENBRACE HR	P	
EQL PRENATAL FORMULA TABS	P	QL(1 EA daily)
FOLIVANE-OB	P	
FT PRENATAL TABS	P	QL(1 EA daily)
GNP PRENATAL/FOLIC ACID TABS	P	QL(1 EA daily)
GNP PRENATAL TABS	P	QL(1 EA daily)
JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 EA daily)
KP PRENATAL MULTIVITAMINS TABS	P	QL(1 EA daily)
KPN PRENATAL TABS	P	QL(1 EA daily)
MASONATAL TABS	P	QL(1 EA daily)
M-NATAL PLUS TABS	P	RX/OTC
MULTI PRENATAL TABS	P	QL(1 EA daily)
NEONATAL PRENATAL TABS	P	QL(1 EA daily)
NEONATAL VITAMIN TABS	P	QL(1 EA daily)
NEO-VITAL RX TABS	P	
NESTABS	P	
NESTABS DHA	P	
NESTABS ONE	P	
OB COMPLETE ONE	P	
OB COMPLETE PETITE	P	
OB COMPLETE PREMIER	P	

Drug Name	Drug Tier	Requirements/ Limits
OB COMPLETE/DHA	P	
OB COMPLETE TABS	P	
ONE VITE WOMENS TABS	P	QL(1 EA daily)
PNV-OMEGA	P	
PRENATAL (W/IRON & FA) TABS	P	QL(1 EA daily); RX/OTC
PRENATAL FORMULA CAPS	P	
PRENATAL FORTE TABS	P	QL(1 EA daily); RX/OTC
PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	P	QL(1 EA daily); RX/OTC
PRENATAL ONE DAILY TABS	P	QL(1 EA daily)
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	P	
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG	P	
PRENATAL VITAMIN AND MINERAL TABS	P	QL(1 EA daily)
PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 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	P	QL(1 EA daily)
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	P	
PRENATAL/IRON TABS	P	QL(1 EA daily)
PRENATAL TABS	P	QL(1 EA daily)
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	P	RX/OTC
PRENATE	P	
PRENATE AM	P	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	P	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	P	
PRENATE ENHANCE	P	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	P	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	P	
PRENATE PIXIE	P	
PRENATE RESTORE	P	
PRENATVITE RX TABS	P	QL(1 EA daily); RX/OTC
PRIMACARE	P	
PROVIDA OB	P	
QC PRENATAL TABS	P	QL(1 EA daily)
SELECT-OB+DHA MISC	P	
SELECT-OB CHEW	P	
SE-NATAL 19 CHEW	P	
SE-NATAL 19 TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SM PRENATAL VITAMINS TABS	P	QL(1 EA daily)
TARON-C DHA	P	
THRIVITE RX TABS	P	RX/OTC
TRICARE TABS	P	RX/OTC
TRINATAL RX 1 TABS	P	
TRISTART DHA	P	
VITAFOL FE+	P	
VITAFOL GUMMIES	P	
VITAFOL ULTRA	P	
VITAFOL-OB+DHA MISC	P	
VITAFOL-OB TABS	P	
VITAFOL-ONE CAPS	P	
WESCAP-C DHA	P	
WESCAP-PN DHA	P	
WESNATAL DHA COMPLETE	P	
WESNATE DHA CAPS	P	
WESTAB PLUS TABS	P	RX/OTC
WESTGEL DHA	P	
Vitamins w/ Lipotropics		
vitamins w/ lipotropics CAPS	P	QL(1 EA daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(Use cyclobenzaprine hcl)*	NP	
BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	NP	
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	NP	
baclofen SUSP	NP	
baclofen TABS	P	
carisoprodol TABS 250 MG	NP	
carisoprodol TABS 350 MG	P	
chlorzoxazone TABS 500 MG	P	
chlorzoxazone TABS 250 MG, 375 MG, 750 MG	NP	
cyclobenzaprine hcl CP24	P	
cyclobenzaprine hcl TABS 7.5 MG	NP	
cyclobenzaprine hcl TABS	P	
FLEQSUVY SUSP *(Use baclofen)*	NP	
LYVISPAH PACK 5 MG	NP	
metaxalone	NP	
methocarbamol TABS 500 MG, 750 MG	P	
orphenadrine citrate TB12	P	
OZOBAX DS SOLN PO *(Use baclofen)*	NP	
SOMA TABS *(Use carisoprodol)*	NP	
tizanidine hcl CAPS	P	
tizanidine hcl TABS	P	
ZANAFLEX CAPS *(Use tizanidine hcl)*	NP	
ZANAFLEX CAPS	NP	
ZANAFLEX TABS 4 MG *(Use tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(Use dantrolene sodium)*	NP	
dantrolene sodium CAPS	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits
DYMISTA SUSP *(Use azelastine hcl-fluticasone propionate)*	P	
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	P	QL(90 ML per fill retail; 90 per fill mail)
LITTLE REMEDIES SALINE SOLN	P	QL(90 ML per fill retail; 90 per fill mail)
OCEAN NASAL SPRAY SOLN *(Use saline)*	NF	QL(90 ML per fill retail; 90 per fill mail)
saline SOLN 0.65 %	P	QL(90 ML per fill retail; 90 per fill mail)
Nasal Antiallergy		
azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	P	
cromolyn sodium (nasal) 5.2 MG/ACT	P	QL(26 ML per fill retail; 26 per fill mail)
NASALCROM *(Use cromolyn sodium (nasal))*	NF	QL(26 ML per fill retail; 26 per fill mail)
olopatadine hcl (nasal)	P	
Nasal Anticholinergics		
ipratropium bromide (nasal)	P	
Nasal Steroids		
budesonide (nasal)	NP	
FLONASE ALLERGY REL CHILDRENS SUSP *(Use fluticasone propionate (nasal))*	NF	RX/OTC
FLONASE ALLERGY RELIEF SUSP *(Use fluticasone propionate (nasal))*	NF	RX/OTC
flunisolide (nasal)	NP	
fluticasone propionate (nasal) SUSP	P	RX/OTC
fluticasone propionate (nasal) SUSP	NP	RX/OTC
mometasone furoate (nasal) SUSP	NP	RX/OTC
NASACORT ALLERGY 24HR AERO *(Use triamcinolone acetonide (nasal))*	NF	
NASONEX 24HR SUSP *(Use mometasone furoate (nasal))*	NP	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
triamcinolone acetonide (nasal) AERO	P	
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
ADRENALIN 0.1 %	P	
epinephrine hcl (nasal)	P	
phenylephrine hcl (oral) TABS	P	QL(24 EA per fill retail; 24 per fill mail)
pseudoephedrine hcl TABS	P	
pseudoephedrine hcl TB12	P	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	P	
SUDAFED PE SINUS CONGESTION TABS *(Use phenylephrine hcl (oral))*	NF	QL(24 EA per fill retail; 24 per fill mail)
SUDAFED SINUS CONGESTION TABS *(Use pseudoephedrine hcl)*	NF	
SUDAFED TABS *(Use pseudoephedrine hcl)*	NF	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		

Drug Name	Drug Tier	Requirements/ Limits
ALS Agents		
QALSODY	PA	AL(At least 18 yrs old); PA
Friedrich's Ataxia Agents		
SKYCLARYS	PA	QL(3 EA daily); AL(At least 16 yrs old); PA
Muscular Dystrophy Agents		
AMONDYS 45	PA	PA
DUVYZAT	PA	AL(At least 6 yrs old); PA
ELEVIDYS 10.0-10.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 10.5-11.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 11.5-12.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 12.5-13.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 13.5-14.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 14.5-15.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 15.5-16.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 16.5-17.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 17.5-18.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 18.5-19.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 19.5-20.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 20.5-21.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 21.5-22.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 22.5-23.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 23.5-24.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 24.5-25.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 25.5-26.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 26.5-27.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 27.5-28.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 28.5-29.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 29.5-30.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 30.5-31.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 31.5-32.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 32.5-33.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 33.5-34.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 34.5-35.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 35.5-36.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 36.5-37.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 37.5-38.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 38.5-39.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 39.5-40.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 40.5-41.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 41.5-42.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 42.5-43.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 43.5-44.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 44.5-45.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 45.5-46.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 46.5-47.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 47.5-48.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 48.5-49.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 49.5-50.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 50.5-51.4 KG	PA	AL(At least 4 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 51.5-52.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 52.5-53.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 53.5-54.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 54.5-55.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 55.5-56.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 56.5-57.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 57.5-58.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 58.5-59.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 59.5-60.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 60.5-61.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 61.5-62.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 62.5-63.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 63.5-64.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 64.5-65.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 65.5-66.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 66.5-67.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 67.5-68.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 68.5-69.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 69.5 KG PLUS	PA	AL(At least 4 yrs old); PA
EXONDYS 51	PA	PA
VILTEPSO	PA	PA
VYONDYS 53	PA	PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); PA
DYSPORT	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); PA
MYOBLOC	PA	Maximum 180 day supply allowed; QL(4 ML per 84 day(s) retail; 4 ML per 84 days mail); PA
XEOMIN	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); PA
Rett Syndrome Agents		
DAYBUE	PA	QL(120 ML daily); AL(At least 2 yrs old); PA
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	PA	PA
EVRYSDI PO 5 MG	PA	PA
SPINRAZA	PA	PA
ZOLGENSMA 20.6-21.0 KG	CO	
ZOLGENSMA 10.1-10.5 KG	CO	
ZOLGENSMA 10.6-11.0 KG	CO	
ZOLGENSMA 11.1-11.5 KG	CO	

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 11.6-12.0 KG	CO	
ZOLGENSMA 12.1-12.5 KG	CO	
ZOLGENSMA 12.6-13.0 KG	CO	
ZOLGENSMA 13.1-13.5 KG	CO	
ZOLGENSMA 13.6-14.0 KG	CO	
ZOLGENSMA 14.1-14.5 KG	CO	
ZOLGENSMA 14.6-15.0 KG	CO	
ZOLGENSMA 15.1-15.5 KG	CO	
ZOLGENSMA 15.6-16.0 KG	CO	
ZOLGENSMA 16.1-16.5 KG	CO	
ZOLGENSMA 16.6-17.0 KG	CO	
ZOLGENSMA 17.1-17.5 KG	CO	
ZOLGENSMA 17.6-18.0 KG	CO	
ZOLGENSMA 18.1-18.5 KG	CO	
ZOLGENSMA 18.6-19.0 KG	CO	
ZOLGENSMA 19.1-19.5 KG	CO	
ZOLGENSMA 19.6-20.0 KG	CO	
ZOLGENSMA 2.6-3.0 KG	CO	
ZOLGENSMA 20.1-20.5 KG	CO	
ZOLGENSMA 3.1-3.5 KG	CO	
ZOLGENSMA 3.6-4.0 KG	CO	
ZOLGENSMA 4.1-4.5 KG	CO	
ZOLGENSMA 4.6-5.0 KG	CO	
ZOLGENSMA 5.1-5.5 KG	CO	
ZOLGENSMA 5.6-6.0 KG	CO	
ZOLGENSMA 6.1-6.5 KG	CO	
ZOLGENSMA 6.6-7.0 KG	CO	
ZOLGENSMA 7.1-7.5 KG	CO	
ZOLGENSMA 7.6-8.0 KG	CO	
ZOLGENSMA 8.1-8.5 KG	CO	
ZOLGENSMA 8.6-9.0 KG	CO	
ZOLGENSMA 9.1-9.5 KG	CO	
ZOLGENSMA 9.6-10.0 KG	CO	
NUTRIENTS		
Misc. Nutritional Substances		
omega-3 fatty acids CAPS 1000 MG, 1200 MG	P	QL(6 EA daily)
Proteins		
ARGININE TABS	P	
L-TRYPTOPHAN TABS	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
ALCON TEARS SOLN	P	
artificial tear solution	P	
BION TEARS PF	P	
carboxymethylcellulose sodium (ophth) SOLN 0.5 %	P	
GENTEAL TEARS MODERATE PF *(Use dextran 70-hypromellose)*	NP	
GENTEAL TEARS PF *(Use dextran 70-hypromellose)*	NF	
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	P	
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	NP	
polyvinyl alcohol 1.4 %	P	

Drug Name	Drug Tier	Requirements/ Limits
polyvinyl alcohol-povidone (ophth)	NP	
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %	P	
REFRESH	P	
REFRESH LIQUIGEL GEL *(Use carboxymethylcellulose sodium (ophth))*	P	
REFRESH PLUS SOLN *(Use carboxymethylcellulose sodium (ophth))*	P	
REFRESH TEARS SOLN *(Use carboxymethylcellulose sodium (ophth))*	P	
SYSTANE HYDRATION PF SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	NF	
SYSTANE PRESERVATIVE FREE SOLN 0.3 %-0.4 % *(Use polyethylene glycol-propylene glycol (ophth))*	NF	
SYSTANE ULTRA PF SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	NF	
SYSTANE ULTRA SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	NF	
SYSTANE SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	NF	
white petrolatum-mineral oil	P	
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	P	
BETIMOL	NP	
BETIMOL *(Use timolol)*	NP	
BETIMOL *(Use timolol)*	NF	
BETOPTIC-S SUSP	P	
brimonidine tartrate-timolol maleate	NP	
carteolol hcl (ophth)	P	
COMBIGAN *(Use brimonidine tartrate-timolol maleate)*	P	
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NP	
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NF	
COSOPT PF *(Use dorzolamide hcl-timolol maleate)*	NP	
COSOPT PF *(Use dorzolamide hcl-timolol maleate)*	NF	
dorzolamide hcl-timolol maleate	P	
dorzolamide hcl-timolol maleate	NP	
ISTALOL SOLN *(Use timolol maleate (ophth))*	NP	
levobunolol hcl 0.5 %	P	
timolol	NP	
timolol maleate (ophth) SOLG	P	
timolol maleate (ophth) SOLN 0.5 %	NP	
timolol maleate (ophth) SOLN	P	
TIMOPTIC OCUDOSE SOLN 0.25 % *(Use timolol maleate (ophth))*	NF	
TIMOPTIC OCUDOSE SOLN *(Use timolol maleate (ophth))*	NP	
Cholinergic Agonists		
TYRVAYA	NP	
Cycloplegic Mydriatics		

Drug Name	Drug Tier	Requirements/ Limits
atropine sulfate (ophthalmic) OINT	P	QL(4 GM per fill retail; 4 per fill mail)
atropine sulfate (ophthalmic) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
ATROPINE SULFATE SOLN 1 %	P	QL(15 EA per fill retail; 15 per fill mail)
ATROPINE SULFATE SOLN 1 % *(Use atropine sulfate (ophthalmic))*	NF	QL(15 ML per fill retail; 15 per fill mail)
CYCLOGYL 2 %	P	
CYCLOGYL 0.5 %	P	QL(15 ML per fill retail; 15 per fill mail)
CYCLOGYL *(Use cyclopentolate hcl)*	NF	QL(15 ML per fill retail; 15 per fill mail)
cyclopentolate hcl 1 %	P	QL(15 ML per fill retail; 15 per fill mail)
MYDRIACYL SOLN *(Use tropicamide)*	NF	QL(15 ML per fill retail; 15 per fill mail)
phenylephrine hcl (mydriatic) SOLN 2.5 %	P	QL(15 ML per fill retail; 15 per fill mail)
PHENYLEPHRINE HCL SOLN *(Use phenylephrine hcl (mydriatic))*	NF	QL(15 ML per fill retail; 15 per fill mail)
tropicamide SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
Miotics		
pilocarpine hcl SOLN 1.25 %	PA	PA
pilocarpine hcl SOLN 1 %, 2 %, 4 %	P	
VUITY SOLN 1.25 % *(Use pilocarpine hcl)*	PA	PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(Use brimonidine tartrate)*	P	
apraclonidine hcl	NP	
brimonidine tartrate	NP	
IOPIDINE	NP	
SIMBRINZA	P	
Ophthalmic Anti-infectives		
AZASITE	NP	
bacitracin-polymyxin b (ophth)	P	QL(4 GM per fill retail; 4 per fill mail)
BESIVANCE	P	
CILOXAN OINT	NP	
ciprofloxacin hcl (ophth) SOLN	P	
erythromycin (ophth)	P	
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
levofloxacin (ophth) 0.5 %	NP	
moxifloxacin hcl (ophth) SOLN OP	NP	
moxifloxacin hcl (ophth) SOLN OP	P	QL(15 ML per fill retail; 15 per fill mail)
neomycin-bacitracin zn-polymyxin	P	QL(4 GM per fill retail; 4 per fill mail)
neomycin-polymyxin-gramicidin	P	QL(10 ML per fill retail; 10 per fill mail)
OCUFLOX *(Use ofloxacin (ophth))*	NP	
ofloxacin (ophth)	P	
polymyxin b-trimethoprim	P	QL(10 ML per fill retail; 10 per fill mail)
sulfacetamide sodium (ophth) OINT	P	
sulfacetamide sodium (ophth) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
tobramycin (ophth) SOLN	P	QL(5 ML per fill retail; 5 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
TOBREX OINT	P	QL(4 GM per fill retail; 4 per fill mail)
trifluridine	P	QL(8 ML per fill retail; 8 per fill mail)
VIGAMOX SOLN OP *(Use moxifloxacin hcl (ophth))*	NP	QL(15 ML per fill retail; 15 per fill mail)
ZYMAXID *(Use gatifloxacin (ophth))*	NF	
Ophthalmic Decongestants		
tetrahydrozoline hcl (ophth) 0.05 %	P	QL(0.5 ML daily)
VISINE RED EYE COMFORT *(Use tetrahydrozoline hcl (ophth))*	NF	QL(0.5 ML daily)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
cyclosporine (ophth) EMUL	NP	
RESTASIS MULTIDOSE EMUL	NP	
RESTASIS EMUL *(Use cyclosporine (ophth))*	P	
VERKAZIA EMUL	PA	QL(4 EA daily); AL(At least 4 yrs old); PA
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	P	
Ophthalmic Kinase Inhibitors		
RHOPRESSA	P	
ROCKLATAN	P	
Ophthalmic Local Anesthetics		
TETRACAINE HCL 0.5 % *(Use tetracaine hcl (ophth))*	NF	
TETRACAINE HCL 0.5 %	P	
tetracaine hcl (ophth)	P	
Ophthalmic Nerve Growth Factors		
OXERVATE	PA	Maximum 56 day supply allowed; QL(1 ML daily; 112 ML per 999 day(s) retail; 112 ML per 999 days mail); AL(At least 2 yrs old); PA
Ophthalmic Steroids		
ALREX SUSP *(Use loteprednol etabonate)*	P	
bacitracin-poly-neomycin-hc	NP	
dexamethasone sodium phosphate (ophth)	NP	
DEXTENZA INST	NP	
difluprednate	P	
DUREZOL *(Use difluprednate)*	NF	
DUREZOL *(Use difluprednate)*	NP	
EYSUVIS SUSP	NP	
FLAREX	P	
fluorometholone (ophth) SUSP	NP	
FML FORTE SUSP	P	
FML LIQUIFILM SUSP *(Use fluorometholone (ophth))*	P	
ILUVIEN	NP	
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NP	
LOTEMAX GEL *(Use loteprednol etabonate)*	NP	
LOTEMAX OINT	NP	
LOTEMAX SUSP *(Use loteprednol etabonate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
loteprednol etabonate GEL	NP	
loteprednol etabonate SUSP	NP	
MAXIDEX SUSP OP	P	
MAXITROL OINT *(Use neomycin-polymy-dexameth)*	NP	QL(17.5 GM per fill retail; 17.5 per fill mail)
MAXITROL SUSP *(Use neomycin-polymy-dexameth)*	NP	
neomycin-polymy-dexameth OINT	P	QL(17.5 GM per fill retail; 17.5 per fill mail)
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	P	
neomycin-polymyxin-hc (ophth)	NP	
PRED FORTE *(Use prednisolone acetate (ophth))*	P	
PRED MILD	NP	
prednisolone acetate (ophth)	P	
PREDNISOLONE SODIUM PHOSPHATE	NP	
RETISERT	NP	
sulfacetamide sod-prednisolone SOLN	P	
TOBRADEX ST SUSP	NP	
TOBRADEX OINT	P	
tobramycin-dexamethasone SUSP	P	
TRIESENCE	NP	
XIPERE	NP	
YUTIQ	NP	
ZYLET	NP	
Ophthalmics - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
ACULAR *(Use ketorolac tromethamine (ophth))*	NP	
ACULAR LS *(Use ketorolac tromethamine (ophth))*	NP	
ACUVAIL	NP	
ALOCRIL	P	QL(5 ML per fill retail; 5 per fill mail)
azelastine hcl (ophth)	P	
AZOPT *(Use brinzolamide)*	NF	
AZOPT *(Use brinzolamide)*	P	
bepotastine besilate	NP	
BEPREVE *(Use bepotastine besilate)*	P	
brinzolamide	NP	
bromfenac sodium (ophth)	NP	
BROMSITE *(Use bromfenac sodium (ophth))*	NP	
cromolyn sodium (ophth)	NP	
diclofenac sodium (ophth)	P	
dorzolamide hcl	P	
epinastine hcl (ophth)	NP	
flurbiprofen sodium	P	
ILEVRO	P	
ketorolac tromethamine (ophth)	P	
ketotifen fumarate (ophth) 0.035 %	NP	
ketotifen fumarate (ophth) 0.035 %	P	
LASTACAFT	NP	
MIEBO	NP	
NEVANAC	P	
olopatadine hcl 0.1 %	NP	
olopatadine hcl	P	
PATADAY *(Use olopatadine hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
PATADAY	NP	
PROLENSA *(Use bromfenac sodium (ophth))*	NP	
TRYPTYR SOLN OP 0.003 %	NP	AL(At least 18 yrs old)
ZADITOR 0.035 % *(Use ketotifen fumarate (ophth))*	P	
ZERVIATE	NP	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	NP	
DURYSTA IMPL	NP	
IDOSE TR IMPL	NP	
IYUZEH SOLN	NP	
latanoprost SOLN	P	
LUMIGAN SOLN 0.01 %	P	
tafluprost	NP	
TRAVATAN Z SOLN *(Use travoprost)*	P	
TRAVATAN Z SOLN *(Use travoprost)*	NF	
travoprost SOLN	NP	
VYZULTA	NP	
XALATAN SOLN *(Use latanoprost)*	NP	
ZIOPTAN *(Use tafluprost)*	NF	
ZIOPTAN *(Use tafluprost)*	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	QL(15 ML per fill retail; 15 per fill mail)
carbamide peroxide (otic) 6.5 %	P	QL(0.5 ML daily)
DEBROX 6.5 % *(Use carbamide peroxide (otic))*	NF	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL *(Use ciprofloxacin hcl (otic))*	NF	
ciprofloxacin hcl (otic)	NP	
ofloxacin (otic)	P	
Otic Combinations		
CIPRO HC 1 %-0.2 % *(Use ciprofloxacin-hydrocortisone)*	NF	
CIPRO HC 1 %-0.2 % *(Use ciprofloxacin-hydrocortisone)*	P	
ciprofloxacin-dexamethasone	P	
ciprofloxacin-fluocinolone acetonide	NP	
ciprofloxacin-hydrocortisone	NP	
neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ML per fill retail; 10 per fill mail)
neomycin-polymyxin-hc (otic) SUSP	P	QL(10 ML per fill retail; 10 per fill mail)
OTOVEL *(Use ciprofloxacin-fluocinolone acetonide)*	NF	
PRAMOTIC	P	
Otic Steroids		
DERMOTIC *(Use fluocinolone acetonide (otic))*	NF	QL(0.67 ML daily)
fluocinolone acetonide (otic)	P	QL(0.67 ML daily)
hydrocortisone w/acetic acid	P	QL(10 ML per fill retail; 10 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	P	
PASSIVE IMMUNIZING AND TREATMENT		

Drug Name	Drug Tier	Requirements/ Limits
AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
ALYGLO	NP	
ASCENIV	NP	
BIVIGAM SOLN	NP	
CUTAQUIG	NP	
CUVITRU SOLN	NP	
CYTOGAM SOLN	NP	
FLEBOGAMMA DIF SOLN 2.5 GM/50ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	NP	
GAMASTAN IM	NP	
GAMMAGARD	P	
GAMMAGARD S/D LESS IGA SOLR	NP	
GAMMAKED 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail)
GAMMAKED 1 GM/10ML, 10 GM/100ML, 20 GM/200ML	NP	
GAMMAPLEX SOLN	NP	
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	
GAMUNEX-C 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail)
HEPAGAM B SOLN IJ	NP	
HIZENTRA SOLN	P	
HIZENTRA SOSY	P	
HYPERHEP B SOLN IM	NP	
HYPERHEP B SOSY 110 UNIT/0.5ML	NP	
HYPERRAB SOLN	NP	
KEDRAB SOLN	NP	
NABI-HB SOLN IM	NP	
OCTAGAM SOLN	NP	
PANZYGA	NP	
PRIVIGEN SOLN	P	
VARIZIG SOLN	NP	
XEMBIFY	NP	
Monoclonal Antibodies		
SYNAGIS SOLN 50 MG/0.5ML	PA	PA
SYNAGIS SOLN 100 MG/ML	PA	QL(0.14 ML daily; 4 ML per fill retail; 4 per fill mail); PA
Passive Immunizing Agents - Combinations		
HYQVIA	NP	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	P	
amoxicillin CHEW 125 MG, 250 MG	P	
amoxicillin SUSR	P	
amoxicillin TABS 875 MG	P	
ampicillin CAPS 500 MG	P	
Natural Penicillins		
penicillin v potassium SOLR	P	
penicillin v potassium TABS	P	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	P	QL(20 EA per fill retail; 20 per fill mail)
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML	P	QL(400 ML per fill retail; 400 per fill mail)
amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML	P	QL(150 ML per fill retail; 150 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	P	QL(100 ML per fill retail; 100 per fill mail)
amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML	P	
amoxicillin & pot clavulanate TABS 125 MG-250 MG	P	QL(30 EA per fill retail; 30 per fill mail)
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG	P	QL(20 EA per fill retail; 20 per fill mail)
amoxicillin & pot clavulanate TB12	P	QL(1.34 EA daily)
AUGMENTIN ES-600 SUSR *(Use amoxicillin & pot clavulanate)*	NF	QL(400 ML per fill retail; 400 per fill mail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG *(Use amoxicillin & pot clavulanate)*	NF	QL(20 EA per fill retail; 20 per fill mail)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	P	
megestrol acetate (appetite)	NP	
norethindrone acetate TABS	P	
progesterone CAPS	P	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		
Agents for Chemical Dependency		
disulfiram 250 MG	P	
lofexidine hcl	NP	QL(16 EA daily)
LUCEMYRA *(Use lofexidine hcl)*	NP	QL(16 EA daily)
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	NP	QL(18 ML daily); AL(At least 7 yrs old)
XYREM SOLN	NP	QL(18 ML daily); AL(At least 7 yrs old)
XYWAV	NP	AL(At least 7 yrs old)
Antidementia Agents		
ADLARITY PTWK	NP	
ADUHELM 170 MG/1.7ML	PA	PA
ARICEPT TABS *(Use donepezil hydrochloride)*	NP	
donepezil hydrochloride TABS	P	
donepezil hydrochloride TBDP	P	
EXELON *(Use rivastigmine)*	NP	
galantamine hydrobromide CP24	NP	
galantamine hydrobromide SOLN	NP	
galantamine hydrobromide TABS	NP	
KISUNLA	PA	SP; PA
LEQEMBI	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
LEQEMBI IQLIK SC 360 MG/1.8ML	PA	PA
memantine hcl CP24	NP	
memantine hcl-donepezil hcl CP24	NP	
memantine hcl SOLN	NP	
memantine hcl TABS	P	
NAMENDA TITRATION PAK TABS *(Use memantine hcl)*	NF	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG *(Use memantine hcl)*	NF	
NAMENDA TABS *(Use memantine hcl)*	NF	
NAMZARIC C4PK	NP	
NAMZARIC CP24 *(Use memantine hcl-donepezil hcl)*	NP	
NAMZARIC CP24	NP	
rivastigmine	P	
rivastigmine tartrate CAPS	P	
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		
LYBALVI	NP	AL(At least 18 yrs old)
olanzapine-fluoxetine hcl	NP	AL(At least 18 yrs old)
perphenazine-amitriptyline	P	QL(4 EA daily)
SYMBYAX 25 MG-3 MG, 25 MG-6 MG *(Use olanzapine-fluoxetine hcl)*	NF	AL(At least 18 yrs old)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	PA	PA
SAVELLA TABS	PA	PA
TONMYA SUBL SL 2.8 MG	NP	QL(2 EA daily)
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	PA	AL(At least 18 yrs old); PA
AUSTEDO XR TB24	PA	AL(At least 18 yrs old); PA
AUSTEDO TABS	PA	AL(At least 18 yrs old); PA
INGREZZA CAPS	PA	AL(At least 18 yrs old); PA
INGREZZA CPPK	PA	AL(At least 18 yrs old); PA
INGREZZA CPSP	PA	AL(At least 18 yrs old); PA
tetrabenazine	P	
XENAZINE *(Use tetrabenazine)*	NP	
Multiple Sclerosis Agents		
AMPYRA *(Use dalfampridine)*	NP	QL(2 EA daily)
AUBAGIO *(Use teriflunomide)*	NP	
AVONEX PEN AJKT	PA	QL(6 EA per fill retail; 6 per fill mail); PA
AVONEX PREFILLED PSKT	PA	QL(6 EA per fill retail; 6 per fill mail); PA
BAFIERTAM	NP	
BETASERON KIT	PA	QL(14 EA per fill retail; 14 per fill mail); PA
BETASERON KIT	PA	QL(6 EA per fill retail; 6 per fill mail); PA
BRIUMVI	NP	
cladribine (multiple sclerosis) 10 MG	NP	
COPAXONE SOSY 20 MG/ML *(Use glatiramer acetate)*	PA	QL(1 ML daily); PA
COPAXONE SOSY 40 MG/ML *(Use glatiramer acetate)*	PA	QL(0.4 ML daily); PA
dalfampridine	PA	QL(2 EA daily); PA
dimethyl fumarate CDPK	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
dimethyl fumarate CPDR	PA	PA
fingolimod hcl	PA	PA
GILENYA *(Use fingolimod hcl)*	NP	
GILENYA	NP	
glatiramer acetate SOSY 20 MG/ML	NP	QL(1 ML daily)
glatiramer acetate SOSY	NP	
glatiramer acetate SOSY 40 MG/ML	NP	QL(0.4 ML daily)
KESIMPTA	NP	
LEMTRADA	NP	
MAVENCLAD (10 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	
MAVENCLAD (4 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	
MAVENCLAD (5 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	
MAVENCLAD (6 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	
MAVENCLAD (7 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	
MAVENCLAD (8 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	
MAVENCLAD (9 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	
MAYZENT STARTER PACK TBPK 0.25 MG	NP	
MAYZENT TABS	NP	
OCREVUS	NP	
OCREVUS ZUNOVO	NP	AL(At least 18 yrs old)
PLEGRIDY STARTER PACK SOAJ	NP	
PLEGRIDY STARTER PACK SOSY SC	NP	
PLEGRIDY SOAJ	NP	
PLEGRIDY SOSY IM	NP	
PONVORY STARTER PACK TBPK	NP	
PONVORY TABS	NP	
REBIF REBIDOSE TITRATION PACK SOAJ	NP	QL(25.2 ML per fill retail; 25.2 per fill mail)
REBIF REBIDOSE SOAJ	NP	QL(6 ML per fill retail; 6 per fill mail)
REBIF TITRATION PACK SOSY	NP	QL(25.2 ML per fill retail; 25.2 per fill mail)
REBIF SOSY	NP	QL(6 ML per fill retail; 6 per fill mail)
TASCENSO ODT	NP	
TECFIDERA CDPK *(Use dimethyl fumarate)*	NP	
TECFIDERA CPDR *(Use dimethyl fumarate)*	NP	
teriflunomide	PA	PA
TYRUKO CONC IV 300 MG/15ML	NP	
TYSABRI	PA	PA
VUMERITY	NP	
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	
ZEPOSIA STARTER KIT CPPK	NP	
ZEPOSIA CAPS	NP	
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
gabapentin (once-daily) TABS	NP	
GRALISE TABS *(Use gabapentin (once-daily))*	NP	

Drug Name	Drug Tier	Requirements/ Limits
LYRICA CR 165 MG, 330 MG *(Use pregabalin (once-daily))*	NF	
LYRICA CR *(Use pregabalin (once-daily))*	NP	
pregabalin (once-daily)	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	P	AL(At least 18 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	PA	QL(4 EA daily); SP; PA
ergoloid mesylates TABS	P	
MIPLYFFA	PA	QL(3 EA daily); AL(At least 2 yrs old); SP; PA
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
APO-VARENICLINE TABS	P	QL(2 EA daily)
bupropion hcl (smoking deterrent)	P	QL(2 EA daily)
CHANTIX CONTINUING MONTH PAK TABS *(Use varenicline tartrate)*	NF	QL(2 EA daily)
CHANTIX STARTING MONTH PAK TBPK *(Use varenicline tartrate)*	NF	
CHANTIX TABS *(Use varenicline tartrate)*	NF	QL(2 EA daily)
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	P	
nicotine polacrilex LOZG	P	
NICOTINE KIT	P	
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	
NICOTROL NS SOLN	P	
NICOTROL INHA	P	
varenicline tartrate TABS	P	QL(2 EA daily)
varenicline tartrate TBPK	P	
Transthyretin Amyloidosis Agents		
AMVUTTRA	PA	QL(0.5 ML per 90 day(s) retail); AL(At least 18 yrs old); PA
ONPATTRO	PA	AL(At least 18 yrs old); PA
WAINUA	PA	QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor)	P	AL(At least 18 yrs old)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ALYFTREK	PA	AL(At least 6 yrs old); PA
KALYDECO PACK	PA	QL(2 EA daily); PA
KALYDECO TABS	PA	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 5 yrs old); PA
ORKAMBI PACK 94 MG-75 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 2 yrs old); PA
ORKAMBI TABS	PA	QL(4 EA daily); AL(At least 6 yrs old); PA
PULMOZYME	P	SP; PA
SYMDEKO	PA	AL(At least 6 yrs old); PA
TRIKAFTA TBPK	PA	AL(At least 2 yrs old); PA
TRIKAFTA THPK	PA	AL(At least 2 yrs old); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(Use pirfenidone)*	NF	SP; PA
ESBRIET TABS *(Use pirfenidone)*	NF	SP; PA
pirfenidone CAPS	P	SP; PA
pirfenidone TABS	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
doxycycline (monohydrate) CAPS 50 MG, 100 MG	P	
doxycycline (monohydrate) TABS 50 MG, 100 MG	P	
doxycycline hyclate CAPS	P	
doxycycline hyclate TABS 100 MG	P	
minocycline hcl CAPS	P	
tetracycline hcl CAPS 500 MG	P	
VIBRAMYCIN CAPS *(Use doxycycline hyclate)*	NF	
THYROID AGENTS - Drugs to Regulate Thyroid		

Drug Name	Drug Tier	Requirements/ Limits
Hormones		
Antithyroid Agents		
methimazole TABS	P	
propylthiouracil	P	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
ARMOUR THYROID TABS	P	
CYTOMEL TABS *(Use liothyronine sodium)*	NF	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P	
levothyroxine sodium TABS	P	
liothyronine sodium TABS	P	
NIVA THYROID TABS	P	
NP THYROID TABS	P	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
SYNTHROID TABS *(Use levothyroxine sodium)*	NF	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	

Drug Name	Drug Tier	Requirements/ Limits
QUADRACEL SUSP	P	
QUADRACEL SUSY	P	
TDVAX SUSP	P	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	P	
VAXELIS SUSP	P	
VAXELIS SUSY	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP *(Use hyoscyamine sulfate)*	NF	
BENTYL SOLN IM *(Use dicyclomine hcl)*	NF	
dicyclomine hcl CAPS	P	
dicyclomine hcl SOLN PO	P	QL(40 ML daily)
dicyclomine hcl TABS	P	
glycopyrrolate TABS 1 MG, 2 MG	P	QL(4 EA daily)
hyoscyamine sulfate ELIX	P	
hyoscyamine sulfate SOLN PO 0.125 MG/ML	P	
hyoscyamine sulfate TB12 0.375 MG	P	QL(4 EA daily)
hyoscyamine sulfate TBDP 0.125 MG	P	
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	NP	
cimetidine TABS	NP	RX/OTC
famotidine SOLN 20 MG/2ML	P	
FAMOTIDINE SOLN	P	
famotidine SUSR	P	
famotidine TABS 10 MG, 20 MG	NP	RX/OTC
famotidine TABS	P	RX/OTC
nizatidine CAPS	NP	
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; 420 per fill mail); AL(Up to 6 yrs old)
CARAFATE TABS *(Use sucralfate)*	NF	QL(4 EA daily)
sucralfate SUSP	P	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)
sucralfate TABS	P	QL(4 EA daily)
Proton Pump Inhibitors		
ACIPHEX TBEC *(Use rabeprazole sodium)*	NF	
DEXILANT *(Use dexlansoprazole)*	NP	QL(1 EA daily)
dexlansoprazole	NP	QL(1 EA daily)
esomeprazole magnesium CPDR	NP	QL(1 EA daily); RX/OTC
esomeprazole magnesium PACK	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
esomeprazole magnesium TBEC	NP	QL(1 EA daily)
lansoprazole CPDR 15 MG	NP	RX/OTC
lansoprazole CPDR	NP	QL(1 EA daily)
lansoprazole TBDD	NP	QL(1 EA daily); RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR *(Use esomeprazole magnesium)*	NF	RX/OTC
NEXIUM 24HR CPDR *(Use esomeprazole magnesium)*	NF	RX/OTC
NEXIUM CPDR *(Use esomeprazole magnesium)*	NP	QL(1 EA daily); RX/OTC
NEXIUM PACK *(Use esomeprazole magnesium)*	NP	QL(1 EA daily)
omeprazole magnesium CPDR	P	
omeprazole magnesium CPDR	P	QL(1 EA daily)
omeprazole magnesium TBEC	P	
omeprazole CPDR 20 MG	P	QL(1 EA daily)
omeprazole CPDR	P	
omeprazole TBDD	P	
omeprazole TBEC	P	
pantoprazole sodium PACK	NP	
pantoprazole sodium SOLR	P	
PANTOPRAZOLE SODIUM SOLR 40 MG *(Use pantoprazole sodium)*	P	
pantoprazole sodium TBEC	P	
PREVACID 24HR CPDR *(Use lansoprazole)*	NP	QL(1 EA daily); RX/OTC
PREVACID 24HR CPDR *(Use lansoprazole)*	NF	RX/OTC
PREVACID SOLUTAB TBDD *(Use lansoprazole)*	NP	QL(1 EA daily); RX/OTC
PREVACID CPDR 30 MG *(Use lansoprazole)*	NP	QL(1 EA daily)
PRILOSEC OTC TBEC *(Use omeprazole magnesium)*	NF	
PRILOSEC PACK	NP	
PROTONIX PACK *(Use pantoprazole sodium)*	P	
PROTONIX SOLR *(Use pantoprazole sodium)*	NP	
PROTONIX TBEC *(Use pantoprazole sodium)*	NP	
rabeprazole sodium TBEC	NP	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC *(Use misoprostol)*	NF	
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	P	14 day(s) max supply per 365 day(s) retail
famotidine-calcium carbonate-magnesium hydroxide	NP	
KONVOMEP SUSR	NP	
PEPCID COMPLETE *(Use famotidine-calcium carbonate-magnesium hydroxide)*	NF	
VOQUEZNA DUAL PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA
VOQUEZNA DUAL PAK	PA	AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
VOQUEZNA TRIPLE PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA
VOQUEZNA TRIPLE PAK	PA	AL(At least 18 yrs old); PA
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	NP	
DETROL LA CP24 *(Use tolterodine tartrate)*	P	
DETROL LA CP24 *(Use tolterodine tartrate)*	NF	
DETROL TABS *(Use tolterodine tartrate)*	P	
DETROL TABS 1 MG *(Use tolterodine tartrate)*	NF	
fesoterodine fumarate	P	
oxybutynin chloride SOLN	P	
oxybutynin chloride TABS 5 MG	P	
oxybutynin chloride TABS 2.5 MG	NP	
oxybutynin chloride TB24	P	
OXYTROL FOR WOMEN PTTW	NP	RX/OTC
OXYTROL PTTW	NP	RX/OTC
solifenacin succinate TABS	P	
tolterodine tartrate CP24	P	
tolterodine tartrate TABS	P	
TOVIAZ *(Use fesoterodine fumarate)*	NP	
trospium chloride CP24	NP	
trospium chloride TABS	NP	
VESICARE LS SUSP	NP	
VESICARE TABS *(Use solifenacin succinate)*	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
mirabegron TB24	NP	
MYRBETRIQ SRER	NP	
MYRBETRIQ TB24 *(Use mirabegron)*	P	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	
BEXSERO 0.5 ML	P	
BIOTHRAX	P	AL(At least 18 yrs old - Up to 65 yrs old)
CAPVAXIVE	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI 0.5 ML	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PENBRAYA	P	
PENMENVY SUSR IM	P	AL(Up to 25 yrs old)
PNEUMOVAX 23 SOLN	P	
PNEUMOVAX 23 SOSY	P	
PREVNAR 13	P	
PREVNAR 20	P	
TRUMENBA 0.5 ML	P	
TYPHIM VI SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	
Viral Vaccines		
ABRYSVO	P	AL(At least 60 yrs old)
ACAM2000	P	
AFLURIA PRESERVATIVE FREE SUSY	P	
AFLURIA SUSP	P	
AREXVY	P	AL(At least 60 yrs old)
COMIRNATY SUSY	P	
DENGVAXIA	P	
ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail
ERVEBO	P	
FLUAD	P	
FLUARIX SUSY	P	
FLUBLOK SOSY	P	
FLUCELVAX SUSP	P	
FLUCELVAX SUSY	P	
FLULAVAL SUSY	P	
FLUMIST	P	
FLUZONE HIGH-DOSE SUSY	P	
FLUZONE SUSP	P	
FLUZONE SUSY	P	
GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
HAVRIX IM 720 EL U/0.5ML	P	
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	P	
IXCHIQ	P	
IXIARO	P	
JYNNEOS	P	
M-M-R II SOLR	P	
MNEXSPIKE SUSY 10 MCG/0.2ML	P	
MRESVIA	P	AL(At least 60 yrs old)
NOVAVAX COVID-19 VACCINE SUSY	P	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
PRIORIX SUSR	P	
PROQUAD SUSR	P	
RABAVERT	P	
RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
ROTARIX SUSP	P	
ROTATEQ SOLN	P	
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX SUSY	P	
STAMARIL SUSR	P	
TICOVAC	P	
TWINRIX SUSY	P	
VAQTA	P	

Drug Name	Drug Tier	Requirements/ Limits
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA *(Use clindamycin phosphate vaginal)*	P	
CLEOCIN SUPP	P	
clindamycin phosphate vaginal CREA	NP	
CLINDESSE	NP	
clotrimazole vaginal CREA 2 %	P	QL(21 GM per fill retail; 21 per fill mail)
clotrimazole vaginal CREA 1 %	P	QL(45 GM per fill retail; 45 per fill mail)
GYNAZOLE-1	P	
metronidazole vaginal	P	
MICONAZOLE 7 SUPP 100 MG	P	QL(7 EA per fill retail; 7 per fill mail)
miconazole nitrate vaginal CREA 2 %	P	QL(45 GM per fill retail; 45 per fill mail)
miconazole nitrate vaginal KIT	P	
miconazole nitrate vaginal SUPP 100 MG	P	QL(7 EA per fill retail; 7 per fill mail)
miconazole nitrate vaginal SUPP 200 MG	P	QL(3 EA per fill retail; 3 per fill mail)
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; 1 per fill mail)
MONISTAT 3 CREA	P	QL(1.5 GM daily)
MONISTAT 7 SIMPLY CURE CREA *(Use miconazole nitrate vaginal)*	NF	QL(45 GM per fill retail; 45 per fill mail)
NUVESSA	P	
terconazole vaginal CREA 0.8 %	P	QL(20 GM per fill retail; 20 per fill mail)
terconazole vaginal CREA 0.4 %	P	QL(45 GM per fill retail; 45 per fill mail)
terconazole vaginal SUPP	P	QL(3 EA per fill retail; 3 per fill mail)
tioconazole vaginal 6.5 %	P	QL(5 GM per fill retail; 5 per fill mail)
VANDAZOLE	NP	
XACIATO GEL	NP	
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	P	QL(60 GM per fill retail; 60 per fill mail)
MONISTAT CARE INSTANT ITCH RLF 1 %	P	QL(60 GM per fill retail; 60 per fill mail)
Vaginal Contraceptive - pH Modulators		
PHEXX	P	
PHEXXI	P	
Vaginal Estrogens		
ESTRACE CREA *(Use estradiol vaginal)*	NF	QL(1.5 GM daily)
estradiol vaginal CREA	P	QL(1.5 GM daily)
estradiol vaginal TABS	P	
PREMARIN	P	QL(1.5 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
VAGIFEM TABS *(Use estradiol vaginal)*	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	NP	
epinephrine (anaphylaxis) SOAJ	P	
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	P	
EPIPEN JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	P	
NEFFY SOLN NA	NP	
Vasopressors		
midodrine hcl	P	
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD PO *(Use cholecalciferol)*	NF	
cholecalciferol CAPS	P	
cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	P	QL(0.267 EA daily)
cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG	P	QL(2 EA daily)
cholecalciferol CHEW 400 UNIT	P	
cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	P	
cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG	P	
DRISDOL CAPS *(Use ergocalciferol)*	NF	
D-VI-SOL LIQD PO *(Use cholecalciferol)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
ergocalciferol CAPS	P	
ergocalciferol SOLN PO 200 MCG/ML	P	
phytonadione TABS 5 MG	P	
vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT	P	
vitamin a TABS 10000 UNIT	P	
VITAMIN D3 LIQD PO 125 MCG/ML	P	
VITAMIN E/D-ALPHA CAPS 200 UNIT	P	QL(2 EA daily)
vitamin e CAPS	P	QL(2 EA daily)
VITAMIN E CAPS	P	QL(2 EA daily)
vitamin e SOLN	P	
VITAMIN E SOLN 15 MG/0.67ML	P	
Water Soluble Vitamins		
ascorbic acid CHEW 500 MG	P	
ASCORBIC ACID POWD PO	P	
ascorbic acid TABS	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
biotin CAPS 5 MG, 5000 MCG	P	
CYTO C POWD PO	P	
NIACIN ER TBCR	P	
niacin TABS 50 MG, 100 MG, 500 MG	P	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	P	
riboflavin TABS 50 MG, 100 MG	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
SLO-NIACIN TBCR *(Use niacin)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
thiamine hcl TABS	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
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