

Comprehensive Drug List

The Absolute Total Care Comprehensive Drug List (CDL) lists drugs covered by your prescription benefit. The CDL is updated often and may change. For more information, you may view the latest CDL on our website at absolutetotalcare.com or call us at 1-866-433-6041 (TTY: 711).

Comprehensive Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find.
2. In the Find box type the name of the medicine you want to locate.
3. Click the Next button until you find the medicine(s) you are looking for.

Notice of Non-Discrimination

Absolute Total Care (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATC provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Manager of Member Services, by mail at: 100 Center Point Circle, Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: ATCMBRSVC@centene.com.

If you believe that ATC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 300-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. Language assistance services are available. Please visit our Language Assistance page for more information.

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:
1-866-433-6041 (رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयद आप हद्दी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह । 1-866-433-6041 (TTY: 711) पर कॉल कर ।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမူကတီး ကညီ ကျိာ်အယိ, နမူနို ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘျၢ်လၢာ်စ့ၤ နိတၢ်မၤဘျၢ်သ့န့ၢ်လီၤ. ကိး
866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በገጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክሳው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው: 711)።

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။

Pharmacy Program

It's important to Absolute Total Care that our members receive medications that are appropriate and high quality. We work hard to make sure you have access to safe and effective medications that are proven to help you get healthy and stay healthy.

The pharmacy program does not cover all medicines. Some medicines require prior authorization (PA). Some have limits on age, dosage and maximum quantities.

Comprehensive Drug List (CDL)

The Absolute Total Care CDL is the list of covered drugs. The CDL applies to drugs you can receive at retail pharmacies. The Absolute Total Care CDL is reviewed often by Absolute Total Care to make sure the use of medicines is appropriate.

Pharmacy Benefit Manager

Absolute Total Care works with Pharmacy Services to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care CDL may require PA. Pharmacy Services is responsible for the PA process. Express Scripts is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

The preferred specialty pharmacy provider of Absolute Total Care is AcariaHealth Specialty Pharmacy. All specialty drugs must have PA to be approved for payment by Absolute Total Care. The Absolute Total Care Medical Director and Absolute Total Care Pharmacy Director are in charge of the clinical review of these PA requests.

AcariaHealth Specialty Pharmacy provides the following services:

- Delivers drugs to your home or provider's office
- Provides staff pharmacists. The pharmacists can help you 24 hours a day, seven days a week to answer your questions and offer help with your drugs
- Gives you information, materials and ongoing support to help you take the drugs to manage your health condition
- Hepatitis C agents

Dispensing Limits

Drugs may be filled up to a maximum of 31 days' supply for each new prescription or refill. A total of 80% of the days' supply or 25 days must have passed before the prescription can be refilled for non-controlled-substance CDL drugs. A total of 90% of the days' supply must have passed before the prescription can be refilled for controlled substances and narcotic CDL drugs.

Appropriate Use and Safety Edits

The health and safety of our members is important to Absolute Total Care. One way we make sure our members are safe is through point-of-sale (POS) edits. This happens at the time a prescription is

processed at the pharmacy. These edits are based on U.S. Food and Drug Administration (FDA) recommendations. They promote safe and effective medicine use.

Prior Authorizations (PAs)

Some medicines listed on the Absolute Total Care CDL may need PA. The information for PAs should be sent to Pharmacy Services. The information should be sent by your provider or pharmacist. They can fill this information out on the **Medication Prior Authorization Form**. This form should be **faxed to Pharmacy Services at 1-833-982-4001**. This document can be found on the Absolute Total Care website, absolutetotalcare.com. All completed authorizations are reviewed within 24 hours from the time of receipt.

Absolute Total Care will cover the medicine if it is determined that:

1. There is a medical reason the member needs the specific medicine.
2. Depending on the medicine, other medicines on the CDL have not worked.

PA requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and their provider will be notified. Alternative options and appeal process information will also be provided.

Step Therapy

Sometimes Absolute Total Care requires you to do step therapy. This means you will have to try medicines in the CDL in a certain order before we cover another medicine.

If Absolute Total Care has record that the first medicine was tried and did not work, the next medicine is automatically covered. If Absolute Total Care does not have a record that the required medicine was tried, the provider may have to send more information about the request.

If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

Quantity Limits

Sometimes, Absolute Total Care limits how much of a certain medicine a member can get at once. If your provider thinks that you have a reason to get more than the limit, they can submit a PA. If Absolute Total Care does not approve the PA, we will notify the member and their provider. They will also send information about the appeal process.

Age Limits

Sometimes, medicines on the Absolute Total Care CDL have age limits. This is because of drug maker, FDA or clinical guidelines. It is to keep you healthy and safe. Age limits meet FDA alerts for the appropriate use of pharmaceuticals. They also align with South Carolina Healthy Connections Medicaid Guidelines.

Medical Necessity Requests

Sometimes, a member needs a medicine that is not listed in the CDL. When this happens, the member's provider can make a medical necessity (MN) request for the medicine. A MN request does not happen often. This is because the list of medicines on the CDL treat most medical conditions.

For a MN request, Absolute Total Care requires:

- Documented failure of at least two CDL drugs within the same therapeutic class for the same diagnosis. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented intolerance or contraindication to at least two CDL drugs within the same therapeutic class. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented clinical history or presentation where the patient is not a candidate for any of the CDL drugs for the indication.

These requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and provider will be notified. Alternative options and appeal process information will also be provided.

Emergency Supply Policy

State and federal law require that a pharmacy fill a 72-hour supply of CDL medicine to any member awaiting PA determination. This is so the member's therapy is not interrupted or delayed. All participating pharmacies are authorized to provide a 72-hour supply of medicine. They are reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication. They are reimbursed whether or not the PA request ends up being approved or denied. If the pharmacy has any questions, they may call the Pharmacy Help Desk at **1-833-750-4506**.

Exclusions

The following drug categories are not part of the Absolute Total Care CDL, unless noted as covered on the CDL. They are also not covered by the 72-hour emergency supply policy:

- Weight control products
- Pharmaceuticals used for cosmetic purposes or hair growth
- Investigational pharmaceuticals or products
- Immunizing agents
- Drug Efficacy Study Implementation (DESI) and Identical, Related, and Similar (IRS) drugs that are classified as ineffective
- Fertility products
- Erectile dysfunction products prescribed to treat impotence

- Nutritional supplements
- Injectables (except those listed in the CDL)
- Infusion supplies
- Gender transition pharmaceuticals or products

Newly-Approved Products

Absolute Total Care reviews new drugs before adding them to the CDL. While the new drugs are being reviewed, access to them will be considered through the PA review process. If Absolute Total Care does not approve PA, we will notify the member and their practitioner. We will also provide information about the appeal process.

Over-The-Counter (OTC) Medications

Absolute Total Care covers many OTC medicines. These medicines can be found in the Absolute Total Care CDL. These products are covered as long as you have a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

Generic Drugs

Generic drugs are made up of the same active ingredient as brand-name drugs. When generic drugs are available, the brand-name drug will not be covered without Absolute Total Care PA unless the Brand name drug is preferred by the SCDHHS Single PDL.

If you or your provider think a brand-name drug is medically necessary, the provider must request the drug using the PA process. Absolute Total Care will cover the brand-name drug according to our clinical guidelines if there is a medical reason the member needs the particular brand-name drug. If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

Drug Efficacy Study Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the FDA. This is because there is not much evidence that it is effective for all labeling indications. It is also because *justification* for their medical need has not been established. DESI products are not covered by Absolute Total Care.

Filling a Prescription

Members can have prescriptions filled at an Absolute Total Care network pharmacy. You can find a network pharmacy near you by contacting **Absolute Total Care Member Services at 1-866-433--6041 (TTY: 711)**. You can also visit Absolute Total Care's website at absolutetotalcare.com and click Find a Provider to locate a pharmacy. You can type in your address or zip code and see pharmacies that are close by. At the pharmacy, you will need to provide your prescription and your Absolute Total Care member ID card.

If members are traveling more than 30 miles from the South Carolina border, they can have a one-time fill of their medicine. All necessary prescriptions are required to be filled on the same day for a maximum 31-day supply.

Copayments

Effective July 1, 2024, Absolute Total Care charges \$0.00 for each prescription.

Drug Tiers

The following notations define the comprehensive drug list status in the Drug Tier column.

| Abbreviation | Description |
|--------------|----------------------------|
| P: | Preferred |
| NP: | Non-preferred |
| PA: | Preferred with Clinical PA |

Non-managed/Supplemental (clinical criteria may apply):

| Abbreviation | Description |
|--------------|----------------------------|
| C: | Non-Managed Covered |
| NC: | Non-Managed Not Covered |
| X: | Pharmacy Benefit Exclusion |

Abbreviations

The following notations and abbreviations may be found in the drug listing requirements/limits column.

| Abbreviation | Description | |
|--------------------|--------------------------------|--|
| AL: | Age Limit | Drug is limited to a specific age. |
| QL: | Quantity Limit | There is a limit on the amount of drug covered per prescription, or within a specific timeframe. |
| Max Day(s) Supply: | Day(s) Supply | There is a limit on the amount of the drug that is covered per time. |
| Max Fill: | Fill Limit | There is a limit on the number of times the drug can be filled. |
| Opioid Smart PA: | Unique Limits for Opioid Drugs | There may be limits on use such as a maximum seven-day supply for short-acting opioids or prior authorization required. Exceptions exist for specific diagnoses and/or history of use. |
| PA, Smart PA: | Prior Authorization | Prior authorization is required before prescription can be filled. |
| Pack Lmt: | Package Limit | There is a limit on the number of packages covered per prescription. |
| Rtl: | Retail | The limit or restriction applies to coverage at a retail pharmacy. |
| RX/OTC: | Prescription/Over-the-counter | The drug is available as both prescription and over-the-counter. |
| SP: | Specialty Drug | High-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia. |

| | | |
|-----|--------------|---|
| ST: | Step Therapy | Requires trial and failure of one or more preferred products prior to coverage. |
|-----|--------------|---|

Clinical Edit Descriptions

| Edit Name | Edit Description |
|-------------|---|
| Opioid | <p>Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve*</p> <p>Limits:</p> <ul style="list-style-type: none"> • Daily Dose Max = 90 MME** • Day Supply Max = 7 days • Must use short-acting opioids before long-acting opioids <p>*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p> |
| Test Strips | Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days. |

Contact Information

| | |
|---------------------------------|---|
| Absolute Total Care | Phone: 1-866-433-6041 Fax: 1-855-865-9469 Website: www.absolutetotalcare.com |
| AcariaHealth Specialty Pharmacy | Phone: 1-855-535-1815 Fax: 1-855-217-0926 Website: www.acariahealth.com |
| Pharmacy Services | PA Phone: 1-866-399-0928 PA Fax: 1-833-982-4001 Help Desk: 1-800-460-8988 |
| Pharmacy Help Desk | Phone: 1-833-750-4506 |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders | | | | | |
| Amphetamines | | | | | |
| ADDERALL XR CP24 (amphetamine-dextroamphetamine) | NP | QL(1 EA daily); AL(At least 6 yrs old) | dextroamphetamine sulfate CP24 5 MG | P | QL(1 EA daily); AL(At least 6 yrs old) |
| ADDERALL TABS (amphetamine-dextroamphetamine) | P | QL(2 EA daily); AL(At least 3 yrs old) | dextroamphetamine sulfate SOLN | NP | |
| ADZENYS XR-ODT TBED | NP | | dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG | NP | |
| amphetamine sulfate TABS | NP | | dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG | P | |
| amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | NC | QL(1 EA daily); AL(At least 6 yrs old) | dextroamphetamine sulfate TABS 5 MG, 10 MG | P | QL(2 EA daily); AL(At least 3 yrs old) |
| amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG | NP | | dextroamphetamine sulfate TABS 5 MG, 10 MG | NP | QL(2 EA daily); AL(At least 3 yrs old) |
| amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | P | QL(1 EA daily); AL(At least 6 yrs old) | dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG | NC | |
| amphetamine-dextroamphetamine TABS | P | QL(2 EA daily); AL(At least 3 yrs old) | dextroamphetamine sulfate TABS 5 MG, 10 MG | NC | QL(2 EA daily); AL(At least 3 yrs old) |
| amphetamine-dextroamphetamine TABS | NC | QL(2 EA daily); AL(At least 3 yrs old) | DYANAVEL XR SUER | P | |
| DESOXYN (methamphetamine hcl) | NC | | DYANAVEL XR TBCR | NP | |
| DEXEDRINE CP24 10 MG (dextroamphetamine sulfate) | NP | QL(2 EA daily); AL(At least 6 yrs old) | EVEKEO ODT TBDP | NP | |
| DEXEDRINE CP24 15 MG (dextroamphetamine sulfate) | NC | QL(2 EA daily); AL(At least 6 yrs old) | EVEKEO TABS (amphetamine sulfate) | NC | |
| dextroamphetamine sulfate CP24 10 MG, 15 MG | P | QL(2 EA daily); AL(At least 6 yrs old) | EVEKEO TABS (amphetamine sulfate) | NP | |
| | | | lisdexamphetamine dimesylate CAPS | NC | |
| | | | lisdexamphetamine dimesylate CAPS | NP | Brand Preferred; QL(1 EA daily) |
| | | | lisdexamphetamine dimesylate CHEW | NC | |
| | | | lisdexamphetamine dimesylate CHEW | NP | Brand Preferred |
| | | | methamphetamine hcl | NC | |
| | | | methamphetamine hcl | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| MYDAYIS CP24 (amphetamine-dextroamphetamine) | NP | | WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML | PA | QL(3 ML per 28 day(s) retail; 2 ML per 28 days mail); PA |
| VYVANSE CAPS | P | Brand Preferred; QL(1 EA daily) | ZEPBOUND SOAJ | NC | |
| VYVANSE CHEW | P | Brand Preferred | ZEPBOUND SOLN | NC | |
| XELSTRYM | NP | | Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | |
| Analeptics | | | <i>atomoxetine hcl</i> | P | AL(At least 6 yrs old) |
| CAFCIT SOLN IV 60 MG/3ML (caffeine citrate) | NC | | <i>clonidine hcl (adhd) TB12</i> | P | |
| <i>caffeine & sodium benzoate</i> | NC | | <i>clonidine hcl (adhd) TB12</i> | NC | |
| CAFFEINE ANHYDROUS POWD | NC | RX/OTC | <i>guanfacine hcl (adhd)</i> | P | QL(1 EA daily); AL(At least 6 yrs old) |
| CAFFEINE CITRATED POWD | NC | | INTUNIV (<i>guanfacine hcl (adhd)</i>) | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>caffeine citrate SOLN IV 60 MG/3ML</i> | NC | | KAPVAY TB12 (<i>clonidine hcl (adhd)</i>) | NC | |
| <i>caffeine citrate SOLN PO</i> | C | Limit 2 fills per Lifetime; QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail | ONYDA XR SUER | NP | |
| CAFFEINE POWD | NC | RX/OTC | QELBREE | NP | |
| DOPRAM | NC | | STRATTERA (<i>atomoxetine hcl</i>) | NP | AL(At least 6 yrs old) |
| Anorexiant Non-Amphetamine | | | Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs) | | |
| <i>benzphetamine hcl</i> | NC | | SUNOSI | NC | |
| <i>diethylpropion hcl TABS</i> | NC | | Histamine H3-Receptor Antagonist/Inverse Agonists | | |
| <i>diethylpropion hcl TB24</i> | NC | | WAKIX | NC | SP |
| Anti-Obesity Agents | | | Stimulants - Misc. | | |
| IMCIVREE | NC | SP | APTENSIO XR CP24 (<i>methylphenidate hcl</i>) | NP | |
| <i>orlistat</i> | NC | | <i>armodafinil</i> | NP | |
| SAXENDA | NP | | AZSTARYS | NP | |
| WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML | PA | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA | CONCERTA TBCR 36 MG (<i>methylphenidate hcl</i>) | NP | QL(2 EA daily); AL(At least 6 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---|
| CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl) | NP | QL(1 EA daily); AL(At least 6 yrs old) | methylphenidate hcl SOLN | P | |
| DAYTRANA PTCH (methylphenidate) | P | Brand Preferred | methylphenidate hcl TABS 10 MG, 20 MG | NC | QL(3 EA daily); AL(At least 3 yrs old) |
| dexmethylphenidate hcl CP24 | NC | | methylphenidate hcl TABS 5 MG | NC | QL(6 EA daily); AL(At least 3 yrs old) |
| dexmethylphenidate hcl CP24 | P | | methylphenidate hcl TABS 5 MG | P | QL(6 EA daily); AL(At least 3 yrs old) |
| dexmethylphenidate hcl TABS | NC | QL(2 EA daily); AL(At least 6 yrs old) | methylphenidate hcl TABS 10 MG, 20 MG | P | QL(3 EA daily); AL(At least 3 yrs old) |
| dexmethylphenidate hcl TABS | P | QL(2 EA daily); AL(At least 6 yrs old) | methylphenidate hcl TB24 18 MG, 27 MG, 54 MG | P | QL(1 EA daily) |
| FOCALIN XR CP24 10 MG, 25 MG (dexmethylphenidate hcl) | NC | | methylphenidate hcl TB24 36 MG | P | QL(2 EA daily) |
| FOCALIN XR CP24 (dexmethylphenidate hcl) | NP | | methylphenidate hcl TBCR 72 MG | NC | |
| FOCALIN TABS (dexmethylphenidate hcl) | NP | QL(2 EA daily); AL(At least 6 yrs old) | methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG | NC | QL(1 EA daily); AL(At least 6 yrs old) |
| JORNAY PM CP24 | NP | | methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG | P | QL(2 EA daily); AL(At least 6 yrs old) |
| METADATE CD CPCR (methylphenidate hcl) | NC | QL(1 EA daily); AL(At least 6 yrs old) | methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG | P | QL(1 EA daily); AL(At least 6 yrs old) |
| METHYLIN SOLN (methylphenidate hcl) | NP | | methylphenidate hcl TBCR 36 MG | NC | QL(2 EA daily); AL(At least 6 yrs old) |
| methylphenidate hcl CHEW | NC | | methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG | NP | |
| methylphenidate hcl CHEW | NP | | methylphenidate PTCH | NP | Brand Preferred |
| methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG | P | | modafinil | NC | |
| methylphenidate hcl CP24 | NP | | modafinil | NP | |
| methylphenidate hcl CPCR | P | QL(1 EA daily); AL(At least 6 yrs old) | NUVIGIL (armodafinil) | NP | |
| methylphenidate hcl CPCR 40 MG, 50 MG, 60 MG | NC | QL(1 EA daily); AL(At least 6 yrs old) | PROVIGIL (modafinil) | NP | |
| methylphenidate hcl SOLN | NC | | QUILLICHEW ER CHER | P | |
| | | | QUILLIVANT XR SRER | P | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|-------------------------------------|-----------|---|
| RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>) | NP | | PALFORZIA (300 MG TITRATION) PACK | NC | SP |
| RELEXXII TBCR 72 MG | NC | | PALFORZIA (40 MG DAILY DOSE) CSPK | NC | SP |
| RELEXXII TBCR 18 MG, 27 MG, 54 MG | NP | QL(1 EA daily); AL(At least 6 yrs old) | PALFORZIA (6 MG DAILY DOSE) CSPK | NC | SP |
| RELEXXII TBCR 36 MG | NP | QL(2 EA daily); AL(At least 6 yrs old) | PALFORZIA (80 MG DAILY DOSE) CSPK | NC | SP |
| RITALIN LA CP24 (<i>methylphenidate hcl</i>) | NP | | PALFORZIA INITIAL DOSE 1-3YRS CSPK | NC | |
| RITALIN TABS 10 MG, 20 MG (<i>methylphenidate hcl</i>) | NP | QL(3 EA daily); AL(At least 3 yrs old) | PALFORZIA INITIAL DOSE 4-17YRS CSPK | NC | SP |
| RITALIN TABS 5 MG (<i>methylphenidate hcl</i>) | NP | QL(6 EA daily); AL(At least 3 yrs old) | PALFORZIA INITIAL ESCALATION CSPK | NC | SP |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | | RAGWITEK SUBL | C | QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old) |
| Allergenic Extracts | | | VENOMIL HONEY BEE VENOM KIT 12 MCG | NC | |
| GRASTEK SUBL | C | QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old) | ALTERNATIVE MEDICINES | | |
| ODACTRA SUBL | NC | | Alternative Medicine - D's | | |
| ORALAIR SUBL | NC | | AZO D-MANNOSE CHEW | NC | |
| PALFORZIA (1 MG DAILY DOSE) CSPK | NC | | Alternative Medicine - T's | | |
| PALFORZIA (12 MG DAILY DOSE) CSPK | NC | SP | TART CHERRY ULTRA GUMMIES CHEW | NC | |
| PALFORZIA (120 MG DAILY DOSE) CSPK | NC | SP | TART CHERRY CAPS | NC | |
| PALFORZIA (160 MG DAILY DOSE) CSPK | NC | SP | Alternative Medicine Combinations | | |
| PALFORZIA (20 MG DAILY DOSE) CSPK | NC | SP | COCONUT OIL ORGANIC EXT VIRGIN | NC | |
| PALFORZIA (200 MG DAILY DOSE) CSPK | NC | SP | CVS CINNAMON COMPLEX CAPS | NC | |
| PALFORZIA (240 MG DAILY DOSE) CSPK | NC | SP | ELDERBERRY EXTRACT CHEW | NC | |
| PALFORZIA (3 MG DAILY DOSE) CSPK | NC | SP | ELDERBERRY/VITAMIN C/ZINC CAPS | NC | |
| PALFORZIA (300 MG MAINTENANCE) PACK | NC | SP | ESTROVEN COMPLETE ASHWAGANDHA | NC | |
| | | | MEGARED ADVANCED TOTAL BODY | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| MIDNITE SLEEP AID | NC | |
| OREGANO OIL IMMUNE SUPPORT | NC | |
| SLEEP GUMMIES CHEW | NC | |
| SLOWMAG MG CALM/SLEEP | NC | |
| SUPER GINSENG COMPLEX/ROYAL | NC | |
| AMEBICIDES | | |
| Amebicides | | |
| iodoquinol POWD | NC | |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| AMIKACIN SULFATE POWD | NC | |
| <i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i> | NC | |
| ARIKAYCE | NP | SP |
| BETHKIS NEBU (<i>tobramycin</i>) | NP | SP |
| <i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i> | NC | |
| <i>gentamicin sulfate IJ</i> | NC | |
| <i>neomycin sulfate TABS</i> | NC | |
| <i>neomycin sulfate TABS</i> | NP | |
| STREPTOMYCIN SULFATE POWD | NC | |
| <i>streptomycin sulfate SOLR</i> | NC | |
| TOBRAMYCIN SULFATE POWD | NC | |
| <i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML</i> | C | PA |
| <i>tobramycin sulfate SOLN IJ 2 GM/50ML</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>tobramycin sulfate SOLR</i> | C | PA |
| <i>tobramycin NEBU</i> | PA | SP; PA |
| <i>tobramycin NEBU</i> | NP | SP |
| ZEMDRI | NC | |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Antirheumatic - Enzyme Inhibitors | | |
| OLUMIANT | NP | SP |
| RINVOQ TB24 | NP | SP |
| XELJANZ XR TB24 | NP | SP |
| XELJANZ SOLN | NP | SP |
| XELJANZ TABS | NP | SP |
| 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 | NP | 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 |
| REDITREX SOSY | NC | SP |
| Anti-TNF-alpha - Monoclonal Antibodies | | |
| ABRILADA (1 PEN) AJKT | NP | SP |
| ABRILADA (2 PEN) AJKT | NP | SP |
| ABRILADA (2 SYRINGE) PSKT | NP | SP |
| ADALIMUMAB-AACF (2 PEN) AJKT | NP | SP |
| ADALIMUMAB-AACF (2 SYRINGE) PSKT | NC | SP |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|----------------------|-------------------------------------|-----------|--|
| ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT | NP | SP | CYLTEZO (2 PEN) AJKT | NP | SP |
| ADALIMUMAB-AACF(PS/UV STARTER) AJKT | NP | SP | CYLTEZO (2 SYRINGE) PSKT | NP | SP |
| ADALIMUMAB-AATY (1 PEN) AJKT | NP | SP | CYLTEZO-CD/UC/HS STARTER AJKT | NP | SP |
| ADALIMUMAB-AATY (2 PEN) AJKT | NP | SP | CYLTEZO-PSORIASIS/UV STARTER AJKT | NP | SP |
| ADALIMUMAB-AATY (2 SYRINGE) PSKT | NP | SP | HADLIMA PUSHTOUCH SOAJ | NP | SP |
| ADALIMUMAB-ADAZ SOAJ | NP | SP | HADLIMA SOSY | NP | SP |
| ADALIMUMAB-ADAZ SOSY | NP | SP | HULIO (2 PEN) AJKT | NP | SP |
| ADALIMUMAB-ADBM (2 PEN) AJKT | NP | SP | HULIO (2 SYRINGE) PSKT | NP | SP |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT | NP | SP | HUMIRA (2 PEN) AJKT 40 MG/0.8ML | P | QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT | NP | SP | HUMIRA (2 PEN) AJKT 40 MG/0.4ML | P | QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP |
| ADALIMUMAB-ADBM(PS/UV STARTER) AJKT | NP | SP | HUMIRA (2 PEN) AJKT 80 MG/0.8ML | P | QL(4 EA per 365 day(s) retail); AL(At least 2 yrs old); SP |
| ADALIMUMAB-FKJP (2 PEN) AJKT | NP | SP | HUMIRA (2 PEN) AJKT 80 MG/0.8ML | NC | QL(4 EA per 365 day(s) retail); AL(At least 2 yrs old); SP |
| ADALIMUMAB-FKJP (2 SYRINGE) PSKT | NP | SP | HUMIRA (2 PEN) AJKT 40 MG/0.4ML | NC | QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP |
| ADALIMUMAB-RYVK (2 PEN) AJKT | NP | SP | HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML | P | QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP |
| ADALIMUMAB-RYVK (2 SYRINGE) PSKT | NP | SP | | | |
| AMJEVITA-PED 15KG TO <30KG SOSY | NC | SP | | | |
| AMJEVITA-PED 15KG TO <30KG SOSY | NP | SP | | | |
| AMJEVITA SOAJ | NC | SP | | | |
| AMJEVITA SOAJ | NP | SP | | | |
| AMJEVITA SOSY | NC | SP | | | |
| AMJEVITA SOSY | NP | SP | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|--|-----------|--|
| HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML | P | QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP | HUMIRA- PSORIASIS/UEVIT STARTER AJKT | P | QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP |
| HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML | NC | QL(2 EA per 28 day(s) retail); AL(At least 2 yrs old); SP | HYRIMOZ-CROHNS/UC STARTER SOAJ | NC | SP |
| HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML | P | QL(2 EA per 28 day(s) retail); AL(At least 2 yrs old); SP | HYRIMOZ-CROHNS/UC STARTER SOAJ | NP | SP |
| HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML | NC | QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP | HYRIMOZ-PED<40KG CROHN STARTER SOSY | NP | SP |
| HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | P | QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP | HYRIMOZ-PED>/=40KG CROHN START SOSY | NP | SP |
| HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML | NC | QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP | HYRIMOZ-PLAQ PSOR/UEVIT START SOAJ | NP | SP |
| HUMIRA-PED<40KG CROHNS STARTER PSKT | NC | QL(2 EA per 365 day(s) retail); AL(At least 2 yrs old); SP | HYRIMOZ-PLAQUE PSORIASIS START SOAJ | NC | SP |
| HUMIRA-PED>/=40KG CROHNS START PSKT | NC | QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP | HYRIMOZ SOAJ | NP | SP |
| HUMIRA-PED>/=40KG UC STARTER AJKT | P | QL(4 EA per 365 day(s) retail); AL(At least 2 yrs old); SP | HYRIMOZ SOAJ | NC | SP |
| HUMIRA-PS/UV/ADOL HS STARTER AJKT | NC | QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP | HYRIMOZ SOSY 20 MG/0.2ML, 40 MG/0.4ML | NC | SP |
| | | | HYRIMOZ SOSY | NP | SP |
| | | | IDACIO-CROHNS/UC STARTER AJKT | NP | SP |
| | | | IDACIO-PSORIASIS STARTER AJKT | NP | SP |
| | | | SIMLANDI (1 PEN) AJKT | NP | SP |
| | | | SIMLANDI (1 SYRINGE) PSKT | NP | |
| | | | SIMLANDI (2 PEN) AJKT | NP | SP |
| | | | SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML | NP | |
| | | | SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML | NP | SP |
| | | | SIMPONI ARIA SOLN | NC | SP |
| | | | SIMPONI SOAJ | NP | SP |
| | | | SIMPONI SOSY | NP | SP |
| | | | YUFLYMA (1 PEN) AJKT | NP | SP |
| | | | YUFLYMA (2 PEN) AJKT | NP | SP |
| | | | YUFLYMA (2 SYRINGE) PSKT | NP | SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|-------------------------------------|-----------|---------------------|
| YUFLYMA-CD/UC/HS STARTER AJKT | NP | SP | DAYPRO TABS (oxaprozin) | NP | |
| YUSIMRY | NP | SP | diclofenac potassium CAPS | NC | |
| Gold Compounds | | | diclofenac potassium CAPS | NP | |
| AURANOFIN 3 MG | NC | | diclofenac potassium TABS | NC | |
| RIDAURA | NC | | diclofenac potassium TABS | NP | |
| Interleukin-1 Blockers | | | diclofenac sodium TB24 | P | |
| ARCALYST | NP | SP | diclofenac sodium TBEC 50 MG, 75 MG | NC | |
| Interleukin-1 Receptor Antagonist (IL-1Ra) | | | diclofenac sodium TBEC | P | |
| KINERET SOSY | NP | SP | diclofenac w/ misoprostol TBEC | NP | |
| Interleukin-6 Receptor Inhibitors | | | diclofenac w/ misoprostol TBEC | NC | |
| ACTEMRA ACTPEN SOAJ | NP | SP | DUEXIS (ibuprofen-famotidine) | NP | |
| ACTEMRA SOLN | C | SP; PA | EC-NAPROSYN TBEC (naproxen) | NC | QL(2 EA daily) |
| ACTEMRA SOSY | NP | SP | etodolac CAPS | NP | |
| KEVZARA SOAJ | NP | SP | etodolac TABS | NC | |
| KEVZARA SOSY | NP | SP | etodolac TABS | NP | |
| TYENNE SOLN | NC | SP | etodolac TB24 | NP | |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | | etodolac TB24 500 MG | NC | |
| ADVIL TABS (ibuprofen) | NC | | FELDENE CAPS (piroxicam) | NP | |
| ALEVE TABS (naproxen sodium) | NC | QL(2 EA daily) | fenoprofen calcium CAPS 400 MG | NC | |
| ANAPROX DS TABS (naproxen sodium) | NC | | fenoprofen calcium CAPS 400 MG | NP | |
| ARTHROTEC TBEC (diclofenac w/ misoprostol) | NP | | FENOPROFEN CALCIUM POWD | NC | |
| CALDOLOR SOLN | NC | | fenoprofen calcium TABS | NP | |
| CELEBREX (celecoxib) | NC | QL(2 EA daily); PA | FENOPRON CAPS | NP | |
| celecoxib | C | QL(2 EA daily); PA | FLURBIPROFEN POWD | NC | |
| CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen) | NC | RX/OTC | flurbiprofen TABS 100 MG | NC | |
| CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen) | NC | RX/OTC | flurbiprofen TABS 100 MG | NP | |
| COMBOGESIC SOLN | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---|
| <i>ibuprofen lysine</i> | NC | | KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML | NC | |
| <i>ibuprofen-acetaminophen TABS</i> | NC | | KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY | NP | |
| <i>ibuprofen CHEW</i> | C | | <i>ketorolac tromethamine TABS</i> | NC | QL(20 EA per 31 day(s) retail); AL(At least 17 yrs old) |
| <i>ibuprofen-famotidine</i> | NP | | <i>ketorolac tromethamine TABS</i> | P | QL(20 EA per 31 day(s) retail); AL(At least 17 yrs old) |
| IBUPROFEN POWD | NC | | LODINE TABS (<i>etodolac</i>) | NC | |
| <i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i> | P | RX/OTC | <i>meclofenamate sodium CAPS</i> | NP | |
| <i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i> | C | | MECLOFENAMATE SODIUM POWD | NC | |
| <i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i> | NC | RX/OTC | <i>mefenamic acid CAPS</i> | NC | |
| <i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i> | NC | | <i>mefenamic acid CAPS</i> | NP | |
| <i>ibuprofen TABS 200 MG</i> | C | | MEFENAMIC ACID POWD | NC | |
| <i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i> | P | | <i>meloxicam CAPS</i> | NP | |
| INDOCIN SUSP (<i>indomethacin</i>) | NC | | <i>meloxicam TABS</i> | NC | |
| <i>indomethacin sodium</i> | NC | | <i>meloxicam TABS</i> | P | |
| INDOMETHACIN SODIUM | NC | | MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>) | NC | |
| <i>indomethacin CAPS 25 MG, 50 MG</i> | P | | MOTRIN INFANTS DROPS SUSP (<i>ibuprofen</i>) | NC | |
| <i>indomethacin CAPS 25 MG, 50 MG</i> | NC | | <i>nabumetone</i> | P | |
| <i>indomethacin CPCR</i> | NP | | <i>nabumetone</i> | NC | |
| <i>indomethacin CPCR</i> | NC | | NALFON CAPS (<i>fenoprofen calcium</i>) | NP | |
| INDOMETHACIN POWD | NC | | NALFON TABS (<i>fenoprofen calcium</i>) | NP | |
| <i>indomethacin SUPP</i> | NC | | NAPRELAN TB24 (<i>naproxen sodium</i>) | NP | |
| <i>indomethacin SUPP</i> | NP | | NAPRELAN TB24 500 MG (<i>naproxen sodium</i>) | NC | |
| <i>indomethacin SUSP</i> | NP | | | | |
| INFANTS ADVIL SUSP (<i>ibuprofen</i>) | NC | | | | |
| <i>ketoprofen CAPS 25 MG</i> | NP | | | | |
| <i>ketoprofen CAPS 25 MG</i> | NC | | | | |
| <i>ketoprofen CP24</i> | NP | | | | |
| <i>ketorolac tromethamine SOLN IM 60 MG/2ML</i> | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| NAPROSYN SUSP <i>(naproxen)</i> | NP | |
| NAPROSYN TABS 500 MG <i>(naproxen)</i> | NC | |
| NAPROTIN | NC | |
| NAPROXEN SODIUM POWD | NC | |
| <i>naproxen sodium TABS 275 MG, 550 MG</i> | NP | |
| <i>naproxen sodium TABS 550 MG</i> | NC | |
| <i>naproxen sodium TABS 220 MG</i> | C | QL(2 EA daily) |
| <i>naproxen sodium TB24</i> | NP | |
| <i>naproxen sodium TB24 375 MG</i> | NC | |
| <i>naproxen-esomeprazole magnesium 375 MG-20 MG</i> | NC | |
| <i>naproxen-esomeprazole magnesium</i> | NP | |
| NAPROXEN POWD | NC | |
| <i>naproxen SUSP</i> | P | |
| <i>naproxen TABS</i> | P | |
| <i>naproxen TABS</i> | NC | |
| <i>naproxen TBEC</i> | NC | QL(2 EA daily) |
| <i>naproxen TBEC</i> | NP | QL(2 EA daily) |
| <i>naproxen TBEC</i> | P | QL(2 EA daily) |
| <i>oxaprozin TABS</i> | NC | |
| <i>oxaprozin TABS</i> | NP | |
| PHENYLBUTAZONE | NC | |
| <i>piroxicam CAPS</i> | P | |
| <i>piroxicam CAPS</i> | NC | |
| PIROXICAM POWD | NC | |
| RELAFEN DS | NP | |
| SPRIX SOLN NA | NC | |
| SULINDAC POWD | NC | |
| <i>sulindac TABS</i> | P | |
| <i>sulindac TABS 200 MG</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| TOLECTIN 600 TABS | NP | |
| <i>tolmetin sodium CAPS</i> | NP | |
| <i>tolmetin sodium TABS 600 MG</i> | NP | |
| TRESNI SUPP | NC | |
| VIMOVO <i>(naproxen-esomeprazole magnesium)</i> | NP | |
| ZIPSOR CAPS <i>(diclofenac potassium)</i> | NC | |
| ZYNRELEF | NC | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TABS | NP | SP |
| OTEZLA TBPK | NP | SP |
| Pyrimidine Synthesis Inhibitors | | |
| ARAVA <i>(leflunomide)</i> | NC | QL(1 EA daily) |
| <i>leflunomide</i> | C | QL(1 EA daily) |
| Selective Costimulation Modulators | | |
| ORENCIA CLICKJECT SOAJ | NP | SP |
| ORENCIA SOLR | NC | SP |
| ORENCIA SOSY | NP | SP |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL MINI SOCT | P | QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP |
| ENBREL SURECLICK SOAJ | P | QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP |
| ENBREL SOLN | P | QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP |
| ENBREL SOSY 25 MG/0.5ML | P | QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|--------------------------------|
| ENBREL SOSY 50 MG/ML | P | QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP | <i>acetaminophen SUPP 120 MG, 650 MG</i> | C | QL(12 EA per 31 day(s) retail) |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | | ACETAMINOPHEN SUPP | C | QL(12 EA per 31 day(s) retail) |
| Analgesic Combinations | | | <i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i> | C | |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i> | C | QL(4 EA daily) | <i>acetaminophen TABS 325 MG, 500 MG</i> | C | |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i> | NC | | <i>clonidine hcl (analgesia) EP</i> | NC | |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i> | C | QL(4 EA daily) | CLONIDINE HCL (BULK) XX | NC | |
| <i>butalbital-acetaminophen CAPS 50 MG-300 MG</i> | NC | | FEVERALL JUNIOR STRENGTH SUPP | C | QL(12 EA per 31 day(s) retail) |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i> | C | | TYLENOL CHILDRENS CHEWABLES CHEW (<i>acetaminophen</i>) | NC | |
| <i>butalbital-aspirin-caffeine CAPS</i> | C | QL(4 EA daily) | TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>acetaminophen</i>) | NC | |
| ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>) | NC | QL(4 EA daily) | TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>) | NC | |
| Analgesics - Sodium Channel Pain Signal Inhibitors | | | TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>) | NC | |
| JOURNAVX | NC | | TYLENOL FOR CHILDREN + ADULTS SUSP (<i>acetaminophen</i>) | NC | |
| Analgesics Other | | | TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>) | NC | |
| <i>acetaminophen CHEW</i> | C | | TYLENOL TABS (<i>acetaminophen</i>) | NC | |
| <i>acetaminophen LIQD 160 MG/5ML</i> | C | | Salicylates | | |
| <i>acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML</i> | NC | | ACETYL SALICYLIC ACID POWD | NC | RX/OTC |
| <i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i> | C | QL(240 ML per fill retail) | <i>aspirin buffered (cal carb-mag carb-mag oxide)</i> | C | |
| | | | <i>aspirin effervescent</i> | NC | |
| | | | <i>aspirin CHEW</i> | C | |
| | | | ASPIRIN POWD | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|------------------------------------|
| ASPIRIN SUPP 300 MG | C | QL(12 EA per 31 day(s) retail) | DILAUDID TABS 2 MG (hydromorphone hcl) | NP | Opioid Smart PA; QL(8 EA daily) |
| <i>aspirin TABS 325 MG</i> | C | | DILAUDID TABS 8 MG (hydromorphone hcl) | NP | Opioid Smart PA; QL(4 EA daily) |
| <i>aspirin TBEC 81 MG, 325 MG</i> | C | | DILAUDID TABS 4 MG (hydromorphone hcl) | NP | Opioid Smart PA |
| BAYER PLUS | NC | | DSUVIA SUBL | NP | Opioid Smart PA |
| BUFFERIN (<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>) | NC | | FENTANYL CITRATE (BULK) SOLN XX | NC | Opioid Smart PA |
| DIFLUNISAL POWD | NC | | FENTANYL CITRATE PF SOSY IJ | NC | Opioid Smart PA |
| <i>diflunisal TABS</i> | NC | | <i>fentanyl citrate LPOP 600 MCG</i> | NC | Opioid Smart PA |
| <i>diflunisal TABS</i> | NP | | <i>fentanyl citrate LPOP</i> | NP | Opioid Smart PA |
| DOLOBID TABS | NC | | FENTANYL CITRATE POWD | NC | Opioid Smart PA |
| ECOTRIN ARTHRTIS PAIN TBEC (<i>aspirin</i>) | NC | | <i>fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML</i> | NC | Opioid Smart PA |
| ECOTRIN TBEC (<i>aspirin</i>) | NC | | <i>fentanyl citrate SOSY IJ</i> | NC | Opioid Smart PA |
| <i>salsalate</i> | C | | FENTANYL CITRATE SOSY IJ 100 MCG/2ML | NC | Opioid Smart PA |
| SODIUM SALICYLATE CRY | NC | | <i>fentanyl citrate TABS 100 MCG</i> | NC | Opioid Smart PA |
| SODIUM SALICYLATE POWD | NC | | <i>fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG</i> | NP | Opioid Smart PA |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | | <i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i> | NC | Opioid Smart PA |
| Opioid Agonists | | | <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | NC | Opioid Smart PA; QL(0.34 EA daily) |
| ACTIQ LPOP (<i>fentanyl citrate</i>) | NC | Opioid Smart PA | <i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i> | NP | |
| CODEINE PHOSPHATE POWD | NC | Opioid Smart PA | | | |
| <i>codeine sulfate TABS 30 MG</i> | P | Opioid Smart PA; AL(At least 12 yrs old) | | | |
| CODEINE SULFATE TABS | P | Opioid Smart PA; AL(At least 12 yrs old) | | | |
| CONZIP CP24 (<i>tramadol hcl</i>) | NP | Opioid Smart PA | | | |
| DEMEROL SOLN IJ | NC | Opioid Smart PA | | | |
| DILAUDID LIQD (<i>hydromorphone hcl</i>) | NP | Opioid Smart PA | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|---|-----------|--------------------------------------|
| <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | P | QL(0.34 EA daily) | <i>hydromorphone hcl TB24</i> | NP | Opioid Smart PA |
| FENTORA TABS (<i>fentanyl citrate</i>) | NP | Opioid Smart PA | HYSINGLA ER T24A | NP | Opioid Smart PA |
| <i>hydrocodone bitartrate CP12</i> | NP | Opioid Smart PA | <i>levorphanol tartrate TABS</i> | NP | Opioid Smart PA |
| <i>hydrocodone bitartrate T24A</i> | NP | Opioid Smart PA | <i>levorphanol tartrate TABS 3 MG</i> | NC | Opioid Smart PA |
| HYDROMORPHONE HCL (BULK) SOLN XX | NC | Opioid Smart PA | MEPERIDINE HCL POWD | NC | Opioid Smart PA |
| HYDROMORPHONE HCL PF SOLN IJ | NC | Opioid Smart PA | <i>meperidine hcl SOLN PO 50 MG/5ML</i> | P | Opioid Smart PA |
| <i>hydromorphone hcl LIQD</i> | P | Opioid Smart PA | <i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i> | NC | Opioid Smart PA |
| HYDROMORPHONE HCL POWD | NC | Opioid Smart PA | <i>meperidine hcl TABS 50 MG</i> | P | Opioid Smart PA; QL(6 EA daily) |
| <i>hydromorphone hcl SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i> | NC | Opioid Smart PA | <i>methadone hcl CONC</i> | NC | Opioid Smart PA |
| HYDROMORPHONE HCL SOLN IJ | NC | Opioid Smart PA | METHADONE HCL POWD | NC | Opioid Smart PA |
| HYDROMORPHONE HCL SUPP | P | Opioid Smart PA; QL(2 EA daily) | <i>methadone hcl SOLN IJ 10 MG/ML</i> | NC | Opioid Smart PA |
| <i>hydromorphone hcl TABS 2 MG</i> | P | Opioid Smart PA; QL(8 EA daily) | <i>methadone hcl TABS 10 MG</i> | C | Opioid Smart PA; QL(10 EA daily); PA |
| <i>hydromorphone hcl TABS 8 MG</i> | NC | Opioid Smart PA; QL(4 EA daily) | <i>methadone hcl TABS 5 MG</i> | C | Opioid Smart PA; QL(4 EA daily); PA |
| <i>hydromorphone hcl TABS 2 MG</i> | NC | Opioid Smart PA; QL(8 EA daily) | <i>methadone hcl TBSO</i> | NC | Opioid Smart PA |
| <i>hydromorphone hcl TABS 8 MG</i> | P | Opioid Smart PA; QL(4 EA daily) | MORPHINE SULFATE (BULK) SOLN XX | NC | Opioid Smart PA |
| <i>hydromorphone hcl TABS 4 MG</i> | P | Opioid Smart PA | MORPHINE SULFATE (PF) SOLN IV 1 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML, 10 MG/ML | NC | Opioid Smart PA |
| <i>hydromorphone hcl TABS 4 MG</i> | NC | Opioid Smart PA | <i>morphine sulfate beads</i> | NP | Opioid Smart PA |
| <i>hydromorphone hcl TB24</i> | NC | Opioid Smart PA | <i>morphine sulfate for continuous microinfusion</i> | NC | Opioid Smart PA |
| | | | <i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | NP | Opioid Smart PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------------|--|-----------|----------------------------------|
| MORPHINE SULFATE-NACL SOSY IJ 2 MG/2ML-0.9 % | NC | Opioid Smart PA | <i>oxycodone hcl CONC 100 MG/5ML</i> | NC | Opioid Smart PA; QL(4 ML daily) |
| MORPHINE SULFATE POWD | NC | Opioid Smart PA | <i>oxycodone hcl CONC 100 MG/5ML</i> | NC | |
| <i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i> | P | Opioid Smart PA | OXYCODONE HCL POWD | NC | Opioid Smart PA |
| <i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i> | P | Opioid Smart PA; QL(16.67 ML daily) | <i>oxycodone hcl SOLN</i> | NC | Opioid Smart PA |
| <i>morphine sulfate SOLN PO 20 MG/ML</i> | NC | Opioid Smart PA | <i>oxycodone hcl SOLN</i> | P | Opioid Smart PA |
| MORPHINE SULFATE SOLN IV 50 MG/ML | NC | Opioid Smart PA | <i>oxycodone hcl SOLN</i> | NC | |
| <i>morphine sulfate SUPP</i> | P | Opioid Smart PA; QL(0.78 EA daily) | <i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i> | NP | Brand Preferred; Opioid Smart PA |
| <i>morphine sulfate TABS</i> | P | Opioid Smart PA; QL(6 EA daily) | <i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i> | NC | Brand Preferred; Opioid Smart PA |
| <i>morphine sulfate TBCR</i> | NC | Opioid Smart PA; QL(3 EA daily) | <i>oxycodone hcl TABA 10 MG</i> | NC | Opioid Smart PA |
| <i>morphine sulfate TBCR</i> | P | Opioid Smart PA; QL(3 EA daily) | OXYCODONE HCL TABA 5 MG, 15 MG, 30 MG | NC | Opioid Smart PA |
| MS CONTIN TBCR (<i>morphine sulfate</i>) | NP | Opioid Smart PA; QL(3 EA daily) | <i>oxycodone hcl TABS</i> | P | Opioid Smart PA; QL(6 EA daily) |
| NUCYNTA ER TB12 | NC | Opioid Smart PA | <i>oxycodone hcl TABS 15 MG, 30 MG</i> | NC | Opioid Smart PA; QL(6 EA daily) |
| NUCYNTA TABS | NC | Opioid Smart PA | <i>oxycodone hcl TABS</i> | NC | QL(6 EA daily) |
| OLINVYK | NC | Opioid Smart PA | OXYCONTIN T12A | P | Brand Preferred; Opioid Smart PA |
| OXAYDO TABS 5 MG | NC | Opioid Smart PA; QL(6 EA daily) | <i>oxymorphone hcl TABS</i> | NC | Opioid Smart PA |
| <i>oxycodone hcl CAPS</i> | NC | QL(6 EA daily) | <i>oxymorphone hcl TABS</i> | NP | Opioid Smart PA |
| <i>oxycodone hcl CAPS</i> | P | Opioid Smart PA; QL(6 EA daily) | <i>oxymorphone hcl TB12</i> | NP | Opioid Smart PA |
| <i>oxycodone hcl CONC 100 MG/5ML</i> | P | Opioid Smart PA; QL(4 ML daily) | QDOLO SOLN (<i>tramadol hcl</i>) | NP | Opioid Smart PA |
| | | | <i>remifentanil hcl</i> | NC | Opioid Smart PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>) | NP | Opioid Smart PA; QL(6 EA daily) |
| ROXYBOND TABA | NP | Opioid Smart PA |
| ROXYBOND TABA | NP | Opioid Smart PA |
| SUFENTANIL CITRATE (BULK) SOLN XX | NC | Opioid Smart PA |
| <i>sufentanil citrate SOLN IV 50 MCG/ML</i> | NC | Opioid Smart PA |
| SUFENTANIL CITRATE SOLN IV 50 MCG/ML (<i>sufentanil citrate</i>) | NC | Opioid Smart PA |
| <i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i> | NP | Opioid Smart PA |
| <i>tramadol hcl SOLN</i> | NP | Opioid Smart PA |
| TRAMADOL HCL SOLN (<i>tramadol hcl</i>) | NP | Opioid Smart PA |
| <i>tramadol hcl TABS 50 MG</i> | P | QL(8 EA daily); AL(At least 18 yrs old) |
| <i>tramadol hcl TABS 50 MG</i> | P | Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old) |
| <i>tramadol hcl TABS 50 MG</i> | NC | Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old) |
| <i>tramadol hcl TABS 75 MG, 100 MG</i> | NP | |
| <i>tramadol hcl TABS 25 MG</i> | P | Opioid Smart PA |
| <i>tramadol hcl TB24</i> | NC | |
| <i>tramadol hcl TB24</i> | NP | Opioid Smart PA |
| <i>tramadol hcl TB24</i> | P | Opioid Smart PA |
| XTAMPZA ER | NC | Opioid Smart PA |
| Opioid Combinations | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>acetaminophen w/ codeine SOLN</i> | P | Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old) |
| <i>acetaminophen w/ codeine SOLN</i> | NC | Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old) |
| <i>acetaminophen w/ codeine SOLN</i> | P | QL(30 ML daily); AL(At least 12 yrs old) |
| <i>acetaminophen w/ codeine TABS 60 MG-300 MG</i> | NC | QL(6 EA daily); AL(At least 12 yrs old) |
| <i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i> | P | Opioid Smart PA; QL(6 EA daily); AL(At least 12 yrs old) |
| <i>acetaminophen w/ codeine TABS 60 MG-300 MG</i> | NC | Opioid Smart PA; QL(6 EA daily); AL(At least 12 yrs old) |
| <i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i> | NC | QL(6 EA daily) |
| <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i> | NP | Opioid Smart PA |
| <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i> | NC | Opioid Smart PA |
| <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i> | P | Opioid Smart PA |
| <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i> | P | Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|----------------------------------|
| <i>butalbital-aspirin-caffeine w/cod</i> | P | Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old) | <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i> | NC | Opioid Smart PA |
| <i>butalbital-aspirin-caffeine w/cod</i> | NC | QL(4 EA daily); AL(At least 12 yrs old) | <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | P | Opioid Smart PA; QL(10 EA daily) |
| <i>butalbital-aspirin-caffeine w/cod</i> | NP | Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old) | <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i> | P | Opioid Smart PA |
| FENTANYL CITRATE-ROPIVACAINE | NC | | <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | NC | Opioid Smart PA; QL(10 EA daily) |
| FENTANYL-BUPIVACAINE-NACL SOLN EP 1 MG/250ML-0.9 %-0.125 % | NC | | <i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i> | P | Opioid Smart PA |
| FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>) | NP | Opioid Smart PA | NALOCET TABS | NC | Opioid Smart PA |
| <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | P | Opioid Smart PA; QL(180 ML daily) | NALOCET TABS | NP | Opioid Smart PA |
| <i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i> | P | Opioid Smart PA | <i>oxycodone w/acetaminophen SOLN</i> | NP | Opioid Smart PA |
| <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | NC | Opioid Smart PA; QL(180 ML daily) | <i>oxycodone w/acetaminophen TABS 325 MG-2.5 MG</i> | P | Opioid Smart PA |
| <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | P | QL(10 EA daily) | <i>oxycodone w/acetaminophen TABS 325 MG-2.5 MG</i> | NC | Opioid Smart PA |
| | | | <i>oxycodone w/acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | NC | Opioid Smart PA; QL(6 EA daily) |
| | | | <i>oxycodone w/acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | P | Opioid Smart PA; QL(6 EA daily) |
| | | | OXYCODONE-ACETAMINOPHEN SOLN | NC | Opioid Smart PA |
| | | | OXYCODONE-ACETAMINOPHEN TABS | NC | Opioid Smart PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---|
| PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) | NP | Opioid Smart PA; QL(6 EA daily) | buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG | NC | Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old) |
| PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) | NP | Opioid Smart PA | buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG | NC | Opioid Smart PA; QL(12 EA daily); AL(At least 16 yrs old) |
| PROLATE SOLN | NP | Opioid Smart PA | buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG | P | Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old) |
| PROLATE TABS | NP | Opioid Smart PA | buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG | P | Opioid Smart PA; QL(12 EA daily); AL(At least 16 yrs old) |
| PROLATE TABS | NC | Opioid Smart PA | buprenorphine hcl SOLN | NC | Opioid Smart PA |
| SEGLENTIS | NP | Opioid Smart PA | buprenorphine hcl SUBL | NC | Opioid Smart PA |
| tramadol-acetaminophen | NC | Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old) | buprenorphine hcl SUBL | P | Opioid Smart PA |
| tramadol-acetaminophen | P | Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old) | buprenorphine PTWK | NP | Brand Preferred; Opioid Smart PA |
| Opioid Partial Agonists | | | butorphanol tartrate NA 10 MG/ML | NP | Opioid Smart PA |
| BELBUCA FILM | NP | Opioid Smart PA | butorphanol tartrate IJ 1 MG/ML, 2 MG/ML | NC | Opioid Smart PA |
| BUPRENEX SOLN (buprenorphine hcl) | NC | Opioid Smart PA | BUTRANS PTWK (buprenorphine) | P | Brand Preferred; Opioid Smart PA |
| buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG | NP | Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old) | nalbuphine hcl | NC | Opioid Smart PA |
| buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG | NP | Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old) | pentazocine w/ naloxone hcl | NP | Opioid Smart PA |
| | | | SUBLOCADE SOSY | P | Opioid Smart PA; SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|-------------------------------|
| SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate) | P | Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old) | TESTIM GEL TD (testosterone) | PA | Brand Preferred; PA |
| SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate) | P | Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old) | testosterone cypionate SOLN IM 100 MG/ML | C | QL(0.2858 ML daily) |
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | | testosterone cypionate SOLN IM 200 MG/ML | C | QL(4 ML per 31 day(s) retail) |
| Anabolic Steroids | | | testosterone enanthate SOLN IM | C | QL(0.1429 ML daily) |
| oxandrolone | NC | | testosterone GEL TD 1 %, 50 MG/5GM | NP | Brand Preferred |
| Androgens | | | testosterone GEL TD 1.62 % | NC | |
| ANDROGEL PUMP GEL TD (testosterone) | NC | | testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM | NP | |
| ANDROGEL PUMP GEL TD (testosterone) | NP | | testosterone GEL TD 1 % | NC | Brand Preferred PA |
| ANDROGEL GEL TD 25 MG/2.5GM (testosterone) | NC | | testosterone GEL TD 1.62 %, 1.62 % | PA | PA |
| ANDROGEL GEL TD 25 MG/2.5GM (testosterone) | NP | | testosterone SOLN | NP | |
| AZMIRO SOSY | NC | | TLANDO CAPS | NC | |
| danazol CAPS | NC | | UNDECATREX CAPS | NC | |
| DANAZOL POWD | NC | | VOGELXO PUMP GEL TD (testosterone) | NP | |
| FORTESTA GEL TD (testosterone) | NP | | VOGELXO GEL TD (testosterone) | NC | Brand Preferred |
| JATENZO CAPS | NC | | VOGELXO GEL TD (testosterone) | NP | Brand Preferred |
| KYZATREX CAPS 200 MG | NC | | XYOSTED SOAJ | NC | |
| methyltestosterone CAPS | NC | | ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| METHYLTESTOSTERONE POWD | NC | | Intrarectal Steroids | | |
| methyltestosterone TABS | C | | budesonide (intrarectal) | NP | |
| NATESTO GEL NA | NP | | CORTENEMA (hydrocortisone intrarectal)) | NC | |
| NATESTO GEL NA | NC | | CORTIFOAM EX 10 % | NC | |
| | | | hydrocortisone (intrarectal) | C | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| UCERIS (<i>budesonide (intrarectal)</i>) | NP | |
| Rectal Combinations | | |
| ANALPRAM HC SINGLES CREA EX (<i>hydrocortisone acetate w/ pramoxine</i>) | NC | |
| <i>hydrocortisone acetate w/ pramoxine CREA EX</i> | NC | |
| LIDOCAINE-HYDROCORTISONE ACE GEL | NC | |
| <i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i> | NC | |
| <i>lidocaine-hydrocortisone acetate (rectal) KIT</i> | NC | |
| PROCTOFOAM HC FOAM EX | NC | |
| Rectal Steroids | | |
| ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>) | NC | |
| <i>hydrocortisone (rectal) EX 2.5 %</i> | C | |
| <i>hydrocortisone (rectal) EX 1 %</i> | C | 1 package(s) per fill retail; RX/OTC |
| <i>hydrocortisone acetate (rectal)</i> | NC | |
| Vasodilating Agents | | |
| <i>nitroglycerin (intra-anal)</i> | NC | |
| ANTACIDS | | |
| Antacid Combinations | | |
| ALKA-SELTZER HEARTBURN RELIEF 1000 MG-1976 MG | NC | |
| <i>alum & mag hydrox-simethicone LIQD</i> | C | QL(24 ML daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i> | C | QL(24 ML daily) |
| CIDATRINE-TM TABS | NC | |
| DI-GEL CHEW | NC | |
| DI-GEL SUSP | NC | |
| PHAZYME GAS & ACID MAX ST CHEW | NC | |
| SENTRIVA-ES CHEW | NC | |
| SINTRA-ES TABS | NC | |
| Antacids - Aluminum Salts | | |
| ALUMINUM HYDROXIDE GEL SUSP | C | |
| Antacids - Bicarbonate | | |
| <i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i> | C | QL(3.34 EA daily) |
| Antacids - Calcium Salts | | |
| <i>calcium carbonate (antacid) CHEW 500 MG</i> | C | |
| TUMS LASTING EFFECTS CHEW (<i>calcium carbonate (antacid)</i>) | NC | |
| TUMS CHEW (<i>calcium carbonate (antacid)</i>) | NC | |
| Antacids - Magnesium Salts | | |
| MAGNESIUM CARBONATE GRAN | NC | |
| MAGNESIUM OXIDE POWD | NC | RX/OTC |
| <i>magnesium oxide TABS 400 MG</i> | C | |
| MAGNESIUM TRISILICATE | NC | |
| ANTHELMINTICS - Drugs to Treat Worm | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| Infections | | |
| Anthelmintics | | |
| <i>albendazole</i> | NC | |
| EMVERM CHEW | C | QL(1 EA per fill retail) |
| <i>ivermectin</i> | NC | |
| MEBENDAZOLE POWD | NC | |
| PIPERAZINE CITRATE | NC | |
| <i>praziquantel</i> | NC | |
| THIABENDAZOLE POWD | NC | |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| ASPRUZYO SPRINKLE PACK | NP | |
| <i>ranolazine TB12</i> | NC | |
| <i>ranolazine TB12</i> | P | |
| Nitrates | | |
| GONITRO PACK | NC | |
| ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>) | NC | |
| <i>isosorbide dinitrate TABS 40 MG</i> | NC | |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | C | |
| <i>isosorbide mononitrate TABS</i> | C | QL(2 EA daily) |
| ISOSORBIDE MONONITRATE TABS | C | QL(2 EA daily) |
| <i>isosorbide mononitrate TB24</i> | C | QL(1 EA daily) |
| NITRO-BID OINT | C | |
| NITRO-DUR PT24 | NC | |
| NITRO-DUR PT24 (<i>nitroglycerin</i>) | NC | |
| <i>nitroglycerin in d5w</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>nitroglycerin CPCR</i> | C | |
| <i>nitroglycerin PT24</i> | C | |
| <i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i> | NC | |
| NITROGLYCERIN SOLN IV | NC | |
| <i>nitroglycerin SUBL</i> | C | |
| NITROSTAT SUBL (<i>nitroglycerin</i>) | NC | |
| ANTIANGIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| <i>bupirone hcl 5 MG, 10 MG</i> | C | QL(6 EA daily) |
| <i>bupirone hcl 7.5 MG, 30 MG</i> | C | QL(3 EA daily) |
| <i>bupirone hcl 15 MG</i> | C | QL(4 EA daily) |
| DROPERIDOL POWD | NC | |
| <i>droperidol SOLN 2.5 MG/ML</i> | NC | |
| DROPERIDOL SOSY | NC | |
| <i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i> | NC | |
| <i>hydroxyzine hcl SYRP</i> | C | |
| <i>hydroxyzine hcl TABS</i> | C | |
| <i>hydroxyzine pamoate CAPS</i> | C | |
| HYDROXYZINE PAMOATE POWD | NC | |
| <i>meprobamate</i> | C | |
| VISTARIL CAPS (<i>hydroxyzine pamoate</i>) | NC | |
| Benzodiazepines | | |
| ALPRAZOLAM INTENSOL CONC | NC | |
| <i>alprazolam TABS</i> | C | QL(3 EA daily) |
| <i>alprazolam TB24</i> | NC | |
| <i>alprazolam TBDP</i> | NC | |
| ATIVAN TABS 1 MG (<i>lorazepam</i>) | NC | QL(4 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ATIVAN TABS 0.5 MG, 2 MG (<i>lorazepam</i>) | NC | QL(3 EA daily) |
| <i>chlordiazepoxide hcl CAPS</i> | C | QL(4 EA daily) |
| <i>clorazepate dipotassium TABS</i> | C | QL(3 EA daily) |
| <i>diazepam CONC</i> | NC | |
| <i>diazepam SOLN PO 5 MG/5ML</i> | C | |
| <i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i> | NC | |
| DIAZEPAM SOLN IJ 5 MG/ML | NC | |
| <i>diazepam TABS</i> | C | QL(4 EA daily) |
| <i>lorazepam CONC</i> | NC | |
| <i>lorazepam SOLN</i> | NC | |
| <i>lorazepam TABS 0.5 MG, 2 MG</i> | C | QL(3 EA daily) |
| <i>lorazepam TABS 1 MG</i> | C | QL(4 EA daily) |
| LOREEV XR CS24 | NC | |
| <i>oxazepam CAPS</i> | C | QL(4 EA daily) |
| VALIUM TABS (<i>diazepam</i>) | NC | QL(4 EA daily) |
| XANAX TABS (<i>alprazolam</i>) | NC | QL(3 EA daily) |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics - Misc. | | |
| <i>adenosine SOLN</i> | NC | |
| Antiarrhythmics Type I-A | | |
| <i>disopyramide phosphate CAPS</i> | C | |
| NORPACE CR CP12 150 MG | C | |
| NORPACE CR CP12 100 MG | NC | |
| NORPACE CAPS (<i>disopyramide phosphate</i>) | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| PROCAINAMIDE HCL POWD | NC | |
| <i>procainamide hcl SOLN</i> | NC | |
| <i>quinidine gluconate TBCR</i> | C | |
| <i>quinidine sulfate TABS</i> | C | |
| Antiarrhythmics Type I-B | | |
| LIDOCAINE HCL (CARDIAC) PF SOLN | NC | |
| <i>lidocaine hcl (cardiac) SOSY</i> | NC | |
| LIDOCAINE HCL (CARDIAC) SOSY 100 MG/5ML | NC | |
| <i>lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML</i> | NC | |
| <i>mexiletine hcl</i> | C | |
| Antiarrhythmics Type I-C | | |
| <i>flecainide acetate</i> | C | |
| <i>propafenone hcl CP12</i> | C | |
| <i>propafenone hcl TABS</i> | C | |
| RYTHMOL SR CP12 (<i>propafenone hcl</i>) | NC | |
| Antiarrhythmics Type III | | |
| <i>amiodarone hcl SOLN 150 MG/3ML, 450 MG/9ML, 900 MG/18ML</i> | NC | |
| <i>amiodarone hcl TABS 200 MG</i> | C | |
| <i>amiodarone hcl TABS 100 MG, 400 MG</i> | NC | |
| <i>dofetilide</i> | C | |
| <i>ibutilide fumarate</i> | NC | |
| MULTAQ | NC | |
| NEXTERONE | NC | |
| TIKOSYN (<i>dofetilide</i>) | NC | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Antiasthmatic - Monoclonal Antibodies | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|
| FASENRA PEN SOAJ | NC | SP |
| FASENRA SOSY | NC | SP |
| XOLAIR SOLR | C | SP; PA |
| XOLAIR SOSY | C | SP; PA |
| Anti-Inflammatory Agents | | |
| <i>cromolyn sodium NEBU</i> | C | QL(8 ML daily) |
| CROMOLYN SODIUM POWD | NC | |
| Bronchodilators - Anticholinergics | | |
| ATROVENT HFA | P | 1 package(s) per 31 day(s) retail |
| INCRUSE ELLIPTA | P | 1 package(s) per 31 day(s) retail |
| IPRATROPIUM BROMIDE POWD | NC | |
| <i>ipratropium bromide SOLN 0.02 %</i> | NC | QL(375 ML per 25 day(s) retail) |
| <i>ipratropium bromide SOLN 0.02 %</i> | NP | QL(375 ML per 25 day(s) retail) |
| SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>) | P | Brand Preferred |
| SPIRIVA RESPIMAT AERS | NP | |
| <i>tiotropium bromide monohydrate CAPS</i> | NP | Brand Preferred |
| TUDORZA PRESSAIR | NC | 1 package(s) per 31 day(s) retail |
| TUDORZA PRESSAIR | NP | 1 package(s) per 31 day(s) retail |
| YUPELRI | NP | |
| Leukotriene Modulators | | |
| ACCOLATE (<i>zafirlukast</i>) | NP | |
| ACCOLATE 20 MG (<i>zafirlukast</i>) | NC | |
| <i>montelukast sodium CHEW</i> | NC | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>montelukast sodium CHEW</i> | P | QL(1 EA daily) |
| <i>montelukast sodium PACK</i> | NC | QL(1 EA daily) |
| <i>montelukast sodium PACK</i> | P | QL(1 EA daily) |
| <i>montelukast sodium TABS</i> | NC | QL(1 EA daily) |
| <i>montelukast sodium TABS</i> | P | QL(1 EA daily) |
| SINGULAIR CHEW (<i>montelukast sodium</i>) | NP | QL(1 EA daily) |
| SINGULAIR PACK (<i>montelukast sodium</i>) | NP | QL(1 EA daily) |
| SINGULAIR TABS (<i>montelukast sodium</i>) | NP | QL(1 EA daily) |
| <i>zafirlukast</i> | P | |
| <i>zafirlukast 20 MG</i> | NC | |
| <i>zileuton TB12</i> | NC | |
| <i>zileuton TB12</i> | NP | |
| ZYFLO TABS | NP | |
| Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors | | |
| OHTUVAYRE | NP | SP |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| DALIRESP (<i>roflumilast</i>) | NP | QL(1 EA daily) |
| <i>roflumilast</i> | NP | QL(1 EA daily) |
| Steroid Inhalants | | |
| ALVESCO | P | |
| ARMONAIR DIGIHALER | NP | |
| ARNUITY ELLIPTA | P | QL(1 EA daily) |
| ASMANEX (120 METERED DOSES) AEPB | P | |
| ASMANEX (14 METERED DOSES) AEPB | P | |
| ASMANEX (30 METERED DOSES) AEPB | P | |
| ASMANEX (60 METERED DOSES) AEPB | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|--|
| ASMANEX HFA AERO | P | QL(0.44 GM daily) | ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>) | P | Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old) |
| <i>budesonide (inhalation) SUSP 1 MG/2ML</i> | P | QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old) | | | |
| <i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i> | P | QL(120 ML per fill retail); AL(Up to 8 yrs old) | ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>) | P | Brand Preferred |
| <i>budesonide (inhalation) SUSP 1 MG/2ML</i> | NC | QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old) | AIRDUO DIGIHALER | NP | |
| FLOVENT DISKUS AEPB (<i>fluticasone propionate (inhalation)</i>) | NC | | AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>) | NP | |
| FLOVENT DISKUS AEPB | NC | | AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>) | NP | |
| FLUNISOLIDE POWD | NC | | AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>) | NP | |
| <i>fluticasone propionate (inhalation) AEPB</i> | NP | | AIRSUPRA | NP | |
| <i>fluticasone propionate hfa 44 MCG/ACT</i> | P | QL(11 GM per 25 day(s) retail) | <i>albuterol sulfate AERS</i> | NC | Brand Preferred; QL(8.5 GM per fill retail) |
| <i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i> | P | QL(12 GM per 25 day(s) retail) | <i>albuterol sulfate AERS</i> | NC | Brand Preferred; QL(18 GM per fill retail; 36 GM per 30 day(s) retail) |
| PULMICORT FLEXHALER AEPB | NP | 1 package(s) per fill retail | <i>albuterol sulfate AERS</i> | NP | Brand Preferred; QL(8.5 GM per fill retail; 17 GM per 30 day(s) retail) |
| PULMICORT FLEXHALER AEPB | NC | 1 package(s) per fill retail | <i>albuterol sulfate AERS</i> | NP | Brand Preferred; QL(18 GM per fill retail; 36 GM per 30 day(s) retail) |
| PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>) | NP | QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old) | <i>albuterol sulfate AERS</i> | P | Brand Preferred; QL(6.7 GM per fill retail; 13.4 GM per 30 day(s) retail) |
| PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (<i>budesonide (inhalation)</i>) | NP | QL(120 ML per fill retail); AL(Up to 8 yrs old) | | | |
| QVAR REDHALER 40 MCG/ACT | P | QL(0.36 GM daily) | | | |
| QVAR REDHALER 80 MCG/ACT | P | QL(0.72 GM daily) | | | |
| Sympathomimetics | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---|
| <i>albuterol sulfate NEBU 0.63 MG/3ML</i> | NC | QL(375 ML per 31 day(s) retail) | DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT | P | QL(26.4 GM per 30 day(s) retail) |
| <i>albuterol sulfate NEBU</i> | P | | DULERA | P | QL(39 GM per 30 day(s) retail) |
| <i>albuterol sulfate NEBU 0.5 %</i> | NC | | EPHEDRINE HCL POWD | NC | |
| <i>albuterol sulfate NEBU 0.083 %</i> | P | QL(12.5 ML daily) | EPHEDRINE SULFATE POWD | NC | |
| <i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i> | P | QL(375 ML per 31 day(s) retail) | <i>fluticasone furoate-vilanterol</i> | NP | |
| ALBUTEROL SULFATE NEBU | NC | | <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | NP | Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old) |
| ALBUTEROL SULFATE POWD | NC | | <i>fluticasone-salmeterol AERO</i> | NP | Brand Preferred |
| <i>albuterol sulfate SYRP</i> | NC | | <i>formoterol fumarate NEBU</i> | NP | |
| <i>albuterol sulfate SYRP</i> | P | | <i>formoterol fumarate NEBU</i> | NC | |
| <i>albuterol sulfate TABS</i> | P | | <i>ipratropium-albuterol SOLN</i> | NP | QL(12 ML daily) |
| <i>albuterol sulfate TABS</i> | NC | | <i>isoproterenol hcl</i> | NC | |
| ANORO ELLIPTA | P | | <i>levalbuterol hcl</i> | NP | |
| <i>arformoterol tartrate</i> | P | | <i>levalbuterol hcl</i> | NC | |
| <i>arformoterol tartrate</i> | NC | | <i>levalbuterol tartrate</i> | NP | QL(0.5 GM daily; 30 GM per 30 day(s) retail) |
| BEVESPI AEROSPHERE | NP | | METAPROTERENOL SULFATE POWD | NC | |
| BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) | NP | | PERFOROMIST NEBU (<i>formoterol fumarate</i>) | NP | |
| BREO ELLIPTA | NP | | PROAIR DIGIHALER | NP | |
| BREZTRI AEROSPHERE | NP | | PROAIR RESPICLICK AEPB | P | |
| BROVANA (<i>arformoterol tartrate</i>) | NP | | PROVENTIL HFA AERS (<i>albuterol sulfate</i>) | NC | Brand Preferred; QL(6.7 GM per fill retail; 13.4 GM per 30 day(s) retail) |
| <i>budesonide-formoterol fumarate dihydrate</i> | NP | Brand Preferred; QL(30.6 GM per 30 day(s) retail) | | | |
| <i>budesonide-formoterol fumarate dihydrate</i> | NP | Brand Preferred; QL(30.9 GM per 30 day(s) retail) | | | |
| COMBIVENT RESPIMAT AERS | P | QL(4 GM per 31 day(s) retail) | | | |
| DUAKLIR PRESSAIR | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| SEREVENT DISKUS | P | 1 package(s) per fill retail |
| STIOLTO RESPIMAT | P | |
| STRIVERDI RESPIMAT | NP | |
| SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>) | P | Brand Preferred; QL(18 GM per 30 day(s) retail) |
| SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>) | P | Brand Preferred; QL(20.7 GM per 30 day(s) retail) |
| SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) | P | Brand Preferred; QL(30.6 GM per 30 day(s) retail) |
| TERBUTALINE SULFATE POWD | NC | |
| <i>terbutaline sulfate SOLN</i> | NC | |
| <i>terbutaline sulfate TABS</i> | NC | |
| <i>terbutaline sulfate TABS</i> | NP | |
| TRELEGY ELLIPTA | NP | |
| VENTOLIN HFA AERS (<i>albuterol sulfate</i>) | P | Brand Preferred; QL(18 GM per fill retail; 36 GM per 30 day(s) retail) |
| VENTOLIN HFA AERS (<i>albuterol sulfate</i>) | P | Brand Preferred; QL(8 GM per fill retail; 16 GM per 30 day(s) retail) |
| XOPENEX (<i>levalbuterol hcl</i>) | NC | |
| XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>) | NC | |
| XOPENEX HFA (<i>levalbuterol tartrate</i>) | NC | QL(0.5 GM daily; 30 GM per 30 day(s) retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| XOPENEX HFA (<i>levalbuterol tartrate</i>) | NP | QL(0.5 GM daily; 30 GM per 30 day(s) retail) |
| Xanthines | | |
| AMINOPHYLLINE ANHYDROUS POWD | NC | |
| <i>aminophylline SOLN</i> | NC | |
| THEO-24 CP24 | C | |
| <i>theophylline ELIX</i> | C | |
| THEOPHYLLINE-ETHYLENEDIAMINE POWD | NC | |
| <i>theophylline SOLN</i> | C | QL(475 ML per fill retail) |
| <i>theophylline TB12</i> | C | |
| <i>theophylline TB24</i> | C | |
| ANTICOAGULANTS - Blood Thinners | | |
| Anticoagulants - Misc. | | |
| SODIUM CITRATE LOCK FLUSH SOLN | NC | |
| Coumarin Anticoagulants | | |
| WARFARIN SODIUM POWD | NC | |
| <i>warfarin sodium TABS</i> | P | |
| <i>warfarin sodium TABS</i> | NC | |
| Direct Factor Xa Inhibitors | | |
| ELIQUIS DVT/PE STARTER PACK TBPK | P | QL(2.47 EA daily) |
| ELIQUIS TABS | P | QL(2 EA daily) |
| SAVAYSA | NP | |
| XARELTO STARTER PACK TBPK | P | |
| XARELTO SUSR | P | |
| XARELTO TABS | P | |
| Heparins And Heparinoid-Like Agents | | |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i> | P | QL(126 ML per 180 day(s) retail); SP |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------------------|---|-----------|--|
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i> | P | QL(12.6 ML per 180 day(s) retail); SP | <i>heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML</i> | NC | |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i> | P | QL(25.2 ML per 180 day(s) retail); SP | HEPARIN SODIUM (PORCINE) PF SOLN IJ | NC | |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i> | NC | QL(42 ML per 180 day(s) retail); SP | <i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | C | |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i> | P | QL(33.6 ML per 180 day(s) retail); SP | HEPARIN SODIUM (PORCINE) SOSY IJ | C | |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML</i> | NC | QL(16.8 ML per 180 day(s) retail); SP | LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>) | NP | QL(126 ML per 180 day(s) retail); SP |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i> | P | QL(42 ML per 180 day(s) retail); SP | LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>) | NP | Max 42 syringes in 180 days; QL(126 ML per 180 day(s) retail); SP |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i> | NC | QL(12.6 ML per 180 day(s) retail); SP | LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>) | NP | QL(42 ML per 180 day(s) retail); SP |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i> | NC | QL(33.6 ML per 180 day(s) retail); SP | LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>) | NP | QL(12.6 ML per 180 day(s) retail); SP |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML</i> | P | QL(16.8 ML per 180 day(s) retail); SP | LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>) | NP | Max 42 syringes in 180 days; QL(16.8 ML per 180 day(s) retail); SP |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i> | NC | QL(25.2 ML per 180 day(s) retail); SP | LOVENOX SOSY 80 MG/0.8ML (<i>enoxaparin sodium</i>) | NC | QL(33.6 ML per 180 day(s) retail); SP |
| FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML | NP | SP | LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>) | NP | QL(33.6 ML per 180 day(s) retail); SP |
| FRAGMIN SOSY | NP | SP | LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>) | NP | QL(25.2 ML per 180 day(s) retail); SP |
| HEPARIN (PORCINE) IN NAACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML | NC | | | | |
| <i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i> | NC | | | | |
| HEPARIN SOD (PORCINE) IN D5W | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>) | NP | Max 42 syringes in 180 days; QL(12.6 ML per 180 day(s) retail); SP | <i>bivalirudin trifluoroacetate SOLR</i> | NC | |
| LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>) | NP | QL(16.8 ML per 180 day(s) retail); SP | <i>dabigatran etexilate mesylate CAPS</i> | NP | Brand Preferred |
| LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>) | NP | Max 42 syringes in 180 days; QL(42 ML per 180 day(s) retail); SP | <i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i> | NC | Brand Preferred |
| LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>) | NP | Max 42 syringes in 180 days; QL(25.2 ML per 180 day(s) retail); SP | PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>) | P | Brand Preferred |
| LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>) | NP | Max 42 syringes in 180 days; QL(33.6 ML per 180 day(s) retail); SP | PRADAXA CAPS 75 MG (<i>dabigatran etexilate mesylate</i>) | NC | Brand Preferred |
| In Vitro/Lock Anticoagulants | | | PRADAXA PACK | NP | Brand Preferred; SP |
| ANTICOAGULANT SODIUM CITRATE SOLN | NC | | ANTICONVULSANTS - Drugs to Treat Seizures | | |
| DEFENCATH | NC | | AMPA Glutamate Receptor Antagonists | | |
| SODIUM CITRATE-GENTAMICIN SULF SOSY | NC | | FYCOMPA SUSP | PA | PA |
| Thrombin Inhibitors | | | FYCOMPA SUSP | NC | |
| <i>argatroban</i> | NC | | FYCOMPA TABS | PA | PA |
| ARGATROBAN | NC | | FYCOMPA TABS | NC | |
| ARGATROBAN IN SODIUM CHLORIDE | NC | | Anticonvulsants - Benzodiazepines | | |
| BIVALIRUDIN RTU SOLN (<i>bivalirudin trifluoroacetate</i>) | NC | | <i>clobazam SUSP</i> | NC | |
| <i>bivalirudin trifluoroacetate SOLN</i> | NC | | <i>clobazam SUSP</i> | PA | PA |
| | | | <i>clobazam TABS</i> | PA | PA |
| | | | <i>clobazam TABS</i> | NC | |
| | | | <i>clonazepam TABS</i> | C | QL(4 EA daily) |
| | | | <i>clonazepam TBDP</i> | NC | |
| | | | DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>) | NC | QL(1 EA per fill retail); AL(At least 2 yrs old) |
| | | | DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>) | NC | QL(1 EA per fill retail); AL(At least 2 yrs old) |
| | | | <i>diazepam (anticonvulsant) GEL</i> | P | QL(1 EA per fill retail); AL(At least 2 yrs old) |
| | | | KLONOPIN TABS (<i>clonazepam</i>) | NC | QL(4 EA daily) |
| | | | LIBERVANT FILM | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|--|-----------|---------------------|
| NAYZILAM | P | QL(10 EA per 30 day(s) retail) | DIACOMIT CAPS 500 MG | NP | QL(6 EA daily); SP |
| ONFI SUSP (<i>clobazam</i>) | NP | | DIACOMIT PACK 500 MG | NP | QL(6 EA daily); SP |
| ONFI TABS (<i>clobazam</i>) | NP | | DIACOMIT PACK 250 MG | NP | QL(12 EA daily); SP |
| SYMPAZAN FILM | NP | | ELEPSIA XR TB24 | NP | |
| VALTOCO 10 MG DOSE LIQD | P | QL(10 EA per 30 day(s) retail) | EPIDIOLEX | NP | SP |
| VALTOCO 15 MG DOSE LQPK | P | QL(10 EA per 30 day(s) retail) | EPRONTIA SOLN | NP | |
| VALTOCO 20 MG DOSE LQPK | P | QL(10 EA per 30 day(s) retail) | FINTEPLA | NP | SP |
| VALTOCO 5 MG DOSE LIQD | P | QL(10 EA per 30 day(s) retail) | <i>gabapentin CAPS</i> | P | QL(9 EA daily) |
| Anticonvulsants - Misc. | | | <i>gabapentin CAPS</i> | NC | QL(9 EA daily) |
| APTIOM | NP | | <i>gabapentin SOLN 250 MG/5ML</i> | NC | |
| BANZEL SUSP (<i>rufinamide</i>) | PA | Brand Preferred; SP; PA | <i>gabapentin SOLN</i> | P | |
| BANZEL TABS (<i>rufinamide</i>) | PA | Brand Preferred; SP; PA | <i>gabapentin TABS 800 MG</i> | NC | QL(4 EA daily) |
| BRIVIACT SOLN PO 10 MG/ML | NP | SP | <i>gabapentin TABS 600 MG</i> | P | QL(6 EA daily) |
| BRIVIACT TABS | NP | SP | <i>gabapentin TABS 600 MG</i> | NC | QL(6 EA daily) |
| <i>carbamazepine CHEW</i> | P | | <i>gabapentin TABS 800 MG</i> | P | QL(4 EA daily) |
| <i>carbamazepine CP12</i> | NP | Brand Preferred | GABARONE TABS 100 MG, 400 MG | NP | |
| <i>carbamazepine CP12 200 MG, 300 MG</i> | NC | Brand Preferred | KEPPRA XR TB24 (<i>levetiracetam</i>) | NP | |
| CARBAMAZEPINE POWD | NC | | KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>) | NP | QL(16 ML daily) |
| <i>carbamazepine SUSP</i> | NP | | KEPPRA TABS 250 MG, 750 MG (<i>levetiracetam</i>) | NP | QL(4 EA daily) |
| <i>carbamazepine SUSP 100 MG/5ML</i> | NC | | KEPPRA TABS 1000 MG (<i>levetiracetam</i>) | NP | |
| <i>carbamazepine TABS</i> | P | | KEPPRA TABS 500 MG (<i>levetiracetam</i>) | NP | QL(6 EA daily) |
| <i>carbamazepine TB12</i> | NC | Brand Preferred | <i>lacosamide SOLN PO 10 MG/ML</i> | NC | |
| <i>carbamazepine TB12</i> | NP | Brand Preferred | <i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i> | P | Brand Preferred |
| CARBATROL CP12 (<i>carbamazepine</i>) | P | Brand Preferred | <i>lacosamide SOLN IV 200 MG/20ML</i> | NC | Brand Preferred |
| DIACOMIT CAPS 250 MG | NP | QL(12 EA daily); SP | <i>lacosamide TABS</i> | P | Brand Preferred |
| | | | <i>lacosamide TABS 50 MG, 100 MG, 150 MG</i> | NC | Brand Preferred |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---------------------------------------|-----------|---------------------|
| LAMICTAL ODT KIT (lamotrigine) | NP | | levetiracetam TABS 1000 MG | P | |
| LAMICTAL ODT TBDP (lamotrigine) | NP | | levetiracetam TB24 750 MG | NC | |
| LAMICTAL STARTER KIT 25 MG (lamotrigine) | NP | | levetiracetam TB24 | P | |
| LAMICTAL XR KIT | NP | | LEVETIRACETAM TB3D | P | |
| LAMICTAL XR TB24 (lamotrigine) | NP | QL(1 EA daily) | LYRICA CAPS (pregabalin) | NP | |
| LAMICTAL CHEW (lamotrigine) | NP | | LYRICA SOLN (pregabalin) | NP | |
| LAMICTAL TABS (lamotrigine) | NP | | LYRICA SOLN (pregabalin) | NC | |
| lamotrigine CHEW | NC | | MOTPOLY XR CP24 | NP | |
| lamotrigine CHEW | P | | MYSOLINE (primidone) | NP | |
| lamotrigine KIT 25 MG | NP | | NEURONTIN CAPS (gabapentin) | NP | QL(9 EA daily) |
| lamotrigine TABS | P | | NEURONTIN SOLN (gabapentin) | NC | |
| lamotrigine TABS | NC | | NEURONTIN SOLN (gabapentin) | NP | |
| lamotrigine TABS | NP | | NEURONTIN TABS 600 MG (gabapentin) | NP | QL(6 EA daily) |
| lamotrigine TB24 | P | QL(1 EA daily) | NEURONTIN TABS 800 MG (gabapentin) | NP | QL(4 EA daily) |
| lamotrigine TBDP | P | | oxcarbazepine SUSP | NP | Brand Preferred |
| LEVETIRACETAM IN NACL | NC | | oxcarbazepine SUSP | NC | Brand Preferred |
| levetiracetam in sodium chloride | NC | | oxcarbazepine TABS | NC | |
| levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML | P | QL(16 ML daily) | oxcarbazepine TABS | P | |
| levetiracetam SOLN IV 500 MG/5ML | NC | | oxcarbazepine TB24 | NP | |
| levetiracetam SOLN PO 100 MG/ML | NC | QL(16 ML daily) | OXTELLAR XR TB24 (oxcarbazepine) | NP | |
| levetiracetam TABS 250 MG, 750 MG | NC | QL(4 EA daily) | pregabalin CAPS | NC | |
| levetiracetam TABS 500 MG | P | QL(6 EA daily) | pregabalin CAPS | P | |
| levetiracetam TABS 250 MG, 750 MG | P | QL(4 EA daily) | pregabalin SOLN | NP | |
| levetiracetam TABS 1000 MG | NC | | primidone | P | |
| levetiracetam TABS 500 MG | NC | QL(6 EA daily) | primidone 50 MG, 250 MG | NC | |
| | | | QUDEXY XR CS24 (topiramate) | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|-------------------------|
| <i>rufinamide SUSP</i> | NP | Brand Preferred; SP | TRILEPTAL TABS (<i>oxcarbazepine</i>) | NC | |
| <i>rufinamide TABS</i> | NP | Brand Preferred; SP | TROKENDI XR CP24 (<i>topiramate</i>) | NP | |
| SPRITAM TB3D | NP | | VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>) | NP | Brand Preferred; PA |
| SPRITAM TB3D | NP | | VIMPAT TABS (<i>lacosamide</i>) | NP | Brand Preferred; PA |
| TEGRETOL SUSP (<i>carbamazepine</i>) | NP | | ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>) | NC | |
| TEGRETOL TABS (<i>carbamazepine</i>) | NP | | ZONISADE SUSP | NP | |
| TEGRETOL-XR TB12 (<i>carbamazepine</i>) | P | Brand Preferred | <i>zonisamide</i> CAPS | P | |
| TOPAMAX SPRINKLE CPSP 15 MG (<i>topiramate</i>) | NP | QL(6 EA daily) | ZTALMY | NC | |
| TOPAMAX SPRINKLE CPSP 25 MG (<i>topiramate</i>) | NP | QL(8 EA daily) | ZTALMY | NP | |
| TOPAMAX TABS 25 MG, 50 MG (<i>topiramate</i>) | NP | QL(6 EA daily) | Carbamates | | |
| TOPAMAX TABS 200 MG (<i>topiramate</i>) | NP | QL(2 EA daily) | <i>felbamate</i> SUSP | P | |
| TOPAMAX TABS 100 MG (<i>topiramate</i>) | NP | QL(4 EA daily) | <i>felbamate</i> TABS | NC | |
| <i>topiramate</i> CP24 | NP | | <i>felbamate</i> TABS | P | |
| <i>topiramate</i> CPSP 15 MG | NC | QL(6 EA daily) | FELBATOL SUSP (<i>felbamate</i>) | NC | |
| <i>topiramate</i> CPSP 25 MG | P | QL(8 EA daily) | FELBATOL TABS (<i>felbamate</i>) | NP | |
| <i>topiramate</i> CPSP 50 MG | P | | XCOPRI (250 MG DAILY DOSE) TBPk | NP | |
| <i>topiramate</i> CPSP 25 MG | NC | QL(8 EA daily) | XCOPRI (350 MG DAILY DOSE) TBPk | NP | |
| <i>topiramate</i> CPSP 15 MG | P | QL(6 EA daily) | XCOPRI TABS | NP | |
| <i>topiramate</i> CS24 | NP | | XCOPRI TBPk | NP | |
| <i>topiramate</i> TABS 100 MG | NC | QL(4 EA daily) | GABA Modulators | | |
| <i>topiramate</i> TABS 200 MG | P | QL(2 EA daily) | GABITRIL (<i>tiagabine hcl</i>) | NC | |
| <i>topiramate</i> TABS 200 MG | NC | QL(2 EA daily) | SABRIL PACK (<i>vigabatrin</i>) | PA | Brand Preferred; SP; PA |
| <i>topiramate</i> TABS 25 MG, 50 MG | NC | QL(6 EA daily) | SABRIL TABS (<i>vigabatrin</i>) | PA | Brand Preferred; SP; PA |
| <i>topiramate</i> TABS 100 MG | P | QL(4 EA daily) | <i>tiagabine hcl</i> | PA | PA |
| <i>topiramate</i> TABS 25 MG, 50 MG | P | QL(6 EA daily) | <i>vigabatrin</i> PACK | PA | Brand Preferred; SP; PA |
| TRILEPTAL SUSP (<i>oxcarbazepine</i>) | P | Brand Preferred | | | |
| TRILEPTAL TABS (<i>oxcarbazepine</i>) | NP | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|---|-----------|----------------------|
| <i>vigabatrin PACK</i> | NP | Brand Preferred; SP | ZARONTIN CAPS (<i>ethosuximide</i>) | NP | |
| <i>vigabatrin PACK</i> | NC | Brand Preferred; SP | ZARONTIN SOLN (<i>ethosuximide</i>) | NP | |
| <i>vigabatrin TABS</i> | NP | Brand Preferred; SP | Valproic Acid | | |
| VIGAFYDE SOLN | NP | SP | DEPAKOTE ER TB24 500 MG (<i>divalproex sodium</i>) | NC | QL(7 EA daily) |
| Hydantoins | | | DEPAKOTE ER TB24 500 MG (<i>divalproex sodium</i>) | NP | QL(7 EA daily) |
| DILANTIN | NP | | DEPAKOTE ER TB24 250 MG (<i>divalproex sodium</i>) | NC | QL(3 EA daily) |
| DILANTIN (<i>phenytoin sodium extended</i>) | NP | | DEPAKOTE ER TB24 250 MG (<i>divalproex sodium</i>) | NP | QL(3 EA daily) |
| DILANTIN INFATABS CHEW (<i>phenytoin</i>) | NP | | DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>) | NP | QL(8 EA daily) |
| DILANTIN-125 SUSP (<i>phenytoin</i>) | NP | | DEPAKOTE TBEC 125 MG (<i>divalproex sodium</i>) | NP | QL(2 EA daily) |
| DILANTIN SUSP (<i>phenytoin</i>) | NP | | DEPAKOTE TBEC 500 MG (<i>divalproex sodium</i>) | NP | QL(7 EA daily) |
| <i>fosphenytoin sodium</i> | NC | | DEPAKOTE TBEC 250 MG (<i>divalproex sodium</i>) | NP | QL(3 EA daily) |
| <i>phenytoin sodium extended 200 MG, 300 MG</i> | NP | | <i>divalproex sodium CSDR</i> | P | QL(8 EA daily) |
| <i>phenytoin sodium extended 100 MG</i> | NC | | <i>divalproex sodium TB24 250 MG</i> | P | QL(3 EA daily) |
| <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | P | | <i>divalproex sodium TB24 500 MG</i> | P | QL(7 EA daily) |
| PHENYTOIN SODIUM POWD | NC | | <i>divalproex sodium TBEC 250 MG</i> | NC | QL(3 EA daily) |
| <i>phenytoin sodium SOLN</i> | NC | | <i>divalproex sodium TBEC 125 MG</i> | NC | QL(2 EA daily) |
| <i>phenytoin CHEW</i> | P | | <i>divalproex sodium TBEC 250 MG</i> | P | QL(3 EA daily) |
| <i>phenytoin CHEW</i> | NC | | <i>divalproex sodium TBEC 500 MG</i> | NC | QL(7 EA daily) |
| <i>phenytoin SUSP</i> | P | | <i>divalproex sodium TBEC 500 MG</i> | P | QL(7 EA daily) |
| <i>phenytoin SUSP</i> | NC | | <i>divalproex sodium TBEC 125 MG</i> | P | QL(2 EA daily) |
| Succinimides | | | <i>valproate sodium SOLN PO 250 MG/5ML</i> | P | |
| CELONTIN (<i>methsuximide</i>) | P | Brand Preferred | | | |
| <i>ethosuximide CAPS</i> | P | | | | |
| <i>ethosuximide CAPS</i> | NC | | | | |
| <i>ethosuximide SOLN</i> | P | | | | |
| <i>methsuximide</i> | NP | Brand Preferred | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i> | C | PA | <i>bupropion hcl TABS</i> | NC | QL(3 EA daily) |
| <i>valproate sodium SOLN PO 500 MG/10ML</i> | NP | | <i>bupropion hcl TABS</i> | P | QL(3 EA daily) |
| <i>valproate sodium SOLN PO 250 MG/5ML</i> | NC | | <i>bupropion hcl TB12 200 MG</i> | NC | QL(2 EA daily) |
| <i>valproic acid CAPS</i> | P | | <i>bupropion hcl TB12 100 MG</i> | P | QL(4 EA daily) |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | | | | |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | | | | |
| <i>mirtazapine TABS 7.5 MG, 45 MG</i> | NC | QL(1 EA daily) | <i>bupropion hcl TB12 150 MG</i> | P | QL(3 EA daily) |
| <i>mirtazapine TABS 15 MG</i> | NC | QL(3 EA daily) | <i>bupropion hcl TB12 150 MG</i> | NC | QL(3 EA daily) |
| <i>mirtazapine TABS 15 MG</i> | P | QL(3 EA daily) | <i>bupropion hcl TB24 150 MG</i> | NC | QL(3 EA daily) |
| <i>mirtazapine TABS 30 MG</i> | P | QL(1.5 EA daily) | <i>bupropion hcl TB24 150 MG</i> | P | QL(3 EA daily) |
| <i>mirtazapine TABS 7.5 MG, 45 MG</i> | P | QL(1 EA daily) | <i>bupropion hcl TB24 300 MG</i> | P | QL(1 EA daily) |
| <i>mirtazapine TABS 30 MG</i> | NC | QL(1.5 EA daily) | <i>bupropion hcl TB24 150 MG</i> | NC | |
| <i>mirtazapine TBDP 45 MG</i> | P | QL(1 EA daily) | <i>bupropion hcl TB24 450 MG</i> | NP | |
| <i>mirtazapine TBDP 30 MG</i> | P | QL(1.5 EA daily) | <i>bupropion hcl TB24 300 MG</i> | NC | QL(1 EA daily) |
| <i>mirtazapine TBDP 15 MG</i> | P | QL(3 EA daily) | FORFIVO XL TB24 (<i>bupropion hcl</i>) | NP | |
| REMERON SOLTAB TBDP 45 MG (<i>mirtazapine</i>) | NP | QL(1 EA daily) | WELLBUTRIN SR TB12 200 MG (<i>bupropion hcl</i>) | NP | QL(2 EA daily) |
| REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>) | NP | QL(3 EA daily) | WELLBUTRIN SR TB12 150 MG (<i>bupropion hcl</i>) | NP | QL(3 EA daily) |
| REMERON SOLTAB TBDP 30 MG (<i>mirtazapine</i>) | NP | QL(1.5 EA daily) | WELLBUTRIN SR TB12 100 MG (<i>bupropion hcl</i>) | NP | QL(4 EA daily) |
| REMERON TABS 15 MG (<i>mirtazapine</i>) | NP | QL(3 EA daily) | WELLBUTRIN XL TB24 300 MG (<i>bupropion hcl</i>) | NP | QL(1 EA daily) |
| REMERON TABS 30 MG (<i>mirtazapine</i>) | NP | QL(1.5 EA daily) | WELLBUTRIN XL TB24 150 MG (<i>bupropion hcl</i>) | NP | QL(3 EA daily) |
| Antidepressant Combinations | | | | | |
| AUVELITY | NP | | Monoamine Oxidase Inhibitors (MAOIs) | | |
| Antidepressants - Misc. | | | | | |
| APLENZIN | NP | | EMSAM | NP | |
| | | | MARPLAN | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---|
| MARPLAN | NP | | <i>escitalopram oxalate</i> TABS 10 MG | NC | QL(2 EA daily); AL(At least 7 yrs old) |
| NARDIL (<i>phenelzine sulfate</i>) | NP | | <i>escitalopram oxalate</i> TABS 10 MG | P | QL(2 EA daily); AL(At least 7 yrs old) |
| PARNATE (<i>tranylcypromine sulfate</i>) | NC | | <i>escitalopram oxalate</i> TABS 5 MG | P | QL(4 EA daily) |
| <i>phenelzine sulfate</i> | P | | <i>escitalopram oxalate</i> TABS 20 MG | P | QL(1 EA daily); AL(At least 7 yrs old) |
| <i>tranylcypromine sulfate</i> | NP | | <i>escitalopram oxalate</i> TABS 5 MG | NC | QL(4 EA daily) |
| <i>tranylcypromine sulfate</i> | NC | | <i>escitalopram oxalate</i> TABS 20 MG | NC | QL(1 EA daily); AL(At least 7 yrs old) |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | | <i>escitalopram oxalate</i> TABS 5 MG | NC | QL(4 EA daily) |
| CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>) | NP | QL(1 EA daily); AL(At least 7 yrs old) | <i>escitalopram oxalate</i> TABS 20 MG | NC | QL(1 EA daily); AL(At least 7 yrs old) |
| CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>) | NP | QL(4 EA daily) | <i>fluoxetine hcl</i> CAPS 10 MG, 20 MG | NC | QL(4 EA daily) |
| CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>) | NP | QL(2 EA daily); AL(At least 7 yrs old) | <i>fluoxetine hcl</i> CAPS 40 MG | NC | QL(2 EA daily); AL(At least 7 yrs old) |
| CITALOPRAM HYDROBROMIDE CAPS | NP | | <i>fluoxetine hcl</i> CAPS 40 MG | P | QL(2 EA daily); AL(At least 7 yrs old) |
| <i>citalopram hydrobromide</i> SOLN | P | | <i>fluoxetine hcl</i> CAPS 10 MG, 20 MG | P | QL(4 EA daily) |
| <i>citalopram hydrobromide</i> SOLN | NC | | <i>fluoxetine hcl</i> CPDR | NP | |
| <i>citalopram hydrobromide</i> TABS 10 MG | P | QL(4 EA daily) | <i>fluoxetine hcl</i> SOLN | P | QL(120 ML per fill retail) |
| <i>citalopram hydrobromide</i> TABS 40 MG | NC | QL(1 EA daily); AL(At least 7 yrs old) | <i>fluoxetine hcl</i> TABS 20 MG | P | QL(4 EA daily) |
| <i>citalopram hydrobromide</i> TABS 40 MG | P | QL(1 EA daily); AL(At least 7 yrs old) | <i>fluoxetine hcl</i> TABS 60 MG | NP | |
| <i>citalopram hydrobromide</i> TABS 10 MG | NC | QL(4 EA daily) | <i>fluoxetine hcl</i> TABS 10 MG | P | QL(1 EA daily); AL(At least 7 yrs old) |
| <i>citalopram hydrobromide</i> TABS 20 MG | P | QL(2 EA daily); AL(At least 7 yrs old) | FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>) | NP | |
| <i>citalopram hydrobromide</i> TABS 20 MG | NC | QL(2 EA daily); AL(At least 7 yrs old) | <i>fluvoxamine maleate</i> CP24 | NP | |
| <i>escitalopram oxalate</i> SOLN | NP | | <i>fluvoxamine maleate</i> TABS 100 MG | P | QL(3 EA daily) |
| <i>escitalopram oxalate</i> SOLN | NC | | <i>fluvoxamine maleate</i> TABS 25 MG, 50 MG | P | QL(2 EA daily); AL(At least 7 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|--|
| LEXAPRO TABS 5 MG (escitalopram oxalate) | NP | QL(4 EA daily) | SERTRALINE HCL CAPS | NP | |
| LEXAPRO TABS 20 MG (escitalopram oxalate) | NP | QL(1 EA daily); AL(At least 7 yrs old) | <i>sertraline hcl CONC</i> | NC | QL(186 ML per 31 day(s) retail) |
| LEXAPRO TABS 10 MG (escitalopram oxalate) | NP | QL(2 EA daily); AL(At least 7 yrs old) | <i>sertraline hcl CONC</i> | NP | QL(186 ML per 31 day(s) retail) |
| <i>paroxetine hcl SUSP</i> | NP | QL(40 ML daily) | <i>sertraline hcl TABS 100 MG</i> | NC | QL(2 EA daily); AL(At least 7 yrs old) |
| <i>paroxetine hcl TABS 10 MG</i> | NC | QL(6 EA daily) | <i>sertraline hcl TABS 25 MG, 50 MG</i> | NC | QL(4 EA daily) |
| <i>paroxetine hcl TABS 30 MG, 40 MG</i> | P | QL(2 EA daily); AL(At least 7 yrs old) | <i>sertraline hcl TABS 25 MG, 50 MG</i> | P | QL(4 EA daily) |
| <i>paroxetine hcl TABS 10 MG</i> | P | QL(6 EA daily) | <i>sertraline hcl TABS 100 MG</i> | P | QL(2 EA daily); AL(At least 7 yrs old) |
| <i>paroxetine hcl TABS 20 MG</i> | NC | QL(3 EA daily) | ZOLOFT CONC (<i>sertraline hcl</i>) | NP | QL(186 ML per 31 day(s) retail) |
| <i>paroxetine hcl TABS 20 MG</i> | P | QL(3 EA daily) | ZOLOFT TABS 100 MG (<i>sertraline hcl</i>) | NP | QL(2 EA daily); AL(At least 7 yrs old) |
| <i>paroxetine hcl TABS 30 MG</i> | NC | QL(2 EA daily); AL(At least 7 yrs old) | ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>) | NP | QL(4 EA daily) |
| <i>paroxetine hcl TB24</i> | NP | QL(1 EA daily); AL(At least 7 yrs old) | Serotonin Modulators | | |
| <i>paroxetine hcl TB24</i> | NC | QL(1 EA daily); AL(At least 7 yrs old) | <i>nefazodone hcl</i> | P | |
| PAXIL CR TB24 (<i>paroxetine hcl</i>) | NP | QL(1 EA daily); AL(At least 7 yrs old) | TRAZODONE HCL POWD | NC | |
| PAXIL SUSP (<i>paroxetine hcl</i>) | NP | QL(40 ML daily) | <i>trazodone hcl TABS 300 MG</i> | P | QL(2 EA daily) |
| PAXIL TABS 10 MG (<i>paroxetine hcl</i>) | NP | QL(6 EA daily) | <i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i> | P | |
| PAXIL TABS 20 MG (<i>paroxetine hcl</i>) | NP | QL(3 EA daily) | TRINTELLIX | NP | QL(1 EA daily); AL(At least 18 yrs old) |
| PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>) | NP | QL(2 EA daily); AL(At least 7 yrs old) | VIIBRYD TABS (<i>vilazodone hcl</i>) | NP | QL(1 EA daily) |
| PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>) | NP | QL(2 EA daily); AL(At least 7 yrs old) | <i>vilazodone hcl TABS</i> | P | QL(1 EA daily) |
| PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>) | NP | QL(4 EA daily) | Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | |
| | | | CYMBALTA CPEP (<i>duloxetine hcl</i>) | NP | QL(1 EA daily); AL(At least 7 yrs old) |
| | | | DESVENLAFAXINE ER 100 MG | NC | |
| | | | DESVENLAFAXINE ER | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---|
| <i>desvenlafaxine succinate</i> 25 MG, 50 MG | P | QL(1 EA daily) | <i>venlafaxine hcl CP24 150 MG</i> | NC | QL(2 EA daily) |
| <i>desvenlafaxine succinate</i> 100 MG | P | QL(4 EA daily) | <i>venlafaxine hcl CP24 75 MG</i> | NC | QL(5 EA daily) |
| DRIZALMA SPRINKLE CSDR | NP | | <i>venlafaxine hcl CP24 150 MG</i> | P | QL(2 EA daily) |
| <i>duloxetine hcl CPEP 40 MG</i> | NC | | <i>venlafaxine hcl CP24 37.5 MG</i> | P | QL(4 EA daily) |
| <i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i> | NC | QL(1 EA daily); AL(At least 7 yrs old) | <i>venlafaxine hcl TABS</i> | P | |
| <i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i> | P | QL(1 EA daily); AL(At least 7 yrs old) | <i>venlafaxine hcl TABS</i> | NC | |
| <i>duloxetine hcl CPEP 40 MG</i> | NP | | <i>venlafaxine hcl TB24 150 MG</i> | NP | QL(1 EA daily) |
| EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>) | NP | QL(2 EA daily) | <i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i> | NC | QL(1 EA daily); AL(At least 7 yrs old) |
| EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>) | NP | QL(4 EA daily) | <i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i> | NP | QL(1 EA daily); AL(At least 7 yrs old) |
| EFFEXOR XR CP24 75 MG (<i>venlafaxine hcl</i>) | NP | QL(5 EA daily) | <i>venlafaxine hcl TB24 150 MG</i> | NC | QL(1 EA daily) |
| EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>) | NC | QL(2 EA daily) | Tricyclic Agents | | |
| EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>) | NC | QL(4 EA daily) | <i>amitriptyline hcl TABS</i> | C | |
| FETZIMA TITRATION C4PK | NP | | <i>amoxapine</i> | C | |
| FETZIMA CP24 | NP | | ANAFRANIL (<i>clomipramine hcl</i>) | NC | |
| PRISTIQ 50 MG (<i>desvenlafaxine succinate</i>) | NC | QL(1 EA daily) | <i>clomipramine hcl 75 MG</i> | C | |
| PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>) | NP | QL(4 EA daily) | <i>clomipramine hcl 25 MG, 50 MG</i> | NC | |
| PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>) | NP | QL(1 EA daily) | DESIPRAMINE HCL POWD | NC | |
| VENLAFAXINE BESYLATE ER | NP | | <i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i> | C | |
| <i>venlafaxine hcl CP24 75 MG</i> | P | QL(5 EA daily) | <i>desipramine hcl TABS 25 MG</i> | C | QL(2 EA daily) |
| <i>venlafaxine hcl CP24 37.5 MG</i> | NC | QL(4 EA daily) | <i>doxepin hcl CAPS</i> | C | |
| | | | <i>doxepin hcl CONC</i> | C | |
| | | | IMIPRAMINE HCL POWD | NC | |
| | | | <i>imipramine hcl TABS</i> | C | |
| | | | <i>imipramine pamoate</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------------|--|-----------|--------------------------------|
| NORPRAMIN TABS 25 MG (<i>desipramine hcl</i>) | NC | QL(2 EA daily) | DUETACT (<i>pioglitazone hcl-glimepiride</i>) | NP | |
| NORPRAMIN TABS 10 MG (<i>desipramine hcl</i>) | NC | | <i>glipizide-metformin hcl</i> | NP | |
| <i>nortriptyline hcl CAPS</i> | C | | <i>glyburide-metformin</i> | P | |
| NORTRIPTYLINE HCL POWD | NC | | <i>glyburide-metformin</i> | NC | |
| <i>nortriptyline hcl SOLN</i> | C | QL(20 ML daily) | GLYXAMBI | NP | |
| PAMELOR CAPS (<i>nortriptyline hcl</i>) | NC | | INVOKAMET XR TB24 | NP | |
| <i>protriptyline hcl</i> | NC | | INVOKAMET TABS | P | ST |
| <i>trimipramine maleate CAPS</i> | NC | | JANUMET XR TB24 | NP | |
| TRIMIPRAMINE MALEATE POWD | NC | | JANUMET TABS | P | ST |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | | JENTADUETO XR TB24 | NP | |
| Alpha-Glucosidase Inhibitors | | | KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) | NP | QL(1 EA daily) |
| <i>acarbose</i> | P | | <i>pioglitazone hcl-glimepiride</i> | NC | |
| <i>acarbose</i> | NC | | <i>pioglitazone hcl-glimepiride</i> | NP | |
| <i>miglitol</i> | NP | | <i>pioglitazone hcl-metformin hcl TABS</i> | NC | QL(2 EA daily) |
| Antidiabetic - Amylin Analogs | | | <i>pioglitazone hcl-metformin hcl TABS</i> | NP | QL(2 EA daily) |
| SYMLINPEN 120 SOPN | P | QL(11 ML per 31 day(s) retail); ST | QTERN | NP | |
| SYMLINPEN 60 SOPN | P | QL(6 ML per 31 day(s) retail); ST | <i>saxagliptin-metformin hcl</i> | NP | QL(1 EA daily) |
| Antidiabetic Combinations | | | SEGLUROMET | NP | QL(2 EA daily) |
| ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>) | NP | QL(2 EA daily) | SEGLUROMET | NC | QL(2 EA daily) |
| <i>alogliptin-metformin hcl</i> | NP | QL(2 EA daily) | SITAGLIPTIN BASE-METFORMIN HCL TABS | NP | |
| <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i> | NP | QL(1 EA daily) | SOLIQUA | NP | QL(18 ML per 31 day(s) retail) |
| <i>dapagliflozin propanediol-metformin hcl</i> | NP | Brand Preferred | STEGLUJAN | NP | |
| | | | SYNJARDY XR TB24 | NP | |
| | | | SYNJARDY TABS | NP | |
| | | | TRIJARDY XR | NP | |
| | | | XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG | P | Brand Preferred; ST |
| | | | XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) | P | Brand Preferred |
| | | | XULTOPHY | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ZITUVIMET XR TB24 | NP | |
| ZITUVIMET TABS | NP | |
| Biguanides | | |
| GLUMETZA TB24 (<i>metformin hcl</i>) | NP | |
| <i>metformin hcl SOLN</i> | NP | |
| <i>metformin hcl TABS 850 MG</i> | NC | QL(3 EA daily) |
| <i>metformin hcl TABS 500 MG</i> | NC | QL(5 EA daily) |
| <i>metformin hcl TABS 750 MG</i> | P | |
| <i>metformin hcl TABS 500 MG</i> | P | QL(5 EA daily) |
| <i>metformin hcl TABS 625 MG</i> | NP | |
| <i>metformin hcl TABS 1000 MG</i> | P | QL(2 EA daily) |
| <i>metformin hcl TABS 850 MG</i> | P | QL(3 EA daily) |
| <i>metformin hcl TABS 750 MG</i> | NC | |
| <i>metformin hcl TABS 1000 MG</i> | NC | QL(2 EA daily) |
| <i>metformin hcl TB24 750 MG</i> | NC | QL(3 EA daily) |
| <i>metformin hcl TB24 750 MG</i> | P | QL(3 EA daily) |
| <i>metformin hcl TB24 500 MG, 1000 MG</i> | NP | |
| <i>metformin hcl TB24 500 MG</i> | P | QL(4 EA daily) |
| <i>metformin hcl TB24 500 MG, 1000 MG</i> | NC | |
| RIOMET SOLN (<i>metformin hcl</i>) | NP | |
| Diabetic Other | | |
| BAQSIMI ONE PACK POWD | P | |
| BAQSIMI TWO PACK POWD | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| <i>diazoxide</i> | NP | |
| GLUCAGEN HYPOKIT | P | |
| <i>glucagon (rdna)</i> | P | QL(4 EA per 365 day(s) retail) |
| GLUCAGON EMERGENCY (<i>glucagon (rdna)</i>) | P | QL(4 EA per 365 day(s) retail) |
| GLUCAGON EMERGENCY | NP | |
| GVOKE HYPOPEN 1-PACK SOAJ | P | |
| GVOKE HYPOPEN 2-PACK SOAJ | P | |
| GVOKE KIT SOLN | NP | |
| GVOKE PFS SOSY 0.5 MG/0.1ML | NC | |
| GVOKE PFS SOSY 1 MG/0.2ML | NP | |
| PROGLYCEM (<i>diazoxide</i>) | P | |
| ZEGALOGUE SOAJ | NC | |
| ZEGALOGUE SOAJ | P | |
| ZEGALOGUE SOSY | P | |
| ZEGALOGUE SOSY | NC | |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| <i>alogliptin benzoate</i> | NP | QL(1 EA daily) |
| JANUVIA | P | ST |
| ONGLYZA (<i>saxagliptin hcl</i>) | NP | QL(1 EA daily) |
| <i>saxagliptin hcl</i> | NP | QL(1 EA daily) |
| SITAGLIPTIN | NP | |
| TRADJENTA | P | ST |
| ZITUVIO | NP | |
| Dopamine Receptor Agonists - Antidiabetic | | |
| CYCLOSET | NC | |
| Incretin Mimetic Agents | | |
| BYDUREON BCISE AUIJ | NP | QL(3.4 ML per 28 day(s) retail) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------|-----------|--|--------------------------------|-----------|---|
| BYETTA 10 MCG PEN SOPN | NP | QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old) | APIDRA SOLOSTAR SOPN | P | |
| BYETTA 5 MCG PEN SOPN | NP | QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old) | APIDRA SOLN | NP | |
| <i>liraglutide</i> | NP | Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old) | BASAGLAR KWIKPEN SOPN | NP | Brand Preferred |
| MOUNJARO | NP | | FIASP FLEXTOUCH SOPN | NP | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | PA | PA | FIASP PENFILL SOCT | NP | |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML | PA | PA | FIASP PUMPCART SOCT | NC | |
| OZEMPIC (2 MG/DOSE) SOPN | PA | PA | FIASP SOLN | NP | |
| RYBELSUS TABS | NC | | HUMALOG JUNIOR KWIKPEN SOPN | P | Brand Preferred; QL(30 ML per 31 day(s) retail) |
| RYBELSUS TABS | NP | | HUMALOG MIX 50/50 KWIKPEN SUPN | P | Brand Preferred |
| TRULICITY | PA | QL(2 ML per 28 day(s) retail); PA | HUMALOG MIX 50/50 SUSP | P | |
| VICTOZA (<i>liraglutide</i>) | PA | Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old); PA | HUMALOG MIX 75/25 KWIKPEN SUPN | P | Brand Preferred; QL(30 ML per 31 day(s) retail) |
| Insulin | | | HUMALOG MIX 75/25 SUSP | P | |
| ADMELOG SOLN IJ | NP | Brand Preferred; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail) | HUMALOG TEMPO PEN SOPN | P | |
| AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT | NP | | HUMALOG SOLN IJ | NC | Brand Preferred; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail) |
| | | | HUMALOG SOLN IJ | P | Brand Preferred; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail) |
| | | | HUMULIN 70/30 KWIKPEN SUPN | P | QL(1 ML daily) |
| | | | HUMULIN 70/30 SUSP | P | Limit 40mls per month |
| | | | HUMULIN N KWIKPEN SUPN | P | QL(1 ML daily) |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|--|-----------|---|
| HUMULIN N SUSP | P | Limit 40mls per month | INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML | NP | |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | P | | INSULIN GLARGINE SOLN | NC | Brand Preferred |
| HUMULIN R U-500 KWIKPEN SOPN SC | P | | INSULIN GLARGINE-YFGN SOLN | NC | QL(30 ML per 31 day(s) retail) |
| HUMULIN R SOLN IJ | P | Limit 40mls per month | INSULIN GLARGINE-YFGN SOLN | NP | QL(30 ML per 31 day(s) retail) |
| HUMULIN R SOLN IJ | NC | Limit 40mls per month | INSULIN GLARGINE-YFGN SOPN | NP | QL(30 ML per 31 day(s) retail) |
| INSULIN ASP PROT & ASP FLEXPEN SUPN | P | Brand Preferred; QL(30 ML per 31 day(s) retail) | INSULIN GLARGINE-YFGN SOPN | NC | QL(30 ML per 31 day(s) retail) |
| INSULIN ASPART FLEXPEN SOPN | P | Brand Preferred; QL(30 ML per 31 day(s) retail) | INSULIN LISPRO (1 UNIT DIAL) SOPN | P | QL(30 ML per 31 day(s) retail) |
| INSULIN ASPART PENFILL SOCT | P | Brand Preferred; QL(30 ML per 31 day(s) retail) | INSULIN LISPRO JUNIOR KWIKPEN SOPN | P | Brand Preferred; QL(30 ML per 31 day(s) retail) |
| INSULIN ASPART PROT & ASPART SUSP | P | Brand Preferred; QL(40 ML per 31 day(s) retail) | INSULIN LISPRO PROT & LISPRO SUPN | P | Brand Preferred; QL(30 ML per 31 day(s) retail) |
| INSULIN ASPART SOLN IJ | P | Brand Preferred; QL(30 ML per 31 day(s) retail) | INSULIN LISPRO SOLN IJ | P | Brand Preferred; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail) |
| INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML | NP | Brand Preferred; QL(0.9 ML daily) | LANTUS SOLOSTAR SOPN | NC | Brand Preferred |
| INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML | NP | Brand Preferred; QL(1.5 ML daily) | LANTUS SOLOSTAR SOPN | P | Brand Preferred |
| INSULIN DEGLUDEC SOLN | NP | Brand Preferred; QL(1.5 ML daily) | LANTUS SOLN | NC | Brand Preferred |
| INSULIN GLARGINE MAX SOLOSTAR SOPN | NP | | LANTUS SOLN | P | Brand Preferred |
| INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML | NC | Brand Preferred | LYUMJEV KWIKPEN SOPN | NP | |
| | | | LYUMJEV TEMPO PEN SOPN | NP | |
| | | | LYUMJEV SOLN | NP | |
| | | | MYXREDLIN | NC | |
| | | | NOVOLIN 70/30 FLEXPEN RELION SUPN | NP | QL(1 ML daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|-----------|---|------------------------------------|-----------|---|
| NOVOLIN 70/30 FLEXPEN SUPN | NP | QL(1 ML daily) | NOVOLOG PENFILL SOCT | P | Brand Preferred; QL(30 ML per 31 day(s) retail) |
| NOVOLIN 70/30 RELION SUSP | NP | | NOVOLOG RELION SOLN IJ | P | Brand Preferred; QL(30 ML per 31 day(s) retail) |
| NOVOLIN 70/30 SUSP | NP | Limit 40mls per month | NOVOLOG SOLN IJ | P | Brand Preferred; QL(30 ML per 31 day(s) retail) |
| NOVOLIN N FLEXPEN RELION SUPN | NP | QL(1 ML daily) | REZVOGLAR KWIKPEN | NP | |
| NOVOLIN N FLEXPEN SUPN | NP | QL(1 ML daily) | SEMGLEE (YFGN) SOLN | NP | QL(30 ML per 31 day(s) retail) |
| NOVOLIN N RELION SUSP | NP | | SEMGLEE (YFGN) SOPN | NP | QL(30 ML per 31 day(s) retail) |
| NOVOLIN N SUSP | NP | Limit 40mls per month | SEMGLEE SOLN | NC | Brand Preferred |
| NOVOLIN R FLEXPEN RELION SOPN IJ | NP | | SEMGLEE SOPN | NC | Brand Preferred |
| NOVOLIN R FLEXPEN SOPN IJ | NP | | TOUJEO MAX SOLOSTAR SOPN | NP | |
| NOVOLIN R RELION SOLN IJ | NP | | TOUJEO SOLOSTAR SOPN | NP | |
| NOVOLIN R SOLN IJ | NP | Limit 40mls per month | TRESIBA FLEXTOUCH SOPN 100 UNIT/ML | P | Brand Preferred; QL(1.5 ML daily) |
| NOVOLOG 70/30 FLEXPEN RELION SUPN | P | Brand Preferred; QL(30 ML per 31 day(s) retail) | TRESIBA FLEXTOUCH SOPN 200 UNIT/ML | P | Brand Preferred; QL(0.9 ML daily) |
| NOVOLOG FLEXPEN RELION SOPN | P | Brand Preferred; QL(30 ML per 31 day(s) retail) | TRESIBA SOLN | P | Brand Preferred; QL(1.5 ML daily) |
| NOVOLOG FLEXPEN SOPN | P | Brand Preferred; QL(30 ML per 31 day(s) retail) | Insulin Sensitizing Agents | | |
| NOVOLOG MIX 70/30 FLEXPEN SUPN | P | Brand Preferred; QL(30 ML per 31 day(s) retail) | ACTOS (<i>pioglitazone hcl</i>) | NP | QL(1 EA daily) |
| NOVOLOG MIX 70/30 RELION SUSP | P | Brand Preferred; QL(40 ML per 31 day(s) retail) | <i>pioglitazone hcl</i> | P | QL(1 EA daily) |
| NOVOLOG MIX 70/30 SUSP | P | Brand Preferred; QL(40 ML per 31 day(s) retail) | <i>pioglitazone hcl</i> | NC | QL(1 EA daily) |
| | | | Meglitinide Analogues | | |
| | | | <i>nateglinide</i> | NC | QL(3 EA daily) |
| | | | <i>nateglinide</i> | P | QL(3 EA daily) |
| | | | <i>repaglinide</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| <i>dapagliflozin propanediol</i> | NP | Brand Preferred; ST |
| FARXIGA (<i>dapagliflozin propanediol</i>) | P | Brand Preferred; ST |
| INVOKANA | P | ST |
| JARDIANCE | P | ST |
| STEGLATRO | NC | QL(1 EA daily) |
| STEGLATRO | NP | QL(1 EA daily) |
| Sulfonylureas | | |
| AMARYL 4 MG (<i>glimepiride</i>) | NC | QL(2 EA daily) |
| AMARYL 1 MG, 2 MG (<i>glimepiride</i>) | NC | QL(4 EA daily) |
| <i>glimepiride 1 MG, 2 MG</i> | NC | QL(4 EA daily) |
| <i>glimepiride 4 MG</i> | P | QL(2 EA daily) |
| <i>glimepiride 4 MG</i> | NC | QL(2 EA daily) |
| <i>glimepiride 3 MG</i> | P | |
| <i>glimepiride 1 MG, 2 MG</i> | P | QL(4 EA daily) |
| GLIPIZIDE POWD | NC | |
| <i>glipizide TABS 5 MG, 10 MG</i> | NC | |
| <i>glipizide TABS</i> | P | |
| <i>glipizide TB24</i> | NC | |
| <i>glipizide TB24</i> | P | |
| GLUCOTROL XL TB24 (<i>glipizide</i>) | NP | |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i> | P | |
| GLYBURIDE POWD | NC | |
| <i>glyburide TABS</i> | P | |
| <i>glyburide TABS</i> | NC | |
| GLYNASE (<i>glyburide micronized</i>) | NC | |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antidiarrheal - Chloride Channel Antagonists | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| MYTESI | NC | |
| Antidiarrheal/Probiotic Agents - Misc. | | |
| BISMUTH SUBGALLATE POWD | NC | RX/OTC |
| <i>bismuth subsalicylate CHEW 262 MG</i> | C | |
| <i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i> | C | |
| PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>) | NC | |
| PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>) | NC | |
| PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>) | NC | |
| PREB-2 | NC | |
| Antiperistaltic Agents | | |
| ANTI-DIARRHEAL LIQD | NC | |
| <i>diphenoxylate w/ atropine LIQD</i> | C | |
| <i>diphenoxylate w/ atropine TABS</i> | C | |
| IMODIUM A-D CAPS (<i>loperamide hcl</i>) | NC | QL(8 EA daily); RX/OTC |
| IMODIUM A-D TABS (<i>loperamide hcl</i>) | NC | QL(8 EA daily) |
| LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>) | NC | |
| <i>loperamide hcl CAPS</i> | C | QL(8 EA daily); RX/OTC |
| LOPERAMIDE HCL POWD | NC | |
| <i>loperamide hcl TABS</i> | C | QL(8 EA daily) |
| MOTOFEN | NC | |
| <i>opium tincture</i> | NC | |
| Gastrointestinal Adsorbents | | |
| KAOLIN | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| PECTIN | NC | RX/OTC |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidote Combinations | | |
| PREVDUO | NC | |
| Antidotes - Chelating Agents | | |
| CHEMET | C | |
| <i>deferasirox PACK</i> | C | SP; PA |
| <i>deferasirox TABS</i> | C | SP; PA |
| <i>deferasirox TBSO</i> | C | SP; PA |
| <i>deferiprone TABS</i> | NC | SP |
| EXJADE TBSO (<i>deferasirox</i>) | NC | SP; PA |
| JADENU SPRINKLE PACK (<i>deferasirox</i>) | NC | SP; PA |
| JADENU TABS (<i>deferasirox</i>) | NC | SP; PA |
| Antidotes and Specific Antagonists | | |
| <i>acetylcysteine (antidote) SOLN</i> | NC | |
| CALCIUM DISODIUM VERSENATE SOLN 1 GM/5ML | NC | |
| CHARCOAL ACTIVATED POWD | NC | RX/OTC |
| CHARCOAL POWD | NC | RX/OTC |
| EDETATE CALCIUM DISODIUM POWD | NC | |
| EDETATE CALCIUM DISODIUM SOLN | NC | |
| <i>fomepizole 1.5 GM/1.5ML</i> | NC | |
| <i>methylene blue (antidote) SOLN IV</i> | NC | |
| PRAXBIND | NC | |
| PROTOPAM CHLORIDE SOLR | NC | |
| SUGAMMADEX SODIUM SOSY 100 MG/ML | NC | |
| Benzodiazepine Antagonists | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>flumazenil</i> | NC | |
| Opioid Antagonists | | |
| KLOXXADO LIQD | NP | |
| NALMEFENE HCL IJ | NC | |
| <i>naloxone hcl LIQD</i> | NP | Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC |
| <i>naloxone hcl LIQD</i> | NC | Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC |
| <i>naloxone hcl SOCT</i> | P | QL(2 ML per 90 day(s) retail) |
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i> | NC | QL(2 ML per 90 day(s) retail) |
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i> | P | QL(2 ML per 90 day(s) retail) |
| <i>naloxone hcl SOSY 0.4 MG/ML</i> | P | |
| <i>naloxone hcl SOSY 2 MG/2ML</i> | P | QL(4 ML per 90 day(s) retail) |
| <i>naltrexone hcl</i> | C | |
| NARCAN LIQD (<i>naloxone hcl</i>) | P | Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC |
| OPVEE NA | NP | |
| REXTOVY LIQD | NP | |
| VIVITROL | P | QL(1 EA per 30 day(s) retail); SP |
| ZIMHI SOSY | NP | |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| ANZEMET TABS 50 MG | NP | |
| <i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| <i>granisetron hcl TABS</i> | NP | |
| <i>granisetron hcl TABS</i> | NC | |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i> | P | QL(50 ML per 31 day(s) retail) |
| <i>ondansetron hcl SOLN IJ</i> | C | |
| <i>ondansetron hcl SOSY</i> | C | |
| <i>ondansetron hcl TABS 4 MG, 8 MG</i> | NC | QL(20 EA per 31 day(s) retail) |
| <i>ondansetron hcl TABS 4 MG, 8 MG</i> | P | QL(20 EA per 31 day(s) retail) |
| <i>ondansetron TBDP 16 MG</i> | P | |
| <i>ondansetron TBDP 4 MG, 8 MG</i> | P | QL(20 EA per 31 day(s) retail) |
| <i>palonosetron hcl SOLN</i> | NC | |
| PALONOSETRON HCL SOLN | NC | |
| <i>palonosetron hcl SOSY</i> | NC | |
| POSFREA SOLN | NC | |
| SANCUSO PTCH | NP | |
| SUSTOL PRSY | NC | |
| Antiemetics - Anticholinergic | | |
| ANTIVERT CHEW (<i>meclizine hcl</i>) | NP | RX/OTC |
| ANTIVERT TABS 50 MG (<i>meclizine hcl</i>) | NP | |
| DIMENHYDRINATE SOLN | NC | |
| <i>meclizine hcl CHEW</i> | NC | RX/OTC |
| MECLIZINE HCL POWD | NC | |
| <i>meclizine hcl TABS 12.5 MG, 25 MG</i> | NC | RX/OTC |
| <i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i> | NP | |
| <i>scopolamine</i> | NP | Brand Preferred |
| TIGAN SOLN | NC | |
| TRANSDERM-SCOP (<i>scopolamine</i>) | P | Brand Preferred |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>trimethobenzamide hcl CAPS</i> | NP | |
| <i>trimethobenzamide hcl CAPS</i> | NC | |
| Antiemetics - Antidopaminergic | | |
| BARHEMSYS | NC | |
| Antiemetics - Miscellaneous | | |
| AKYNZEO | NP | |
| AKYNZEO (READY-TO-USE) SOLN | NC | |
| AKYNZEO (TO-BE-DILUTED) SOLN | NC | |
| AKYNZEO SOLR | NC | |
| BONJESTA TBCR | NP | |
| DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>) | NP | |
| <i>doxylamine-pyridoxine TBEC</i> | NP | |
| <i>dronabinol CAPS</i> | NP | |
| <i>dronabinol CAPS</i> | NC | |
| MARINOL CAPS 2.5 MG (<i>dronabinol</i>) | NP | |
| MARINOL CAPS 5 MG, 10 MG (<i>dronabinol</i>) | NC | |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | |
| APONVIE EMUL | NC | |
| <i>aprepitant CAPS</i> | NP | Brand Preferred |
| <i>aprepitant MISC</i> | NP | |
| EMEND TRI-PACK CAPS (<i>aprepitant</i>) | P | Brand Preferred |
| EMEND CAPS 80 MG (<i>aprepitant</i>) | P | Brand Preferred |
| EMEND SUSR | NP | |
| FOCINVEZ SOLN | NC | |
| <i>fosaprepitant dimeglumine SOLR</i> | NC | |

ANTIFUNGALS - Drugs to Treat Fungal Infections

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|-------------------------------|
| Antifungal - Glucan Synthesis Inhibitors | | | CRESEMBA SOLR | NC | |
| BREXAFEMME | NP | | DIFLUCAN SUSR 10 MG/ML (<i>fluconazole</i>) | NC | QL(70 ML per fill retail) |
| <i>caspofungin acetate</i> | NC | | DIFLUCAN SUSR 40 MG/ML (<i>fluconazole</i>) | NP | QL(70 ML per fill retail) |
| CASPOFUNGIN ACETATE | NC | | DIFLUCAN TABS 150 MG (<i>fluconazole</i>) | NC | QL(2 EA per fill retail) |
| ERAXIS | NC | | DIFLUCAN TABS 100 MG, 200 MG (<i>fluconazole</i>) | NP | |
| <i>micafungin sodium</i> | NC | | <i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i> | NC | |
| MICAFUNGIN SODIUM | NC | | FLUCONAZOLE IN SODIUM CHLORIDE | NC | |
| MICAFUNGIN SODIUM-NACL | NC | | <i>fluconazole SUSR</i> | P | QL(70 ML per fill retail) |
| REZZAYO | NC | | <i>fluconazole TABS 50 MG</i> | P | QL(3 EA per 14 day(s) retail) |
| Antifungals | | | <i>fluconazole TABS 100 MG, 200 MG</i> | P | |
| ABELCET | NC | | <i>fluconazole TABS 150 MG</i> | P | QL(2 EA per fill retail) |
| <i>amphotericin b IV</i> | NC | | <i>fluconazole TABS 100 MG, 200 MG</i> | NC | |
| <i>amphotericin b liposome</i> | NC | | <i>fluconazole TABS 50 MG</i> | NC | QL(3 EA per 14 day(s) retail) |
| <i>flucytosine</i> | NC | | <i>itraconazole CAPS</i> | NC | |
| FULVICIN P/G 165 | NC | | <i>itraconazole CAPS</i> | NP | QL(1 EA daily) |
| <i>griseofulvin microsize SUSP</i> | P | | <i>itraconazole SOLN</i> | NP | |
| <i>griseofulvin microsize TABS</i> | NC | | <i>ketoconazole</i> | NP | |
| <i>griseofulvin microsize TABS</i> | NP | | MICONAZOLE | NC | |
| <i>griseofulvin ultramicrosize</i> | NC | | NOXAFIL PACK | NC | |
| <i>griseofulvin ultramicrosize</i> | P | | <i>posaconazole SOLN</i> | NC | |
| GRISEOFULVIN ULTRAMICROSIZE 165 MG | NC | | <i>posaconazole SUSP</i> | NC | |
| <i>nystatin TABS</i> | P | QL(6 EA daily) | <i>posaconazole TBEC</i> | NC | |
| <i>terbinafine hcl TABS</i> | P | QL(1 EA daily; 90 EA per 120 day(s) retail) | SPORANOX CAPS (<i>itraconazole</i>) | NP | QL(1 EA daily) |
| <i>terbinafine hcl TABS</i> | NC | QL(1 EA daily; 90 EA per 120 day(s) retail) | SPORANOX SOLN (<i>itraconazole</i>) | NP | |
| Imidazole-Related Antifungals | | | TOLSURA CAPS | NC | |
| CRESEMBA CAPS | NP | | VFEND SUSR (<i>voriconazole</i>) | NP | |
| CRESEMBA CAPS 186 MG | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------------------------|
| VFEND TABS (voriconazole) | NP | | <i>clemastine fumarate</i> SYRP | NC | |
| VIVJOA | NC | | <i>clemastine fumarate</i> TABS 2.68 MG | NC | |
| <i>voriconazole SOLR</i> | NC | | <i>diphenhydramine hcl</i> CAPS | C | QL(4 EA daily) |
| VORICONAZOLE SOLR | NC | | <i>diphenhydramine hcl</i> CHEW | NC | |
| <i>voriconazole SUSR</i> | NP | | <i>diphenhydramine hcl ELIX</i> 12.5 MG/5ML | C | QL(240 ML per fill retail) |
| <i>voriconazole TABS</i> | NP | | DIPHENHYDRAMINE HCL POWD | NC | |
| <i>voriconazole TABS</i> | NC | | <i>diphenhydramine hcl</i> SOLN 50 MG/ML | NC | |
| ANTIHISTAMINES - Drugs to Treat Allergies | | | <i>diphenhydramine hcl</i> TABS 25 MG | C | QL(4 EA daily) |
| Antihistamines - Alkylamines | | | DOXYLAMINE SUCCINATE POWD | NC | RX/OTC |
| BROMPHENIRAMINE MALEATE POWD | NC | | RYVENT TABS | NC | |
| CHLORPHENIRAMINE MALEATE POWD | NC | | Antihistamines - Ethylenediamines | | |
| <i>chlorpheniramine maleate</i> SYRP | C | | PEDIACLEAR 8 CHILDRENS LIQD | NC | |
| CHLOR-TRIMETON SYRP (<i>chlorpheniramine</i> <i>maleate</i>) | NC | | PYRILAMINE MALEATE CRYS | NC | |
| <i>dexchlorpheniramine</i> <i>maleate SOLN</i> | C | | PYRILAMINE MALEATE POWD | NC | |
| Antihistamines - Ethanolamines | | | TRIPLENNAMINE HCL | NC | |
| BENADRYL ALLERGY ULTRATABS TABS (<i>diphenhydramine hcl</i>) | NC | QL(4 EA daily) | Antihistamines - Non-Sedating | | |
| BENADRYL ALLERGY CAPS (<i>diphenhydramine</i> <i>hcl</i>) | NC | QL(4 EA daily) | ALLEGRA ALLERGY TABS 180 MG (<i>fexofenadine hcl</i>) | NC | QL(1 EA daily) |
| BENADRYL ALLERGY TABS (<i>diphenhydramine</i> <i>hcl</i>) | NC | QL(4 EA daily) | ALLEGRA ALLERGY TABS 60 MG (<i>fexofenadine hcl</i>) | NC | QL(2 EA daily) |
| <i>carbinoxamine maleate</i> SOLN | NC | | <i>cetirizine hcl</i> CHEW | C | QL(1 EA daily) |
| <i>carbinoxamine maleate</i> SUER | NC | | <i>cetirizine hcl SOLN PO</i> | NC | QL(300 ML per fill retail); RX/OTC |
| <i>carbinoxamine maleate</i> TABS 4 MG | NC | | <i>cetirizine hcl SOLN PO</i> | P | QL(300 ML per fill retail); RX/OTC |
| CARBINOXAMINE MALEATE TABS | NC | | | | |
| CLEMASTINE FUMARATE POWD | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|--|
| <i>cetirizine hcl SYRP PO</i> | NC | QL(300 ML per fill retail); RX/OTC | <i>promethazine hcl SOLN PO 6.25 MG/5ML</i> | P | QL(240 ML per fill retail); AL(At least 2 yrs old) |
| <i>cetirizine hcl TABS</i> | P | QL(1 EA daily) | <i>promethazine hcl SUPP</i> | P | QL(12 EA per fill retail); AL(At least 2 yrs old) |
| <i>cetirizine hcl TABS</i> | NC | QL(1 EA daily) | <i>promethazine hcl SUPP 12.5 MG</i> | NC | QL(12 EA per fill retail); AL(At least 2 yrs old) |
| CLARINEX TABS (<i>desloratadine</i>) | NC | | <i>promethazine hcl TABS</i> | P | AL(At least 2 yrs old) |
| CLARINEX TABS (<i>desloratadine</i>) | NP | | <i>promethazine hcl TABS 25 MG, 50 MG</i> | NC | AL(At least 2 yrs old) |
| CLARITIN CHILDRENS CHEW (<i>loratadine</i>) | NC | | Antihistamines - Piperidines | | |
| <i>desloratadine TABS</i> | NP | | <i>cyproheptadine hcl SYRP</i> | C | |
| <i>desloratadine TABS</i> | NC | | <i>cyproheptadine hcl TABS</i> | C | |
| <i>desloratadine TBDP</i> | NP | | ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol | | |
| <i>fexofenadine hcl TABS 60 MG</i> | C | QL(2 EA daily) | Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors | | |
| <i>fexofenadine hcl TABS 180 MG</i> | C | QL(1 EA daily) | NEXLETOL | NC | |
| <i>levocetirizine dihydrochloride TABS</i> | P | QL(1 EA daily); RX/OTC | Angiotensin-like Protein Inhibitors | | |
| <i>levocetirizine dihydrochloride TABS</i> | NC | QL(1 EA daily); RX/OTC | EVKEEZA | NC | SP |
| <i>loratadine TABS</i> | P | QL(1 EA daily) | Antihyperlipidemics - Combinations | | |
| <i>loratadine TABS</i> | NC | QL(1 EA daily) | <i>ezetimibe-simvastatin</i> | NC | QL(1 EA daily) |
| <i>loratadine TBDP 10 MG</i> | NC | QL(1 EA daily) | <i>ezetimibe-simvastatin</i> | NP | QL(1 EA daily) |
| <i>loratadine TBDP 10 MG</i> | P | QL(1 EA daily) | NEXLIZET | NC | |
| XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>) | NC | QL(1 EA daily); RX/OTC | VYTORIN (<i>ezetimibe-simvastatin</i>) | NP | QL(1 EA daily) |
| ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (<i>cetirizine hcl</i>) | NC | QL(1 EA daily) | Antihyperlipidemics - Misc. | | |
| ZYRTEC CHEW 10 MG (<i>cetirizine hcl</i>) | NC | QL(1 EA daily) | <i>icosapent ethyl</i> | P | |
| Antihistamines - Phenothiazines | | | <i>icosapent ethyl</i> | NC | |
| <i>promethazine hcl SOLN PO 6.25 MG/5ML</i> | NC | QL(240 ML per fill retail); AL(At least 2 yrs old) | LOVAZA (<i>omega-3-acid ethyl esters</i>) | NP | |
| <i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i> | NC | | <i>omega-3-acid ethyl esters</i> | NC | |
| | | | <i>omega-3-acid ethyl esters</i> | P | |
| | | | VASCEPA (<i>icosapent ethyl</i>) | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|--|-----------|----------------------|
| Bile Acid Sequestrants | | | ANTARA 30 MG, 90 MG (fenofibrate micronized) | NC | |
| cholestyramine light PACK | P | | ANTARA 30 MG, 90 MG | NC | |
| cholestyramine light PACK | NP | | choline fenofibrate | NC | |
| cholestyramine light PACK | NC | | choline fenofibrate | NP | |
| cholestyramine light POWD | P | | fenofibrate micronized 134 MG, 200 MG | NP | QL(1 EA daily) |
| cholestyramine light POWD | NP | | fenofibrate micronized 43 MG, 90 MG, 130 MG | NP | |
| cholestyramine PACK | P | | fenofibrate micronized 30 MG | NC | |
| cholestyramine POWD | P | | fenofibrate micronized 67 MG | NP | QL(2 EA daily) |
| colesevelam hcl PACK | NP | | fenofibrate CAPS | NP | |
| colesevelam hcl TABS | NP | | fenofibrate TABS 160 MG | NP | QL(1 EA daily) |
| COLESTID FLAVORED GRAN (colestipol hcl) | NC | | fenofibrate TABS 160 MG | NC | QL(1 EA daily) |
| COLESTID FLAVORED PACK (colestipol hcl) | NC | | fenofibrate TABS 40 MG, 120 MG | NP | |
| COLESTID GRAN (colestipol hcl) | NP | | fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG | NC | |
| COLESTID PACK (colestipol hcl) | NC | | fenofibrate TABS 54 MG | NP | QL(3 EA daily) |
| COLESTID TABS (colestipol hcl) | NP | | fenofibrate TABS 54 MG | NC | QL(3 EA daily) |
| colestipol hcl GRAN | P | | fenofibrate TABS 48 MG, 145 MG | P | |
| colestipol hcl PACK | P | | fenofibric acid | NP | |
| colestipol hcl TABS | P | | FENOGLIDE TABS (fenofibrate) | NP | |
| QUESTRAN LIGHT POWD (cholestyramine light) | NP | | FIBRICOR (fenofibric acid) | NP | |
| QUESTRAN PACK (cholestyramine) | NP | | GEMFIBROZIL POWD | NC | |
| QUESTRAN POWD (cholestyramine) | NP | | gemfibrozil TABS | P | QL(2 EA daily) |
| WELCHOL PACK (colesevelam hcl) | NP | | gemfibrozil TABS | NC | QL(2 EA daily) |
| WELCHOL TABS (colesevelam hcl) | NP | | LIPOFEN CAPS (fenofibrate) | NP | |
| Fibric Acid Derivatives | | | LIPOFEN CAPS 50 MG (fenofibrate) | NC | |
| | | | LOPID TABS (gemfibrozil) | NP | QL(2 EA daily) |
| | | | TRICOR TABS (fenofibrate) | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TRILIPIX (<i>choline fenofibrate</i>) | NP | |
| HMG CoA Reductase Inhibitors | | |
| ALTOPREV TB24 20 MG, 40 MG, 60 MG | NP | |
| ATORVALIQ SUSP | NP | |
| <i>atorvastatin calcium TABS</i> | NC | QL(1 EA daily) |
| <i>atorvastatin calcium TABS</i> | P | QL(1 EA daily) |
| CRESTOR TABS (<i>rosuvastatin calcium</i>) | NP | QL(1 EA daily) |
| <i>fluvastatin sodium CAPS</i> | P | |
| <i>fluvastatin sodium TB24</i> | NP | |
| LESCOL XL TB24 (<i>fluvastatin sodium</i>) | NP | |
| LIPITOR TABS (<i>atorvastatin calcium</i>) | NC | QL(1 EA daily) |
| LIPITOR TABS (<i>atorvastatin calcium</i>) | NP | QL(1 EA daily) |
| LIVALO (<i>pitavastatin calcium</i>) | NP | |
| <i>lovastatin TABS 10 MG, 20 MG</i> | P | QL(1 EA daily) |
| <i>lovastatin TABS 40 MG</i> | P | QL(2 EA daily) |
| <i>lovastatin TABS 40 MG</i> | NC | QL(2 EA daily) |
| <i>lovastatin TABS 10 MG, 20 MG</i> | NC | QL(1 EA daily) |
| <i>pitavastatin calcium</i> | NP | |
| <i>pitavastatin calcium 2 MG</i> | NC | |
| <i>pravastatin sodium</i> | P | QL(1 EA daily) |
| <i>pravastatin sodium</i> | NC | QL(1 EA daily) |
| <i>rosuvastatin calcium TABS</i> | NC | QL(1 EA daily) |
| <i>rosuvastatin calcium TABS</i> | P | QL(1 EA daily) |
| <i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i> | P | QL(1 EA daily) |
| <i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i> | NC | QL(1 EA daily) |
| <i>simvastatin TABS 80 MG</i> | NC | |
| <i>simvastatin TABS 80 MG</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>) | NP | QL(1 EA daily) |
| ZYPITAMAG 2 MG, 4 MG | NP | |
| Intestinal Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe</i> | NC | |
| <i>ezetimibe</i> | P | |
| ZETIA (<i>ezetimibe</i>) | NP | |
| Nicotinic Acid Derivatives | | |
| <i>niacin (antihyperlipidemic) TBCR</i> | NC | |
| <i>niacin (antihyperlipidemic) TBCR</i> | NP | |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |
| ACCUPRIL (<i>quinapril hcl</i>) | NP | |
| ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>) | NP | QL(2 EA daily) |
| <i>benazepril hcl 40 MG</i> | NC | QL(2 EA daily) |
| <i>benazepril hcl 5 MG, 10 MG, 20 MG</i> | P | QL(1 EA daily) |
| <i>benazepril hcl 5 MG, 10 MG, 20 MG</i> | NC | QL(1 EA daily) |
| <i>benazepril hcl 40 MG</i> | P | QL(2 EA daily) |
| <i>captopril</i> | P | QL(3 EA daily) |
| <i>captopril</i> | NC | QL(3 EA daily) |
| <i>enalapril maleate SOLN</i> | NP | |
| <i>enalapril maleate TABS</i> | NC | |
| <i>enalapril maleate TABS</i> | P | QL(2 EA daily) |
| <i>enalapril maleate TABS</i> | NC | QL(2 EA daily) |
| <i>enalaprilat SOLN</i> | NC | |
| EPANED SOLN (<i>enalapril maleate</i>) | NP | |
| <i>fosinopril sodium</i> | NP | QL(1 EA daily) |
| <i>fosinopril sodium</i> | NC | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | NC | | EDARBI | NP | |
| <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | P | | <i>irbesartan</i> | NC | |
| LOTENSIN 40 MG (<i>benazepril hcl</i>) | NP | QL(2 EA daily) | <i>irbesartan</i> | NC | QL(1 EA daily) |
| LOTENSIN 10 MG, 20 MG (<i>benazepril hcl</i>) | NP | QL(1 EA daily) | <i>irbesartan</i> | P | QL(1 EA daily) |
| <i>moexipril hcl</i> | NP | | <i>losartan potassium</i> | NC | QL(1 EA daily) |
| <i>perindopril erbumine</i> | NC | | <i>losartan potassium</i> | P | QL(1 EA daily) |
| <i>perindopril erbumine</i> | NP | | MICARDIS (<i>telmisartan</i>) | NP | |
| QBRELIS SOLN | NP | | <i>olmesartan medoxomil</i> | NC | QL(1 EA daily) |
| <i>quinapril hcl</i> | NC | | <i>olmesartan medoxomil</i> | P | QL(1 EA daily) |
| <i>quinapril hcl</i> | NP | | <i>telmisartan</i> | NC | |
| <i>ramipril CAPS</i> | NP | QL(2 EA daily) | <i>telmisartan</i> | P | |
| <i>ramipril CAPS</i> | NC | QL(2 EA daily) | <i>valsartan SOLN</i> | NP | |
| <i>trandolapril 4 MG</i> | NC | QL(2 EA daily) | <i>valsartan TABS</i> | NC | QL(1 EA daily) |
| <i>trandolapril 1 MG, 2 MG</i> | NC | QL(1 EA daily) | <i>valsartan TABS</i> | P | QL(1 EA daily) |
| <i>trandolapril 1 MG, 2 MG</i> | NP | QL(1 EA daily) | Antiadrenergic Antihypertensives | | |
| <i>trandolapril 4 MG</i> | NP | QL(2 EA daily) | CARDURA (<i>doxazosin mesylate</i>) | NC | |
| VASOTEC TABS (<i>enalapril maleate</i>) | NP | QL(2 EA daily) | CARDURA (<i>doxazosin mesylate</i>) | NP | |
| ZESTRIL TABS (<i>lisinopril</i>) | NP | | CATAPRES-TTS-1 PTWK (<i>clonidine</i>) | NC | |
| Agents for Pheochromocytoma | | | CATAPRES-TTS-2 PTWK (<i>clonidine</i>) | NC | |
| <i>phenoxybenzamine hcl</i> | NC | | CATAPRES-TTS-3 PTWK (<i>clonidine</i>) | NC | |
| <i>phentolamine mesylate SOLR</i> | NC | | CLONIDINE HCL POWD | NC | |
| Angiotensin II Receptor Antagonists | | | <i>clonidine hcl TABS</i> | NC | |
| ATACAND (<i>candesartan cilexetil</i>) | NP | | <i>clonidine hcl TABS</i> | P | |
| AVAPRO (<i>irbesartan</i>) | NP | QL(1 EA daily) | <i>clonidine PTWK</i> | P | |
| BENICAR (<i>olmesartan medoxomil</i>) | NP | QL(1 EA daily) | <i>clonidine TB24</i> | NP | |
| <i>candesartan cilexetil</i> | NP | | <i>doxazosin mesylate 1 MG, 2 MG, 8 MG</i> | NC | |
| COZAAR (<i>losartan potassium</i>) | NP | QL(1 EA daily) | <i>doxazosin mesylate</i> | P | |
| DIOVAN TABS (<i>valsartan</i>) | NP | QL(1 EA daily) | <i>guanfacine hcl</i> | NC | |
| | | | <i>guanfacine hcl</i> | P | |
| | | | <i>methyldopa TABS 500 MG</i> | C | |
| | | | <i>methyldopa TABS</i> | P | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|---------------------------------|
| MINIPRESS CAPS (prazosin hcl) | NC | | <i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 25 MG-20 MG</i> | NC | QL(1 EA daily) |
| NEXICLON XR TB24 (clonidine) | NP | | <i>benazepril & hydrochlorothiazide</i> | P | QL(1 EA daily) |
| <i>prazosin hcl CAPS</i> | C | | BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) | P | Brand Preferred; QL(1 EA daily) |
| PRAZOSIN HCL POWD | NC | | <i>bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG</i> | P | QL(1 EA daily) |
| RESERPINE POWD | NC | | <i>bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG</i> | NC | |
| <i>terazosin hcl</i> | NC | | <i>bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG</i> | NC | QL(1 EA daily) |
| <i>terazosin hcl</i> | P | | <i>bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG</i> | P | |
| Antihypertensive Combinations | | | <i>candesartan cilexetil-hydrochlorothiazide</i> | NP | |
| ACCURETIC 12.5 MG-20 MG (quinapril-hydrochlorothiazide) | NP | QL(4 EA daily) | <i>captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i> | NP | QL(2 EA daily) |
| ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide) | NP | QL(2 EA daily) | <i>captopril & hydrochlorothiazide 25 MG-50 MG</i> | NP | QL(3 EA daily) |
| ACCURETIC 12.5 MG-10 MG (quinapril-hydrochlorothiazide) | NP | QL(3 EA daily) | DIOVAN HCT (valsartan-hydrochlorothiazide) | NP | QL(1 EA daily) |
| <i>amlodipine besylate-benazepril hcl</i> | P | QL(1 EA daily) | EDARBYCLOR | NP | |
| <i>amlodipine besylate-olmesartan medoxomil</i> | NP | | <i>enalapril maleate & hydrochlorothiazide</i> | P | QL(2 EA daily) |
| <i>amlodipine besylate-valsartan</i> | NC | | <i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i> | NC | QL(2 EA daily) |
| <i>amlodipine besylate-valsartan</i> | P | | EXFORGE (amlodipine besylate-valsartan) | NP | |
| <i>amlodipine-valsartan-hydrochlorothiazide</i> | P | | | | |
| ATACAND HCT (candesartan cilexetil-hydrochlorothiazide) | NP | | | | |
| <i>atenolol & chlorthalidone</i> | P | QL(2 EA daily) | | | |
| <i>atenolol & chlorthalidone</i> | NC | QL(2 EA daily) | | | |
| AVALIDE (irbesartan-hydrochlorothiazide) | NP | QL(1 EA daily) | | | |
| AZOR (amlodipine besylate-olmesartan medoxomil) | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------------------|
| EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide) | NP | | olmesartan medoxomil-hydrochlorothiazide | NC | Brand Preferred; QL(1 EA daily) |
| fosinopril sodium & hydrochlorothiazide | NP | QL(1 EA daily) | olmesartan medoxomil-hydrochlorothiazide | NP | Brand Preferred; QL(1 EA daily) |
| fosinopril sodium & hydrochlorothiazide | NC | QL(1 EA daily) | quinapril-hydrochlorothiazide 12.5 MG-20 MG | NP | QL(4 EA daily) |
| HYZAAR (losartan potassium & hydrochlorothiazide) | NP | QL(1 EA daily) | quinapril-hydrochlorothiazide 12.5 MG-10 MG | NP | QL(3 EA daily) |
| irbesartan-hydrochlorothiazide | P | QL(1 EA daily) | quinapril-hydrochlorothiazide 12.5 MG-20 MG | NC | QL(4 EA daily) |
| irbesartan-hydrochlorothiazide | NC | QL(1 EA daily) | quinapril-hydrochlorothiazide 25 MG-20 MG | NC | QL(2 EA daily) |
| lisinopril & hydrochlorothiazide | P | | quinapril-hydrochlorothiazide 25 MG-20 MG | NP | QL(2 EA daily) |
| lisinopril & hydrochlorothiazide | NC | | TEKTURNA HCT | NC | ST |
| losartan potassium & hydrochlorothiazide | P | QL(1 EA daily) | telmisartan-amlodipine | NP | |
| losartan potassium & hydrochlorothiazide | NC | QL(1 EA daily) | telmisartan-hydrochlorothiazide | NC | QL(1 EA daily) |
| LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) | NP | QL(1 EA daily) | telmisartan-hydrochlorothiazide | P | QL(1 EA daily) |
| LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) | NP | QL(1 EA daily) | TENORETIC 100 (atenolol & chlorthalidone) | NP | QL(2 EA daily) |
| metoprolol & hydrochlorothiazide TABS 50 MG-100 MG | NP | QL(1 EA daily) | TENORETIC 50 (atenolol & chlorthalidone) | NP | QL(2 EA daily) |
| metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG | NP | QL(2 EA daily) | trandolapril-verapamil hcl | P | |
| MICARDIS HCT (telmisartan-hydrochlorothiazide) | NP | QL(1 EA daily) | TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide) | NP | |
| olmesartan medoxomil-amlodipine-hydrochlorothiazide | NP | | valsartan-hydrochlorothiazide | P | QL(1 EA daily) |
| | | | valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 25 MG-160 MG, 25 MG-320 MG | NC | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>) | NP | QL(2 EA daily) | <i>metronidazole SOLN</i> | NC | |
| ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>) | NP | | <i>metronidazole TABS</i> | P | |
| ZIAC 6.25 MG-2.5 MG (<i>bisoprolol & hydrochlorothiazide</i>) | NC | | <i>metronidazole TABS 250 MG, 500 MG</i> | NC | |
| ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (<i>bisoprolol & hydrochlorothiazide</i>) | NC | QL(1 EA daily) | <i>pentamidine isethionate IJ</i> | NC | |
| Direct Renin Inhibitors | | | <i>tinidazole</i> | NP | |
| <i>aliskiren fumarate</i> | NP | Brand Preferred; ST | <i>tinidazole 500 MG</i> | NC | |
| TEKTURNA (<i>aliskiren fumarate</i>) | P | Brand Preferred; ST | TRIMETHOPRIM POWD | NC | |
| Endothelin Receptor Antagonists | | | <i>trimethoprim TABS</i> | C | |
| TRYVIO | NC | | XIFAXAN | NP | |
| Selective Aldosterone Receptor Antagonists (SARAs) | | | Anti-infective Misc. - Combinations | | |
| <i>eplerenone</i> | NC | | BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>) | NC | |
| Vasodilators | | | BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>) | NC | |
| <i>hydralazine hcl SOLN</i> | NC | | <i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i> | NC | |
| <i>hydralazine hcl TABS</i> | C | | <i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i> | NC | |
| <i>minoxidil 2.5 MG</i> | C | QL(3 EA daily) | <i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal CAPS</i> | NC | |
| <i>minoxidil 10 MG</i> | C | QL(10 EA daily) | <i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 81 MG</i> | NC | |
| <i>nitroprusside sodium</i> | NC | | <i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 81.6 MG</i> | C | |
| <i>nitroprusside sodium-sodium chloride</i> | NC | | <i>sulfamethoxazole-trimethoprim SOLN</i> | NC | |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | | <i>sulfamethoxazole-trimethoprim SUSP</i> | C | |
| Anti-infective Agents - Misc. | | | <i>sulfamethoxazole-trimethoprim TABS</i> | C | |
| AEMCOLO | NP | | URIBEL | NC | |
| FLAGYL CAPS (<i>metronidazole</i>) | NP | | Antiprotozoal Agents | | |
| LIKMEZ SUSP | NP | | | | |
| <i>metronidazole CAPS</i> | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|---|
| ALINIA TABS (<i>nitazoxanide</i>) | NC | | VANCOMYCIN HCL IN DEXTROSE 1 GM/200ML-5 %, 1.25 GM/250ML-5 %, 1.5 GM/300ML-5 %, 500 MG/100ML-5 %, 750 MG/150ML-5 % | NC | |
| <i>atovaquone</i> | NC | | | | |
| LAMPIT | NC | | | | |
| <i>nitazoxanide</i> TABS | NP | | | | |
| <i>nitazoxanide</i> TABS | NC | | | | |
| Carbapenems | | | VANCOMYCIN HCL IN NAACL SOLN 1 GM/200ML-0.9 %, 500 MG/100ML-0.9 %, 750 MG/150ML-0.9 % | NC | |
| <i>imipenem-cilastatin</i> IV | NC | | | | |
| <i>meropenem</i> | NC | | <i>vancomycin hcl</i> CAPS 250 MG | NC | QL(8 EA daily) |
| MEROPENEM | NC | | <i>vancomycin hcl</i> CAPS 125 MG | NC | QL(4 EA daily) |
| MEROPENEM-SODIUM CHLORIDE | NC | | <i>vancomycin hcl</i> CAPS 250 MG | P | QL(8 EA daily) |
| RECARBRIO | NC | | <i>vancomycin hcl</i> CAPS 125 MG | P | QL(4 EA daily) |
| Chloramphenicols | | | VANCOMYCIN HCL SOLN IV | NC | |
| <i>chloramphenicol sodium succinate</i> | NC | | <i>vancomycin hcl</i> SOLR IV 1 GM | C | QL(14 EA per fill retail) |
| Cyclic Lipopeptides | | | <i>vancomycin hcl</i> SOLR IV 1.25 GM, 1.5 GM, 5 GM, 10 GM, 750 MG | NC | |
| CUBICIN RF (<i>daptomycin</i>) | NC | | <i>vancomycin hcl</i> SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML | NP | Brand Preferred; QL(300 ML per fill retail) |
| <i>daptomycin</i> | NC | | <i>vancomycin hcl</i> SOLR IV 500 MG | C | QL(14 EA per 31 day(s) retail) |
| DAPTOMYCIN | NC | | VANCOMYCIN HCL SOLR IV 1.25 GM, 1.5 GM, 1.75 GM, 2 GM, 5 GM, 10 GM, 750 MG | NC | |
| DAPTOMYCIN-SODIUM CHLORIDE | NC | | VANCOMYCIN HCL SOLR IV 500 MG | C | QL(14 EA per 31 day(s) retail) |
| Glycopeptides | | | VANCOMYCIN HCL SOLR IV 1 GM | C | QL(14 EA per fill retail) |
| DALVANCE | NC | | VIBATIV 750 MG | NC | |
| FIRVANQ SOLR PO (<i>vancomycin hcl</i>) | P | Brand Preferred; QL(300 ML per fill retail) | Leprostatics | | |
| FIRVANQ SOLR PO 50 MG/ML (<i>vancomycin hcl</i>) | NC | Brand Preferred; QL(300 ML per fill retail) | <i>dapsone</i> | C | |
| KIMYRSA | NC | | | | |
| ORBACTIV | NC | | | | |
| VANCOGIN CAPS 125 MG (<i>vancomycin hcl</i>) | NP | QL(4 EA daily) | | | |
| VANCOGIN CAPS 250 MG (<i>vancomycin hcl</i>) | NP | QL(8 EA daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| Lincosamides | | |
| CLEOCIN (<i>clindamycin hcl</i>) | NC | |
| CLEOCIN (<i>clindamycin palmitate hydrochloride</i>) | NC | QL(300 ML per fill retail) |
| CLEOCIN PHOSPHATE SOLN IJ | NC | |
| <i>clindamycin hcl 150 MG, 300 MG</i> | C | |
| <i>clindamycin hcl 75 MG</i> | NC | |
| <i>clindamycin palmitate hydrochloride</i> | C | QL(300 ML per fill retail) |
| <i>clindamycin phosphate in d5w</i> | NC | |
| <i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i> | NC | |
| <i>lincomycin hcl</i> | NC | |
| Monobactams | | |
| <i>aztreonam</i> | NC | |
| Oxazolidinones | | |
| LINEZOLID IN SODIUM CHLORIDE | NC | |
| <i>linezolid SOLN</i> | NC | |
| <i>linezolid SUSR</i> | NC | |
| <i>linezolid TABS</i> | NC | |
| SIVEXTRO SOLR | NC | |
| SIVEXTRO TABS | C | QL(6 EA per fill retail); PA |
| ZYVOX SOLN | NC | |
| Polymyxins | | |
| <i>colistimethate sodium</i> | NC | |
| POLYMYXIN B SULFATE POWD | NC | |
| <i>polymyxin b sulfate SOLR</i> | NC | |
| Urinary Anti-infectives | | |
| <i>fosfomycin tromethamine</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| MACROBID (<i>nitrofurantoin monohyd macro</i>) | NC | |
| MACRODANTIN (<i>nitrofurantoin macrocrystal</i>) | NC | |
| <i>methenamine hippurate</i> | NC | |
| <i>methenamine mandelate</i> | C | |
| MONUROL (<i>fosfomycin tromethamine</i>) | NC | |
| NALIDIXIC ACID | NC | |
| <i>nitrofurantoin</i> | C | QL(40 ML daily) |
| NITROFURANTOIN | NC | QL(40 ML daily) |
| <i>nitrofurantoin macrocrystal 25 MG</i> | NC | |
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i> | C | |
| <i>nitrofurantoin monohyd macro</i> | C | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |
| <i>atovaquone-proguanil hcl</i> | NC | |
| COARTEM | C | QL(24 EA per fill retail) |
| Antimalarials | | |
| ARTESUNATE | NC | |
| CHLOROQUINE PHOSPHATE POWD | NC | |
| <i>chloroquine phosphate TABS 500 MG</i> | C | QL(1 EA daily) |
| <i>chloroquine phosphate TABS 250 MG</i> | C | |
| <i>hydroxychloroquine sulfate 300 MG, 400 MG</i> | NC | |
| <i>hydroxychloroquine sulfate 100 MG, 200 MG</i> | C | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| KRINTAFEL | C | QL(0.67 EA daily) |
| <i>mefloquine hcl</i> | C | |
| MEPACRINE | NC | |
| PLAQUENIL (<i>hydroxychloroquine sulfate</i>) | NC | |
| <i>primaquine phosphate</i> TABS | C | |
| PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>) | NC | |
| QUALAQUIN CAPS (<i>quinine sulfate</i>) | NC | |
| QUINACRINE HCL | NC | |
| QUININE SULFATE DIHYDRATE POWD | NC | |
| <i>quinine sulfate</i> CAPS 324 MG | NC | |
| QUININE SULFATE POWD | NC | |
| SOVUNA 200 MG | C | |
| SOVUNA 300 MG | NC | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| MESTINON TABS (<i>pyridostigmine bromide</i>) | NC | |
| MESTINON TBCR (<i>pyridostigmine bromide</i>) | NC | |
| <i>neostigmine methylsulfate</i> SOLN IV 5 MG/10ML, 10 MG/10ML | NC | |
| NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML | NC | |
| <i>neostigmine methylsulfate</i> SOSY | NC | |
| NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML, 5 MG/5ML | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>pyridostigmine bromide</i> SOLN PO | NC | |
| <i>pyridostigmine bromide</i> TABS 60 MG | C | |
| <i>pyridostigmine bromide</i> TABS 30 MG | NC | |
| <i>pyridostigmine bromide</i> TBCR | C | |
| REGONOL SOLN IV | NC | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| AMINOSALICYLIC ACID-4 POWD | NC | |
| <i>cycloserine</i> | NC | |
| ETHAMBUTOL HCL POWD | NC | |
| <i>ethambutol hcl</i> TABS | C | |
| ISONIAZID POWD | NC | |
| <i>isoniazid</i> SOLN | NC | |
| <i>isoniazid</i> SYRP | C | |
| <i>isoniazid</i> TABS | C | |
| MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>) | NC | |
| MYCOBUTIN (<i>rifabutin</i>) | NC | |
| PRETOMANID | NC | |
| PRIFTIN | NC | |
| <i>pyrazinamide</i> | C | |
| <i>rifabutin</i> | C | |
| <i>rifampin</i> CAPS | C | |
| <i>rifampin</i> SOLR | NC | |
| SIRTURO | NC | |
| TRECTOR | C | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| ALKERAN (<i>melphalan</i>) | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| BICNU (<i>carmustine</i>) | NC | | INFUGEM | NC | |
| <i>busulfan SOLN</i> | NC | | <i>mercaptopurine TABS</i> | C | |
| <i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i> | NC | SP | <i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i> | P | |
| <i>carmustine</i> | NC | | <i>methotrexate sodium SOLR</i> | P | |
| CARMUSTINE | NC | | <i>methotrexate sodium TABS 2.5 MG</i> | NC | |
| <i>cyclophosphamide CAPS</i> | NC | | <i>methotrexate sodium TABS 2.5 MG</i> | P | |
| CYCLOPHOSPHAMIDE SOLN | NC | SP | METHOTREXATE POWD | NC | |
| <i>cyclophosphamide SOLR IJ</i> | NC | SP | METHOTREXATE SOLN IV | NC | |
| CYCLOPHOSPHAMIDE TABS | NC | | <i>nelarabine</i> | NC | |
| FRINDOVYX SOLN | NC | SP | PEMRYDI RTU SOLN | NC | SP |
| GLEOSTINE 10 MG, 40 MG, 100 MG | NC | | PURIXAN SUSP | C | |
| GLIADEL WAFER | NC | | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | NP | |
| GRAFAPEX SOLR IV 1 GM, 5 GM | NC | | XATMEP SOLN PO | NP | |
| IFEX SOLR | NC | | Antineoplastic - Angiogenesis Inhibitors | | |
| <i>ifosfamide SOLN</i> | NC | | MVASI | C | SP; PA |
| <i>ifosfamide SOLR</i> | NC | | ZIRABEV | C | SP; PA |
| IFOSFAMIDE SOLR | NC | | Antineoplastic - Antibodies | | |
| LEUKERAN | C | | DANYELZA | NC | |
| <i>melphalan</i> | NC | | ENHERTU | C | SP; PA |
| MYLERAN TABS | C | | KIMMTRAK | NC | SP |
| <i>oxaliplatin SOLN</i> | NC | | MONJUVI | NC | SP |
| <i>oxaliplatin SOLR</i> | NC | | OPDIVO | NC | SP |
| ZANOSAR | NC | | PADCEV | C | SP; PA |
| ZEPZELCA | NC | SP | POLIVY | NC | SP |
| Antimetabolites | | | RITUXAN | NC | SP |
| <i>clofarabine</i> | NC | | RUXIENCE | C | SP; PA |
| CLOLAR (<i>clofarabine</i>) | NC | | RYBREVANT | NC | SP |
| <i>fluorouracil</i> | NC | | SARCLISA | NC | SP |
| <i>gemcitabine hcl SOLN</i> | NC | | TRUXIMA | C | SP; PA |
| <i>gemcitabine hcl SOLR</i> | NC | | UNITUXIN | NC | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Antineoplastic - Anti-HER2 Agents | | |
| HERCEPTIN 150 MG | NC | SP |
| HERZUMA | NC | SP |
| KANJINTI | C | SP; PA |
| MARGENZA | NC | SP |
| OGIVRI | C | SP; PA |
| ONTRUZANT | NC | SP |
| TRAZIMERA 420 MG | C | SP; PA |
| TRAZIMERA 150 MG | NC | SP |
| Antineoplastic - Cellular Immunotherapy | | |
| ABECMA | NC | SP |
| BREYANZI | NC | SP |
| CARVYKTI | NC | SP |
| KYMRIAH | NC | SP |
| OMISIRGE | NC | |
| PROVENGE | NC | SP |
| TECARTUS | NC | SP |
| YESCARTA | NC | SP |
| Antineoplastic - Hormonal and Related Agents | | |
| <i>abiraterone acetate</i> | C | SP; PA |
| <i>anastrozole</i> | C | |
| ARIMIDEX (<i>anastrozole</i>) | NC | |
| AROMASIN (<i>exemestane</i>) | NC | |
| <i>bicalutamide</i> | C | QL(1 EA daily) |
| CASODEX (<i>bicalutamide</i>) | NC | QL(1 EA daily) |
| ERLEADA | NC | SP |
| EULEXIN | C | |
| <i>exemestane</i> | C | |
| FARESTON (<i>toremifene citrate</i>) | NC | PA |
| FEMARA (<i>letrozole</i>) | NC | |
| <i>fulvestrant SOSY</i> | NC | |
| <i>letrozole</i> | C | |
| LEUPROLIDE ACETATE (3 MONTH) INJ | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| MEGESTROL ACETATE POWD | NC | |
| <i>megestrol acetate SUSP 40 MG/ML, 400 MG/10ML</i> | NC | |
| <i>megestrol acetate SUSP</i> | P | |
| <i>megestrol acetate TABS</i> | C | |
| <i>nilutamide</i> | NC | |
| NUBEQA | NC | SP |
| SOLTAMOX SOLN | NC | |
| <i>tamoxifen citrate TABS</i> | C | |
| <i>toremifene citrate</i> | C | PA |
| ZYTIGA (<i>abiraterone acetate</i>) | NC | SP; PA |
| Antineoplastic - Hypoxia-Inducible Factor Inhibitors | | |
| WELIREG | NC | SP |
| Antineoplastic - Immunomodulators | | |
| LEVAMISOLE HCL | NC | |
| Antineoplastic - PDGFR-alpha Inhibitors | | |
| AYVAKIT | NC | SP |
| Antineoplastic - XPO1 Inhibitors | | |
| XPOVIO (60 MG TWICE WEEKLY) | NC | SP |
| XPOVIO (80 MG TWICE WEEKLY) | NC | SP |
| Antineoplastic Antibiotics | | |
| <i>bleomycin sulfata</i> | NC | |
| COSMEGEN (<i>dactinomycin</i>) | NC | |
| <i>dactinomycin</i> | NC | |
| <i>doxorubicin hcl liposomal SUSP</i> | NC | |
| <i>doxorubicin hcl SOLN</i> | NC | |
| <i>doxorubicin hcl SOLR 10 MG, 50 MG</i> | NC | |
| <i>idarubicin hcl</i> | NC | |
| JELMYTO SOLR UL | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| <i>mitomycin SOLR IV</i> | NC | |
| Antineoplastic Combinations | | |
| HERCEPTIN HYLECTA | NC | SP |
| INQOVI | NC | SP |
| PHESGO | C | SP; PA |
| RITUXAN HYCELA | NC | SP |
| Antineoplastic Enzyme Inhibitors | | |
| BRAFTOVI 75 MG | C | SP; PA |
| BRUKINSA | NC | SP |
| GAVRETO | NC | SP |
| GOMEKLI CAPS PO 1 MG, 2 MG | NC | |
| GOMEKLI TBSO PO 1 MG | NC | |
| IBRANCE CAPS | C | SP; PA |
| IBRANCE TABS | C | SP; PA |
| ICLUSIG | C | QL(1 EA daily); SP; PA |
| INREBIC | C | SP; PA |
| LUMAKRAS | NC | SP |
| MEKTOVI | C | SP; PA |
| OGSIVEO | NC | SP |
| OJEMDA SUSR | NC | SP |
| OJEMDA TABS | NC | SP |
| ROZLYTREK CAPS | C | SP; PA |
| TALZENNA | NC | SP |
| TAZVERIK | NC | SP |
| TEPMETKO | NC | SP |
| Antineoplastic Enzymes | | |
| ASPARLAS | C | SP; PA |
| RYLAZE | NC | SP |
| Antineoplastic Radiopharmaceuticals | | |
| STRONTIUM CHLORIDE SR-89 | NC | |
| XOFIGO | NC | |
| Antineoplastics Misc. | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>dacarbazine SOLR</i> | NC | |
| ELZONRIS | NC | |
| HYDREA (<i>hydroxyurea</i>) | NC | |
| <i>hydroxyurea</i> | C | |
| NIPENT | NC | |
| TICE BCG | NC | |
| Chemotherapy Adjuncts | | |
| ELITEK | NC | |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| COSELA | NC | |
| <i>leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML</i> | NC | |
| <i>leucovorin calcium SOLR</i> | NC | |
| <i>leucovorin calcium TABS</i> | C | |
| PEDMARK | NC | |
| Mitotic Inhibitors | | |
| ETOPOPHOS | NC | |
| <i>paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML</i> | NC | |
| <i>vinblastine sulfate SOLN</i> | NC | |
| <i>vinorelbine tartrate</i> | NC | |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjunctive Therapy | | |
| <i>carbidopa</i> | C | |
| LODOSYN (<i>carbidopa</i>) | NC | |
| NOURIANZ | NC | |
| Antiparkinson Anticholinergics | | |
| <i>benztropine mesylate SOLN</i> | NC | |
| <i>benztropine mesylate TABS</i> | C | |
| <i>trihexyphenidyl hcl SOLN</i> | C | QL(16.67 ML daily) |
| <i>trihexyphenidyl hcl TABS</i> | C | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|---|-----------|---|
| Antiparkinson COMT Inhibitors | | | <i>pramipexole dihydrochloride TABS</i> | P | QL(3 EA daily); AL(At least 18 yrs old) |
| COMTAN (<i>entacapone</i>) | NC | | <i>pramipexole dihydrochloride TABS 0.75 MG, 1 MG, 1.5 MG</i> | NC | QL(3 EA daily); AL(At least 18 yrs old) |
| <i>entacapone</i> | NC | | <i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG</i> | NC | QL(3 EA daily) |
| ONGENTYS | NC | | <i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG</i> | NC | |
| <i>tolcapone</i> | NC | | <i>pramipexole dihydrochloride TB24 0.5 MG, 1 MG, 2 MG, 5 MG</i> | NP | |
| Antiparkinson Dopaminergics | | | <i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i> | NC | QL(3 EA daily) |
| <i>amantadine hcl CAPS</i> | C | | <i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i> | P | QL(3 EA daily) |
| <i>amantadine hcl SOLN</i> | C | | <i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i> | P | QL(6 EA daily) |
| <i>amantadine hcl TABS</i> | NC | | <i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i> | NC | QL(6 EA daily) |
| <i>bromocriptine mesylate CAPS</i> | C | | <i>ropinirole hydrochloride TB24</i> | NP | |
| BROMOCRIPTINE MESYLATE POWD | NC | | RYTARY CPR | NC | |
| <i>bromocriptine mesylate TABS 2.5 MG</i> | C | | SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>) | NC | |
| <i>carbidopa-levodopa-entacapone</i> | NC | | STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>) | NC | |
| <i>carbidopa-levodopa TABS</i> | C | | STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>) | NC | |
| <i>carbidopa-levodopa TBCR</i> | C | | | | |
| <i>carbidopa-levodopa TBDP</i> | NC | | | | |
| CREXONT CPR | NC | | | | |
| DHIVY TABS | C | | | | |
| DUOPA SUSP | NC | | | | |
| INBRIJA CAPS | NC | | | | |
| LEVODOPA POWD | NC | | | | |
| MIRAPEX ER TB24 (<i>pramipexole dihydrochloride</i>) | NP | | | | |
| NEUPRO | NP | | | | |
| OSMOLEX ER TB24 129 MG, 193 MG | NP | | | | |
| OSMOLEX ER TB24 129 MG, 193 MG | NC | | | | |
| PARLODEL CAPS (<i>bromocriptine mesylate</i>) | NC | | | | |
| PARLODEL TABS (<i>bromocriptine mesylate</i>) | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|--|-----------|--|
| STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>) | NC | | LATUDA 40 MG, 80 MG (<i>lurasidone hcl</i>) | NC | |
| STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>) | NC | | <i>lurasidone hcl</i> | P | |
| STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>) | NC | | <i>lurasidone hcl</i> 20 MG, 40 MG, 60 MG, 80 MG | NC | |
| STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>) | NC | | NUPLAZID CAPS | NP | QL(1 EA daily) |
| Antiparkinson Monoamine Oxidase Inhibitors | | | NUPLAZID TABS 10 MG | NP | QL(1 EA daily) |
| <i>rasagiline mesylate</i> | NC | | VRAYLAR CAPS | P | |
| <i>selegiline hcl</i> CAPS | C | | <i>ziprasidone hcl</i> | P | QL(2 EA daily); AL(At least 18 yrs old) |
| SELEGILINE HCL POWD | NC | | <i>ziprasidone hcl</i> | NC | QL(2 EA daily); AL(At least 18 yrs old) |
| <i>selegiline hcl</i> TABS | C | | <i>ziprasidone mesylate</i> | NP | |
| ZELAPAR TBDP | NC | | Benzisoxazoles | | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | | ERZOFRI 234 MG/1.5ML | NP | QL(3 ML per 28 day(s) retail); SP |
| Antimanic Agents | | | ERZOFRI 156 MG/ML | NP | QL(2 ML per 28 day(s) retail); SP |
| <i>lithium</i> | C | QL(10 ML daily) | ERZOFRI 117 MG/0.75ML | NP | QL(1.5 ML per 28 day(s) retail); SP |
| <i>lithium carbonate</i> CAPS | C | | ERZOFRI 39 MG/0.25ML | NP | QL(0.25 ML per 28 day(s) retail); SP |
| LITHIUM CARBONATE POWD | C | | ERZOFRI 78 MG/0.5ML | NP | QL(0.5 ML per 28 day(s) retail); SP |
| <i>lithium carbonate</i> TABS | C | | ERZOFRI 351 MG/2.25ML | NP | SP |
| <i>lithium carbonate</i> TBCR | C | | FANAPT | NP | |
| LITHOBID TBCR (<i>lithium carbonate</i>) | NC | | FANAPT TITRATION PACK | NP | |
| Antipsychotics - Misc. | | | INVEGA 3 MG, 6 MG, 9 MG (<i>paliperidone</i>) | NP | |
| CAPLYTA | NP | | INVEGA 1.5 MG (<i>paliperidone</i>) | NC | |
| EQUETRO | NP | | INVEGA HAFYERA | P | SP |
| GEODON (<i>ziprasidone hcl</i>) | NC | QL(2 EA daily); AL(At least 18 yrs old) | INVEGA SUSTENNA 234 MG/1.5ML | P | QL(3 ML per 28 day(s) retail); SP |
| GEODON (<i>ziprasidone hcl</i>) | NP | QL(2 EA daily); AL(At least 18 yrs old) | | | |
| GEODON (<i>ziprasidone mesylate</i>) | NC | | | | |
| LATUDA (<i>lurasidone hcl</i>) | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---|
| INVEGA SUSTENNA 156 MG/ML | P | QL(2 ML per 28 day(s) retail); SP | <i>risperidone microspheres</i> | NC | 2 max fill(s) per 28 day(s) retail; SP |
| INVEGA SUSTENNA 117 MG/0.75ML | P | QL(1.5 ML per 28 day(s) retail); SP | <i>risperidone SOLN</i> | NC | QL(4 ML daily); AL(At least 5 yrs old) |
| INVEGA SUSTENNA 39 MG/0.25ML | P | QL(0.25 ML per 28 day(s) retail); SP | <i>risperidone SOLN</i> | P | QL(4 ML daily); AL(At least 5 yrs old) |
| INVEGA SUSTENNA 78 MG/0.5ML | P | QL(0.5 ML per 28 day(s) retail); SP | <i>risperidone TABS</i> | P | QL(4 EA daily); AL(At least 5 yrs old) |
| INVEGA TRINZA 410 MG/1.32ML | P | QL(1.4 ML per fill retail); 1 max fill(s) per 84 day(s) retail; SP | <i>risperidone TABS</i> | NC | QL(4 EA daily); AL(At least 5 yrs old) |
| INVEGA TRINZA 819 MG/2.63ML | P | QL(2.7 ML per fill retail); 1 max fill(s) per 84 day(s) retail; SP | <i>risperidone TBDP</i> | P | QL(2 EA daily); AL(At least 5 yrs old) |
| INVEGA TRINZA 546 MG/1.75ML | P | QL(1.8 ML per fill retail); 1 max fill(s) per 84 day(s) retail; SP | RYKINDO SRER | NP | SP |
| INVEGA TRINZA 273 MG/0.88ML | P | QL(0.88 ML per fill retail); 1 max fill(s) per 84 day(s) retail; SP | Butyrophenones | | |
| <i>paliperidone</i> | NP | | HALDOL DECANOATE (<i>haloperidol decanoate</i>) | NC | |
| <i>paliperidone 3 MG, 6 MG</i> | NC | | <i>haloperidol decanoate</i> | C | |
| PERSERIS PRSY | P | QL(1 EA per 28 day(s) retail); SP | <i>haloperidol lactate CONC</i> | C | |
| RISPERDAL CONSTA (<i>risperidone microspheres</i>) | P | 2 max fill(s) per 28 day(s) retail; SP | <i>haloperidol lactate SOLN</i> | NC | |
| RISPERDAL SOLN (<i>risperidone</i>) | NP | QL(4 ML daily); AL(At least 5 yrs old) | <i>haloperidol TABS 20 MG</i> | C | |
| RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>) | NP | QL(4 EA daily); AL(At least 5 yrs old) | <i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i> | C | QL(3 EA daily) |
| | | | Dibenzapines | | |
| | | | ADASUVE | NP | |
| | | | <i>asenapine maleate</i> | NP | Brand Preferred |
| | | | <i>asenapine maleate 2.5 MG, 10 MG</i> | NC | Brand Preferred |
| | | | <i>clozapine TABS 100 MG</i> | P | QL(9 EA daily); AL(At least 18 yrs old) |
| | | | <i>clozapine TABS 25 MG, 50 MG, 200 MG</i> | P | QL(3 EA daily); AL(At least 18 yrs old) |
| | | | <i>clozapine TABS 25 MG, 50 MG</i> | NC | QL(3 EA daily); AL(At least 18 yrs old) |
| | | | <i>clozapine TBDP</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| CLOZARIL TABS 100 MG (clozapine) | NP | QL(9 EA daily); AL(At least 18 yrs old) | SAPHRIS 5 MG, 10 MG (asenapine maleate) | NC | Brand Preferred |
| CLOZARIL TABS 25 MG, 50 MG, 200 MG (clozapine) | NP | QL(3 EA daily); AL(At least 18 yrs old) | SECUADO | NP | |
| loxapine succinate | C | QL(4 EA daily) | SEROQUEL XR TB24 (quetiapine fumarate) | NP | |
| olanzapine SOLR | NC | | SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (quetiapine fumarate) | NP | QL(4 EA daily); AL(At least 10 yrs old) |
| olanzapine TABS 2.5 MG, 5 MG | P | QL(4 EA daily); AL(At least 10 yrs old) | SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate) | NP | QL(2 EA daily); AL(At least 10 yrs old) |
| olanzapine TABS 7.5 MG, 10 MG | NC | QL(2 EA daily); AL(At least 10 yrs old) | VERSACLOZ SUSP | NP | |
| olanzapine TABS 15 MG, 20 MG | P | QL(1 EA daily); AL(At least 10 yrs old) | ZYPREXA ZYDIS TBDP (olanzapine) | NP | |
| olanzapine TABS 2.5 MG, 5 MG | NC | QL(4 EA daily); AL(At least 10 yrs old) | ZYPREXA SOLR (olanzapine) | NP | |
| olanzapine TABS 7.5 MG, 10 MG | P | QL(2 EA daily); AL(At least 10 yrs old) | ZYPREXA TABS 15 MG, 20 MG (olanzapine) | NP | QL(1 EA daily); AL(At least 10 yrs old) |
| olanzapine TABS 15 MG, 20 MG | NC | QL(1 EA daily); AL(At least 10 yrs old) | ZYPREXA TABS 7.5 MG, 10 MG (olanzapine) | NP | QL(2 EA daily); AL(At least 10 yrs old) |
| olanzapine TBDP | NP | | ZYPREXA TABS 2.5 MG, 5 MG (olanzapine) | NP | QL(4 EA daily); AL(At least 10 yrs old) |
| olanzapine TBDP 5 MG | NC | | Dihydroindolones | | |
| quetiapine fumarate TABS 300 MG, 400 MG | P | QL(2 EA daily); AL(At least 10 yrs old) | molindone hcl | NC | |
| quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG | P | QL(4 EA daily); AL(At least 10 yrs old) | Muscarinic Agents | | |
| quetiapine fumarate TABS 300 MG, 400 MG | NC | QL(2 EA daily); AL(At least 10 yrs old) | COBENFY STARTER PACK CPPK | NP | |
| quetiapine fumarate TABS 150 MG | P | | COBENFY CAPS | NP | |
| quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG | NC | QL(4 EA daily); AL(At least 10 yrs old) | Phenothiazines | | |
| quetiapine fumarate TB24 | P | | chlorpromazine hcl CONC | NC | |
| quetiapine fumarate TB24 | NC | | chlorpromazine hcl SOLN | NC | |
| SAPHRIS (asenapine maleate) | P | Brand Preferred | chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG | C | QL(3 EA daily) |
| | | | chlorpromazine hcl TABS 10 MG | C | QL(10 EA daily) |
| | | | fluphenazine decanoate | C | |
| | | | fluphenazine hcl CONC | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---|
| <i>fluphenazine hcl ELIX</i> | NC | | <i>aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG</i> | NC | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>fluphenazine hcl SOLN</i> | NC | | <i>aripiprazole TBDP</i> | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>fluphenazine hcl TABS</i> | C | | ARISTADA 882 MG/3.2ML | NC | QL(3.2 ML per 28 day(s) retail); SP |
| <i>perphenazine TABS</i> | C | QL(4 EA daily) | ARISTADA 662 MG/2.4ML | NC | QL(2.4 ML per 28 day(s) retail); SP |
| <i>prochlorperazine</i> | NP | | ARISTADA 662 MG/2.4ML | P | QL(2.4 ML per 28 day(s) retail); SP |
| <i>prochlorperazine</i> | P | | ARISTADA 1064 MG/3.9ML | P | QL(4 ML per fill retail); 1 max fill(s) per 56 day(s) retail; SP |
| <i>prochlorperazine edisylate 10 MG/2ML</i> | NC | | ARISTADA 1064 MG/3.9ML | NC | QL(4 ML per fill retail); 1 max fill(s) per 56 day(s) retail; SP |
| PROCHLORPERAZINE MALEATE POWD | NC | | ARISTADA 882 MG/3.2ML | P | QL(3.2 ML per 28 day(s) retail); SP |
| <i>prochlorperazine maleate TABS</i> | P | | ARISTADA 441 MG/1.6ML | NC | QL(1.6 ML per 28 day(s) retail); SP |
| <i>prochlorperazine maleate TABS 10 MG</i> | NC | | ARISTADA 441 MG/1.6ML | P | QL(1.6 ML per 28 day(s) retail); SP |
| <i>thioridazine hcl</i> | C | QL(3 EA daily) | ARISTADA INITIO | P | QL(2.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail; SP |
| <i>trifluoperazine hcl TABS</i> | C | QL(2 EA daily) | OPIPZA FILM | NP | |
| Quinolinone Derivatives | | | REXULTI | NP | |
| ABILIFY MAINTENA PRSY | P | QL(1 EA per 28 day(s) retail); SP | Thioxanthenes | | |
| ABILIFY MAINTENA SRER | P | QL(1 EA per 28 day(s) retail); SP | <i>thiothixene</i> | C | QL(3 EA daily) |
| ABILIFY TABS 5 MG (<i>aripiprazole</i>) | NP | QL(1.5 EA daily); AL(At least 6 yrs old) | ANTISEPTICS & DISINFECTANTS | | |
| ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG (<i>aripiprazole</i>) | NP | QL(1 EA daily); AL(At least 6 yrs old) | Antiseptics & Disinfectants | | |
| <i>aripiprazole SOLN PO</i> | NP | QL(750 ML per 31 day(s) retail); AL(At least 6 yrs old) | CETYLCIDE-G CONC | NC | |
| <i>aripiprazole TABS 5 MG</i> | NC | QL(1.5 EA daily); AL(At least 6 yrs old) | | | |
| <i>aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG</i> | P | QL(1 EA daily); AL(At least 6 yrs old) | | | |
| <i>aripiprazole TABS 5 MG</i> | P | QL(1.5 EA daily); AL(At least 6 yrs old) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| PHENOL CRYSTALS | NC | | <i>darunavir TABS 600 MG</i> | P | QL(2 EA daily) |
| PHENOL LIQD XX 89 % | NC | | <i>darunavir TABS 800 MG</i> | P | QL(1 EA daily) |
| Chlorine Antiseptics | | | DELSTRIGO | P | QL(1 EA daily) |
| <i>chlorhexidine gluconate SOLN EX</i> | NC | | DESCOVY 200 MG-25 MG | P | QL(1 EA daily) |
| CLORPACTIN | NC | | DESCOVY 120 MG-15 MG | P | QL(1 EA daily); PA |
| <i>sodium hypochlorite SOLN EX 0.25 %, 0.5 %</i> | NC | | DOVATO | P | QL(1 EA daily) |
| Iodine Antiseptics | | | EDURANT | P | QL(1 EA daily) |
| LUGOLS STRONG IODINE SOLN | NC | | <i>efavirenz CAPS 50 MG</i> | P | QL(2 EA daily) |
| Mercury Antiseptics | | | <i>efavirenz CAPS 200 MG</i> | P | QL(1 EA daily) |
| THIMEROSAL POWD | NC | | <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | P | QL(1 EA daily) |
| Silver Antiseptics | | | <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> | P | QL(1 EA daily) |
| SILVER PROTEIN MILD | NC | | <i>efavirenz TABS</i> | C | QL(1 EA daily) |
| ANTIVIRALS - Drugs to Treat Viral Infections | | | <i>efavirenz TABS</i> | P | QL(1 EA daily) |
| Antiretrovirals | | | <i>emtricitabine CAPS</i> | P | QL(1 EA daily) |
| <i>abacavir sulfate-lamivudine</i> | P | QL(1 EA daily) | <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i> | C | QL(1 EA daily) |
| <i>abacavir sulfate SOLN</i> | P | QL(30 ML daily) | <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i> | P | QL(1 EA daily) |
| <i>abacavir sulfate TABS</i> | C | QL(2 EA daily) | <i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i> | P | |
| <i>abacavir sulfate TABS</i> | P | QL(2 EA daily) | EMTRIVA CAPS (<i>emtricitabine</i>) | P | QL(1 EA daily) |
| APRETUDE | NC | | EMTRIVA SOLN | P | QL(24 ML daily) |
| APTIVUS CAPS | P | QL(4 EA daily) | EPIVIR SOLN (<i>lamivudine</i>) | P | QL(30 ML daily) |
| <i>atazanavir sulfate CAPS 150 MG, 200 MG</i> | P | QL(2 EA daily) | EPIVIR TABS 150 MG (<i>lamivudine</i>) | P | QL(2 EA daily) |
| <i>atazanavir sulfate CAPS 300 MG</i> | P | | EPIVIR TABS 300 MG (<i>lamivudine</i>) | P | QL(1 EA daily) |
| <i>atazanavir sulfate CAPS 200 MG</i> | C | QL(2 EA daily) | EPZICOM (<i>abacavir sulfate-lamivudine</i>) | NC | QL(1 EA daily) |
| BIKTARVY | P | QL(1 EA daily) | | | |
| CABENUVA | NC | | | | |
| CIMDUO | P | QL(1 EA daily) | | | |
| COMBIVIR (<i>lamivudine-zidovudine</i>) | NC | | | | |
| COMPLERA | P | QL(1 EA daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| <i>etravirine 100 MG</i> | C | QL(4 EA daily) | <i>lopinavir-ritonavir SOLN</i> | P | QL(16 ML daily) |
| <i>etravirine 200 MG</i> | C | QL(2 EA daily) | <i>lopinavir-ritonavir TABS 25 MG-100 MG</i> | P | QL(4 EA daily) |
| <i>etravirine 100 MG</i> | P | QL(4 EA daily) | <i>lopinavir-ritonavir TABS 50 MG-200 MG</i> | P | QL(6 EA daily) |
| <i>etravirine 200 MG</i> | P | QL(2 EA daily) | <i>maraviroc TABS 300 MG</i> | P | QL(4 EA daily) |
| EVOTAZ | P | QL(1 EA daily) | <i>maraviroc TABS 150 MG</i> | P | QL(2 EA daily) |
| <i>fosamprenavir calcium TABS</i> | P | QL(4 EA daily) | <i>maraviroc TABS 300 MG</i> | C | QL(4 EA daily) |
| GENVOYA | P | QL(1 EA daily) | <i>maraviroc TABS 150 MG</i> | C | QL(2 EA daily) |
| INTELENCE 200 MG (<i>etravirine</i>) | P | QL(2 EA daily) | <i>nevirapine SUSP</i> | P | QL(40 ML daily) |
| INTELENCE | P | QL(4 EA daily) | <i>nevirapine TABS</i> | P | QL(2 EA daily) |
| INTELENCE (<i>etravirine</i>) | P | QL(4 EA daily) | <i>nevirapine TB24 400 MG</i> | P | QL(1 EA daily) |
| ISENTRESS CHEW 100 MG | P | QL(6 EA daily) | <i>nevirapine TB24 100 MG</i> | P | QL(3 EA daily) |
| ISENTRESS CHEW 25 MG | P | QL(12 EA daily) | NORVIR PACK | P | |
| ISENTRESS PACK | P | QL(2 EA daily) | NORVIR TABS (<i>ritonavir</i>) | NC | QL(12 EA daily) |
| ISENTRESS TABS | P | QL(2 EA daily) | NORVIR TABS (<i>ritonavir</i>) | P | QL(12 EA daily) |
| JULUCA | P | QL(1 EA daily) | ODEFSEY | P | |
| KALETRA SOLN (<i>lopinavir-ritonavir</i>) | P | QL(16 ML daily) | PIFELTRO | P | QL(1 EA daily) |
| KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>) | P | QL(6 EA daily) | PREZCOBIX | P | QL(1 EA daily) |
| KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>) | P | QL(4 EA daily) | PREZISTA SUSP | P | QL(12 ML daily) |
| <i>lamivudine SOLN</i> | C | QL(30 ML daily) | PREZISTA TABS 75 MG, 600 MG | P | QL(2 EA daily) |
| <i>lamivudine SOLN</i> | P | QL(30 ML daily) | PREZISTA TABS 800 MG (<i>darunavir</i>) | P | QL(1 EA daily) |
| <i>lamivudine TABS 150 MG</i> | P | QL(2 EA daily) | PREZISTA TABS 150 MG | P | QL(3 EA daily) |
| <i>lamivudine TABS 150 MG</i> | C | QL(2 EA daily) | PREZISTA TABS (<i>darunavir</i>) | P | QL(2 EA daily) |
| <i>lamivudine TABS 150 MG</i> | NC | QL(2 EA daily) | RETROVIR CAPS (<i>zidovudine</i>) | P | QL(6 EA daily) |
| <i>lamivudine TABS 300 MG</i> | P | QL(1 EA daily) | RETROVIR SOLN | NC | |
| <i>lamivudine-zidovudine</i> | P | | RETROVIR SYRP (<i>zidovudine</i>) | P | QL(60 ML daily) |
| <i>lamivudine-zidovudine</i> | NC | | REYATAZ CAPS 300 MG (<i>atazanavir sulfate</i>) | P | |
| LEXIVA SUSP | C | QL(56 ML daily) | REYATAZ CAPS 200 MG (<i>atazanavir sulfate</i>) | P | QL(2 EA daily) |
| LEXIVA TABS (<i>fosamprenavir calcium</i>) | NC | QL(4 EA daily) | REYATAZ PACK | P | QL(6 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---|
| <i>ritonavir TABS</i> | P | QL(12 EA daily) | TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>) | P | QL(1 EA daily) |
| RUKOBIA | P | PA | TYBOST | P | QL(1 EA daily); AL(At least 18 yrs old) |
| SELZENTRY SOLN | P | QL(35 ML daily) | VIRACEPT TABS 625 MG | P | QL(4 EA daily) |
| SELZENTRY TABS 150 MG (<i>maraviroc</i>) | P | QL(2 EA daily) | VIRACEPT TABS 250 MG | P | QL(9 EA daily) |
| SELZENTRY TABS 300 MG (<i>maraviroc</i>) | P | QL(4 EA daily) | VIREAD POWD | P | QL(8 GM daily) |
| SELZENTRY TABS 25 MG, 75 MG | NC | | VIREAD TABS (<i>tenofovir disoproxil fumarate</i>) | P | QL(1 EA daily) |
| STRIBILD | P | QL(1 EA daily) | VIREAD TABS | P | QL(1 EA daily) |
| SUSTIVA CAPS 200 MG (<i>efavirenz</i>) | NC | QL(1 EA daily) | ZIAGEN SOLN (<i>abacavir sulfate</i>) | P | QL(30 ML daily) |
| SUSTIVA CAPS 50 MG (<i>efavirenz</i>) | NC | QL(2 EA daily) | ZIAGEN TABS (<i>abacavir sulfate</i>) | C | QL(2 EA daily) |
| SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) | P | QL(1 EA daily) | <i>zidovudine CAPS</i> | P | QL(6 EA daily) |
| SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) | P | QL(1 EA daily) | <i>zidovudine SYRP</i> | P | QL(60 ML daily) |
| SYMTUZA | P | | <i>zidovudine TABS</i> | P | QL(2 EA daily) |
| <i>tenofovir disoproxil fumarate TABS</i> | P | QL(1 EA daily) | Antiviral Combinations | | |
| <i>tenofovir disoproxil fumarate TABS</i> | C | QL(1 EA daily) | PAXLOVID (150/100) | C | |
| TIVICAY PD TBSO | P | | PAXLOVID (300/100) | C | |
| TIVICAY TABS 10 MG, 25 MG | NC | | CMV Agents | | |
| TIVICAY TABS 50 MG | P | | <i>cidofovir</i> | NC | |
| TRIUMEQ PD TBSO | P | | <i>foscarnet sodium 6000 MG/250ML</i> | NC | |
| TRIUMEQ TABS | P | QL(1 EA daily); AL(At least 18 yrs old) | FOSCAVIR 6000 MG/250ML (<i>foscarnet sodium</i>) | NC | |
| TRIZIVIR | NC | QL(2 EA daily) | GANCICLOVIR SODIUM SOLN | NC | |
| TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>) | P | | <i>ganciclovir sodium SOLR</i> | NC | |
| | | | VALCYTE TABS (<i>valganciclovir hcl</i>) | NC | QL(2 EA daily) |
| | | | <i>valganciclovir hcl SOLR</i> | NC | |
| | | | <i>valganciclovir hcl TABS</i> | C | QL(2 EA daily) |
| | | | Hepatitis Agents | | |
| | | | <i>adefovir dipivoxil</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|--|-----------|--|
| BARACLUDE SOLN | P | | <i>acyclovir TABS PO 800 MG</i> | NC | QL(50 EA per 31 day(s) retail) |
| BARACLUDE TABS (<i>entecavir</i>) | NP | | <i>acyclovir TABS PO 400 MG</i> | NC | QL(3 EA daily) |
| <i>entecavir TABS</i> | P | | <i>acyclovir TABS PO 400 MG</i> | P | QL(3 EA daily) |
| <i>entecavir TABS</i> | NC | | <i>acyclovir TABS PO 800 MG</i> | P | QL(50 EA per 31 day(s) retail) |
| EPCLUSA TABS 50 MG-200 MG | PA | SP; PA | <i>famciclovir</i> | NP | |
| EPIVIR HBV TABS (<i>lamivudine (hbv)</i>) | NC | | SITAVIG TABS BU | NC | |
| HARVONI PACK | NP | SP | <i>valacyclovir hcl 1 GM</i> | P | QL(42 EA per 21 day(s) retail) |
| HARVONI TABS | NP | SP | <i>valacyclovir hcl 500 MG</i> | P | QL(2 EA daily) |
| <i>lamivudine (hbv) TABS</i> | P | | <i>valacyclovir hcl 500 MG</i> | NC | QL(2 EA daily) |
| LEDIPASVIR-SOFOSBUVIR TABS | NP | SP | <i>valacyclovir hcl 1 GM</i> | NC | QL(42 EA per 21 day(s) retail) |
| MAVYRET PACK | PA | QL(6 EA daily); SP; PA | VALTREX 500 MG (<i>valacyclovir hcl</i>) | NP | QL(2 EA daily) |
| MAVYRET TABS | PA | QL(3 EA daily); SP; PA | VALTREX 1 GM (<i>valacyclovir hcl</i>) | NP | QL(42 EA per 21 day(s) retail) |
| PEGASYS SOSY | NP | SP | ZOVIRAX SUSP (<i>acyclovir</i>) | NC | QL(400 ML per 31 day(s) retail) |
| <i>ribavirin (hepatitis c) CAPS</i> | NP | SP | Influenza Agents | | |
| <i>ribavirin (hepatitis c) CAPS</i> | NC | SP | <i>oseltamivir phosphate CAPS 45 MG, 75 MG</i> | C | QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail |
| <i>ribavirin (hepatitis c) TABS 200 MG</i> | NC | SP | <i>oseltamivir phosphate CAPS 30 MG</i> | C | QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail |
| SOFOSBUVIR-VELPATASVIR TABS | PA | QL(1 EA daily); SP; PA | <i>oseltamivir phosphate SUSR</i> | C | QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail |
| SOVALDI PACK | NP | SP | RAPIVAB | NC | |
| SOVALDI TABS | NP | SP | RELENZA DISKHALER | C | 1 package(s) per 31 day(s) retail; AL(At least 5 yrs old) |
| VEMLIDY | NP | SP | | | |
| ZEPATIER | NP | SP | | | |
| Herpes Agents | | | | | |
| <i>acyclovir sodium SOLN</i> | NC | | | | |
| <i>acyclovir CAPS</i> | NC | QL(50 EA per 31 day(s) retail) | | | |
| <i>acyclovir CAPS</i> | P | QL(50 EA per 31 day(s) retail) | | | |
| <i>acyclovir SUSP</i> | P | QL(400 ML per 31 day(s) retail) | | | |
| <i>acyclovir SUSP</i> | NC | QL(400 ML per 31 day(s) retail) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|--|-----------|---------------------|
| <i>rimantadine hydrochloride TABS</i> | NC | | COREG 25 MG (<i>carvedilol</i>) | NC | QL(4 EA daily) |
| TAMIFLU CAPS 30 MG (<i>oseltamivir phosphate</i>) | NC | QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail | COREG CR (<i>carvedilol phosphate</i>) | NC | QL(1 EA daily) |
| TAMIFLU CAPS 45 MG, 75 MG (<i>oseltamivir phosphate</i>) | NC | QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail | LABETALOL HCL-DEXTROSE | NC | |
| TAMIFLU SUSR (<i>oseltamivir phosphate</i>) | NC | QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail | LABETALOL HCL-SODIUM CHLORIDE | NC | |
| XOFLUZA (40 MG DOSE) 40 MG | NC | | <i>labetalol hcl SOLN</i> | NC | |
| XOFLUZA (80 MG DOSE) 80 MG | NC | | LABETALOL HCL SOLN | NC | |
| Misc. Antivirals | | | LABETALOL HCL SOSY 10 MG/2ML | NC | |
| LAGEVRIO | NC | | <i>labetalol hcl TABS 200 MG</i> | NC | QL(6 EA daily) |
| REMDESIVIR SOLR 100 MG | NC | | <i>labetalol hcl TABS 100 MG</i> | P | QL(3 EA daily) |
| VEKLURY SOLR | NC | | <i>labetalol hcl TABS 300 MG</i> | P | QL(8 EA daily) |
| Respiratory Syncytial Virus (RSV) Agents | | | <i>labetalol hcl TABS 100 MG</i> | NC | QL(3 EA daily) |
| <i>ribavirin</i> | NC | | <i>labetalol hcl TABS 400 MG</i> | P | |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | | <i>labetalol hcl TABS 300 MG</i> | NC | QL(8 EA daily) |
| Alpha-Beta Blockers | | | <i>labetalol hcl TABS 200 MG</i> | P | QL(6 EA daily) |
| <i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i> | P | QL(2 EA daily) | Beta Blockers Cardio-Selective | | |
| <i>carvedilol 25 MG</i> | P | QL(4 EA daily) | <i>acebutolol hcl CAPS</i> | NC | |
| <i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i> | NC | QL(2 EA daily) | <i>acebutolol hcl CAPS</i> | P | |
| <i>carvedilol 25 MG</i> | NC | QL(4 EA daily) | ACEBUTOLOL HCL POWD | NC | |
| <i>carvedilol phosphate</i> | NP | QL(1 EA daily) | ATENOLOL POWD | NC | |
| <i>carvedilol phosphate</i> | NC | QL(1 EA daily) | <i>atenolol TABS</i> | P | QL(2 EA daily) |
| COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>carvedilol</i>) | NC | QL(2 EA daily) | <i>atenolol TABS 25 MG, 50 MG</i> | NC | QL(2 EA daily) |
| | | | <i>betaxolol hcl</i> | NC | |
| | | | <i>betaxolol hcl</i> | NP | |
| | | | <i>bisoprolol fumarate</i> | NC | QL(1 EA daily) |
| | | | <i>bisoprolol fumarate</i> | P | QL(1 EA daily) |
| | | | BYSTOLIC (<i>nebivolol hcl</i>) | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| BYSTOLIC (<i>nebivolol hcl</i>) | NC | | TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>) | NP | QL(4 EA daily) |
| <i>esmolol hcl-sodium chloride</i> | NC | | TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>) | NP | QL(2 EA daily) |
| <i>esmolol hcl SOLN 100 MG/10ML</i> | NC | | Beta Blockers Non-Selective | | |
| ESMOLOL HCL SOLN | NC | | BETAPACE AF (<i>sotalol hcl (afib/afI)</i>) | NP | QL(2 EA daily) |
| KAPSPARGO SPRINKLE CS24 | NP | | BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>) | NP | |
| LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>) | NP | QL(4.5 EA daily) | CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>) | NC | QL(2 EA daily) |
| LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>) | NP | QL(4 EA daily) | HEMANGEOL SOLN PO | NP | SP |
| <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i> | P | QL(4 EA daily) | INDERAL LA CP24 (<i>propranolol hcl</i>) | NP | QL(2 EA daily) |
| <i>metoprolol succinate TB24 200 MG</i> | NC | QL(2 EA daily) | INDERAL XL | NP | |
| <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i> | NC | QL(4 EA daily) | INNOPRAN XL | NP | |
| <i>metoprolol succinate TB24 200 MG</i> | P | QL(2 EA daily) | NADOLOL POWD | NC | |
| METOPROLOL TARTRATE POWD | NC | | <i>nadolol TABS 20 MG, 40 MG, 80 MG</i> | P | QL(2 EA daily) |
| <i>metoprolol tartrate SOLN IV 5 MG/5ML</i> | NC | | <i>nadolol TABS 20 MG, 40 MG, 80 MG</i> | NC | QL(2 EA daily) |
| <i>metoprolol tartrate TABS 37.5 MG, 75 MG</i> | P | | <i>pindolol TABS</i> | NP | |
| <i>metoprolol tartrate TABS 50 MG</i> | NC | QL(4 EA daily) | <i>pindolol TABS</i> | NC | |
| <i>metoprolol tartrate TABS 100 MG</i> | NC | QL(4.5 EA daily) | <i>propranolol hcl CP24</i> | P | QL(2 EA daily) |
| <i>metoprolol tartrate TABS 100 MG</i> | P | QL(4.5 EA daily) | PROPRANOLOL HCL POWD | NC | |
| <i>metoprolol tartrate TABS 37.5 MG</i> | NC | | <i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i> | P | |
| <i>metoprolol tartrate TABS 25 MG, 50 MG</i> | P | QL(4 EA daily) | <i>propranolol hcl SOLN IV 1 MG/ML</i> | NC | |
| <i>nebivolol hcl</i> | NP | | <i>propranolol hcl TABS 20 MG</i> | NC | |
| <i>nebivolol hcl</i> | NC | | <i>propranolol hcl TABS</i> | P | |
| TENORMIN TABS (<i>atenolol</i>) | NP | QL(2 EA daily) | <i>sotalol hcl (afib/afI)</i> | NC | QL(2 EA daily) |
| | | | <i>sotalol hcl (afib/afI)</i> | P | QL(2 EA daily) |
| | | | <i>sotalol hcl TABS</i> | P | |
| | | | <i>sotalol hcl TABS</i> | NC | |
| | | | SOTYLIZE SOLN PO | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| TIMOLOL MALEATE POWD | NC | | <i>diltiazem hcl coated beads CP24 240 MG</i> | P | QL(2 EA daily) |
| <i>timolol maleate TABS</i> | NP | | <i>diltiazem hcl coated beads CP24 360 MG</i> | NC | |
| <i>timolol maleate TABS</i> | NC | | <i>diltiazem hcl coated beads CP24 360 MG</i> | P | |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | | <i>diltiazem hcl extended release beads 240 MG</i> | P | QL(2 EA daily) |
| Calcium Channel Blockers | | | <i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i> | P | QL(1 EA daily) |
| <i>amlodipine besylate TABS</i> | NC | QL(1 EA daily) | <i>diltiazem hcl extended release beads 240 MG</i> | NC | QL(2 EA daily) |
| <i>amlodipine besylate TABS</i> | P | QL(1 EA daily) | <i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i> | NC | QL(1 EA daily) |
| CALAN SR TBCR (<i>verapamil hcl</i>) | NC | QL(2 EA daily) | <i>diltiazem hcl CP12</i> | P | QL(2 EA daily) |
| CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML | NC | | <i>diltiazem hcl CP24 240 MG</i> | P | QL(2 EA daily) |
| CARDIZEM CD CP24 240 MG (<i>diltiazem hcl coated beads</i>) | NP | QL(2 EA daily) | <i>diltiazem hcl CP24 120 MG, 180 MG</i> | P | QL(1 EA daily) |
| CARDIZEM CD CP24 360 MG (<i>diltiazem hcl coated beads</i>) | NP | | <i>diltiazem hcl SOLN</i> | NC | |
| CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>diltiazem hcl coated beads</i>) | NP | QL(1 EA daily) | DILTIAZEM HCL SOLR | NC | |
| CARDIZEM LA TB24 (<i>diltiazem hcl</i>) | NP | | <i>diltiazem hcl TABS 60 MG</i> | NC | QL(3 EA daily) |
| CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>) | NP | QL(3 EA daily) | <i>diltiazem hcl TABS</i> | P | QL(3 EA daily) |
| CLEVIPREX 25 MG/50ML, 50 MG/100ML | NC | | <i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i> | NP | |
| CONJUPRI (<i>levamlodipine maleate</i>) | NC | | <i>diltiazem hcl TB24</i> | P | |
| <i>diltiazem hcl coated beads CP24 240 MG</i> | NC | QL(2 EA daily) | <i>felodipine</i> | P | QL(1 EA daily) |
| <i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i> | P | QL(1 EA daily) | <i>felodipine</i> | NC | QL(1 EA daily) |
| <i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i> | NC | QL(1 EA daily) | <i>isradipine CAPS</i> | P | |
| | | | KATERZIA | NP | |
| | | | <i>levamlodipine maleate</i> | NP | |
| | | | <i>nicardipine hcl in sodium chloride SOLN</i> | NC | |
| | | | <i>nicardipine hcl CAPS</i> | P | |
| | | | <i>nicardipine hcl CAPS</i> | NC | |
| | | | <i>nicardipine hcl SOLN</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| NICARDIPINE HCL SOLN (<i>nicardipine hcl</i>) | NC | |
| <i>nifedipine CAPS</i> | NP | QL(4 EA daily) |
| <i>nifedipine TB24 30 MG, 90 MG</i> | P | QL(1 EA daily) |
| <i>nifedipine TB24 60 MG</i> | NC | QL(2 EA daily) |
| <i>nifedipine TB24 30 MG, 90 MG</i> | NC | QL(1 EA daily) |
| <i>nifedipine TB24 60 MG</i> | P | QL(2 EA daily) |
| <i>nimodipine CAPS</i> | NP | |
| <i>nimodipine SOLN</i> | NP | |
| <i>nisoldipine</i> | NP | |
| NORLIQVA SOLN | NP | |
| NORVASC TABS (<i>amlodipine besylate</i>) | NP | QL(1 EA daily) |
| NYMALIZE SOLN 6 MG/ML | NP | |
| PROCARDIA XL TB24 60 MG (<i>nifedipine</i>) | NP | QL(2 EA daily) |
| PROCARDIA XL TB24 30 MG, 90 MG (<i>nifedipine</i>) | NP | QL(1 EA daily) |
| SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>) | NP | |
| TIAZAC 240 MG (<i>diltiazem hcl extended release beads</i>) | NP | QL(2 EA daily) |
| TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl extended release beads</i>) | NP | QL(1 EA daily) |
| VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>) | NP | |
| <i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i> | NP | |
| <i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i> | P | QL(1 EA daily) |
| VERAPAMIL HCL POWD | NC | |
| <i>verapamil hcl SOLN 2.5 MG/ML</i> | NC | |
| <i>verapamil hcl TABS</i> | P | QL(3 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>verapamil hcl TBCR</i> | P | QL(2 EA daily) |
| VERELAN PM CP24 (<i>verapamil hcl</i>) | NP | |
| VERELAN CP24 (<i>verapamil hcl</i>) | NC | QL(1 EA daily) |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| <i>digoxin SOLN PO 0.05 MG/ML</i> | C | |
| <i>digoxin SOLN IJ 0.25 MG/ML</i> | NC | |
| <i>digoxin TABS 62.5 MCG</i> | NC | |
| <i>digoxin TABS 125 MCG, 250 MCG</i> | C | |
| LANOXIN PEDIATRIC SOLN IJ | NC | |
| LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>) | NC | |
| Inotropes | | |
| <i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i> | NC | |
| DOBUTAMINE-DEXTROSE | NC | |
| <i>dopamine hcl 40 MG/ML</i> | NC | |
| DOPAMINE-DEXTROSE | NC | |
| <i>milrinone lactate</i> | NC | |
| <i>milrinone lactate in dextrose</i> | NC | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardioplegic Solutions | | |
| CARDIOPLEGIA IND PLASMA-TROMET | NC | |
| CARDIOPLEGIA INDUCTION HIGH K | NC | |
| CARDIOPLEGIA INDUCTION LOW DEX | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| CARDIOPLEGIA INDUCTION NON-ENR | NC | |
| CARDIOPLEGIA MAIN LOW DEXTROSE | NC | |
| CARDIOPLEGIA MAIN LOW TROMETHA | NC | |
| CARDIOPLEGIA MAIN PLASMA-TROME | NC | |
| CARDIOPLEGIA MAINTENANCE | NC | |
| CARDIOPLEGIA REPERFUSATE 4:1 | NC | |
| <i>cardioplegic soln</i> | NC | |
| MICROPLEGIA MSA-MSG | NC | |
| Cardiovascular Agents Misc. - Combinations | | |
| <i>amlodipine besylate-atorvastatin calcium</i> | NP | |
| <i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i> | NC | |
| 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 (<i>amlodipine besylate-atorvastatin calcium</i>) | NC | |
| 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 (<i>amlodipine besylate-atorvastatin calcium</i>) | NP | |
| ENTRESTO CPSP | P | |
| ENTRESTO TABS | P | Brand Preferred |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>isosorbide dinitrate-hydralazine hcl</i> | NC | |
| OPSYNVI | NP | SP |
| Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors | | |
| INPEFA | NP | |
| Impotence Agents | | |
| CAVERJECT IMPULSE KIT | NC | |
| CAVERJECT SOLR | NC | |
| CIALIS (<i>tadalafil</i>) | NC | |
| EDEX KIT | NC | |
| MUSE PLLT 250 MCG, 500 MCG, 1000 MCG | NC | |
| <i>tadalafil</i> | NC | |
| <i>vardeafil hcl TABS</i> | NC | |
| <i>vardeafil hcl TBDP</i> | NC | |
| Peripheral Vasodilators | | |
| NYLIDRIN HCL | NC | |
| PAPAVERINE HCL POWD | NC | |
| <i>papaverine hcl SOLN</i> | NC | |
| Prostaglandin Vasodilators | | |
| ORENITRAM TBCR | NP | SP |
| Pulmonary Hypertension - Activin Signaling Inhibitor | | |
| WINREVAIR | NC | SP |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |
| <i>ambrisentan</i> | P | SP |
| <i>bosentan TABS</i> | NC | SP |
| OPSUMIT | NP | SP |
| TRACLEER TBSO | NP | SP |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>) | PA | Brand Preferred; SP; PA |
| <i>sildenafil citrate (pulmonary hypertension) SUSR</i> | NP | SP |
| <i>sildenafil citrate (pulmonary hypertension) SUSR</i> | NC | SP |
| <i>sildenafil citrate (pulmonary hypertension) TABS</i> | NC | SP |
| <i>sildenafil citrate (pulmonary hypertension) TABS</i> | PA | SP; PA |
| <i>tadalafil (pulmonary hypertension) TABS</i> | NP | Brand Preferred; SP |
| Pulmonary Hypertension - Prostacyclin Receptor Agonist | | |
| UPTRAVI TITRATION TBPK | NP | SP |
| UPTRAVI SOLR | C | SP; PA |
| UPTRAVI TABS | NP | SP |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator | | |
| ADEMPAS | NP | SP |
| Sinus Node Inhibitors | | |
| <i>ivabradine hcl TABS</i> | NC | |
| Transthyretin Stabilizers | | |
| VYNDAMAX | C | SP; PA |
| Vasoactive Soluble Guanylate Cyclase Stimulator (sGC) | | |
| VERQUVO | NC | |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporin Combinations | | |
| AVYCAZ | NC | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| ZERBAXA | NC | |
| Cephalosporins - 1st Generation | | |
| <i>cefadroxil CAPS</i> | NP | |
| <i>cefadroxil SUSR</i> | NP | |
| <i>cefadroxil TABS</i> | NP | |
| CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 4 %-3 GM/150ML | NC | |
| CEFAZOLIN SODIUM-DEXTROSE SOLR | NC | |
| <i>cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG</i> | NC | |
| CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM | NC | |
| CEFAZOLIN SODIUM SOSY IV 2 GM/10ML | NC | |
| <i>cephalexin CAPS 250 MG, 500 MG</i> | C | |
| <i>cephalexin CAPS 750 MG</i> | NC | |
| <i>cephalexin SUSR</i> | C | |
| <i>cephalexin TABS</i> | NC | |
| Cephalosporins - 2nd Generation | | |
| CEFACLOR ER TB12 | NP | |
| <i>cefaclor CAPS</i> | NP | |
| <i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i> | NP | |
| <i>cefotetan disodium IJ 1 GM, 2 GM</i> | NC | |
| <i>cefoxitin sodium IV</i> | NC | |
| CEFOXITIN SODIUM-DEXTROSE | NC | |
| <i>cefprozil SUSR 250 MG/5ML</i> | NC | 1 package(s) per fill retail; AL(Up to 12 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>cefprozil SUSR 250 MG/5ML</i> | P | 1 package(s) per fill retail; AL(Up to 12 yrs old) |
| <i>cefprozil SUSR 125 MG/5ML</i> | NC | 2 package(s) per fill retail; AL(Up to 12 yrs old) |
| <i>cefprozil SUSR 125 MG/5ML</i> | P | 2 package(s) per fill retail; AL(Up to 12 yrs old) |
| <i>cefprozil TABS</i> | P | QL(20 EA per fill retail) |
| <i>cefprozil TABS</i> | NC | QL(20 EA per fill retail) |
| <i>cefuroxime axetil TABS</i> | NC | QL(20 EA per fill retail) |
| <i>cefuroxime axetil TABS</i> | P | QL(20 EA per fill retail) |
| <i>cefuroxime sodium IJ 750 MG</i> | NC | |
| Cephalosporins - 3rd Generation | | |
| <i>cefdinir CAPS</i> | P | QL(20 EA per fill retail) |
| <i>cefdinir CAPS</i> | NC | QL(20 EA per fill retail) |
| <i>cefdinir SUSR</i> | P | 1 package(s) per fill retail |
| <i>cefdinir SUSR</i> | NC | 1 package(s) per fill retail |
| <i>cefixime CAPS</i> | NP | |
| <i>cefixime SUSR</i> | NP | |
| <i>cefixime SUSR</i> | NC | |
| <i>cefpodoxime proxetil SUSR</i> | NC | |
| <i>cefpodoxime proxetil SUSR</i> | NP | |
| <i>cefpodoxime proxetil TABS</i> | NC | |
| <i>cefpodoxime proxetil TABS</i> | NP | |
| <i>ceftazidime IV 1 GM, 2 GM, 6 GM</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| CEFTAZIDIME AND DEXTROSE | NC | |
| <i>ceftriaxone sodium IJ 2 GM</i> | NC | |
| <i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i> | C | QL(3 EA per fill retail); 1 max fill(s) per 31 day(s) retail |
| <i>ceftriaxone sodium in dextrose</i> | NC | |
| CEFTRIAZONE SODIUM-DEXTROSE | NC | |
| SUPRAX CAPS (<i>cefixime</i>) | NC | |
| SUPRAX CHEW | NC | |
| SUPRAX SUSR (<i>cefixime</i>) | NC | |
| SUPRAX SUSR | NC | |
| Cephalosporins - 4th Generation | | |
| CEFEPIME HCL SOLN | NC | |
| <i>cefepime hcl SOLR IJ 1 GM</i> | NC | |
| CEFEPIME-DEXTROSE | NC | |
| Cephalosporins - 5th Generation | | |
| TEFLARO | NC | |
| Cephalosporins - Siderophores | | |
| FETROJA | NC | |
| CHEMICALS | | |
| Acids, Bases, & Buffers | | |
| ACETIC ACID 3 %, 5 % | NC | |
| ACETIC ACID GLACIAL | NC | RX/OTC |
| AMMONIUM HYDROXIDE | NC | RX/OTC |
| FUMARIC ACID | NC | |
| GLYCOLIC ACID CRYSTALS | NC | RX/OTC |
| GLYCOLIC ACID GRAN | NC | |
| HYDROCHLORIC ACID | NC | |
| LACTIC ACID 85 %, 88 % | NC | RX/OTC |
| NITRIC ACID | NC | |
| OXALIC ACID | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|----------------------------------|-----------|---------------------|
| OXALIC ACID DIHYDRATE | NC | | ACETAMINOPHEN CRYSTALS | NC | |
| PHOSPHORIC ACID | NC | | ACETAMINOPHEN GRANULES | NC | |
| POTASSIUM HYDROXIDE PELLETS | NC | RX/OTC | ACETAMINOPHEN POWDER | NC | RX/OTC |
| POTASSIUM HYDROXIDE SOLUTION XX 10 %, 20 %, 45 % | NC | | ACETARSONE | NC | |
| SODIUM BORATE DECAHYDRATE POWDER | NC | RX/OTC | ACETAZOLAMIDE CRYSTALS | NC | |
| SODIUM BORATE POWDER | NC | RX/OTC | ACETAZOLAMIDE POWDER | NC | |
| SODIUM CARBONATE ANHYDROUS | NC | | ACETYLDIPEPTIDE-1 CETYL ESTER | NC | |
| SODIUM CARBONATE MONOHYDRATE | NC | | ACETYLHEXAPEPTIDE-8 POWDER | NC | |
| SODIUM HYDROXIDE PELLETS | NC | RX/OTC | ACETYLHEXAPEPTIDE-8 SOLUTION | NC | |
| SULFURIC ACID | NC | | ACETYLCHOLINE CHLORIDE | NC | |
| TARTARIC ACID GRANULES | NC | RX/OTC | ACETYLD-GLUCOSAMINE | NC | |
| TARTARIC ACID POWDER | NC | | ACETYL-L-CARNITINE HCL | NC | RX/OTC |
| Bulk Chemicals | | | ACTIPHYTE OF ALGAE GLYCEROL | NC | |
| BIORE HYDRATING MOISTURIZER | NC | | ACYCLOVIR | NC | |
| CUCUMBER MELON | NC | | ADEMETHIONINE DISULFIDE TOSYLATE | NC | |
| DRAKKAR NOIR | NC | | ADENOSINE | NC | |
| FRESH LINEN FRAGRANCE | NC | | AGAR POWDER | NC | |
| NATAPRES LIQUID | NC | | ALASKAN RED ALGAE | NC | |
| POLYETHYLENE GLYCOL 600 (BULK) LIQUID | NC | | ALBENDAZOLE | NC | |
| VICTORIAS SECRET VANILLA LACE | NC | | ALDOSTERONE | NC | |
| Bulk Chemicals - A's | | | ALGINIC ACID | NC | |
| 9-AMINOACRIDINE HCL | NC | | ALKYL BENZOATE C12-15 | NC | |
| ACARBOSE | NC | | ALLOPURINOL | NC | |
| ACEPROMAZINE MALEATE | NC | | ALOE VERA FREEZE DRIED POWDER | NC | RX/OTC |
| ACESULFAME POTASSIUM | NC | RX/OTC | ALOE VERA LEAF POWDER | NC | RX/OTC |
| | | | ALOE VERA OIL | NC | |
| | | | ALOE VERA POWDER | NC | RX/OTC |
| | | | ALPHA-KETOGLUTARIC ACID CRYSTALS | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|------------------------------|-----------|-------------------------|-------------------------------|-----------|-------------------------|
| ALPHA-KETOGLUTARIC ACID POWD | NC | | ASCORBIC ACID CASSAVE POWD | NC | RX/OTC |
| ALPHA-LIPOIC ACID | NC | RX/OTC | ASCORBIC ACID GRAN | NC | RX/OTC |
| ALPRAZOLAM | NC | | ASCORBIC ACID POWD | NC | RX/OTC |
| ALTRENOGEST | NC | | ASCORBYL PALMITATE | NC | RX/OTC |
| ALUMINUM ACETATE BASIC | NC | | ASPARAGINE MONOHYDRATE | NC | |
| ALUMINUM CHLOROHYDRATE | NC | RX/OTC | ATORVASTATIN CALCIUM | NC | |
| AMANTADINE HCL | NC | | ATTAPULGITE | NC | |
| AMERICAN GINSENG | NC | | AVIPTADIL ACETATE | NC | |
| AMINOCAPROIC ACID | NC | | AVOCADO OIL | NC | |
| AMINOLEVULINIC ACID HCL POWD | NC | | AZELAIC ACID FLAK | NC | RX/OTC |
| AMINOPROPYL RACEMETHYL PHOS | NC | | AZELAIC ACID POWD | NC | RX/OTC |
| AMITRIPTYLINE HCL POWD | NC | | AZELASTINE HCL | NC | |
| AMLEXANOX | NC | | AZITHROMYCIN | NC | |
| AMLODIPINE BESYLATE | NC | | AZITHROMYCIN DIHYDRATE | NC | |
| AMMONIUM LAURYL SULFATE | NC | | BLUE AGAVE ORGANIC | NC | |
| AMMONIUM MOLYBDATE TETRAHYD | NC | | DL-ALPHA LIPOIC ACID | NC | RX/OTC |
| ANASTROZOLE | NC | | L-ARGININE HCL | NC | RX/OTC |
| ANDROSTENEDIONE | NC | | LIPOIC ACID | NC | RX/OTC |
| ANISINDIONE | NC | | MAGNASWEET 110 LIQD | NC | |
| ANTIMONY POTASSIUM TARTRATE | NC | | MAGNASWEET 135 POWD | NC | |
| ANTIMONY TRICHLORIDE CRYST | NC | | SODIUM 4-AMINOSALICYLATE | NC | |
| ANTIMONY TRISULFIDE | NC | | Bulk Chemicals - B's | | |
| ANTIPYRINE CRYST | NC | | BACITRACIN MICRONIZED | NC | |
| ANTIPYRINE POWD | NC | | BASIC FUCHSIN HCL | NC | RX/OTC |
| APOMORPHINE HCL | NC | | BECLOMETHASONE DIPROPIONATE | NC | |
| ARBUTIN ALPHA | NC | | <i>belladonna (bulk) TINC</i> | NC | |
| ARGININE HCL | NC | RX/OTC | BELLADONNA EXTRACT POWD | NC | |
| ARNICA | NC | | BELLADONNA TINC | NC | |
| ARSENIC TRIOXIDE | NC | | BENACTYZINE HCL | NC | |
| | | | BENZAEPRIIL HCL | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-----------------------------|-----------|----------------------|------------------------------------|-----------|----------------------|
| BENFOTIAMINE | NC | | BUDESONIDE | NC | |
| BENZETHONIUM CHLORIDE | NC | | BUFLOMEDIL HCL | NC | |
| BENZOCAINE | NC | RX/OTC | BUPRENORPHINE HCL | NC | |
| BENZOIN GUM | NC | | BUPROPION HCL | NC | |
| BENZOQUINONE (PARA) | NC | | BUSPIRONE HCL | NC | |
| BETA CAROTENE BEAD | NC | | BUTALBITAL | NC | |
| BETA CYCLODEXTRIN | NC | | BUTORPHANOL TARTRATE | NC | |
| BETA GLUCAN | NC | | BUTYL ALCOHOL | NC | |
| BETAHISTINE DIHYDROCHLORIDE | NC | | BUTYLATED HYDROXYANISOLE POWD | NC | |
| BETAHISTINE HCL | NC | | BUTYLENE GLYCOL | NC | |
| BETAINE ANHYDROUS | NC | RX/OTC | TINOGARD TL | NC | |
| BETAINE HCL | NC | | Bulk Chemicals - C's | | |
| BETAMETHASONE ACETATE | NC | | ACTIPHYTE OF CUCUMBER | NC | |
| BETANAPHTHOL | NC | | ADRENOCHROME SEMICARBAZONE | NC | |
| BETHANECHOL CHLORIDE | NC | | ADRENOCORTICOTROPIC HORMONE | NC | |
| BIMATOPROST | NC | | AVICEL PH 101 MICRO CELLULOSE POWD | NC | RX/OTC |
| BIOTIN | NC | RX/OTC | AVICEL PH 105 MICRO CELLULOSE POWD | NC | RX/OTC |
| BIOTIN-D | NC | RX/OTC | BIOFLAVONOID CITRUS | NC | |
| BISABOLOL, ALPHA-L | NC | | CALCIPOTRIENE | NC | |
| BISMUTH CITRATE | NC | RX/OTC | CALCIPOTRIENE MONOHYDRATE | NC | |
| BISOPROLOL FUMARATE | NC | | CALCIPOTRIOL | NC | |
| BITTER ORANGE | NC | | CALCITRIOL | NC | |
| BORON AMORPHOUS FINE | NC | | CALCITRIOL IN ALMOND OIL | NC | |
| BORON CITRATE | NC | | CALCIUM ACETATE CRYST | NC | |
| BOSWELLIA SERRATA EXTRACT | NC | | CALCIUM ACETATE POWD | NC | |
| BRILLIANT GREEN POWD | NC | RX/OTC | CALCIUM ALGINATE | NC | |
| BRIMONIDINE TARTRATE | NC | | CALCIUM AMINO ACID CHELATE GRAN | NC | |
| BROMFENAC SODIUM MISC | NC | | | | |
| BROMFENAC SODIUM POWD | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|-----------|---------------------|--------------------------------|-----------|---------------------|
| CALCIUM CHLORIDE ANHYDROUS POWD | NC | | CARBOMER HOMOPOLYMER TYPE C | NC | RX/OTC |
| CALCIUM CITRATE TETRAHYDRATE POWD | NC | RX/OTC | CARBOPOL 940 | NC | RX/OTC |
| CALCIUM CITRATE POWD | NC | RX/OTC | CARBOPOL 940 NF | NC | RX/OTC |
| CALCIUM FRUCTOBORATE | NC | | CARDAMOM | NC | |
| CALCIUM GLUBIONATE | NC | | CARMINE | NC | |
| CALCIUM GLYCEROPHOSPHATE | NC | | CARNAUBA WAX | NC | |
| CALCIUM LEVULINATE DIHYDRATE | NC | | CARNOSINE L | NC | |
| CALCIUM OXIDE | NC | | CASTOR OIL SULFATED | NC | |
| CALCIUM PROPIONATE | NC | | CEFTAZIDIME | NC | |
| CALCIUM PYRUVATE | NC | | CEFTAZIDIME WITH SOD CARBONATE | NC | |
| CALCIUM SACCHARATE | NC | | CEFTRIAZONE SODIUM | NC | |
| CALCIUM SILICATE | NC | | CELECOXIB | NC | |
| CALCIUM STEARATE | NC | | CELLULASE | NC | RX/OTC |
| CALCIUM THIOGLYCOLATE | NC | | CELLULOSE CARMELLOSE SODIUM | NC | |
| CANADIAN BALSAM | NC | RX/OTC | CELLULOSE CRYSTALS | NC | RX/OTC |
| CANNABIDIOL | NC | | CELLULOSE POWD | NC | RX/OTC |
| CAPRYLIC ACID | NC | | CERESIN WAX | NC | |
| CAPRYLIC CAPRIC TRIGLYCERIDE | NC | | CESIUM CHLORIDE | NC | |
| CAPSAICIN PALMITATE | NC | | CETEARYL ALCOHOL-CETEARETH 20 | NC | |
| CAPTOPRIL | NC | | CETOSTEARYL ALCOHOL | NC | |
| CARBACHOL | NC | | CETYL MYRISTOLEATE OIL | NC | |
| CARBAMIDE PEROXIDE | NC | RX/OTC | CETYL MYRISTOLEATE POWD | NC | |
| CARBAZOCHROME | NC | | CETYL MYRISTOLEATE WAX | NC | |
| CARBIMAZOLE | NC | | CETYLPYRIDINIUM CHLORIDE | NC | |
| CARBOMER 934P | NC | RX/OTC | CHICKEN PROTEIN | NC | |
| CARBOMER 934P RESIN | NC | RX/OTC | CHLORAMBUCIL | NC | |
| CARBOMER 940 | NC | RX/OTC | CHLORAMPHENICOL PALMITATE | NC | |
| CARBOMER 940 NF | NC | RX/OTC | CHLORAMPHENICOL POWD | NC | |
| CARBOMER 941 | NC | RX/OTC | | | |
| CARBOMER 980 NF | NC | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|------------------------------|-----------|-------------------------|-----------------------------|-----------|-------------------------|
| CHLORHEXIDINE DIACETATE | NC | | CITRULLINE | NC | RX/OTC |
| CHLOROPHYLLIN SODIUM COPPER | NC | | CITRUS BIOFLAVONOIDS 13 % | NC | |
| CHLOROTHIAZIDE | NC | | CLARITHROMYCIN | NC | |
| CHLOROXYLINE | NC | | CLEMIZOLE HCL | NC | |
| CHLOROPROMAZINE HCL | NC | | CLIDINIUM BROMIDE | NC | |
| CHOLECALCIFEROL CRYSTALS | NC | | CLINDAMYCIN HCL | NC | |
| CHOLECALCIFEROL POWDER | NC | RX/OTC | CLINDAMYCIN HCL MONOHYDRATE | NC | |
| CHOLESTEROL FLAK | NC | | CLINDAMYCIN PHOSPHATE POWD | NC | |
| CHOLESTEROL POWD | NC | RX/OTC | CLOFAZIMINE | NC | |
| CHOLESTYRAMINE | NC | | CLOMIPRAMINE HCL | NC | |
| CHOLINE CHLORIDE | NC | | CLONAZEPAM | NC | |
| CHOLINE MAG TRISALICYLATE | NC | | CLOPIDOGREL BISULFATE | NC | |
| CHONDROITIN SULFATE SODIUM | NC | RX/OTC | CLORSULON | NC | |
| CHORIONIC GONADOTROPIN | NC | | COBALT GLUCONATE | NC | |
| CHROMIC CHLORIDE CRYSTALS | NC | RX/OTC | COBAMAMIDE | NC | RX/OTC |
| CHROMIUM CHLORIDE POWDER | NC | | COCAMIDE DEA | NC | |
| CHROMIUM K SULFATE DODECAHYD | NC | | COLHIBIN | NC | |
| CHROMIUM PICOLINATE | NC | RX/OTC | COLISTIMETHATE SODIUM | NC | |
| CHROMIUM POLYNICOTINATE | NC | | COLLAGEN HYDROLYSATE | NC | |
| CHRYSIN | NC | RX/OTC | COPPER GLUCONATE | NC | |
| CICLOPIROX | NC | | COPPER GLYCINATE | NC | |
| CIDOFOVIR | NC | | CORAL CALCIUM | NC | |
| CINNAMON BARK | NC | | CORN OIL | NC | RX/OTC |
| CIPROFLOXACIN | NC | | COUMARIN | NC | |
| CIPROFLOXACIN HCL | NC | | CRANBERRY | NC | |
| CISAPRIDE | NC | | CREATINE | NC | |
| CISPLATIN | NC | | CREATINE MONOHYDRATE | NC | RX/OTC |
| CITICOLINE | NC | | CREATININE | NC | RX/OTC |
| | | | CRESOL | NC | |
| | | | CROSCARMELLOSE SODIUM | NC | |
| | | | CROTAMITON | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|---|-----------|---------------------|
| CROTON OIL | NC | RX/OTC | MICROCRYSTAL CELLULOSE NF 105 POWD | NC | RX/OTC |
| CUPUACU BUTTER | NC | | SPECPED SOLN | NC | |
| CYANOCOBALAMIN CRYSTALS | NC | RX/OTC | UREA PEROXIDE | NC | RX/OTC |
| CYANOCOBALAMIN POWD | NC | | VITAMIN D3 LIQD 2400 UNIT/ML, 1000000 UNIT/GM | NC | |
| CYCLANDELATE | NC | | VITAMIN D3 POWD | NC | RX/OTC |
| CYCLOBENZAPRINE HCL | NC | | YLANG-YLANG OIL FRAGRANCE | NC | |
| CYCLOMETHICONE | NC | | Bulk Chemicals - D's | | |
| CYCLOPENTASILOX-PEG/PPG DIMETH | NC | | 2-DEOXY-D-GLUCOSE | NC | |
| CYCLOPENTOLATE HCL | NC | | CALCIUM HYDROXYAPATITE | NC | |
| CYCLOPHOSPHAMIDE | NC | | DANTROLENE SODIUM | NC | |
| CYCLOSERINE | NC | | DAPIPRAZOLE HCL | NC | |
| CYCLOSPORINE | NC | | DAPSONE | NC | |
| CYCLOSPORINE A | NC | | DEHYDROCHOLIC ACID | NC | |
| CYPROHEPTADINE HCL | NC | | DEMECARIUM BROMIDE | NC | |
| CYSTEAMINE HCL | NC | | DENATONIUM BENZOATE | NC | |
| DIETHYLENE GLYCOL MONOETHYL ET | NC | RX/OTC | DEOXYCHOLIC ACID | NC | |
| ETHOXY DIGLYCOL | NC | RX/OTC | DESICCATED BEEF LIVER | NC | |
| ETHOXY ETHOXY ETHANOL REAGENT | NC | RX/OTC | DESMOPRESSIN ACETATE | NC | |
| FREEDOM ESTERDERM | NC | | DESOXIMETASONE | NC | |
| HUMAN CHORIONIC GONADOTROPIN | NC | | DESOXYCORTICOSTERONE ACETATE | NC | |
| L-CARNOSINE | NC | | DEVILS CLAW | NC | |
| L-CITRULLINE | NC | RX/OTC | DEXAMETHASONE | NC | |
| L-CYSTEINE HCL | NC | RX/OTC | DEXAMETHASONE ACETATE | NC | |
| L-CYSTEINE CRYSTALS | NC | | DEXAMETHASONE BASE | NC | |
| L-CYSTEINE POWD | NC | | DEXAMETHASONE ISONICOTINATE | NC | |
| LOCUST BEAN GUM | NC | | DEXAMETHASONE SODIUM PHOSPHATE | NC | |
| MICROCRYSTAL CELLULOSE NF 101 POWD | NC | RX/OTC | | | |
| MICROCRYSTAL CELLULOSE NF 102 POWD | NC | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--------------------------------|-----------|----------------------|-------------------------|-----------|----------------------|
| DEXCHLORPHENIRAMINE MALEATE | NC | | DIMETHYLACETAMIDE | NC | |
| DEXPANTHENOL LIQD | NC | | DIMETHYLAMINOETHANOL | NC | |
| DEXPANTHENOL POWD | NC | | DIMETHYLGLYCINE HCL | NC | RX/OTC |
| DEXTRAN 40000 | NC | | DIOSGENIN | NC | |
| DEXTRAN 75000 | NC | | DIOSMIN | NC | |
| DEXTROMETHORPHAN | NC | | DIOXYBENZONE | NC | |
| DIAMINOPYRIDINE | NC | | DIPHENIDOL HCL | NC | |
| DIAZEPAM | NC | | DIPHENYLCYCLOPROPONE | NC | |
| DIAZOXIDE | NC | | DIPYRIDAMOLE | NC | |
| DIBUCAINE | NC | | DISOPHENOL | NC | |
| DIBUCAINE HCL | NC | | DISULFIRAM | NC | |
| DICHLORALPHENAZONE | NC | | DIVALPROEX SODIUM | NC | |
| DICHLOROACETIC ACID | NC | | DMAE BITARTRATE | NC | |
| DICLAZURIL | NC | | D-MANNOSE | NC | |
| DICLOFENAC SODIUM POWD | NC | | DOCOSANOL | NC | |
| DICYCLOMINE HCL | NC | | DOPAMINE HCL | NC | |
| DIETHANOLAMINE | NC | | DORZOLAMIDE HCL | NC | |
| DIETHYL PHTHALATE | NC | | DOW CORNING 1501 FLUID | NC | |
| DIETHYL TOLUAMIDE | NC | | DOXEPIN HCL | NC | |
| DIETHYLCARBAMAZINE CITRATE | NC | | DOXYCYCLINE MONOHYDRATE | NC | |
| DIETHYLPROPION HCL | NC | | D-RIBOSE | NC | |
| DIETHYLSTILBESTROL | NC | | DULOXETINE HCL | NC | |
| DIGOXIN MICRONIZED POWD | NC | | DUTASTERIDE | NC | |
| DIGOXIN POWD | NC | | DYCLONINE HCL CRYSTALS | NC | |
| DIHYDROCODEINE BITARTRATE | NC | | DYCLONINE HCL POWD | NC | |
| DIHYDROXYACETONE (1,3) DIMER | NC | | DYPHYLLINE | NC | |
| DIINDOLYLMETHANE | NC | | GERMALL PLUS LIQD | NC | |
| DIiodo-L-THYRONINE 3,5 | NC | | PCCA DMAE COMPLEX | NC | |
| DILTIAZEM HCL | NC | | PROSTAGLANDIN E2 | NC | |
| DIMETHYL FUMARATE | NC | | RIBOSE (D) | NC | |
| DIMETHYL SILOXANE HYDROXYALKYL | NC | | SYN-AKE | NC | |
| | | | Bulk Chemicals - E's | | |
| | | | ECONAZOLE NITRATE | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------|-----------|---------------------|----------------------------------|-----------|---------------------|
| EDROPHONIUM CHLORIDE | NC | | 5-FLUOROURACIL | NC | |
| EFLORNITHINE HCL | NC | | DALFAMPRIDINE | NC | |
| EMU OIL | NC | | FAMCICLOVIR | NC | |
| ENALAPRIL MALEATE | NC | | FAMOTIDINE | NC | |
| ENROFLOXACIN | NC | | FENBENDAZOLE | NC | |
| EPINEPHRINE BITARTRATE | NC | | FENOFIBRATE | NC | |
| ERGOLOID MESYLATES | NC | | FERRIC AMMONIUM CITRATE | NC | |
| ERLOTINIB HCL (BULK) | NC | | FERRIC CHLORIDE HEXAHYDRATE MISC | NC | |
| ERYTHROMYCIN ESTOLATE | NC | | FERRIC SUBSULFATE (BULK) POWD | NC | |
| ESCITALOPRAM OXALATE | NC | | FERRIC SUBSULFATE (BULK) SOLN | NC | RX/OTC |
| ESTRADIOL BENZOATE | NC | | FERRIC SULFATE | NC | |
| ESTRADIOL CYPIONATE | NC | | FERROUS BISGLYCINATE CHELATE | NC | |
| ESTRADIOL HEMIHYDRATE (BULK) | NC | | FERROUS FUMARATE | NC | |
| ESTRADIOL MICRONIZED | NC | | FERROUS GLUCONATE DIHYDRATE GRAN | NC | |
| ESTRADIOL VALERATE POWD | NC | | FERROUS GLUCONATE DIHYDRATE POWD | NC | |
| ESTRADIOL POWD | NC | | FERROUS GLUCONATE POWD | NC | |
| ESTRIOL | NC | | FERULIC ACID | NC | |
| ESTRIOL MICRONIZED | NC | | FEVERFEW | NC | |
| ESTRONE CRYSTALS | NC | | FEXOFENADINE HCL | NC | |
| ESTRONE POWD | NC | | FINASTERIDE CRYSTALS | NC | |
| ETHOSUXIMIDE | NC | | FINASTERIDE POWD | NC | |
| ETHYL OLEATE | NC | RX/OTC | FLIBANSERIN | NC | |
| ETHYL VANILLIN | NC | | FLUCONAZOLE | NC | |
| ETHYLCELLULOSE | NC | | FLUCYTOSINE | NC | |
| ETHYLENEDIAMINE | NC | | FLUMAZENIL | NC | |
| ETOMIDATE | NC | | FLUNIXIN MEGLUMINE | NC | |
| EUCALYPTOL | NC | RX/OTC | FLUOROURACIL | NC | |
| GREEN TEA | NC | | FLUOXETINE HCL | NC | |
| Bulk Chemicals - F's | | | FLUPHENAZINE DECANOATE LIQD | NC | |
| 4-AMINOPYRIDINE | NC | | | | |
| 4-METHYLPYRAZOLE | NC | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|----------------------------------|-----------|----------------------|-----------------------------|-----------|----------------------|
| FLUPHENAZINE DECANOATE POWD | NC | | GLYCOSAMINOGLYCAN S | NC | |
| FLUTICASONE PROPIONATE | NC | | GLYCYRRHIZIC ACID | NC | |
| FORMOTEROL FUMARATE | NC | | GOLD SODIUM THIOMALATE | NC | |
| FORMOTEROL FUMARATE DIHYDRATE | NC | | GRAMICIDIN D | NC | |
| FORSKOLIN | NC | | GRAPE SEED OIL | NC | RX/OTC |
| FURAZOLIDONE | NC | | GREEN SOAP | NC | |
| SIBERIAN PINE OIL | NC | | GREEN TEA EXTRACT LIQD | NC | |
| Bulk Chemicals - G's | | | GREEN TEA OIL FRAGRANCE | NC | |
| 4-AMINO BUTYRIC ACID | NC | | GRISEOFULVIN MICRONIZED | NC | |
| ARLACEL 165 | NC | | GRISEOFULVIN MICROSIZE | NC | |
| EGCG POWD | NC | | GUANABENZ ACETATE | NC | |
| GABAPENTIN | NC | | GUANETHIDINE SULFATE | NC | |
| GALACTOSE | NC | | GUANIDINEACETIC ACID | NC | |
| GAMMA-AMINO BUTYRIC ACID | NC | | GUAR GUM | NC | |
| GARDENIA FRAGRANCE | NC | | GUARANA SEED EXTRACT | NC | |
| GATIFLOXACIN | NC | | GYMNEMA SYLVESTRIS LEAF | NC | |
| GENISTEIN | NC | | Bulk Chemicals - H's | | |
| GINSENG ROOT | NC | | ACTIPHYTE OF IVY | NC | |
| GLUCONOLACTONE | NC | | HALOPERIDOL | NC | |
| GLUCOSAMINE HCL | NC | RX/OTC | HALOPERIDOL DECANOATE | NC | |
| GLUCOSAMINE SULFATE | NC | RX/OTC | HAWTHORN BERRY | NC | |
| GLUCOSAMINE SULFATE NA CL | NC | | HEMATOXYLIN | NC | |
| GLUCOSAMINE SULFATE POTASSIUM | NC | | HEPARIN SODIUM | NC | |
| GLUTARALDEHYDE IN WATER LIQD | NC | | HEPES | NC | |
| GLYCEROL MONOOLEATE | NC | | HEPTAMINOL | NC | |
| GLYCERYL MONOSTEARATE FLAK | NC | RX/OTC | HISTAMINE PHOSPHATE CRYS | NC | |
| GLYCOFUROL | NC | | HONEY ALMOND FRAGRANCE | NC | |
| GLYCOPYRROLATE | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|-----------|---------------------|-----------------------------|-----------|---------------------|
| HUPERZINE SERRATE A | NC | | HYPROMELLOSE | NC | RX/OTC |
| HYALURONATE SODIUM | NC | | METHOCEL K100M | | |
| HYALURONIC ACID | NC | | METHOCEL E4M | NC | RX/OTC |
| HYALURONIC ACID SODIUM | NC | | METHOCEL E4M PREMIUM | NC | RX/OTC |
| HYDRALAZINE HCL | NC | | METHOCEL E4M PREMIUM CR | NC | RX/OTC |
| HYDRAZINE SULFATE | NC | | METHOCEL K100 PREMIUM | NC | RX/OTC |
| HYDROCODONE BITARTRATE CRYSTALS | NC | | METHOCEL K100M PREMIUM | NC | RX/OTC |
| HYDROCODONE BITARTRATE POWDER | NC | | SODIUM HYALURONATE | NC | |
| HYDROCORTISONE | NC | | WITCH HAZEL | NC | |
| HYDROCORTISONE ACETATE | NC | | Bulk Chemicals - I's | | |
| HYDROCORTISONE HEMISUCCINATE | NC | | CERAPHYL SLK | NC | |
| HYDROCORTISONE MICRONIZED | NC | | IDEBENONE | NC | |
| HYDROFLUORIC ACID | NC | | IDOXURIDINE | NC | |
| HYDROXOCOBALAMIN | NC | RX/OTC | IMIDUREA | NC | |
| HYDROXOCOBALAMIN HCL | NC | | IMIQUIMOD | NC | |
| HYDROXYAMPHETAMINE HBR | NC | | INDOCYANINE GREEN | NC | |
| HYDROXYCHLOROQUINE SULFATE | NC | | INDOLE-3-CARBINOL | NC | RX/OTC |
| HYDROXYETHYL CELLULOSE POWDER | NC | | INOSITOL | NC | |
| HYDROXYETHYL METHACRYLATE | NC | | INOSITOL HEXANICOTINATE | NC | RX/OTC |
| HYDROXYPROGESTERONE CAPROATE | NC | | IODINE RESUBLIMED GRAN | NC | |
| HYDROXYPROPYL CELLULOSE | NC | RX/OTC | IODINE STRONG (LUGOL'S) | NC | RX/OTC |
| HYDROXYPROPYL METHYLCELLULOSE | NC | RX/OTC | IODINE CRYSTALS | NC | |
| HYDROXYPROPYL-BETA-CYCLODEXTRIN | NC | | IODINE FLAK | NC | |
| HYDROXYUREA | C | | IOPANOIC ACID | NC | |
| HYDROXYZINE HCL | NC | | ISOMETHEPTENE MUCATE | NC | |
| HYPROMELLOSE | NC | RX/OTC | ISOPROPYL MYRISTATE | NC | |
| | | | ISOPROTERENOL HCL | NC | |
| | | | ISOSORBIDE | NC | |
| | | | ISOTRETINOIN | NC | |
| | | | ISOXSUPRINE HCL | NC | |
| | | | ITRACONAZOLE | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------|-----------|---------------------|--------------------------------|-----------|---------------------|
| IVERMECTIN | NC | | L-CARNITINE | NC | RX/OTC |
| LIPACTIVE INCA INCHI WO | NC | | L-CARNITINE HCL | NC | |
| Bulk Chemicals - J's | | | LEAD TETROXIDE | NC | |
| JASMINE FRAGRANCE | NC | | LEFLUNOMIDE | NC | |
| JOJOBA OIL | NC | | LEMON BIOFLAVANOID | NC | |
| Bulk Chemicals - K's | | | LETROZOLE | NC | |
| 7-KETO DHEA | NC | RX/OTC | LEUCOVORIN CALCIUM | NC | |
| ACTIPHYTE OF SEA KELP | NC | | LEUPROLIDE ACETATE | NC | |
| ACTIPHYTE OF SUGAR KELP | NC | | LEVALBUTEROL HCL | NC | |
| KANAMYCIN SULFATE | NC | | LEVETIRACETAM | NC | |
| KETAMINE HCL | NC | | LEVOCARNITINE | NC | RX/OTC |
| KETOPROFEN POWD | NC | | LEVOCETIRIZINE DIHYDROCHLORIDE | NC | |
| KETOROLAC TROMETHAMINE | NC | | LEVOFLOXACIN | NC | |
| KETOTIFEN FUMARATE | NC | | LEVOFLOXACIN HEMIHYDRATE | NC | |
| KETOTIFEN HYDROGEN FUMARATE | NC | | LEVOMEFOLATE CALCIUM | NC | |
| KINETIN | NC | | LEVOMEFOLATE GLUCOSAMINE | NC | |
| KIWI FRAGRANCE | NC | | LEVORPHANOL TARTRATE | NC | |
| KUDZU | NC | | LEVOTHYROXINE SODIUM | NC | |
| Bulk Chemicals - L's | | | LICORICE DEGLYCYRRHIZINATED | NC | |
| ACIDOPHILUS LACTOBACILLUS | NC | | LIDOCAINE BASE POWD | NC | |
| CALCIUM FOLINATE | NC | | LIDOCAINE HCL | NC | |
| CARNITINE (L) | NC | RX/OTC | LIDOCAINE HCL MONOHYDRATE | NC | |
| LABETALOL HCL | NC | | LIDOCAINE CRYST | NC | |
| LACTASE 5000 | NC | | LIDOCAINE POWD | NC | |
| LAMOTRIGINE | NC | | LIMONENE | NC | |
| LANSOPRAZOLE | NC | RX/OTC | LINCOMYCIN HCL | NC | |
| LATANOPROST OIL | NC | | LINOLEIC ACID | NC | |
| LATANOPROST POWD | NC | | LIOETHYRONINE | NC | |
| LAURETH-9 POLIDOCANOL | NC | | LIOETHYRONINE SODIUM | NC | |
| LAURIC ACID | NC | | LISINAPRIL | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------|-----------|---------------------|--------------------------------|-----------|---------------------|
| LITHIUM CITRATE TETRAHYDRATE | NC | | MAGNESIUM GLUCONATE | NC | |
| L-LYSINE HCL POWD | NC | RX/OTC | MAGNESIUM GLYCINATE | NC | |
| L-METHYLFOLATE CALCIUM | NC | | MAGNESIUM HYDROXIDE | NC | |
| LORATADINE | NC | RX/OTC | MAGNESIUM MALATE | NC | |
| LORAZEPAM | NC | | MAGNESIUM PHOSPHATE | NC | |
| LOSARTAN POTASSIUM | NC | | MALEIC ACID | NC | |
| LOVASTATIN | NC | | MALIC ACID | NC | RX/OTC |
| L-SELENOMETHIONINE | NC | | MALTODEXTRIN | NC | |
| L-SELENOMETHIONINE BLEND | NC | | MANDELIC ACID | NC | |
| LUTEIN BEAD | NC | | MANGANESE CHLORIDE | NC | |
| LUTEIN POWD | NC | | MANGANESE GLUCONATE | NC | |
| PCCA T3 SODIUM | NC | | MANGANESE SULFATE | NC | |
| PCCA T4 SODIUM | NC | | MECAMYLAMINE HCL | NC | |
| PINENE (L-ALPHA) | NC | | MECHLORETHAMINE HCL | NC | |
| Bulk Chemicals - M's | | | MECLOFENOXATE HCL | NC | |
| 2-METHOXYESTRADIOL | NC | | MEDIUM CHAIN TRIGLYCERIDES | NC | |
| 5-METHYLTETRAHYDROFOLATE CALC | NC | RX/OTC | MEDROXYPROGESTERONE ACE MICRO | NC | |
| DIMETHYL SULFONE POWD | NC | | MEDROXYPROGESTERONE ACETATE | NC | |
| L-GLUTAMIC ACID MONOSOD SALT | NC | | MEDROXYPROGESTERONE MICRONIZED | NC | |
| MACA ROOT | NC | | MEGLUMINE | NC | |
| MAFENIDE ACETATE | NC | | MELOXICAM | NC | |
| MAFENIDE HCL | NC | | MENADIONE | NC | |
| MAGNESIUM ALUMINUM SILICATE | NC | | MEQUINOL | NC | |
| MAGNESIUM AMINO ACID CHELATE | NC | | MERCAPTOPYRINE | NC | |
| MAGNESIUM ASCORBATE | NC | | MERCAPTOPYRINE MONOHYDRATE | NC | |
| MAGNESIUM BISGLYCINATE DIHYD | NC | | METACRESOL ACETATE | NC | |
| MAGNESIUM CITRATE | NC | RX/OTC | METFORMIN HCL | NC | |
| | | | METHACHOLINE CHLORIDE CRYST | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|-------------------------|------------------------------|-----------|-------------------------|
| METHACHOLINE CHLORIDE POWD | NC | | MITOMYCIN | NC | |
| METHACRYLIC ACID COPOLYMER A | NC | | MITOTANE | NC | |
| METHANESULFONIC ACID | NC | | MODAFINIL | NC | |
| METHOCARBAMOL | NC | | MOLYBDENUM | NC | |
| METHOXYAMINE HYDROCHLORIDE | NC | | MOMETASONE FUROATE | NC | |
| METHOXYETHANOL | NC | | MONOBENZONE | NC | |
| METHSCOPOLAMINE BROMIDE | NC | | MONOETHANOLAMINE | NC | |
| METHSCOPOLAMINE NITRATE | NC | | MONTELUKAST SODIUM | NC | |
| METHYL METHACRYLATE CROSSPOLY | NC | | MORANTEL TARTRATE | NC | |
| METHYL SULFONE CRYS | NC | RX/OTC | MOXIFLOXACIN HCL | NC | |
| METHYLCOBALAMIN | NC | RX/OTC | MOXISYLYTE HCL | NC | |
| METHYLENE CHLORIDE | NC | | MUPIROCIN | NC | |
| METHYLMETHACRYL CROSSPOLYMER | NC | | MYCOPHENOLATE MOFETIL | NC | |
| METHYLPHENIDATE HCL | NC | | VITAMIN K2 | NC | |
| METHYLPYRROLIDONE | NC | | Bulk Chemicals - N's | | |
| METHYLSULFONYLMET HANE CRYS | NC | RX/OTC | NABUMETONE | NC | |
| METHYLSULFONYLMET HANE POWD | NC | | N-ACETYL-L- CARNOSINE | NC | |
| METHYSERGIDE MALEATE | NC | | NADH | NC | |
| METRONIDAZOLE | NC | | NALBUPHINE HCL | NC | |
| METRONIDAZOLE BENZOATE | NC | | NALOXONE HCL | NC | |
| MEXILETINE HCL | NC | | NALOXONE HCL DIHYDRATE | NC | |
| MIDAZOLAM | NC | | NALTREXONE | NC | |
| MILK THISTLE | NC | | NALTREXONE HCL | NC | |
| MIRTAZAPINE | NC | | NALTREXONE HCL ANHYDROUS | NC | |
| MISOPROSTOL | NC | | NALTREXONE HCL DIHYDRATE | NC | |
| MISOPROSTOL-HPMC | NC | | NALTREXONE HCL MICRONIZED | NC | |
| | | | NANDROLONE DECANOATE | NC | |
| | | | NAPHAZOLINE HCL POWD | NC | |
| | | | NEOSTIGMINE METHYLSULFATE | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|-----------|---------------------|------------------------------|-----------|---------------------|
| NETTLE LEAF | NC | | OXYBUTYNIN CHLORIDE | NC | |
| NICLOSAMIDE | NC | | OXYMETAZOLINE HCL | NC | |
| NICOTINAMIDE ADENINE DINUCLEO | NC | RX/OTC | OXYTETRACYCLINE DIHYDRATE | NC | |
| NICOTINAMIDE RIBOSIDE CHLORIDE | NC | | OXYTOCIN | NC | |
| NICOTINE POLACRILEX | NC | RX/OTC | OXYTOCIN ACETATE | NC | |
| NICOTINE TARTRATE | NC | | TRITON X-100 | NC | |
| NIFEDIPINE | NC | | Bulk Chemicals - P's | | |
| NIFEDIPINE MICRONIZED | NC | | BRIJ 30 | NC | |
| NIMODIPINE | NC | | BRIJ 35 WAX | NC | |
| NITAZOXANIDE | NC | | BRIJ 700 WAX | NC | |
| NITROFURANTOIN ANHYDROUS | NC | | BRIJ 93 | NC | |
| NITROFURANTOIN MONOHYDRATE | NC | | BRIJ C20 WAX | NC | |
| NONOXYNOL-9 | NC | | BRIJ S20 WAX | NC | |
| NOREPINEPHRINE BITARTRATE | NC | | COSMOCIL CQ LIQD | NC | |
| NORETHINDRONE | NC | | DL-PANTHENOL | NC | |
| NYSTATIN | NC | | DL-PANTHENOL ALCOHOL | NC | |
| Bulk Chemicals - O's | | | PALMAROSA | NC | |
| HYDROXYQUINOLINE SULFATE | NC | | PALMITOYL PENTAPEPTIDE-3 | NC | |
| L-ORNITHINE HYDROCHLORIDE | NC | RX/OTC | PALMITOYL TRIPEPTIDE-3 | NC | |
| OCTINOXATE | NC | | PANCREATIN | NC | |
| OCTISALATE | NC | | PANTHENOL | NC | |
| OCTYL STEARATE | NC | | PANTOPRAZOLE SODIUM | NC | |
| OLMESARTAN MEDOXOMIL | NC | | PAPAIN | NC | |
| ONDANSETRON HCL | NC | | PARACHLOROPHENOL | NC | |
| ORIGANUM OIL | NC | | PARAFORMALDEHYDE | NC | |
| ORLISTAT | NC | | PAROMOMYCIN SULFATE | NC | |
| ORNITHINE HCL | NC | RX/OTC | PEARBERRY FRAGRANCE | NC | |
| OSELTAMIVIR PHOSPHATE | NC | | PEG 400 MONOSTEARATE | NC | |
| OXANDROLONE | NC | | PEG-40 CASTOR OIL | NC | |
| | | | PENCICLOVIR (BULK) | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------|-----------|---------------------|----------------------------------|-----------|---------------------|
| PENICILLAMINE | NC | | PINE BARK EXTRACT | NC | |
| PENNYROYAL OIL | NC | | PINE NEEDLE OIL | NC | |
| PENTOSAN POLYSULFATE SODIUM | NC | | PINEAPPLE EXTRACT | NC | |
| PENTOXIFYLLINE | NC | | PIPERINE | NC | |
| PENTYLENE GLYCOL | NC | | PIRACETAM | NC | |
| PENTYLENETETRAZOLE | NC | | PODOFILOX | NC | |
| PERFLUORODECALIN | NC | | POLYACRYLATE CROSSPOLYMER-6 | NC | |
| PERGOLIDE MESYLATE | NC | | POLYHEXAMETHYLENE BIGUANIDE SOLN | NC | |
| PERMETHRIN LIQD | NC | | POLYOXYL 40 HYD CASTOR OIL | NC | |
| PERPHENAZINE | NC | | POLYVINYL ALCOHOL | NC | |
| PEUCEDANUM OSTRUTHIUM EXTRACT | NC | | POLYVINYLPIRROLIDONE K-30 | NC | |
| PHENELZINE SULFATE | NC | | POLYVINYLPIRROLIDONE K-90 | NC | |
| PHENINDIONE | NC | | POMEGRANATE SEED | NC | |
| PHENIRAMINE MALEATE POWD | NC | | PONAZURIL | NC | |
| PHENOLSULFONIC ACID | NC | | POTASSIUM ACETATE CRYSTALS | NC | RX/OTC |
| PHENOXYBENZAMINE HCL | NC | | POTASSIUM ACETATE POWD | NC | |
| PHENOXYETHANOL | NC | | POTASSIUM ASPARTATE | NC | |
| PHENTERMINE HCL | NC | | POTASSIUM AZELAOLY DIGLYCINATE | NC | |
| PHENTOLAMINE MESYLATE | NC | | POTASSIUM BENZOATE | NC | |
| PHENYL SALICYLATE | NC | | POTASSIUM IODIDE CRYSTALS | NC | RX/OTC |
| PHENYLETHYL ALCOHOL | NC | | POTASSIUM IODIDE GRAN | NC | |
| PHENYLETHYLAMINE HCL | NC | | POTASSIUM IODIDE POWD | NC | |
| PHENYLTOLOXAMINE CITRATE | NC | | POTASSIUM METABISULFITE POWD | NC | |
| PHENYTOIN | NC | | POTASSIUM PERMANGANATE GRAN | NC | RX/OTC |
| PHOSPHATIDYLCHOLINE | NC | RX/OTC | POTASSIUM PHOSPHATE DIBASIC GRAN | NC | |
| PHOSPHATIDYLSERINE | NC | | | | |
| PHYTIC ACID IN WATER | NC | | | | |
| PHYTONADIONE CRYSTALS | NC | | | | |
| PHYTONADIONE LIQD | NC | RX/OTC | | | |
| PIMOBENDAN | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|-------------------------------|-----------|---------------------|
| POTASSIUM PHOSPHATE MONOBASIC CRYSTALS | NC | | PROMETHAZINE HCL POWD | NC | |
| POTASSIUM PHOSPHATE MONOBASIC POWD | NC | | PROPANEDIOL | NC | |
| POTASSIUM SODIUM TARTRATE GRAN | NC | | PROPARACAINE HCL | NC | |
| POTASSIUM SODIUM TARTRATE POWD | NC | | PROPYL GALLATE | NC | |
| POTASSIUM SULFATE | NC | | PROPYLENE GLYCOL | NC | RX/OTC |
| POVIDONE | NC | | PROPYLENE GLYCOL MONOSTEARATE | NC | |
| POVIDONE K-30 | NC | | PROPYLTHIOURACIL | NC | |
| POVIDONE-IODINE FLAK | NC | | PROTAMINE SULFATE | NC | |
| POVIDONE-IODINE POWD | NC | | PROTEASE | NC | |
| POWDER SCENT FRAGRANCE | NC | | PSYLLIUM HUSK | NC | |
| PRALIDOXIME CHLORIDE | NC | | PULLULAN | NC | |
| PRAZIQUANTEL POWD | NC | | PYRANTEL PAMOATE | NC | |
| PREGABALIN | NC | | PYRAZINAMIDE | NC | |
| PRILOCAINE | NC | | PYRIDOSTIGMINE BROMIDE | NC | |
| PRILOCAINE HCL | NC | | PYRIDOXAL-5 PHOSPHATE | NC | RX/OTC |
| PRIMIDONE | NC | | PYRIDOXAL-5-PHOSPHATE | NC | RX/OTC |
| PROCARBAZINE HCL | NC | | PYRIMETHAMINE | NC | |
| PROCHLORPERAZINE EDISYLATE | NC | | VITAMIN K1 POWD | NC | |
| PROFLAVINE HEMISULFATE | NC | | ZINC PYRITHIONE | NC | |
| PROGESTERONE MICRONIZED | NC | | Bulk Chemicals - Q's | | |
| PROGESTERONE MILLED POWD | NC | | QUATERNIUM-15 | NC | |
| PROGESTERONE WETTABLE (SOY) POWD | NC | | QUERCETIN DIHYDRATE | NC | |
| PROGESTERONE WETTABLE POWD | NC | | QUININE HCL DIHYDRATE | NC | |
| PROGESTERONE POWD | NC | | Bulk Chemicals - R's | | |
| PROMAZINE HCL | NC | | RACEPINEPHRINE HCL | NC | RX/OTC |
| | | | RAPESEED OIL | NC | |
| | | | RASAGILINE MESYLATE | NC | |
| | | | RAUWOLFIA SERPENTINA | NC | |
| | | | RED YEAST RICE | NC | RX/OTC |
| | | | RED YEAST RICE EXTRACT | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|----------------------------------|-----------|-------------------------|-------------------------------|-----------|-------------------------|
| RESVERATROL | NC | | L-SERINE | NC | RX/OTC |
| RETINAL | NC | | NICE PURE BAKING SODA | NC | RX/OTC |
| RIBAVIRIN | NC | | NOURISIL GEL | NC | |
| RIBOFLAVIN | NC | RX/OTC | PMX-1184 SILICONE LIQD | NC | RX/OTC |
| RIBOFLAVIN 5-PHOSPHATE SODIUM | NC | RX/OTC | SACCHARIN CALCIUM | NC | |
| RIBOFLAVIN-5-PHOSPHATE SODIUM | NC | RX/OTC | SAGE LEAF | NC | |
| RIFAMPIN | NC | | SALICYLIC ACID CRYSTALS | NC | |
| RIFAXIMIN | NC | | SALICYLIC ACID POWD | NC | RX/OTC |
| ROCURONIUM BROMIDE | NC | | SALICYLIC ACID SOLN | NC | |
| RONIDAZOLE | NC | | SALSALATE | NC | |
| ROPIVACAINE HCL | NC | | SAW PALMETTO BERRY POWD | NC | |
| ROSE BENGAL B | NC | | SCARLET RED | NC | |
| ROSUVASTATIN CALCIUM | NC | | SECRETIN-MANNITOL | NC | |
| RUBIDIUM CHLORIDE | NC | | SELENIUM SULFIDE | NC | |
| RUTIN | NC | | SELENIUM YEAST | NC | |
| Bulk Chemicals - S's | | | SENNA EXTR | NC | |
| AC DERMAPEPTIDE | NC | | SERMORELIN ACETATE | NC | |
| CALCIUM SACCHARIN | NC | | SEROTONIN HCL | NC | |
| CETYL ESTERS WAX | NC | | SERTRALINE HCL | NC | |
| COPASIL GEL | NC | | SHARK CARTILAGE | NC | |
| DEOXYCHOLIC ACID SODIUM | NC | | SHOWER FRESH FRAGRANCE | NC | |
| DIBUTYL SQUARATE LIQD | NC | RX/OTC | SIBERIAN GINSENG | NC | |
| DIMERCAPTOSUCCINIC ACID CRYSTALS | NC | | SILDENAFIL CITRATE | NC | |
| DIMERCAPTOSUCCINIC ACID POWD | NC | | SILICONE BLEND CUSTOM PASTE | NC | |
| DL-3-HYDROXYBUTYRIC ACID SODIUM | NC | | SILICONE ELASTOMER BLEND GEL | NC | |
| DOW CORNING 200 LIQD | NC | RX/OTC | SILICONE ELASTOMER BLEND LIQD | NC | RX/OTC |
| L-ASPARTIC ACID SODIUM | NC | RX/OTC | SILICONE FLUID 556 LIQD | NC | RX/OTC |
| LECITHIN SOYA GRAN | NC | | SILVER SULFADIAZINE | NC | |
| LECITHIN SOYA POWD | NC | | SIMVASTATIN | NC | |
| | | | SINCALIDE IN MANNITOL | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--------------------------------|-----------|----------------------|---|-----------|----------------------|
| SIROLIMUS | NC | | SODIUM METABISULFITE POWD | NC | |
| SODIUM ACETATE TRIHYDRATE | NC | | SODIUM MOLYBDATE | NC | |
| SODIUM ALGINATE | NC | | SODIUM MONOFLUOROPHOSPHATE | NC | |
| SODIUM ASCORBYL PHOS DIHYDRATE | NC | | SODIUM NITRATE GRAN | NC | |
| SODIUM ASPARTATE | NC | | SODIUM NITRATE POWD | NC | |
| SODIUM ASPARTATE MONOHYDRATE | NC | RX/OTC | SODIUM OLEATE | NC | |
| SODIUM BICARBONATE | NC | RX/OTC | SODIUM PHENYLBUTYRATE | NC | |
| SODIUM BISULFITE | NC | RX/OTC | SODIUM PHOSPHATE DIBASIC HEPTA CRYSTALS | NC | |
| SODIUM BITARTRATE MONOHYDRATE | NC | | SODIUM PHOSPHATE DIBASIC HEPTA POWD | NC | |
| SODIUM CAPRATE | NC | | SODIUM PHOSPHATE DIBASIC CRYSTALS | NC | |
| SODIUM CAPRYLATE | NC | | SODIUM PHOSPHATE DIBASIC GRAN | NC | RX/OTC |
| SODIUM CHLORITE FLAK | NC | | SODIUM PHOSPHATE DIBASIC POWD | NC | |
| SODIUM CITRATE DIHYDRATE GRAN | NC | | SODIUM PHOSPHATE MONOBASIC GRAN | NC | |
| SODIUM CITRATE DIHYDRATE POWD | NC | | SODIUM PHOSPHATE MONOBASIC POWD | NC | RX/OTC |
| SODIUM COCOYL GLUTAMATE | NC | | SODIUM PHOSPHATE TRIBASIC CRYSTALS | NC | |
| SODIUM DEHYDROACETATE | NC | | SODIUM PHOSPHATE TRIBASIC POWD | NC | |
| SODIUM DEOXYCHOLATE | NC | | SODIUM PIDOLATE | NC | |
| SODIUM DIACETATE | NC | | SODIUM PROPIONATE | NC | RX/OTC |
| SODIUM DICHLOROACETATE | NC | | SODIUM SELENITE | NC | |
| SODIUM FLUORIDE | NC | | SODIUM STARCH GLYCOLATE | NC | |
| SODIUM FLUOROPHOSPHATE | NC | | SODIUM STEARATE | NC | |
| SODIUM GLUCONATE | NC | | SODIUM STEARYL FUMARATE | NC | |
| SODIUM IODIDE GRAN | NC | | SODIUM SUCCINATE | NC | |
| SODIUM LACTATE 60 % | NC | | SODIUM TARTRATE DIHYDRATE | NC | |
| SODIUM LAURETH SULFATE | NC | | | | |
| SODIUM METABISULFITE GRAN | NC | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|----------------------|-------------------------------|-----------|----------------------|
| SODIUM TETRADECYL SULFATE POWD | NC | | SUCCINYLMCHOLINE CHLORIDE | NC | |
| SODIUM TETRADECYL SULFATE SOLN 27 % | NC | | SUCROSE OCTAACETATE | NC | |
| SODIUM THIOSALICYLATE | NC | | SUFENTANIL CITRATE | NC | |
| SORAFENIB TOSYLATE (BULK) | NC | | SULFACETAMIDE | NC | |
| SORBITAN MONOLAURATE | NC | | SULFADIMETHOXINE | NC | |
| SORBITAN MONOOLEATE | NC | | SULFAMERAZINE | NC | |
| SORBITAN MONOPALMITATE | NC | | SULFOSALICYLIC ACID DIHYDRATE | NC | |
| SOYABEAN CASEIN DIGEST MEDIUM | NC | | SULFUR PRECIPITATED POWD | NC | RX/OTC |
| SOYBEAN LECITHIN GRAN | NC | | SULFUR SUBLIMED POWD | NC | RX/OTC |
| SPAN 80 | NC | | SULPIRIDE | NC | |
| SPIRULINA | NC | | SUMATRIPTAN | NC | |
| SQUALANE LIQD | NC | | SUMATRIPTAN SUCCINATE | NC | |
| SQUALANE OIL | NC | | SUPEROXIDE DISMUTASE POWD | NC | |
| SQUALENE | NC | | SUPEROXIDE DISMUTASE SOLN | NC | |
| SQUARIC ACID | NC | | TRUCLEAR STEVIA PLUS | NC | RX/OTC |
| SQUARIC ACID DI-N-BUTYL ESTER POWD | NC | | Bulk Chemicals - T's | | |
| SQUARIC ACID IN BUTANOL LIQD | NC | RX/OTC | CURCUMIN | NC | |
| ST JOHNS WORT | NC | | CURCUMIN EXTRACT | NC | |
| STANNOUS CHLORIDE DIHYDRATE | NC | | NATURAL MIXED TOCOPHEROLS | NC | |
| STANOZOLOL | NC | | RENOVAGE | NC | |
| STEVIA EXTRACT | NC | RX/OTC | TACROLIMUS | NC | |
| STEVIOLE GLYCOSIDES | NC | | TADALAFIL | NC | |
| STEVIOSIDE EXTR | NC | | TAMOXIFEN CITRATE | NC | |
| STRONTIUM CHLORIDE CRYST | NC | | TAMOXIFEN CITRATE MICRONIZED | NC | |
| SUCCIMER DMSA POWD | NC | | TAZAROTENE | NC | |
| SUCCINIC ACID | NC | | TEA COCOYL GLUTAMINE | NC | |
| | | | TEA TREE OIL | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|-------------------------|-----------------------------------|-----------|-------------------------|
| TERBINAFINE HCL | NC | | TRAMADOL HCL | NC | |
| TESTOSTERONE CYPIONATE | NC | | TRANEXAMIC ACID | NC | RX/OTC |
| TESTOSTERONE ENANTHATE | NC | | TRANILAST CRYSTALS | NC | |
| TESTOSTERONE MICRONIZED CRYSTALS | NC | | TRANILAST POWDER | NC | |
| TESTOSTERONE MICRONIZED POWDER | NC | | TRIACETIN | NC | |
| TESTOSTERONE PROPIONATE | NC | | TRIAMCINOLONE | NC | |
| TESTOSTERONE POWDER | NC | | TRIAMCINOLONE HEXACETONIDE | NC | |
| TETRACAINE | NC | | TRICHLORMETHIAZIDE | NC | |
| TETRACAINE HCL | NC | | TRICHLOROACETIC ACID CRYSTALS | NC | RX/OTC |
| TETRAHYDROBIOPTERIN DIHCL | NC | | TRICHLOROACETIC ACID POWDER | NC | |
| TETRAHYDROZOLINE HCL | NC | | TRICLOSAN | NC | |
| THEANINE | NC | | TRIETHANOLAMINE LAURYL SULFATE | NC | |
| THEOBROMINE | NC | | TRIETHANOLAMINE SALICYLATE | NC | |
| THIOGUANINE | NC | | TRILOSTANE | NC | |
| THIORIDAZINE HCL | NC | | TRIMEPRAZINE TARTRATE | NC | |
| THYMUS | NC | | TRIMETHOENZAMIDE HCL | NC | |
| THYROID (PORCINE) | NC | | TRIOXSALEN | NC | |
| TICARCILLIN-POT CLAVULANATE | NC | | TRIPROLIDINE HCL | NC | |
| TITANIUM DIOXIDE LIQUID | NC | | TROMETHAMINE | NC | |
| TITANIUM DIOXIDE POWDER | NC | | TROPOLONE | NC | |
| TIZANIDINE HCL | NC | | TRYPSIN POWDER | NC | |
| TOBRAMYCIN | NC | | TURMERIC | NC | |
| TOCOTRIENOLS | NC | | TURMERIC ROOT | NC | |
| TOFACITINIB CITRATE | NC | | TYLOSIN TARTRATE | NC | |
| TOLAZOLINE HCL | NC | | TYLOXAPOL | NC | |
| TOLTRAZURIL | NC | | XILOGEL | NC | |
| TOLU BALSAM MISC | NC | | Bulk Chemicals - U's | | |
| TOLUIDINE BLUE O POWDER | NC | | UBIQUINOL | NC | |
| TOPIRAMATE | NC | | UREA BEAD | NC | RX/OTC |
| | | | UREA POWDER | NC | RX/OTC |
| | | | URIDINE | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------|-----------|---------------------|----------------------------|-----------|---------------------|
| URSODIOL | NC | | Bulk Chemicals - X | | |
| Bulk Chemicals - V's | | | XYLAZINE HCL | NC | |
| ALPHA-TOCOPHEROL | NC | | XYLITOL | NC | RX/OTC |
| RETINOL MOLECULAR FILM OIL | NC | | XYLOMETAZOLINE HCL | NC | |
| SODIUM VALPROATE | NC | | Bulk Chemicals - Y's | | |
| TOCOPHERYL ACID SUCC D-ALPHA | NC | RX/OTC | YEAST EXTRACT | NC | |
| VALACYCLOVIR HCL | NC | | YOHIMBINE HCL | NC | |
| VALERIAN ROOT POWD | NC | | Bulk Chemicals - Z's | | |
| VALPROATE SODIUM | NC | | ZEAXANTHIN | NC | |
| VALPROIC ACID POWD | NC | | ZINC ACETATE | NC | RX/OTC |
| VANADIUM | NC | | ZINC CHLORIDE GRAN | NC | RX/OTC |
| VANADYL SULFATE HYDRATE | NC | RX/OTC | ZINC CITRATE | NC | |
| VANCOMYCIN HCL | NC | | ZINC GLUCONATE POWD | NC | |
| VANILLIN CRYSTALS | NC | | ZINC MONOMETHIONINE | NC | |
| VANILLIN POWD | NC | | ZINC OXIDE | NC | RX/OTC |
| VARDENAFIL HCL | NC | | ZINC PICOLINATE | NC | |
| VEEGUM | NC | | ZINC UNDECYLENATE | NC | |
| VIDARABINE | NC | | ZIRCONIUM OXIDE | NC | |
| VINPOCETINE | NC | | ZONISAMIDE | NC | |
| VITAMIN A ACETATE BEAD | NC | | Liquids | | |
| VITAMIN A PALMITATE | NC | RX/OTC | ACETONE | NC | RX/OTC |
| VITAMIN A POWD | NC | | ACTIPHYTE OF LEMONGRASS | NC | |
| VITAMIN E | NC | | ALCOHOL ANHYDROUS | NC | |
| VITAMIN E ACETATE | NC | RX/OTC | <i>alcohol, rubbing XX</i> | NC | |
| VITAMIN E SUCCINATE | NC | RX/OTC | ALCOHOL, USP | NC | RX/OTC |
| VORICONAZOLE | NC | | ALMOND OIL (SWEET) | NC | RX/OTC |
| Bulk Chemicals - W's | | | AMMONIUM LACTATE | NC | |
| SEPICALM VG | NC | | ANISE | NC | |
| WHEY PROTEIN ISOLATE | NC | | BASE G ALMOND OIL (SWEET) | NC | RX/OTC |
| WHITE KIDNEY BEAN EXTRACT | NC | | BAY OIL | NC | |
| WHITE WILLOW BARK | NC | | BENZYL BENZOATE | NC | RX/OTC |
| | | | BERGAMOT OIL | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---------------------------|-----------|-------------------------|--|-----------|-------------------------|
| CAMPHOR SPIRIT | NC | | GOODSENSE ISOPROPYL ALCOHOL XX | NC | RX/OTC |
| CASTOR OIL | NC | RX/OTC | GRAPEFRUIT OIL | NC | |
| CEDAR LEAF OIL | NC | | GUAIACOL | NC | |
| CEDARWOOD OIL | NC | | HM ISOPROPYL ALCOHOL XX | NC | RX/OTC |
| CELERY SEED | NC | | ISOPROPANOL XX | NC | RX/OTC |
| CHLORHEXIDINE GLUCONATE | NC | | <i>isopropyl alcohol XX 91 %, 99 %</i> | NC | |
| CHLOROFORM | NC | RX/OTC | ISOPROPYL ALCOHOL XX 100 %, 70 % | NC | RX/OTC |
| CINNAMON OIL | NC | | ISOPROPYL ALCOHOL (RUBBING) XX | NC | |
| CITRONELLA OIL | NC | RX/OTC | <i>isopropyl alcohol, rubbing XX</i> | NC | |
| CLOVE OIL | NC | RX/OTC | ISOPROPYL PALMITATE | NC | RX/OTC |
| COCONUT OIL | NC | RX/OTC | JUNIPER TAR | NC | |
| COTTONSEED OIL | NC | RX/OTC | LAVENDER OIL | NC | RX/OTC |
| CRYOSERV | NC | RX/OTC | LEMON OIL | NC | |
| DIMETHYL SULFOXIDE | NC | RX/OTC | LEMONGRASS OIL | NC | |
| ETHANOL | NC | RX/OTC | LIME OIL | NC | RX/OTC |
| ETHER | NC | | LINSEED OIL | NC | |
| ETHYL ALCOHOL 95 %, 100 % | NC | RX/OTC | MACADAMIA NUT OIL | NC | |
| EUCALYPTUS OIL | NC | RX/OTC | METHANOL | NC | RX/OTC |
| EUGENOL | NC | RX/OTC | METHYL ALCOHOL | NC | RX/OTC |
| FT NAIL POLISH REMOVER | NC | RX/OTC | MUSTARD OIL | NC | |
| FT SWEET OIL | NC | RX/OTC | NIAOULI | NC | |
| GERANIUM OIL | NC | RX/OTC | OLIVE OIL | NC | RX/OTC |
| GLYCERINE LIQD | NC | RX/OTC | ORANGE OIL | NC | |
| GLYCERIN LIQD | NC | RX/OTC | PEANUT OIL | NC | RX/OTC |
| GLYCERIN SOLN | NC | | PEPPERMINT OIL | NC | RX/OTC |
| GLYCEROL FORMAL LIQD | NC | RX/OTC | PEPPERMINT SPIRIT | NC | |
| GLYCINE SOYA PROTEIN | NC | | PINE OIL | NC | |
| GNP CINNAMON | NC | | PINE TAR LIQD | NC | |
| GNP EUCALYPTUS | NC | RX/OTC | POLYSORBATE 20 | NC | RX/OTC |
| GNP PEPPERMINT SPIRIT | NC | | POLYSORBATE 40 | NC | |
| GNP SODIUM SILICATE | NC | | POLYSORBATE 60 | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---------------------|---------------------------------|-----------|---------------------|
| POLYSORBATE 80 | NC | RX/OTC | 5-HYDROXY-L-TRYPTOPHAN | NC | |
| PRETZ SOLN | NC | | ALLANTOIN | NC | RX/OTC |
| QC CAMPHOR SPIRIT | NC | | ALPROSTADIL | NC | |
| QC CASTOR OIL | NC | RX/OTC | ALUM AMMONIUM | NC | |
| QC SWEET OIL | NC | RX/OTC | ALUMINUM AMMONIUM SULFATE | NC | |
| QUASSIA VINEGAR MS | NC | | ALUMINUM HYDROXIDE DRIED GEL | NC | RX/OTC |
| ROSE OIL | NC | RX/OTC | ALUMINUM HYDROXIDE GEL | NC | RX/OTC |
| ROSEMARY OIL | NC | RX/OTC | ALUMINUM POTASSIUM SULFATE POWD | NC | RX/OTC |
| SAFFLOWER OIL | NC | RX/OTC | ALUMINUM SULFATE CRYSTALS | NC | |
| SASSAFRAS OIL | NC | | ALUMINUM SULFATE GRAN | NC | |
| SESAME OIL | NC | RX/OTC | AMMONIUM BROMIDE GRAN | NC | |
| SM CAMPHOR SPIRIT | NC | | AMMONIUM BROMIDE POWD | NC | |
| SM ISOPROPYL ALCOHOL XX | NC | RX/OTC | AMMONIUM CARBONATE POWD | NC | |
| SM SWEET OIL | NC | RX/OTC | AMMONIUM CHLORIDE | NC | RX/OTC |
| SODIUM SILICATE | NC | | AMMONIUM PHOSPHATE DIBASIC GRAN | NC | |
| SOYBEAN OIL OIL | NC | RX/OTC | AMMONIUM SULFATE | NC | |
| SPEARMINT OIL | NC | RX/OTC | ASPARTIC ACID | NC | RX/OTC |
| SWEET OIL | NC | RX/OTC | BHT GRAN | NC | |
| TANGERINE | NC | | BISMUTH SUBCARBONATE | NC | RX/OTC |
| TANGERINE OIL | NC | | BISMUTH SUBNITRATE | NC | RX/OTC |
| TURPENTINE | NC | | BISMUTH SUBSALICYLATE | NC | RX/OTC |
| UNDECYLENIC ACID | NC | RX/OTC | BORIC ACID NF POWD | NC | RX/OTC |
| WA-001 EXPERIMENTAL SOIL SURFA | NC | | BORIC ACID TOPICAL POWD | NC | RX/OTC |
| Semi-Solids | | | BORIC ACID CRYSTALS | NC | |
| COAL TAR EXTRACT SOLN | NC | RX/OTC | BORIC ACID POWD | NC | RX/OTC |
| COAL TAR LIQD | NC | | | | |
| COAL TAR SOLN | NC | RX/OTC | | | |
| COAL TAR TAR | NC | | | | |
| PERUVIAN BALSAM LIQD | NC | | | | |
| PERUVIAN BALSAM MISC | NC | | | | |
| PERUVIAN BALSAM POWD | NC | | | | |
| Solids | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|--------------------------------|-----------|---------------------|
| BUTYLATED HYDROXYTOLUENE CRYSTALS | NC | | DIMERCAPTOPROPANE-SULFONATE NA | NC | |
| BUTYLATED HYDROXYTOLUENE GRAN | NC | | DINITROCHLOROBENZENE | NC | |
| BUTYLATED HYDROXYTOLUENE POWD | NC | | DOCUSATE SODIUM-SOD BENZOATE | NC | |
| CALCIUM HYDROXIDE | NC | RX/OTC | EDETATE ACID | NC | |
| CALCIUM SULFATE | NC | RX/OTC | EDETATE DISODIUM | NC | RX/OTC |
| CALCIUM SULFATE HEMIHYDRATE | NC | RX/OTC | EDETATE DISODIUM DIHYDRATE | NC | RX/OTC |
| CAPSICUM OLEORESIN LIQD | NC | | EDETATE SODIUM | NC | |
| CARBIDOPA | NC | | EDETIC ACID | NC | |
| CARBIDOPA ANHYDROUS | NC | | EPINEPHRINE | NC | |
| CARBOXYMETHYLCELLULOSE SODIUM GRAN | NC | | EPINEPHRINE BASE | NC | |
| CARBOXYMETHYLCELLULOSE SODIUM POWD | NC | RX/OTC | FLUORESCEIN | NC | |
| CATNIP | NC | | FLUORESCEIN SODIUM | NC | |
| CITRIC ACID ANHYDROUS GRAN | NC | RX/OTC | FULLERS EARTH | NC | RX/OTC |
| CITRIC ACID ANHYDROUS POWD | NC | RX/OTC | GERMANIUM SESQUIOXIDE | NC | |
| CITRIC ACID MONOHYDRATE GRAN | NC | RX/OTC | GINGER ROOT | NC | |
| CITRIC ACID MONOHYDRATE POWD | NC | | GNP BORIC ACID POWD | NC | RX/OTC |
| CITRIC ACID POWD | NC | RX/OTC | HM BORIC ACID POWD | NC | RX/OTC |
| COENZYME Q10 | NC | RX/OTC | HOMATROPINE METHYLBROMIDE POWD | NC | |
| CORN STARCH | NC | RX/OTC | HYDROXYTRYPTOPHAN | NC | |
| DEHYDROEPIANDROSTERONE MICRO | NC | | HYDROXYTRYPTOPHAN L-5 | NC | |
| DEHYDROEPIANDROSTERONE POWD | NC | RX/OTC | IODOFORM | NC | RX/OTC |
| DHEA MICRONIZED | NC | | KETOCONAZOLE | NC | |
| DHEA POWD | NC | RX/OTC | KOJIC ACID | NC | RX/OTC |
| DIMENHYDRINATE | NC | | L-ASPARTIC ACID | NC | RX/OTC |
| | | | LEAD ACETATE TRIHYDRATE POWD | NC | |
| | | | LICORICE ROOT POWD | NC | |
| | | | L-MENTHOL | NC | RX/OTC |
| | | | MANNITOL | NC | RX/OTC |
| | | | MELATONIN | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|---------------------------------------|-----------|---------------------|
| MENADIONE SODIUM BISULFITE CRYSTALS | NC | | PREGNENOLONE | NC | |
| MENTHOL | NC | RX/OTC | PREGNENOLONE MICRONIZED | NC | |
| METHENAMINE MANDELATE | NC | | PROSTAGLANDIN E1 | NC | |
| METHENAMINE POWDER | NC | | PUMICE (FLOUR) | NC | |
| METHYLENE BLUE | NC | | PYROGALLOL | NC | |
| MINOXIDIL | NC | | PYRUVIC ACID LIQUID | NC | RX/OTC |
| OXYBENZONE | NC | | PYRUVIC ACID POWDER | NC | |
| PHENYLMERCURIC ACETATE | NC | | QC BORIC ACID POWDER | NC | RX/OTC |
| PHENYLMERCURIC NITRATE | NC | | QUINIDINE SULFATE DIHYDRATE CRYSTALS | NC | |
| PILOCARPINE HCL POWDER | NC | | RESORCINOL CRYSTALS | NC | RX/OTC |
| PILOCARPINE NITRATE CRYSTALS | NC | | RESORCINOL POWDER | NC | RX/OTC |
| PILOCARPINE NITRATE POWDER | NC | | ROSIN MISC | NC | |
| POTASH SULFURATED LUMP MISC | NC | | ROSIN POWDER | NC | |
| POTASSIUM ALUM POWDER | NC | RX/OTC | SILICA GEL | NC | RX/OTC |
| POTASSIUM BITARTRATE | NC | RX/OTC | SILICON DIOXIDE (SYLOID 244FP) POWDER | NC | |
| POTASSIUM BROMIDE CRYSTALS | NC | RX/OTC | SILICON DIOXIDE POWDER | NC | |
| POTASSIUM BROMIDE GRANULES | NC | | SM BORIC ACID POWDER | NC | RX/OTC |
| POTASSIUM BROMIDE POWDER | NC | | SODIUM BICARBONATE-NACL | NC | |
| POTASSIUM GLUCONATE ANHYDROUS | NC | RX/OTC | SODIUM BROMIDE | NC | RX/OTC |
| POTASSIUM NITRATE GRANULES | NC | | SODIUM BUTYRATE | NC | RX/OTC |
| POTASSIUM NITRATE POWDER | NC | | SODIUM CACODYLATE | NC | |
| POTASSIUM PERCHLORATE | NC | | SODIUM NITRITE | NC | RX/OTC |
| PRASTERONE MICRONIZED | NC | | SODIUM PERBORATE CRYSTALS | NC | |
| | | | SODIUM PERBORATE GRANULES | NC | |
| | | | SODIUM PERBORATE POWDER | NC | RX/OTC |
| | | | SODIUM SULFATE POWDER | NC | |
| | | | SODIUM SULFITE | NC | RX/OTC |
| | | | SORBITOL | NC | |
| | | | STANNOUS FLUORIDE POWDER | NC | |
| | | | STARCH | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| STARCH RICE | NC | RX/OTC | <i>levonorgestrel & eth estradiol TABS</i> | C | |
| STRONTIUM NITRATE | NC | | <i>levonorgestrel-eth estradiol (triphasic)</i> | C | |
| SUCROSE CRYSTALS | NC | | <i>levonorgestrel-ethinyl estradiol (91-day)</i> | NC | |
| SUCROSE POWDER | NC | | <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i> | C | |
| SULFANILAMIDE | NC | | <i>levonorgestrel-ethinyl estradiol (continuous)</i> | NC | |
| TALC | NC | RX/OTC | <i>levonorgestrel-ethinyl estradiol-iron</i> | NC | |
| THEOPHYLLINE | NC | RX/OTC | LO LOESTRIN FE TABS | NC | |
| THEOPHYLLINE ANHYDROUS | NC | RX/OTC | LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) | NC | |
| THYMOL | NC | RX/OTC | MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>) | NC | |
| THYMOL IODIDE | NC | | MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>) | NC | |
| THYMOL IODIDE PURIFIED | NC | | NATAZIA | NC | |
| TINIDAZOLE | NC | | NEXTSTELLIS | NC | |
| UBIDECARENONE | NC | RX/OTC | <i>norethin acet & estrad-fe CAPS</i> | NC | |
| WAXY MAIZE STARCH N-200 | NC | RX/OTC | <i>norethin acet & estrad-fe CHEW</i> | NC | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | | | | |
| Combination Contraceptives - Oral | | | | | |
| <i>desogestrel & ethinyl estradiol</i> | C | | <i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | C | |
| <i>desogestrel-ethinyl estradiol (biphasic)</i> | C | | <i>norethindrone & eth estradiol</i> | C | |
| <i>desogestrel-ethinyl estradiol (triphasic)</i> | C | | <i>norethindrone & ethinyl estradiol-fe</i> | C | |
| <i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i> | C | | <i>norethindrone acet & eth estra TABS</i> | C | |
| <i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i> | C | QL(1 EA daily) | <i>norethindrone acetate-ethinyl estradiol-fe</i> | C | |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> | NC | | <i>norethindrone-eth estradiol (triphasic)</i> | C | |
| <i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i> | C | | | | |
| <i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i> | C | QL(1 EA daily) | | | |
| FEMLYV TBDP | NC | | | | |
| GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>) | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>norgestimate-ethinyl estradiol</i> | C | |
| <i>norgestimate-ethinyl estradiol (triphasic)</i> | C | |
| <i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i> | C | QL(2 EA daily) |
| QUARTETTE <i>(levonorgestrel-ethinyl estradiol (91-day))</i> | NC | |
| SEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i> | NC | |
| TYBLUME CHEW | C | |
| YASMIN 28 <i>(drospirenone-ethinyl estradiol)</i> | NC | |
| YAZ <i>(drospirenone-ethinyl estradiol)</i> | NC | QL(1 EA daily) |
| Combination Contraceptives - Transdermal | | |
| <i>norelgestromin-ethinyl estradiol</i> | C | |
| TWIRLA | NC | |
| Combination Contraceptives - Vaginal | | |
| ANNOVERA | NC | |
| <i>etonogestrel-ethinyl estradiol</i> | C | QL(6 EA per fill retail) |
| NUVARING <i>(etonogestrel-ethinyl estradiol)</i> | NC | QL(6 EA per fill retail) |
| Emergency Contraceptives | | |
| ELLA | C | QL(4 EA per 365 day(s) retail) |
| <i>levonorgestrel (emergency oc) 1.5 MG</i> | C | QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail |
| PLAN B ONE-STEP <i>(levonorgestrel (emergency oc))</i> | NC | QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| Progestin Contraceptives - Injectable | | |
| DEPO-PROVERA SUSP IM <i>(medroxyprogesterone acetate (contraceptive))</i> | NC | QL(1 ML per fill retail) |
| DEPO-PROVERA SUSY IM <i>(medroxyprogesterone acetate (contraceptive))</i> | NC | QL(1 ML per fill retail) |
| DEPO-SUBQ PROVERA 104 SUSY SC | C | QL(1 ML per fill retail) |
| <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i> | C | QL(1 ML per fill retail) |
| <i>medroxyprogesterone acetate (contraceptive) SUSY IM</i> | C | QL(1 ML per fill retail) |
| Progestin Contraceptives - Oral | | |
| <i>norethindrone (contraceptive)</i> | C | |
| OPILL | NC | |
| SLYND | NC | |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| ALKINDI SPRINKLE CPSP | NP | |
| BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML | NC | |
| BETAMETHASONE SOD PHOS & ACET SUSP 3 MG/ML-3 MG/ML | NC | |
| <i>betamethasone sod phosphate & acetate SUSP</i> | NC | |
| BETAMETHASONE SODIUM PHOSPHATE POWD | NC | |
| BLT-25 | NC | |
| <i>budesonide CPEP</i> | P | |
| <i>budesonide CPEP</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|---|-----------|---------------------|
| <i>budesonide TB24</i> | NP | | HEMADY TABS | NP | |
| CORTEF TABS (<i>hydrocortisone</i>) | NP | | <i>hydrocortisone sod succinate 100 MG</i> | NC | |
| CORTISONE ACETATE POWD | NC | | <i>hydrocortisone TABS</i> | P | |
| CORTISONE ACETATE TABS | P | | KENALOG-10 SUSP | NC | |
| <i>deflazacort TABS</i> | NP | SP | KENALOG-80 SUSP | NC | |
| DEPO-MEDROL SUSP | NC | | MEDROL TABS | NP | |
| DEXAMETHASONE INTENSOL CONC | NP | | MEDROL TABS (<i>methylprednisolone</i>) | NP | |
| <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i> | C | QL(150 ML per 31 day(s) retail) | MEDROL TBPK (<i>methylprednisolone</i>) | NP | |
| <i>dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML</i> | NC | | METHYLPREDNISOLON E ACETATE POWD | NC | |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML | C | QL(150 ML per 31 day(s) retail) | <i>methylprednisolone acetate SUSP</i> | NC | |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML | NC | | METHYLPREDNISOLON E ACETATE SUSP 40 MG/ML, 80 MG/ML | NC | |
| <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i> | C | QL(150 ML per 31 day(s) retail) | <i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i> | NC | |
| <i>dexamethasone sodium phosphate SOSY IJ 10 MG/ML</i> | NC | | METHYLPREDNISOLON E POWD | NC | |
| <i>dexamethasone ELIX</i> | NC | | <i>methylprednisolone TABS 4 MG</i> | NC | |
| <i>dexamethasone ELIX</i> | P | | <i>methylprednisolone TABS</i> | P | |
| <i>dexamethasone SOLN</i> | P | | <i>methylprednisolone TBPK</i> | P | |
| <i>dexamethasone TABS 1.5 MG</i> | NC | | <i>methylprednisolone TBPK</i> | NC | |
| <i>dexamethasone TABS</i> | P | | MILLIPRED TABS | NC | |
| <i>dexamethasone TBPK</i> | NP | | ORTIKOS CP24 | NP | |
| <i>dexamethasone TBPK</i> | NC | | PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>) | NC | |
| <i>dexamethasone TBPK</i> | P | | PREDNISOLONE ACETATE POWD | NC | |
| EMFLAZA SUSP (<i>deflazacort</i>) | NP | SP | PREDNISOLONE ANHYDROUS POWD | NC | |
| EOHILIA SUSP | NP | | PREDNISOLONE SODIUM PHOSPHATE POWD | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| <i>prednisolone sodium phosphate SOLN</i> | P | |
| <i>prednisolone sodium phosphate SOLN 20 MG/5ML</i> | P | QL(150 ML per fill retail) |
| <i>prednisolone sodium phosphate SOLN 6.7 MG/5ML, 15 MG/5ML</i> | NC | |
| <i>prednisolone sodium phosphate TBDP 10 MG, 15 MG</i> | NC | |
| <i>prednisolone sodium phosphate TBDP 10 MG, 15 MG</i> | NC | |
| PREDNISOLONE POWD | NC | |
| <i>prednisolone SOLN</i> | NP | |
| <i>prednisolone SOLN</i> | NC | |
| <i>prednisolone SOLN</i> | P | |
| <i>prednisolone TABS</i> | NC | |
| <i>prednisolone TABS</i> | NP | |
| PREDNISON INTENSOL CONC | NP | |
| PREDNISON POWD | NC | |
| <i>prednisone SOLN</i> | P | |
| <i>prednisone TABS</i> | NC | |
| <i>prednisone TABS</i> | P | |
| <i>prednisone TBPk</i> | P | |
| RAYOS TBEC | NP | |
| READYSHARP DEXAMETHASONE KIT | NC | |
| SOLU-CORTEF | NC | |
| SOLU-MEDROL | NC | |
| SOLU-MEDROL (PF) | NC | |
| <i>triamcinolone acetonide SUSP 40 MG/ML</i> | NC | |
| TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML, 80 MG/ML | NC | |
| TRIAMCINOLONE DIACET MICRONIZE | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| TRIAMCINOLONE DIACETATE | NC | |
| UCERIS TB24 (<i>budesonide</i>) | NP | |
| Mineralocorticoids | | |
| FLUDROCORTISONE ACETATE POWD | NC | |
| <i>fludrocortisone acetate TABS</i> | C | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |
| <i>benzonatate 150 MG</i> | NC | |
| <i>benzonatate 100 MG</i> | C | QL(6 EA daily); AL(At least 10 yrs old) |
| <i>benzonatate 200 MG</i> | C | QL(3 EA daily); 1 max fill(s) per 31 day(s) retail; AL(At least 10 yrs old) |
| DELSYM COUGH CHILDRENS SUER (<i>dextromethorphan polistirex</i>) | NC | QL(240 ML per 6 day(s) retail) |
| DELSYM SUER (<i>dextromethorphan polistirex</i>) | NC | QL(240 ML per 6 day(s) retail) |
| DEXTROMETHORPHAN HBR MONOHD CRYST | NC | |
| DEXTROMETHORPHAN HBR MONOHD POWD | NC | |
| DEXTROMETHORPHAN HBR POWD | NC | |
| <i>dextromethorphan polistirex SUER</i> | C | QL(240 ML per 6 day(s) retail) |
| HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>) | NC | AL(At least 18 yrs old) |
| <i>hydrocodone bitartrate-homatropine methylbromide SOLN</i> | C | AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--------------------------------|
| <i>hydrocodone bitartrate-homatropine methylbromide TABS</i> | NC | | <i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i> | C | QL(240 ML per fill retail) |
| Cough/Cold/Allergy Combinations | | | <i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i> | C | QL(2 EA daily) |
| ALAHIST D | NC | | <i>dextromethorphan-phenylephrine-acetaminophen CAPS</i> | C | |
| ALAHIST DM LIQD | NC | | DRIXORAL COLD/ALLERGY TB12 | NC | |
| ALAHIST PE TABS | NC | | ED BRON GP LIQD | C | QL(240 ML per 6 day(s) retail) |
| <i>brompheniramine & phenyleph ELIX</i> | C | QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail | ENDAL | NC | |
| <i>cetirizine-pseudoephedrine</i> | C | QL(2 EA daily) | <i>guaifenesin-codeine SOLN</i> | C | |
| CLARINEX-D 12 HOUR TB12 | NP | | <i>guaifenesin-codeine SYRP</i> | C | |
| CLARITIN-D 12 HOUR TB12 (<i>loratadine & pseudoephedrine</i>) | NC | QL(2 EA daily) | <i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i> | NC | |
| CORICIDIN HBP TABS (<i>dextromethorphan-acetaminophen-chlorpheniramine</i>) | NC | | LOHIST-D LIQD | C | |
| COUGH & CHEST CONGESTION DM SYRP | NC | | <i>loratadine & pseudoephedrine TB12</i> | C | QL(2 EA daily) |
| DECONEX DMX TABS 10 MG-400 MG-17.5 MG | NC | | MAXI-TUSS PE MAX LIQD | C | QL(240 ML per 6 day(s) retail) |
| <i>dextromethorphan-acetaminophen-chlorpheniramine TABS 325 MG-2 MG-10 MG</i> | NC | | MUCINEX CHILD COUGH DAY/NIGHT THPK | NC | |
| <i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i> | C | QL(240 ML per fill retail) | MUCINEX D MAX STRENGTH TB12 (<i>pseudoephedrine-guaifenesin</i>) | NC | |
| <i>dextromethorphan-guaifenesin LIQD 200 MG/20ML-20 MG/20ML</i> | NC | | MUCINEX DM TB12 (<i>dextromethorphan-guaifenesin</i>) | NC | QL(2 EA daily) |
| <i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i> | C | | MUCINEX D TB12 (<i>pseudoephedrine-guaifenesin</i>) | NC | QL(210 EA per fill retail) |
| | | | NINJACOF-D | NC | |
| | | | <i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i> | C | QL(240 ML per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|---|
| POLY HIST FORTE 10 MG-10.5 MG | NC | | VANACOF DMX LIQD | NC | |
| POLYTUSSIN DM LIQD | NC | | VANACOF XP LIQD | NC | |
| <i>promethazine & phenylephrine SYRP</i> | C | QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old) | ZYRTEC-D ALLERGY & CONGESTION (<i>cetirizine-pseudoephedrine</i>) | NC | QL(2 EA daily) |
| <i>promethazine w/codeine SOLN</i> | C | QL(240 ML per fill retail); AL(At least 18 yrs old) | ZYRTEC-D ALLERGY & SINUS (<i>cetirizine-pseudoephedrine</i>) | NC | QL(2 EA daily) |
| <i>promethazine w/codeine SYRP</i> | C | QL(240 ML per fill retail); AL(At least 18 yrs old) | Expectorants | | |
| <i>promethazine-dm SYRP</i> | C | QL(240 ML per fill retail); AL(At least 2 yrs old) | BROMHEXINE HCL | NC | |
| <i>promethazine-phenylephrine-codeine</i> | C | QL(240 ML per fill retail); AL(At least 18 yrs old) | GUAIFENESIN POWD | NC | |
| <i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i> | C | QL(240 ML per fill retail) | <i>guaifenesin TB12 600 MG</i> | C | QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail |
| <i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i> | C | | <i>guaifenesin TB12 1200 MG</i> | C | |
| <i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i> | C | QL(210 EA per fill retail) | MUCINEX MAXIMUM STRENGTH TB12 (<i>guaifenesin</i>) | NC | |
| THERAFLU FLU RELIEF MAX STR PACK | NC | | MUCINEX TB12 (<i>guaifenesin</i>) | NC | QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail |
| TRIPONEL LIQD | NC | | <i>potassium iodide (expectorant) SOLN</i> | C | |
| TRIPONEL SYRP | NC | | SSKI SOLN (<i>potassium iodide (expectorant)</i>) | NC | |
| TUSNEL PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML, 50 MG/5ML-5 MG/5ML-15 MG/5ML | NC | | TERPIN HYDRATE | NC | |
| TUSNEL-DM PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML-2.5 MG/ML | NC | | TERPIN HYDRATE MONOHYDRATE | NC | |
| TUXARIN ER TB12 | NC | | Misc. Respiratory Inhalants | | |
| VANACOF 2 | NC | | <i>sodium chloride (inhalant) NEBU 0.9 %, 10 %</i> | C | |
| VANACOF CP LIQD | NC | | Mucolytics | | |
| | | | ACETYLCYSTEINE POWD | NC | |
| | | | <i>acetylcysteine SOLN</i> | C | |
| | | | N-ACETYL-L-CYSTEINE POWD | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---------------------------|
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | | | | |
| Acne Products | | | | | |
| ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>) | NC | QL(2 EA daily); AL(At least 12 yrs old); PA | <i>benzoyl peroxide-erythromycin GEL</i> | NP | |
| ABSORICA LD | NC | | <i>benzoyl peroxide-erythromycin GEL</i> | NC | |
| ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>) | NP | | <i>benzoyl peroxide FOAM 5.3 %, 10 %</i> | NC | |
| ACNE MEDICATION 10 LOTN | C | | <i>benzoyl peroxide FOAM 10 %</i> | P | |
| ACNE MEDICATION 5 LOTN | C | | <i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i> | C | |
| ACZONE (<i>dapsone (topical)</i>) | NC | | <i>benzoyl peroxide LIQD 5 %, 10 %</i> | NC | RX/OTC |
| <i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i> | NC | | <i>benzoyl peroxide LIQD 5 %, 10 %</i> | P | |
| <i>adapalene-benzoyl peroxide GEL</i> | NP | | BENZOYL PEROXIDE POWD | NC | |
| <i>adapalene CREA</i> | NP | | CABTREO | NP | |
| <i>adapalene GEL 0.3 %</i> | NP | | CLENIA PLUS SUSP | NC | |
| <i>adapalene GEL</i> | NC | | CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>) | NP | |
| <i>adapalene GEL 0.3 %</i> | P | | CLINDACIN ETZ | NC | |
| ALTRENO LOTN | NP | | CLINDACIN PAC | NC | |
| ARAZLO LOTN | NP | | CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>) | NP | QL(60 ML per fill retail) |
| ATRALIN GEL (<i>tretinoin</i>) | NP | | <i>clindamycin phosphate (topical) FOAM</i> | NP | |
| AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>) | NP | | <i>clindamycin phosphate (topical) FOAM</i> | NC | |
| AVAR-E LS CREA (<i>sulfacetamide sodium w/ sulfur</i>) | NP | | <i>clindamycin phosphate (topical) GEL</i> | NC | |
| BENZAC AC WASH LIQD 5 % (<i>benzoyl peroxide</i>) | NC | RX/OTC | <i>clindamycin phosphate (topical) GEL</i> | NP | QL(60 GM per fill retail) |
| BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>) | NP | | <i>clindamycin phosphate (topical) GEL</i> | NC | QL(60 GM per fill retail) |
| BENZOYL PEROXIDE HYDROUS POWD | NC | | <i>clindamycin phosphate (topical) LOTN</i> | NP | |
| | | | <i>clindamycin phosphate (topical) SOLN</i> | NC | |
| | | | <i>clindamycin phosphate (topical) SOLN</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|---|-----------|--|
| <i>clindamycin phosphate (topical) SWAB</i> | NP | | <i>erythromycin (acne aid) SOLN</i> | NC | |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | NC | | <i>erythromycin (acne aid) SOLN</i> | P | |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | NP | | EVOCILIN FOAM (<i>clindamycin phosphate (topical)</i>) | NP | |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | P | | FABIOR FOAM | NP | |
| <i>clindamycin phosphate-benzoyl peroxide GEL</i> | NP | | <i>isotretinoin 25 MG, 35 MG</i> | NC | |
| <i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i> | NC | | <i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i> | C | QL(2 EA daily); AL(At least 12 yrs old); PA |
| <i>clindamycin phosphate-tretinoin</i> | NP | | KLARON (<i>sulfacetamide sodium (acne)</i>) | NP | QL(118 ML per fill retail) |
| <i>dapsone (topical) 7.5 %</i> | NC | | LIQUIMAT LOTN 4 % | NC | |
| <i>dapsone (topical)</i> | NP | | NEUAC | NC | |
| DIFFERIN CLEANSER LIQD (<i>benzoyl peroxide</i>) | NC | RX/OTC | ONEXTON GEL (<i>clindamycin phosphate-benzoyl peroxide</i>) | NP | |
| DIFFERIN CREA (<i>adapalene</i>) | NP | | PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>) | NC | |
| DIFFERIN GEL (<i>adapalene</i>) | NP | | PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>) | NC | |
| EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>) | NP | | RETIN-A MICRO (<i>tretinoin microsphere</i>) | NP | Brand Preferred |
| EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>) | NC | | RETIN-A MICRO PUMP | NP | Brand Preferred |
| EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>) | NC | | RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) | NP | Brand Preferred |
| ERYGEL GEL (<i>erythromycin (acne aid)</i>) | NP | 1 package(s) per fill retail | RETIN-A CREA (<i>tretinoin</i>) | P | QL(20 GM per fill retail); AL(Up to 35 yrs old) |
| <i>erythromycin (acne aid) GEL</i> | NP | 1 package(s) per fill retail | RETIN-A GEL 0.01 % (<i>tretinoin</i>) | P | Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old) |
| <i>erythromycin (acne aid) GEL</i> | NC | 1 package(s) per fill retail | RETIN-A GEL 0.025 % (<i>tretinoin</i>) | P | Brand Preferred; AL(Up to 35 yrs old) |
| <i>erythromycin (acne aid) PADS</i> | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| RETINOIC ACID POWD | NC | | SULFACETAMIDE SODIUM-SULFUR SUSP | NC | |
| <i>sulfacetamide sodium (acne)</i> | NP | QL(118 ML per fill retail) | SULFACETAMIDE-SULFUR IN UREA EMUL | NC | |
| <i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i> | NP | | SUMADAN | NP | |
| <i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i> | NC | | SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>) | NP | |
| <i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i> | NP | | SUMADAN XLT KIT | NP | |
| <i>sulfacetamide sodium w/ sulfur FOAM</i> | NP | | SUMAXIN CP | NP | |
| <i>sulfacetamide sodium w/ sulfur LIQD</i> | NC | | SUMAXIN PADS | NP | |
| <i>sulfacetamide sodium w/ sulfur LIQD</i> | NP | | TAZAROTENE FOAM | NP | |
| <i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i> | NC | | <i>tretinoin microsphere</i> | NP | Brand Preferred |
| <i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i> | NP | | <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i> | NP | QL(20 GM per fill retail); AL(Up to 35 yrs old) |
| <i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i> | NC | 1 package(s) per 31 day(s) retail | <i>tretinoin GEL 0.025 %</i> | NC | Brand Preferred; AL(Up to 35 yrs old) |
| <i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i> | NP | 1 package(s) per 31 day(s) retail | <i>tretinoin GEL 0.05 %</i> | NP | |
| <i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i> | NP | | <i>tretinoin GEL 0.025 %</i> | NP | Brand Preferred; AL(Up to 35 yrs old) |
| <i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i> | NC | | <i>tretinoin GEL 0.01 %</i> | NP | Brand Preferred; QL(45 GM per fill retail); AL(Up to 35 yrs old) |
| <i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i> | NP | | TRETINOIN POWD | NC | |
| <i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i> | NC | | VELTIN (<i>clindamycin phosphate-tretinoin</i>) | NC | |
| <i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i> | NP | 1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail | WINLEVI | NP | |
| <i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i> | NC | 1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail | ZIANA (<i>clindamycin phosphate-tretinoin</i>) | NP | |
| <i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i> | NP | | ZMA CLEAR SUSP | NP | |
| | | | Agents for External Genital and Perianal Warts | | |
| | | | VEREGEN | NP | |
| | | | VEREGEN | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|---|-----------|--|
| Analgesics - Topical | | | TETRACYCLINE HCL | NC | |
| BACLOFEN (CMPD KIT) | NC | | XEPI | NP | |
| BIOFREEZE COOL THE PAIN LIQD | NC | | Antifungals - Topical | | |
| Antibiotics - Topical | | | BENZOIC ACID CRYSTALS | NC | RX/OTC |
| <i>bacitracin (topical) OINT</i> | C | 1 package(s) per fill retail | BENZOIC ACID POWD | NC | |
| <i>bacitracin zinc OINT</i> | C | 1 package(s) per fill retail | <i>ciclopirox olamine CREA</i> | P | |
| BACITRACIN ZINC POWD | NC | | CICLOPIROX OLAMINE POWD | NC | |
| BACITRACIN POWD | NC | | <i>ciclopirox olamine SUSP</i> | P | |
| CENTANY AT KIT | NP | | <i>ciclopirox olamine SUSP</i> | NC | |
| CENTANY OINT | NP | QL(30 GM per 31 day(s) retail) | <i>ciclopirox GEL</i> | NP | |
| <i>gentamicin sulfate (topical) CREA</i> | C | QL(1 GM daily; 30 GM per fill retail) | <i>ciclopirox GEL</i> | NC | |
| <i>gentamicin sulfate (topical) OINT</i> | C | QL(1 GM daily; 30 GM per fill retail) | <i>ciclopirox KIT</i> | NP | |
| GENTAMICIN SULFATE POWD | NC | | <i>ciclopirox SHAM</i> | NP | |
| <i>mupirocin calcium (topical)</i> | NP | 1 package(s) per 31 day(s) retail | <i>ciclopirox SOLN</i> | P | |
| <i>mupirocin OINT</i> | NC | QL(30 GM per 31 day(s) retail) | <i>ciclopirox SOLN</i> | NC | |
| <i>mupirocin OINT</i> | P | QL(30 GM per 31 day(s) retail) | <i>ciclopirox SOLN</i> | NP | |
| NEOMYCIN SULFATE | NC | | CLIOQUINOL POWD | NC | RX/OTC |
| <i>neomycin-bacitracin-polymyxin OINT</i> | C | QL(60 GM per 31 day(s) retail) | <i>clotrimazole (topical) CREA</i> | NC | QL(60 GM per 31 day(s) retail); RX/OTC |
| <i>neomycin-polymyxin w/ pramoxine</i> | C | 1 package(s) per fill retail | <i>clotrimazole (topical) CREA</i> | NC | RX/OTC |
| NEOSPORIN ORIGINAL OINT (<i>neomycin-bacitracin-polymyxin</i>) | NC | QL(60 EA per 31 day(s) retail) | <i>clotrimazole (topical) CREA</i> | P | QL(60 GM per 31 day(s) retail); RX/OTC |
| NEOSPORIN PLUS PAIN RELIEF MS (<i>neomycin-polymyxin w/ pramoxine</i>) | NC | 1 package(s) per fill retail | <i>clotrimazole (topical) SOLN</i> | NC | 1 package(s) per fill retail; RX/OTC |
| NEO-SYNALAR | NC | | <i>clotrimazole (topical) SOLN</i> | P | 1 package(s) per fill retail; RX/OTC |
| NEO-SYNALAR | NC | | <i>clotrimazole w/ betamethasone CREA</i> | P | QL(45 GM per 31 day(s) retail) |
| | | | <i>clotrimazole w/ betamethasone CREA</i> | NC | QL(45 GM per 31 day(s) retail) |
| | | | <i>clotrimazole w/ betamethasone LOTN</i> | P | QL(31 ML per 31 day(s) retail) |
| | | | <i>clotrimazole w/ betamethasone LOTN</i> | NC | QL(31 ML per 31 day(s) retail) |
| | | | CLOTTRIMAZOLE CRYSTALS | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|-----------------------------------|
| CLOTRIMAZOLE POWD | NC | | MICATIN CREA (<i>miconazole nitrate (topical)</i>) | NC | QL(200 GM per 31 day(s) retail) |
| <i>econazole nitrate CREA</i> | P | QL(30 GM per fill retail) | <i>miconazole nitrate (topical) CREA</i> | C | QL(200 GM per 31 day(s) retail) |
| ERTACZO | NC | | MICONAZOLE NITRATE POWD XX | NC | |
| ERTACZO | NP | | <i>miconazole-zinc oxide-white petrolatum</i> | NP | |
| EXTINA FOAM (<i>ketconazole (topical)</i>) | NP | | <i>naftifine hcl CREA</i> | NP | |
| FUNGIZYL AC | NC | | <i>naftifine hcl GEL 2 %</i> | NP | |
| GENTIAN VIOLET POWD | NC | | NAFTIN GEL | NP | |
| <i>iodoquinol-hc</i> | NC | | NAFTIN GEL (<i>naftifine hcl</i>) | NP | |
| JUBLIA | NP | | <i>nystatin (topical) CREA</i> | P | 1 package(s) per 31 day(s) retail |
| KERYDIN (<i>tavaborole</i>) | NC | | <i>nystatin (topical) CREA</i> | NC | 1 package(s) per 31 day(s) retail |
| <i>ketconazole (topical) CREA</i> | P | 1 package(s) per 31 day(s) retail | <i>nystatin (topical) OINT</i> | NC | 1 package(s) per fill retail |
| <i>ketconazole (topical) FOAM</i> | NP | | <i>nystatin (topical) OINT</i> | P | 1 package(s) per fill retail |
| <i>ketconazole (topical) SHAM 2 %</i> | P | QL(120 ML per fill retail) | <i>nystatin (topical) POWD EX</i> | P | 1 package(s) per 31 day(s) retail |
| KETODAN | NP | | <i>nystatin (topical) POWD EX</i> | NC | 1 package(s) per 31 day(s) retail |
| LAMISIL AT JOCK ITCH CREA (<i>terbinafine hcl (topical)</i>) | NC | | <i>nystatin-triamcinolone CREA</i> | NC | 1 package(s) per fill retail |
| LAMISIL AT CREA (<i>terbinafine hcl (topical)</i>) | NC | | <i>nystatin-triamcinolone CREA</i> | P | 1 package(s) per fill retail |
| LOPROX | NP | | <i>nystatin-triamcinolone OINT</i> | NC | 1 package(s) per fill retail |
| LOPROX CREA (<i>ciclopirox olamine</i>) | NP | | <i>nystatin-triamcinolone OINT</i> | P | 1 package(s) per fill retail |
| LOPROX SHAM (<i>ciclopirox</i>) | NC | | <i>oxiconazole nitrate CREA</i> | NP | |
| LOPROX SUSP (<i>ciclopirox olamine</i>) | NP | | OXISTAT CREA (<i>oxiconazole nitrate</i>) | NC | |
| LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>) | NC | QL(60 GM per 31 day(s) retail); RX/OTC | OXISTAT LOTN | NP | |
| LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>) | NC | QL(60 GM per 31 day(s) retail); RX/OTC | OXISTAT LOTN | NC | |
| <i>luliconazole</i> | NP | | <i>tavaborole</i> | NC | |
| LUZU (<i>luliconazole</i>) | NP | | | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| <i>tavaborole</i> | NP | |
| <i>terbinafine hcl (topical) CREA</i> | C | |
| TINACTIN CREA (<i>tolnaftate</i>) | NC | QL(30 GM per fill retail) |
| <i>tolnaftate CREA</i> | C | QL(30 GM per fill retail) |
| TOLNAFTATE POWD XX | NC | |
| TRIPENICOL C CREA | NC | |
| VOTRIZA-AL LOTN | NC | |
| VUSION (<i>miconazole-zinc oxide-white petrolatum</i>) | NP | |
| Anti-inflammatory Agents - Topical | | |
| <i>diclofenac epolamine PTCH EX</i> | NP | |
| <i>diclofenac epolamine PTCH EX</i> | NC | |
| <i>diclofenac sodium (topical) GEL EX</i> | NC | RX/OTC |
| <i>diclofenac sodium (topical) GEL EX</i> | NC | QL(6.68 GM daily); RX/OTC |
| <i>diclofenac sodium (topical) GEL EX</i> | P | QL(6.68 GM daily); RX/OTC |
| <i>diclofenac sodium (topical) SOLN EX 1.5 %</i> | NC | |
| <i>diclofenac sodium (topical) SOLN EX</i> | NP | |
| DICLOGEN | NC | |
| DICLOTREX | NC | |
| DICLOTREX II | NC | |
| FLECTOR PTCH EX (<i>diclofenac epolamine</i>) | NC | |
| LICART PT24 | NC | |
| LIXOFEN KIT | NC | |
| PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>) | NP | |
| VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>) | NC | QL(6.68 GM daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| Antineoplastic or Premalignant Lesion Agents - Topical | | |
| AMELUZ GEL | NC | |
| CARAC CREA | C | |
| <i>diclofenac sodium (actinic keratoses) EX</i> | NC | |
| EFUDEX CREA (<i>fluorouracil (topical)</i>) | NC | QL(40 GM per 31 day(s) retail) |
| <i>fluorouracil (topical) CREA 5 %</i> | C | QL(40 GM per 31 day(s) retail) |
| <i>fluorouracil (topical) CREA 0.5 %</i> | C | |
| <i>fluorouracil (topical) SOLN</i> | C | QL(10 ML per 31 day(s) retail) |
| Antipruritics - Topical | | |
| <i>camphor & menthol LOTN</i> | C | 1 package(s) per fill retail |
| CAMPHOR CRYST | NC | RX/OTC |
| CAMPHOR GRAN | NC | RX/OTC |
| <i>doxepin hcl (antipruritic)</i> | NC | |
| SARNA LOTN (<i>camphor & menthol</i>) | NC | 1 package(s) per fill retail |
| Antipsoriatics | | |
| <i>acitretin</i> | NC | |
| ANTHRALIN POWD | NC | |
| BIMZELX SOAJ | NP | SP |
| BIMZELX SOSY | NP | SP |
| <i>calcipotriene CREA</i> | NC | 1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail |
| <i>calcipotriene CREA</i> | P | 1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail |
| <i>calcipotriene FOAM</i> | NC | |
| CALCIPOTRIENE FOAM | NP | |
| <i>calcipotriene OINT</i> | P | |
| <i>calcipotriene OINT</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| <i>calcipotriene SOLN</i> | P | 1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail | TAZORAC CREA 0.05 % (<i>tazarotene</i>) | NC | |
| <i>calcipotriene SOLN</i> | NC | 1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail | TAZORAC GEL (<i>tazarotene</i>) | NC | 1 package(s) per fill retail; AL(Up to 18 yrs old) |
| <i>calcitriol (topical)</i> | NP | | TREMFYA SOAJ | NP | SP |
| COSENTYX (300 MG DOSE) SOSY | NP | SP | TREMFYA SOSY | NP | SP |
| COSENTYX SENSOREADY (300 MG) SOAJ | NP | SP | VECTICAL (<i>calcitriol (topical)</i>) | NP | |
| COSENTYX SENSOREADY PEN SOAJ | NP | SP | VTAMA | NP | |
| COSENTYX SOSY | NP | SP | Antiseborrheic Products | | |
| DOVONEX CREA (<i>calcipotriene</i>) | NC | 1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail | OVACE PLUS WASH GEL (<i>sulfacetamide sodium</i>) | NP | |
| ILUMYA | NC | SP | OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>) | NP | |
| <i>methoxsalen rapid</i> | NC | | OVACE PLUS CREA | NP | |
| SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML | NC | | OVACE PLUS LOTN | NP | |
| SILIQ | NP | SP | OVACE PLUS SHAM (<i>sulfacetamide sodium</i>) | NP | |
| SORILUX FOAM | NP | | OVACE WASH LIQD (<i>sulfacetamide sodium</i>) | NP | |
| SPEVIGO SOSY | NP | SP | <i>selenium sulfide LOTN 2.5 %</i> | C | 1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail |
| STELARA SOSY | NP | SP | <i>selenium sulfide LOTN 1 %</i> | C | 1 package(s) per fill retail |
| TALTZ SOAJ | NP | SP | <i>selenium sulfide SHAM 1 %</i> | C | 1 package(s) per fill retail |
| TALTZ SOSY | NP | SP | <i>selenium sulfide SHAM 2.25 %</i> | NC | |
| <i>tazarotene CREA 0.1 %</i> | NP | 1 package(s) per fill retail; AL(Up to 18 yrs old) | SELSUN BLUE CARE MENS MAX STR LOTN (<i>selenium sulfide</i>) | NC | 1 package(s) per fill retail |
| <i>tazarotene CREA 0.05 %</i> | NP | | SELSUN BLUE DAILY LOTN (<i>selenium sulfide</i>) | NC | 1 package(s) per fill retail |
| <i>tazarotene GEL</i> | NP | 1 package(s) per fill retail; AL(Up to 18 yrs old) | SELSUN BLUE MEDICATED LOTN (<i>selenium sulfide</i>) | NC | 1 package(s) per fill retail |
| TAZORAC CREA 0.1 % (<i>tazarotene</i>) | NC | 1 package(s) per fill retail; AL(Up to 18 yrs old) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|---|-----------|-----------------------------------|
| SELSUN BLUE MOISTURIZING LOTN (selenium sulfide) | NC | 1 package(s) per fill retail | SILVADENE (silver sulfadiazine) | NC | |
| SELSUN BLUE LOTN (selenium sulfide) | NC | 1 package(s) per fill retail | silver sulfadiazine | C | |
| SODIUM SULFACETAMIDE-BAKUCHIOL LIQD | NC | | SULFAMYLON CREA | NC | |
| sulfacetamide sodium GEL | NP | | SULFAMYLON PACK 5 % (mafenide acetate) | NC | |
| sulfacetamide sodium GEL | NC | | Cauterizing Agents | | |
| sulfacetamide sodium LIQD | NP | | CHLOROACETIC ACID POWD | NC | |
| sulfacetamide sodium LIQD | NC | | SILVER NITRATE CRYSTALS | NC | RX/OTC |
| SULFACETAMIDE SODIUM POWD | NC | | silver nitrate SOLN | NC | |
| sulfacetamide sodium SHAM 10 % | NP | | SILVER NITRATE SOLN 0.5 % | NC | |
| sulfacetamide sodium SHAM 10 % | NC | | Corticosteroids - Topical | | |
| ZORYVE | NP | | alclometasone dipropionate CREA | NC | |
| Antivirals - Topical | | | alclometasone dipropionate CREA | P | |
| acyclovir topical CREA | P | 1 package(s) per 31 day(s) retail | alclometasone dipropionate OINT | NC | |
| acyclovir topical OINT | NC | 1 package(s) per fill retail | alclometasone dipropionate OINT | P | |
| acyclovir topical OINT | NP | 1 package(s) per fill retail | amcinonide CREA | NP | |
| DENAVIR (penciclovir) | NP | | APEXICON E CREA | NP | |
| penciclovir | NP | | APEXICON E CREA | NC | |
| XERESE | NP | | betamethasone dipropionate (topical) CREA | P | 1 package(s) per 30 day(s) retail |
| ZOVIRAX CREA (acyclovir topical) | NP | 1 package(s) per 31 day(s) retail | betamethasone dipropionate (topical) CREA | NC | 1 package(s) per 30 day(s) retail |
| ZOVIRAX OINT (acyclovir topical) | NP | 1 package(s) per fill retail | betamethasone dipropionate (topical) LOTN | P | |
| Burn Products | | | betamethasone dipropionate (topical) OINT | NP | |
| mafenide acetate PACK | NC | | betamethasone dipropionate augmented CREA | NC | 1 package(s) per fill retail |
| NITROFURAZONE | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|---|-----------|------------------------------|
| <i>betamethasone dipropionate augmented CREA</i> | P | 1 package(s) per fill retail | <i>clobetasol propionate emollient base 0.05 %</i> | P | 1 package(s) per fill retail |
| <i>betamethasone dipropionate augmented GEL 0.05 %</i> | NP | | <i>clobetasol propionate emulsion</i> | NP | |
| <i>betamethasone dipropionate augmented LOTN</i> | NP | | <i>clobetasol propionate CREA 0.05 %</i> | NC | 1 package(s) per fill retail |
| <i>betamethasone dipropionate augmented OINT</i> | NC | | <i>clobetasol propionate CREA 0.05 %</i> | P | 1 package(s) per fill retail |
| <i>betamethasone dipropionate augmented OINT</i> | NP | | <i>clobetasol propionate FOAM</i> | NC | |
| BETAMETHASONE DIPROPIONATE POWD | NC | | <i>clobetasol propionate FOAM</i> | NP | |
| <i>betamethasone valerate CREA</i> | P | | <i>clobetasol propionate GEL 0.05 %</i> | NC | 1 package(s) per fill retail |
| <i>betamethasone valerate FOAM</i> | NC | | <i>clobetasol propionate GEL 0.05 %</i> | P | 1 package(s) per fill retail |
| <i>betamethasone valerate FOAM</i> | NP | | <i>clobetasol propionate LIQD</i> | NC | |
| <i>betamethasone valerate LOTN</i> | P | | <i>clobetasol propionate LIQD</i> | NP | |
| <i>betamethasone valerate OINT</i> | NP | | <i>clobetasol propionate LOTN</i> | NP | |
| BETAMETHASONE VALERATE POWD | NC | | <i>clobetasol propionate OINT 0.05 %</i> | P | 1 package(s) per fill retail |
| BRYHALI LOTN | NP | | <i>clobetasol propionate OINT 0.05 %</i> | NC | 1 package(s) per fill retail |
| <i>calcipotriene-betamethasone dipropionate OINT</i> | NC | | CLOBETASOL PROPIONATE POWD | NC | |
| <i>calcipotriene-betamethasone dipropionate OINT</i> | NP | | <i>clobetasol propionate SHAM</i> | NP | |
| <i>calcipotriene-betamethasone dipropionate SUSP</i> | NC | | <i>clobetasol propionate SHAM</i> | NC | |
| <i>calcipotriene-betamethasone dipropionate SUSP</i> | NP | | <i>clobetasol propionate SOLN 0.05 %</i> | NC | 1 package(s) per fill retail |
| CLOBETASOL 17 PROPIONATE POWD | NC | | <i>clobetasol propionate SOLN 0.05 %</i> | P | 1 package(s) per fill retail |
| | | | CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>) | NP | |
| | | | CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>) | NC | |
| | | | CLOBEX SHAM (<i>clobetasol propionate</i>) | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|---|-----------|------------------------------|
| <i>clocortolone pivalate</i> | NC | | DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>) | NP | |
| <i>clocortolone pivalate</i> | NP | | ENSTILAR FOAM | NP | |
| CLODAN | NC | | EPIFOAM FOAM | C | |
| CLODERM (<i>clocortolone pivalate</i>) | NC | | <i>fluocinolone acetonide</i> CREA | NC | |
| CORDRAN CREA (<i>flurandrenolide</i>) | NC | | <i>fluocinolone acetonide</i> CREA | NP | |
| CORDRAN LOTN (<i>flurandrenolide</i>) | NC | | <i>fluocinolone acetonide</i> OIL | P | |
| DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>) | NP | | <i>fluocinolone acetonide</i> OIL | NC | |
| DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>) | NP | | <i>fluocinolone acetonide</i> OINT | NP | |
| <i>desonide</i> CREA | NC | QL(2 GM daily) | FLUOCINOLONE ACETONIDE POWD | NC | |
| <i>desonide</i> CREA | P | QL(2 GM daily) | <i>fluocinolone acetonide</i> SOLN | NP | |
| <i>desonide</i> LOTN | NC | | <i>fluocinolone acetonide</i> SOLN | NC | |
| <i>desonide</i> LOTN | P | | <i>fluocinonide emulsified base</i> | P | 1 package(s) per fill retail |
| <i>desonide</i> OINT | NC | QL(2 GM daily) | <i>fluocinonide</i> CREA 0.05 % | NC | 1 package(s) per fill retail |
| <i>desonide</i> OINT | P | QL(2 GM daily) | <i>fluocinonide</i> CREA 0.1 % | P | |
| DESONIDE POWD | NC | | <i>fluocinonide</i> CREA 0.1 % | NC | |
| DESOWEN CREA (<i>desonide</i>) | NC | QL(2 GM daily) | <i>fluocinonide</i> CREA 0.05 % | P | 1 package(s) per fill retail |
| <i>desoximetasone</i> CREA | NC | 1 package(s) per fill retail | <i>fluocinonide</i> GEL | NC | 1 package(s) per fill retail |
| <i>desoximetasone</i> CREA | NP | 1 package(s) per fill retail | <i>fluocinonide</i> GEL | P | 1 package(s) per fill retail |
| <i>desoximetasone</i> GEL | NP | | <i>fluocinonide</i> OINT | NC | 1 package(s) per fill retail |
| <i>desoximetasone</i> LIQD | NP | | <i>fluocinonide</i> OINT | NP | 1 package(s) per fill retail |
| <i>desoximetasone</i> OINT 0.25 % | NC | | FLUOCINONIDE POWD | NC | |
| <i>desoximetasone</i> OINT | NP | | <i>fluocinonide</i> SOLN | NC | 1 package(s) per fill retail |
| <i>diflorasone diacetate</i> CREA | NC | | <i>fluocinonide</i> SOLN | P | 1 package(s) per fill retail |
| <i>diflorasone diacetate</i> CREA | NP | | <i>flurandrenolide</i> CREA | NP | |
| <i>diflorasone diacetate</i> OINT | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|--|-----------|---|
| <i>flurandrenolide</i> LOTN | NP | | <i>hydrocortisone (topical)</i> CREA 0.5 % | C | 1 package(s) per fill retail |
| <i>fluticasone propionate</i> CREA 0.05 % | NC | 1 package(s) per 31 day(s) retail | <i>hydrocortisone (topical)</i> LOTN 2.5 % | NC | 1 package(s) per fill retail |
| <i>fluticasone propionate</i> CREA 0.05 % | NP | 1 package(s) per 31 day(s) retail | <i>hydrocortisone (topical)</i> LOTN 2.5 % | P | 1 package(s) per fill retail |
| <i>fluticasone propionate</i> LOTN | NP | | <i>hydrocortisone (topical)</i> OINT 1 % | NC | QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC |
| <i>fluticasone propionate</i> LOTN | NC | | <i>hydrocortisone (topical)</i> OINT 1 % | P | QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC |
| <i>fluticasone propionate</i> OINT | NP | 1 package(s) per fill retail | <i>hydrocortisone (topical)</i> OINT 2.5 % | P | |
| <i>halcinonide</i> CREA | NP | | <i>hydrocortisone (topical)</i> SOLN 2.5 % | NC | |
| <i>halcinonide</i> CREA | NC | | <i>hydrocortisone (topical)</i> SOLN 2.5 % | NP | |
| HALCINONIDE SOLN | NC | | <i>hydrocortisone acetate (topical)</i> OINT | NC | |
| <i>halobetasol propionate</i> CREA | NC | | <i>hydrocortisone butyrate hydrophilic lipo base</i> | NC | |
| <i>halobetasol propionate</i> CREA | P | | <i>hydrocortisone butyrate</i> CREA | NP | |
| <i>halobetasol propionate</i> OINT | P | | <i>hydrocortisone butyrate</i> LOTN | NC | |
| <i>halobetasol propionate</i> OINT | NC | | <i>hydrocortisone butyrate</i> LOTN | NP | |
| HALOG CREA (<i>halcinonide</i>) | NP | | <i>hydrocortisone butyrate</i> OINT | P | |
| HALOG OINT | NP | | <i>hydrocortisone butyrate</i> SOLN | P | |
| HALOG SOLN | NP | | HYDROCORTISONE COMPLETE KIT THPK | NC | |
| HYDROCAINE | NC | | <i>hydrocortisone valerate</i> CREA | NC | |
| HYDROCORT LOTION COMPLETE KIT THPK | NC | | <i>hydrocortisone valerate</i> CREA | P | |
| <i>hydrocortisone (topical)</i> CREA 1 % | NC | RX/OTC | <i>hydrocortisone valerate</i> OINT | NC | |
| <i>hydrocortisone (topical)</i> CREA 2.5 % | NC | QL(120 GM per 31 day(s) retail) | | | |
| <i>hydrocortisone (topical)</i> CREA 2.5 % | P | QL(120 GM per 31 day(s) retail) | | | |
| <i>hydrocortisone (topical)</i> CREA 1 % | P | 1 package(s) per fill retail; RX/OTC | | | |
| <i>hydrocortisone (topical)</i> CREA 1 % | NC | 1 package(s) per fill retail; RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| <i>hydrocortisone valerate OINT</i> | NP | | SYNALAR OINT (<i>fluocinolone acetonide</i>) | NP | |
| HYDROXATE GEL | NC | | SYNALAR SOLN (<i>fluocinolone acetonide</i>) | NP | |
| HYDROXYM GEL | NP | | TACLONEX OINT (<i>calcipotriene- betamethasone dipropionate</i>) | NC | |
| IMPEKLO LOTN | NC | | TACLONEX SUSP (<i>calcipotriene- betamethasone dipropionate</i>) | NP | |
| KENALOG AERS (<i>triamcinolone acetonide topical</i>) | NP | | TOPICORT SPRAY LIQD (<i>desoximetasone</i>) | NP | |
| LIDOTRAL + HYDROCORTISONE LOTN 1 %-5 % | NC | | TOPICORT CREA (<i>desoximetasone</i>) | NP | 1 package(s) per fill retail |
| LOCOID LIPOCREAM | NP | | TOPICORT GEL (<i>desoximetasone</i>) | NP | |
| LOCOID LOTN (<i>hydrocortisone butyrate</i>) | NP | | TOPICORT OINT 0.05 % (<i>desoximetasone</i>) | NC | |
| LUXIQ FOAM (<i>betamethasone valerate</i>) | NP | | TOPICORT OINT (<i>desoximetasone</i>) | NP | |
| <i>mometasone furoate CREA</i> | NC | 1 package(s) per fill retail | TOVET | NC | |
| <i>mometasone furoate CREA</i> | P | 1 package(s) per fill retail | <i>triamcinolone acetonide topical</i>) AERS | NC | |
| <i>mometasone furoate OINT</i> | NC | 1 package(s) per fill retail | <i>triamcinolone acetonide topical</i>) AERS | NP | |
| <i>mometasone furoate OINT</i> | P | 1 package(s) per fill retail | <i>triamcinolone acetonide topical</i>) CREA 0.5 % | NC | 1 package(s) per fill retail |
| <i>mometasone furoate SOLN</i> | NC | 1 package(s) per fill retail | <i>triamcinolone acetonide topical</i>) CREA 0.1 % | P | |
| <i>mometasone furoate SOLN</i> | P | 1 package(s) per fill retail | <i>triamcinolone acetonide topical</i>) CREA 0.1 % | NC | |
| OLUX-E (<i>clobetasol propionate emulsion</i>) | NP | | <i>triamcinolone acetonide topical</i>) CREA 0.025 % | P | QL(30 GM per fill retail) |
| OLUX FOAM (<i>clobetasol propionate</i>) | NP | | <i>triamcinolone acetonide topical</i>) CREA 0.5 % | P | 1 package(s) per fill retail |
| PANDEL | NP | | <i>triamcinolone acetonide topical</i>) LOTN | P | 1 package(s) per fill retail |
| PANDEL | NC | | <i>triamcinolone acetonide topical</i>) LOTN | NC | 1 package(s) per fill retail |
| <i>prednicarbate OINT</i> | NP | | <i>triamcinolone acetonide topical</i>) OINT 0.5 % | NC | 1 package(s) per fill retail |
| <i>prednicarbate OINT</i> | NC | | | | |
| SYNALAR (CREAM) | NC | | | | |
| SYNALAR (OINTMENT) | NC | | | | |
| SYNALAR TS | NC | | | | |
| SYNALAR CREA (<i>fluocinolone acetonide</i>) | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|--|
| <i>triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %</i> | P | | NEMLUVIO | NP | SP |
| <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %</i> | P | 1 package(s) per fill retail | Immunomodulating Agents - Topical | | |
| <i>triamcinolone acetonide (topical) OINT 0.05 %</i> | NC | | <i>imiquimod 5 %</i> | P | QL(48 EA per 180 day(s) retail) |
| TRIAMCINOLONE ACETONIDE POWD | NC | | <i>imiquimod 5 %</i> | NC | |
| TRIDESILON CREA 0.05 % (<i>desonide</i>) | NC | QL(2 GM daily) | <i>imiquimod 3.75 %</i> | NP | |
| ULTRAVATE LOTN | NP | | ZYCLARA (<i>imiquimod</i>) | NP | |
| VANOS CREA (<i>fluocinonide</i>) | NP | | ZYCLARA PUMP | NP | |
| Eczema Agents | | | ZYCLARA PUMP (<i>imiquimod</i>) | NP | |
| CIBINQO | NP | SP | Immunosuppressive Agents - Topical | | |
| DUPIXENT SOAJ | PA | SP; PA | ELIDEL (<i>pimecrolimus</i>) | P | Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old) |
| EBGLYSS SOAJ | NP | SP | HYFTOR | NP | |
| EBGLYSS SOSY | NP | SP | <i>pimecrolimus</i> | NP | Brand Preferred; QL(100 GM per 31 day(s) retail); AL(At least 2 yrs old) |
| OPZELURA | NP | | Keratolytic/Antimitotic/Vesicant Agents | | |
| Emollient/Keratolytic Agents | | | ALOCANE PRECISION FREEZE | NC | |
| PROTEXA CREA | NC | | Immunomodulating Agents - Systemic | | |
| REA-LO CREA | NC | | | | |
| <i>urea CREA 40 %</i> | C | RX/OTC | | | |
| <i>urea CREA 20 %, 39 %, 41 %</i> | NC | | | | |
| UREA CREA | NC | | | | |
| Emollients | | | | | |
| <i>lactic acid (ammonium lactate) CREA</i> | C | QL(385 GM per 31 day(s) retail); RX/OTC | | | |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i> | C | QL(567 GM per 31 day(s) retail); RX/OTC | | | |
| SARDOETTES PADS | NC | | | | |
| Enzymes - Topical | | | | | |
| COLLAGENASE POWD | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|------------------------------|
| CANTHARIDIN POWD | NC | | <i>capsaicin CREA 0.025 %, 0.075 %, 0.1 %</i> | C | 1 package(s) per fill retail |
| CANTHARIDIN SOLN | NC | | CAPSAICIN CREA | NC | |
| CONDYLOX GEL (<i>podofilox</i>) | NP | | CAPSAICIN POWD 95 %, 98.3 % | NC | RX/OTC |
| DUOFILM SOLN | NC | | <i>capsaicin PTCH</i> | NC | |
| KERALYT GEL (<i>salicylic acid</i>) | NC | | CAPZASIN-HP CREA (<i>capsaicin</i>) | NC | 1 package(s) per fill retail |
| PODOCON-25 SOLN | NC | | CIRCATA CREA | NC | |
| <i>podofilox GEL</i> | NP | | COCAINE HCL POWD | NC | |
| <i>podofilox SOLN</i> | NP | | DERMACINRX CIRCATRIX CREA | NC | |
| <i>podofilox SOLN</i> | NC | | <i>dibucaine</i> | C | 1 package(s) per fill retail |
| PODOPHYLLUM RESIN POWD | NC | RX/OTC | GNP CALAMINE PLUS AERO | NC | |
| SALICATE LIQD | NC | | LIDAFLEX PTCH | NC | |
| <i>salicylic acid FOAM</i> | NC | | <i>lidocaine hcl CREA 3 %, 4 %</i> | C | 1 package(s) per fill retail |
| <i>salicylic acid GEL 6 %</i> | C | | <i>lidocaine hcl GEL 2 %, 2.8 %</i> | NC | RX/OTC |
| <i>salicylic acid LIQD 2 %, 17 %, 27.5 %</i> | NC | | <i>lidocaine hcl PRSY</i> | NC | |
| SALIMEZ CREA | NC | | <i>lidocaine hcl SOLN</i> | NC | |
| SALYCIM CREA | NC | | <i>lidocaine CREA 4 %</i> | C | 1 package(s) per fill retail |
| YCANTH SOLN | NC | | <i>lidocaine OINT 5 %</i> | NC | |
| Liniments | | | <i>lidocaine-prilocaine CREA</i> | C | 1 package(s) per fill retail |
| <i>camphor-menthol-methyl salicylate GEL</i> | NC | | <i>lidocaine-prilocaine KIT</i> | NC | |
| <i>camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %</i> | NC | | <i>lidocaine PTCH 4 %, 5 %</i> | NC | |
| <i>menthol-methyl salicylate (liniments) PTCH</i> | NC | | LIDOPURE PATCH | NC | |
| MENTICAM CREA | NC | | LIDOTRAL ROLL-ON GEL | NC | |
| METHYLTEN CREA | NC | | LIDOTRAL CREA | NC | |
| WINTERGREEN OIL OIL XX | NC | | LIDOTRAL GEL 5 % | NC | |
| Local Anesthetics - Topical | | | LIDOTRAN CREA | NC | |
| <i>benzocaine (topical) AERO</i> | NC | | LMX 4 CREA (<i>lidocaine</i>) | NC | 1 package(s) per fill retail |
| BRUSELIX CREA | NC | | PLIAGLIS CREA | NC | |
| BURN RELIEF GEL | NC | | PRAMOXINE HCL POWD | NC | |
| | | | QUTENZA | NC | |
| | | | QUTENZA (2 PATCH) | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| QUTENZA (4 PATCH) | NC | |
| TETRI-AG OINT | NC | |
| XYLIDERM | NC | |
| ZTLIDO PTCH | NC | |
| Misc. Dermatological Products | | |
| GENADUR KIT CO | NC | |
| Misc. Topical | | |
| ALUMINUM CHLORIDE ANHYDROUS POWD | NC | RX/OTC |
| ALUMINUM CHLORIDE HEXAHYDRATE CRYST | NC | RX/OTC |
| ALUMINUM CHLORIDE HEXAHYDRATE POWD | NC | RX/OTC |
| ALUMINUM CHLORIDE CRYST | NC | RX/OTC |
| CALAMINE POWD XX | NC | RX/OTC |
| COZIMA CREA | NC | |
| ICHTHAMMOL POWD | NC | |
| SCARTRATE | NC | |
| SECURA EXTRA PROTECTIVE CREA | NC | |
| TANNIC ACID | NC | RX/OTC |
| XERAC AC | NC | |
| <i>zinc oxide (topical) OINT 20 %</i> | C | 1 package(s) per fill retail |
| ZINCTRAL PSTE | NC | |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| EUCRISA | NP | |
| ZORYVE | NP | |
| Pigmenting-Depigmenting Agents | | |
| HYDROQUINONE POWD | NC | |
| METHOXSALEN POWD | NC | |
| Poison Ivy Products | | |
| TECNU IVY COMPLETE KIT | NC | |
| Protectives Against UV Radiation | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| SCENESSE | NC | |
| Rosacea Agents | | |
| <i>azelaic acid GEL</i> | NP | Brand Preferred |
| <i>brimonidine tartrate (topical)</i> | NP | |
| <i>doxycycline (rosacea)</i> | NP | |
| EMROSI CP24 | NC | |
| FINACEA FOAM | NP | Brand Preferred |
| FINACEA GEL (<i>azelaic acid</i>) | NC | Brand Preferred |
| <i>ivermectin (rosacea)</i> | NP | |
| METROCREAM CREA (<i>metronidazole (topical)</i>) | NP | QL(45 GM per 31 day(s) retail) |
| METROGEL GEL 1 % (<i>metronidazole (topical)</i>) | NP | |
| METROLOTION LOTN (<i>metronidazole (topical)</i>) | NC | |
| <i>metronidazole (topical) CREA</i> | NP | QL(45 GM per 31 day(s) retail) |
| <i>metronidazole (topical) CREA</i> | P | QL(45 GM per 31 day(s) retail) |
| <i>metronidazole (topical) GEL 1 %</i> | P | |
| <i>metronidazole (topical) GEL 1 %</i> | NC | |
| <i>metronidazole (topical) GEL 1 %</i> | NP | |
| <i>metronidazole (topical) GEL 0.75 %</i> | NC | QL(45 GM per 31 day(s) retail) |
| <i>metronidazole (topical) GEL 0.75 %</i> | NP | QL(45 GM per 31 day(s) retail) |
| <i>metronidazole (topical) GEL 0.75 %</i> | P | QL(45 GM per 31 day(s) retail) |
| <i>metronidazole (topical) LOTN</i> | P | |
| MIRVASO (<i>brimonidine tartrate (topical)</i>) | NP | |
| NORITATE CREA | NP | |
| ORACEA (<i>doxycycline (rosacea)</i>) | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---------------------|
| RHOFADE | NP | | AQUACEL-AG EXTRA HYDROFIBER PADS 1.2 % | NC | |
| ROSADAN | NC | | ATOPAVO EMUL | NC | |
| SOOLANTRA (<i>ivermectin (rosacea)</i>) | NP | | AVO CREAM EMUL | NC | |
| Scabicides & Pediculicides | | | B & C OINT | NC | |
| <i>crotamiton LOTN</i> | NP | 1 package(s) per fill retail | BALSAM PERU-CASTOR OIL OINT | NC | |
| ELIMITE CREA (<i>permethrin</i>) | NP | QL(60 GM per fill retail) | BIAFINE EMUL | NC | |
| LICEFREEE HOME | NC | | BPCO OINT | NC | |
| <i>malathion</i> | NP | QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail | FILSUVEZ | NC | |
| NATROBA (<i>spinosad</i>) | P | Brand Preferred | MIROTRACT WOUND MATRIX DEVI | NC | |
| NIX CREME RINSE LIQD EX (<i>permethrin</i>) | NC | | SONAFINE EMUL | NC | |
| OVIDE (<i>malathion</i>) | NP | QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail | VENELEX OINT | NC | |
| <i>permethrin CREA</i> | P | QL(60 GM per fill retail) | DIAGNOSTIC PRODUCTS | | |
| <i>permethrin LIQD EX</i> | P | | Diagnostic Biologicals | | |
| <i>permethrin LIQD EX</i> | NC | | APLISOL | NC | |
| <i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i> | C | | TUBERSOL | NC | |
| <i>spinosad</i> | NP | Brand Preferred | Diagnostic Drugs | | |
| VANALICE GEL | NC | | <i>adenosine (diagnostic)</i> | NC | |
| Tar Products | | | BLUDIGO IV | NC | |
| ALA SEB T | NC | | <i>dipyridamole (diagnostic)</i> | NC | |
| <i>coal tar extract SHAM 0.5 %</i> | C | | GLEOLAN | NC | |
| DHS TAR GEL SHAM (<i>coal tar extract</i>) | NC | | GLUCAGON HCL (DIAGNOSTIC) | NC | |
| DHS TAR SHAM (<i>coal tar extract</i>) | NC | | <i>isosulfan blue</i> | NC | |
| Wound Care Products | | | KINEVAC | NC | |
| ABRAVO EMUL | NC | | MACRILEN | NC | |
| | | | METOPIRONE | NC | |
| | | | <i>regadenoson</i> | NC | |
| | | | R-GENE 10 | NC | |
| | | | SINCALIDE | NC | |
| | | | THYROGEN 0.9 MG | NC | SP |
| | | | Diagnostic Radiopharmaceuticals | | |
| | | | AMYVID | NC | |
| | | | AXUMIN | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------|-----------|---------------------|-------------------------------------|-----------|---------------------|
| CARDIOLITE | NC | | CONTOUR PLUS TEST STRP | NP | RX/OTC |
| DMSA | NC | | CVS TRUE METRIX GLUCOSE TEST STRP | NP | RX/OTC |
| FLYRCADO | NC | | DX1 ORAGENOMIC DNA SCREEN | NC | |
| ILLUCCIX CONFIGURATION A KIT | NC | | DX2 ORAGENOMIC DNA SCREEN | NC | |
| ILLUCCIX CONFIGURATION B KIT | NC | | EASY MAX BLOOD GLUCOSE TEST STRP | NP | RX/OTC |
| INDIUM IN-111 PENTETREOTIDE | NC | | EMBRACE WAVE BLOOD GLUCOSE STRP | NP | RX/OTC |
| LEU TECHNELITE | NC | | FENTANYL FE | NC | |
| LOCAMETZ KIT | NC | | FREESTYLE INSULINX TEST STRP | NP | RX/OTC |
| NETSPOT | NC | | FREESTYLE LITE TEST STRP | NP | RX/OTC |
| POSLUMA | NC | | FREESTYLE PRECISION NEO TEST STRP | NP | RX/OTC |
| PYLARIFY SOLN | NC | | FREESTYLE TEST STRP | NP | RX/OTC |
| PYLARIFY SOSY | NC | | HOME PAP KIT | NC | |
| TAUVID | NC | | IHEALTH BLOOD GLUCOSE TEST STR STRP | NP | RX/OTC |
| TECHNELITE | NC | | INFLAMMATION TEST | NC | |
| TECHNETIUM TC 99M SESTAMIBI | NC | | KETONE TEST STRP | C | |
| XENON XE 133 | NC | | KETOSTIX STRP | C | |
| Diagnostic Tests | | | MEDICATED DNA COLLECTION | NC | |
| ACCU-CHEK AVIVA PLUS STRP | P | RX/OTC | MEDICATED DNA COLLECTION 2 | NC | |
| ACCU-CHEK GUIDE TEST STRP | P | RX/OTC | MILKSCREEN FOR BREASTFEEDING | NC | |
| ACCU-CHEK SMARTVIEW STRP | P | RX/OTC | MM BLULINK GLUCOSE TEST STRP | NP | RX/OTC |
| AGAMATRIX PRESTO TEST STRP | NC | RX/OTC | ONETOUCH ULTRA BLUE TEST STRP | P | RX/OTC |
| ALBUSTIX STRP | NC | | ONETOUCH ULTRA TEST STRP | P | RX/OTC |
| CARESENS N GLUCOSE TEST STRP | NP | RX/OTC | ONETOUCH ULTRA STRP | P | RX/OTC |
| CHEMSTRIP K STRP | C | | | | |
| CHEMSTRIP MICRAL STRP | NC | | | | |
| CHOLESTEROL AND LIPID TEST | NC | | | | |
| CLINISTIX KIDNEY HEALTH | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| ONETOUCH VERIO STRP | NP | RX/OTC | <i>iodixanol</i> | NC | |
| ONETOUCH VERIO STRP | P | RX/OTC | <i>iopamidol IV</i> | NC | |
| PRECISION XTRA BLOOD GLUCOSE STRP | NP | RX/OTC | OMNIPAQUE SOLN IJ 180 MG/ML, 240 MG/ML, 300 MG/ML | NC | |
| PRO DNA COLLECTION | NC | | ULTRAVIST 62 %, 77 % | NC | |
| PTS PANELS CHOL+GLU TEST | NC | | VISIPAQUE (<i>iodixanol</i>) | NC | |
| PTS PANELS LIPID PANEL+EGLU | NC | | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS | | |
| QUICK TOUCH BLOOD GLUCOSE TEST STRP | NC | RX/OTC | Dietary Management Products | | |
| RELION GLUCOSE TEST STRIPS STRP | NP | RX/OTC | CEREFOLIN | NC | |
| RELION KETONE TEST STRP | C | | CEREFOLIN BRAIN WELLNESS | NC | |
| UDSX MEDICATED SYSTEM | NC | | CEREFOLIN NAC 600 MG-2 MG-6 MG-90.314 MG | NC | |
| UDSXMP MEDICATED SYSTEM | NC | | ELFOLATE PLUS TABS | NC | |
| VIVAGUARD INO TEST STRIPS STRP | NP | RX/OTC | FOLBIC RF TABS | NC | |
| Miscellaneous Contrast Media | | | FOLTANX RF | NC | |
| BL-C | NC | | FOLTANX TABS | NC | |
| DEFINITY | NC | | FOLTX TABS | NC | |
| DEFINITY RT | NC | | L-METHYLFOLATE CA ME-CBL NAC | NC | |
| EOVIST | NC | | L-METHYLFOLATE-ALGAE-B12-B6 | NC | |
| GADAVIST SOSY | NC | | L-METHYL-MC | NC | |
| <i>gadobutrol SOLN</i> | NC | | METAFOLBIC | NC | |
| <i>gadoterate meglumine SOLN</i> | NC | | METAFOLBIC PLUS | NC | |
| <i>gadoterate meglumine SOSY</i> | NC | | METAFOLBIC PLUS RF | NC | |
| OMNISCAN INJ IJ | NC | | METANX | NC | |
| OMNISCAN SOLN IV | NC | | METHYLFOL-ALGAE-B12-ACETYLCYST | NC | |
| OPTISON | NC | | UREAPRO POWD | NC | |
| Radiographic Contrast Media | | | Nutritional Substitutes | | |
| <i>diatrizoate meglumine & sodium PO</i> | NC | | ASPARTAME (FOR COMPOUNDING) | NC | RX/OTC |
| | | | ASPARTAME (NUTRASWEET) | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| SACCHARIN POWD | NC | RX/OTC | METHAZOLAMIDE POWD | NC | |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | | <i>methazolamide TABS</i> | C | |
| Digestive Enzymes | | | Diuretic Combinations | | |
| CREON CPEP | P | Smart PA | ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>) | NC | |
| CREON CPEP 120000 UNIT-76000 UNIT-24000 UNIT, 180000 UNIT-114000 UNIT-36000 UNIT, 30000 UNIT-19000 UNIT-6000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT | NC | Smart PA | <i>amiloride & hydrochlorothiazide</i> | C | QL(1 EA daily) |
| CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT | P | | MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>) | NC | QL(2 EA daily) |
| PEPSIN | NC | | MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>) | NC | |
| PERTZYE CPEP | NP | | <i>spironolactone & hydrochlorothiazide</i> | C | |
| VIOKACE TABS | NP | | <i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i> | C | |
| 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 | | <i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i> | C | |
| Gastric Acidifiers | | | <i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i> | C | QL(2 EA daily) |
| L-GLUTAMIC ACID HCL POWD | NC | | Loop Diuretics | | |
| DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | | | <i>bumetanide SOLN 0.25 MG/ML</i> | NC | |
| Carbonic Anhydrase Inhibitors | | | <i>bumetanide TABS</i> | C | |
| <i>acetazolamide sodium</i> | NC | | BUMEX TABS 0.5 MG (<i>bumetanide</i>) | NC | |
| <i>acetazolamide CP12</i> | C | | <i>ethacrynate sodium</i> | NC | |
| <i>acetazolamide TABS</i> | C | | <i>ethacrynic acid</i> | NC | |
| <i>dichlorphenamide</i> | NC | SP | FUROSEMIDE POWD | NC | |
| | | | <i>furosemide SOLN IJ 10 MG/ML</i> | NC | |
| | | | <i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i> | C | |
| | | | <i>furosemide TABS</i> | C | |
| | | | LASIX TABS (<i>furosemide</i>) | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| SOAANZ TABS 20 MG | C | |
| SODIUM EDECRIN (ethacrynate sodium) | NC | |
| <i>torsemide TABS 5 MG, 10 MG, 100 MG</i> | C | QL(1 EA daily) |
| <i>torsemide TABS 20 MG</i> | C | |
| Osmotic Diuretics | | |
| <i>mannitol 10 %, 15 %, 20 %, 25 %</i> | NC | |
| Potassium Sparing Diuretics | | |
| ALDACTONE TABS (spironolactone) | NC | |
| AMILORIDE HCL POWD | NC | |
| <i>amiloride hcl TABS</i> | C | QL(4 EA daily) |
| SPIRONOLACTONE POWD | NC | |
| <i>spironolactone SUSP</i> | NC | |
| <i>spironolactone TABS</i> | C | |
| <i>triamterene CAPS</i> | NC | |
| TRIAMTERENE POWD | NC | |
| Thiazides and Thiazide-Like Diuretics | | |
| <i>chlorothiazide sodium</i> | NC | |
| <i>chlorthalidone 25 MG, 50 MG</i> | C | |
| DIURIL SUSP | NC | |
| <i>hydrochlorothiazide CAPS</i> | C | |
| HYDROCHLOROTHIAZIDE POWD | NC | |
| <i>hydrochlorothiazide TABS 12.5 MG</i> | NC | |
| <i>hydrochlorothiazide TABS 25 MG, 50 MG</i> | C | |
| <i>indapamide TABS 1.25 MG, 2.5 MG</i> | C | |
| <i>metolazone</i> | C | |
| SODIUM DIURIL (chlorothiazide sodium) | NC | |
| THALITONE | NC | |

ENDOCRINE AND METABOLIC AGENTS - MISC.

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| - Drugs to Treat Bone Disease and Regulate Hormones | | |
| Bone Density Regulators | | |
| ACTONEL TABS 150 MG (risedronate sodium) | NP | |
| ACTONEL TABS 35 MG (risedronate sodium) | NP | QL(4 EA per 28 day(s) retail) |
| <i>alendronate sodium SOLN</i> | NP | QL(10.8 ML daily) |
| <i>alendronate sodium TABS 35 MG, 70 MG</i> | NC | QL(0.15 EA daily) |
| <i>alendronate sodium TABS 35 MG, 70 MG</i> | P | QL(0.15 EA daily) |
| <i>alendronate sodium TABS 10 MG</i> | NC | QL(1 EA daily) |
| <i>alendronate sodium TABS 10 MG</i> | P | QL(1 EA daily) |
| AELVIA TBEC (risedronate sodium) | NP | QL(4 EA per 28 day(s) retail) |
| BINOSTO TBEC | NP | |
| BINOSTO TBEC | NC | |
| <i>calcitonin (salmon) NA</i> | P | 1 package(s) per fill retail |
| <i>calcitonin (salmon) IJ</i> | C | QL(2 ML per fill retail) |
| FORTEO SOPN (teriparatide) | NP | SP |
| FOSAMAX PLUS D | NP | |
| FOSAMAX TABS 70 MG (alendronate sodium) | NP | QL(0.15 EA daily) |
| <i>ibandronate sodium TABS</i> | P | |
| MIACALCIN IJ (calcitonin salmon)) | NC | QL(2 ML per fill retail) |
| PROLIA SOSY | NP | SP |
| <i>risedronate sodium TABS 5 MG, 30 MG</i> | NC | QL(1 EA daily) |
| <i>risedronate sodium TABS 5 MG, 30 MG</i> | NP | QL(1 EA daily) |
| <i>risedronate sodium TABS 150 MG</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| <i>risedronate sodium TABS 35 MG</i> | NP | QL(4 EA per 28 day(s) retail) |
| <i>risedronate sodium TABS 35 MG</i> | NC | QL(4 EA per 28 day(s) retail) |
| <i>risedronate sodium TBEC</i> | NP | QL(4 EA per 28 day(s) retail) |
| <i>risedronate sodium TBEC</i> | NC | QL(4 EA per 28 day(s) retail) |
| <i>teriparatide SOPN</i> | P | SP |
| TYMLOS | NP | SP |
| Fertility Regulators | | |
| CLOMIPHENE CITRATE POWD | NC | |
| GnRH/LHRH Antagonists | | |
| ORLISSA | NC | SP |
| Growth Hormone Releasing Hormones (GHRH) | | |
| EGRIFTA SV | NC | SP |
| Growth Hormones | | |
| NGENLA | NP | SP |
| NORDITROPIN FLEXPRO SOPN | PA | SP; PA |
| OMNITROPE SOCT | NC | SP |
| OMNITROPE SOLR SC | NC | SP |
| SAIZEN IJ | NC | SP |
| SAIZENPREP IJ | NC | SP |
| SKYTROFA | NP | SP |
| ZOMACTON SOLR SC | NP | SP |
| Hormone Receptor Modulators | | |
| EVISTA (<i>raloxifene hcl</i>) | NC | QL(1 EA daily) |
| EVISTA (<i>raloxifene hcl</i>) | NP | QL(1 EA daily) |
| OSPHENA | NC | |
| <i>raloxifene hcl</i> | NP | QL(1 EA daily) |
| LHRH/GnRH Agonist Analog Pituitary Suppressants | | |
| FENSOLVI (6 MONTH) SC | C | SP; PA |
| Menopausal Symptoms Suppressants | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| VEOZAH | NC | |
| Metabolic Modifiers | | |
| BRINEURA | NC | SP |
| <i>calcitriol CAPS</i> | C | |
| <i>calcitriol SOLN IV</i> | NC | |
| <i>carglumic acid</i> | NC | SP |
| CARNITOR SF SOLN PO (<i>levocarnitine (metabolic modifiers)</i>) | NC | QL(30 ML daily) |
| CARNITOR SOLN PO 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>) | NC | QL(30 ML daily) |
| CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>) | NC | QL(3 EA daily) |
| <i>doxercalciferol CAPS</i> | NC | |
| <i>doxercalciferol SOLN</i> | NC | |
| GALAFOLD | C | QL(0.5 EA daily); SP; PA |
| <i>levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML</i> | NC | |
| <i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i> | C | QL(30 ML daily) |
| <i>levocarnitine (metabolic modifiers) TABS</i> | C | QL(3 EA daily) |
| NEXVIAZYME | NC | SP |
| NULIBRY | NC | SP |
| <i>paricalcitol CAPS</i> | NC | |
| PHEBURANE PLLT | NC | |
| RAYALDEE | NC | |
| ROCALTROL CAPS (<i>calcitriol</i>) | NC | |
| <i>sod benzoate & sod phenylacetate</i> | NC | |
| Mineralocorticoid Receptor Antagonists | | |
| KERENDIA | NC | |
| Posterior Pituitary Hormones | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---|
| DDAVP TABS (<i>desmopressin acetate</i>) | NC | QL(6 EA daily) | <i>esterified estrogens & methyltestosterone</i> | NC | |
| <i>desmopressin acetate spray</i> | C | QL(5 ML per fill retail); PA | <i>estradiol & norethindrone acetate TABS</i> | C | QL(1 EA daily) |
| <i>desmopressin acetate spray refrigerated 0.01 %</i> | C | QL(5 ML per fill retail); PA | MYFEMBREE | NC | |
| <i>desmopressin acetate TABS</i> | C | QL(6 EA daily) | <i>norethindrone acetate-ethinyl estradiol</i> | C | |
| NOCDURNA SUBL | NC | | ORIAHNN | NC | |
| VASOPRESSIN-SODIUM CHLORIDE SOLN | NC | | PREFEST | NC | |
| <i>vasopressin SOLN IV</i> | NC | | PREMPHASE | NC | |
| VASOSTRICT SOLN | NC | | PREMPRO | C | |
| Prolactin Inhibitors | | | Estrogens | | |
| <i>cabergoline</i> | NC | | ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | C | Limit 8 patches per month; QL(0.286 EA daily) |
| Somatostatic Agents | | | 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 (<i>estradiol</i>) | NC | Limit 4 patches per month; QL(0.143 EA daily) |
| <i>octreotide acetate KIT</i> | C | SP; PA | DEPO-ESTRADIOL | NC | |
| <i>octreotide acetate SOSY</i> | NC | SP | ELESTRIN GEL | NC | |
| SANDOSTATIN LAR DEPOT KIT (<i>octreotide acetate</i>) | NC | SP; PA | ESTRACE TABS (<i>estradiol</i>) | NC | |
| SANDOSTATIN LAR DEPOT KIT 10 MG | C | SP; PA | <i>estradiol valerate</i> | NC | |
| Vasopressin Receptor Antagonists | | | <i>estradiol GEL</i> | NC | |
| VAPRISOL | NC | | <i>estradiol PTTW 0.0375 MG/24HR</i> | C | QL(0.286 EA daily) |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | | <i>estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i> | C | Limit 8 patches per month; QL(0.286 EA daily) |
| Estrogen Combinations | | | <i>estradiol PTWK</i> | C | Limit 4 patches per month; QL(0.143 EA daily) |
| ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>) | NC | QL(1 EA daily) | <i>estradiol TABS</i> | C | |
| ANGELIQ | NC | | ETHINYL ESTRADIOL | NC | |
| BIJUVA | NC | | EVAMIST SOLN | NC | |
| CLIMARA PRO | NC | | MENEST | NC | |
| COMBIPATCH PTTW | C | Limit 8 patches per month; QL(0.286 EA daily) | | | |
| DUAVEE | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| MENOSTAR PTWK | NC | |
| MINIVELLE PTTW 0.0375 MG/24HR (<i>estradiol</i>) | NC | QL(0.286 EA daily) |
| MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>) | NC | Limit 8 patches per month; QL(0.286 EA daily) |
| PREMARIN SOLR | NC | |
| PREMARIN TABS | C | QL(1 EA daily) |
| VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>) | NC | Limit 8 patches per month; QL(0.286 EA daily) |
| VIVELLE-DOT PTTW 0.0375 MG/24HR (<i>estradiol</i>) | NC | QL(0.286 EA daily) |

FLUOROQUINOLONES - Drugs to Treat Bacterial Infections

| Fluoroquinolones | | |
|--|----|---------------------------|
| BAXDELA TABS | NP | |
| <i>ciprofloxacin hcl TABS 100 MG</i> | P | QL(6 EA per fill retail) |
| <i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i> | P | |
| <i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i> | NC | |
| <i>ciprofloxacin in d5w</i> | NC | |
| <i>ciprofloxacin SUSR</i> | NP | |
| CIPRO SUSR | NP | |
| CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>) | NP | |
| <i>levofloxacin in d5w</i> | NC | |
| <i>levofloxacin SOLN PO</i> | NP | |
| <i>levofloxacin SOLN PO</i> | NC | |
| <i>levofloxacin TABS</i> | NC | QL(14 EA per fill retail) |
| <i>levofloxacin TABS</i> | P | QL(14 EA per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| <i>moxifloxacin hcl in sodium chloride</i> | NC | |
| MOXIFLOXACIN HCL SOLN 400 MG/250ML | NC | |
| <i>moxifloxacin hcl TABS</i> | NP | |
| <i>moxifloxacin hcl TABS</i> | NC | |
| <i>ofloxacin 300 MG</i> | NC | |
| <i>ofloxacin 300 MG</i> | NP | |
| <i>ofloxacin 400 MG</i> | NC | QL(56 EA per fill retail) |
| <i>ofloxacin 400 MG</i> | NP | QL(56 EA per fill retail) |

GASTROINTESTINAL AGENTS - MISC. -

Miscellaneous Gastrointestinal Drugs

| 5-HT4 Receptor Agonists | | |
|--|----|----------------|
| MOTEGRITY (<i>prucalopride succinate</i>) | NP | |
| <i>prucalopride succinate</i> | NP | |
| Agents for Chronic Idiopathic Constipation (CIC) | | |
| TRULANCE | NP | |
| Antiflatulents | | |
| MYLICON INFANTS GAS RELIEF SUSP (<i>simethicone</i>) | NC | |
| PHAZYME ULTIMATE CAPS | NC | |
| <i>simethicone CHEW 80 MG</i> | C | |
| SIMETHICONE LIQD XX | NC | RX/OTC |
| <i>simethicone SUSP</i> | C | |
| Gallstone Solubilizing Agents | | |
| RELTONE CAPS | NC | |
| URSO 250 TABS (<i>ursodiol</i>) | NC | QL(7 EA daily) |
| <i>ursodiol CAPS</i> | C | |
| URSODIOL CAPS | NC | |
| <i>ursodiol TABS 250 MG</i> | C | QL(7 EA daily) |
| <i>ursodiol TABS 500 MG</i> | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|--|-----------|----------------------|
| Gastrointestinal Antiallergy Agents | | | AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>) | NP | |
| <i>cromolyn sodium (mastocytosis)</i> | NC | | AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>) | NC | |
| Gastrointestinal Chloride Channel Activators | | | AZULFIDINE TABS (<i>sulfasalazine</i>) | NC | |
| AMITIZA (<i>lubiprostone</i>) | P | Brand Preferred | AZULFIDINE TABS (<i>sulfasalazine</i>) | NP | |
| <i>lubiprostone</i> | NP | Brand Preferred | <i>balsalazide disodium CAPS</i> | P | QL(9 EA daily) |
| Gastrointestinal Stimulants | | | CANASA SUPP (<i>mesalamine</i>) | NP | |
| GIMOTI SOLN NA | NP | SP | CIMZIA (2 SYRINGE) PSKT | NP | SP |
| METOCLOPRAMIDE HCL MONOHYDRATE | NC | | CIMZIA KIT | NP | SP |
| METOCLOPRAMIDE HCL POWD | NC | | CIMZIA-STARTER PSKT | NP | SP |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | NC | | COLAZAL CAPS (<i>balsalazide disodium</i>) | NP | QL(9 EA daily) |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | P | | DELZICOL CPDR (<i>mesalamine</i>) | NP | |
| <i>metoclopramide hcl TABS</i> | NC | | DIPENTUM | NP | |
| <i>metoclopramide hcl TABS</i> | P | | ENTYVIO PEN SOAJ | NP | SP |
| REGLAN TABS (<i>metoclopramide hcl</i>) | NP | | INFLECTRA SOLR | C | SP; PA |
| Hepatotropics | | | LIALDA TBEC (<i>mesalamine</i>) | NP | |
| REZDIFFRA | NC | SP | <i>mesalamine w/ cleanser</i> | NP | |
| Ileal Bile Acid Transporter (IBAT) Inhibitors | | | <i>mesalamine CP24</i> | NP | Brand Preferred |
| BYLVAY (PELLETS) CPSP | NC | SP | <i>mesalamine CP24</i> | NC | Brand Preferred |
| BYLVAY CAPS | NC | SP | <i>mesalamine CPCR</i> | NP | Brand Preferred |
| Inflammatory Bowel Agents | | | <i>mesalamine CPDR</i> | NP | |
| AMINOSALICYLIC ACID-5 POWD | NC | RX/OTC | <i>mesalamine ENEM</i> | P | QL(60 ML daily) |
| APRISO CP24 (<i>mesalamine</i>) | P | Brand Preferred | MESALAMINE POWD | NC | RX/OTC |
| ASACOL HD TBEC (<i>mesalamine</i>) | NC | QL(3 EA daily) | <i>mesalamine SUPP</i> | P | |
| AVSOLA | C | SP; PA | <i>mesalamine SUPP</i> | NC | |
| | | | <i>mesalamine TBEC 1.2 GM</i> | NP | |
| | | | <i>mesalamine TBEC 800 MG</i> | NP | QL(3 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>mesalamine TBEC 800 MG</i> | NC | QL(3 EA daily) |
| OMVOH SOAJ | NP | SP |
| OMVOH SOSY | NP | SP |
| PENTASA CPCR | P | Brand Preferred |
| RENFLEXIS | C | SP; PA |
| ROWASA (<i>mesalamine w/ cleanser</i>) | NP | |
| SFROWASA ENEM | NP | |
| SKYRIZI SOCT | NP | SP |
| STELARA 130 MG/26ML | NC | SP |
| SULFASALAZINE POWD | NC | |
| <i>sulfasalazine TABS</i> | NC | |
| <i>sulfasalazine TABS</i> | P | |
| <i>sulfasalazine TBEC</i> | P | |
| ZYMFENTRA (2 PEN) AJKT | NP | SP |
| Intestinal Acidifiers | | |
| <i>lactulose (encephalopathy)</i> | P | |
| <i>lactulose (encephalopathy)</i> | NC | |
| Irritable Bowel Syndrome (IBS) Agents | | |
| <i>alosetron hcl</i> | NC | |
| <i>alosetron hcl</i> | NP | |
| IBSRELA | NP | |
| LINZESS | P | |
| LOTRONEX (<i>alosetron hcl</i>) | NP | |
| VIBERZI | NP | |
| Live Fecal Microbiota | | |
| REBYOTA | NC | |
| Peripheral Opioid Receptor Antagonists | | |
| <i>alvimopan</i> | NC | |
| ENTEREG (<i>alvimopan</i>) | NC | |
| MOVANTIK | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| MOVANTIK | NC | |
| RELISTOR SOLN | NP | |
| RELISTOR TABS | NP | |
| Phosphate Binder Agents | | |
| AURYXIA | NP | |
| <i>calcium acetate (phosphate binder) CAPS</i> | P | |
| <i>calcium acetate (phosphate binder) CAPS</i> | NC | |
| FOSRENOL CHEW (<i>lanthanum carbonate</i>) | NP | |
| FOSRENOL PACK | NP | |
| <i>lanthanum carbonate CHEW</i> | NP | |
| PHOSLYRA SOLN | NC | |
| RENAGEL (<i>sevelamer hcl</i>) | NC | |
| RENVELA PACK (<i>sevelamer carbonate</i>) | NP | |
| RENVELA TABS (<i>sevelamer carbonate</i>) | NP | |
| RENVELA TABS (<i>sevelamer carbonate</i>) | NC | |
| <i>sevelamer carbonate PACK</i> | NP | |
| <i>sevelamer carbonate PACK</i> | NC | |
| <i>sevelamer carbonate TABS</i> | NC | |
| <i>sevelamer carbonate TABS</i> | P | |
| <i>sevelamer hcl</i> | NP | |
| VELPHORO | NP | |
| GENERAL ANESTHETICS | | |
| Anesthetics - Misc. | | |
| DIPRIVAN EMUL | NC | |
| <i>etomidate</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| KETAMINE HCL-SODIUM CHLORIDE SOLN 1000 MG/100ML-0.69 %, 1250 MG/250ML-0.9 %, 2500 MG/250ML-0.9 %, 500 MG/250ML-0.9 % | NC | |
| <i>ketamine hcl SOLN IJ</i> | NC | |
| KETAMINE HCL SOLN IJ 10 MG/ML | NC | |
| <i>propofol EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML</i> | NC | |
| Barbiturate Anesthetics | | |
| <i>methohexital sodium SOLR</i> | NC | |
| Volatile Anesthetics | | |
| <i>desflurane</i> | NC | |
| <i>isoflurane</i> | NC | |
| <i>sevoflurane</i> | NC | |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Acidifiers | | |
| K-PHOS NO 2 | NC | |
| Alkalinizers | | |
| ORACIT | NC | |
| ORAL CITRATE | NC | |
| <i>pot & sod citrates w/citric ac SOLN</i> | NC | |
| <i>potassium citrate (alkalinizer) TBCR 15 MEQ, 1620 MG</i> | NC | |
| <i>potassium citrate (alkalinizer) TBCR</i> | C | |
| POTASSIUM CITRATE MONOHYDRATE GRAN | NC | RX/OTC |
| POTASSIUM CITRATE GRAN | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| POTASSIUM CITRATE POWD | NC | |
| <i>sodium citrate & citric acid</i> | C | QL(16.67 ML daily); RX/OTC |
| SODIUM CITRATE ANHYDROUS POWD | NC | |
| SODIUM CITRATE CRYST | NC | |
| SODIUM CITRATE GRAN XX | NC | RX/OTC |
| UROKIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>) | NC | |
| UROKIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>) | NC | |
| Genitourinary Irrigants | | |
| <i>acetic acid 0.25 %</i> | NC | |
| <i>glycine (gu irrigant) SOLN 1.5 %</i> | NC | |
| GLYCINE POWD | NC | RX/OTC |
| <i>neomycin/polymyxin b gu</i> | NC | |
| <i>sodium chloride (gu irrigant) 0.9 %</i> | C | |
| SORBITOL 3 % | NC | |
| SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML | NC | |
| Hyperoxaluria Agents | | |
| OXLUMO | NC | SP |
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | NC | |
| RIMSO-50 | NC | |
| Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl</i> | NC | |
| <i>alfuzosin hcl</i> | P | |
| AVODART (<i>dutasteride</i>) | NC | |
| CARDURA XL | NP | |
| CARDURA XL | NC | |
| <i>dutasteride</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>dutasteride</i> | P | |
| <i>dutasteride-tamsulosin hcl</i> | NP | |
| ENTADFI | NC | |
| <i>finasteride</i> | P | QL(1 EA daily) |
| <i>finasteride</i> | NC | QL(1 EA daily) |
| FLOMAX (<i>tamsulosin hcl</i>) | NP | QL(2 EA daily) |
| JALYN (<i>dutasteride-tamsulosin hcl</i>) | NP | |
| PROSCAR (<i>finasteride</i>) | NP | QL(1 EA daily) |
| RAPAFLO (<i>silodosin</i>) | NP | |
| <i>silodosin</i> | NC | |
| <i>silodosin</i> | NP | |
| <i>tamsulosin hcl</i> | NC | QL(2 EA daily) |
| <i>tamsulosin hcl</i> | P | QL(2 EA daily) |
| UROXATRAL (<i>alfuzosin hcl</i>) | NC | |
| Urinary Analgesics | | |
| PHENAZOPYRIDINE HCL POWD | NC | |
| <i>phenazopyridine hcl TABS 100 MG, 200 MG</i> | C | |
| PYRIDIUM TABS (<i>phenazopyridine hcl</i>) | NC | |
| Urinary Stone Agents | | |
| LITHOSTAT | NC | |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| <i>colchicine w/ probenecid</i> | P | |
| <i>colchicine w/ probenecid</i> | NC | |
| Gout Agents | | |
| <i>allopurinol 200 MG</i> | NP | |
| <i>allopurinol 100 MG, 300 MG</i> | P | |
| <i>allopurinol 100 MG, 300 MG</i> | NC | |
| <i>allopurinol sodium</i> | NC | |
| <i>colchicine CAPS</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>colchicine CAPS</i> | NC | |
| COLCHICINE POWD | NC | |
| <i>colchicine TABS</i> | NC | QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail |
| <i>colchicine TABS</i> | P | QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail |
| COLCRYS TABS (<i>colchicine</i>) | NP | QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail |
| <i>febuxostat</i> | NC | |
| <i>febuxostat</i> | NP | |
| GLOPERBA SOLN PO | NP | |
| MITIGARE CAPS (<i>colchicine</i>) | NP | |
| ULORIC (<i>febuxostat</i>) | NP | |
| ZYLOPRIM 100 MG (<i>allopurinol</i>) | NP | |
| ZYLOPRIM 300 MG (<i>allopurinol</i>) | NC | |
| Uricosurics | | |
| <i>probenecid</i> | NC | |
| <i>probenecid</i> | P | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Aminolevulinate Synthase 1-Directed siRNA | | |
| GIVLAARI | C | SP; PA |
| Antihemophilic Products | | |
| ESPEROCT 4000 UNIT | NC | |
| HEMLIBRA | NC | SP |
| NUWIQ KIT | NC | SP |
| NUWIQ SOLR | NC | SP |
| SEVENFACT | NC | SP |
| Bradykinin B2 Receptor Antagonists | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| FIRAZYR SOSY (<i>icatibant acetate</i>) | NC | SP; PA | HUMAN ALBUMIN GRIFOLS | NC | |
| <i>icatibant acetate SOSY</i> | C | SP; PA | KEDBUMIN | NC | |
| Complement Inhibitors | | | OCTAPLAS BLOOD GROUP A | NC | |
| BERINERT KIT | NC | SP | OCTAPLAS BLOOD GROUP AB | NC | |
| CINRYZE SOLR IV | NC | SP | OCTAPLAS BLOOD GROUP B | NC | |
| HAEGARDA SOLR SC | C | SP; PA | OCTAPLAS BLOOD GROUP O | NC | |
| PIASKY | NC | SP | PLASBUMIN-25 | NC | |
| RUCONEST | NC | SP | PLASBUMIN-5 | NC | |
| TAVNEOS | NP | SP | PLASMANATE | NC | |
| VOYDEYA TABS | NC | SP | THROMBATE III | NC | SP |
| VOYDEYA TBPB | NC | SP | Platelet Aggregation Inhibitors | | |
| Hematorheologic Agents | | | AGGRASTAT 3.75 MG/15ML | NC | |
| <i>pentoxifylline</i> | C | | <i>anagrelide hcl</i> | NC | |
| Plasma Expanders | | | <i>aspirin-dipyridamole</i> | NP | |
| <i>dextran 40 in d5w</i> | NC | | BRILINTA | P | QL(2 EA daily) |
| <i>dextran 40 in saline</i> | NC | | <i>cilostazol</i> | C | QL(2 EA daily) |
| HESPAN (<i>hetastarch (hes /0.7 or /0.75) in sodium chloride</i>) | NC | | <i>clopidogrel bisulfate 75 MG</i> | P | QL(1 EA daily) |
| <i>hetastarch (hes /0.7 or /0.75) in sodium chloride</i> | NC | | <i>clopidogrel bisulfate 75 MG</i> | NC | QL(1 EA daily) |
| HEXTEND | NC | | <i>clopidogrel bisulfate 300 MG</i> | NC | |
| Plasma Kallikrein Inhibitors | | | <i>clopidogrel bisulfate 300 MG</i> | P | |
| KALBITOR | NC | SP | <i>dipyridamole</i> | NP | |
| TAKHZYRO SOLN | NC | SP | <i>dipyridamole</i> | NC | |
| TAKHZYRO SOSY | NC | SP | EFFIENT (<i>prasugrel hcl</i>) | NP | QL(1 EA daily) |
| Plasma Proteins | | | <i>eptifibatide</i> | NC | |
| ALBUKED 25 | NC | | KENGREAL | NC | |
| ALBUKED 5 | NC | | PLAVIX 75 MG (<i>clopidogrel bisulfate</i>) | NP | QL(1 EA daily) |
| ALBUMIN HUMAN | NC | | <i>prasugrel hcl</i> | P | QL(1 EA daily) |
| ALBUMINEX | NC | | <i>prasugrel hcl 10 MG</i> | NC | QL(1 EA daily) |
| ALBUMIN-ZLB | NC | | | | |
| ALBURX | NC | | | | |
| ALBUTEIN | NC | | | | |
| FLEXBUMIN | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|---|-----------|---------------------|
| <i>tirofiban hcl in sodium chloride</i> | NC | | ARANESP (ALBUMIN FREE) SOLN | NP | SP |
| YOSPRALA 81 MG-40 MG | NC | | ARANESP (ALBUMIN FREE) SOSY | NP | SP |
| Protamine | | | EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | P | SP |
| <i>protamine sulfate</i> | NC | | JESDUVROQ | NP | |
| Thrombolytic Enzymes | | | PROCRIT | NP | SP |
| ACTIVASE IV | NC | | PROCRIT | NP | SP |
| CATHFLO ACTIVASE IJ | NC | | PROMACTA PACK | NC | SP |
| RETAVASE | NC | | REBLOZYL | C | SP |
| RETAVASE HALF-KIT | NC | | RETACRIT | P | SP |
| TNKASE | NC | | VAFSEO | NP | SP |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | | ZARXIO | C | SP; PA |
| Agents for Gaucher Disease | | | ZIEXTENZO | NC | SP |
| CERDELGA | C | SP; PA | Hematopoietic Mixtures | | |
| CEREZYME 400 UNIT | C | SP; PA | ACTIVE FE | NC | |
| Agents for Sickle Cell Disease | | | BENTIVITE TABS | NC | |
| ADAKVEO | C | SP; PA | BP VIT 3 | NC | |
| CASGEVY | PA | SP; PA | CENTRATEX CAPS | NC | |
| DROXIA CAPS | C | | CORVITE 150 TABS | NC | |
| LYFGENIA | PA | SP; PA | CORVITE FE TABS | NC | |
| Cobalamins | | | DERMACINRX DOTREMIN TABS | NC | |
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i> | C | QL(10 ML per 270 day(s) retail) | DERMACINRX FOLTAMIN TABS | NC | |
| <i>cyanocobalamin SOLN NA 500 MCG/0.1ML</i> | NC | | <i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i> | NC | |
| <i>hydroxocobalamin acetate SOLN</i> | NC | | FERIVA 21/7 | NC | |
| Folic Acid/Folates | | | FERIVAFA | NC | |
| FOLIC ACID POWD | NC | RX/OTC | FOLDITAM TABS | NC | |
| <i>folic acid SOLN</i> | NC | | FOLGARD RX TABS | NC | |
| <i>folic acid TABS 400 MCG</i> | C | QL(1 EA daily) | <i>folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG, 25 MG-2.2 MG-1 MG, 25 MG-2.5 MG-1 MG</i> | NC | RX/OTC |
| <i>folic acid TABS 1 MG</i> | C | RX/OTC | | | |
| Hematopoietic Growth Factors | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|--|
| FOLITE | NC | | <i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i> | C | |
| FOLIVANE-F | NC | | FERROUS SULFATE SOLN | NC | |
| FOLIVANE-PLUS | NC | | <i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i> | C | |
| FOLIXAPURE TABS | NC | | <i>ferrous sulfate TBEC</i> | C | |
| FOLIXATE TABS | NC | | FERROUS SULFATE TBEC (<i>ferrous sulfate</i>) | NC | |
| FOLTREXYL TABS | NC | | <i>ferumoxytol</i> | NC | |
| HEMOCYTE PLUS CAPS | NC | | HEMATEX LIQD | NC | |
| INTEGRA F | NC | | INFED | NC | |
| INTEGRA PLUS | NC | | INJECTAFER | NC | |
| IRON FOLATE PLUS | NC | | IRON CHEWS PEDIATRIC CHEW | C | |
| IRON FOLATE-F | NC | | MONOFERRIC | NC | |
| <i>iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc</i> | NC | | <i>polysaccharide iron complex CAPS</i> | C | QL(1 EA daily) |
| IROSPAN 24/6 | NC | | <i>sodium ferric gluconate complex in sucrose</i> | NC | |
| NEPHRON FA | NC | | TRIFERIC PACK | NC | |
| NIFEREX TABS | NC | | TRIFERIC SOLN HM | NC | |
| NUFERA TABS | NC | | VENOFER | NC | |
| TALIVA | NC | | HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| TARON FORTE | NC | | Hemostatics - Systemic | | |
| TULIVITE TABS | NC | | TRANEXAMIC ACID-NACL | NC | |
| VITAMEZ | NC | | <i>tranexamic acid-sodium chloride</i> | NC | |
| Iron | | | <i>tranexamic acid SOLN 1000 MG/10ML</i> | NC | |
| ACCRUFER | NC | | <i>tranexamic acid TABS</i> | C | QL(30 EA per 5 day(s) retail); 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old) |
| FER-IN-SOL SOLN (<i>ferrous sulfate</i>) | NC | QL(3.4 ML daily) | Hemostatics - Topical | | |
| FERRIMIN 150 TABS | NC | | ARTISS KIT | NC | |
| <i>ferrous fumarate TABS</i> | C | QL(2 EA daily) | | | |
| FERROUS GLUCONATE TABS 324 MG | C | QL(3.34 EA daily) | | | |
| FERROUS SULFATE GRAN | NC | RX/OTC | | | |
| FERROUS SULFATE POWD | NC | RX/OTC | | | |
| <i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i> | C | QL(3.4 ML daily) | | | |
| <i>ferrous sulfate SOLN 300 MG/5ML</i> | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| ARTISS SOLN | NC | | GNP PAIN RELIEF NIGHTTIME | NC | |
| ASTRINGYN | NC | | UNISOM SLEEPTABS (doxylamine succinate (sleep)) | NC | |
| GEL-FLOW | NC | | Barbiturate Hypnotics | | |
| GELFOAM COMPRESSED SIZE 100 MISC EX | NC | | AMYTAL SODIUM | NC | |
| GELFOAM DENTAL PACK SIZE 4 MISC EX | NC | | NEMBUTAL SOLN (pentobarbital sodium) | NC | |
| GELFOAM SPONGE SIZE 100 MISC EX | NC | | PENTOBARBITAL SODIUM POWD | NC | |
| GELFOAM SPONGE SIZE 200 MISC EX | NC | | pentobarbital sodium SOLN | NC | |
| GELFOAM SPONGE SIZE 50 MISC EX | NC | | PHENOBARBITAL SODIUM POWD | NC | |
| GELFOAM SPONGE MISC EX | NC | | phenobarbital sodium SOLN | NC | |
| GELFOAM-JMI POWDER | NC | | phenobarbital ELIX | C | |
| GELFOAM POWD MT | NC | | PHENOBARBITAL POWD | NC | |
| RECOTHROM | NC | | phenobarbital TABS | C | |
| RECOTHROM SPRAY KIT | NC | | Hypnotics - Tricyclic Agents | | |
| TACHOSIL | NC | | doxepin hcl (sleep) | NC | |
| THROMBI-GEL 10 | NC | | doxepin hcl (sleep) | NP | |
| THROMBI-GEL 100 | NC | | SILENOR (doxepin hcl (sleep)) | NC | |
| THROMBI-GEL 40 | NC | | Non-Barbiturate Hypnotics | | |
| THROMBIN-JMI EPISTAXIS KIT | NC | | AMBIEN CR TBCR (zolpidem tartrate) | NP | |
| THROMBIN-JMI KIT | NC | | AMBIEN TABS (zolpidem tartrate) | NP | QL(1 EA daily) |
| THROMBIN-JMI SOLR | NC | | BYFAVO | NC | |
| THROMBI-PAD | NC | | CHLORAL HYDRATE CRY | NC | |
| TISSEEL KIT | NC | | DEXMEDETOMIDINE HCL IN NA CL SOSY 0.9 %-40 MCG/10ML | NC | |
| TISSEEL SOLN | NC | | dexmedetomidine hcl in sodium chloride SOLN | NC | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | | DEXMEDETOMIDINE HCL-DEXTROSE | NC | |
| Antihistamine Hypnotics | | | | | |
| diphenhydramine hcl (sleep) TABS 25 MG | C | QL(1 EA daily) | | | |
| doxylamine succinate (sleep) | C | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>dexmedetomidine hcl SOLN</i> | NC | |
| DORAL (<i>quazepam</i>) | NP | |
| EDLUAR SUBL | NP | |
| EDLUAR SUBL | NC | |
| <i>estazolam</i> | NP | |
| <i>eszopiclone</i> | NP | |
| <i>flurazepam hcl</i> | NP | QL(1 EA daily) |
| HALCION 0.25 MG (<i>triazolam</i>) | NP | |
| HALCION 0.25 MG (<i>triazolam</i>) | NC | |
| IGALMI FILM | NP | |
| LUNESTA (<i>eszopiclone</i>) | NC | |
| MIDAZOLAM HCL-SODIUM CHLORIDE SOLN IV 0.8 %-100 MG/100ML | NC | |
| <i>midazolam hcl SOLN IJ</i> | C | |
| MIDAZOLAM HCL SOSY | NC | |
| <i>midazolam hcl SYRP</i> | NC | |
| <i>midazolam-sodium chloride</i> | NC | |
| MIDAZOLAM-SODIUM CHLORIDE | NC | |
| MIDAZOLAM-SODIUM CHLORIDE (PF) | NC | |
| PRECEDEX SOLN | NC | |
| <i>quazepam</i> | NP | |
| <i>quazepam</i> | NC | |
| RESTORIL 15 MG, 30 MG (<i>temazepam</i>) | NP | QL(1 EA daily); AL(At least 18 yrs old) |
| RESTORIL 7.5 MG, 22.5 MG (<i>temazepam</i>) | NP | |
| <i>temazepam 15 MG, 30 MG</i> | P | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>temazepam 7.5 MG, 22.5 MG</i> | P | |
| <i>triazolam</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>zaleplon 10 MG</i> | NC | QL(2 EA daily); AL(At least 18 yrs old) |
| <i>zaleplon 10 MG</i> | NP | QL(2 EA daily); AL(At least 18 yrs old) |
| <i>zaleplon 5 MG</i> | NC | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>zaleplon 5 MG</i> | NP | QL(1 EA daily); AL(At least 18 yrs old) |
| ZOLPIDEM TARTRATE CAPS | NP | |
| <i>zolpidem tartrate SUBL</i> | NP | |
| <i>zolpidem tartrate TABS</i> | P | QL(1 EA daily) |
| <i>zolpidem tartrate TABS</i> | NC | QL(1 EA daily) |
| <i>zolpidem tartrate TBCR</i> | NC | |
| <i>zolpidem tartrate TBCR</i> | NP | |
| Orexin Receptor Antagonists | | |
| BELSOMRA | NP | |
| DAYVIGO | NP | |
| QUVIVIQ | NP | |
| Selective Melatonin Receptor Agonists | | |
| HETLIOZ LQ SUSP | NP | SP |
| HETLIOZ CAPS (<i>tasimelteon</i>) | NP | SP |
| <i>ramelteon</i> | NP | |
| <i>ramelteon</i> | NC | |
| ROZEREM (<i>ramelteon</i>) | NP | |
| <i>tasimelteon CAPS</i> | NP | SP |
| LAXATIVES - Bowel Treatment Drugs | | |
| Bulk Laxatives | | |
| <i>calcium polycarbophil TABS</i> | C | QL(10 EA daily) |
| CVS EASY FIBER PACK | NC | |
| Laxative Combinations | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|--|-----------|---------------------|
| CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML | NC | | <i>lactulose SOLN</i> | P | |
| GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) | NP | 1 package(s) per fill retail | <i>lactulose SOLN</i> | NC | |
| MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>) | NP | | MIRALAX POWD (<i>polyethylene glycol 3350</i>) | NC | QL(34 GM daily) |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> | NP | | <i>polyethylene glycol 3350 PACK</i> | P | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i> | P | 1 package(s) per fill retail | <i>polyethylene glycol 3350 PACK</i> | NC | |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | NP | 1 package(s) per fill retail | <i>polyethylene glycol 3350 POWD</i> | P | QL(34 GM daily) |
| PLENVU | NP | | <i>polyethylene glycol 3350 POWD</i> | NC | QL(34 GM daily) |
| <i>sennosides-docusate sodium TABS</i> | C | QL(4 EA daily) | Lubricant Laxatives | | |
| SENOKOT LAXATIVE | NC | | MINERAL OIL HEAVY OIL XX | NC | RX/OTC |
| SENOKOT S TABS (<i>sennosides-docusate sodium</i>) | NC | QL(4 EA daily) | MINERAL OIL LIGHT XX | NC | RX/OTC |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> | NC | | MINERAL OIL OIL XX | NC | RX/OTC |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> | NP | | MURI-LUBE XX | NC | RX/OTC |
| SUFLAVE | NP | | Saline Laxatives | | |
| SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>) | NP | | CVS EPSOM SALT GRAN XX | NC | |
| SUTAB | NP | | EPSOM SALT GRAN XX | NC | |
| Laxatives - Miscellaneous | | | EPSOM SALT POWD | NC | RX/OTC |
| GLYCERIN (ADULT) SUPP (<i>glycerin (laxative)</i>) | NC | | EQL EPSOM SALT GRAN XX | NC | |
| <i>glycerin (laxative) SUPP 2 GM</i> | C | | FLEET ENEMA ENEM (<i>sodium phosphates</i>) | NC | |
| KRISTALOSE PACK | NP | | FLEET PEDIATRIC ENEM (<i>sodium phosphates</i>) | NC | |
| LACTULOSE PACK | NC | | FLEET SALINE ENEMA ENEM (<i>sodium phosphates</i>) | NC | |
| | | | <i>magnesium citrate 1.745 GM/30ML</i> | NC | |
| | | | <i>magnesium citrate 1.745 GM/30ML</i> | P | |
| | | | <i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i> | C | QL(32 ML daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|--|-----------|---------------------|
| MAGNESIUM SULFATE POWD | NC | RX/OTC | DOCUSATE SODIUM SYRP | C | |
| OSMOPREP | NC | | <i>docusate sodium TABS</i> | C | |
| RA EPSOM SALT GRAN XX | NC | | LOCAL ANESTHETICS-Parenteral - Drugs for Numbing | | |
| <i>sodium phosphates ENEM</i> | C | | Local Anesthetic Combinations | | |
| Stimulant Laxatives | | | <i>bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 %</i> | NC | |
| BISACODYL POWD | NC | | <i>lidocaine w/ epinephrine SOLN</i> | NC | |
| <i>bisacodyl SUPP</i> | C | QL(12 EA per fill retail) | LIDOCAINE-EPINEPHRINE (PF) SOLN | NC | |
| <i>bisacodyl TBEC</i> | C | QL(1 EA daily) | SENSORCAINE-MPF/EPINEPHRINE SOLN | NC | |
| CORRECTOL HERBAL TEA MISC | NC | | XYLOCAINE-MPF/EPINEPHRINE SOLN | NC | |
| DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>) | NC | QL(1 EA daily) | Local Anesthetics - Amides | | |
| DULCOLAX SUPP (<i>bisacodyl</i>) | NC | QL(12 EA per fill retail) | BUPIVACAINE FISIOPHARMA SOLN IJ | NC | |
| DULCOLAX TBEC (<i>bisacodyl</i>) | NC | QL(1 EA daily) | BUPIVACAINE HCL (BULK) SOLN XX | NC | |
| <i>sennosides TABS 8.6 MG</i> | C | | BUPIVACAINE HCL POWD | NC | |
| SENOKOT KIDS GUMMIES CHEW | NC | | <i>bupivacaine hcl SOLN IJ</i> | NC | |
| SENOKOT LAXATIVE GUMMIES CHEW | NC | | BUPIVACAINE HCL SOLN IJ 0.25 %, 0.5 % | NC | |
| SENOKOT TABS (<i>sennosides</i>) | NC | | <i>bupivacaine in dextrose SOLN</i> | NC | |
| Surfactant Laxatives | | | EXPAREL | NC | |
| COLACE CLEAR CAPS (<i>docusate sodium</i>) | NC | | <i>lidocaine hcl (local anesth.) SOLN</i> | NC | |
| COLACE CAPS 100 MG (<i>docusate sodium</i>) | NC | QL(3 EA daily) | LIDOCAINE HCL SOLN | NC | |
| <i>docusate sodium CAPS 50 MG</i> | C | | LIDOCAINE HCL SOSY IV 10 MG/ML, 100 MG/5ML | NC | |
| <i>docusate sodium CAPS 100 MG, 250 MG</i> | C | QL(3 EA daily) | MEPIVACAINE HCL POWD | NC | |
| <i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i> | C | | | | |
| DOCUSATE SODIUM POWD | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|---|-----------|------------------------------|
| <i>mepivacaine hcl SOLN 1 %, 1.5 %, 2 %</i> | NC | | ZITHROMAX Z-PAK TABS (<i>azithromycin</i>) | NP | QL(6 EA per fill retail) |
| <i>ropivacaine hcl SOLN IJ</i> | NC | | ZITHROMAX PACK | NP | QL(2 EA per fill retail) |
| ROPIVACAINE HCL SOLN IJ 2 MG/ML | NC | | ZITHROMAX SUSR 100 MG/5ML (<i>azithromycin</i>) | NP | 1 package(s) per fill retail |
| Local Anesthetics - Esters | | | ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>) | NP | QL(60 ML per fill retail) |
| <i>chloroprocaine hcl IJ</i> | NC | | ZITHROMAX TABS 500 MG (<i>azithromycin</i>) | NC | QL(4 EA daily) |
| CLOROTEKAL IT | NC | | ZITHROMAX TABS 500 MG (<i>azithromycin</i>) | NP | QL(4 EA daily) |
| NESACAINE IJ 1 %, 2 % | NC | | ZITHROMAX TABS 250 MG (<i>azithromycin</i>) | NP | QL(6 EA per fill retail) |
| PROCAINE HCL CRYST | NC | | Clarithromycin | | |
| PROCAINE HCL POWD | NC | | <i>clarithromycin SUSR 250 MG/5ML</i> | P | 2 package(s) per fill retail |
| <i>tetracaine hcl SOLN</i> | NC | | <i>clarithromycin SUSR 125 MG/5ML</i> | P | 1 package(s) per fill retail |
| MACROLIDES - Drugs to Treat Bacterial Infections | | | <i>clarithromycin TABS</i> | P | QL(28 EA per fill retail) |
| Azithromycin | | | <i>clarithromycin TB24</i> | NP | QL(14 EA per fill retail) |
| <i>azithromycin PACK</i> | P | QL(2 EA per fill retail) | Erythromycins | | |
| <i>azithromycin SOLR</i> | NC | | E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>) | NP | |
| <i>azithromycin SUSR 200 MG/5ML</i> | P | QL(60 ML per fill retail) | ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>) | NP | |
| <i>azithromycin SUSR 200 MG/5ML</i> | NC | QL(60 ML per fill retail) | ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>) | NP | |
| <i>azithromycin SUSR 100 MG/5ML</i> | NC | 1 package(s) per fill retail | <i>erythromycin base CPEP</i> | NP | |
| <i>azithromycin SUSR 100 MG/5ML</i> | P | 1 package(s) per fill retail | ERYTHROMYCIN BASE POWD | NC | |
| <i>azithromycin TABS 600 MG</i> | NC | QL(8 EA per 28 day(s) retail) | <i>erythromycin base TABS</i> | NC | |
| <i>azithromycin TABS 500 MG</i> | P | QL(4 EA daily) | <i>erythromycin base TABS</i> | NP | |
| <i>azithromycin TABS 600 MG</i> | P | QL(8 EA per 28 day(s) retail) | <i>erythromycin base TBEC</i> | NC | |
| <i>azithromycin TABS 250 MG</i> | NC | QL(6 EA per fill retail) | <i>erythromycin base TBEC</i> | NP | |
| <i>azithromycin TABS 250 MG</i> | P | QL(6 EA per fill retail) | | | |
| <i>azithromycin TABS 500 MG</i> | NC | QL(4 EA daily) | | | |
| ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>) | NP | QL(4 EA daily) | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|-------------------------------------|-----------|-------------------------|
| ERYTHROMYCIN ETHYLSUCCINATE POWD | NC | | BLOOD PRESSURE MONITOR/ARM DEVI | NC | |
| <i>erythromycin ethylsuccinate SUSR</i> | NC | | BLOOD PRESSURE MONITOR/PRM ARM DEVI | NC | |
| <i>erythromycin ethylsuccinate SUSR</i> | P | | BLOOD PRESSURE MONITOR/WRIST DEVI | NC | |
| <i>erythromycin ethylsuccinate TABS</i> | NP | | BLOOD PRESSURE MONITOR DEVI | NC | |
| <i>erythromycin ethylsuccinate TABS</i> | NC | | BLOOD PRESSURE MONITOR MISC | NC | |
| <i>erythromycin lactobionate 500 MG</i> | NC | | BLOOD PRESSURE UNIT MISC | NC | |
| <i>erythromycin stearate TABS 250 MG</i> | P | | CARETOUCH BP ARM MONITOR DEVI | NC | |
| ERYTHROMYCIN POWD | NC | | CARETOUCH BP WRIST MONITOR DEVI | NC | |
| Fidaxomicin | | | CARETOUCH SLIM BP WRIST MONITO DEVI | NC | |
| DIFICID SUSR | NP | | CARETOUCH VERSA BP ARM MONITOR DEVI | NC | |
| DIFICID TABS | NP | | CLEVER CHOICE BP MONITOR CUFF MISC | NC | RX/OTC |
| MEDICAL DEVICES AND SUPPLIES | | | CLEVER CHOICE BP MONITOR/ARM DEVI | NC | |
| Blood Pressure Devices | | | CLEVER CHOICE BP MONITOR/WRIST DEVI | NC | |
| 3 SERIES BP MONITOR/WRIST DEVI | NC | | COMFORT TOUCH BP CUFF/LARGE MISC | NC | RX/OTC |
| ADULT BLOOD PRESSURE CUFF LG KIT | NC | RX/OTC | COMFORT TOUCH BP CUFF/MEDIUM MISC | NC | RX/OTC |
| ADVANCED ONE STEP BP MONITOR MISC | NC | | CRITIKON CUFF COMPLETE SYSTEM MISC | NC | RX/OTC |
| ADVOCATE ARM BPM DEVI | NC | | CRITIKON CUFF NEO SOFT #2 MISC | NC | RX/OTC |
| BLOOD PRESSURE CUFF MISC | NC | RX/OTC | CRITIKON CUFF NEO SOFT #3 MISC | NC | RX/OTC |
| BLOOD PRESSURE KIT DEVI | NC | | CRITIKON CUFF NEO SOFT #4 MISC | NC | RX/OTC |
| BLOOD PRESSURE MON/AUTO/WRIST DEVI | NC | | CRITIKON CUFF NEO SOFT #5 MISC | NC | RX/OTC |
| BLOOD PRESSURE MONITOR 3 DEVI | NC | | | | |
| BLOOD PRESSURE MONITOR AUTOMAT DEVI | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|-------------------------------------|-----------|---------------------|
| CRITIKON CUFF NEONATAL #1 MISC | NC | RX/OTC | FORA TEST N' GO BP DEVI | NC | |
| CRITIKON CUFF NEONATAL #2 MISC | NC | RX/OTC | FT BLOOD PRESSURE SERIES 200 DEVI | NC | |
| CRITIKON CUFF NEONATAL #3 MISC | NC | RX/OTC | FT BLOOD PRESSURE SERIES 600 DEVI | NC | |
| CRITIKON CUFF NEONATAL #4 MISC | NC | RX/OTC | FT BLOOD PRESSURE SERIES 600W DEVI | NC | |
| CRITIKON CUFF NEONATAL #5 MISC | NC | RX/OTC | GNP BLOOD PRESSURE MONITOR DEVI | NC | |
| CRITIKON CUFF MISC | NC | RX/OTC | HEALTH SENSE BP MONITOR DEVI | NC | |
| CVS ADVANCED BP MONITOR DEVI | NC | | HEALTHSMART BP MONITOR/WRIST DEVI | NC | |
| CVS BLOOD PRESSURE CUFF MISC | NC | RX/OTC | H-E-B INCONTROL BP MONITOR MISC | NC | |
| CVS BLOOD PRESSURE MONITOR MISC | NC | | H-E-B INCONTROL DELUXE AUTO BP DEVI | NC | |
| CVS SERIES 100 BLOOD PRESSURE DEVI | NC | | H-E-B INCONTROL PREMIUM BP DEVI | NC | |
| CVS SERIES 400 BLOOD PRESSURE DEVI | NC | | HM BLOOD PRESSURE MONITOR DEVI | NC | |
| CVS SERIES 400W BLOOD PRESSURE DEVI | NC | | HM BLOOD PRESSURE SERIES 200 DEVI | NC | |
| CVS SERIES 600 BLOOD PRESSURE DEVI | NC | | KENDALL SCD EXPRESS FOOT CUFF MISC | NC | RX/OTC |
| CVS SERIES 600W BLOOD PRESSURE DEVI | NC | | KROGER BLOOD PRESSURE MONITOR DEVI | NC | |
| CVS SERIES 800 BLOOD PRESSURE DEVI | NC | | MICROLIFE BP MONITOR DEVI | NC | |
| DURA-CUF COMPLETE SYSTEM MISC | NC | RX/OTC | MICROLIFE BPM6 PREMIUM MONITOR DEVI | NC | |
| DURA-CUF MISC | NC | RX/OTC | MICROLIFE DELUXE BP MONITOR DEVI | NC | |
| EQ BP MONITOR WRIST DEVI | NC | | MICROLIFE WRIST BP MONITOR DEVI | NC | |
| ESSENTIAL BP MONITOR/ARM/SMALL DEVI | NC | | OMRON 10 SERIES BP MONITOR DEVI | NC | |
| FORA P20 BLOOD PRESSURE CUFF MISC | NC | RX/OTC | OMRON 3 SERIES BP MONITOR DEVI | NC | |
| FORA P20 BP MONITOR SYSTEM DEVI | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|-------------------------------------|-----------|--|
| OMRON 5 SERIES BP MONITOR DEVI | NC | | SURELIFE BP MONITOR/ARM DEVI | NC | |
| OMRON 7 SERIES BP MONITOR DEVI | NC | | SURELIFE BP MONITOR/WRIST DEVI | NC | |
| OMRON WRIST BP MONITOR DEVI | NC | | TALKING SENSE BP MONITOR DEVI | NC | |
| PRO HEALTH MINI TALKING MONITR DEVI | NC | | TGT BLOOD PRESSURE MONITOR DEVI | NC | |
| PRO HEALTH TRACK BP MONITOR DEVI | NC | | TRUE HEALTH SENSE BP MONITOR DEVI | NC | |
| PROCARE UPPER ARM BP MONITOR DEVI | NC | | Diabetic Supplies | | |
| PROCARE WRIST BP MONITOR DEVI | NC | | ACCU-CHEK AVIVA PLUS KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| QC BLOOD PRESSURE MONITOR MISC | NC | | ACCU-CHEK GUIDE ME KIT | P | QL(1 EA per 365 day(s) retail); RX/OTC |
| RA BLOOD PRESSURE CUFF MONITOR DEVI | NC | | ACCU-CHEK GUIDE KIT | P | QL(1 EA per 365 day(s) retail); RX/OTC |
| RA BLOOD PRESSURE CUFF MONITOR MISC | NC | | ACCU-CHEK SOFTCLIX LANCETS | P | RX/OTC |
| RELION BLOOD PRESSURE CUFF MISC | NC | RX/OTC | ADVANCE INTUITION METER DEVI | NC | QL(1 EA per 365 day(s) retail) |
| RELION BLOOD PRESSURE MONITOR DEVI | NC | | ADVANCE INTUITION MONITOR KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| RELION PREMIUM MONITOR DEVI | NC | | ADVANCE MICRO-DRAW METER DEVI | NC | QL(1 EA per 365 day(s) retail) |
| SM BLOOD PRESSURE MONITOR DEVI | NC | | ADVOCATE BLOOD GLUCOSE MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) |
| SM BLOOD PRESSURE MONITOR MISC | NC | | ADVOCATE BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| SM BLOOD PRESSURE SERIES 200 DEVI | NC | | ADVOCATE REDI-CODE+ DEVI | NC | QL(1 EA per 365 day(s) retail) |
| SM BLOOD PRESSURE SERIES 200W DEVI | NC | | ADVOCATE REDI-CODE DEVI | NC | QL(1 EA per 365 day(s) retail) |
| SM BLOOD PRESSURE SERIES 600W DEVI | NC | | ADVOCATE REDI-CODE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| SM BLOOD PRESSURE SERIES 800 DEVI | NC | | | | |
| SM WRIST CUFF BP MONITOR MISC | NC | | | | |
| SPHYGMOMANOMETER MISC | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| AGAMATRIX JAZZ WIRELESS 2 KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | BLOOD GLUCOSE MONITOR SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| AGAMATRIX PRESTO KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | BLOOD GLUCOSE MONITORING 333 DEVI | NC | QL(1 EA per 365 day(s) retail) |
| ASSURE 4 METER DEVI | NC | QL(1 EA per 365 day(s) retail) | BLOOD GLUCOSE SYSTEM PAK KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| ASSURE HAEMOLANCE PLUS HIGH | NC | RX/OTC | BLULINK GLUCOSE MONITORING SYS DEVI | NC | QL(1 EA per 365 day(s) retail) |
| ASSURE HAEMOLANCE PLUS LOW | NC | RX/OTC | CAREONE BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| ASSURE HAEMOLANCE PLUS MICRO | NC | RX/OTC | CARESENS CONTROL SOLUTION A/B SOLN | NC | |
| ASSURE HAEMOLANCE PLUS NORMAL | NC | RX/OTC | CARESENS N FELIZ BT DEVI | NC | QL(1 EA per 365 day(s) retail) |
| ASSURE HAEMOLANCE PLUS PED | NC | RX/OTC | CARESENS N FELIZ DEVI | NC | QL(1 EA per 365 day(s) retail) |
| ASSURE PLATINUM METER DEVI | NC | QL(1 EA per 365 day(s) retail) | CARESENS N GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) |
| ASSURE PRISM MULTI METER DEVI | NC | QL(1 EA per 365 day(s) retail) | CARESENS N VOICE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) |
| ASSURE PRO BLOOD GLUCOSE METER DEVI | NC | QL(1 EA per 365 day(s) retail) | CARETOUCH MONITOR SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| BD LANCET ULTRAFINE 30G | NC | RX/OTC | CHEMSTRIP BG LOG BOOK MISC | NC | RX/OTC |
| BD LANCET ULTRAFINE 33G | NC | RX/OTC | CLEVER CHEK AUTO-CODE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) |
| BD LATITUDE DIABETES KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | CLEVER CHEK AUTO-CODE VOICE DEVI | NC | QL(1 EA per 365 day(s) retail) |
| BD LOGIC BLOOD GLUCOSE MONITOR KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | CLEVER CHEK SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| BIGFOOT UNITY PROGRAM KIT | NC | RX/OTC | CLEVER CHOICE AUTO-CODE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) |
| BIOTEL CARE BLOOD GLUCOSE SYST KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | CLEVER CHOICE MICRO SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| BIOTEL CARE BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
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| CLEVER CHOICE MINI SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | DEXCOM G6 SENSOR | PA | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; PA |
| CLEVER CHOICE TALK SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | DEXCOM G6 TRANSMITTER | PA | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA |
| CONTOUR MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) | DEXCOM G7 RECEIVER | PA | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA |
| CONTOUR NEXT EZ KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | DEXCOM G7 SENSOR | PA | QL(9 EA per 90 day(s) retail); PA |
| CONTOUR NEXT GEN MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) | DIABETES CARE KIT | NC | RX/OTC |
| CONTOUR NEXT GEN MONITOR KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | DIABETES MONITOR DIGIT ADD-ON KIT | NC | RX/OTC |
| CONTOUR NEXT LINK KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | DIABETES MONITOR DIGIT SOLN KIT | NC | RX/OTC |
| CONTOUR NEXT MONITOR KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | DIATHRIVE BLOOD GLUCOSE METER DEVI | NC | QL(1 EA per 365 day(s) retail) |
| CONTOUR NEXT ONE DEVI | NC | QL(1 EA per 365 day(s) retail) | DIATHRIVE+ GLUCOSE MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) |
| CONTOUR PLUS BLUE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | DIATRUE PLUS BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) |
| COOL MONITOR KIT KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | DROPSAFE ACTI-LANCE 23G | NC | RX/OTC |
| COOL MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) | EASY MAX T1 GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| CVS BLOOD GLUCOSE METER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | EASY PLUS II GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) |
| D-CARE GLUCOMETER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | EASY STEP GLUCOSE MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) |
| DEXCOM G6 RECEIVER | PA | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA | EASY TALK BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|------------------------------------|-----------|--|
| EASY TOUCH GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | EMBRACE EVO GLUCOSE MONITORING KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| EASY TOUCH HEALTHPRO GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | EMBRACE PRO GLUCOSE METER DEVI | NC | QL(1 EA per 365 day(s) retail) |
| EASY TOUCH HEALTHPRO HIGH/LOW LIQD | NC | | EMBRACE TALK BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) |
| EASY TRAK BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | EMBRACE TALK MONITORING SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| EASY TRAK II BLOOD GLUCOSE SYS DEVI | NC | QL(1 EA per 365 day(s) retail) | EMBRACE WAVE BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) |
| EASYMAX NG BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) | EMBRACE WAVE GLUCOSE METER DEVI | NC | QL(1 EA per 365 day(s) retail) |
| EASYMAX NG BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | ENLITE GLUCOSE SENSOR | NC | QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail) |
| EASYMAX V BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) | EVERSENSE 365 SENSOR/HOLDER | NC | QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail) |
| EASYPRO BLOOD GLUCOSE MONITOR KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | EVERSENSE 365 SMART TRANSMIT | NC | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| EASYPRO PLUS KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | EVERSENSE E3 SENSOR/HOLDER | NC | QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail) |
| ELEMENT AUTOCODE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | EVERSENSE E3 SMART TRANSMITTER | NC | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ELEMENT COMPACT GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | EVERSENSE SENSOR/HOLDER | NC | QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail) |
| ELEMENT COMPACT V GLUCOSE SYS DEVI | NC | QL(1 EA per 365 day(s) retail) | EVERSENSE SMART TRANSMITTER | NC | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ELEMENT PLUS DEVI | NC | QL(1 EA per 365 day(s) retail) | EVOLUTION AUTOCODE DEVI | NC | QL(1 EA per 365 day(s) retail) |
| EMBRACE BLOOD GLUCOSE MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) | | | |
| EMBRACE EVO GLUCOSE MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|-----------------------------------|-----------|--|
| FIFTY50 GLUCOSE METER 2.0 KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | FORACARE GD40 MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) |
| FORA 6 CONNECT DEVI | NC | | FORACARE PREMIUM V10 DEVI | NC | QL(1 EA per 365 day(s) retail) |
| FORA G20 BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | FORACARE TEST N GO MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) |
| FORA G30A BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | FORTISCARE T1 GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) |
| FORA GD20 BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | FREESTYLE FREEDOM LITE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| FORA GD50 BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | FREESTYLE FREEDOM LITE KIT | NP | QL(1 EA per 365 day(s) retail); RX/OTC |
| FORA GTEL BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | FREESTYLE LIBRE 14 DAY READER | PA | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA |
| FORA PREMIUM V10 BLE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | FREESTYLE LIBRE 14 DAY SENSOR | PA | QL(6 EA per 90 day(s) retail); PA |
| FORA TEST N' GO ADVANCE DEVI | NC | | FREESTYLE LIBRE 2 PLUS SENSOR | PA | QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA |
| FORA TEST N' GO MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) | FREESTYLE LIBRE 2 READER | PA | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA |
| FORA TN'G ADVANCE PRO DEVI | NC | | FREESTYLE LIBRE 2 SENSOR | PA | QL(6 EA per 90 day(s) retail); PA |
| FORA TN'G VOICE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | FREESTYLE LIBRE 3 PLUS SENSOR | PA | QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA |
| FORA V10 BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | FREESTYLE LIBRE 3 READER | PA | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA |
| FORA V12 BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | FREESTYLE LIBRE 3 SENSOR | PA | QL(6 EA per 90 day(s) retail); PA |
| FORA V20 BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | | | |
| FORA V30A BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | | | |
| FORA V30A BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|--|-------------------------------------|-----------|--|
| FREESTYLE LIBRE READER | NC | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail) | GLUCOCARD SHINE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| FREESTYLE LITE DEVI | NC | QL(1 EA per 365 day(s) retail) | GLUCOCARD VITAL MONITOR KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| FREESTYLE LITE KIT | NP | QL(1 EA per 365 day(s) retail); RX/OTC | GLUCOCARD X-METER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| FREESTYLE PRECISION NEO SYSTEM KIT | NP | QL(1 EA per 365 day(s) retail); RX/OTC | GLUCOCOM AUTOLINK TELEMONITOR MISC | NC | RX/OTC |
| GE100 BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | GLUCOCOM BLOOD GLUCOSE MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) |
| GE100 BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | GLUCOCOM MONITOR KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| GHT BLOOD GLUCOSE MONITOR KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | GLUCONAVII BLOOD GLUCOSE SYS KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| GLUCO PERFECT 3 METER DEVI | NC | QL(1 EA per 365 day(s) retail) | GNP EASY TOUCH GLUCOSE METER DEVI | NC | QL(1 EA per 365 day(s) retail) |
| GLUCOCARD 01 BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) | GNP TRUE METRIX AIR METER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| GLUCOCARD 01 BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | GNP TRUE METRIX GLUCOSE METER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| GLUCOCARD 01-MINI GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | GOJJI MULTI-FUNCTIONAL SYSTEM DEVI | NC | |
| GLUCOCARD EXPRESSION MONITOR KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | GOJJI MULTI-FUNCTIONAL SYSTEM KIT | NC | |
| GLUCOCARD SHINE CONNEX KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | GOODSENSE BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| GLUCOCARD SHINE EXPRESS KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | GUARDIAN 4 GLUCOSE SENSOR | NC | QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail) |
| GLUCOCARD SHINE XL DEVI | NC | QL(1 EA per 365 day(s) retail) | GUARDIAN 4 TRANSMITTER | NC | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| GLUCOCARD SHINE DEVI | NC | QL(1 EA per 365 day(s) retail) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|--|------------------------------------|-----------|--|
| GUARDIAN CONNECT TRANSMITTER | NC | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) | INFINITY CONTROL SOLN | NC | |
| GUARDIAN LINK 3 TRANSMITTER | NC | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) | INFINITY VOICE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| GUARDIAN REAL-TIME REPLACE PED | NC | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail) | KROGER BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| GUARDIAN SENSOR (3) | NC | QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail) | KROGER PREMIUM BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| GUARDIAN SENSOR 3 | NC | QL(3 EA per 90 day(s) retail; 3 EA per 90 days mail) | LANCETS SUPER THIN | NC | RX/OTC |
| HEALTHPRO BLOOD GLUCOSE MONITO KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | LIBERTY BLOOD GLUCOSE METER DEVI | NC | QL(1 EA per 365 day(s) retail) |
| HM EMBRACE TALK SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | LIFESCAN UNISTIK 2 | NC | RX/OTC |
| HW EMBRACE PRO GLUCOSE METER DEVI | NC | QL(1 EA per 365 day(s) retail) | LIFESCAN UNISTIK II LANCETS | NC | RX/OTC |
| HW EMBRACE TALK BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) | MEIJER BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| I GLUCOSE MONITORING SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | MEIJER ESSENTIAL BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| IHEALTH CONTROL SOLUTION LIQD | NC | | MEIJER PREMIUM BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| IHEALTH GLUCO+ KIT 100 KIT | NC | RX/OTC | MEIJER TRUE2GO BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| IHEALTH GLUCO+ KIT 10 KIT | NC | RX/OTC | MEIJER TRUERESULT GLUCOSE SYS KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| IN TOUCH DEVI | NC | QL(1 EA per 365 day(s) retail) | MEIJER TRUETRACK GLUCOSE SYS KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| IN TOUCH MISC | NC | RX/OTC | MICRODOT BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| INFINITY BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | MINILINK REAL-TIME TRANSMITTER | NC | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| | | | MINIMED 630G GUARDIAN PRESS | NC | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|--|------------------------------------|-----------|--|
| MM BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | OMNIPOD DASH PODS (GEN 4) MISC | PA | 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; PA |
| MM BLULINK GLUCOSE MONIT SYS DEVI | NC | QL(1 EA per 365 day(s) retail) | OMNIPOD GO KIT | NC | |
| MM EASY TOUCH GLUCOSE METER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | OMNIPOD GO KIT | NC | |
| MYGLUCOHEALTH BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | OMNIPOD POD PALS | NC | |
| NOVA MAX BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | ON CALL EXPRESS MONITORING SYS KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| NOVA MAX BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | ONE DROP BLOOD GLUCOSE MONITOR KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | PA | QL(1 EA per 365 day(s) retail); PA | ONETOUCH CLUB LANCETS FINE PT | NC | RX/OTC |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC | PA | 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; PA | ONETOUCH DELICA LANCETS 30G | NC | RX/OTC |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC | NC | | ONETOUCH DELICA LANCETS 33G | NC | RX/OTC |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT | PA | PA | ONETOUCH DELICA PLUS LANCET30G | P | RX/OTC |
| OMNIPOD 5 G7 PODS (GEN 5) MISC | PA | PA | ONETOUCH DELICA PLUS LANCET33G | P | RX/OTC |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC | NC | | ONETOUCH FINEPOINT LANCETS | NC | RX/OTC |
| OMNIPOD 5 LIBRE2 PLUS G6 KIT | NC | | ONETOUCH ULTRA 2 KIT | P | QL(1 EA per 365 day(s) retail); RX/OTC |
| OMNIPOD CLASSIC PODS (GEN 3) MISC | NC | | ONETOUCH ULTRA CONTROL LIQD | C | |
| OMNIPOD DASH INTRO (GEN 4) KIT | PA | QL(1 EA per 365 day(s) retail); PA | ONETOUCH ULTRA MINI KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| OMNIPOD DASH PDM (GEN 4) KIT | NC | | ONETOUCH ULTRASOFT LANCETS | P | RX/OTC |
| | | | ONETOUCH VERIO FLEX SYSTEM KIT | P | QL(1 EA per 365 day(s) retail); RX/OTC |
| | | | ONETOUCH VERIO REFLECT KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| | | | ONETOUCH VERIO KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|------------------------------------|-----------|--|
| ONETOUCH VERIO LIQD | C | | QUICK TOUCH BLOOD GLUCOSE KIT | NC | RX/OTC |
| PARADIGM REAL-TIME TRANSMITTER | NC | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) | QUICKTEK/METER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| PERFECT POINT SAFETY LANCETS | NC | RX/OTC | QUINTET AC BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) |
| PHARMACIST CHOICE AUTOCODE SYS KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | QUINTET BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) |
| PHARMACIST CHOICE MINI SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | REFUAH PLUS MONITORING SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| PIP BLOOD GLUCOSE MONITORING DEVI | NC | QL(1 EA per 365 day(s) retail) | RELION CONFIRM GLUCOSE MONITOR KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| POCKETCHEM EZ SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | RELION MICRO KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| POGO AUTOMATIC BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) | RELION PREMIER BLU MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) |
| PRECISION XTRA-GLUCOSE/KETONE DEVI | NC | | RELION PREMIER CLASSIC DEVI | NC | QL(1 EA per 365 day(s) retail) |
| PRECISION XTRA KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | RELION PREMIER COMPACT SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| PRO VOICE V8 GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | RELION PREMIER VOICE MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) |
| PRO VOICE V9 GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | RELION PRIME MONITOR DEVI | NC | QL(1 EA per 365 day(s) retail) |
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) | RELION TRUE MET AIR GLUC METER KIT | P | QL(1 EA per 365 day(s) retail); RX/OTC |
| PRODIGY AUTOCODE BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | RELION ULTIMA GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| PRODIGY NO CODING BLOOD GLUC KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | REXALL BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| PRODIGY POCKET BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | RIGHTEST GM100 BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| PRODIGY VOICE BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|--|-------------------------------------|-----------|--|
| RIGHTEST GM300 BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | TECHLITE LANCETS | NC | RX/OTC |
| RIGHTEST GM550 BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | TECHLITE LANCETS 30G | NC | RX/OTC |
| RIGHTEST GT333 BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) | TEMPO SMART BUTTON MISC | NC | RX/OTC |
| SMART SENSE PREMIUM SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | TEMPO WELCOME KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| SMART SENSE VALUE GLUCOSE SYS KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | TGT BLOOD GLUCOSE MONITORING KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| SMARTEST EJECT STARTER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | TRACER II 3 VOLT BATTERY MISC | NC | RX/OTC |
| SMARTEST EJECT DEVI | NC | QL(1 EA per 365 day(s) retail) | TRUE FOCUS BLOOD GLUCOSE METER DEVI | NC | QL(1 EA per 365 day(s) retail) |
| SMARTEST PERSONA STARTER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | TRUE METRIX AIR GLUCOSE METER DEVI | NC | QL(1 EA per 365 day(s) retail) |
| SMARTEST PRONTO STARTER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | TRUE METRIX AIR GLUCOSE METER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| SMARTEST PROTEGE STARTER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | TRUE METRIX AIR GLUCOSE METER KIT | P | QL(1 EA per 365 day(s) retail); RX/OTC |
| SMARTEST PROTEGE DEVI | NC | QL(1 EA per 365 day(s) retail) | TRUE METRIX GO GLUCOSE METER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI | NC | QL(1 EA per 365 day(s) retail) | TRUE METRIX METER DEVI | NC | QL(1 EA per 365 day(s) retail) |
| SOLUS V2 BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | TRUE METRIX METER KIT | P | QL(1 EA per 365 day(s) retail); RX/OTC |
| SUPREME II CONFIDENCE PADDLES MISC | NC | RX/OTC | TRUE METRIX METER KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| SURESTEP GLUCOSE CONTROL SOLN | NC | | TRUERESULT BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| SURESTEP PRO HIGH GLUCOSE LIQD | NC | | TRUETRACK BLOOD GLUCOSE DEVI | NC | QL(1 EA per 365 day(s) retail) |
| SURESTEP PRO LINEARITY KIT | NC | RX/OTC | TRUETRACK BLOOD GLUCOSE KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |
| | | | TRUETRACK SMART SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|-------------------------------------|-----------|------------------------|
| UNISTIK 1 | NC | RX/OTC | YONI FIT BLADDER SUPPORT KIT 4 DEVI | NC | |
| UNISTIK 2 | NC | RX/OTC | YONI FIT BLADDER SUPPORT KIT 5 DEVI | NC | |
| UNISTIK 2 COMFORT | NC | RX/OTC | Parenteral Therapy Supplies | | |
| UNISTIK 2 EXTRA | NC | RX/OTC | ADVOCATE INSULIN PEN NEEDLE | NC | QL(5 EA daily); RX/OTC |
| UNISTIK 2 NEONATAL | NC | RX/OTC | AQINJECT PEN NEEDLE | NC | QL(5 EA daily); RX/OTC |
| UNISTIK 2 NORMAL | NC | RX/OTC | ASSURE ID DUO PRO PEN NEEDLES | NC | QL(5 EA daily); RX/OTC |
| UNISTIK 2 SUPER | NC | RX/OTC | ASSURE ID PRO PEN NEEDLES | NC | QL(5 EA daily); RX/OTC |
| UNISTIK 3 | NC | RX/OTC | AUTOPEN DEVI | NC | RX/OTC |
| UNISTIK 3 COMFORT | NC | RX/OTC | BARDIA BULB IRRIGATION SYRINGE | NC | RX/OTC |
| UNISTIK 3 EXTRA | NC | RX/OTC | BARDIA PISTON IRRIGATION SYR | NC | RX/OTC |
| UNISTIK 3 NEONATAL | NC | RX/OTC | BD ALLERGIST TRAY KIT | NC | RX/OTC |
| UNISTIK 3 NORMAL | NC | RX/OTC | BD ALLERGY SYRINGE MISC | NC | |
| UNISTIK CZT COMFORT | NC | RX/OTC | BD AUTOSHIELD DUO | C | QL(5 EA daily); RX/OTC |
| UNISTIK CZT NORMAL | NC | RX/OTC | BD CONTROL SYRING LUER-LOK | NC | RX/OTC |
| UNISTIK NORMAL | NC | RX/OTC | BD DISP NEEDLE | NC | RX/OTC |
| VERASENS BLOOD GLUCOSE METER DEVI | NC | QL(1 EA per 365 day(s) retail) | BD DISP NEEDLES | NC | RX/OTC |
| VERASENS BLOOD GLUCOSE SYSTEM KIT | NC | QL(1 EA per 365 day(s) retail); RX/OTC | BD ECLIPSE LUER-LOK NEEDLE | NC | RX/OTC |
| V-GO 20 KIT | NC | | BD ECLIPSE NEEDLE | NC | RX/OTC |
| V-GO 30 KIT | NC | | BD ECLIPSE SYRINGE | NC | RX/OTC |
| V-GO 40 KIT | NC | | BD ECLIPSE SYRINGE/NEEDLE | NC | RX/OTC |
| VIVAGUARD INO CONTROL SOLUTION LIQD | NC | | BD FILTER NEEDLE | NC | RX/OTC |
| VIVAGUARD INO GLUCOSE METER DEVI | NC | QL(1 EA per 365 day(s) retail) | BD FILTER NEEDLE/5 MICRON | NC | RX/OTC |
| VIVAGUARD INO SMART GLUC METER DEVI | NC | QL(1 EA per 365 day(s) retail) | BD HYPODERMIC NEEDLE | NC | RX/OTC |
| GI-GU Ostomy & Irrigation Supplies | | | BD INSULIN SYRINGE U-500 | NC | |
| YONI FIT BLADDER SUPPORT KIT 1 DEVI | NC | | BD INTEGRA NEEDLE | NC | RX/OTC |
| YONI FIT BLADDER SUPPORT KIT 2 DEVI | NC | | | | |
| YONI FIT BLADDER SUPPORT KIT 3 DEVI | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|------------------------|-------------------------------------|-----------|------------------------|
| BD INTEGRA SYRINGE | NC | RX/OTC | CAREPOINT SYRINGE LUER SLIP | NC | RX/OTC |
| BD LUER-LOCK SYRINGE | NC | RX/OTC | CAREPOINT TUBERCLN SYR/LUER SL MISC | NC | RX/OTC |
| BD LUER-LOK SYRINGE | NC | RX/OTC | CARETOUCH CATHETER TIP SYRINGE | NC | RX/OTC |
| BD PEN MINI MISC | NC | RX/OTC | CARETOUCH HYPODERMIC NEEDLE | NC | RX/OTC |
| BD PEN NEEDLE NANO U/F | NC | QL(5 EA daily); RX/OTC | CARETOUCH LUER LOCK | NC | RX/OTC |
| BD PEN MISC | NC | RX/OTC | CARETOUCH LUER LOCK SYR/NEEDLE | NC | RX/OTC |
| BD PLASTIPAK SYRINGE | NC | RX/OTC | CARETOUCH LUER SLIP | NC | RX/OTC |
| BD PRECISIONGLIDE NEEDLE | NC | RX/OTC | CEQR SIMPLICITY 2U DEVI | NC | RX/OTC |
| BD SAFETYGLIDE ALLERGY SYRINGE MISC | NC | RX/OTC | CEQR SIMPLICITY INSERTER MISC | NC | |
| BD SAFETYGLIDE NEEDLE | NC | RX/OTC | CRONO SYRINGE | NC | |
| BD SAFETYGLIDE SHIELDED NEEDLE | NC | | DEFLUX METAL NEEDLE | NC | |
| BD SAFETYGLIDE SYRINGE/NEEDLE MISC | NC | | DROPLET INSULIN SYRINGE | NC | |
| BD SYRINGE BLUNT CANNULA 17G | NC | RX/OTC | DROPLET MICRON | NC | |
| BD SYRINGE DUAL CANNULA | NC | RX/OTC | DROPSAFE SICURA | NC | RX/OTC |
| BD SYRINGE LUER SLIP TIP | NC | RX/OTC | EASY COMFORT INSULIN SYRINGE | NC | |
| BD SYRINGE LUER-LOK | NC | RX/OTC | EASY COMFORT PEN NEEDLES | NC | QL(5 EA daily); RX/OTC |
| BD SYRINGE SLIP TIP | NC | RX/OTC | EASY GLIDE CATH TIP SYRINGE | NC | RX/OTC |
| BD SYRINGE/NEEDLE | NC | RX/OTC | EASY GLIDE LUER LOCK SYRINGE | NC | RX/OTC |
| BD TB SYRINGE MISC | NC | | EASY GLIDE SLIP LOCK SYRINGE | NC | RX/OTC |
| CAREPOINT POLY HUB NEEDLE | NC | RX/OTC | EASY TOUCH ALLERGY SYRINGE MISC | NC | RX/OTC |
| CAREPOINT SAFETY 1ST NEEDLE | NC | RX/OTC | EASY TOUCH FLIPLOCK NEEDLES | NC | |
| CAREPOINT SAFETY1ST SYR/NEEDLE | NC | | EASY TOUCH FLIPLOCK SAFETY SYR | NC | |
| CAREPOINT SYRINGE CATHETER TIP | NC | RX/OTC | EASY TOUCH FLURINGE | NC | RX/OTC |
| CAREPOINT SYRINGE LUER LOCK | NC | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|---------------------------|-----------------------------------|-----------|-------------------------|
| EASY TOUCH FLURINGE FLIPLOCK | NC | RX/OTC | INPEN 100-BLUE-LILLY-HUMALOG DEVI | NC | RX/OTC |
| EASY TOUCH FLURINGE SHEATHLOCK | NC | RX/OTC | INPEN 100-BLUE-NOVOLOG-FIASP DEVI | NC | RX/OTC |
| EASY TOUCH HYPODERMIC NEEDLE | NC | RX/OTC | INPEN 100-GREY-LILLY-HUMALOG DEVI | NC | RX/OTC |
| EASY TOUCH PEN NEEDLES | NC | | INPEN 100-GREY-NOVOLOG-FIASP DEVI | NC | RX/OTC |
| EASY TOUCH SAFETY SYRINGE | NC | RX/OTC | INPEN 100-PINK-LILLY-HUMALOG DEVI | NC | RX/OTC |
| EASY TOUCH SHEATHLOCK SYRINGE | NC | | INPEN 100-PINK-NOVOLOG-FIASP DEVI | NC | RX/OTC |
| EASY TOUCH SYRINGE BARREL | NC | RX/OTC | J-TIP KIT W/VIAL ADAPTERS KIT | NC | |
| EASY TOUCH SYRINGE BARREL 10ML | NC | RX/OTC | LUER LOCK SAFETY SYRINGES | NC | RX/OTC |
| EASY TOUCH SYRINGE BARREL 1ML | NC | RX/OTC | MAGELLAN SYRINGE-SAFETY NEEDLE | NC | |
| EASY TOUCH SYRINGE BARREL 3ML | NC | RX/OTC | MAGELLAN TUBERCULIN SYRINGE MISC | NC | RX/OTC |
| EASY TOUCH SYRINGE BARREL 5ML | NC | RX/OTC | MONOJECT ALLERGIST TRAY KIT | NC | |
| EASY TOUCH TB FLIPLOCK SYRINGE MISC | NC | | MONOJECT BLUNTIP CANNULA | NC | RX/OTC |
| EASY TOUCH TB SHEATHLOCK SYR MISC | NC | RX/OTC | MONOJECT BLUNTIP SYR/CANNULA | NC | RX/OTC |
| EASYPPOINT NEEDLE | NC | RX/OTC | MONOJECT CONTROL SYRINGE | NC | RX/OTC |
| EASYPPOINT NEEDLE/SYRINGE | NC | RX/OTC | MONOJECT FILTER ASPIRATOR | NC | RX/OTC |
| EMBECTA AUTOSHIELD DUO | NC | QL(5 EA daily); RX/OTC | MONOJECT FILTER NEEDLE | NC | RX/OTC |
| EMBECTA PEN NEEDLE NANO | NC | QL(5 EA daily); RX/OTC | MONOJECT HYPODERMIC NEEDLE | NC | RX/OTC |
| EMBECTA PEN NEEDLE U/F | NC | QL(5 EA daily); RX/OTC | MONOJECT INTRODUCER NEEDLE | NC | |
| FLOW-EZE VENTED NEEDLE | NC | | MONOJECT LIFESHIELD SYRINGE | NC | RX/OTC |
| GNP PEN NEEDLES | NC | QL(5 EA daily); RX/OTC | MONOJECT MAGELLAN SAFETY NDL | NC | RX/OTC |
| HYPODERMIC NEEDLE | NC | RX/OTC | MONOJECT MAGELLAN SYRINGE | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|-----------|---------------------|--------------------------------|-----------|---------------------------|
| MONOJECT MEDICATION TRANSF NDL | NC | | NORM-JECT LUER LOCK SYRINGE | NC | RX/OTC |
| MONOJECT PHARMACY TRAY | NC | RX/OTC | NORM-JECT LUER SLIP SYRINGE | NC | RX/OTC |
| MONOJECT PISTON SYRINGE | NC | | NOVOPEN ECHO DEVI | NC | RX/OTC |
| MONOJECT SOFTPACK/CATHTIP | NC | RX/OTC | PATIENT SAFE SYRINGE | NC | RX/OTC |
| MONOJECT SOFTPACK/LLOCK | NC | RX/OTC | PEN NEEDLE/5-BEVEL TIP | NC | QL(5 EA daily); RX/OTC |
| MONOJECT SOFTPACK/LTIP | NC | RX/OTC | PEN NEEDLES | NC | QL(5 EA daily); RX/OTC |
| MONOJECT SOFTPACK/RG LOCK | NC | RX/OTC | PERFECT POINT SAFETY NEEDLE | NC | RX/OTC |
| MONOJECT SOFTPACK/RG LUER | NC | RX/OTC | POLY HUB NEEDLE | NC | RX/OTC |
| MONOJECT SYRINGE | NC | RX/OTC | QUICK TOUCH INSULIN PEN NEEDLE | NC | QL(5 EA daily); RX/OTC |
| MONOJECT SYRINGE CATH TIP | NC | RX/OTC | QUICK TOUCH INSULIN PEN NEEDLE | NC | |
| MONOJECT SYRINGE ECC LUER | NC | RX/OTC | SECURESAFE HYPODERMIC NEEDLE | NC | RX/OTC |
| MONOJECT SYRINGE ECCENTRIC TIP | NC | RX/OTC | SECURESAFE SYRINGE/NEEDLE | NC | |
| MONOJECT SYRINGE LUER LOCK | NC | | SURE COMFORT PEN NEEDLES | NC | QL(5 EA daily); RX/OTC |
| MONOJECT SYRINGE LUER-LOCK TIP | NC | | SYRINGE DISPOSABLE | NC | RX/OTC |
| MONOJECT SYRINGE PHARMACY TRAY | NC | RX/OTC | SYRINGE ECCENTRIC TIP | NC | RX/OTC |
| MONOJECT SYRINGE REG LUER | NC | RX/OTC | SYRINGE LUER LOCK | NC | RX/OTC |
| MONOJECT SYRINGE REGULAR TIP | NC | RX/OTC | SYRINGE LUER SLIP | NC | RX/OTC |
| MONOJECT SYRINGE TOOMEY TYPE | NC | RX/OTC | SYRINGE/HYPODERMIC SAFETY | NC | RX/OTC |
| MONOJECT TB SAFETY SYRINGE MISC | NC | RX/OTC | TECHLITE PEN NEEDLES | NC | QL(5 EA daily); RX/OTC |
| MONOJECT TB SYRINGE | NC | RX/OTC | TECHLITE PLUS PEN NEEDLES | NC | QL(5 EA daily); RX/OTC |
| NOKOR VENTED NEEDLE | NC | RX/OTC | TOOMEY SYRINGE | NC | |
| | | | TRUE COMFORT INSULIN SYRINGE | NC | |
| | | | TRUE COMFORT PEN NEEDLES | NC | QL(5 EA daily); RX/OTC |
| | | | TRUE COMFORT PRO INSULIN SYR | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
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| TRUE COMFORT PRO PEN NEEDLES | NC | QL(5 EA daily); RX/OTC | AEROCHAMBER PLUS FLO-VU INTERM DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| TRUE COMFORT SAFETY PEN NEEDLE | NC | QL(5 EA daily); RX/OTC | AEROCHAMBER PLUS FLO-VU LARGE DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| ULTICARE SYRINGE | NC | | AEROCHAMBER PLUS FLO-VU LARGE MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| ULTICARE TUBERCULIN SAFETY SYR | NC | | AEROCHAMBER PLUS FLO-VU MEDIUM DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| ULTIGUARD SAFEPACK PEN NEEDLE | NC | QL(5 EA daily); RX/OTC | AEROCHAMBER PLUS FLO-VU MEDIUM MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| UNIFINE PROTECT PEN NEEDLE | NC | QL(5 EA daily); RX/OTC | AEROCHAMBER PLUS FLO-VU SMALL DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| UNIFINE SAFECONTROL PEN NEEDLE | NC | QL(5 EA daily); RX/OTC | AEROCHAMBER PLUS FLO-VU SMALL MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| VANISHPOINT ALLERGY TRAY KIT | NC | RX/OTC | AEROCHAMBER PLUS FLO-VU W/MASK MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| VANISHPOINT SAFETY SYRINGE | NC | | AEROCHAMBER PLUS FLO-VU MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| VANISHPOINT SYRINGE | NC | RX/OTC | AEROCHAMBER PLUS FLOW VU MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| VANISHPOINT TUBERCULIN SYRINGE MISC | NC | RX/OTC | AEROCHAMBER W/FLOWSIGNAL MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| VERIFINE PLUS PEN NEEDLE | NC | QL(5 EA daily); RX/OTC | AEROCHAMBER Z-STAT PLUS CHAMBR MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| VYAFUSER PUMP | NC | | AEROCHAMBER Z-STAT PLUS/LARGE MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| YALE DISP NEEDLES | NC | | AEROCHAMBER Z-STAT PLUS/MEDIUM MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| Respiratory Therapy Supplies | | | AEROCHAMBER Z-STAT PLUS/SMALL MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| AERIVA CONCENTRATOR NEBULIZER MISC | NC | RX/OTC | AEROCHAMBER Z-STAT PLUS MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROBIKA OPEP W/MANOMETER KIT | NC | RX/OTC | | | |
| AEROCHAMBER HOLDING CHAMBER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | | | |
| AEROCHAMBER MINI CHAMBER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | | | |
| AEROCHAMBER MV MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC | | | |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| AEROECLIPSE II NEBULIZER MISC | NC | RX/OTC | BREATHERITE VALVED MDI CHAMBER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROECLIPSE II W/ELBOW ADAPTER MISC | NC | RX/OTC | CAPTAIN EAGLE PED NEBULIZER MISC | NC | RX/OTC |
| AEROECLIPSE II W/UNIV TUBING MISC | NC | RX/OTC | CLEVER CHOICE HOLDING CHAMBER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROECLIPSE XL NEBULIZER MISC | NC | RX/OTC | CLEVER CHOICE NEBULIZER MISC | NC | RX/OTC |
| AEROVENT PLUS DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | CLEVER CHOICE WHIS AIR PED NEB MISC | NC | RX/OTC |
| AIRS DISPOSABLE NEBULIZER KIT | NC | RX/OTC | CLEVER CHOICE WHISPER AIRE NEB MISC | NC | RX/OTC |
| AIRS DISPOSABLE NEBULIZER MISC | NC | RX/OTC | CLEVER CHOICE WHISPER AIRE PED MISC | NC | RX/OTC |
| ALL FLOW 1000 PFT FILTER KIT | NC | RX/OTC | CO MONITOR CALIBRATION KIT | NC | RX/OTC |
| ALL FLOW 3000 PFT FILTER KIT | NC | RX/OTC | COMP AIR COMPRESSOR NEBULIZER MISC | NC | RX/OTC |
| ALL FLOW 4000 PFT FILTER KIT | NC | RX/OTC | COMPACT SPACE CHAMBER/LG MASK DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| ALL FLOW 5000 PFT FILTER KIT | NC | RX/OTC | COMPACT SPACE CHAMBER/MED MASK DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| ALL FLOW 6000 PFT FILTER KIT | NC | RX/OTC | COMPACT SPACE CHAMBER/SM MASK DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| AURA PORTANEB MISC | NC | RX/OTC | COMPACT SPACE CHAMBER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| BENTLEY THE BEAR PED NEBULIZER MISC | NC | RX/OTC | COMP MIST COMPRESSOR NEBULIZER MISC | NC | RX/OTC |
| BREATHE COMFORT CHAMBER/ADULT DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | COMPRESSOR NEBULIZER MISC | NC | RX/OTC |
| BREATHE COMFORT CHAMBER/CHILD DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | COMPRESSOR/NEBULIZER MISC | NC | RX/OTC |
| BREATHE EASE LARGE DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | DEXTER DRAGON PED COMP/NEB KIT | NC | RX/OTC |
| BREATHE EASE MEDIUM DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | | | |
| BREATHE EASE SMALL DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| EASIVENT MASK LARGE MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC | INNOSPIRE ESSENCE NEBULIZER MISC | NC | RX/OTC |
| EASIVENT MASK MEDIUM MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC | INNOSPIRE GO PORTABLE MESH NEB MISC | NC | RX/OTC |
| EASIVENT MASK SMALL MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC | INSPIRACHAMBER/LARGE DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| EASIVENT MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC | INSPIRACHAMBER/MEDIUM DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| EASY AIR COMPRESSOR NEBULIZER MISC | NC | RX/OTC | INSPIRACHAMBER/MOUTHPIECE DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| EASY NEB MISC | NC | RX/OTC | INSPIRACHAMBER/SMALL DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| ELITE COMPRESSOR NEBULIZER MISC | NC | RX/OTC | INSPIREASE RESERVOIR BAGS | C | QL(3 EA per 180 day(s) retail) |
| EQ SPACE CHAMBER ANTI-STATIC L DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | INSPIREASE MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC M DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | LUMINEB II PISTON NEBULIZER MISC | NC | RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC S DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | MABIS COMPXP NEBULIZER MISC | NC | RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | MABIS COSMOCOMP NEBULIZER MISC | NC | RX/OTC |
| FLEXICHAMBER ADULT MASK/SMALL | C | QL(2 EA per 360 day(s) retail); RX/OTC | MARGO MOO COMPRESSOR NEBULIZER MISC | NC | RX/OTC |
| FLEXICHAMBER CHILD MASK/LARGE | C | QL(2 EA per 360 day(s) retail); RX/OTC | MASK VORTEX/CHILD/FROG | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| FLEXICHAMBER CHILD MASK/SMALL | C | QL(2 EA per 360 day(s) retail); RX/OTC | MASK VORTEX/TODDLER/LADYBUG | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| FLEXICHAMBER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | MC 300 W/UNIVERSAL TUBING MISC | NC | RX/OTC |
| FLYP NEBULIZER MISC | NC | RX/OTC | MC 300-MOUTHPIECE MISC | NC | RX/OTC |
| HOMENEB WITH SIDESTREAM MISC | NC | RX/OTC | MEDNEB NEBULIZ-REUSE-DISP KIT MISC | NC | RX/OTC |
| INNOSPIRE ELEGANCE NEBULIZER MISC | NC | RX/OTC | MEDNEB NEBULIZ-REUSE-DISP-BAG MISC | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
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| MEDNEB NEB-WITH DISPO NEB KIT MISC | NC | RX/OTC |
| MICROAIR VIBRATING MESH NEBUL MISC | NC | RX/OTC |
| MICROCHAMBER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| MICROCHAMBER MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| MICRONEB MISC | NC | RX/OTC |
| MICROSPACER MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| MINI COMPRESSOR MISC | NC | RX/OTC |
| MINIBREEZE ULTRASONIC NEBULIZE MISC | NC | RX/OTC |
| NEB 200 COMPRESSOR NEBULIZER MISC | NC | RX/OTC |
| NEB-RITE4 MISC | NC | RX/OTC |
| NEBULIZER PED FROG KIT MISC | NC | RX/OTC |
| NEBULIZER PED FROG MISC | NC | RX/OTC |
| NEBULIZER SYSTEM ALL-IN-ONE MISC | NC | RX/OTC |
| NEBULIZER/PEDIATRIC MASK KIT | NC | RX/OTC |
| NEBULIZER/TUBING/MOUTHPIECE KIT | NC | RX/OTC |
| NEBULIZER MISC | NC | RX/OTC |
| OMBRA COMPRESSOR ADULT KIT | NC | RX/OTC |
| OMBRA COMPRESSOR CHILD KIT | NC | RX/OTC |
| ONE FLOW SPIROMETER KIT | NC | RX/OTC |
| OPTICHAMBER DIAMOND DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|--|
| OPTICHAMBER DIAMOND-LG MASK DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND-MD MASK MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND-SM MASK MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| PANDA MASK LARGE | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| PANDA MASK MEDIUM | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| PANDA MASK SMALL | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| PARI ALTERA NEBULIZER SYSTEM MISC | NC | RX/OTC |
| PARI BABY NEBULIZER SET MISC | NC | RX/OTC |
| PARI BABY DEVI | NC | RX/OTC |
| PARI ERAPID NEBULIZER SYSTEM MISC | NC | RX/OTC |
| PARI LC PLUS NEB SET PED MASK MISC | NC | RX/OTC |
| PARI LC PLUS NEBULIZER MISC | NC | RX/OTC |
| PARI LC PLUS PEDIATRIC KIT | NC | RX/OTC |
| PARI LC PLUS VIOS PRO NEB MISC | NC | RX/OTC |
| PARI LC PLUS MISC | NC | RX/OTC |
| PARI LC SPRINT NEBULIZER SET MISC | NC | RX/OTC |
| PARI LC STAR MISC | NC | RX/OTC |
| PARI PRONEB MAX LC PLUS MISC | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| PARI PRONEB MAX LC SPRINT MISC | NC | RX/OTC | PROCARE COMPRESSOR NEBULIZER MISC | NC | RX/OTC |
| PARI SINUS AEROSOL SYSTEM MISC | NC | RX/OTC | PROCARE SPACER/ADULT MASK DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| PARI TREK S PORTABLE POWER KIT | NC | RX/OTC | PROCARE SPACER/CHILD MASK DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| PARI TREK S W/12V DC ADAPTOR DEVI | NC | RX/OTC | PROCHAMBER VHC DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| PARI VIOS PRO LC PLUS SYSTEM MISC | NC | RX/OTC | PRODIGY MINI-MIST NEBULIZIER MISC | NC | RX/OTC |
| PARI VIOS PRO LC SPRINT SYSTEM MISC | NC | RX/OTC | PRONEB TURBO DELUXE/LC STAR NB KIT | NC | RX/OTC |
| PARI VORTEX ADULT MASK | C | QL(2 EA per 360 day(s) retail); RX/OTC | PULMONEB LT MISC | NC | RX/OTC |
| PEDIATRIC COMPRESSOR NEBULIZER MISC | NC | RX/OTC | PURE AIR MINI NEBULIZER MISC | NC | RX/OTC |
| PEDIATRIC COMPRESSOR/NEBULIZER KIT | NC | RX/OTC | PURE COMFORT SPACER CHAMBER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| PEDIATRIC PANDA MASK | C | QL(2 EA per 360 day(s) retail); RX/OTC | REPLACEMENT DISP NEBULIZER KIT | NC | RX/OTC |
| PHILLIPS WILLIS THE WHALE NEB MISC | NC | RX/OTC | RITFLO DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| POCKET CHAMBER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | SAMI THE SEAL NEBULIZER SYSTEM KIT | NC | RX/OTC |
| POCKET SPACER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | SIDESTREAM NEBULIZER-DISP MISC | NC | RX/OTC |
| PORTABLE COMPRESSOR NEBULIZER MISC | NC | RX/OTC | SIDESTREAM NEBULIZER-REUSABLE MISC | NC | RX/OTC |
| PRO COMFORT SPACER ADULT MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC | SIDESTREAM PLUS NEBULIZER MISC | NC | RX/OTC |
| PRO COMFORT SPACER CHILD MISC | C | QL(2 EA per 360 day(s) retail); RX/OTC | SIDESTREAM REUSABLE PEDIATRIC KIT | NC | RX/OTC |
| PRO COMFORT SPACER INFANT DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC | SMART NEB COMPRESSOR NEBULIZER MISC | NC | RX/OTC |
| PRO NEB NEBULIZER ACCESSORIES KIT | NC | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits |
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| SOOTHE NEB MESH NEBULIZER MISC | NC | RX/OTC |
| SOOTHENE COMPRESSOR NEBULIZER MISC | NC | RX/OTC |
| SPARKY THE DOG PED NEBULIZER MISC | NC | RX/OTC |
| SPIROMETER KIT | NC | RX/OTC |
| ULTRASONIC MINI NEBULIZER MISC | NC | RX/OTC |
| VERSA-NEB COMPRESSOR/NEBULIZER MISC | NC | RX/OTC |
| VIOS AEROSOL DELIVERY SYSTEM MISC | NC | RX/OTC |
| VIOS LC PLUS DELUXE MISC | NC | RX/OTC |
| VIOS LC PLUS PEDIATRIC MISC | NC | RX/OTC |
| VIOS LC PLUS MISC | NC | RX/OTC |
| VIOS LC SPRINT PEDIATRIC MISC | NC | RX/OTC |
| VIOS LC SPRINT MISC | NC | RX/OTC |
| VORTEX HOLD CHMBR/MASK/CHILD DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| VORTEX VALVE CHAMBER-PEDI MASK DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| VORTEX VALVED HOLDING CHAMBER DEVI | C | QL(2 EA per 360 day(s) retail); RX/OTC |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | |
| AJOVY SOAJ | NP | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| EMGALITY (300 MG DOSE) SOSY | NP | SP |
| ZAVZPRET | NP | |
| Migraine Combinations | | |
| <i>ergotamine w/ caffeine SUPP</i> | NC | |
| <i>sumatriptan-naproxen sodium</i> | NP | |
| <i>sumatriptan-naproxen sodium</i> | NC | |
| TREXIMET (<i>sumatriptan-naproxen sodium</i>) | NC | |
| Migraine Products | | |
| DIHYDROERGOTAMINE MESYLATE CRYST | NC | |
| DIHYDROERGOTAMINE MESYLATE POWD | NC | |
| ERGOMAR SUBL | NC | |
| ERGOTAMINE TARTRATE POWD | NC | |
| Migraine Products - NSAIDs | | |
| <i>diclofenac potassium (migraine)</i> | NC | |
| ELYXYB | NC | |
| Serotonin Agonists | | |
| <i>almotriptan malate</i> | NP | |
| <i>eletriptan hydrobromide 20 MG</i> | NC | Brand Preferred; QL(6 EA per 31 day(s) retail) |
| <i>eletriptan hydrobromide</i> | NP | Brand Preferred; QL(6 EA per 31 day(s) retail) |
| FROVA (<i>frovatriptan succinate</i>) | NP | |
| <i>frovatriptan succinate</i> | NP | |
| <i>frovatriptan succinate</i> | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|--|-----------|---|
| IMITREX 5 MG/ACT (<i>sumatriptan</i>) | NC | 5 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old) | RELPAK (<i>eletriptan hydrobromide</i>) | P | Brand Preferred; QL(6 EA per 31 day(s) retail) |
| | | | RELPAK 40 MG (<i>eletriptan hydrobromide</i>) | P | QL(6 EA per 31 day(s) retail) |
| | | | REYVOW | NC | |
| IMITREX 20 MG/ACT (<i>sumatriptan</i>) | NC | 20 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old) | <i>rizatriptan benzoate</i> TABS | P | QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old) |
| | | | <i>rizatriptan benzoate</i> TABS | NC | QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old) |
| IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>) | NP | | <i>rizatriptan benzoate</i> TBDP | NC | QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old) |
| IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>) | NP | QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old) | <i>rizatriptan benzoate</i> TBDP | P | QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old) |
| IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>) | NP | | <i>sumatriptan 20 MG/ACT</i> | NP | 20 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old) |
| IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>) | NP | QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old) | <i>sumatriptan 5 MG/ACT</i> | NP | 5 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old) |
| IMITREX TABS (<i>sumatriptan succinate</i>) | NP | QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old) | <i>sumatriptan succinate</i> SOAJ 6 MG/0.5ML | P | QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old) |
| MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>) | NP | QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old) | <i>sumatriptan succinate</i> SOAJ 4 MG/0.5ML | P | |
| MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>) | NP | QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old) | <i>sumatriptan succinate</i> SOCT 4 MG/0.5ML | P | |
| <i>naratriptan hcl</i> | NP | QL(9 EA per 31 day(s) retail); AL(At least 18 yrs old) | <i>sumatriptan succinate</i> SOCT 6 MG/0.5ML | P | QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|---------------------|
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i> | NC | QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old) | MINERALS & ELECTROLYTES | | |
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i> | P | QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old) | Bicarbonates | | |
| <i>sumatriptan succinate TABS 25 MG, 100 MG</i> | NC | QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old) | SODIUM ACETATE CRYST | NC | |
| <i>sumatriptan succinate TABS</i> | P | QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old) | SODIUM ACETATE GRAN | NC | |
| TOSYMRA | NP | Brand Preferred | SODIUM ACETATE POWD | NC | RX/OTC |
| TOSYMRA | NC | Brand Preferred | <i>sodium acetate SOLN</i> | NC | |
| ZEMBRACE SYMTOUCH SOAJ | NC | | <i>sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %</i> | NC | |
| ZEMBRACE SYMTOUCH SOAJ | NP | | SODIUM BICARBONATE IV | NC | |
| <i>zolmitriptan SOLN 5 MG</i> | NP | QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old) | <i>tromethamine</i> | NC | |
| <i>zolmitriptan SOLN 5 MG</i> | NC | QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old) | TROMETHAMINE | NC | |
| <i>zolmitriptan SOLN 2.5 MG</i> | NC | | Calcium | | |
| <i>zolmitriptan SOLN 2.5 MG</i> | NP | | CA PHOSPHATE DIBASIC DIHYD | NC | |
| <i>zolmitriptan TABS</i> | NC | QL(6 EA per 31 day(s) retail) | CALCIUM CARBONATE EXTRA LIGHT POWD XX | NC | RX/OTC |
| <i>zolmitriptan TABS</i> | NP | QL(6 EA per 31 day(s) retail) | CALCIUM CARBONATE LIGHT POWD XX | NC | RX/OTC |
| <i>zolmitriptan TBDP</i> | NP | QL(6 EA per 31 day(s) retail) | <i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i> | C | QL(2 EA daily) |
| ZOMIG SOLN 2.5 MG (<i>zolmitriptan</i>) | NP | | <i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i> | C | |
| ZOMIG SOLN 5 MG (<i>zolmitriptan</i>) | NP | QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old) | CALCIUM CARBONATE POWD XX | NC | RX/OTC |
| | | | <i>calcium carbonate TABS</i> | NC | |
| | | | CALCIUM CHEWS/VIT D/PROBIOTICS | NC | |
| | | | <i>calcium chloride (dihydrate) SOLN</i> | NC | |
| | | | CALCIUM CHLORIDE ANHYDROUS GRAN | NC | |
| | | | CALCIUM CHLORIDE DIHYDRATE GRAN | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| CALCIUM CHLORIDE DIHYDRATE POWD | NC | | CERASPORT PLUS PACK | NC | |
| CALCIUM CHLORIDE SOLN | NC | | CERASPORT PACK | NC | |
| CALCIUM GLUCONATE ANHYDROUS POWD | NC | RX/OTC | CERASPORT SOLN | C | |
| CALCIUM GLUCONATE MONOHYDRATE POWD | NC | RX/OTC | DEXTROSE 5%/ELECTROLYTE #48 | NC | |
| CALCIUM GLUCONATE-NACL SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 % | NC | | <i>dextrose in lactated ringers</i> | NC | |
| CALCIUM GLUCONATE POWD | NC | RX/OTC | <i>dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %</i> | NC | |
| <i>calcium gluconate-sodium chloride SOLN</i> | NC | | DEXTROSE-NACL | NC | |
| <i>calcium gluconate SOLN</i> | NC | | DEXTROSE-SODIUM CHLORIDE | NC | |
| CALCIUM LACTATE PENTAHYDRATE | NC | | DRIPDROP HYDRATION PACK | NC | |
| CALCIUM PHOSPHATE DIBASIC | NC | | DRIPDROP PACK | NC | |
| CALCIUM PHOSPHATE TRIBASIC | NC | RX/OTC | <i>electrolyte-148</i> | NC | |
| FT CALCIUM-MAGNESIUM-ZINC-D3 TABS | NC | | <i>electrolyte-a</i> | NC | |
| LIQUICAL PLUS LIQD | NC | | EMERGEN-C ELECTRO MIX PACK | NC | |
| <i>oyster shell</i> | C | | ENFAMIL ENFALYTE SOLN | C | |
| Electrolyte Mixtures | | | ENSURE RAPID HYDRATION PACK | NC | |
| BIOLYTE PACK | NC | | EQUALYTE SOLN (<i>oral electrolytes</i>) | NC | |
| BIOLYTE SOLN | C | | FT ELECTROLYTE SOLN | C | |
| CERALYTE 50 POTASSIUM FREE PACK | NC | | GNP ELECTROLYTE POWDER PACK | NC | |
| CERALYTE 50 PACK | NC | | GOODSENSE ELECTROLYTE ADV CARE SOLN | C | |
| CERALYTE 70 PACK | NC | | GOODSENSE ELECTROLYTE VARIETY PACK | NC | |
| CERALYTE 90 PACK | NC | | HYDRALYTE FREEZER POPS SOLN | C | |
| CERASPORT ENDURANCE PACK | NC | | HYDRALYTE PACK | NC | |
| CERASPORT EX1 PACK | NC | | | | |
| CERASPORT EX1 SOLN | C | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|--|-----------|----------------------|
| HYDRALYTE SOLN | C | | PEDIALYTE PACK | NC | |
| HYDRATING ELECTROLYTE PACK | NC | | PEDIALYTE SOLN (<i>oral electrolytes</i>) | NC | |
| IONOSOL-MB IN D5W | NC | | PEDIA-POP PACK | NC | |
| ISOLYTE-P IN D5W | NC | | PEDIATRIC ELECTROLYTE PACK | NC | |
| ISOLYTE-S | NC | | PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L | NC | |
| ISOLYTE-S PH 7.4 | NC | | <i>potassium chloride in dextrose</i> | NC | |
| KCL-LACTATED RINGERS-D5W | NC | | <i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.225 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.225 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i> | NC | |
| KINDERLYTE IMMUNITY PACK | NC | | <i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i> | NC | |
| KINDERLYTE PREMAX PACK | NC | | <i>ringer's</i> | NC | |
| KINDERLYTE PREMAX SOLN | C | | TPN ELECTROLYTES CONC | NC | |
| KINDERLYTE PACK | NC | | TRUELYTE SOLN | C | |
| KINDERLYTE SOLN | C | | Fluoride | | |
| <i>lactated ringer's</i> | NC | | FLORIVA | NC | |
| LIQUID I.V. PACK | NC | | <i>sodium fluoride CHEW</i> | C | |
| NORMALYTE CAPS | NC | | <i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i> | C | RX/OTC |
| NORMALYTE PACK | NC | | SOLUVITA SOLN | C | RX/OTC |
| NORMOSOL-M IN D5W | NC | | Magnesium | | |
| NORMOSOL-R 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L | NC | | MAGNESIUM CARBONATE HEAVY POWD XX | NC | RX/OTC |
| NORMOSOL-R IN D5W | NC | | | | |
| NORMOSOL-R PH 7.4 | NC | | | | |
| <i>oral electrolytes SOLN</i> | C | | | | |
| PEDIALYTE ADVANCED CARE SOLN (<i>oral electrolytes</i>) | NC | | | | |
| PEDIALYTE FREEZER POPS SOLN (<i>oral electrolytes</i>) | NC | | | | |
| PEDIALYTE IMMUNE SUPPORT SOLN | C | | | | |
| PEDIALYTE SINGLES SOLN (<i>oral electrolytes</i>) | NC | | | | |
| PEDIALYTE SPARKLING RUSH PACK | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| MAGNESIUM CARBONATE POWD XX | NC | RX/OTC | <i>sodium phosphates (sodium phosphate dibasic & monobasic)</i> | NC | |
| MAGNESIUM CHLORIDE CRY | NC | | Potassium | | |
| MAGNESIUM CHLORIDE POWD | NC | RX/OTC | EFFER-K | NC | |
| <i>magnesium chloride SOLN</i> | NC | | K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>) | NC | |
| MAGNESIUM COMPLEX HIGH POTENCY CAPS | NC | | K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>) | NC | |
| <i>magnesium oxide (mg supplement) TABS</i> | C | | POKONZA PACK PO | NC | |
| <i>magnesium sulfate IJ 50 %</i> | NC | | <i>potassium acetate SOLN 2 MEQ/ML</i> | NC | |
| MAGNESIUM SULFATE IJ 50 % | NC | | POTASSIUM ACETATE SOLN 2 MEQ/ML | NC | |
| <i>magnesium sulfate in dextrose</i> | NC | | POTASSIUM BICARBONATE GRAN | NC | |
| MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>) | NC | | POTASSIUM BICARBONATE POWD | NC | |
| SLOWMAG MG MUSCLE HLTH/RECOVER CHEW | NC | | <i>potassium bicarbonate TBEF</i> | C | |
| Manganese | | | <i>potassium chloride microencapsulated crystals er</i> | C | |
| <i>manganese chloride</i> | NC | | <i>potassium chloride CPCR 8 MEQ</i> | C | QL(1 EA daily) |
| Phosphate | | | <i>potassium chloride CPCR 10 MEQ</i> | C | |
| K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) | NC | QL(8 EA daily) | POTASSIUM CHLORIDE CRY | NC | |
| <i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i> | C | QL(8 EA daily) | POTASSIUM CHLORIDE GRAN | NC | RX/OTC |
| <i>potassium phosphate monobasic TABS</i> | NC | | <i>potassium chloride PACK PO 20 MEQ</i> | C | |
| <i>potassium phosphates</i> | NC | | POTASSIUM CHLORIDE POWD | NC | |
| POTASSIUM PHOSPHATES(71 MEQ K) | NC | | <i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i> | C | |
| POTASSIUM PHOSPHATES-NACL | NC | | <i>potassium chloride SOLN IV</i> | NC | |
| | | | <i>potassium chloride TBCR 8 MEQ, 10 MEQ</i> | C | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>potassium chloride TBCR 15 MEQ, 20 MEQ</i> | NC | |
| Sodium | | |
| SODIUM CHLORIDE GRAN | NC | RX/OTC |
| SODIUM CHLORIDE POWD | NC | |
| <i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i> | NC | |
| SODIUM CHLORIDE SOLN IV | NC | |
| Trace Minerals | | |
| <i>chromic chloride</i> | NC | |
| CHROMIC CHLORIDE 40 MCG/10ML | NC | |
| COPPER SULFATE CRYST | NC | |
| <i>cupric chloride</i> | NC | |
| CUPRIC SULFATE GRAN | NC | |
| CUPRIC SULFATE POWD | NC | RX/OTC |
| MULTRYS | NC | |
| <i>selenious acid</i> | NC | |
| SELENIOUS ACID | NC | |
| TRALEMENT | NC | |
| Zinc | | |
| GALZIN | NC | |
| <i>zinc chloride SOLN</i> | NC | |
| ZINC SULFATE HEPTAHYDRATE | NC | RX/OTC |
| ZINC SULFATE MONOHYDRATE | NC | RX/OTC |
| ZINC SULFATE GRAN | NC | |
| <i>zinc sulfate SOLN</i> | NC | |
| ZINC-VITAMIN C-VITAMIN A | NC | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Chelating Agents | | |
| DEPEN TITRATABS TABS (<i>penicillamine</i>) | NC | |
| <i>penicillamine CAPS</i> | NC | |
| <i>penicillamine TABS</i> | C | |
| Digital Therapy | | |
| OMADA FOR HYPERTENSION | NC | |
| Enzymes | | |
| AMPHADASE | NC | |
| BROMELAIN POWD | NC | RX/OTC |
| CHYMOTRYPSIN (ALPHA) | NC | |
| HYLENEX | NC | |
| VITRASE SOLN | NC | |
| Homeopathic Products | | |
| ENGYSTOL SOLN IJ | NC | |
| LYMPHOMYOSOT X SOLN IJ | NC | |
| NEURALGO-RHEUM SOLN IJ | NC | |
| SPASCUPREEL SOLN IJ | NC | |
| TRAUMEEL SOLN IJ | NC | |
| ZEEL SOLN IJ | NC | |
| Immunomodulators | | |
| JOENJA | NC | |
| NIKTIMVO | NC | |
| REZUROCK | NP | SP |
| Immunosuppressive Agents | | |
| ASTAGRAF XL CP24 | NP | |
| AZATHIOPRINE SODIUM | NC | |
| AZATHIOPRINE POWD | NC | |
| <i>azathioprine TABS</i> | P | |
| <i>azathioprine TABS 75 MG, 100 MG</i> | NP | |
| <i>azathioprine TABS 50 MG</i> | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|--|-----------|---------------------------------|
| CELLCEPT CAPS (mycophenolate mofetil) | NP | | NEORAL CAPS (cyclosporine modified (for microemulsion)) | NP | |
| CELLCEPT SUSR (mycophenolate mofetil) | NP | | NEORAL SOLN (cyclosporine modified (for microemulsion)) | NP | |
| CELLCEPT TABS (mycophenolate mofetil) | NP | | PROGRAF CAPS (tacrolimus) | NP | |
| cyclosporine modified (for microemulsion) CAPS 100 MG | NC | | PROGRAF PACK | NP | |
| cyclosporine modified (for microemulsion) CAPS | P | | PROGRAF SOLN | NC | |
| cyclosporine modified (for microemulsion) SOLN | P | | RAPAMUNE SOLN (sirolimus) | P | Brand Preferred |
| cyclosporine CAPS | P | Brand Preferred | RAPAMUNE TABS (sirolimus) | P | Brand Preferred |
| cyclosporine SOLN IV 50 MG/ML | NC | Brand Preferred | SANDIMMUNE CAPS (cyclosporine) | P | Brand Preferred |
| ENSPRYNG | NP | SP | SANDIMMUNE SOLN IV 50 MG/ML | NC | Brand Preferred |
| ENVARUSUS XR TB24 | NP | | SANDIMMUNE SOLN PO 100 MG/ML | P | Brand Preferred; QL(8 ML daily) |
| everolimus (immunosuppressant) | NP | | SIMULECT | NC | |
| IMURAN TABS (azathioprine) | NP | | sirolimus SOLN | NC | |
| LUPKYNIS | NC | SP | sirolimus SOLN | P | Brand Preferred |
| mycophenolate mofetil hcl | NC | | sirolimus TABS | P | Brand Preferred |
| mycophenolate mofetil CAPS | NC | | tacrolimus CAPS | NC | |
| mycophenolate mofetil CAPS | P | | tacrolimus CAPS | P | |
| mycophenolate mofetil SUSR | P | | UPLIZNA | NC | SP |
| mycophenolate mofetil TABS | P | | ZORTRESS (everolimus (immunosuppressant)) | NP | |
| mycophenolate mofetil TABS | NC | | Irrigation Solutions | | |
| mycophenolate sodium | P | | irrigation solutions, physiological | NC | |
| mycophenolate sodium | NC | | lactated ringer's (irrigation) | NC | |
| MYFORTIC (mycophenolate sodium) | NP | | ringer's irrigation | NC | |
| MYHIBBIN SUSP | NP | | water for irrigation, sterile | NC | |
| | | | Misc Natural Products | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|-----------------------------------|-----------|---------------------|
| AIRBORNE ELDERBERRY CHEW | NC | | UPSPRING STOMACH SETTLE LOZG | NC | |
| BLUES AWAY LQPK | NC | | YUMVS BEET ROOT-TART CHERRY CHEW | NC | |
| CVS SLEEP SUPPORT CHEW | NC | | Miscellaneous Therapeutic Classes | | |
| ELDERBERRY IMMUNE COMPLEX CHEW | NC | | ADENOSINE-5-MONOPHOSPHATE | NC | |
| ELDERBERRY ZINC/VIT C/IMMUNE LOZG | NC | | ADENOSINE-5-TRIPHOSPHATE | NC | |
| ELDERBERRY/VITAMIN C/ZINC CHEW | NC | | Peritoneal Dialysis Solutions | | |
| ESBERITOX CHEW | NC | | DELFLX-LC/1.5% DEXTROSE | NC | |
| LANSINOH ORGANIC NIPPLE OINT | NC | | DELFLX-LC/2.5% DEXTROSE | NC | |
| MIDNITE FOR MENOPAUSE CHEW | NC | | DELFLX-LC/4.25% DEXTROSE | NC | |
| MIDNITE PM CHEW | NC | | DELFLX-SM/1.5% DEXTROSE | NC | |
| MIDNITE CHEW | NC | | DELFLX-SM/2.5% DEXTROSE | NC | |
| MORNINGSICKLESS LOZG | NC | | DIANEAL LOW CALCIUM/1.5% DEX | NC | |
| NEURIVA CHEW | NC | | DIANEAL LOW CALCIUM/2.5% DEX | NC | |
| SAMBUCUS COUGH RELIEF + IMMUNE CHEW | NC | | DIANEAL LOW CALCIUM/4.25% DEX | NC | |
| SAMBUCUS ELDERBERRY IMMUNE KID CHEW | NC | | DIANEAL PD-2/1.5% DEXTROSE | NC | |
| SAMBUCUS ELDERBERRY IMMUNE CHEW | NC | | DIANEAL PD-2/2.5% DEXTROSE | NC | |
| SAMBUCUS ELDERBERRY VITAMIN C LOZG | NC | | DIANEAL PD-2/4.25% DEXTROSE | NC | |
| SAMBUCUS ELDERBERRY ZINC LOZG | NC | | EXTRANAL | NC | |
| SAMBUCUS ELDERBERRY LOZG | NC | | ULTRABAG/DIANEAL PD-2/1.5% DEX | NC | |
| SAMBUCUS KIDS COUGH + IMMUNE CHEW | NC | | ULTRABAG/DIANEAL PD-2/2.5% DEX | NC | |
| STOMACH SETTLE LOZG | NC | | ULTRABAG/DIANEAL PD-2/4.25% DEX | NC | |
| | | | ULTRABAG/DIANEAL/2.5% DEXTROSE | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| ULTRABAG/DIANEAL/4.2 5% DEX | NC | |
| Potassium Removing Agents | | |
| LOKELMA | NC | |
| <i>sodium polystyrene sulfonate POWD</i> | C | |
| <i>sodium polystyrene sulfonate SUSP PR 30 GM/120ML</i> | C | |
| VELTASSA | NC | |
| Prostaglandins | | |
| <i>alprostadil</i> | NC | |
| PROSTIN VR | NC | |
| Sclerosing Agents | | |
| <i>sodium tetradecyl sulfate</i> | NC | |
| Systemic Lupus Erythematosus Agents | | |
| SAPHNELO | NC | SP |
| Uremic Pruritus Agents | | |
| KORSUVA | NC | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |
| <i>lidocaine hcl (mouth-throat) 2 %</i> | C | QL(100 ML per fill retail) |
| <i>lidocaine hcl (mouth-throat) 4 %</i> | NC | |
| Anti-infectives - Throat | | |
| AMPHOTERICIN B | NC | |
| <i>clotrimazole</i> | NC | |
| NYSTATIN (<i>nystatin (mouth-throat)</i>) | P | 2 package(s) per fill retail |
| <i>nystatin (mouth-throat)</i> | P | 2 package(s) per fill retail |
| <i>nystatin (mouth-throat)</i> | NC | 2 package(s) per fill retail |
| ORAVIG | NC | |
| ULCEREASE | NC | |
| Antiseptics - Mouth/Throat | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| <i>chlorhexidine gluconate (mouth-throat)</i> | C | |
| PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>) | NC | |
| ULCEREASE LIQD | NC | |
| Dental Products | | |
| DENTA 5000 PLUS SENSITIVE GEL | NC | |
| FLUORIDEX SENSITIVITY RELIEF GEL | NC | |
| FLUORIMAX 5000 SENSITIVE GEL | NC | |
| FRAICHE 5000 PREVI | NC | |
| FRAICHE 5000 SENSITIVE GEL | NC | |
| PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>sodium fluoride (dental)</i>) | NC | QL(113 ML per 60 day(s) retail) |
| PREVIDENT 5000 DRY MOUTH GEL (<i>sodium fluoride (dental)</i>) | NC | QL(113 ML per 60 day(s) retail) |
| PREVIDENT 5000 ENAMEL PROTECT GEL | NC | |
| PREVIDENT 5000 KIDS PSTE DT (<i>sodium fluoride (dental)</i>) | NC | QL(113 ML per 60 day(s) retail) |
| PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>sodium fluoride (dental)</i>) | NC | QL(113 ML per 60 day(s) retail) |
| PREVIDENT 5000 PLUS CREA (<i>sodium fluoride (dental)</i>) | NC | QL(113 GM per 60 day(s) retail) |
| PREVIDENT 5000 SENSITIVE GEL | NC | |
| PREVIDENT GEL (<i>sodium fluoride (dental)</i>) | NC | QL(113 GM per 60 day(s) retail) |
| SOD FLUORIDE-POTASSIUM NITRATE GEL | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| <i>sodium fluoride (dental) CREA</i> | C | QL(113 GM per 60 day(s) retail) |
| <i>sodium fluoride (dental) GEL</i> | C | QL(113 GM per 60 day(s) retail) |
| <i>sodium fluoride (dental) PSTE DT</i> | C | QL(113 GM per 60 day(s) retail) |
| <i>sodium fluoride (dental) SOLN 0.2 %</i> | NC | |
| SODIUM FLUORIDE 5000 ENAMEL GEL | NC | |
| SODIUM FLUORIDE 5000 SENSITIVE GEL | NC | |
| ZINC ACETATE | NC | |
| Lozenges | | |
| QC COUGH DROPS | NC | |
| Steroids - Mouth/Throat/Dental | | |
| <i>triamcinolone acetonide (mouth)</i> | C | 1 package(s) per fill retail |
| Throat Products - Misc. | | |
| ABREVA RAPID PAIN RELIEF GEL | NC | |
| <i>cevimeline hcl</i> | NC | |
| <i>pilocarpine hcl (oral) 7.5 MG</i> | NC | |
| <i>pilocarpine hcl (oral) 5 MG</i> | C | QL(6 EA daily) |
| SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>) | NC | QL(6 EA daily) |
| MULTIVITAMINS | | |
| B-Complex Vitamins | | |
| <i>b-complex vitamins CAPS</i> | C | QL(1 EA daily) |
| <i>b-complex vitamins TABS</i> | C | QL(1 EA daily) |
| B-Complex w/ Folic Acid | | |
| <i>b-complex w/ c & folic acid CAPS</i> | C | QL(1 EA daily); RX/OTC |
| DIALYVITE 3000 | NC | |
| DIALYVITE 5000 | NC | |
| DIALYVITE 800 PLUS D WAFR | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| DIALYVITE/ZINC | NC | |
| NEPHPLEX RX | NC | |
| VITAL-D RX | NC | |
| Multiple Vitamins w/ Calcium | | |
| <i>multiple vitamins w/ calcium TABS</i> | C | QL(1 EA daily) |
| ONE-A-DAY WOMENS FORMULA TABS (<i>multiple vitamins w/ calcium</i>) | NC | QL(1 EA daily) |
| SM ONE DAILY ESSENTIAL TABS | C | QL(1 EA daily) |
| Multiple Vitamins w/ Iron | | |
| DAVIMET-IRON CHEW | NC | |
| Multiple Vitamins w/ Minerals | | |
| ACTIVNUTRIENTS PERFORMANCE CAPS | C | QL(1 EA daily); RX/OTC |
| ACTIVNUTRIENTS W/O IRON CAPS | C | QL(1 EA daily); RX/OTC |
| ACTIVNUTRIENTS CAPS | C | QL(1 EA daily); RX/OTC |
| ALIVE EVERYDAY IMMUNE HEALTH CAPS | C | QL(1 EA daily); RX/OTC |
| ALIVE HAIR, SKIN & NAILS CAPS | C | QL(1 EA daily); RX/OTC |
| APETIBEX CAPS | C | QL(1 EA daily); RX/OTC |
| APPE-CURB CAPS | C | QL(1 EA daily); RX/OTC |
| BARIATRIC MULTIVITAMINS/IRON CAPS | C | QL(1 EA daily); RX/OTC |
| BARIATRIC MULTIVITAMINS CAPS | C | QL(1 EA daily); RX/OTC |
| BIO-35 GLUTEN-FREE CAPS | C | QL(1 EA daily); RX/OTC |
| BIO-35 IRON FREE CAPS | C | QL(1 EA daily); RX/OTC |
| BIOCAL CAPS | C | QL(1 EA daily); RX/OTC |
| BIOTECT PLUS CAPS | C | QL(1 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------------|---|-----------|---------------------------|
| BONEUP 3 PER DAY CAPS | C | QL(1 EA daily); RX/OTC | FOLAGENT DHA CAPS | C | QL(1 EA daily); RX/OTC |
| BONEUP CAPS | C | QL(1 EA daily); RX/OTC | FOLAMED DHA CAPS | C | QL(1 EA daily); RX/OTC |
| BOOSTNOW IMMUNE SUPPORT CAPS | C | QL(1 EA daily); RX/OTC | GENADEK STEP 1 CAPS | C | QL(1 EA daily); RX/OTC |
| CELEBRATE MULTI-COMplete 18 CAPS | C | QL(1 EA daily); RX/OTC | GENADEK STEP 2 CAPS | C | QL(1 EA daily); RX/OTC |
| CELEBRATE MULTI-COMplete 36 CAPS | C | QL(1 EA daily); RX/OTC | HAIR/SKIN/NAILS CAPS | C | QL(1 EA daily); RX/OTC |
| CELEBRATE MULTI-COMplete 45 CAPS | C | QL(1 EA daily); RX/OTC | HEALTHY EYES SUPERVISION 2 CAPS | C | QL(1 EA daily); RX/OTC |
| CELEBRATE MULTI-COMplete 60 CAPS | C | QL(1 EA daily); RX/OTC | IMMUNE ESSENTIALS DAILY CAPS | C | QL(1 EA daily); RX/OTC |
| CHOICEFUL MULTIVITAMIN CAPS | C | QL(1 EA daily); RX/OTC | MENATROL CAPS | C | QL(1 EA daily); RX/OTC |
| CULTURELLE PROBIOTIC MEN DAILY CAPS | C | QL(1 EA daily); RX/OTC | MENS 50+ ADVANCED CAPS | C | QL(1 EA daily); RX/OTC |
| CVS ADULT 50+ EYE HEALTH CAPS | C | QL(1 EA daily); RX/OTC | MOOD FOOD ES CAPS | C | QL(1 EA daily); RX/OTC |
| CVS EYE HEALTH ADULT 50+ CAPS | C | QL(1 EA daily); RX/OTC | MOOD FOOD CAPS | C | QL(1 EA daily); RX/OTC |
| CVS IMMUNE SUPPORT CAPS | C | QL(1 EA daily); RX/OTC | MULTIA CAPS | C | QL(1 EA daily); RX/OTC |
| CVS VISION HEALTH CAPS | C | QL(1 EA daily); RX/OTC | <i>multiple vitamins w/ minerals CAPS</i> | C | QL(1 EA daily); RX/OTC |
| DECUBI-VITE CAPS | C | QL(1 EA daily); RX/OTC | MVW COMPLETE FORMULATION D3000 CAPS | C | QL(1 EA daily); RX/OTC |
| DEKAS PLUS OCEAN CAPS | C | QL(1 EA daily); RX/OTC | MVW COMPLETE FORMULATION D5000 CAPS | C | QL(1 EA daily); RX/OTC |
| DEKAS PLUS CAPS | C | QL(1 EA daily); RX/OTC | MVW COMPLETE FORMULATION MINIS CAPS | C | QL(1 EA daily); RX/OTC |
| DEPLIN MA CAPS | C | QL(1 EA daily); RX/OTC | MVW COMPLETE FORMULATION CAPS | C | QL(1 EA daily); RX/OTC |
| DEXATRAN CAPS | C | QL(1 EA daily); RX/OTC | MVW MODULATOR FORMULATION MINI CAPS | C | QL(1 EA daily); RX/OTC |
| EYE HEALTH CAPS | C | QL(1 EA daily); RX/OTC | MVW MODULATOR FORMULATION CAPS | C | QL(1 EA daily); RX/OTC |
| EYE MULTIVITAMIN/LUTEIN CAPS | C | QL(1 EA daily); RX/OTC | OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT | C | QL(1 EA daily); RX/OTC |
| EYE MULTIVITAMIN CAPS | C | QL(1 EA daily); RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|---------------------------|--|-----------|---------------------------|
| OCUVITE ADULT 50+ CAPS | C | QL(1 EA daily); RX/OTC | VISION HEALTH CAPS | C | QL(1 EA daily); RX/OTC |
| OCUVITE ADULT FORMULA CAPS | C | QL(1 EA daily); RX/OTC | VISION OPTIMIZER CAPS | C | QL(1 EA daily); RX/OTC |
| OCUVITE-LUTEIN CAPS | C | QL(1 EA daily); RX/OTC | VISTA ADVANCED AREDS2 FORMULA CAPS | C | QL(1 EA daily); RX/OTC |
| ONE-DAILY MULTI CAPS CAPS | C | QL(1 EA daily); RX/OTC | VISTA ADVANCED DRY EYE FORMULA CAPS | C | QL(1 EA daily); RX/OTC |
| PRESCRIPTION SUPPORT MULTIVIT CAPS | C | QL(1 EA daily); RX/OTC | VITABEX PLUS CAPS | C | QL(1 EA daily); RX/OTC |
| PRESERVISION AREDS 2+MULTI VIT CAPS | C | QL(1 EA daily); RX/OTC | VITABEX CAPS | C | QL(1 EA daily); RX/OTC |
| PRESERVISION AREDS 2 CAPS | C | QL(1 EA daily); RX/OTC | VITEYES CLASSIC ADVANCED CAPS | C | QL(1 EA daily); RX/OTC |
| PRESERVISION AREDS CAPS | C | QL(1 EA daily); RX/OTC | VITEYES CLASSIC MACULAR SUPPOR CAPS | C | QL(1 EA daily); RX/OTC |
| PRESERVISION/LUTEIN CAPS | C | QL(1 EA daily); RX/OTC | VITEYES CLASSIC+OMEGA-3 CAPS | C | QL(1 EA daily); RX/OTC |
| PROBIOTICS + BARIATRIC MULTI CAPS | C | QL(1 EA daily); RX/OTC | Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid | | |
| PRORENAL + D W/ OMEGA-3 CAPS | C | QL(1 EA daily); RX/OTC | QUFLORA FE | NC | |
| PROTECT CARDIO AF CAPS | C | QL(1 EA daily); RX/OTC | Multivitamins | | |
| PROTECT PLUS SO CAPS | C | QL(1 EA daily); RX/OTC | ALTRIXA TABS | C | QL(1 EA daily); RX/OTC |
| PROTEGRA CAPS | C | QL(1 EA daily); RX/OTC | AMLADEX TABS | C | QL(1 EA daily); RX/OTC |
| QC OCUHEALTH VISION SUPPORT 2 CAPS | C | QL(1 EA daily); RX/OTC | DAILY MULTIPLE VITAMINS TABS | C | QL(1 EA daily); RX/OTC |
| REMEDIENT CAPS | C | QL(1 EA daily); RX/OTC | DAVIMET-M CHEW | C | QL(1 EA daily); RX/OTC |
| SKIN HAIR & NAILS ADVANCED CAPS | C | QL(1 EA daily); RX/OTC | DERMACINRX DAVIMET CHEW | C | QL(1 EA daily); RX/OTC |
| SUPER ANTIOXIDANT CAPS | C | QL(1 EA daily); RX/OTC | ESTROFACTORS TABS | C | QL(1 EA daily); RX/OTC |
| SUPPORT-500 CAPS | C | QL(1 EA daily); RX/OTC | FOLCYTEINE TABS | C | QL(1 EA daily); RX/OTC |
| THERAMILL FORTE CAPS | C | QL(1 EA daily); RX/OTC | GENICIN VITA-Q TABS | C | QL(1 EA daily); RX/OTC |
| THERANATAL LACTATION ONE CAPS | C | QL(1 EA daily); RX/OTC | HIGH POTENCY MULTIVITAMIN TABS | C | QL(1 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|---|-----------|--|
| MINCORA TABS | C | QL(1 EA daily); RX/OTC | FLORAFOL FE PEDIATRIC SOLN | NC | QL(50 ML per fill retail); AL(Up to 21 yrs old) |
| MULTI VITAMIN W/D-3 TABS | C | QL(1 EA daily); RX/OTC | <i>ped multivitamins w/fl & iron SOLN</i> | C | QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC |
| MULTI VITAMIN TABS | C | QL(1 EA daily); RX/OTC | | | |
| <i>multiple vitamin TABS</i> | C | QL(1 EA daily); RX/OTC | POLY-VI-FLOR/IRON CHEW | NC | |
| MULTIVITAMIN ADULT TABS | C | QL(1 EA daily); RX/OTC | POLY-VI-FLOR/IRON SUSP | NC | RX/OTC |
| MULTIVITAMIN TABS | C | QL(1 EA daily); RX/OTC | QUFLORA FE PEDIATRIC LIQD | NC | |
| NEOMULTIVITE TABS | C | QL(1 EA daily); RX/OTC | Ped MV w/ Fluoride | | |
| OMNICAP TABS | C | QL(1 EA daily); RX/OTC | DAVIMET-FLUORIDE CHEW | NC | |
| ONE DAILY ESSENTIALS TABS | C | QL(1 EA daily); RX/OTC | POLY-VI-FLOR SUSP | NC | |
| ONE DAILY ESSENTIAL TABS | C | QL(1 EA daily); RX/OTC | QUFLORA GUMMIES CHEW | NC | |
| ONE VITE DAILY MULTIVITAMIN TABS | C | QL(1 EA daily); RX/OTC | TRI-VI-FLOR | NC | |
| ONE-A-DAY ADULT VITACRAVES+DHA CHEW | C | QL(1 EA daily); RX/OTC | TRI-VI-FLORO | NC | |
| ONE-A-DAY ESSENTIAL TABS (<i>multiple vitamin</i>) | NC | QL(1 EA daily); RX/OTC | Ped MV w/ Iron | | |
| ONE-A-DAY MENS TABS (<i>multiple vitamin</i>) | NC | QL(1 EA daily); RX/OTC | MULTIVITAMIN DROPS/IRON SOLN | C | QL(60 ML per fill retail) |
| QUINTABS TABS | C | QL(1 EA daily); RX/OTC | MULTIVITAMIN INFANT & TODDLER SOLN | C | QL(60 ML per fill retail) |
| STRESS FORMULA/ZINC/ENERG Y TABS | C | QL(1 EA daily); RX/OTC | POLY-VITE/IRON SOLN | C | QL(60 ML per fill retail) |
| THERA TABS | C | QL(1 EA daily); RX/OTC | Pediatric Multiple Vitamins | | |
| THEREMS TABS | C | QL(1 EA daily); RX/OTC | BPROTECTED PEDIA POLY-VITE SOLN PO | C | QL(50 ML per fill retail) |
| TM-DAILY VITE TABS | C | QL(1 EA daily); RX/OTC | INFUVITE PEDIATRIC SOLN IV | NC | |
| TRUE MULTIVITAMIN TABS | C | QL(1 EA daily); RX/OTC | MULTIVITAMIN INFANT & TODDLER SOLN PO | C | QL(50 ML per fill retail) |
| Ped Multi Vitamins w/Fl & FE | | | PC PEDIATRIC POLY- VITAMIN DROP SOLN PO | C | QL(50 ML per fill retail) |
| | | | POLY-VI-SOL SOLN PO | C | QL(50 ML per fill retail) |
| | | | POLY-VITA SOLN PO | C | QL(50 ML per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|---|-----------|-------------------------|
| POLY-VITE PEDIATRIC SOLN PO | C | QL(50 ML per fill retail) | <i>prenatal vit w/ iron carbonyl-folic acid TABS</i> 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, 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG | NC | |
| Pediatric Multiple Vitamins & Minerals w/ Fluoride | | | | | |
| FLORIVA | NC | | <i>prenatal without a w/ fumarate-l methylfolate-fa-dha</i> | NC | |
| Prenatal Vitamins | | | | | |
| CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG | NC | | PRENATE | NC | |
| CITRANATAL MEDLEY | NC | | PRENATE AM | NC | |
| C-NATE DHA CAPS | NC | | PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG | NC | |
| COMPLETE NATAL DHA | NC | | 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 | NC | |
| CONCEPT DHA | NC | | PRENATE ENHANCE | NC | |
| DERMACINRX PRETRATE TABS | NC | | 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 | NC | |
| ENBRACE HR | NC | | 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 | NC | |
| FOLIVANE-OB | NC | | PRENATE PIXIE | NC | |
| MULTI-MAC | NC | | PRENATE RESTORE | NC | |
| NATAL PNV TABS | NC | | | | |
| NEO-VITAL RX TABS | NC | | | | |
| NESTABS | NC | | | | |
| NESTABS DHA | NC | | | | |
| NESTABS ONE | NC | | | | |
| OB COMPLETE ONE | NC | | | | |
| OB COMPLETE PETITE | NC | | | | |
| OB COMPLETE PREMIER | NC | | | | |
| OB COMPLETE/DHA | NC | | | | |
| OB COMPLETE TABS | NC | | | | |
| PNV-OMEGA | NC | | | | |
| PREMESISRX | NC | | | | |
| PRENA1 PEARL | NC | | | | |
| <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------|-----------|---------------------|------------------------------------|-----------|---------------------|
| PRENATVITE COMPLETE TABS | NC | | COLLAGEN ULTRA CAPS | NC | RX/OTC |
| PRENATVITE PLUS TABS | NC | | CORTICARE B CAPS | NC | RX/OTC |
| PRIMACARE | NC | | FEMQUIL CAPS | NC | RX/OTC |
| RELNATE DHA CAPS | NC | | GLYCOTROL COMPLETE CAPS | NC | RX/OTC |
| SELECT-OB+DHA MISC | C | QL(1 EA daily) | GLYCOTROL CAPS | NC | RX/OTC |
| SELECT-OB CHEW | NC | | HEART SAVIOR CAPS | NC | RX/OTC |
| TARON-C DHA | NC | | IMMUNERX CAPS | NC | RX/OTC |
| TRISTART DHA | NC | | IMMUNICARE CAPS | NC | RX/OTC |
| VIRT-NATE DHA CAPS | NC | | INFLAMEX CAPS | NC | RX/OTC |
| VIRT-PN DHA | NC | | INULOSE BLOOD SUGAR SUPPORT CAPS | NC | RX/OTC |
| VITAFOL FE+ | NC | | LIPOTRIAD VISION SUPPORT PLUS CAPS | NC | RX/OTC |
| VITAFOL GUMMIES | NC | | LIPOTRIAD VISION SUPPORT CAPS | NC | RX/OTC |
| VITAFOL ULTRA | NC | | LIPOTRIAD VISIONARY CAPS | NC | RX/OTC |
| VITAFOL-OB+DHA MISC | NC | | MEDCAPS DPO CAPS | NC | RX/OTC |
| VITAFOL-ONE CAPS | C | QL(1 EA daily) | MEDCAPS GI CAPS | NC | RX/OTC |
| VITAMEDMD ONE RX/QUATREFOLIC | NC | | MEDCAPS IS CAPS | NC | RX/OTC |
| VITAPEARL | NC | | MEDCAPS T3 CAPS | NC | RX/OTC |
| VIVA DHA CAPS | NC | | MEMORALL CAPS | NC | RX/OTC |
| WESCAP-C DHA | NC | | METHYL PROTECT CAPS | NC | RX/OTC |
| WESCAP-PN DHA | NC | | METHYL-GUARD PLUS CAPS | NC | RX/OTC |
| WESNATAL DHA COMPLETE | NC | | METHYL-GUARD CAPS | NC | RX/OTC |
| WESNATE DHA CAPS | NC | | MM BIOTIN/KERATIN CAPS | NC | RX/OTC |
| WESTGEL DHA | NC | | NITRIVIA CAPS | NC | RX/OTC |
| ZATEAN-PN DHA | NC | | PRO HERS RX CAPS | NC | RX/OTC |
| Specialty Vitamins Products | | | PRO HIS RX CAPS | NC | RX/OTC |
| ADRENAL MANAGER CAPS | NC | RX/OTC | PRO PCOS RX CAPS | NC | RX/OTC |
| ADRENALIV CAPS | NC | RX/OTC | RETAINÉ VISION CAPS | NC | RX/OTC |
| ADRENOID CAPS | NC | RX/OTC | SYNERTROPIN CAPS | NC | RX/OTC |
| BILBERRY PLUS CAPS | NC | RX/OTC | Vitamin Mixtures | | |
| CARDIOPRESS CAPS | NC | RX/OTC | | | |
| CHOLASE CONTROL CAPS | NC | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|--|-----------|----------------------|
| <i>niacinamide w/ zinc-copper-methylfolate-se-cr</i> | NC | | <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i> | NC | QL(3 EA daily) |
| VITAMIN C LIQD | NC | | <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i> | P | QL(3 EA daily) |
| VITAMIN D2 + K1 SOLN | NC | | <i>cyclobenzaprine hcl TABS 7.5 MG</i> | P | QL(4 EA daily) |
| Vitamins w/ Lipotropics | | | FLEQSUVY SUSP (<i>baclofen</i>) | NP | |
| ACTIFLOVIT EAR HEALTH TABS | NC | | LYVISPAH PACK | NC | |
| <i>vitamins w/ lipotropics TABS</i> | NC | | LYVISPAH PACK | NP | |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | | <i>metaxalone</i> | NP | |
| Central Muscle Relaxants | | | <i>metaxalone</i> | NC | |
| AMRIX CP24 (<i>cyclobenzaprine hcl</i>) | NP | | <i>methocarbamol SOLN</i> | NC | |
| BACLOFEN (BULK) SOLN XX | NC | | <i>methocarbamol TABS 1000 MG</i> | NP | |
| BACLOFEN POWD | NC | | <i>methocarbamol TABS</i> | NC | |
| <i>baclofen SOLN PO 10 MG/5ML</i> | NC | AL(Up to 12 yrs old) | <i>methocarbamol TABS 500 MG, 750 MG</i> | P | |
| <i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i> | NP | AL(Up to 12 yrs old) | METHOCARBAMOL TABS | NC | |
| <i>baclofen SUSP</i> | NP | | ORPHENADRINE CITRATE POWD | NC | |
| <i>baclofen TABS</i> | P | | <i>orphenadrine citrate SOLN 30 MG/ML</i> | NC | |
| <i>baclofen TABS 5 MG, 10 MG, 20 MG</i> | NC | | <i>orphenadrine citrate TB12</i> | NC | QL(2 EA daily) |
| CARISOPRODOL POWD | NC | | <i>orphenadrine citrate TB12</i> | P | QL(2 EA daily) |
| <i>carisoprodol TABS</i> | NP | | OZOBAX DS SOLN PO (<i>baclofen</i>) | NC | AL(Up to 12 yrs old) |
| <i>carisoprodol TABS</i> | NC | | OZOBAX SOLN PO (<i>baclofen</i>) | NC | AL(Up to 12 yrs old) |
| <i>chlorzoxazone TABS</i> | P | | SOMA TABS (<i>carisoprodol</i>) | NP | |
| <i>chlorzoxazone TABS 375 MG, 750 MG</i> | NP | | <i>tizanidine hcl CAPS</i> | NP | |
| <i>chlorzoxazone TABS</i> | NC | | <i>tizanidine hcl TABS</i> | P | |
| <i>cyclobenzaprine hcl CP24</i> | NP | | ZANAFLEX CAPS (<i>tizanidine hcl</i>) | NP | |
| <i>cyclobenzaprine hcl CP24</i> | NC | | ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>) | NP | |
| <i>cyclobenzaprine hcl TABS 7.5 MG</i> | NP | QL(4 EA daily) | Direct Muscle Relaxants | | |
| <i>cyclobenzaprine hcl TABS 7.5 MG</i> | NC | QL(4 EA daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>) | NP | |
| <i>dantrolene sodium CAPS</i> | P | |
| <i>dantrolene sodium SOLR</i> | NC | |
| RYANODEX SUSR | NC | |
| Muscle Relaxant Combinations | | |
| NORGESIC FORTE (<i>orphenadrine w/ aspirin & caff</i>) | NP | |
| <i>orphenadrine w/ aspirin & caff</i> | NP | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Agent Combinations | | |
| <i>azelastine hcl-fluticasone propionate SUSP</i> | NP | |
| DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>) | NP | |
| LIDOCAINE HCL- OXYMETAZOLINE | NC | |
| RYALTRIS | NP | |
| Nasal Agents - Misc. | | |
| OCEAN NASAL SPRAY SOLN (<i>saline</i>) | NC | 1 package(s) per fill retail |
| <i>saline SOLN 0.65 %</i> | C | 1 package(s) per fill retail |
| Nasal Anesthetics | | |
| COCAINE HCL 40 MG/ML | NC | |
| GOPRELTO | NC | |
| NUMBRINO | NC | |
| Nasal Antiallergy | | |
| <i>azelastine hcl</i> | NC | 1 package(s) per 31 day(s) retail; RX/OTC |
| <i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i> | P | 1 package(s) per 31 day(s) retail |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>azelastine hcl 0.15 %</i> | NP | 1 package(s) per 31 day(s) retail; RX/OTC |
| <i>cromolyn sodium (nasal) 5.2 MG/ACT</i> | C | QL(26 ML per 31 day(s) retail) |
| NASALCROM (<i>cromolyn sodium (nasal)</i>) | NC | QL(26 ML per 31 day(s) retail) |
| <i>olopatadine hcl (nasal)</i> | NC | |
| <i>olopatadine hcl (nasal)</i> | NP | |
| PATANASE (<i>olopatadine hcl (nasal)</i>) | NC | |
| Nasal Anticholinergics | | |
| <i>ipratropium bromide (nasal) 0.06 %</i> | P | QL(15 ML per 31 day(s) retail) |
| <i>ipratropium bromide (nasal) 0.03 %</i> | P | QL(31 ML per 31 day(s) retail) |
| Nasal Steroids | | |
| BECONASE AQ | NC | |
| <i>budesonide (nasal)</i> | C | QL(9 ML per 31 day(s) retail) |
| FLONASE ALLERGY REL CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>) | NC | 1 package(s) per fill retail; RX/OTC |
| FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>) | NC | 1 package(s) per fill retail; RX/OTC |
| <i>flunisolide (nasal)</i> | NP | QL(25 ML per 31 day(s) retail) |
| <i>fluticasone propionate (nasal) SUSP</i> | NC | 1 package(s) per fill retail; RX/OTC |
| <i>fluticasone propionate (nasal) SUSP</i> | P | 1 package(s) per fill retail; RX/OTC |
| NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>) | NC | QL(17 ML per 31 day(s) retail); AL(At least 2 yrs old) |
| OMNARIS SUSP | NP | |
| QNASL | NP | |
| QNASL CHILDRENS | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| SINUVA IMPL | NC | |
| <i>triamcinolone acetonide (nasal) AERO</i> | C | QL(17 ML per 31 day(s) retail); AL(At least 2 yrs old) |
| XHANCE EXHU | NP | |
| ZETONNA AERS | NP | |
| Sympathomimetic Decongestants | | |
| PHENYLEPHRINE HCL CRYST | NC | |
| PHENYLEPHRINE HCL POWD | NC | |
| PHENYLPROPANOLAMINE HCL | NC | |
| PSEUDOEPHEDRINE HCL CRYST | NC | |
| PSEUDOEPHEDRINE HCL POWD | NC | |
| <i>pseudoephedrine hcl TABS</i> | C | |
| <i>pseudoephedrine hcl TB12</i> | C | QL(2 EA daily) |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| RILUTEK TABS (<i>riluzole</i>) | NC | PA |
| <i>riluzole TABS</i> | C | PA |
| Depolarizing Muscle Relaxants | | |
| ANECTINE SOLN | NC | |
| <i>succinylcholine chloride SOLN</i> | NC | |
| SUCCINYLCHOLINE CHLORIDE SOLN | NC | |
| SUCCINYLCHOLINE CHLORIDE SOLN 100 MG/5ML | NC | |
| Muscular Dystrophy Agents | | |
| AMONDYS 45 | NC | SP |
| VILTEPSO | NC | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| VYONDYS 53 | C | SP; PA |
| Neuromuscular Blocking Agent - Neurotoxins | | |
| BOTOX IJ | NC | SP |
| DYSPOORT | NC | SP |
| XEOMIN | NC | SP |
| Nondepolarizing Muscle Relaxants | | |
| <i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i> | NC | |
| <i>cisatracurium besylate SOLN</i> | NC | |
| NIMBEX SOLN (<i>cisatracurium besylate</i>) | NC | |
| <i>rocuronium bromide SOLN</i> | NC | |
| <i>vecuronium bromide SOLR</i> | NC | |
| Spinal Muscular Atrophy Agents (SMA) | | |
| EVRYSDI PO 5 MG | NC | |
| EVRYSDI | NC | SP |
| SPINRAZA | NC | SP |
| ZOLGENSMA 10.1-10.5 KG | NC | SP |
| ZOLGENSMA 10.6-11.0 KG | NC | SP |
| ZOLGENSMA 11.1-11.5 KG | NC | SP |
| ZOLGENSMA 11.6-12.0 KG | NC | SP |
| ZOLGENSMA 12.1-12.5 KG | NC | SP |
| ZOLGENSMA 12.6-13.0 KG | NC | SP |
| ZOLGENSMA 13.1-13.5 KG | NC | SP |
| ZOLGENSMA 2.6-3.0 KG | NC | SP |
| ZOLGENSMA 3.1-3.5 KG | NC | SP |
| ZOLGENSMA 3.6-4.0 KG | NC | SP |
| ZOLGENSMA 4.1-4.5 KG | NC | SP |
| ZOLGENSMA 4.6-5.0 KG | NC | SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| ZOLGENSMA 5.1-5.5 KG | NC | SP | PREGNITUDE | NC | |
| ZOLGENSMA 5.6-6.0 KG | NC | SP | Misc. Nutritional Substances | | |
| ZOLGENSMA 6.1-6.5 KG | NC | SP | FISH OIL CHEW | NC | |
| ZOLGENSMA 6.6-7.0 KG | NC | SP | <i>omega-3 fatty acids CAPS 1000 MG</i> | C | QL(6 EA daily) |
| ZOLGENSMA 7.1-7.5 KG | NC | SP | Protein-Carbohydrate-Lipid Combinations | | |
| ZOLGENSMA 7.6-8.0 KG | NC | SP | KABIVEN | NC | |
| ZOLGENSMA 8.1-8.5 KG | NC | SP | PERIKABIVEN | NC | |
| ZOLGENSMA 8.6-9.0 KG | NC | SP | Proteins | | |
| ZOLGENSMA 9.1-9.5 KG | NC | SP | ALANINE POWD | NC | RX/OTC |
| ZOLGENSMA 9.6-10.0 KG | NC | SP | AMINO ACID INFUSION IN D10W 3.5 % | NC | |
| NUTRIENTS | | | <i>amino acid infusion SOLN 15 %</i> | NC | |
| Carbohydrates | | | AMINO ACID-CALCIUM-HEP IN D10W 3.5 % | NC | |
| DEXTROSE ANHYDROUS GRAN | NC | | AMINO ACID-HEPARIN-D10W | NC | |
| DEXTROSE ANHYDROUS POWD | NC | RX/OTC | AMINO AC-LOW CALCIUM-HEP D10W | NC | |
| DEXTROSE MONOHYDRATE POWD | NC | RX/OTC | AMINOSYN-PF 7% SOLN | NC | |
| DEXTROSE POWD | NC | RX/OTC | CLINIMIX E/DEXTROSE (2.75/5) | NC | |
| <i>dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML</i> | NC | | CLINIMIX E/DEXTROSE (4.25/10) | NC | |
| DEXTROSE SOLN | NC | | CLINIMIX E/DEXTROSE (4.25/5) | NC | |
| FRUCTOSE GRAN | NC | RX/OTC | CLINIMIX E/DEXTROSE (5/15) | NC | |
| FRUCTOSE POWD | NC | | CLINIMIX E/DEXTROSE (5/20) | NC | |
| Lipids | | | CLINIMIX E/DEXTROSE (8/10) | NC | |
| CLINOLIPID | NC | | CLINIMIX E/DEXTROSE (8/14) | NC | |
| INTRALIPID | NC | | CLINIMIX/DEXTROSE (4.25/10) | NC | |
| NUTRILIPID | NC | | CLINIMIX/DEXTROSE (4.25/5) | NC | |
| OMEGAVEN | NC | | | | |
| SMOFLIPID | NC | | | | |
| Lipotropics | | | | | |
| CHOLINE BITARTRATE CRYST | NC | | | | |
| CHOLINE BITARTRATE POWD | NC | | | | |
| LECITHIN GRAN XX | NC | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| CLINIMIX/DEXTROSE (5/15) | NC | | L-METHIONINE POWD XX | NC | RX/OTC |
| CLINIMIX/DEXTROSE (5/20) | NC | | L-ORNITHINE POWD | NC | |
| CLINIMIX/DEXTROSE (6/5) | NC | | L-PHENYLALANINE POWD | NC | RX/OTC |
| CLINIMIX/DEXTROSE (8/10) | NC | | L-PROLINE POWD | NC | RX/OTC |
| CLINIMIX/DEXTROSE (8/14) | NC | | L-THREONINE CRYSTALS | NC | |
| DL-ALANINE POWD | NC | RX/OTC | L-TRYPTOPHAN POWD | NC | RX/OTC |
| DL-LEUCINE POWD XX | NC | RX/OTC | L-TYROSINE POWD XX | NC | RX/OTC |
| DL-METHIONINE POWD XX | NC | RX/OTC | L-VALINE CRYSTALS | NC | |
| DL-PHENYLALANINE POWD | NC | RX/OTC | L-VALINE POWD XX | NC | RX/OTC |
| ELCYS | NC | | METHIONINE POWD XX | NC | RX/OTC |
| GLUTAMINE POWD XX | NC | RX/OTC | NEONATAL PN STARTER BAG | NC | |
| GLUTATHIONE-L REDUCED POWD | NC | RX/OTC | PROSOL SOLN | NC | |
| GLUTATHIONE-L POWD | NC | RX/OTC | TAURINE LIQD | NC | |
| GLUTATHIONE POWD | NC | RX/OTC | TAURINE POWD | NC | |
| L-ALANINE POWD | NC | RX/OTC | THREONINE POWD XX | NC | RX/OTC |
| L-ARGININE POWD XX | NC | RX/OTC | TRYPTOPHAN POWD | NC | RX/OTC |
| L-CYSTINE POWD | NC | RX/OTC | VALINE POWD XX | NC | RX/OTC |
| LEUCINE POWD XX | NC | RX/OTC | OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |
| L-GLUTAMIC ACID | NC | RX/OTC | Artificial Tears and Lubricants | | |
| L-GLUTAMINE CRYSTALS | NC | | BION TEARS PF | NC | |
| L-GLUTAMINE POWD XX | NC | RX/OTC | <i>dextran 70-hypromellose 0.3 %-0.1 %</i> | NC | |
| L-GLUTATHIONE CRYSTALS | NC | | FRESHKOTE PF | NC | |
| L-HISTIDINE | NC | RX/OTC | LACRISERT | NC | |
| L-HISTIDINE MONOHYDROCHLORIDE CRYSTALS | NC | | <i>polyvinyl alcohol 1.4 %</i> | C | |
| L-HISTIDINE MONOHYDROCHLORIDE POWD | NC | | REFRESH | NC | |
| L-ISOLEUCINE POWD XX | NC | RX/OTC | REFRESH DIGITAL PF | NC | |
| L-LEUCINE POWD XX | NC | RX/OTC | REFRESH OPTIVE ADVANCED PF | NC | |
| | | | REFRESH OPTIVE MEGA-3 | NC | |
| | | | REFRESH RELIEVA PF SOLN | NC | |
| | | | SYSTANE COMPLETE PF | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| SYSTANE PRO PF | NC | |
| VENTIVA | NC | |
| VENTIVA TEARS PLUS SOLN | NC | |
| <i>white petrolatum-mineral oil</i> | C | 1 package(s) per fill retail |
| Beta-blockers - Ophthalmic | | |
| <i>betaxolol hcl (ophth) SOLN</i> | P | 1 package(s) per 31 day(s) retail |
| <i>betaxolol hcl (ophth) SOLN</i> | NC | 1 package(s) per 31 day(s) retail |
| BETIMOL | NC | |
| BETIMOL | NP | |
| BETIMOL (<i>timolol</i>) | NP | |
| BETIMOL (<i>timolol</i>) | NC | |
| BETOPTIC-S SUSP | NP | |
| <i>brimonidine tartrate-timolol maleate</i> | NP | Brand Preferred |
| <i>carteolol hcl (ophth)</i> | P | 1 max fill(s) per 31 day(s) retail |
| COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>) | P | Brand Preferred |
| COSOPT (<i>dorzolamide hcl-timolol maleate</i>) | NC | QL(10 ML per 31 day(s) retail) |
| COSOPT (<i>dorzolamide hcl-timolol maleate</i>) | NP | QL(10 ML per 31 day(s) retail) |
| COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>) | NP | |
| COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>) | NC | |
| DORZOLAMIDE HCL-TIMOLOL MAL | NC | QL(10 ML per 31 day(s) retail) |
| <i>dorzolamide hcl-timolol maleate</i> | P | QL(10 ML per 31 day(s) retail) |
| <i>dorzolamide hcl-timolol maleate 0.5 %-2 %</i> | NC | |
| <i>dorzolamide hcl-timolol maleate</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|
| <i>dorzolamide hcl-timolol maleate 6.8 MG/ML-22.3 MG/ML</i> | NC | QL(10 ML per 31 day(s) retail) |
| <i>ISTALOL SOLN (timolol maleate (ophth))</i> | NP | |
| <i>levobunolol hcl 0.5 %</i> | P | QL(15 ML per 31 day(s) retail) |
| <i>timolol</i> | NP | |
| <i>timolol maleate (ophth) SOLG 0.25 %</i> | NC | |
| <i>timolol maleate (ophth) SOLG</i> | P | |
| <i>timolol maleate (ophth) SOLN 0.5 %</i> | NP | |
| <i>timolol maleate (ophth) SOLN</i> | NC | QL(15 ML per 31 day(s) retail) |
| <i>timolol maleate (ophth) SOLN</i> | P | QL(15 ML per 31 day(s) retail) |
| TIMOPTIC OCUDOSE SOLN 0.5 % (<i>timolol maleate (ophth)</i>) | NC | QL(15 EA per 31 day(s) retail) |
| TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>) | NP | QL(15 EA per 31 day(s) retail) |
| TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>) | NC | QL(15 ML per 31 day(s) retail) |
| TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>) | NC | |
| Cholinergic Agonists | | |
| TYRVAYA | NP | |
| Cycloplegic Mydriatics | | |
| <i>atropine sulfate (ophthalmic) OINT</i> | C | QL(4 GM per fill retail) |
| <i>atropine sulfate (ophthalmic) SOLN</i> | C | |
| ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>) | NC | |
| ATROPINE SULFATE SOLN 1 % | C | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------------|
| CYCLOGYL 2 % | C | 1 package(s) per 31 day(s) retail |
| CYCLOGYL (cyclopentolate hcl) | NC | |
| CYCLOGYL 0.5 % | C | |
| CYCLOMYDRIL | NC | |
| cyclopentolate hcl 2 % | C | 1 package(s) per 31 day(s) retail |
| cyclopentolate hcl 0.5 %, 1 % | C | |
| ISOPTO ATROPINE SOLN | C | |
| MYDCOMBI SOCT | NC | |
| MYDRIACYL SOLN (tropicamide) | NC | |
| phenylephrine hcl (mydriatic) SOLN | NC | |
| TROPICAMIDE POWD | NC | |
| tropicamide SOLN | C | |
| TROPIC-CYCLOP-PE-KETO-PROPAR | NC | |
| Miotics | | |
| MIOCHOL-E SOLR | NC | |
| MIOSTAT IO | NC | |
| PHOSPHOLINE IODIDE | NC | |
| pilocarpine hcl SOLN 1 %, 2 %, 4 % | C | |
| QLOSI SOLN | NC | |
| VUITY SOLN | NC | |
| Ophthalmic - Angiogenesis Inhibitors | | |
| EYLEA SOSY | C | SP; PA |
| VABYSMO SOLN | NC | SP |
| Ophthalmic Adrenergic Agents | | |
| ALPHAGAN P (brimonidine tartrate) | P | Brand Preferred |
| apraclonidine hcl | NC | |
| apraclonidine hcl | NP | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------------|
| brimonidine tartrate 0.1 %, 0.15 % | NP | Brand Preferred |
| brimonidine tartrate 0.2 % | P | 1 package(s) per 31 day(s) retail |
| brimonidine tartrate 0.2 % | NC | 1 package(s) per 31 day(s) retail |
| IOPIDINE | NP | |
| IOPIDINE | NC | |
| LUMIFY | NC | |
| SIMBRINZA | NP | |
| SIMBRINZA | NC | |
| Ophthalmic Anti-infectives | | |
| AZASITE | NC | |
| AZASITE | NP | |
| bacitracin (ophthalmic) | C | QL(4 GM per 31 day(s) retail) |
| bacitracin-polymyxin b (ophth) | C | QL(4 GM per 31 day(s) retail) |
| BESIVANCE | NP | |
| BETADINE OPHTHALMIC PREP | NC | |
| CILOXAN OINT | NP | 1 package(s) per fill retail |
| CILOXAN SOLN (ciprofloxacin hcl (ophth)) | NC | 1 package(s) per fill retail |
| ciprofloxacin hcl (ophth) SOLN | P | 1 package(s) per fill retail |
| ciprofloxacin hcl (ophth) SOLN | NC | 1 package(s) per fill retail |
| ERYTHROMYCIN | C | |
| erythromycin (ophth) | C | |
| gatifloxacin (ophth) | NC | |
| gatifloxacin (ophth) | NP | |
| gentamicin sulfate (ophth) SOLN | C | 2 package(s) per fill retail |
| KLARITY-A | NC | |
| MITOMYCIN SOSY 0.02 %, 0.04 % | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|-----------------------------------|
| <i>moxifloxacin hcl (ophth) SOLN OP</i> | NC | Brand Preferred; QL(3 ML per fill retail) | XDEMVY | NC | |
| <i>moxifloxacin hcl (ophth) SOLN OP</i> | NP | Brand Preferred; QL(3 ML per fill retail) | ZIRGAN GEL | NC | |
| NATACYN | NC | | ZYMAXID (<i>gatifloxacin (ophth)</i>) | NC | |
| <i>neomycin-bacitracin zn-polymyxin</i> | C | QL(4 GM per 31 day(s) retail) | Ophthalmic Decongestants | | |
| <i>neomycin-polymyxin-gramicidin</i> | C | 1 package(s) per fill retail | <i>naphazoline w/ pheniramine 0.3 %-0.025 %</i> | C | QL(15 ML per 31 day(s) retail) |
| OCUFLOX (<i>ofloxacin (ophth)</i>) | NP | QL(10 ML per 31 day(s) retail) | NAPHCAN-A (<i>naphazoline w/ pheniramine</i>) | NC | QL(15 ML per 31 day(s) retail) |
| <i>ofloxacin (ophth)</i> | NP | QL(10 ML per 31 day(s) retail) | <i>tetrahydrozoline hcl (ophth) 0.05 %</i> | C | 1 package(s) per 31 day(s) retail |
| <i>ofloxacin (ophth)</i> | NC | QL(10 ML per 31 day(s) retail) | <i>tetrahydrozoline-polyethylene glycol-zinc sulfate</i> | NC | |
| <i>polymyxin b-trimethoprim</i> | C | 1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail | VISINE RED EYE COMFORT (<i>tetrahydrozoline hcl (ophth)</i>) | NC | 1 package(s) per 31 day(s) retail |
| POLYTRIM (<i>polymyxin b-trimethoprim</i>) | NC | 1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail | Ophthalmic Gene Therapy | | |
| POVIDONE-IODINE | NC | | LUXTURNA | NC | SP |
| <i>sulfacetamide sodium (ophth) OINT</i> | C | QL(4 GM per 31 day(s) retail) | Ophthalmic Immunomodulators | | |
| <i>sulfacetamide sodium (ophth) SOLN</i> | C | QL(15 ML per 31 day(s) retail) | CEQUA SOLN | NP | |
| <i>tobramycin (ophth) SOLN</i> | NC | QL(5 ML per 31 day(s) retail) | <i>cyclosporine (ophth) EMUL</i> | NP | Brand Preferred |
| <i>tobramycin (ophth) SOLN</i> | NP | QL(5 ML per 31 day(s) retail) | KLARITY-C DROPS EMUL | NC | |
| TOBREX OINT | NP | | RESTASIS MULTIDOSE EMUL | P | Brand Preferred |
| <i>trifluridine</i> | C | QL(8 ML per 31 day(s) retail) | RESTASIS EMUL (<i>cyclosporine (ophth)</i>) | P | Brand Preferred |
| VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>) | NC | Brand Preferred; QL(3 ML per fill retail) | VERKAZIA EMUL | NP | |
| VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>) | P | Brand Preferred; QL(3 ML per fill retail) | VEVYE SOLN | NP | |
| | | | Ophthalmic Integrin Antagonists | | |
| | | | XIIDRA | P | |
| | | | Ophthalmic Kinase Inhibitors | | |
| | | | RHOPRESSA | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|--|-----------|-----------------------------------|
| ROCKLATAN | P | | MAXITROL SUSP (neomycin-polymy-dexameth) | NC | QL(10 ML per 31 day(s) retail) |
| Ophthalmic Local Anesthetics | | | <i>neomycin-polymy-dexameth OINT</i> | C | QL(4 GM per 31 day(s) retail) |
| AKTEN | NC | | <i>neomycin-polymy-dexameth SUSP</i> | C | QL(10 ML per 31 day(s) retail) |
| BUP-LIDO | NC | | <i>neomycin-polymyxin-hc (ophth)</i> | C | QL(15 ML per 31 day(s) retail) |
| LIDOCAINE HCL- BUPIVACAINE HCL | NC | | PRED FORTE (prednisolone acetate (ophth)) | NC | QL(15 ML per 31 day(s) retail) |
| <i>proparacaine hcl</i> | NC | | PRED MILD | C | 1 package(s) per 31 day(s) retail |
| <i>tetracaine hcl (ophth)</i> | C | | <i>prednisolone acetate (ophth)</i> | C | QL(15 ML per 31 day(s) retail) |
| Ophthalmic Steroids | | | PREDNISOLONE ACETATE P-F | C | QL(15 ML per 31 day(s) retail) |
| ALREX SUSP (loteprednol etabonate) | NP | | PREDNISOLONE SODIUM PHOSPHATE | C | 1 package(s) per 31 day(s) retail |
| <i>bacitracin-poly-neomycin-hc</i> | NC | | <i>sulfacetamide sod-prednisolone SOLN</i> | C | QL(10 ML per 31 day(s) retail) |
| <i>dexamethasone sodium phosphate (ophth)</i> | C | | TOBRADEX ST SUSP | NC | |
| DEXYCU SUSP IO | NC | SP | TOBRADEX OINT | C | QL(4 GM per 31 day(s) retail) |
| <i>difluprednate</i> | NC | | TOBRADEX SUSP (tobramycin-dexamethasone) | NC | 1 package(s) per 31 day(s) retail |
| EYSUVIS SUSP | NP | | <i>tobramycin-dexamethasone SUSP</i> | C | 1 package(s) per 31 day(s) retail |
| FLAREX | NC | | ZYLET | NC | |
| <i>fluorometholone (ophth) SUSP</i> | C | 1 package(s) per 31 day(s) retail | Ophthalmic Surgical Aids | | |
| FML FORTE SUSP | NC | | GELFILM | NC | |
| FML LIQUIFILM SUSP (fluorometholone (ophth)) | NC | 1 package(s) per 31 day(s) retail | HEALON5 PRO SOSY | NC | |
| INVELTYS SUSP | NC | | OMIDRIA | NC | |
| LOTEMAX SM GEL | NC | | Ophthalmics - Misc. | | |
| LOTEMAX OINT | NC | | ACULAR (<i>ketorolac tromethamine (ophth)</i>) | NP | 1 package(s) per 31 day(s) retail |
| <i>loteprednol etabonate GEL</i> | NC | | | | |
| <i>loteprednol etabonate SUSP 0.2 %</i> | NP | | | | |
| <i>loteprednol etabonate SUSP 0.5 %</i> | NC | | | | |
| MAXIDEX SUSP OP | NC | | | | |
| MAXITROL OINT (neomycin-polymy-dexameth) | NC | QL(4 GM per 31 day(s) retail) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|------------------------------------|
| ACULAR LS (<i>ketorolac tromethamine (ophth)</i>) | NP | 1 max fill(s) per 31 day(s) retail | <i>dorzolamide hcl</i> | P | QL(10 ML per 31 day(s) retail) |
| ACUVAIL | NP | | <i>dorzolamide hcl</i> | NC | QL(10 ML per 31 day(s) retail) |
| ALOCRIAL | NC | QL(5 ML per 31 day(s) retail) | DORZOLAMIDE HCL | NC | QL(10 ML per 31 day(s) retail) |
| ALOMIDE | P | QL(10 ML per 31 day(s) retail) | <i>epinastine hcl (ophth)</i> | NC | |
| ALOMIDE | NC | QL(10 ML per 31 day(s) retail) | <i>epinastine hcl (ophth)</i> | NP | |
| <i>azelastine hcl (ophth)</i> | NP | QL(6 ML per 31 day(s) retail) | <i>fluorescein sodium injection IV 10 %</i> | NC | |
| AZOPT (<i>brinzolamide</i>) | NC | Brand Preferred | <i>fluorescein sodium topical STRP 1 MG</i> | NC | |
| AZOPT (<i>brinzolamide</i>) | P | Brand Preferred; 1 package(s) per 31 day(s) retail | FLUORESCEIN SODIUM/BENOXINATE | NC | |
| AZOPT (<i>brinzolamide</i>) | NC | Brand Preferred; 1 package(s) per 31 day(s) retail | FLUOR-I-STRIPS A.T. STRP | NC | |
| <i>bepotastine besilate</i> | NP | | <i>flurbiprofen sodium</i> | P | QL(5 ML per 31 day(s) retail) |
| BEPREVE (<i>bepotastine besilate</i>) | NP | | GLOSTRIPS STRP 1 MG | NC | |
| BIO GLO STRP | NC | | ILEVRO | NP | |
| <i>brinzolamide</i> | NP | Brand Preferred; 1 package(s) per 31 day(s) retail | <i>ketorolac tromethamine (ophth) 0.4 %</i> | P | 1 max fill(s) per 31 day(s) retail |
| <i>bromfenac sodium (ophth) 0.09 %</i> | NC | | <i>ketorolac tromethamine (ophth) 0.5 %</i> | NC | |
| <i>bromfenac sodium (ophth)</i> | NP | | <i>ketorolac tromethamine (ophth) 0.5 %</i> | NC | 1 package(s) per 31 day(s) retail |
| BROMSITE (<i>bromfenac sodium (ophth)</i>) | NP | | <i>ketorolac tromethamine (ophth) 0.5 %</i> | P | 1 package(s) per 31 day(s) retail |
| BSS PLUS SOLN | NC | | <i>ketotifen fumarate (ophth) 0.035 %</i> | P | QL(10 ML per 31 day(s) retail) |
| BSS SOLN | NC | | <i>ketotifen fumarate (ophth) 0.035 %</i> | NC | QL(10 ML per 31 day(s) retail) |
| <i>cromolyn sodium (ophth)</i> | NC | QL(10 ML per 31 day(s) retail) | MIEBO | NP | |
| <i>cromolyn sodium (ophth)</i> | P | QL(10 ML per 31 day(s) retail) | NEVANAC | P | |
| CYSTADROPS | NC | SP | <i>olopatadine hcl</i> | NC | RX/OTC |
| <i>diclofenac sodium (ophth)</i> | P | QL(3 ML per 31 day(s) retail) | <i>olopatadine hcl 0.2 %</i> | P | RX/OTC |
| <i>dorzolamide hcl</i> | NC | | PROLENSA (<i>bromfenac sodium (ophth)</i>) | NP | |
| | | | TRUSOPT (<i>dorzolamide hcl</i>) | NC | QL(10 ML per 31 day(s) retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|
| ZADITOR 0.035 % (ketotifen fumarate (ophth)) | P | QL(10 ML per 31 day(s) retail) |
| ZERVIATE | NP | |
| Prostaglandins - Ophthalmic | | |
| <i>bimatoprost SOLN</i> | NP | |
| DURYSTA IMPL | NC | |
| IDOSE TR IMPL | NC | |
| IYUZEH SOLN | NP | |
| <i>latanoprost SOLN</i> | P | QL(5 ML per 31 day(s) retail) |
| <i>latanoprost SOLN</i> | NC | |
| LATANOPROST SOLN | NC | QL(5 ML per 31 day(s) retail) |
| LUMIGAN SOLN 0.01 % | P | Brand Preferred |
| <i>tafluprost</i> | NP | |
| TRAVATAN Z SOLN (<i>travoprost</i>) | P | Brand Preferred |
| <i>travoprost SOLN</i> | NP | Brand Preferred |
| VYZULTA | NP | |
| XALATAN SOLN (<i>latanoprost</i>) | NP | QL(5 ML per 31 day(s) retail) |
| XALATAN SOLN (<i>latanoprost</i>) | NC | QL(5 ML per 31 day(s) retail) |
| XELPROS EMUL | NP | |
| ZIOPTAN (<i>tafluprost</i>) | NC | |
| ZIOPTAN (<i>tafluprost</i>) | NP | |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| <i>acetic acid (otic)</i> | C | QL(15 ML per 31 day(s) retail) |
| <i>carbamide peroxide (otic)</i> 6.5 % | C | QL(15 ML per 31 day(s) retail) |
| DEBROX 6.5 % (<i>carbamide peroxide</i> (<i>otic</i>)) | NC | QL(15 ML per 31 day(s) retail) |
| Otic Anti-infectives | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| CETRAXAL (<i>ciprofloxacin hcl (otic)</i>) | NC | |
| <i>ciprofloxacin hcl (otic)</i> | NP | |
| <i>ofloxacin (otic)</i> | NC | 1 package(s) per fill retail |
| <i>ofloxacin (otic)</i> | P | 1 package(s) per fill retail |
| Otic Combinations | | |
| CIPRO HC | NC | |
| CIPRO HC | NP | |
| CIPRODEX (<i>ciprofloxacin- dexamethasone</i>) | NC | Brand Preferred; QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| <i>ciprofloxacin- dexamethasone</i> | P | Brand Preferred; QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| <i>ciprofloxacin-fluocinolone acetamide</i> | NP | |
| CORTISPORIN-TC | NP | |
| <i>neomycin-polymyxin-hc (otic) SOLN</i> | P | QL(10 ML per fill retail) |
| <i>neomycin-polymyxin-hc (otic) SUSP</i> | P | 1 package(s) per fill retail |
| OTOVEL (<i>ciprofloxacin- fluocinolone acetamide</i>) | NC | |
| <i>pramoxine-hc- chloroxylenol</i> | NC | |
| Otic Steroids | | |
| DERMOTIC (<i>fluocinolone acetamide (otic)</i>) | NC | 1 package(s) per 31 day(s) retail |
| DEX24 | NC | |
| <i>fluocinolone acetamide (otic)</i> | C | 1 package(s) per 31 day(s) retail |
| <i>hydrocortisone w/acetic acid</i> | C | QL(20 ML per 31 day(s) retail) |
| OXYTOCICS - Drugs to Prevent/Control Uterine | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| Bleeding | | | GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | C | SP; PA |
| Abortifacients/Agents for Cervical Ripening | | | HYPERHEP B SOLN IM | NC | SP |
| <i>carboprost tromethamine SOLN</i> | NC | | HYPERHEP B SOSY | NC | SP |
| CARBOPROST TROMETHAMINE SOSY | NC | | HYPERRAB SOLN | NC | |
| CERVIDIL INST | NC | | HYPERRHO S/D SOSY IM 1500 UNIT | C | SP |
| PREPIDIL GEL | NC | | HYPERRHO S/D SOSY IM 250 UNIT | NC | SP |
| Oxytocics | | | HYPERTET SOSY | NC | |
| <i>methylergonovine maleate SOLN</i> | NC | | IMOGAM RABIES-HT SOLN 300 UNIT/2ML | NC | |
| <i>methylergonovine maleate TABS</i> | C | | KEDRAB SOLN | NC | |
| <i>oxytocin</i> | NC | | MICRHOGAM ULTRA-FILTERED PLUS SOSY IM | NC | SP |
| OXYTOCIN-LACTATED RINGERS 10 UNIT/500ML | NC | | NABI-HB SOLN IM | NC | SP |
| OXYTOCIN-SODIUM CHLORIDE 40 UNIT/L-0.9 % | NC | | OCTAGAM SOLN 30 GM/300ML | C | SP; PA |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | | RHOGAM ULTRA-FILTERED PLUS SOSY IM | C | SP |
| Antitoxins-Antivenins | | | RHOPHYLAC SOSY IJ | NC | SP |
| ANTIVENIN LATRODECTUS MACTANS | NC | | VARIZIG SOLN | NC | |
| ANTIVENIN MICRURUS FULVIUS | NC | | WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML | NC | SP |
| Immune Serums | | | XEMBIFY | C | SP; PA |
| ALYGLO | NC | SP | Monoclonal Antibodies | | |
| ASCENIV | NC | | SYNAGIS SOLN | C | SP; PA |
| FLEBOGAMMA DIF SOLN | NC | SP | PENICILLINS - Drugs to Treat Bacterial Infections | | |
| GAMMAGARD | C | SP; PA | Aminopenicillins | | |
| GAMMAGARD S/D LESS IGA SOLR | C | SP; PA | AMOXICILLIN TRIHYDRATE POWD | NC | |
| GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | C | SP; PA | <i>amoxicillin CAPS</i> | C | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|--|-----------|--------------------------------|
| <i>amoxicillin CHEW 125 MG, 250 MG</i> | C | | <i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i> | C | QL(30 EA per fill retail) |
| <i>amoxicillin SUSR</i> | C | | <i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i> | C | QL(20 EA per fill retail) |
| AMOXICILLIN SUSR (<i>amoxicillin</i>) | NC | | <i>amoxicillin & pot clavulanate TB12</i> | C | QL(40 EA per 31 day(s) retail) |
| <i>amoxicillin TABS 875 MG</i> | C | | <i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i> | NC | |
| <i>amoxicillin TABS 500 MG</i> | NC | | AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>) | NC | 2 package(s) per fill retail |
| <i>ampicillin sodium IJ 1 GM, 2 GM, 125 MG, 250 MG, 500 MG</i> | NC | | AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML | C | 1 package(s) per fill retail |
| <i>ampicillin CAPS 500 MG</i> | C | | AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>) | NC | QL(30 EA per fill retail) |
| Natural Penicillins | | | BICILLIN C-R | NC | |
| BICILLIN L-A SUSY | NC | | BICILLIN C-R 900/300 | NC | |
| EXTENCILLINE SUSR | C | QL(1 EA per 28 day(s) retail) | <i>piperacillin sodium-tazobactam sodium</i> | NC | |
| LENTOCILIN SUSR | C | QL(1 EA per 28 day(s) retail) | ZOSYN | NC | |
| PENICILLIN G POT IN DEXTROSE | NC | | Penicillinase-Resistant Penicillins | | |
| <i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i> | NC | | <i>dicloxacillin sodium</i> | C | |
| <i>penicillin g sodium</i> | NC | | <i>nafcillin sodium IJ 1 GM, 2 GM</i> | NC | |
| <i>penicillin v potassium SOLR</i> | C | | NAFCILLIN SODIUM IN DEXTROSE | NC | |
| <i>penicillin v potassium TABS</i> | C | | <i>oxacillin sodium IV 10 GM</i> | NC | |
| Penicillin Combinations | | | OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML | NC | |
| <i>amoxicillin & pot clavulanate CHEW</i> | C | QL(20 EA per fill retail) | PHARMACEUTICAL ADJUVANTS | | |
| <i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i> | C | 2 package(s) per fill retail | Alkalizing Agents | | |
| <i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i> | C | 1 package(s) per fill retail | TROLAMINE | NC | RX/OTC |
| | | | Antimicrobial Agents | | |
| | | | BENZYL ALCOHOL | NC | RX/OTC |
| | | | BUTYLPARABEN | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|-------------------------|----------------------------------|-----------|-------------------------|
| CHLOROBUTANOL ANHYDROUS POWD | NC | | FOOD COLOR BROWN | NC | RX/OTC |
| CHLOROBUTANOL HEMIHYDRATE CRYSTALS | NC | | FOOD COLOR FLESH | NC | |
| CHLOROBUTANOL CRYSTALS | NC | | FOOD COLOR GREEN LIQD | NC | |
| CHLOROBUTANOL POWD | NC | | FOOD COLOR GREEN POWD | NC | RX/OTC |
| METHYL PARABEN | NC | RX/OTC | FOOD COLOR LIME GREEN | NC | RX/OTC |
| POTASSIUM SORBATE CRYSTALS | NC | | FOOD COLOR ORANGE | NC | RX/OTC |
| POTASSIUM SORBATE POWD | NC | | FOOD COLOR ORANGE - YELLOW #6 | NC | RX/OTC |
| PROPYL PARABEN | NC | RX/OTC | FOOD COLOR PINK | NC | |
| SORBIC ACID | NC | RX/OTC | FOOD COLOR RED | NC | RX/OTC |
| Coloring Agents | | | FOOD COLOR RED | NC | |
| AMARANTH | NC | | FOOD COLOR VIOLET | NC | |
| BRILLIANT BLUE G | NC | | FOOD COLOR WHITE | NC | |
| EVANS BLUE | NC | | FOOD COLOR YELLOW | NC | |
| FD&C BLUE #2 | NC | RX/OTC | FOOD COLOR YELLOW | NC | RX/OTC |
| FD&C RED #40 ALUMINUM LAKE | NC | | FOOD COLOR YELLOW #5 ALUM LAKE | NC | RX/OTC |
| FD&C YELLOW #5 | NC | RX/OTC | LISSAMINE GREEN B | NC | |
| FD&C YELLOW #6 ALUMINUM LAKE | NC | RX/OTC | QUINIZARIN GREEN SS | NC | |
| FDC BLUE 1 ALUMINUM LAKE | NC | RX/OTC | SULPHAN BLUE | NC | |
| FDC BLUE 1 POWD | NC | RX/OTC | TRYPAN BLUE | NC | |
| FDC BLUE 2 | NC | RX/OTC | Flavoring Agents | | |
| FDC GREEN #3 | NC | RX/OTC | ALFALFA FLAVOR POWD | NC | RX/OTC |
| FDC RED #3 | NC | RX/OTC | ALMOND OIL BITTER FLAVOR LIQD | NC | RX/OTC |
| FDC RED 40 | NC | RX/OTC | ANISE EXTRACT LIQD | NC | RX/OTC |
| FDC YELLOW 5 ALUMINUM LAKE | NC | RX/OTC | ANISE FLAVOR OIL | NC | RX/OTC |
| FDC YELLOW 6 | NC | RX/OTC | APPLE FLAVOR WATER MISCIBLE POWD | NC | RX/OTC |
| FOOD COLOR BLACK | NC | RX/OTC | APPLE FLAVOR LIQD | NC | RX/OTC |
| FOOD COLOR BLUE | NC | RX/OTC | APPLE FLAVOR POWD | NC | RX/OTC |
| FOOD COLOR BLUE ROYAL | NC | | APRICOT FLAVOR LIQD | NC | RX/OTC |
| | | | APRICOT FLAVOR POWD | NC | RX/OTC |
| | | | BACON FLAVOR LIQD | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|-------------------------|------------------------------------|-----------|-------------------------|
| BANANA CONCENTRATE LIQD | NC | RX/OTC | BUBBLE GUM CONCENTRATE LIQD | NC | RX/OTC |
| BANANA CREAM FLAVOR LIQD | NC | RX/OTC | BUBBLE GUM FLAVOR LIQD | NC | RX/OTC |
| BANANA CREME FLAVOR LIQD | NC | RX/OTC | BUBBLE GUM OS LIQD | NC | RX/OTC |
| BANANA FLAVOR LIQD | NC | RX/OTC | BUBBLE GUM WS LIQD | NC | RX/OTC |
| BEEF (GRILLED) FLAVOR OIL SOL LIQD | NC | RX/OTC | BUTTER FLAVOR LIQD | NC | RX/OTC |
| BEEF BRAISED NATURAL FLAVOR LIQD | NC | RX/OTC | BUTTER RUM FLAVOR LIQD | NC | RX/OTC |
| BEEF FLAVOR LIQD | NC | RX/OTC | BUTTERSCOTCH FLAVOR LIQD | NC | RX/OTC |
| BEEF FLAVOR POWD | NC | RX/OTC | CARAMEL FLAVOR LIQD | NC | RX/OTC |
| BEEF TYPE FLAVOR NATURAL LIQD | NC | RX/OTC | CARAMEL OS LIQD | NC | RX/OTC |
| BEEF TYPE FLAVOR OS LIQD | NC | RX/OTC | CHEESE-ADE FLAVOR POWD | NC | RX/OTC |
| BEEF-ADE POWD | NC | RX/OTC | CHEESECAKE FLAVOR LIQD | NC | RX/OTC |
| BENZALDEHYDE | NC | | CHERRY FLAVOR LIQD | NC | RX/OTC |
| BITTER STOP FLAVOR LIQD | NC | RX/OTC | CHERRY-ADE FLAVOR POWD | NC | RX/OTC |
| BITTER-BLOC PURE POWD | NC | RX/OTC | CHICKEN (GRILLED) FLAVOR LIQD | NC | RX/OTC |
| BITTER-BLOC WS CONCENTRATE POWD | NC | RX/OTC | CHICKEN BROTH FLAVOR POWD | NC | RX/OTC |
| BITTER-BLOC WS/OS LIQUID CONC | NC | RX/OTC | CHICKEN CONC FLAVOR LIQD | NC | RX/OTC |
| BITTER-BLOC WS CONC | NC | RX/OTC | CHICKEN FLAVOR OIL MISCIBLE LIQD | NC | RX/OTC |
| BITTERNESS MASK FLAVOR LIQD | NC | RX/OTC | CHICKEN FLAVOR OIL SOLUBLE LIQD | NC | RX/OTC |
| BITTERNESS REDUCING AGENT POWD | NC | RX/OTC | CHICKEN FLAVOR WATER MISCIBLE LIQD | NC | RX/OTC |
| BITTERNESS SUPPRESSOR FLAVOR LIQD | NC | RX/OTC | CHICKEN FLAVOR LIQD | NC | RX/OTC |
| BLACKBERRY FLAVOR LIQD | NC | RX/OTC | CHICKEN FLAVOR POWD | NC | RX/OTC |
| BLOOD ORANGE OS LIQD | NC | RX/OTC | CHICKEN ROASTED CONCENTRATE LIQD | NC | RX/OTC |
| BLUEBERRY FLAVOR LIQD | NC | RX/OTC | CHOCOLATE CONCENTRATE CONC | NC | RX/OTC |
| | | | CHOCOLATE FLAVOR LIQD | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|-------------------------|------------------------------------|-----------|-------------------------|
| CHOCOLATE FLAVOR POWD | NC | RX/OTC | LEMON EXTRACT LIQD | NC | RX/OTC |
| CHOCOLATE HAZELNUT FLAVOR LIQD | NC | RX/OTC | LEMON FLAVOR LIQD | NC | RX/OTC |
| CHOCOLATE NATURAL & ARTIFICIAL CONC | NC | RX/OTC | LEMON FLAVOR OIL | NC | RX/OTC |
| CINNAMON FLAVOR OIL | NC | RX/OTC | LEMONADE FLAVOR OIL | NC | RX/OTC |
| COCONUT FLAVOR LIQD | NC | RX/OTC | LEMON-LIME SD POWD | NC | RX/OTC |
| COFFEE FLAVOR LIQD | NC | RX/OTC | LICORICE FLAVOR LIQD | NC | RX/OTC |
| COLA FLAVOR LIQD | NC | RX/OTC | LIME FLAVOR OIL | NC | RX/OTC |
| COTTON CANDY FLAVOR LIQD | NC | RX/OTC | LIVER CONCENTRATE LIQD | NC | RX/OTC |
| CRAN-RASPBERRY FLAVOR LIQD | NC | RX/OTC | LIVER FLAVOR LIQD | NC | RX/OTC |
| CREME DE MENTHE FLAVOR LIQD | NC | RX/OTC | LIVER FLAVOR POWD | NC | RX/OTC |
| CREME DE MENTHE FLAVOR OIL | NC | RX/OTC | MANGO FLAVOR SWEETENED POWD | NC | RX/OTC |
| CREME DEMENTHE FLAVOR LIQD | NC | RX/OTC | MANGO FLAVOR LIQD | NC | RX/OTC |
| CREME OS LIQD | NC | RX/OTC | MANGO FLAVOR POWD | NC | RX/OTC |
| ENGLISH TOFFEE FLAVOR LIQD | NC | RX/OTC | MANGO PASSION FRUIT OS LIQD | NC | RX/OTC |
| EUCALYPTUS FLAVOR OIL | NC | RX/OTC | MAPLE FLAVOR LIQD | NC | RX/OTC |
| EUGENOL FLAVOR LIQD | NC | RX/OTC | MARSHMALLOW ARTIFICIAL FLAVOR CONC | NC | RX/OTC |
| FISH FLAVOR LIQD | NC | RX/OTC | MARSHMALLOW FLAVOR LIQD | NC | RX/OTC |
| FLAVOR CONC-CHLORHEXIDINE CONC | NC | RX/OTC | MARSHMALLOW OS LIQD | NC | RX/OTC |
| FLAVORX LIQD | NC | RX/OTC | MARSHMALLOW WS LIQD | NC | RX/OTC |
| GRAPE CONCORD OS LIQD | NC | RX/OTC | MINT CHOCOLATE CHIP FLAVOR LIQD | NC | RX/OTC |
| GRAPE FLAVOR LIQD | NC | RX/OTC | MOLASSES FLAVOR POWD | NC | RX/OTC |
| GRAPEFRUIT FLAVOR OIL | NC | RX/OTC | NATURAL CARAMEL LIQD | NC | RX/OTC |
| GREEN APPLE OS LIQD | NC | RX/OTC | ORANGE CONCENTRATE LIQD | NC | RX/OTC |
| GUAVA FLAVOR LIQD | NC | RX/OTC | ORANGE CREAM FLAVOR LIQD | NC | RX/OTC |
| HAM FLAVOR LIQD | NC | RX/OTC | ORANGE FLAVOR LIQD | NC | RX/OTC |
| HONEY FLAVOR LIQD | NC | RX/OTC | ORANGE FLAVOR POWD | NC | RX/OTC |
| KAHLUA FLAVOR LIQD | NC | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|---------------------------------|-----------|---------------------|
| ORANGE OIL FLAVOR LIQD | NC | RX/OTC | SPEARMINT OS LIQD | NC | RX/OTC |
| PASSION FRUIT FLAVOR SWEETENED POWD | NC | RX/OTC | STEVIA GLYCERITE EXTRACT LIQD | NC | RX/OTC |
| PASSION FRUIT FLAVOR POWD | NC | RX/OTC | STRAWBERRY FLAVOR LIQD | NC | RX/OTC |
| PCCA SWEETNESS ENHANCER LIQD | NC | RX/OTC | STRAWBERRY OS LIQD | NC | RX/OTC |
| PEACH FLAVOR LIQD | NC | RX/OTC | SUPER SYNERSWEET FLAVOR POWD | NC | RX/OTC |
| PEANUT BUTTER FLAVOR LIQD | NC | RX/OTC | SWEET CORN FLAVOR CONC | NC | RX/OTC |
| PEANUT BUTTER FLAVOR OIL | NC | RX/OTC | SWEET DROPS LIQD | NC | RX/OTC |
| PEANUT BUTTER OS CONC | NC | RX/OTC | SWEETENING ENHANCER LIQD | NC | RX/OTC |
| PEPPERMINT BURST OS LIQD | NC | RX/OTC | TANGERINE FLAVOR SWEETENED POWD | NC | RX/OTC |
| PEPPERMINT FLAVOR OIL | NC | RX/OTC | TANGERINE FLAVOR OIL | NC | RX/OTC |
| PINA COLADA FLAVOR LIQD | NC | RX/OTC | TANGERINE FLAVOR POWD | NC | RX/OTC |
| PINEAPPLE FLAVOR LIQD | NC | RX/OTC | TEABERRY FLAVOR OIL | NC | RX/OTC |
| PRALINES AND CREAM FLAVOR LIQD | NC | RX/OTC | TRITTAB PEPPERMINT ICE CONC | NC | RX/OTC |
| PUMPKIN FLAVOR LIQD | NC | RX/OTC | TROPICAL FUSION OS LIQD | NC | RX/OTC |
| RASPBERRY CONCENTRATE CONC | NC | RX/OTC | TROPICAL FUSION WS LIQD | NC | RX/OTC |
| RASPBERRY FLAVOR ARTIFICIAL CONC | NC | RX/OTC | TROPICAL PUNCH FLAVOR LIQD | NC | RX/OTC |
| RASPBERRY FLAVOR LIQD | NC | RX/OTC | TUNA FLAVOR LIQD | NC | RX/OTC |
| RASPBERRY FLAVOR POWD | NC | RX/OTC | TUNA FLAVOR POWD | NC | RX/OTC |
| RASPBERRY OS LIQD | NC | RX/OTC | TUNA TYPE FLAVOR OS LIQD | NC | RX/OTC |
| ROOT BEER FLAVOR LIQD | NC | RX/OTC | TUTTI FRUTTI CONCENTRATE CONC | NC | RX/OTC |
| SARDINE FLAVOR LIQD | NC | RX/OTC | TUTTI FRUTTI FLAVOR LIQD | NC | RX/OTC |
| SHRIMP FLAVOR LIQD | NC | RX/OTC | TUTTI-FRUTTI FLAVOR LIQD | NC | RX/OTC |
| SPEARMINT FLAVOR OIL | NC | RX/OTC | VANILLA BUTTERNUT FLAVOR LIQD | NC | RX/OTC |
| | | | VANILLA FLAVOR LIQD | NC | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|---------------------|--|-----------|---------------------|
| VANILLA OS LIQD | NC | RX/OTC | STERILE WATER FOR INJECTION IJ | NC | |
| VANILLIN FLAVOR POWD | NC | RX/OTC | <i>water for injection, sterile IJ</i> | NC | |
| VERY BERRY OS LIQD | NC | RX/OTC | Pharmaceutical Adjuvants Miscellaneous | | |
| VITAMIN/IRON MASKING AGENT LIQD | NC | RX/OTC | METER BUFFER | NC | |
| WATERMELON FLAVOR LIQD | NC | RX/OTC | PH BUFFER | NC | |
| WILD CHERRY FLAVOR LIQD | NC | RX/OTC | Pharmaceutical Excipients | | |
| WILD CHERRY OS LIQD | NC | RX/OTC | ACACIA | NC | RX/OTC |
| WILD CHERRY SD FLAVOR POWD | NC | RX/OTC | ALKYL ACRYLATE CROSSPOLYMER POWD | NC | RX/OTC |
| Liquid Vehicles | | | ARLASILK PHOSPHOLIPID PLN | NC | |
| <i>bacteriostatic sodium chloride</i> | NC | | ASTRAGALUS ROOT POWD | NC | RX/OTC |
| BACTERIOSTATIC WATER(BENZ ALC) | NC | | BACOCALMINE LIQD | NC | |
| BASE GELATIN GUMMY TROCHE | NC | RX/OTC | BASE X FLAK | NC | |
| COLLODION | NC | RX/OTC | BEES WAX | NC | RX/OTC |
| CUSTOM POLYGLYCOL TROCHE BASE WAX | NC | RX/OTC | BEESWAX | NC | RX/OTC |
| DEHYDRATED ALCOHOL | NC | RX/OTC | BEESWAX (YELLOW) | NC | RX/OTC |
| FIXED OIL SUSPENSION | NC | RX/OTC | BENTONITE POWD | NC | RX/OTC |
| FOS-A | NC | RX/OTC | BITTER DRUG | NC | RX/OTC |
| GUM BASE (GELATIN) | NC | RX/OTC | CAMPOR BLOCKS | NC | |
| KLEAR GUMMY BASE | NC | RX/OTC | CAPSORAL W/DYNAMIC STATIC GRD | NC | RX/OTC |
| PCCA CUSTOM NATATROCHE HMP WAX | NC | RX/OTC | CAPSUBLEND-H | NC | RX/OTC |
| PCCA CUSTOM TROCHE BASE WAX | NC | RX/OTC | CAPSUBLEND-P | NC | RX/OTC |
| PCCA FIXED OIL BASE | NC | RX/OTC | CAPSUBLEND-S | NC | RX/OTC |
| PCCA NATATROCHE BASE WAX | NC | RX/OTC | CARRAGEENAN | NC | |
| PCCA PRACAMAC BASE OIL | NC | | CETYL ALCOHOL FLAK | NC | RX/OTC |
| REGENT ALCOHOL | NC | RX/OTC | CETYL ALCOHOL POWD | NC | |
| SORBITOL XX 70 % | C | RX/OTC | COCOA BUTTER CREA | NC | |
| | | | COCOA BUTTER MISC | NC | RX/OTC |
| | | | COLLASIL OSA POWD | NC | RX/OTC |
| | | | DISPERSERX | NC | |
| | | | ECTOSEAL P2G | NC | RX/OTC |
| | | | EFFERVESCENT BASE | NC | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-----------------------------------|-----------|-------------------------|-----------------------------------|-----------|-------------------------|
| EMULGADE CM | NC | | MEDI-RDT KIT | NC | |
| EMULSIFYING WAX | NC | | METHYLCELLULOSE GEL | NC | |
| ETHYL ACETATE | NC | | METHYLCELLULOSE POWD | NC | RX/OTC |
| EXCELL-RDT SF BASE POWD | NC | RX/OTC | MUCOLOX LIQD | NC | |
| FAGRON CAPFILL PRO | NC | RX/OTC | NAT BITTERNESS | NC | RX/OTC |
| FAGRON DISPERSAPRO | NC | RX/OTC | NATURAL BITTERNESS | NC | RX/OTC |
| FATTYBLEND MISC | NC | RX/OTC | OLEIC ACID LIQD | NC | |
| FIZZMIX BASE | NC | | PARAFFIN | NC | RX/OTC |
| F-MELT POWD | NC | RX/OTC | PARAFFIN WAX BEADS | NC | RX/OTC |
| FREEDOM LOLLIPOP BASE MISC | NC | | PCCA CUSTOM RDT POWD | NC | RX/OTC |
| FREEDOM ODT BASE POWD | NC | RX/OTC | PCCA EMULSIFIX-205 BASE | NC | |
| FREEDOM SIMPLECAP | NC | RX/OTC | PCCA LECITHIN ISOPROPYL PALM SOLN | NC | |
| GALEN IQ 900 | NC | | PCCA LOXASPERSE BASE | NC | |
| GELATIN | NC | | PCCA MBK (FATTY ACID) BASE | NC | |
| GUM ARABIC | NC | RX/OTC | PCCA RAPID DISSOLVE TABLET POWD | NC | RX/OTC |
| ISOMALT LOLLIPOP BASE | NC | RX/OTC | PCCA SORBITOL LOLLIPOP BASE FLAK | NC | |
| KARAYA GUM | NC | RX/OTC | PCCA XYLIFOS BASE | NC | |
| KRYSTAL SF | NC | | PLURONIC F127 POWD | NC | RX/OTC |
| LACTOSE | NC | RX/OTC | PLURONIC L64 LIQD | NC | |
| LACTOSE ANHYDROUS | NC | RX/OTC | PLURONIC GEL | NC | RX/OTC |
| LACTOSE HYDROUS | NC | RX/OTC | POLOXAMER 188 POWD | NC | RX/OTC |
| LACTOSE MONOHYDRATE | NC | RX/OTC | POLOXAMER 407 POWD | NC | RX/OTC |
| LECITHIN-ISOPROPYL PALMITATE SOLN | NC | | POLOX GEL | NC | RX/OTC |
| LIPMAX SOLN | NC | | POLYBLEND RX MISC | NC | RX/OTC |
| LIPOIL OIL | NC | | POLYMATRIX POWD | NC | RX/OTC |
| LIQUIGEL COMPLEX | NC | | POLYPEG MISC | NC | RX/OTC |
| LOLLIBASE | NC | RX/OTC | PROCAP 100HD CAPSULE EXCIPIENT | NC | RX/OTC |
| LOVO-ODF CUSTOM LIQD | NC | | PROCAP 90 CAPSULE EXCIPIENT | NC | RX/OTC |
| LOXORAL BASE | NC | RX/OTC | RDT BASE POWD | NC | RX/OTC |
| MAGNESIUM STEARATE | NC | RX/OTC | | | |
| MEDI-RDT BASE POWD | NC | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|------------------------------|-----------|-------------------------|---------------------------------|-----------|-------------------------|
| RDT-PLUS POWD | NC | RX/OTC | BABY SKIN PROTECTANT | NC | RX/OTC |
| SEPINEO P 600 | NC | | BASE A POLYETHYLENE GLYCOL POWD | NC | |
| SHEA BUTTER | NC | RX/OTC | BASE C POLYETHYLENE GLYCOL 300 | NC | RX/OTC |
| SHEA BUTTER ORGANIC | NC | RX/OTC | BASE D POLYETHYL GLYCOL 4600 | NC | |
| SODIUM BENZOATE | NC | RX/OTC | BASE D POLYETHYLENE GLYCOL | NC | |
| SODIUM LAURYL SULFATE | NC | | BHRT BASE | NC | RX/OTC |
| SODIUM THIOSULFATE POWD | NC | | CHEMSIL K-12 | NC | |
| SORBITOL CANDY BASE CRYSTALS | NC | | CHEMSIL K-51 | NC | RX/OTC |
| SPG SUPPOSI-BASE PLLT | NC | RX/OTC | CHEW-HESIVE | NC | |
| STEARIC ACID FLAK | NC | | CLOVAGEL | NC | RX/OTC |
| STEARIC ACID POWD | NC | RX/OTC | DAILY MOISTURIZER | NC | RX/OTC |
| STEARYL ALCOHOL FLAK | NC | | DERMASHIELD HYDROGEL | NC | RX/OTC |
| STEARYL ALCOHOL POWD | NC | | FAGRON VERSIFIX LIQD | NC | |
| SUPPOSIBLEND PLLT | NC | RX/OTC | FREEDOM ADAPTADERM | NC | RX/OTC |
| SUPPOSI-PLEX R36 PLLT | NC | RX/OTC | FREEDOM CEPAPRO | NC | RX/OTC |
| SUPPOSI-PLEX V33 PLLT | NC | RX/OTC | FREEDOM SILOMAC ANHYDROUS | NC | RX/OTC |
| SYNAPSIN POWD | NC | RX/OTC | HORMONE CREAM BASE | NC | RX/OTC |
| TRAGACANTH POWD | NC | RX/OTC | HRT BASE | NC | RX/OTC |
| TRITTAB | NC | RX/OTC | HRT BASE (MEN) | NC | |
| UCARE POLYMER JR-400 POWD | NC | RX/OTC | HRT BOTANICAL | NC | RX/OTC |
| WAX, WHITE | NC | RX/OTC | HRT CREAM | NC | RX/OTC |
| WHITE BEES WAX | NC | RX/OTC | HRT CREAM BASE | NC | RX/OTC |
| WHITE WAX | NC | RX/OTC | HRT CREAM BASE WOMEN | NC | RX/OTC |
| WITEPSOL PLLT | NC | RX/OTC | HRT ESSENTIAL | NC | RX/OTC |
| WITEPSOL WAX | NC | | HRT HEAVY | NC | RX/OTC |
| XANTHAN GUM | NC | RX/OTC | HRT NATURAL | NC | |
| YELLOW WAX | NC | RX/OTC | JELENE | NC | RX/OTC |
| ZINC STEARATE | NC | | KRIS-ESTER 236 | NC | |
| Semi Solid Vehicles | | | <i>Ilanolin XX</i> | C | |
| ANHYDROUS GEL BASE | NC | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------|-----------|---------------------|-------------------------------|-----------|---------------------|
| LANOLIN XX | C | | PLURONIC F127 | NC | |
| LANOLIN ALCOHOL WAX | NC | | POLYETHYLENE GLYCOL 1000 LIQD | NC | |
| LANOLIN OIL | NC | | POLYETHYLENE GLYCOL 1000 POWD | NC | |
| LIP BALM BASE NATURAL | NC | | POLYETHYLENE GLYCOL 1450 FLAK | NC | |
| LIOPEN ANHYDROUS | NC | | POLYETHYLENE GLYCOL 1450 LIQD | NC | RX/OTC |
| LIPOSOMAL HAIR | NC | RX/OTC | POLYETHYLENE GLYCOL 1450 POWD | NC | |
| LIPOVAN BASE CREA | NC | | POLYETHYLENE GLYCOL 200 | NC | |
| LUBRAJEL NP | NC | RX/OTC | POLYETHYLENE GLYCOL 300 | NC | RX/OTC |
| MEDIBASE C | NC | RX/OTC | POLYETHYLENE GLYCOL 3350 GRAN | NC | |
| NOVAFILM | NC | RX/OTC | POLYETHYLENE GLYCOL 3350 POWD | NC | RX/OTC |
| OINTMENT BASE (EMULSIFYING) | NC | | POLYETHYLENE GLYCOL 400 | NC | |
| OLEABASE PLASTICIZED | NC | RX/OTC | POLYETHYLENE GLYCOL 4500 | NC | |
| ORA-HESIVE BASE | NC | | POLYETHYLENE GLYCOL 600 | NC | |
| PCCA GELATIN BASE | NC | | POLYETHYLENE GLYCOL 8000 GRAN | NC | |
| PCCA LIPODERM HMW | NC | RX/OTC | POLYETHYLENE GLYCOL 8000 POWD | NC | RX/OTC |
| PCCA OCCLUSADERM | NC | RX/OTC | POLYETHYLENE GLYCOL POWD | NC | |
| PCCA PERME8 ANHYDROUS | NC | RX/OTC | POLYMAC PROGEL | NC | RX/OTC |
| PCCA PLASTICIZED BASE | NC | RX/OTC | RA PETROLEUM JELLY | NC | RX/OTC |
| PCCA PLURONIC F127 BASE | NC | | RENEWCREAM HRT | NC | RX/OTC |
| PCCA POLOXAMER 407 | NC | | SCAR CARE BASE ENHANCED | NC | RX/OTC |
| PCCA SPIRA-WASH BASE | NC | RX/OTC | SECURA PROTECTIVE | NC | RX/OTC |
| PCCA W06 ANHYDROUS TOPICAL | NC | RX/OTC | SIMPLGEL 30 | NC | RX/OTC |
| PEG 300 | NC | RX/OTC | SKIN PROTECTANT | NC | RX/OTC |
| PETROLATUM | NC | RX/OTC | SUSPENDIT | NC | RX/OTC |
| PETROLEUM JELLY | NC | RX/OTC | TDC MAX CREA | NC | |
| PETROLEUM JELLY BABY | NC | RX/OTC | | | |
| PLASTIBASE | NC | RX/OTC | | | |
| PLASTICIZED BASE | NC | RX/OTC | | | |
| PLO TRANSDERMAL CREA | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TOMMY GEL | NC | RX/OTC |
| TRANSDERMAL PAIN BASE CREA | NC | |
| VERSABASE HRT GEL | NC | RX/OTC |
| VERSABASE CREA | NC | |
| VERSABASE FOAM | NC | |
| VERSABASE GEL | NC | RX/OTC |
| VERSABASE LOTN | NC | |
| VERSABASE SHAM | NC | |
| VERSAPENN (AL) ANHYD LIPID GEL | NC | |
| VERSAPRO | NC | |
| VERSAPRO | NC | RX/OTC |
| VERSAPRO ANHYDROUS BASE | NC | RX/OTC |
| WILEY BASIC ELEMENTS BHRT BASE | NC | RX/OTC |
| YELLOW PETROLATUM | NC | RX/OTC |
| ZOSIL | NC | |
| Surfactants | | |
| MYRJ 53 POWD | NC | RX/OTC |
| POLYOXYL 40 STEARATE PLLT | NC | |
| POLYOXYL 40 STEARATE POWD | NC | RX/OTC |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Progestins | | |
| AYGESTIN TABS (<i>norethindrone acetate</i>) | NC | |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i> | C | |
| <i>megestrol acetate (appetite)</i> | NC | |
| <i>megestrol acetate (appetite)</i> | NP | |
| NORETHINDRONE ACETATE POWD | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>norethindrone acetate TABS</i> | C | |
| <i>progesterone CAPS</i> | C | QL(1 EA daily) |
| <i>progesterone OIL</i> | NC | |
| PROMETRIUM CAPS (<i>progesterone</i>) | NC | QL(1 EA daily) |
| PROVERA 5 MG, 10 MG (<i>medroxyprogesterone acetate</i>) | NC | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| <i>acamprosate calcium</i> | NC | |
| <i>disulfiram 500 MG</i> | NC | |
| <i>disulfiram 250 MG</i> | C | |
| <i>lofexidine hcl</i> | NC | |
| Anti-Cataplectic Agents | | |
| XYWAV | NC | SP |
| Antidementia Agents | | |
| ADLARITY PTWK | NP | |
| ADUHELM | NC | SP |
| ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>) | NP | |
| ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>) | NP | QL(1 EA daily) |
| <i>donepezil hydrochloride TABS 5 MG, 10 MG</i> | P | QL(1 EA daily) |
| <i>donepezil hydrochloride TABS 23 MG</i> | NC | |
| <i>donepezil hydrochloride TABS 5 MG, 10 MG</i> | NC | QL(1 EA daily) |
| <i>donepezil hydrochloride TABS 23 MG</i> | NP | |
| <i>donepezil hydrochloride TBDP</i> | NC | |
| <i>donepezil hydrochloride TBDP</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|---|-----------|---------------------------------|
| EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>) | P | Brand Preferred; QL(1 EA daily) | <i>rivastigmine</i> 13.3 MG/24HR | NC | Brand Preferred |
| EXELON 13.3 MG/24HR (<i>rivastigmine</i>) | P | Brand Preferred | <i>rivastigmine</i> 13.3 MG/24HR | NP | Brand Preferred |
| <i>galantamine hydrobromide</i> CP24 | NP | QL(1 EA daily) | <i>rivastigmine</i> 4.6 MG/24HR, 9.5 MG/24HR | NC | Brand Preferred; QL(1 EA daily) |
| <i>galantamine hydrobromide</i> CP24 | NC | QL(1 EA daily) | <i>rivastigmine</i> 4.6 MG/24HR, 9.5 MG/24HR | NP | Brand Preferred; QL(1 EA daily) |
| <i>galantamine hydrobromide</i> SOLN | NP | QL(6 ML daily) | <i>rivastigmine tartrate</i> CAPS | NC | QL(2 EA daily) |
| <i>galantamine hydrobromide</i> TABS | NC | QL(2 EA daily) | <i>rivastigmine tartrate</i> CAPS | P | QL(2 EA daily) |
| <i>galantamine hydrobromide</i> TABS | NP | QL(2 EA daily) | Combination Psychotherapeutics | | |
| <i>memantine hcl</i> CP24 | NC | | <i>chlordiazepoxide-amitriptyline</i> | NC | |
| <i>memantine hcl</i> CP24 | NP | | LYBALVI | NC | |
| <i>memantine hcl-donepezil hcl</i> CP24 | NP | | LYBALVI | NP | |
| <i>memantine hcl</i> SOLN 2 MG/ML | P | QL(10 ML daily) | <i>olanzapine-fluoxetine hcl</i> | NP | |
| <i>memantine hcl</i> TABS | NP | | <i>perphenazine-amitriptyline</i> | C | QL(4 EA daily) |
| <i>memantine hcl</i> TABS | P | QL(2 EA daily) | SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>) | NP | |
| <i>memantine hcl</i> TABS | NC | QL(2 EA daily) | Fibromyalgia Agents | | |
| NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>) | NP | Titration pack | SAVELLA TITRATION PACK MISC | NP | QL(55 EA per 365 day(s) retail) |
| NAMENDA XR CP24 14 MG, 28 MG (<i>memantine hcl</i>) | NC | | SAVELLA TABS | NP | QL(2 EA daily) |
| NAMENDA XR CP24 (<i>memantine hcl</i>) | NP | | Metachromatic Leukodystrophy (MLD) Agents | | |
| NAMENDA TABS (<i>memantine hcl</i>) | NC | QL(2 EA daily) | LENMELDY | NC | SP |
| NAMZARIC C4PK | NP | | Movement Disorder Drug Therapy | | |
| NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>) | NP | | AUSTEDO XR PATIENT TITRATION TEPK | NP | SP |
| NAMZARIC CP24 | NP | | AUSTEDO XR TB24 | P | SP |
| RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>) | NC | QL(1 EA daily) | AUSTEDO TABS | P | SP |
| | | | INGREZZA CAPS 40 MG | NC | SP |
| | | | <i>tetrabenazine</i> | P | SP |
| | | | <i>tetrabenazine</i> | NC | SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|---|-----------|-----------------------|
| XENAZINE (<i>tetrabenazine</i>) | NP | SP | REBIF REBIDOSE TITRATION PACK SOAJ | NP | SP |
| Multiple Sclerosis Agents | | | REBIF REBIDOSE SOAJ | NP | SP |
| AUBAGIO (<i>teriflunomide</i>) | NC | QL(1 EA daily); SP | REBIF TITRATION PACK SOSY | NP | SP |
| AUBAGIO (<i>teriflunomide</i>) | NP | QL(1 EA daily); SP | REBIF SOSY | NP | SP |
| AVONEX PEN AJKT | P | SP | TECFIDERA CDPK (<i>dimethyl fumarate</i>) | NP | SP |
| AVONEX PREFILLED PSKT | P | SP | TECFIDERA CPDR (<i>dimethyl fumarate</i>) | NP | SP |
| BAFIERTAM | NP | SP | <i>teriflunomide</i> | P | QL(1 EA daily); SP |
| BETASERON KIT | P | SP | VUMERITY | NP | SP |
| COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>) | NP | SP | Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents | | |
| COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>) | P | Brand Preferred; SP | <i>gabapentin (once-daily)</i> TABS | NP | |
| <i>dimethyl fumarate CDPK</i> | NC | SP | GRALISE TABS | NP | |
| <i>dimethyl fumarate CDPK</i> | P | SP | GRALISE TABS (<i>gabapentin (once-daily)</i>) | NP | |
| <i>dimethyl fumarate CPDR</i> | P | SP | LYRICA CR (<i>pregabalin (once-daily)</i>) | NP | |
| <i>dimethyl fumarate CPDR</i> | NC | SP | <i>pregabalin (once-daily)</i> | NC | |
| EXTAVIA KIT | NP | SP | <i>pregabalin (once-daily)</i> | NP | |
| <i> fingolimod hcl</i> | NC | QL(1 EA daily); SP | Premenstrual Dysphoric Disorder (PMDD) Agents | | |
| <i> fingolimod hcl</i> | P | QL(1 EA daily); SP | <i>fluoxetine hcl (pmdd)</i> TABS | NC | |
| GILENYA 0.25 MG | NP | SP | <i>fluoxetine hcl (pmdd)</i> TABS | P | |
| GILENYA (<i>fingolimod hcl</i>) | NP | QL(1 EA daily); SP | Pseudobulbar Affect (PBA) Agents | | |
| <i>glatiramer acetate SOSY 20 MG/ML</i> | NP | Brand Preferred; SP | NUEDEXTA | NC | |
| <i>glatiramer acetate SOSY 40 MG/ML</i> | NP | SP | Psychotherapeutic and Neurological Agents - Misc. | | |
| KESIMPTA | PA | SP; PA | <i>ergoloid mesylates TABS</i> | NC | |
| PLEGRIDY STARTER PACK SOAJ | NP | SP | <i>pimozide</i> | NC | |
| PLEGRIDY STARTER PACK SOSY SC | NP | SP | Restless Leg Syndrome (RLS) Agents | | |
| PLEGRIDY SOAJ | NP | SP | HORIZANT | NP | |
| PLEGRIDY SOSY IM | NP | SP | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|--|-----------|---|
| Smoking Deterrents | | | NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>) | NC | Limit: 2 Smoking Cessation Treatments per Year; QL(24 EA daily) |
| APO-VARENICLINE TABS 0.5 MG | C | Brand Preferred; Limit: 2 Smoking Cessation Treatments per Year; QL(2 EA daily) | NICORETTE GUM (<i>nicotine polacrilex</i>) | NC | Limit: 2 Smoking Cessation Treatments per Year; QL(24 EA daily) |
| APO-VARENICLINE TABS 1 MG | C | Brand Preferred; QL(2 EA daily; 56 EA per fill retail) | NICORETTE LOZG (<i>nicotine polacrilex</i>) | NC | Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily) |
| <i>bupropion hcl (smoking deterrent)</i> | P | Limit: 2 Smoking Cessation Treatments per Year; QL(2 EA daily) | NICORETTE LOZG 4 MG (<i>nicotine polacrilex</i>) | NC | QL(20 EA daily) |
| CHANTIX STARTING MONTH PAK TBPk (<i>varenicline tartrate</i>) | NC | Brand Preferred; Limit: 2 Smoking Cessation Treatments per Year; QL(53 EA per fill retail); 2 max fill(s) per 365 day(s) retail | <i>nicotine polacrilex GUM</i> | P | Limit: 2 Smoking Cessation Treatments per Year; QL(24 EA daily) |
| NICODERM CQ PT24 TD (<i>nicotine</i>) | NC | Limit: 2 Smoking Cessation Treatments per Year; QL(1 EA daily) | <i>nicotine polacrilex GUM</i> | NC | Limit: 2 Smoking Cessation Treatments per Year; QL(24 EA daily) |
| NICORETTE MINI LOZG 4 MG (<i>nicotine polacrilex</i>) | NC | QL(20 EA daily) | <i>nicotine polacrilex GUM 4 MG</i> | NC | |
| NICORETTE MINI LOZG (<i>nicotine polacrilex</i>) | NC | Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily) | <i>nicotine polacrilex GUM</i> | NC | QL(24 EA daily) |
| NICORETTE MINI LOZG 4 MG (<i>nicotine polacrilex</i>) | NC | | <i>nicotine polacrilex GUM</i> | P | QL(24 EA daily) |
| | | | <i>nicotine polacrilex LOZG</i> | P | Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|---|
| <i>nicotine polacrilex LOZG</i> | NC | Limit: 2 Smoking Cessation Treatments per Year; QL(20 EA daily) | <i>varenicline tartrate TABS 0.5 MG</i> | C | Brand Preferred; Limit: 2 Smoking Cessation Treatments per Year; QL(2 EA daily) |
| <i>nicotine polacrilex LOZG</i> | NC | QL(20 EA daily) | <i>varenicline tartrate TBPK</i> | C | Brand Preferred; Limit: 2 Smoking Cessation Treatments per Year; QL(53 EA per fill retail); 2 max fill(s) per 365 day(s) retail |
| NICOTINE KIT | P | Limit: 2 Smoking Cessation Treatments per Year; QL(56 EA per fill retail); 2 max fill(s) per 365 day(s) retail | Transthyretin Amyloidosis Agents | | |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i> | NC | Limit: 2 Smoking Cessation Treatments per Year; QL(1 EA daily) | TEGSEDI | C | SP; PA |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i> | P | QL(1 EA daily) | Vasomotor Symptom Agents | | |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i> | P | Limit: 2 Smoking Cessation Treatments per Year; QL(1 EA daily) | <i>paroxetine mesylate (vasomotor)</i> | NP | |
| NICOTROL NS SOLN | P | Limit: 2 Smoking Cessation Treatments per Year; QL(4 ML daily); SL | RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| NICOTROL INHA | NC | Limit: 2 Smoking Cessation Treatments per Year; QL(16.8 EA daily); SL | Alpha-Proteinase Inhibitor (Human) | | |
| <i>varenicline tartrate TABS 1 MG</i> | C | Brand Preferred; QL(2 EA daily; 56 EA per fill retail) | ZEMAIRA SOLR 4000 MG, 5000 MG | NC | |
| | | | Cystic Fibrosis Agents | | |
| | | | BRONCHITOL | NC | SP |
| | | | BRONCHITOL TOLERANCE TEST | NC | SP |
| | | | ORKAMBI PACK | C | SP; PA |
| | | | ORKAMBI TABS | C | SP; PA |
| | | | SYMDEKO | C | SP; PA |
| | | | TRIKAFTA TBPK | C | QL(3 EA daily); SP; PA |
| | | | Pulmonary Fibrosis Agents | | |
| | | | ESBRIET CAPS (<i>pirfenidone</i>) | NC | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| ESBRIET TABS (<i>pirfenidone</i>) | NC | SP; PA | DORYX MPC TBEC 120 MG | NC | |
| OFEV | C | SP; PA | DORYX MPC TBEC 60 MG | NP | |
| <i>pirfenidone CAPS</i> | C | SP; PA | DORYX TBEC 80 MG, 200 MG (<i>doxycycline hyclate</i>) | NP | |
| <i>pirfenidone TABS</i> | C | SP; PA | DORYX TBEC 50 MG (<i>doxycycline hyclate</i>) | NC | |
| Respiratory Agents - Misc. | | | <i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i> | NC | |
| CUROSURF TR 120 MG/1.5ML, 240 MG/3ML | NC | | <i>doxycycline (monohydrate) CAPS</i> | NP | |
| SURVANTA | NC | | <i>doxycycline (monohydrate) SUSR</i> | NP | |
| SULFONAMIDES - Drugs to Treat Bacterial Infections | | | <i>doxycycline (monohydrate) TABS</i> | NP | |
| Sulfonamides | | | <i>doxycycline (monohydrate) TABS 75 MG, 100 MG, 150 MG</i> | NC | |
| SULFADIAZINE SODIUM | NC | | <i>doxycycline hyclate CAPS</i> | NC | |
| SULFADIAZINE POWD | NC | | <i>doxycycline hyclate CAPS</i> | P | |
| <i>sulfadiazine TABS</i> | NC | | DOXYCYCLINE HYCLATE POWD | NC | |
| SULFAMETHOXAZOLE | NC | | <i>doxycycline hyclate SOLR</i> | NC | |
| SULFAMETHOXAZOLE MICRO | NC | | <i>doxycycline hyclate TABS</i> | P | |
| SULFAPYRIDINE | NC | | <i>doxycycline hyclate TABS</i> | NC | |
| SULFATHIAZOLE | NC | | <i>doxycycline hyclate TBEC</i> | NP | |
| SULFISOXIZOLE CRYSTALS | NC | | <i>doxycycline hyclate TBEC 50 MG, 75 MG, 100 MG, 150 MG</i> | NC | |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | | MINOCIN SOLR | NC | |
| Aminomethylcyclines | | | <i>minocycline hcl CAPS</i> | P | |
| NUZYRA SOLR | NC | | <i>minocycline hcl CAPS</i> | NC | |
| NUZYRA TABS | NP | | MINOCYCLINE HCL POWD | NC | |
| Fluorocyclines | | | <i>minocycline hcl TABS</i> | P | |
| XERAVAL | NC | | <i>minocycline hcl TABS</i> | NC | |
| Glycylcyclines | | | <i>minocycline hcl TB24</i> | NP | |
| <i>tigecycline</i> | NC | | | | |
| TIGECYCLINE | NC | | | | |
| Tetracyclines | | | | | |
| <i>demeclocycline hcl TABS</i> | NP | | | | |
| <i>demeclocycline hcl TABS</i> | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|--|
| <i>minocycline hcl TB24 45 MG, 90 MG, 135 MG</i> | NC | | LEVOTHYROXINE SODIUM SOLN IV | NC | |
| MINOLIRA TB24 | NC | | <i>levothyroxine sodium SOLR IV</i> | NC | |
| NUTRIDOX | NC | | LEVOTHYROXINE SODIUM SOLR IV (<i>levothyroxine sodium</i>) | NC | |
| OXYTETRACYCLINE HCL | NC | | <i>levothyroxine sodium TABS</i> | C | |
| SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>minocycline hcl</i>) | NP | | <i>liothyronine sodium SOLN</i> | NC | |
| <i>tetracycline hcl CAPS</i> | P | | <i>liothyronine sodium TABS</i> | C | |
| TETRACYCLINE HCL TABS | P | | NIVA THYROID TABS | C | |
| VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>) | NP | | NP THYROID TABS | C | |
| VIBRAMYCIN SUSR (<i>doxycycline monohydrate</i>) | NC | | SYNTHROID TABS (<i>levothyroxine sodium</i>) | NC | |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | | THYQUIDITY SOLN PO | NC | |
| Antithyroid Agents | | | THYROID POWD 0.23 % | NC | |
| METHIMAZOLE POWD | NC | | THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | C | |
| <i>methimazole TABS</i> | C | | TIROSINT CAPS | NC | |
| <i>propylthiouracil</i> | C | | TIROSINT-SOL SOLN PO | NC | |
| Thyroid Hormones | | | TRIOSTAT SOLN (<i>liothyronine sodium</i>) | NC | |
| ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | C | | TOXOIDS | | |
| ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG | NC | | Toxoid Combinations | | |
| ARMOUR THYROID TABS | C | | ADACEL SUSP | C | QL(0.5 ML per fill retail; 0.5 per fill mail); AL(At least 18 yrs old) |
| CYTOMEL TABS (<i>liothyronine sodium</i>) | NC | | BOOSTRIX SUSP | C | QL(0.5 ML per fill retail; 0.5 per fill mail); AL(At least 18 yrs old) |
| ERMEZA SOLN PO | NC | | BOOSTRIX SUSY | C | QL(0.5 ML per fill retail; 0.5 per fill mail); AL(At least 10 yrs old) |
| <i>levothyroxine sodium CAPS</i> | NC | | DAPTACEL | C | |
| LEVOTHYROXINE SODIUM SOLN IV | NC | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|---------------------------------|
| DIPHThERIA-TETANUS TOXOIDS DT SUSP | C | QL(0.5 ML per fill retail; 1.5 per fill mail); 5 max fill(s) per 576 day(s) retail; 5 max fill(s) per 576 day(s) mail | BELLADONNA ALKALOIDS-OPIUM | NC | |
| INFANRIX | C | | <i>chlordiazepoxide hcl-clidinium bromide</i> | NC | |
| KINRIX SUSY | C | QL(0.5 ML per fill retail; 0.5 per fill mail) | DARTISLA ODT TBDP | NC | |
| PEDIARIX SUSY | C | | <i>dicyclomine hcl CAPS</i> | C | |
| PENTACEL | C | | <i>dicyclomine hcl SOLN PO</i> | C | QL(496 ML per 31 day(s) retail) |
| QUADRACEL SUSP | C | | <i>dicyclomine hcl SOLN IM</i> | NC | |
| QUADRACEL SUSY | C | QL(0.5 ML per fill retail; 0.5 per fill mail) | <i>dicyclomine hcl TABS</i> | C | |
| TDVAX SUSP | C | QL(0.5 ML per fill retail; 1.5 per fill mail); AL(At least 7 yrs old) | GLYCATE TABS | NC | |
| TENIVAC INJ | C | AL(At least 7 yrs old) | GLYCOPYRROLATE PF SOSY IJ | NC | |
| TETANUS-DIPHThERIA TOXOIDS TD SUSP | C | QL(0.5 ML per fill retail; 1.5 per fill mail); AL(At least 7 yrs old) | <i>glycopyrrolate SOLN IJ</i> | NC | |
| VAXELIS SUSP | C | | <i>glycopyrrolate SOSY IJ</i> | NC | |
| VAXELIS SUSY | C | | <i>glycopyrrolate TABS 1 MG, 2 MG</i> | C | QL(4 EA daily) |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | | GLYCOPYRROLATE TABS | NC | |
| Antispasmodics | | | GLYRX-PF SOLN IJ | NC | |
| ATROPINE SULFATE MONOHYDRATE | NC | | GLYRX-PF SOSY IJ | NC | |
| ATROPINE SULFATE POWD | NC | | <i>hyoscyamine sulfate ELIX</i> | C | |
| <i>atropine sulfate SOLN IV 0.4 MG/ML, 1 MG/ML</i> | NC | | HYOSCYAMINE SULFATE POWD | NC | |
| <i>atropine sulfate SOSY IJ</i> | NC | | <i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i> | C | |
| ATROPINE SULFATE SOSY IV 0.4 MG/ML | NC | | <i>hyoscyamine sulfate SUBL 0.125 MG</i> | C | |
| | | | <i>hyoscyamine sulfate TABS 0.125 MG</i> | C | |
| | | | <i>hyoscyamine sulfate TB12 0.375 MG</i> | C | QL(4 EA daily) |
| | | | ISOPROPAMIDE IODIDE | NC | |
| | | | LEVBIID TB12 (<i>hyoscyamine sulfate</i>) | NC | QL(4 EA daily) |
| | | | LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>) | NC | |
| | | | LEVSIN TABS (<i>hyoscyamine sulfate</i>) | NC | |
| | | | <i>methscopolamine bromide</i> | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|----------------------------|
| <i>phenobarbital-hyoscyamine-atropine-scopolamine TABS</i> | NC | | TAGAMET HB 200 TABS (<i>cimetidine</i>) | NC | RX/OTC |
| PROPANTHELINE BROMIDE POWD | NC | | TAGAMET HB TABS (<i>cimetidine</i>) | NC | RX/OTC |
| <i>propantheline bromide TABS</i> | NC | | Misc. Anti-Ulcer | | |
| ROBINUL-FORTE TABS (<i>glycopyrrolate</i>) | NC | QL(4 EA daily) | CARAFATE SUSP (<i>sucralfate</i>) | NC | QL(420 ML per fill retail) |
| ROBINUL TABS (<i>glycopyrrolate</i>) | NC | QL(4 EA daily) | CARAFATE TABS (<i>sucralfate</i>) | NC | QL(4 EA daily) |
| SCOPOLAMINE HBR POWD | NC | | SUCRALFATE POWD | NC | |
| H-2 Antagonists | | | <i>sucralfate SUSP</i> | C | QL(420 ML per fill retail) |
| <i>cimetidine hcl PO 300 MG/5ML</i> | NC | | <i>sucralfate TABS</i> | C | QL(4 EA daily) |
| <i>cimetidine hcl PO 300 MG/5ML</i> | NP | | Proton Pump Inhibitors | | |
| CIMETIDINE POWD | NC | | ACIPHEX TBEC (<i>rabeprazole sodium</i>) | NC | |
| <i>cimetidine TABS</i> | NP | | DEXILANT (<i>dexlansoprazole</i>) | P | Brand Preferred |
| <i>cimetidine TABS</i> | NC | | <i>dexlansoprazole</i> | NP | Brand Preferred |
| <i>famotidine in nacl SOLN</i> | NC | | <i>dexlansoprazole</i> | NC | Brand Preferred |
| <i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i> | NC | | <i>esomeprazole magnesium CPDR 40 MG</i> | NC | |
| <i>famotidine SUSR</i> | P | | <i>esomeprazole magnesium CPDR 20 MG</i> | NC | QL(2 EA daily); RX/OTC |
| <i>famotidine SUSR</i> | NC | | <i>esomeprazole magnesium CPDR</i> | NP | |
| <i>famotidine TABS 20 MG, 40 MG</i> | NC | RX/OTC | <i>esomeprazole magnesium CPDR 20 MG</i> | NP | QL(2 EA daily); RX/OTC |
| <i>famotidine TABS 10 MG</i> | C | | <i>esomeprazole magnesium PACK 10 MG, 20 MG, 40 MG</i> | NP | Brand Preferred |
| <i>famotidine TABS 20 MG, 40 MG</i> | P | RX/OTC | <i>esomeprazole magnesium PACK 2.5 MG, 5 MG</i> | NP | |
| <i>nizatidine CAPS</i> | NP | | <i>esomeprazole sodium 40 MG</i> | NC | |
| PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>) | NC | RX/OTC | <i>lansoprazole CPDR 15 MG</i> | NC | QL(4 EA daily); RX/OTC |
| PEPCID AC TABS (<i>famotidine</i>) | NC | | <i>lansoprazole CPDR 15 MG</i> | NP | QL(4 EA daily); RX/OTC |
| PEPCID TABS (<i>famotidine</i>) | NP | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|--|-----------|--|
| <i>lansoprazole CPDR 30 MG</i> | NC | QL(2 EA daily) | <i>pantoprazole sodium TBEC 20 MG</i> | P | QL(1 EA daily) |
| <i>lansoprazole CPDR 15 MG</i> | NC | RX/OTC | PREVACID SOLUTAB TBDD (<i>lansoprazole</i>) | NP | RX/OTC |
| <i>lansoprazole CPDR 30 MG</i> | NP | QL(2 EA daily) | PREVACID CPDR 30 MG (<i>lansoprazole</i>) | NP | QL(2 EA daily) |
| <i>lansoprazole TBDD</i> | NP | RX/OTC | PRILOSEC OTC TBEC (<i>omeprazole magnesium</i>) | NC | QL(1 EA daily) |
| <i>lansoprazole TBDD 15 MG</i> | NC | RX/OTC | PRILOSEC PACK | NP | |
| NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>) | NC | QL(2 EA daily); RX/OTC | PROTONIX PACK (<i>pantoprazole sodium</i>) | P | Brand Preferred |
| NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>) | NC | QL(2 EA daily); RX/OTC | PROTONIX TBEC 40 MG (<i>pantoprazole sodium</i>) | NP | QL(2 EA daily) |
| NEXIUM I.V. 40 MG (<i>esomeprazole sodium</i>) | NC | | PROTONIX TBEC 20 MG (<i>pantoprazole sodium</i>) | NP | QL(1 EA daily) |
| NEXIUM CPDR 40 MG (<i>esomeprazole magnesium</i>) | NP | | <i>rabeprazole sodium TBEC</i> | NP | |
| NEXIUM PACK (<i>esomeprazole magnesium</i>) | P | Brand Preferred | <i>rabeprazole sodium TBEC</i> | NC | |
| <i>omeprazole magnesium TBEC</i> | C | QL(1 EA daily) | VOQUEZNA | NC | |
| <i>omeprazole CPDR</i> | P | QL(2 EA daily) | Ulcer Drugs - Prostaglandins | | |
| <i>omeprazole CPDR</i> | NC | QL(2 EA daily) | CYTOTEC (<i>misoprostol</i>) | NC | |
| <i>omeprazole TBDD</i> | NC | | <i>misoprostol</i> | C | |
| <i>omeprazole TBEC</i> | C | QL(1 EA daily) | Ulcer Therapy Combinations | | |
| PANTOPRAZOLE SODIUM-NACL | NC | | <i>amoxicillin-clarithromycin w/ lansoprazole THPK</i> | C | 14 day(s) max supply per 365 day(s) retail |
| <i>pantoprazole sodium PACK</i> | NP | Brand Preferred | <i>bismuth subcitrate potassium-metronidazole-tetracycline</i> | NC | |
| <i>pantoprazole sodium SOLR</i> | NC | | KONVOMEPEP SUSR | NP | |
| <i>pantoprazole sodium TBEC 40 MG</i> | NC | QL(2 EA daily) | OMECLAMOXP-PAK | NC | |
| <i>pantoprazole sodium TBEC 40 MG</i> | P | QL(2 EA daily) | <i>omeprazole-sodium bicarbonate CAPS</i> | NP | |
| <i>pantoprazole sodium TBEC 20 MG</i> | NC | QL(1 EA daily) | <i>omeprazole-sodium bicarbonate CAPS</i> | NC | |
| | | | <i>omeprazole-sodium bicarbonate PACK</i> | NP | |
| | | | <i>omeprazole-sodium bicarbonate PACK 1680 MG-20 MG</i> | NC | |
| | | | TALICIA | NC | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| VOQUEZNA DUAL PAK | NC | |
| VOQUEZNA TRIPLE PAK | NC | |
| ZEGERID OTC CAPS (omeprazole-sodium bicarbonate) | NC | RX/OTC |
| ZEGERID CAPS (omeprazole-sodium bicarbonate) | NP | |
| ZEGERID PACK (omeprazole-sodium bicarbonate) | NP | |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| <i>darifenacin hydrobromide</i> | NP | |
| DETROL LA CP24 (<i>tolterodine tartrate</i>) | NP | QL(1 EA daily) |
| DETROL LA CP24 (<i>tolterodine tartrate</i>) | NC | QL(1 EA daily) |
| DETROL TABS (<i>tolterodine tartrate</i>) | NP | QL(2 EA daily) |
| DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>) | NC | QL(2 EA daily) |
| <i>fesoterodine fumarate</i> | P | |
| GELNIQUE GEL 10 % | NC | |
| <i>oxybutynin chloride SOLN</i> | NC | |
| <i>oxybutynin chloride SOLN</i> | P | |
| <i>oxybutynin chloride TABS 5 MG</i> | NC | QL(3 EA daily) |
| <i>oxybutynin chloride TABS 5 MG</i> | P | QL(3 EA daily) |
| <i>oxybutynin chloride TABS 2.5 MG</i> | P | |
| <i>oxybutynin chloride TB24</i> | NC | QL(2 EA daily) |
| <i>oxybutynin chloride TB24</i> | P | QL(2 EA daily) |
| OXYTROL FOR WOMEN PTTW | NC | RX/OTC |
| OXYTROL PTTW | NP | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>solifenacin succinate TABS</i> | P | |
| <i>solifenacin succinate TABS</i> | NC | |
| <i>tolterodine tartrate CP24</i> | NC | |
| <i>tolterodine tartrate CP24</i> | NP | QL(1 EA daily) |
| <i>tolterodine tartrate TABS</i> | NP | QL(2 EA daily) |
| <i>tolterodine tartrate TABS</i> | NC | QL(2 EA daily) |
| TOVIAZ (<i>fesoterodine fumarate</i>) | NP | |
| <i>tropium chloride CP24</i> | NP | |
| <i>tropium chloride TABS</i> | NP | QL(2 EA daily) |
| <i>tropium chloride TABS</i> | NC | |
| VESICARE LS SUSP | NP | |
| VESICARE TABS (<i>solifenacin succinate</i>) | NP | |
| Urinary Antispasmodics - Beta-3 Adrenergic Agonists | | |
| GEMTESA | NP | |
| <i>mirabegron TB24</i> | NP | Brand Preferred |
| MYRBETRIQ SRER | NP | Brand Preferred |
| MYRBETRIQ TB24 (<i>mirabegron</i>) | P | Brand Preferred |
| Urinary Antispasmodics - Cholinergic Agonists | | |
| <i>bethanechol chloride</i> | C | |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| <i>flavoxate hcl</i> | NP | |
| <i>flavoxate hcl</i> | NC | |
| VACCINES | | |
| Bacterial Vaccines | | |
| ACTHIB SOLR IM | C | |
| BCG VACCINE | C | |
| BEXSERO | C | AL(At least 10 yrs old) |
| BIOTHRAX | C | AL(At least 18 yrs old - Up to 65 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|-------------------------------------|--------------------------|-----------|--|
| CAPVAXIVE | NC | | ENGERIX-B SUSP 20 MCG/ML | C | 3 max fill(s) per 999 day(s) retail |
| HIBERIX SOLR IJ | C | | ENGERIX-B SUSY | C | 3 max fill(s) per 999 day(s) retail |
| MENACTRA | C | | ERVEBO | NC | |
| MENQUADFI | C | AL(At least 2 yrs old) | FLUAD | C | 1 max fill(s) per 180 day(s) retail; AL(At least 12 yrs old) |
| MENVEO SOLN | C | | FLUARIX SUSY | C | 1 max fill(s) per 180 day(s) retail |
| MENVEO SOLR | C | | FLUBLOK SOSY | P | |
| PEDVAX HIB SUSP | C | | FLUCELVAX SUSP | P | |
| PENBRAYA | C | | FLUCELVAX SUSY | C | 1 max fill(s) per 180 day(s) retail |
| PNEUMOVAX 23 SOLN | P | | FLULAVAL SUSY | C | 1 max fill(s) per 180 day(s) retail |
| PNEUMOVAX 23 SOSY | C | | FLUMIST | PA | |
| PREVNAR 13 | C | AL(At least 18 yrs old) | FLUZONE HIGH-DOSE SUSY | C | 1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old) |
| PREVNAR 20 | C | | FLUZONE SUSP | C | 1 max fill(s) per 180 day(s) retail |
| TRUMENBA | C | | FLUZONE SUSY | C | 1 max fill(s) per 180 day(s) retail |
| TYPHIM VI SOLN | C | AL(At least 2 yrs old) | GARDASIL 9 SUSP | C | 3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old) |
| TYPHIM VI SOSY | C | AL(At least 2 yrs old) | GARDASIL 9 SUSY | C | 3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old) |
| VAXCHORA | C | AL(At least 2 yrs old) | HAVRIX | C | |
| VAXNEUVANCE | C | | | | |
| VIVOTIF | C | AL(At least 2 yrs old) | | | |
| Viral Vaccines | | | | | |
| ABRYSVO | C | AL(At least 60 yrs old) | | | |
| ACAM2000 | C | AL(At least 16 yrs old) | | | |
| AFLURIA PRESERVATIVE FREE SUSY | C | 1 max fill(s) per 180 day(s) retail | | | |
| AFLURIA SUSP | C | 1 max fill(s) per 180 day(s) retail | | | |
| AREXVY | C | AL(At least 60 yrs old) | | | |
| AUDENZ EMUL | P | | | | |
| AUDENZ PRSY | P | | | | |
| COMIRNATY SUSP | C | AL(At least 12 yrs old) | | | |
| COMIRNATY SUSY | C | | | | |
| DENGVAXIA | C | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| HEPLISAV-B SOSY | C | 3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) | PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP | C | |
| | | | PFIZER-BIONT COVID-19 VAC-TRIS SUSP | C | AL(At least 12 yrs old) |
| IMOVAX RABIES SUSR | C | AL(At least 18 yrs old) | PFIZER-BIONTECH COVID-19 VACC SUSP | C | AL(At least 12 yrs old) |
| IPOL | C | | PREHEVBRIO | C | 3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) |
| IXCHIQ | NC | | | | |
| IXIARO | C | | PRIORIX SUSR | C | AL(At least 1 yrs old) |
| JANSSEN COVID-19 VACCINE | C | | PROQUAD SUSR | C | AL(Up to 12 yrs old) |
| JYNNEOS | C | AL(At least 18 yrs old) | RABAVERT | C | AL(At least 18 yrs old) |
| M-M-R II SOLR | C | | RECOMBIVAX HB SUSP | C | 3 max fill(s) per 999 day(s) retail |
| MODERNA COVID-19 BIVAL 6M-5Y | C | | RECOMBIVAX HB SUSY | C | 3 max fill(s) per 999 day(s) retail |
| MODERNA COVID-19 BIVALENT | C | AL(At least 12 yrs old) | | | |
| MODERNA COVID-19 VAC (BOOSTER) SUSP | C | AL(At least 12 yrs old) | ROTARIX SUSP | C | |
| MODERNA COVID-19 VAC 6M-11Y SUSP | C | | ROTARIX SUSR | C | |
| MODERNA COVID-19 VAC 6M-11Y SUSY | NC | | ROTATEQ SOLN | C | |
| MODERNA COVID-19 VACC 6M-5Y SUSP | C | | SHINGRIX | C | 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old) |
| MODERNA COVID-19 VACCINE SUSP | C | AL(At least 12 yrs old) | | | |
| MRESVIA | NC | | SPIKEVAX COVID-19 VACCINE SUSP | C | AL(At least 12 yrs old) |
| NOVAVAX COVID-19 VACCINE SUSP | C | AL(At least 12 yrs old) | SPIKEVAX SUSP | C | AL(At least 12 yrs old) |
| NOVAVAX COVID-19 VACCINE SUSY | P | | SPIKEVAX SUSY | C | |
| PFIZER COVID-19 BIVAL 6MO-4YR | C | | STAMARIL SUSR | C | |
| PFIZER COVID-19 VAC BIVAL 5-11 | C | | TICOVAC | C | |
| PFIZER COVID-19 VAC BIVALENT | C | AL(At least 12 yrs old) | TWINRIX SUSY | C | AL(At least 18 yrs old) |
| PFIZER COVID-19 VAC-TRIS 5-11Y SUSP | C | | VAQTA | C | |
| | | | VARIVAX SUSR | C | 2 max fill(s) per 999 day(s) retail; AL(At least 1 yrs old) |
| | | | YF-VAX INJ | C | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|--------------------------------|
| VAGINAL AND RELATED PRODUCTS | | | VAGINAL AND RELATED PRODUCTS | | |
| Miscellaneous Vaginal Products | | | Miscellaneous Vaginal Products | | |
| TRIMO-SAN | NC | | MONISTAT 7 SIMPLY CURE CREA (<i>miconazole nitrate vaginal</i>) | NC | QL(45 GM per 31 day(s) retail) |
| Spermicides | | | NUVESSA | NC | |
| SHUR-SEAL CONTRACEPTIVE GEL | NC | | <i>terconazole vaginal CREA</i> | C | |
| VCF VAGINAL CONTRACEPTIVE FOAM | NC | | <i>terconazole vaginal SUPP</i> | C | |
| Vaginal Anti-infectives | | | <i>tioconazole vaginal 6.5 %</i> | C | |
| CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>) | NC | | VANDAZOLE | C | |
| CLEOCIN SUPP | NC | | XACIATO GEL | NC | |
| <i>clindamycin phosphate vaginal CREA</i> | C | | Vaginal Contraceptive - pH Modulators | | |
| CLINDESSE | NC | | PHEXXI | NC | |
| <i>clotrimazole vaginal CREA 2 %</i> | C | QL(21 GM per 31 day(s) retail) | Vaginal Estrogens | | |
| <i>clotrimazole vaginal CREA 1 %</i> | C | QL(45 GM per 31 day(s) retail) | ESTRACE CREA (<i>estradiol vaginal</i>) | NC | QL(43 GM per 31 day(s) retail) |
| GYNAZOLE-1 | C | | <i>estradiol vaginal CREA</i> | C | QL(43 GM per 31 day(s) retail) |
| GYNE-LOTRIMIN 3 CREA (<i>clotrimazole vaginal</i>) | NC | QL(21 GM per 31 day(s) retail) | <i>estradiol vaginal TABS</i> | C | |
| GYNE-LOTRIMIN CREA (<i>clotrimazole vaginal</i>) | NC | QL(45 GM per 31 day(s) retail) | ESTRING RING | NC | |
| <i>metronidazole vaginal</i> | C | | FEMRING | NC | |
| <i>miconazole nitrate vaginal CREA 2 %</i> | C | QL(45 GM per 31 day(s) retail) | IMVEXXY MAINTENANCE PACK INST | NC | |
| <i>miconazole nitrate vaginal KIT</i> | C | 1 package(s) per fill retail | IMVEXXY STARTER PACK INST | NC | |
| <i>miconazole nitrate vaginal SUPP 100 MG</i> | C | QL(7 EA per 31 day(s) retail) | PREMARIN | C | |
| <i>miconazole nitrate vaginal SUPP 200 MG</i> | C | QL(3 EA per fill retail; 3 EA per 31 day(s) retail) | VAGIFEM TABS (<i>estradiol vaginal</i>) | NC | |
| MONISTAT 3 COMBINATION PACK KIT (<i>miconazole nitrate vaginal</i>) | NC | 1 package(s) per fill retail | Vaginal Progestins | | |
| | | | CRINONE GEL | NC | |
| | | | VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| | | | Anaphylaxis Therapy Agents | | |
| | | | AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML | NP | Brand Preferred |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---------------------|
| AUVI-Q SOAJ 0.3 MG/0.3ML | NP | Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail) | EMERPHED SOSY IV | NC | |
| <i>epinephrine (anaphylaxis) SOAJ</i> | P | Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail) | <i>ephedrine sulfate (pressors) SOLN IV</i> | NC | |
| <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i> | NP | Brand Preferred | EPHEDRINE SULFATE (PRESSORS) SOLN IV | NC | |
| <i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i> | NC | Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail) | <i>ephedrine sulfate (pressors) SOSY IV</i> | NC | |
| <i>epinephrine (anaphylaxis) SOAJ</i> | NP | Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail) | EPHEDRINE SULFATE (PRESSORS) SOSY IV 25 MG/5ML | NC | |
| <i>epinephrine (anaphylaxis) SOLN IJ</i> | NC | | EPHEDRINE SULFATE-NACL 15 MG/3ML-0.9 % | NC | |
| EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>) | P | Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail) | EPINEPHRINE-NACL SOLN 4 MG/250ML-0.9 % | NC | |
| EPIPEN JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>) | P | Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail) | <i>epinephrine SOLN IJ</i> | NC | |
| NEFFY SOLN NA | NC | | EPINEPHRINE SOLN IJ | NC | |
| SYMJEPI SOSY | NC | | EPINEPHRINE SOSY IV 1 MG/10ML | NC | |
| Vasopressors | | | IMMPHENTIV SOLN IV | NC | |
| ADRENALIN-NACL SOLN | NC | | <i>midodrine hcl</i> | C | |
| BIORPHEN SOLN IV | NC | | <i>norepinephrine bitartrate IV</i> | NC | |
| EMERPHED SOLN IV | NC | | NOREPINEPHRINE BITARTRATE IV | NC | |
| | | | NOREPINEPHRINE-DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML | NC | |
| | | | NOREPINEPHRINE-SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML | NC | |
| | | | <i>phenylephrine hcl (pressors) SOLN IV</i> | NC | |
| | | | PHENYLEPHRINE HCL (PRESSORS) SOSY 5 MG/50ML | NC | |
| | | | PHENYLEPHRINE HCL SOLN IV 1 MG/10ML | NC | |
| | | | REZIPRES 47 MG/10ML | NC | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|---|-----------|---------------------|
| VITAMINS | | | | | |
| Oil Soluble Vitamins | | | | | |
| AQUASOL A SOLN 50000 UNIT/ML | NC | | CALCIUM ASCORBATE POWD | NC | RX/OTC |
| <i>cholecalciferol CAPS 1.25 MG, 50000 UNIT</i> | C | QL(8 EA per 31 day(s) retail) | CALCIUM PANTOTHENATE POWD | NC | RX/OTC |
| <i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i> | C | QL(2 EA daily) | NIACINAMIDE POWD | NC | RX/OTC |
| <i>cholecalciferol CAPS</i> | C | QL(100 EA per fill retail) | <i>niacin CPCR 250 MG</i> | C | |
| <i>cholecalciferol LIQD PO 10 MCG/ML</i> | C | | NIACIN POWD XX | NC | |
| <i>cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML</i> | NC | | <i>niacin TABS 500 MG</i> | C | |
| DECARA CAPS | NC | | <i>niacin TBCR</i> | C | |
| DRISDOL CAPS (<i>ergocalciferol</i>) | NC | | NICOTINAMIDE POWD | NC | RX/OTC |
| D-VI-SOL LIQD PO (<i>cholecalciferol</i>) | NC | | PARA-AMINOBENZOIC ACID POWD | NC | |
| <i>ergocalciferol CAPS</i> | C | | POTASSIUM AMINOBENZOATE POWD | NC | |
| ERGOCALCIFEROL POWD | NC | | PYRIDOXINE HCL POWD | NC | RX/OTC |
| <i>ergocalciferol SOLN PO 200 MCG/ML</i> | C | QL(60 ML per 90 day(s) retail) | <i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i> | C | |
| MEPHYTON TABS (<i>phytonadione</i>) | NC | | <i>riboflavin TABS</i> | C | QL(3.34 EA daily) |
| <i>phytonadione SOLN 1 MG/0.5ML, 10 MG/ML</i> | NC | | SLO-NIACIN TBCR (<i>niacin</i>) | NC | |
| <i>phytonadione TABS 5 MG</i> | C | | SODIUM ASCORBATE GRAN | NC | |
| <i>vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG</i> | C | QL(2 EA daily) | SODIUM ASCORBATE POWD | NC | RX/OTC |
| VITAMIN E POWD | NC | | THIAMINE HCL POWD | NC | RX/OTC |
| Water Soluble Vitamins | | | | | |
| AMINOBENZOIC ACID POWD | NC | | <i>thiamine hcl SOLN</i> | NC | |
| <i>ascorbic acid TABS</i> | C | QL(3.34 EA daily) | <i>thiamine hcl TABS 100 MG</i> | C | QL(3.34 EA daily) |
| B-1 TABS | C | QL(3.34 EA daily) | THIAMINE MONONITRATE POWD XX | NC | |
| | | | <i>thiamine mononitrate TABS 100 MG</i> | C | QL(3.34 EA daily) |
| | | | TRUE VITAMIN B1 TABS | NC | |
| | | | TRUE VITAMIN B6 TABS | NC | |

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| (paliperidone) | 60 | | | XX | 96 |
| INVEGA HAFYERA | 60 | | | ISOPROPYL ALCOHOL XX 100 %, | |
| INVEGA SUSTENNA 117 | | | | | |
| MG/0.75ML | 61 | | | | |
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| naltrexone hcl | 42 | naproxen sodium TABS 550 MG ... | 10 | NATURAL MIXED TOCOPHEROLS 93 | |
| NALTREXONE HCL | 87 | naproxen sodium TB24 375 MG ... | 10 | NAYZILAM | 28 |
| NALTREXONE HCL ANHYDROUS . 87 | | naproxen sodium TB24 | 10 | NEB 200 COMPRESSOR NEBULIZER MISC | 160 |
| NALTREXONE HCL DIHYDRATE 87 | | naproxen SUSP | 10 | neбиволol hcl | 69 |
| NALTREXONE HCL MICRONIZED . 87 | | | | NEB-RITE4 MISC | 160 |
| NAMENDA TABS (memantine hcl) 200 | | | | NEBULIZER MISC | 160 |
| | | | | NEBULIZER PED FROG KIT MISC | |

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| 160 | NEONATAL PN STARTER BAG | 182 | NEURIVA CHEW | 170 |
| NEBULIZER PED FROG MISC | NEORAL CAPS (cyclosporine modified (for microemulsion)) | 169 | NEURONTIN CAPS (gabapentin) | 29 |
| NEBULIZER SYSTEM ALL-IN-ONE MISC | NEORAL SOLN (cyclosporine modified (for microemulsion)) | 169 | NEURONTIN SOLN (gabapentin) | 29 |
| NEBULIZER/PEDIATRIC MASK KIT | NEOSPORIN ORIGINAL OINT (neomycin-bacitracin-polymyxin) | 109 | NEURONTIN TABS 600 MG (gabapentin) | 29 |
| 160 | NEOSPORIN PLUS PAIN RELIEF MS (neomycin-polymyxin w/ pramoxine) | 109 | NEURONTIN TABS 800 MG (gabapentin) | 29 |
| NEBULIZER/TUBING/MOUTHPIECE KIT | NEOSTIGMINE METHYLSULFATE | 87 | NEVANAC | 187 |
| nefazodone hcl | 87 | neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML | nevirapine SUSP | 65 |
| NEFFY SOLN NA | 213 | NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML | nevirapine TABS | 65 |
| nelarabine | 56 | NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML | nevirapine TB24 100 MG | 65 |
| NEMBUTAL SOLN (pentobarbital sodium) | 136 | NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML | nevirapine TB24 400 MG | 65 |
| NEMLUVIO | 118 | NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML | NEXICLON XR TB24 (clonidine) | 50 |
| NEOMULTIVITE TABS | 175 | NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML, 5 MG/5ML | NEXIUM 24HR CLEAR MINIS CPDR (esomeprazole magnesium) | 208 |
| NEOMYCIN SULFATE | 109 | NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML, 5 MG/5ML | NEXIUM 24HR CPDR (esomeprazole magnesium) | 208 |
| neomycin sulfate TABS | 5 | neostigmine methylsulfate SOSY | NEXIUM CPDR 40 MG (esomeprazole magnesium) | 208 |
| neomycin/polymyxin b gu | 131 | NEO-SYNALAR | NEXIUM I.V. 40 MG (esomeprazole sodium) | 208 |
| neomycin-bacitracin zn-polymyxin | 185 | NEO-VITAL RX TABS | NEXIUM PACK (esomeprazole magnesium) | 208 |
| neomycin-bacitracin-polymyxin OINT | 109 | NEPHPLEX RX | NEXLETOL | 46 |
| neomycin-polymy-dexameth OINT | 186 | NEPHRON FA | NEXLIZET | 46 |
| neomycin-polymy-dexameth SUSP | 186 | NESACAINE IJ 1 %, 2 % | NEXTERONE | 21 |
| neomycin-polymyxin w/ pramoxine | 109 | NESTABS | NEXTSTELLIS | 100 |
| neomycin-polymyxin-gramicidin | 185 | NESTABS DHA | NEXVIAZYME | 126 |
| neomycin-polymyxin-hc (ophth) | 186 | NESTABS ONE | NGENLA | 126 |
| neomycin-polymyxin-hc (otic) SOLN | 188 | NETSPOT | niacin (antihyperlipidemic) TBCR | 48 |
| neomycin-polymyxin-hc (otic) SUSP | 188 | NETTLE LEAF | niacin CPCR 250 MG | 214 |
| | | NEUAC | NIACIN POWD XX | 214 |
| | | NEUPRO | | |
| | | NEURALGO-RHEUM SOLN IJ | | |

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| niacin TABS 500 MG | 214 | NICOTINE POLACRILEX | 88 | NITRO-DUR PT24 (nitroglycerin) .. | 20 |
| niacin TBCR | 214 | nicotine polacrilex GUM 4 MG ... | 202 | NITRO-DUR PT24 | 20 |
| NIACINAMIDE POWD | 214 | nicotine polacrilex GUM | 202 | nitrofurantoin | 54 |
| niacinamide w/ zinc-copper- methylfolate-se-cr | 178 | nicotine polacrilex LOZG | 202 | NITROFURANTOIN | 54 |
| NIAOULI | 96 | nicotine polacrilex LOZG | 203 | NITROFURANTOIN ANHYDROUS . | 88 |
| nicardipine hcl CAPS | 70 | nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR | 203 | nitrofurantoin macrocrystal 25 MG | .54 |
| nicardipine hcl in sodium chloride SOLN | 70 | NICOTINE TARTRATE | 88 | nitrofurantoin macrocrystal 50 MG, 100 MG | 54 |
| NICARDIPINE HCL SOLN (nicardipine hcl) | 71 | NICOTROL INHA | 203 | nitrofurantoin monohyd macro | 54 |
| nicardipine hcl SOLN | 70 | NICOTROL NS SOLN | 203 | NITROFURANTOIN MONOHYDRATE | 88 |
| NICE PURE BAKING SODA | 91 | NIFEDIPINE | 88 | NITROFURAZONE | 113 |
| NICLOSAMIDE | 88 | nifedipine CAPS | 71 | nitroglycerin (intra-anal) | 19 |
| NICODERM CQ PT24 TD (nicotine) . 202 | | NIFEDIPINE MICRONIZED | 88 | nitroglycerin CPRC | 20 |
| NICORETTE GUM (nicotine polacrilex) | 202 | nifedipine TB24 30 MG, 90 MG ... | 71 | nitroglycerin in d5w | 20 |
| NICORETTE LOZG (nicotine polacrilex) | 202 | nifedipine TB24 60 MG | 71 | nitroglycerin PT24 | 20 |
| NICORETTE LOZG 4 MG (nicotine polacrilex) | 202 | NIFEREX TABS | 135 | NITROGLYCERIN SOLN IV | 20 |
| NICORETTE MINI LOZG (nicotine polacrilex) | 202 | NIKTIMVO | 168 | nitroglycerin SOLN TL 0.4 MG/SPRAY | 20 |
| NICORETTE MINI LOZG 4 MG (nicotine polacrilex) | 202 | nilutamide | 57 | nitroglycerin SUBL | 20 |
| NICORETTE STARTER KIT GUM (nicotine polacrilex) | 202 | NIMBEX SOLN (cisatracurium besylate) | 180 | nitroprusside sodium | 52 |
| NICOTINAMIDE ADENINE DINUCLEO | 88 | NIMODIPINE | 88 | nitroprusside sodium-sodium chloride | 52 |
| NICOTINAMIDE POWD | 214 | nimodipine CAPS | 71 | NITROSTAT SUBL (nitroglycerin) . | 20 |
| NICOTINAMIDE RIBOSIDE CHLORIDE | 88 | nimodipine SOLN | 71 | NIVA THYROID TABS | 205 |
| NICOTINE KIT | 203 | NINJACOF-D | 104 | NIX CREME RINSE LIQD EX (permethrin) | 121 |
| | | NIPENT | 58 | nizatidine CAPS | 207 |
| | | nisoldipine | 71 | NOCDURNA SUBL | 127 |
| | | NITAZOXANIDE | 88 | NOKOR VENTED NEEDLE | 156 |
| | | nitazoxanide TABS | 53 | NONOXYNOL-9 | 88 |
| | | NITRIC ACID | 74 | | |
| | | NITRIVIA CAPS | 177 | | |
| | | NITRO-BID OINT | 20 | | |

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| NORDITROPIN FLEXPON SOPN 126 |100 | NORVASC TABS (amlodipine besylate) | 71 |
| norelgestromin-ethinyl estradiol . | 101 | NORVIR PACK | 65 |
| NOREPINEPHRINE BITARTRATE 88 | norgestimate-ethinyl estradiol (triphasic) | NORVIR TABS (ritonavir) | 65 |
| norepinephrine bitartrate IV | 213 | NOURIANZ | 58 |
| NOREPINEPHRINE BITARTRATE IV | 213 | NOURISIL GEL | 91 |
| NOREPINEPHRINE-DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML ... | 213 | NOVA MAX BLOOD GLUCOSE SYSTEM DEVI | 150 |
| NOREPINEPHRINE-SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML | 213 | NOVA MAX BLOOD GLUCOSE SYSTEM KIT | 150 |
| norethin acet & estrad-fe CAPS .. | 100 | NOVAFILM | 198 |
| norethin acet & estrad-fe CHEW . | 100 | NOVAVAX COVID-19 VACCINE SUSP | 211 |
| norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG | 100 | NOVAVAX COVID-19 VACCINE SUSY | 211 |
| norethindrone & eth estradiol | 100 | NOVOLIN 70/30 FLEXPEN RELION SUPN | 39 |
| norethindrone & ethinyl estradiol-fe 100 | | NOVOLIN 70/30 FLEXPEN SUPN | 40 |
| norethindrone (contraceptive) ... | 101 | NOVOLIN 70/30 RELION SUSP .. | 40 |
| NORETHINDRONE | 88 | NOVOLIN 70/30 SUSP | 40 |
| norethindrone acet & eth estra TABS 100 | | NOVOLIN N FLEXPEN RELION SUPN | 40 |
| NORETHINDRONE ACETATE POWD | 199 | NOVOLIN N FLEXPEN SUPN | 40 |
| norethindrone acetate TABS | 199 | NOVOLIN N RELION SUSP | 40 |
| norethindrone acetate-ethinyl estradiol | 127 | NOVOLIN N SUSP | 40 |
| norethindrone acetate-ethinyl estradiol-fe | 100 | NOVOLIN R FLEXPEN RELION SOPN IJ | 40 |
| norethindrone-eth estradiol (triphasic) | | NOVOLIN R FLEXPEN SOPN IJ .. | 40 |
| | | NOVOLIN R RELION SOLN IJ | 40 |
| | | NOVOLIN R SOLN IJ | 40 |
| | | NOVOLOG 70/30 FLEXPEN RELION SUPN | 40 |
| | | NOVOLOG FLEXPEN RELION | |

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| SOPN | 40 | NUZYRA TABS | 204 | OCUFLOX (ofloxacin (ophth)) ... | 185 |
| NOVOLOG FLEXPEN SOPN | 40 | NYLIDRIN HCL | 72 | OCUVEL CAPS 250 MG-0.5 MG-5 | |
| NOVOLOG MIX 70/30 FLEXPEN | | NYMALIZE SOLN 6 MG/ML | 71 | MG-1 MG-40 MG-1 MG-200 UNIT | |
| SUPN | 40 | NYSTATIN (nystatin (mouth-throat)) . | | 173 | |
| NOVOLOG MIX 70/30 RELION | | 171 | | OCUVITE ADULT 50+ CAPS | 174 |
| SUSP | 40 | nystatin (mouth-throat) | 171 | OCUVITE ADULT FORMULA CAPS . | 174 |
| NOVOLOG MIX 70/30 SUSP | 40 | nystatin (topical) CREA | 110 | OCUVITE-LUTEIN CAPS | 174 |
| NOVOLOG PENFILL SOCT | 40 | nystatin (topical) OINT | 110 | ODACTRA SUBL | 4 |
| NOVOLOG RELION SOLN IJ | 40 | nystatin (topical) POWD EX | 110 | ODEFSEY | 65 |
| NOVOLOG SOLN IJ | 40 | NYSTATIN | 88 | OFEV | 204 |
| NOVOPEN ECHO DEVI | 156 | nystatin TABS | 44 | ofloxacin (ophth) | 185 |
| NOXAFIL PACK | 44 | nystatin-triamcinolone CREA | 110 | ofloxacin (otic) | 188 |
| NP THYROID TABS | 205 | nystatin-triamcinolone OINT | 110 | ofloxacin 300 MG | 128 |
| NUBEQA | 57 | OB COMPLETE ONE | 176 | ofloxacin 400 MG | 128 |
| NUCYNTA ER TB12 | 14 | OB COMPLETE PETITE | 176 | OGIVRI | 57 |
| NUCYNTA TABS | 14 | OB COMPLETE PREMIER | 176 | OGSIVEO | 58 |
| NUEDEXTA | 201 | OB COMPLETE TABS | 176 | OHTUVAYRE | 22 |
| NUFERA TABS | 135 | OB COMPLETE/DHA | 176 | OINTMENT BASE (EMULSIFYING) . | 198 |
| NULIBRY | 126 | OCEAN NASAL SPRAY SOLN | | OJEMDA SUSR | 58 |
| NUMBRINO | 179 | (saline) | 179 | OJEMDA TABS | 58 |
| NUPLAZID CAPS | 60 | OCTAGAM SOLN 30 GM/300ML | 189 | olanzapine SOLR | 62 |
| NUPLAZID TABS 10 MG | 60 | OCTAPLAS BLOOD GROUP A . | 133 | olanzapine TABS 15 MG, 20 MG .. | 62 |
| NUTRIDOX | 205 | OCTAPLAS BLOOD GROUP AB | 133 | olanzapine TABS 2.5 MG, 5 MG .. | 62 |
| NUTRILIPID | 181 | 133 | | olanzapine TABS 7.5 MG, 10 MG . | 62 |
| NUVARING (etonogestrel-ethinyl | | OCTAPLAS BLOOD GROUP B . | 133 | olanzapine TBDP 5 MG | 62 |
| estradiol) | 101 | OCTAPLAS BLOOD GROUP O . | 133 | olanzapine TBDP | 62 |
| NUVESSA | 212 | OCTINOXATE | 88 | olanzapine-fluoxetine hcl | 200 |
| NUVIGIL (armodafinil) | 3 | OCTISALATE | 88 | OLEABASE PLASTICIZED | 198 |
| NUWIQ KIT | 132 | octreotide acetate KIT | 127 | OLEIC ACID LIQD | 196 |
| NUWIQ SOLR | 132 | octreotide acetate SOSY | 127 | | |
| NUZYRA SOLR | 204 | OCTYL STEARATE | 88 | | |

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| OLINVYK | 14 | PACK 1680 MG-20 MG | 208 | OMNITROPE SOLR SC | 126 |
| OLIVE OIL | 96 | omeprazole-sodium bicarbonate | | OMRON 10 SERIES BP MONITOR | |
| olmesartan medoxomil | 49 | PACK | 208 | DEVI | 142 |
| OLMESARTAN MEDOXOMIL | 88 | OMIDRIA | 186 | OMRON 3 SERIES BP MONITOR | |
| olmesartan medoxomil-amlodipine- | | OMISIRGE | 57 | DEVI | 142 |
| hydrochlorothiazide | 51 | OMNARIS SUSP | 179 | OMRON 5 SERIES BP MONITOR | |
| olmesartan medoxomil- | | OMNICAP TABS | 175 | DEVI | 143 |
| hydrochlorothiazide | 51 | OMNIPAQUE SOLN IJ 180 MG/ML, | | OMRON 7 SERIES BP MONITOR | |
| olopatadine hcl (nasal) | 179 | 240 MG/ML, 300 MG/ML | 123 | DEVI | 143 |
| olopatadine hcl | 187 | OMNIPOD 5 DEXG7G6 INTRO GEN | | OMRON WRIST BP MONITOR DEVI | |
| olopatadine hcl 0.2 % | 187 | 5 KIT | 150 | | 143 |
| OLUMIANT | 5 | OMNIPOD 5 DEXG7G6 PODS GEN | | OMVOH SOAJ | 130 |
| OLUX FOAM (clobetasol propionate) | | 5 MISC | 150 | OMVOH SOSY | 130 |
| 117 | | OMNIPOD 5 G7 INTRO (GEN 5) KIT | | ON CALL EXPRESS MONITORING | |
| OLUX-E (clobetasol propionate | | 150 | | SYS KIT | 150 |
| emulsion) | 117 | OMNIPOD 5 G7 PODS (GEN 5) | | ONDANSETRON HCL | 88 |
| OMADA FOR HYPERTENSION . | 168 | MISC | 150 | ondansetron hcl SOLN IJ | 43 |
| OMBRA COMPRESSOR ADULT KIT | | OMNIPOD 5 LIBRE2 PLUS G6 KIT | | ondansetron hcl SOLN PO 4 | |
| | 160 | 150 | | MG/5ML | 43 |
| OMBRA COMPRESSOR CHILD KIT | | OMNIPOD 5 LIBRE2 PLUS G6 | | ondansetron hcl SOSY | 43 |
| 160 | | PODS MISC | 150 | ondansetron hcl TABS 4 MG, 8 MG | |
| OMECLAMOX-PAK | 208 | OMNIPOD CLASSIC PODS (GEN 3) | | 43 | |
| omega-3 fatty acids CAPS 1000 MG . | | MISC | 150 | ondansetron TBDP 16 MG | 43 |
| 181 | | OMNIPOD DASH INTRO (GEN 4) | | ondansetron TBDP 4 MG, 8 MG .. | 43 |
| omega-3-acid ethyl esters | 46 | KIT | 150 | ONE DAILY ESSENTIAL TABS .. | 175 |
| OMEGAVEN | 181 | OMNIPOD DASH PDM (GEN 4) KIT . | | ONE DAILY ESSENTIALS TABS | 175 |
| omeprazole CPDR | 208 | 150 | | ONE DROP BLOOD GLUCOSE | |
| omeprazole magnesium TBEC .. | 208 | OMNIPOD DASH PODS (GEN 4) | | MONITOR KIT | 150 |
| omeprazole TBDD | 208 | MISC | 150 | ONE FLOW SPIROMETER KIT .. | 160 |
| omeprazole TBEC | 208 | OMNIPOD GO KIT | 150 | ONE VITE DAILY MULTIVITAMIN | |
| omeprazole-sodium bicarbonate | | OMNIPOD POD PALS | 150 | TABS | 175 |
| CAPS | 208 | OMNISCAN INJ IJ | 123 | ONE-A-DAY ADULT | |
| omeprazole-sodium bicarbonate | | OMNISCAN SOLN IV | 123 | VITACRAVES+DHA CHEW | 175 |
| | | OMNITROPE SOCT | 126 | ONE-A-DAY ESSENTIAL TABS | |

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| (multiple vitamin) | 175 | 150 | ORA-HESIVE BASE | 198 | |
| ONE-A-DAY MENS TABS (multiple vitamin) | 175 | ONETOUCH VERIO STRP | 123 | ORAL CITRATE | 131 |
| ONE-A-DAY WOMENS FORMULA TABS (multiple vitamins w/ calcium) . | 172 | ONEXTON GEL (clindamycin phosphate-benzoyl peroxide) | 107 | oral electrolytes SOLN | 166 |
| ONE-DAILY MULTI CAPS CAPS | 174 | ONFI SUSP (clobazam) | 28 | ORALAIR SUBL | 4 |
| ONETOUCH CLUB LANCETS FINE PT | 150 | ONFI TABS (clobazam) | 28 | ORANGE CONCENTRATE LIQD | 193 |
| ONETOUCH DELICA LANCETS 30G | 150 | ONGENTYS | 59 | ORANGE CREAM FLAVOR LIQD | 193 |
| ONETOUCH DELICA LANCETS 33G | 150 | ONGLYZA (saxagliptin hcl) | 37 | ORANGE FLAVOR LIQD | 193 |
| ONETOUCH DELICA PLUS LANCET30G | 150 | ONTRUZANT | 57 | ORANGE FLAVOR POWD | 193 |
| ONETOUCH DELICA PLUS LANCET33G | 150 | ONYDA XR SUER | 2 | ORANGE OIL | 96 |
| ONETOUCH DELICA PLUS LANCET30G | 150 | OPDIVO | 56 | ORANGE OIL FLAVOR LIQD | 194 |
| ONETOUCH DELICA PLUS LANCET33G | 150 | OPILL | 101 | ORAVIG | 171 |
| ONETOUCH FINEPOINT LANCETS | 150 | OPIPZA FILM | 63 | ORBACTIV | 53 |
| ONETOUCH ULTRA 2 KIT | 150 | opium tincture | 41 | OREGANO OIL IMMUNE SUPPORT | 5 |
| ONETOUCH ULTRA BLUE TEST STRP | 122 | OPSUMIT | 72 | ORENCIA CLICKJECT SOAJ | 10 |
| ONETOUCH ULTRA CONTROL LIQD | 150 | OPSYNVI | 72 | ORENCIA SOLR | 10 |
| ONETOUCH ULTRA MINI KIT ... | 150 | OPTICHAMBER DIAMOND DEVI 160 | | ORENCIA SOSY | 10 |
| ONETOUCH ULTRA STRP | 122 | OPTICHAMBER DIAMOND MISC 160 | | ORENITRAM TBCR | 72 |
| ONETOUCH ULTRA TEST STRP 122 | | OPTICHAMBER DIAMOND-LG MASK DEVI | 160 | ORIAHNN | 127 |
| ONETOUCH ULTRASOFT LANCETS | 150 | OPTICHAMBER DIAMOND-MD MASK MISC | 160 | ORIGANUM OIL | 88 |
| ONETOUCH VERIO FLEX SYSTEM KIT | 150 | OPTICHAMBER DIAMOND-SM MASK MISC | 160 | ORILISSA | 126 |
| ONETOUCH VERIO KIT | 150 | OPTISON | 123 | ORKAMBI PACK | 203 |
| ONETOUCH VERIO LIQD | 151 | OPVEE NA | 42 | ORKAMBI TABS | 203 |
| ONETOUCH VERIO REFLECT KIT | | OPZELURA | 118 | orlistat | 2 |
| | | ORACEA (doxycycline (rosacea)) 120 | | ORLISTAT | 88 |
| | | ORACIT | 131 | ORNITHINE HCL | 88 |
| | | | | ORPHENADRINE CITRATE POWD . | 178 |
| | | | | orphenadrine citrate SOLN 30 MG/ML | 178 |

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| orphenadrine citrate TB12 | 178 | oxacillin sodium IV 10 GM | 190 | oxycodone hcl SOLN | 14 |
| orphenadrine w/ aspirin & caff ... | 179 | OXALIC ACID | 74 | oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG | 14 |
| ORTIKOS CP24 | 102 | OXALIC ACID DIHYDRATE | 75 | oxycodone hcl T12A 10 MG, 20 MG, 40 MG | 14 |
| OSELTAMIVIR PHOSPHATE | 88 | oxaliplatin SOLN | 56 | oxycodone hcl TABA 10 MG | 14 |
| oseltamivir phosphate CAPS 30 MG . 67 | | oxaliplatin SOLR | 56 | OXYCODONE HCL TABA 5 MG, 15 MG, 30 MG | 14 |
| oseltamivir phosphate CAPS 45 MG, 75 MG | 67 | oxandrolone | 18 | oxycodone hcl TABS 15 MG, 30 MG . 14 | |
| oseltamivir phosphate SUSR | 67 | OXANDROLONE | 88 | oxycodone hcl TABS | 14 |
| OSMOLEX ER TB24 129 MG, 193 MG | 59 | oxaprozin TABS | 10 | oxycodone w/ acetaminophen SOLN 16 | |
| OSMOPREP | 139 | OXAYDO TABS 5 MG | 14 | oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG | 16 |
| OSPHENA | 126 | oxazepam CAPS | 21 | oxycodone w/ acetaminophen TABS 325 MG-2.5 MG | 16 |
| OTEZLA TABS | 10 | oxcarbazepine SUSP | 29 | OXYCODONE-ACETAMINOPHEN SOLN | 16 |
| OTEZLA TBPK | 10 | oxcarbazepine TABS | 29 | OXYCODONE-ACETAMINOPHEN TABS | 16 |
| OTOVEL (ciprofloxacin-fluocinolone acetone) | 188 | oxcarbazepine TB24 | 29 | OXYCONTIN T12A | 14 |
| 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 | 5 | oxiconazole nitrate CREA | 110 | OXYMETAZOLINE HCL | 88 |
| OVACE PLUS CREA | 112 | OXISTAT CREA (oxiconazole nitrate) | 110 | oxymorphone hcl TABS | 14 |
| OVACE PLUS LOTN | 112 | OXISTAT LOTN | 110 | oxymorphone hcl TB12 | 14 |
| OVACE PLUS SHAM (sulfacetamide sodium) | 112 | OXLUMO | 131 | OXYTETRACYCLINE DIHYDRATE . 88 | |
| OVACE PLUS WASH GEL (sulfacetamide sodium) | 112 | OXTELLAR XR TB24 (oxcarbazepine) | 29 | OXYTETRACYCLINE HCL | 205 |
| OVACE PLUS WASH LIQD (sulfacetamide sodium) | 112 | OXYBENZONE | 99 | oxytocin | 189 |
| OVACE WASH LIQD (sulfacetamide sodium) | 112 | OXYBUTYNIN CHLORIDE | 88 | OXYTOCIN | 88 |
| OVIDE (malathion) | 121 | oxybutynin chloride SOLN | 209 | OXYTOCIN ACETATE | 88 |
| OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML | 190 | oxybutynin chloride TABS 2.5 MG 209 | | OXYTOCIN-LACTATED RINGERS 10 UNIT/500ML | 189 |
| | | oxybutynin chloride TABS 5 MG . | 209 | | |
| | | oxybutynin chloride TB24 | 209 | | |
| | | oxycodone hcl CAPS | 14 | | |
| | | oxycodone hcl CONC 100 MG/5ML 14 | | | |
| | | OXYCODONE HCL POWD | 14 | | |

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| OXYTOCIN-SODIUM CHLORIDE 40 UNIT/L-0.9 % | 189 | PALFORZIA (300 MG TITRATION) PACK | 4 | pantoprazole sodium TBEC 20 MG 208 |
| OXYTROL FOR WOMEN PTTW | 209 | PALFORZIA (40 MG DAILY DOSE) CSPK | 4 | pantoprazole sodium TBEC 40 MG 208 |
| OXYTROL PTTW | 209 | PALFORZIA (6 MG DAILY DOSE) CSPK | 4 | PANTOPRAZOLE SODIUM-NACL 208 |
| oyster shell | 165 | PALFORZIA (80 MG DAILY DOSE) CSPK | 4 | PAPAIN |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | 38 | PALFORZIA (80 MG DAILY DOSE) CSPK | 4 | PAPAVERINE HCL POWD |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML | 38 | PALFORZIA INITIAL DOSE 1-3YRS CSPK | 4 | papaverine hcl SOLN |
| OZEMPIC (2 MG/DOSE) SOPN | 38 | PALFORZIA INITIAL DOSE 4-17YRS CSPK | 4 | PARA-AMINOBENZOIC ACID POWD |
| OZOBAX DS SOLN PO (baclofen) 178 | | PALFORZIA INITIAL ESCALATION CSPK | 4 | PARACHLOROPHENOL |
| OZOBAX SOLN PO (baclofen) | 178 | paliperidone | 61 | PARADIGM REAL-TIME TRANSMITTER |
| paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML | 58 | paliperidone 3 MG, 6 MG | 61 | PARAFFIN |
| PADCEV | 56 | PALMAROSA | 88 | PARAFFIN WAX BEADS |
| PALFORZIA (1 MG DAILY DOSE) CSPK | 4 | PALMITOYL PENTAPEPTIDE-3 | 88 | PARAFORMALDEHYDE |
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| PALFORZIA (120 MG DAILY DOSE) CSPK | 4 | palonosetron hcl SOLN | 43 | PARI BABY DEVI |
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